



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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REGIONAL HEALTH FORUM, SOUTH

ANNUAL REPORT 2012

FOREWORD

The Regional Health Fora were established in January, 2006, as an integral part of the reform of the Health Services.

The Forum's function is:

"To make such representations to the Executive as the Forum considers appropriate on the range and operation of the health and personal social services provided within its functional area".

I am delighted to have been voted as Chairperson of the Regional Health Forum, South in June, 2012 succeeding Cllr. Liam Ahearn.

I wish to acknowledge the commitment of the Members and the support of the Executive since I took up my position as Chairperson and I will endeavour to honour my commitment for the upcoming year.

Local/county meetings are continuing to take place between Forum members and Area Managers and local Hospital Managers. These local meetings provide two-way communication between Managers and ourselves, allow discussion of local issues, concerns or follow up on Motions or Questions that have been put forward at Forum meetings.

I attach the Annual Report for 2012 which outlines the activities of the Forum to 31st December 2012.

On approval by members, the Report will be forwarded to your respective County or City Councils Managers for circulation for the information of all members who may be interested in the work undertaken by the Forum in 2012.

Jim Townsend
Chairperson

REGIONAL HEALTH FORUM – SOUTH

Chairperson: Cllr. Liam Ahearn replaced by Cllr. Jim Townsend in June 2012

Vice-Chairperson: Cllr. Jim Townsend replaced by Cllr. Mary Hanna Hourigan in June 2012

ACUTE HOSPITAL SERVICES AND POPULATION HEALTH COMMITTEE:

Chairperson: Cllr. Catherine Clancy replaced by Cllr. Declan Doocey in November 2012

Vice-Chairperson: Cllr. Hilary Quinlan replaced by Cllr. Mary Hanna Hourigan in November 2012

PRIMARY, COMMUNITY AND CONTINUING CARE COMMITTEE:

Chairperson: Cllr. Barbara Murray replaced by Cllr. Denis Kennedy in November 2012

Vice-Chairperson: Cllr. Sean Lonergan replaced by Cllr. Pat Cody in November 2012

MEMBERS REPRESENTING CARLOW COUNTY COUNCIL

Cllr. Wayne Fennell
Cllr. Arthur McDonald
Cllr. Jim Townsend

MEMBERS REPRESENTING CORK CITY COUNCIL

Cllr. John Buttimer
Cllr. Catherine Clancy
Cllr. Mary Shields
Cllr Ted Tynan

MEMBERS REPRESENTING CORK COUNTY COUNCIL

Cllr. Pat Burton
Cllr. Timmy Collins
Cllr. Danny Crowley
Cllr. Brendan Leahy
Cllr. Tim Lombard
Cllr. Barbara Murray
Cllr. Frank O'Flynn
Cllr. John O'Sullivan
Cllr. Jerry Sullivan

MEMBERS REPRESENTING KERRY COUNTY COUNCIL

Cllr. John Joe Culloty
Cllr. Matt Griffin
Cllr. Breedha Moynihan-Cronin
Cllr. Bobby O'Connell
Cllr. Gillian Wharton-Slattery replaced by Cllr. Brendan Cronin in June 2012

MEMBERS REPRESENTING KILKENNY COUNTY COUNCIL

Cllr. John Coonan
Cllr. Dr. Patrick Crowley
Cllr. Tom Maher
Cllr. Michael O'Brien

MEMBERS REPRESENTING SOUTH TIPPERARY COUNTY COUNCIL

Cllr. Liam Ahearn
Cllr. Mary Hanna Hourigan
Cllr. Sean Lonergan
Cllr. Dr. Sean McCarthy

MEMBERS REPRESENTING WATERFORD CITY COUNCIL

Cllr. Laurence O'Neill
Cllr. Hilary Quinlan
Cllr. Seamus Ryan

MEMBERS REPRESENTING WATERFORD COUNTY COUNCIL

Cllr. John Carey
Cllr. Tom Cronin
Cllr. Declan Doocey

MEMBERS REPRESENTING WEXFORD COUNTY COUNCIL

Cllr. Pat Cody
Cllr. Denis Kennedy
Cllr. Michael Kinsella
Cllr. Martin Murphy replaced by Cllr. Tony Dempsey in October 2012

STAFF REGIONAL HEALTH OFFICE – SOUTH

Ms. Sinéad Byrne, Manager Regional Health Forum Office
Ms. Suzanne Sisk, Staff Officer
Ms. Annette O'Connell, Clerical Officer
Ms. Rita O'Sullivan, Clerical Officer

SENIOR MANAGEMENT

Mr. Pat Healy, Regional Director of Operations, HSE South
Mr. Ger Reaney, Area Manager, HSE Cork
Ms. Deirdre Scully, Area Manager, Community Services, HSE Cork
Mr. Michael Fitzgerald, Area Manager, HSE Kerry
Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
Mr. Richie Dooley, Area Manager, HSE Waterford/Wexford
Dr. Elizabeth Keane, Director of Public Health, HSE South
Ms. Angie O'Brien, Area Communications Manager, HSE South
Ms. Raymonde O'Sullivan, Assistant National Director of Finance, HSE South
Mr. P.J. Hathaway, Assistant National Director of HR, HSE South

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Regional Health Forum South

Background

The Health Act 2004 provided a legal framework for the establishment of the Health Service Executive (HSE) on a statutory basis. With effect from 1 January 2005, the HSE took over responsibility for the management and delivery of health services from the Eastern Regional Health Authority, the health boards and a number of other agencies.

Part 8 of the Act – "Public Representation and User Participation" – sets out at Section 42, the establishment of four Regional Health Forums (RHF).

The function of the RHF is "to make such representations to the Executive [of the HSE] as the forum considers appropriate on the range and provision of health and personal social services provided in its functional area..." The RHF's comprise of representatives from the City and County Councils within the functional area of each Forum.

The establishment day for the Regional Health Forum, South was January 1st 2006. Its functional area is the administrative area of Carlow County Council, Cork City Council, Cork County Council, Kerry County Council, Kilkenny County Council, South Tipperary County Council, Waterford County Council, Waterford City Council and Wexford County Council. These Councils between them have appointed the 39 members of the Regional Health Forum, South.

The other 3 Regional Health Forums are:-

- Regional Health Forum, Dublin-Mid Leinster (40 members)
- Regional Health Forum, Dublin and North East (29 members)
- Regional Health Forum, West (40 members)

In line with Section 42(7) of the Health Act 2004 the Health Service Executive provides administrative support to the Regional Health Forums. This is provided through the Regional Health Office.

Regional Health Forum Meetings

The Forum meets 6 times in a full year. Meetings in 2012 were held on:

Thursday 9th February, 2012

Thursday 15th March, 2012

Thursday 10th May, 2012

Thursday 14th June, 2012

Thursday 20nd September, 2012

Thursday 6th December, 2012

The HSE is represented at the meetings by the Regional Director of Operations, South, the Area Managers for:

1. HSE Cork
2. HSE Kerry
3. HSE Waterford/Wexford
4. HSE Carlow/Kilkenny and South Tipperary

the Functional Manager for Population Health, the Area Communications Manager, the Assistant National Director of HR, and the Assistant National Director of Finance.

Committee meetings

The Regional Health Forum, South has established 2 Committees:-

- (a)** Acute Hospital Services and Population Health Committee
- (b)** Primary, Community and Continuing Care Committee (PCCC)

These Committees meet 4 times a year, rotating between Cork and Kilkenny and furnish reports and recommendations to the Forum. The Committee meetings for 2012 were held on:

12th April, 2012
5th July, 2012
18th October, 2012
16th November, 2012

AGM/Election of Chairperson & Vice-Chairperson

Members elected Cllr. Jim Townsend as Chairperson and Cllr. Mary Hanna Hourigan as Vice-Chairperson of the Forum at its AGM on 14th June, 2012.

The Acute Hospital Services and Population Health Committee meeting held on 16th November elected Cllr. Declan Doocey as Chairperson and Cllr. Mary Hanna Hourigan as Vice-Chairperson.

The Primary, Community and Continuing Care Committee at its meeting on 16th November elected Cllr. Denis Kennedy as Chairperson and Cllr. Pat Cody as Vice-Chairperson.

Standing Orders

Standing Orders which regulate the proceedings and business of meetings were agreed and adopted by the Forum members on the 4th May, 2006.

At the September meeting 2011 a Report on Proposed Revision of Standing Orders and Other Arrangements to Improve the Operation of the Regional Health Forum and its Committees was approved by members and agreed changes were implemented. This report was given following a meeting between the Mr Pat Healy, Regional Director of Operations, the Chairperson and Vice Chairperson of the Regional Health Forum and the Party Whips.

Notices of Motions

As per Standing Orders each Member can submit one Notice of Motion 10 clear days prior to a meeting. Motions are circulated with the agenda to each Member and debated at the meeting. In 2012, 32 Notice of Motions were adopted by Members and forwarded to the Office of the Chief Executive Officer, HSE.

Questions

As per the Standing Orders, one written Question per Member can be submitted to the Regional Health Office ten clear days before a Forum meeting. Written answers prepared by the appropriate service are circulated at the meeting. In 2012, Regional Health Forum South Members submitted 32 Questions.

Presentations

The following presentations were delivered to the Forum Members in 2011:-

- Presentation and report from HSE Management on Service Plan 2011
- Presentation on the Ambulance Service

Acute Hospital Services and Population Health Committee

Updates/Presentations in 2012 included:-

- Verbal Update on the Processing of Medical Card Applications – Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
- Presentation on “Wexford/Waterford Mental Health Services” - Dr. Noel Sheppard, Executive Clinical Director, Wexford/Waterford Mental Health Services.
- Report from the Irish Expert Body on Fluorides and Health on the Review of the Waugh Report (information circulated in Agenda Pack)
- Presentation from Mr. Nicky Glynn, Area Operations Manager South, National Ambulance Service (both committees)

PCCC Committee Updates/Presentations in 2012 included:-

- Verbal Update on the Processing of Medical Card Applications – Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
- Presentation on “Wexford/Waterford Mental Health Services” - Dr. Noel Sheppard, Executive Clinical Director, Wexford/Waterford Mental Health Services.
- Update Report on Primary Care Teams/Primary Care Centres, Cork City and the greater Cork area – Ms. Deirdre Scully, A/Area Manager, HSE Cork
- Report from the Irish Expert Body on Fluorides and Health on the Review of the Waugh Report (information circulated in Agenda Pack)
- Report on Housing Supports for Mental Health Patients (or Service Users) - Item Referred from May Forum

Dates for 2013 Meetings

Thursday 14th February, 2013 ???
Thursday 14th March, 2013
Thursday 9th May, 2013
Thursday 20th June, 2013
Thursday 19th September, 2013
Thursday 14th November, 2013

Date**HSE Updates and Press Releases
Sent/Circulated to Members in 2012**

| | |
|------------|---|
| 03/01/2012 | HSE New Year's Resolution – Get More Active in 2012 (Cork) |
| 03/01/2012 | HSE New Year's Resolution – Get More Active in 2012 (Kerry) |
| 06/01/2012 | HPV Cervical Cancer Vaccination Programme - 82% uptake rate for first full year of the vaccination programme |
| 09/01/2012 | Back to School and Beat the Bugs - Antibiotics are wasted on colds and flus |
| 16/01/2012 | HSE Publishes National Service Plan 2012 |
| 17/01/2012 | Kerry General Hospital Receives Positive Casemix Budget figure of €1,803,701 for 2011 |
| 24/01/2012 | World Health Organisation designates Cork a Healthy City |
| 27/01/2012 | Minister Lynch Publishes Evaluation of a Community Based Dabetes Retinopathy Screening Initiative In Cork |
| 03/02/2012 | Minister for Health Officially Opens West Kerry Community Hospital |
| 03/02/2012 | Minister for Health 'Turns the Sod' on New Community Hospital in Kenmare |
| 03/02/2012 | Minister for Health Officially Opens Acute Stroke Unit At Bantry General Hospital |
| 09/02/2012 | HSE South Publishes Regional Service Plan 2011 |
| 13/02/2012 | HSE Committed to Carlow, Castlecomer and Thomastown Hospitals |
| 21/02/2012 | Emergency Services Participate in Emergency Exercise in Ringaskiddy, Cork |
| 27/02/2012 | HSE committed to long stay beds at Dungarvan Community Hospital |
| 29/02/2012 | Mental Health Services - Carlow/Kilkenny and South Tipperary |
| 02/03/2012 | New Severe Bleeding Disorder Alert Cards may save lives |
| 06/03/2012 | HSE arranges healthcare equipment recycling collection day in West Cork |
| 06/03/2012 | Long stay beds at Dungarvan Community Hospital (inc. Dunabbey House) |
| 12/03/2012 | XPERT - Free Diabetes Group Education Programme in Carrigaline |
| 13/03/2012 | HSE Capital Funding Confirmed for Mental Health Services in Kerry |
| 13/03/2012 | HSE Media Statement: The HSE can confirm that there are no plans to close St. Anthony's Unit, Clonmel |
| 20/03/2012 | Mercy Urgent Care Centre Opens Today in Cork |
| 22/03/2012 | St. Patrick's Day Care Centre moves to new premises in Tralee |
| 30/03/2012 | HSE media release - Suicide Prevention Resources |
| 13/04/2012 | New Emergency Department opens in Kerry General Hospital |
| 17/04/2012 | Kerry General Hospital commences new service to improve stroke care in Kerry |
| 18/04/2012 | CUH Hosts Free Bowel Cancer Information Even (Bowel Cancer Awareness Month) |
| 23/04/2012 | Fitness Telephone Line to get older people more active goes "live" in Cork |
| 15/05/2012 | HSE public health doctors urge parents to vaccinate their children against measles |
| 18/05/2012 | New Emergency Department Officially Opened in KGH |
| 22/05/2012 | HSE publishes Elder Abuse Report 2011 |
| 23/05/2012 | Strict visitor restrictions introduced at Kerry General Hospital due to Norovirus (vomiting bug) |
| 23/05/2012 | HSE information on European Health Insurance Card for people traveling overseas |
| 28/05/2012 | HSE Sets Out Plans to Modernise The National Ambulance Service in Cork |
| 29/05/2012 | HSE Media Release - Number of Women Giving Irish Addresses at UK Abortion Clinics Decreases |
| 01/06/2012 | HSE Outlines Final Phase of Major Change Programme in Carlow, Kilkenny and South Tipperary Mental Health Services |
| 06/06/2012 | Over 150 people in Kerry undergo free skin cancer screening |
| 18/06/2012 | Cork University Hospital's Allergy Clinic - Response on Anapen Issue |

19/06/2012 South Tipperary Therapy Services Centre is officially opened in Clonmel (+ 4 photos)

19/06/2012 New Chair of Regional Health Forum South Elected

20/06/2012 Letter from Pat Healy, RDO and copy of Residential Services SOP HSE South

20/06/2012 HSE Press Release; Launch of the National Emergency Medicine Programme (EMP)

20/06/2012 Residents move to their new home in Tralee Community Nursing Unit

20/06/2012 Thurs 14 June; World Elder Abuse Awareness Day

22/06/2012 Acute Stroke Unit at BGH wins An Taoiseach's Public Service Excellence Award

25/06/2012 Visitor restrictions lifted at Bantry General Hospital

26/06/2012 XPERT - Free Diabetes Education Programmes for West Cork

11/07/2012 Strict visitor restrictions introduced in Acute Mental Health Unit at Kerry General Hospital due to Norovirus

11/07/2012 Further Decline in the number of births to teenagers in 2011

13/07/2012 Tralee Community Nursing Unit Officially Opened by Minister Jimmy Deenihan TD

20/07/2012 Further Progress in the Re-organisation of Acute Hospital Services in Cork

22/03/2012 St. Patrick's Day Care Centre moves to new premises in Tralee

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20/07/2012 Further Progress in the Re-organisation of Acute Hospital Services in Cork

08/08/2012 Review of the Supply Service of Prosthetic and Orthotic/Specialised Footwear to all HSE funded patients in the Republic of Ireland

13/08/2012 HSE's QUIT campaign begins a new phase - 18 year old Margaret O'Brien tells her story

30/08/2012 Maintaining Services and Managing the Finances of the Health Service – Memo from RDO and National Press Statement

04/09/2012 Maintaining Services and Managing the Finances of the Health Service (revised National Press Statement)

04/09/2012 HSE Press Release; HSE Published National Hepatitis C Strategy 2011-2014

10/09/2012 HSE Press Release; HSE National Office for Suicide Prevention 2012 Forum "Working Together to Prevent Suicide in Ireland"

10/09/2012 "All you need to know about walking" - Walking Workshop in West Cork

14/09/2012 HSE announces self harm reduction programme expansion in Cork – Service users celebrate success

01/10/2012 Free Service to Dispose of Unused Medicines Properly (DUMP)

02/10/2012 HSE community administration services re-organised in Cork

11/10/2012 Modernisation of the Ambulance Service – Cork

12/10/2012 Proposed Changes to the Ambulance Service in North Cork (Memo and statement from RDO)

24/10/2012 Reply to an article in Kerry's Eye Newspaper regarding concerns raised by two anonymous Consultants in the Hospital

15/11/2012 Ambulance Service - North Cork

20/11/2012 HSE Agrees Plans to Modernise the Ambulance Service in North Cork

21/11/2012 HSE Press Release; HSE Public Information Campaign to Raise Awareness on the Correct use of Antibiotics

23/11/2012 HSE Press Release: Mr. Gerry Raleigh appointed as Director of the National Office for Suicide Prevention (NOSP)

06/12/2012 Change Process in the Ambulance Service to eliminate on-call in West Cork (letter from Ger Reaney)

12/12/2012 HSE Press Statement - Vomiting bug increase - public can help stop the spread

12/12/2012 Pre-Pregnancy Robotic Surgery Assists Cork Mum in Second Successful Birth at CUMH

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
9th FEBRUARY 2012**

NOTICES OF MOTION 9th FEBRUARY 2012

Notice of Motion Item No. 5(a), 5(k), 5(l) and Question 6(e):

5(a)

"As the Medical Card application back-log appears to be increasing causing real hardship to those in need of vital medication, that the HSE South calls on both the Department of Health and the Minister to urgently review procedures with a view to speeding up the volume of claims being processed."

Cllr. John Joe Culloty

5(k)

"Recognising the scale and the magnitude involved in the centralisation of the Medical Card Scheme, that the HSE at local level would ensure that some staffing levels are maintained to deal with any residual problems that may arise in the transfer of these services"

Cllr. Catherine Clancy

5(l)

That the HSE South discuss the change-over to the centralized processing of medical card applications and provide data on the numbers processed, average time taken to complete applications and provide an overview of the process

Cllr. John O'Sullivan

6(e)

"What is the up to date position regarding the unacceptable and totally unsatisfactory new centralised operation for medical card applications and the HSE's view on this?"

Cllr. John Coonan

The Medical Card centralisation programme was introduced on a phased basis commencing in 2008 when the Government introduced a new Medical Card Scheme for persons aged 70 years and over. The processing of applications under the new scheme was centralised in the Primary Care Reimbursement Service (PCRS) office in Finglas, Dublin. The final element of the first phase of the centralisation project took place on the 1st of July 2011 with the centralisation of all Medical Card processing for the entire country.

The modernisation and improvement process is ongoing. Currently over 85% of all complete applications are processed in 15 working days and the central office is working to improve this. Between July and December 2011 the central processing office issued an average of over 4,000 medical cards per day. The scale of the operation and the continuing increase in demand means that in the same period more than 344,668 reviews and applications have been processed. The HSE plans to issue more than 100,000 new medical cards in 2012.

The HSE accepts that there are a number of issues in relation to the processing of medical card applications and reviews at this time. The HSE agreed with the Public

Accounts Committee (PAC) last week that it would review the operations and processes within the central processing office with a view to ensuring that the most responsive service for the public is in place.

The HSE is taking a number of steps to streamline operations in the central office and to making the process for renewing a medical card simpler and easier for the public. As part of this the HSE is moving towards a self-assessment application for medical card holders who are 66 years or over. The self-assessment review model will also be extended to medical card holders under 66 years who were granted their medical card on the basis of a means assessment. The HSE is also standardising eligibility periods from two years to three years for people aged under 66 years, with a new four year eligibility period for medical card holders aged 66 years or over. Within the HSE South there is a named person in each Local Health Office who will assist with all queries in relation to this issue.

Currently between 30% and 35% of all applications received by the central office are incomplete. While the application process is undoubtedly complex, more self assessment and longer eligibility periods will ease the burden on applicants.

Appeals for medical cards are currently processed through the National Appeals Office, Donegal, and the HSE acknowledges that there is currently a backlog of appeals to be processed. In order to assist in clearing this backlog each Regional Director of Operations has nominated suitably qualified staff to assist in processing appeals. This work will commence on 6th February 2012 and it is anticipated that the backlog will be cleared within 6 weeks. The nominees from each Regional Area will be supported by the General Manager, National Appeals Office, to ensure the consistency and quality of the process.

Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary

Notice of Motion Item No. 5(b):

“That the HSE South and the Minister for Health and Children would recognise Macroom Community Hospital as an essential high dependency health care facility for older residents/patients in mid Cork and surrounding areas and that a statement of intent with regard to the future of Macroom Community Hospital would be made available to this Forum.”

Cllr. Danny Crowley

Macroom Community Hospital is a single story building dating back to the 1930's. It provides continuing care to 38 residents, and includes dementia specific, convalescent and palliative care beds. Accommodation consists of 4 wards, and a single room which is dedicated to residents who require palliative care. Three wards currently accommodate 26 female residents and one ward accommodates 11 male residents.

The Service Plan for 2012 has been prepared in the context of the numbers of staff leaving from the health service and on the basis of the requirement to reduce

unaffordable agency and overtime costs. In preparing for the Service Plan, HSE South undertook a comprehensive analysis of its residential services for older people to compare the staff available in each unit with the demand for services and to ensure the staffing resource remaining was deployed in the most effective way possible. In line with all health services, community hospitals have been impacted by staff retirements and resignations and by the moratorium on recruitment to the public sector. The following factors were considered in undertaking this review:

- Demand for beds particularly choice of care by applicants for long stay beds through the Nursing Home Support Scheme (Fair Deal) process
- Estimated number of retirements of staff to end of February 2012 and to year end
- Cost of care in the unit and the potential to economise through roster changes and skill mix adjustments
- Audit of compliance of each unit with current and future HIQA environmental standards and in particular Fire Safety Standards and Legislation
- Review of HIQA inspection reports by unit to identify improvements required to meet standards particularly care related issues
- Cost of level of agency/cost containment and requirements for 2012
- % occupancy of all public beds (long stay and community supports) and profile and trend of patient use of these beds

Following this analysis, and assuming a continued demand for beds in Macroom, in particular Long Stay, it is the intention of the HSE to continue with the existing level of service provision at the hospital. Considering the trends and demand for service, the current bed designation of 33 continuing care beds and 5 short stay beds (including respite, palliative care and convalescent / community support) is deemed appropriate. It is intended to secure this level of service through continuous improvement in efficiencies, including reviewing rosters and staffing levels. In addition staff may be redeployed from other services where possible.

Provision of residential services for older people continue to be delivered in the context of:-

- HIQA residential standards for residential services for older people
- Nursing Home Support Scheme (Fair Deal)

In relation to the HIQA standards, a first phase of works commenced in 2011 in Macroom to address the high risk fire safety issues. This will allow the hospital to achieve registration with HIQA for 2012.

In summary, the HSE South recognises the quality and value of services provided in Macroom Community Hospital recognising the public service function of the hospital in its rural setting and its value to the local community in relation to local delivery of services.

Ger Reaney, Area Manager, HSE Cork

Notice of Motion Item No. 5(c):

“That the HSE South outlines its future plans for the ongoing provision of services for Older People in St. Francis Welfare Home, Fermoy”.

Cllr. Frank O’ Flynn

St Francis Welfare Home, Fermoy.

St. Francis Welfare Home located on the Rathealy Road, Fermoy, was established in 1975 to care for residents with high social but low medical needs. The skill mix of the staff reflected the low dependency of clients admitted to the unit with a high proportion of non-nursing care staff employed. The initial capacity was to cater for 40 clients, 20 male and 20 female.

Over the years, the need for welfare type accommodation for older people greatly decreased with the development of sheltered housing facilities and day care centres, such as those provided at Cluain Dara Day Care Centre in Fermoy, along with the increasing availability of home supports such as home care packages, additional home help hours and nursing services. In the North Cork area the HSE presently provides approx 33,000 hours per month in Home Help services, and 3,200 hours per month enhanced home help service through home care packages in the North Cork area.

The model of care for Services for Older People, envisioned by the HSE South, is one where older people would be supported, in as much as possible, to live their lives at home through the support of Primary Care Teams and home care services i.e. home help and home care packages etc. Another key component of this model of care is to support complex care needs by providing timely access to specialist services such as those provided by the North Cork based Consultant Geriatricians who visit Fermoy every six weeks.

This increasing range of sheltered housing, day care and home support services now allows older people that would have traditionally been admitted into the Welfare Home, to continue living in their own homes until they become more dependent. This in effect means that people are now only admitted into long term care when they are at high or maximum dependency level and has meant that people no longer seek placement in a low dependency welfare home setting. The number of admissions to the welfare home has declined significantly over the years with the last admission being February 2008. There are currently 9 residents at the welfare home. Due to the ongoing reduction in admissions to the welfare home, some of the building has been converted into clinic and office space for members of the Public Health Nursing team in Fermoy

A review of St. Francis Welfare Home, Fermoy was carried out by the HSE in 2011. This review was undertaken in the context of:

- The requirement for all residential facilities for older people, including welfare homes, to register with the Health Information and Quality Authority (HIQA)
- Government policy in providing additional supports to enable older people to remain at home in so far as is possible.
- The need to demonstrate value for money in the health services.
- The ongoing impact of the government moratorium on employment in the public sector.

The review considered a number of options in relation to the future provision of services at St Francis Welfare Home. These included:

- Continuing provision of residential services as a welfare home
- The amalgamation of St Francis Welfare Home and St Patrick's Community Hospital Fermoy
- Develop a respite service for people who have low dependency.
- The relocation of the remaining patients from St Francis Welfare Home to the Community Hospital, to local nursing homes or to sheltered housing, based on individual patient needs. .

The Service Plan for 2012 has been prepared in the context of the numbers of staff leaving from the health service and on the basis of the requirement to reduce unaffordable agency and overtime costs. In preparing for the Service Plan, HSE South undertook a comprehensive analysis of community hospitals to compare the staff available in each unit with the demand for services and to ensure the staffing resource remaining was deployed in the most effective way possible. In line with all health services, community hospitals have been impacted by staff retirements and resignations and by the moratorium on recruitment to the public sector. The following factors were considered in undertaking this analysis:

- Demand for beds particularly choice of care by applicants for long stay beds through the Nursing Home Support Scheme (Fair Deal) process
- Estimated number of retirements of staff to end of February 2012 and to year end
- Cost of care in the unit and the potential to economise through roster changes and skill mix adjustments
- Audit of compliance of each unit with current and future HIQA environmental standards and in particular Fire Safety Standards and Legislation
- Review of HIQA inspection reports by unit to identify improvements required to meet standards particularly care related issues
- Cost of level of agency/cost containment and requirements for 2012
- % occupancy of all public beds (long stay and community supports) and profile and trend of patient use of these beds

This analysis indicates that St Francis Welfare Home will lose staff in 2012 and will be unable to maintain the current level of services with the remaining staff. In addition, demand for welfare type accommodation in Fermoy is low (one admission in the since 2008).

On the other hand there is a consistent level of demand for services at St Patricks Community Hospital Fermoy. However this facility will be also be severely impacted by retirements and resignations of staff in 2012. An opportunity would exist, in the event of the closure of St Francis Welfare Home, to redeploy staff to St Patricks Community Hospital Fermoy and secure services there.

In the context of St Francis Welfare Home, considering the low level of demand for service, the lack of capacity of the unit to deliver care to those who are at the maximum to high dependency, the high cost of care per resident due to the staff:resident ratio, reducing staff resource due to moratorium on recruitment in the public sector and retirements and the need to consolidate the provision of residential care in Fermoy Community Hospital, the future provision of residential services at St

Francis Welfare Home would not be sustainable or an effective use of the resources available.

Accordingly, a detailed consultation process, consistent with guidelines agreed between HSE and Department of Health, will commence with the 9 current residents of St. Francis Welfare Home, their families and staff in relation to the future residential service provision at the welfare home.

It is the intention of the HSE to continue to provide residential services for older people in the Fermoy area and the consultation process will centre around a proposal to consolidate residential care in the community hospital, with the proposal for a day care service at St. Francis Welfare Home being considered. This will involve a 2 day week service targeted primarily at older people with Alzheimer's. The detail of this proposal will be worked through over the coming period as the consultation at St. Francis Welfare Home is finalised. This consultation process will ensure that the individual wishes of the current residents at the home in relation to proposed future placements will be ascertained and acted on.

Fermoy and its surrounding area has sufficient levels of appropriate placements, both public and private, to meet the individual care needs of the residents at the home. A full engagement under the Public Service Agreement will be undertaken with staff at the home in relation to redeployment to other health services in the vicinity.

The HSE also intend to engage with the community in Fermoy in relation to the potential to deliver a day care service, two days per week for persons with dementia.

Ger Reaney, Area Manager, HSE Cork

Notice of Motion Item No. 5(d):

"That the HSE South would provide an update on the future plans for Castletownbere Community Hospital, bearing in mind its unique location and the service it provides for the local people. These services include day care and respite care".

Cllr. Jerry Sullivan

Castletownbere Community Hospital was established as a residential centre in 1932 and provides long-stay, respite, community support and palliative care to older people. It is registered for the care of 31 residents.

Residents are accommodated in a ten-bedded and a nine-bedded ward, two four-bedded rooms, one two-bedded room, and four single rooms.

A Day Care Centre is located on the grounds of the Hospital. The centre operates 5 days a week from 9am to 4.30pm, and caters for up to 16 residents each day. Services on one day per week cater specifically for clients suffering from memory loss. Referrals to the centre are through the Public Health Nurse or General Practitioner. There are no plans to change this service.

The Service Plan for 2012 has been prepared in the context of the numbers of staff leaving from the health service and on the basis of the requirement to reduce unaffordable agency and overtime costs. In preparing for the Service Plan, HSE South undertook a comprehensive analysis of its residential services for older people to compare the staff available in each unit with the demand for services and to ensure the staffing resource remaining was deployed in the most effective way possible. In line with all health services, community hospitals have been impacted by staff retirements and resignations and by the moratorium on recruitment to the public sector. The following factors were considered in undertaking this review:

- Demand for beds particularly choice of care by applicants for long stay beds through the Nursing Home Support Scheme (Fair Deal) process
- Estimated number of retirements of staff to end of February 2012 and to year end
- Cost of care in the unit and the potential to economise through roster changes and skill mix adjustments
- Audit of compliance of each unit with current and future HIQA environmental standards and in particular Fire Safety Standards and Legislation
- Review of HIQA inspection reports by unit to identify improvements required to meet standards particularly care related issues
- Cost of level of agency/cost containment and requirements for 2012
- % occupancy of all public beds (long stay and community supports) and profile and trend of patient use of these beds

Following this analysis, and assuming continued demand for beds in Castletownbere, in particular Long Stay, it is the intention of the HSE to continue with the existing level of service provision at the hospital. Considering the trends and demand for service, the current bed designation of 20 continuing care beds and 11 short stay beds (including respite, palliative care and convalescent / community support) is deemed appropriate. It is intended to secure this level of service through continuous improvement in efficiencies, including reviewing rosters and staffing levels. In addition staff may be redeployed from other services where possible.

Provision of residential services for older people continue to be delivered in the context of:-

- HIQA residential standards for residential services for older people
- Nursing Home Support Scheme (Fair Deal)

In relation to the HIQA standards, a first phase of works commenced in 2011 in Castletownbere to address the high risk fire safety issues. This will allow the hospital to achieve registration with HIQA for 2012.

In summary, the HSE South recognises the quality and value of services provided in Castletownbere Community Hospital recognising the public service function of the hospital in its rural setting and its value to the local community in relation to local delivery of services.

Ger Reaney, Area Manager, HSE Cork

Notice of Motion Item No. 5(e):

“That the HSE South clarify the current position with regard to the ‘Cluain Arann’ Welfare Home in Tipperary Town. Please advise what plans are in place with regard to admissions and has this procedure changed in recent times?”

Cllr. Mary Hanna Hourigan

Cluain Arann Welfare Home established in 1979, is located in a residential area in the centre of Tipperary Town. St Michael’s Church, shops and other services and amenities are within reasonable walking distance. This is a purpose built single-storey construction and incorporates Cluain Arann Nursing Unit. It has a maximum occupancy of 20 residents and currently there are 17 residents living in the centre with another three people being considered for admission.

The Welfare Home which is staffed by multi-care attendants provides residential services to persons primarily over the age of 65 years with a requirement that residents are independent in their activities of daily living such as walking, washing, dressing and eating to be accepted for admission and ongoing residency. The residents attend to their own daily activities with some attending the local day care centre. A Chiropody service is arranged and paid for by residents while other activities including bingo and card playing are provided by volunteers in the community.

The admissions protocol for Cluain Arann Welfare Home is as follows:-

Admission to Cluain Arann Welfare Home is by Common Summary Assessment Report (CSAR) referral from a Public Health Nurse and GP/Consultant to the Local Placement Forum in South Tipperary. The Local Placement Forum is a Multi-Disciplinary Team consisting of Consultant Geriatricians; Assistant Directors of Nursing; Coordinator of Older Persons Services, Allied Health Professional and Home Care Package Manager. The Forum discusses the suitability of the client for the Welfare Home. Clients seeking placement in the Welfare home must be 55 years of age and be independent and self caring.

When an individual resident’s level of dependency changes due to a change in circumstances, an assessment commences in consultation with the resident to source a placement in a more appropriate facility or nursing home.

Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary

Notice of Motion Item No. 5(f):

“That HSE South would advise why the matching funding for the refurbishment of the Endoscopy Department of Kerry General Hospital for the roll out of the National Cancer Screening Service (NCSS) for Colon

Cancer is not forthcoming and has been diverted to another facility in the HSE South."

(Given that Kerry General Hospital was named as a provider site by the NCSS, the staff have worked hard to meet and surpass the efficiency criteria required and The Friends of Kerry General Hospital have completed a two year fund raising drive to part fund the upgrade required. The continuation of Endoscopy services in KGH are dependant on this development, without this funding KGH will lose its Endoscopy service.)

Cllr. Matt Griffin

As you will be aware, Kerry General Hospital was one of the fifteen hospitals who successfully passed the National Cancer Control Programme selection process for consideration as a site for colonoscopy screening.

Staff of the unit have undertaken a considerable body of additional work and are implementing quality improvements (e.g. clinical auditing) towards achieving the required JAG accreditation for colonoscopy screening. A significant fundraising campaign (to equip the 2nd room) has also been rolled out over the past year by the 'Friends of Kerry General Hospital'.

Plans to carry out refurbishment works within the hospital such that a 2 roomed Endoscopy suite will be established, have been finalized. The project will now advance to tender stage and planning permission will be sought for the development. The refurbishment works necessary to provide for the requirements of the unit will be substantially complete in the course of 2012.

Michael Fitzgerald, Area Manager, HSE Kerry

Notice of Motion Item No. 5(g):

"That the HSE should end the Moratorium on front line staff recruitment, which has had a detrimental effect on staff moral, in light of the major staff reductions visited on the Acute Hospitals, Mental Health Services and Disability and Community Sectors in Wexford and throughout the HSE South in recent years."

Cllr. Pat Cody

As part of on-going Public Service reform, a moratorium on recruitment and promotions in the Public Service has been in place since the 27th March 2009.

The moratorium has full application across the HSE, voluntary hospitals and voluntary agencies encompassed by the approved employment ceiling.

In total, Government expects to achieve a planned reduction across the whole Public Service, of 37,500 staff to 282,500 by 2015 from a peak of 320,000 in 2008.

The challenging fiscal position which we face in the health service means that far-reaching reform of the Public Service is essential to ensure that it is customer focused, leaner, more efficient, better integrated and delivering maximum value for money.

Government have identified 5 major commitments as part of this reform agenda:

1. Placing customer service at the core of everything we do;
2. Maximising new and innovative service delivery channels;
3. Radically reducing our costs to drive better value for money;
4. Leading, organising and working in new ways;
5. Strong focus on implementation and delivery.

In HSE South:

- 2,276 staff reductions since 2007 peak
- 1,412 less staff at end 2011 than started in 2010
- 1,000 left in 2011
- Over 500 indicate departure by end of February 2012

Throughout this period of time, staff, in all services across HSE South have engaged in major change programmes within their services. This has displayed a high performance culture where staff have supported the change programme through redeployment, greater use of skill-mix and enhanced roles and responsibilities. The contribution of staff to continue to deliver a quality service has required flexibility.

The priority in 2012 will be to stabilise the level of safe services that can be provided from the available resource and to continue the work of our change programme. Depending on the numbers who avail of the retirement option by the February deadline, HSE South may be able to recruit on a very limited basis key priority posts.

Barry O'Brien, Assistant National Director, HR HSE South

Notice of Motion Item No. 5(h):

“That the HSE South endorses the view that a letter be written to the Minister for Health requesting procedures to be put in place to enable Health as a curriculum subject be prepared, developed and introduced as a matter of important priority to our educational system.”

Cllr. John Coonan

1. History of health in schools with particular reference to Social Personal Health Education (SPHE)

The 1971 curriculum did not identify SPHE as a discrete subject but rather placed Health Education as part of the Physical Education curriculum. The Report of the Review Body on the Primary Curriculum (1990) stated that Health Education should be integrated with all sections of the curriculum (p.73).The introduction of the

Revised Primary School Curriculum (1999) and the SPHE curriculum up to Junior Certificate level, heralded the inclusion of SPHE into the formal curriculum of Irish schools.

The SPHE curriculum at primary level is delineated into three strands: Myself, Myself and Others, and Myself and the Wider World. These strands are further grouped into strand units, ten in total. The curriculum guidelines specify that SPHE is to be delivered in schools:

- In the context of a positive school climate and atmosphere
- As a discrete subject in its own right
- Integrated across the curriculum.

[Primary School Curriculum, SPHE Guidelines, DES, 1999]

The primary curriculum gives equal weighting to what the child learns and to the process by which s/he learns. The principles of learning espoused in the primary curriculum are child-centered and advocate that the child should be an active agent in learning (DES,1999: p.14). Teaching and learning have implications for personal and social development and the curriculum emphasizes that the child's social and emotional development significantly influence success in learning. A positive school climate and atmosphere are essential therefore for the effective implementation of a health promoting school. Active learning is the principal methodology advocated for the teaching of SPHE (ibid.: p.54).

Appendix 1 outlines in detail a report on Social, Personal and Health Education in the Curriculum.

2. Overview of the History of the Health Promoting School in Ireland

Health promotion in schools can be defined as *any activity undertaken to improve and/or protect the health of all school users*. It is therefore a broader concept than health education and it includes provision and activities relating to: healthy school policies, the physical and social environment of the school, curriculum and learning, partnerships.

Schools have long been viewed as important settings for the socialisation of children, and thereby influencing their health and social development. Educational outcomes are a recognised determinant of both child and adult health and schools have both an immediate and longer-term influence on children's wellbeing. In recognition of this role, the concept of the Health Promoting School (HPS) was first proposed.

With the help of the World Health Organisation, the European Commission and the Council of Europe, the European Network of Health Promoting Schools (ENHPS) was established. The ENHPS introduced new ideas and approaches to school health promotion. It provided a framework for building these into school health in a systematic and coherent way. Ireland joined the ENHPS in 1992.

In 2010 a national HPS framework for primary and post primary was developed in partnership between the Department of Health and Children (DoHC) and the Department of Education and Skills (DES). This partnership process emphasises the importance of participation by key stakeholders at the various stages of HPS development. The HPS framework sets out the context within which HPS are placed and describes the criteria required to become an HPS. It specifically looks at criteria in the context of Key Action Areas for an HPS. These are:

- Environment

- Curriculum and Learning
- Policy
- Partnership

At the school level the HPS framework advocates a whole school approach to the implementation of HPS. A whole school approach implies:

- Systematic processes for planning and reviewing policies
- An inclusive and involved school community
- A teamwork approach to HPS

Appendix 2 outlines in detail what a health promoting school is and what it aims to achieve.

3. Actions that would support effective delivery of SPHE

Primary Level

Since the introduction of the Revised Primary School Curriculum (1999) SPHE forms an integral part of the formal curriculum of all Irish schools. Support for the teaching of SPHE was offered through in-service training on the teaching of SPHE by the Department of Education through the Primary Curriculum Support Programme. In addition, many primary school teachers (in the former south east) attended and were awarded with an 180 hour Extra Mural Certificate in SPHE which was organised and run in partnership with the Health Promotion Department and Waterford Institute of Technology. In 2007 this course was upgraded to Higher Diploma and Masters in Social Personal and Health Education. Over this time and up to present day SPHE Summer schools are offered to primary school teachers through the Drumcondra Education Centre summer school programme.

Further actions that would support the effective delivery of SPHE include:

- Teacher training colleges specifically focusing on the teaching of SPHE
- On going in-service training and support for the teaching of SPHE in the classroom
- Teachers supported and facilitated to attend courses that also focus on their own personal development as well as their professional development

Post Primary Level

Social, Personal and Health Education is widely acknowledged as a critical programme in addressing the social, personal and health issues of many population groups. It is identified in a number of national policy and strategy documents as a central mechanism for addressing the health needs of young people in the school setting. It is now a core subject within the school curriculum and is part of the educational experience of students at primary and post primary level. At post primary level, implementation of SPHE is supported by a partnership between the Department of Education and Science, the Health Promotion Unit of the Department of Health and Children and the regional HSE Areas.

Currently, post primary teachers of SPHE are not required to have a qualification in the subject which allows for an ad hoc delivery of the subject in schools where it may not be regarded as a high priority area of education, consequently reducing the potential for optimum outcome for students, for example:

- Some teachers find themselves timetabled for the subject who have had no training in the delivery of SPHE
- Some teachers deliver SPHE with only a minimum of training
- Schools are not obliged to deliver SPHE at Senior Cycle and therefore SPHE at Senior Cycle is delivered at the discretion of individual post primary schools

SPHE is not on the list of subjects required by the teaching Council for entry onto a programme of initial teacher training. This omission does not facilitate teachers who have a Higher Diploma or Masters in SPHE to be employed as a Secondary Teacher. Information from the Teaching Council states that "As a registered teacher meeting the registration requirements for one curricular subject is a matter for individual employers to determine who should teach SPHE and what qualifications they deem appropriate. The Council has pointed out this anomaly to the Department of Education & Skills and until such time as it designates SPHE as a curricular subject no decision can be made in relation to appropriate criteria." The effective delivery of SPHE could be further strengthened if the above issues were addressed.

Andy Walker, A/Health Promotion Manager, HSE South

Notice of Motion Item No. 5(i):

"That this forum insists that before any directive be issued, to reduce beds in any Community Hospital that a root and branch evaluation take place in each facility covering areas such as

- **Activity levels**
- **Current Demands**
- **Staffing ratio"**

(All residential facilities under PCCC including Mental Health and Disability facilities should also be evaluated in the same manner. A Carte Blanche percentage reduction cannot be implemented where a facility is working efficiently with minimum staffing, the policy should be that reduction in bed numbers only takes place when it can be justified and the methodology outlined as to how decision was made)

Cllr. Barbara Murray

The provision of public residential care services, particularly in the area of services for older people, has undergone significant change over the past number of years. Firstly, the introduction of the Residential Care Standards for Older People, as inspected by HIQA, ensures that the service provision must meet a set of exacting standards and that each unit's performance is measured against the standards. The results of the inspection process are made available publically and it is incumbent that the service provision will, when required and requested by HIQA, provide an action plan as to how to attain the necessary improvements.

The standards have been a welcome development in relation to service provision in residential care. The HSE South engages positively with HIQA in relation to the standards to provide the care in the best manner possible.

The introduction of the nursing Home Support Scheme (Fair Deal) in October 2009 simplified the application process for accessing funding for applicants seeking

support on the cost of residential care. The legislation also provided the opportunity to the applicant to choose their care provider be it public, private or voluntary, and to pay the same contribution towards their cost of care regardless of who was the care provider.

The reduction in staffing numbers in the public service, as well as the moratorium in place with regards to non replacement of staff, ensures that the HSE must manage its staffing arrangements in public facilities in the most economic manner possible. All factors relating to the provision of safe care must be looked at and in particular the skill mix provision, the rostering arrangements for staff, as well as the number and type of staff required to optimize the patients experience.

The analysis of public service residential provision in older people's services has been ongoing in the HSE South and actions taken over previous years as well as the action plans outlined in the Regional Service Plan 2012.

In preparation for the 2012 Service Plan, a comprehensive review has been undertaken of each facility in each area to ensure that the service to be provided this year is staffed appropriately, can be afforded in the available budget and that the capacity of the service is such that it can be provided safely from the available resource

The analysis was undertaken using a combination of factual information and other service considerations including the following:

- The estimated number of long stay beds, public and private, that is required compared to current availability, in each area based on both 4.5% and 4.0% of people over 65 requiring long stay care (inclusive of public and private provision).
- The demand for beds particularly choice of care by applicants for long stay beds through the Nursing Home Support Scheme (Fair Deal) process including % occupancy of all public beds (long stay and community supports) and profile and trend of patient use of these beds .
- A risk assessment of each existing public facility in relation to fire and safety issues, with a rating applied to risks categorised as high/medium/low
- A review of available HIQA inspection reports of public facilities highlighting environmental risks with a rating applied to the risks identified
- An assessment by HSE South Estates department on the current environmental compliance of public units and the challenges (estimated costs and issues) to full compliance status with the residential care standards.
- The information available to date on the cost of care in each unit.
- The level and cost of agency care staff currently supporting each facility prior to the further service provision difficulty of further potential staff retirements
- The estimated loss of staff by grade and facility due to retirements in 2012, the effect on current rostering arrangements and the potential effect on the service in terms of bed closures.

- The viability of existing numbers of beds and potential reduced bed number baselines based on the information above.

Only following this comprehensive analysis has decision being made to close public beds and where demand for a service has been demonstrated, all options were explored in order to continue to provide a service to meet the demands within the available budget.

With regards to residential facilities in mental health, the process of determining the level of service to be provided in 2012 received a similar rigorous approach. The policy in mental health is to reduce dependency on large, residential care facilities, to provide more patient centered services, and maintain people in their own homes and communities where possible. The staffing and skill mix requirements of residential facilities in mental health are also being reviewed on an ongoing basis so as to ensure that the service is being provided in a safe and economic manner.

Within the HSE south, the Disability Services take cognisance of the specific services delivered by individual agencies and adjust budget reductions accordingly. Through the service arrangements with voluntary providers and the collection of reporting data, the Disability Services Offices have accurate detailed information on the activity of each service and any change in bed numbers is agreed.

Within the National Service Plan, the Disability Services have also outlined that an action plan for the implementation of the Value for Money and Policy Review report of the Department of Health will be progressed in 2012. The findings and recommendations of this report will provide a framework to support the disability sector in re-configuring the resources, including the alignment of staff resources and budgets which will further assist in ensuring that lean cost-effective organisations are promoted and supported.

It should be noted that within the disability sector there is an intention to reduce the number of residential places, particularly in congregated settings, as part of the overall programme of total system reconfiguration for the sector. Any reduction in beds will be through the suppression of vacancies or the re-direction of resources to facilitate people to be supported within their own homes and communities, rather than in segregated institutional settings.

Michael Fitzgerald, Area Manager, HSE Kerry

Notice of Motion Item No. 5(j) and Question 6(h):

5(j)

“That the HSE South would report on the numbers of staff proposing to take early retirement or leave at the end of February 2012 by category of staff, that it would outline the measures it proposes to take to minimise impact on the delivery of front line services and in particular would outline if there are

any plans in place to reassign midwives currently employed as agency staff at Cork University Maternity Hospital (CUMH) to direct HSE employees.

Cllr. John Buttimer

6(h)

“How many staff in the HSE South have taken up the early retirement package and in particular:

- What Departments were these staff employed in and what Grades?
- What contingency plans are in place to deal with the loss of staff?
- What training has been given to the replacement staff?
- What measures were taken by the HSE to retain the intellectual capital and experience of those leaving the service?”

Cllr. Catherine Clancy

The following table sets out the numbers of staff who will be retiring by the end of February 2012.

TABLE OF RETIREMENTS IN THE PERIOD NOV 2011 to FEB 2012 (WTE)

| Care Group | General Support Staff | Health & Social Care Professionals | Man/ Admin | Medical/ Dental | Nursing | Other Patient & Client Care | Grand Total | % of Total Resource |
|----------------------------|-----------------------|------------------------------------|--------------|-----------------|---------------|-----------------------------|---------------|---------------------|
| Acute Hospitals | 36.46 | 21.13 | 17.96 | 15.75 | 113.82 | 7.76 | 212.88 | 2.0% |
| Cancer Services | | | 1.00 | | | | 1.00 | 0.5% |
| Children & Families | 0.87 | 13.28 | 2.73 | 1.00 | 2.00 | 2.95 | 22.83 | 2.3% |
| Disabilities | 9.81 | 14.31 | 5.00 | | 29.84 | 11.00 | 69.96 | 2.1% |
| Mental Health | 11.48 | 3.00 | 7.66 | 2.00 | 96.58 | 3.65 | 124.37 | 4.9% |
| Older People | 10.17 | | 4.00 | 1.88 | 123.85 | 30.79 | 170.69 | 5.2% |
| Palliative Care | | | | | 1.00 | | 1.00 | 7.3% |
| Primary Care | 0.45 | 3.00 | 5.07 | 8.31 | 3.14 | 3.50 | 23.47 | 1.8% |
| Social Inclusion | | | | | 0.70 | | 0.70 | 0.9% |
| Grand Total | 69.24 | 54.72 | 43.42 | 28.94 | 370.93 | 59.65 | 626.90 | 2.8% |
| Percent of Resource | 2.5% | 1.7% | 1.6% | 1.7% | 4.3% | 1.9% | 2.8% | |

This volume of retirements, coupled with the cumulative effect of the moratorium since 2008 and the overall impact of the financial position poses serious challenges for the region. In addition, the National Service Plan indentifies significant reduction on the use of agency and overtime.

It is not an exhaustive, site-specific list rather a brief synopsis of the areas where they will manifest.

Significant effort has been expended in ensuring that, insofar as possible, the risks identified as part of this exercise have been mitigated with some contingency measures. These are set out in the HSE South Service Plan for 2012. There will be a requirement for limited focused recruitment for the replacement of key critical posts, in line with the strategic direction of service development within the health services.

Consistent with the National Service Plan, the accelerated implementation of the National Clinical Programmes and the Acute Medicine Programme are key strategic supports to the risk-management process which is in place around these retirements. Consistent with 2.9.7 of the Public Service Agreement, the care-frameworks offered by the programmes and the Acute Medical Programme will be instructive in relation to the provision of safe, well-governed services in the right location. Within HSE South, all managers developed Service Plans based on the staff that will be available post February 2012. The leadership and management of our services will be fundamental in minimising the impact of the proposed changes on service users and in maximising efficiencies and reducing our cost base.

Senior Management in HSE South met the full time union officials on the 23rd January to commence the Consultation and Information Process and to set out management's strategic approach in managing the challenges for 2012. Central to the required re-organisation is ongoing flexibility as well as a productive match between staffing and service activity levels across the working day / week / year while safeguarding quality and clinical performance. HSE South is fully committed to utilise the provisions of the Public Service Agreement to deliver better health outcomes in a more cost efficient service delivery models.

It will be increasingly important within these newly streamlined structures that the requisite level of skills such as financial-modeling, costing, IR, change management etc. and management capacity are available within the region.

Other initiatives will include the following:

- Increased move to day activity.
- Maximise use of 5 day units.
- Maximise roster options on a unit by unit basis over the extended working day.
- Match between service level activity and staffing level and appropriate use of skill mix.
- Limited recruitment and conversion of agency and overtime.
- A major review of rosters.
- An integrated model of care delivery.
- Maximise the use of redeployment to deliver an improved response to service needs.
- Review all staffing levels.
- Maximise use of skill mix.
- Merging / consolidation of services and management structures within existing structures.

All the above will require full co-operation of all stakeholders and will be enabled through the provisions of the Public Service Agreement with particular reference to Section 2.9 and 6.1.12.

There is a fundamental challenge in terms of our ability to maximize more efficient ways of using a reducing resource and delivering accelerated health reform.

HSE South will give full regard and require maximum co-operation from all staff to deliver this change under the provisions of the Public Service Agreement.

Barry O'Brien, Assistant National Director, HR HSE South

QUESTIONS 9th FEBRUARY 2012

Question Item No. 6(a):

"As there is no logical reason not to do so, can the HSE South ask the Department of Health to direct the Irish Blood Transfusion Service to accept blood donations from people with haemochromatosis?"

Cllr. John Joe Culloty

Haemochromatosis is a hereditary condition in which excessive amounts of iron are absorbed from the diet. This iron is deposited in various organs, primarily in the liver. With this in mind, patients are generally treated by specialists in the Hepatology team or on occasions by specialists in Haematology. The treatment for haemochromatosis is regular venesections whereby blood is drawn off. The frequency of treatment depends on the iron levels in the blood.

The IBTS is the body responsible for managing the blood donation service and they have policies, protocols and procedures in place for this service. At present, blood taken from patients with haemochromatosis in the HSE South is destroyed because it is not taken for the purpose of donation. Patients that donate blood do so voluntarily but patients that have blood taken because of their condition do so as a medical treatment.

The IBTS currently provides phlebotomy for people with haemochromatosis on a weekly basis in Dublin. Donors are referred by their treating medical consultant for initial screening for suitability for blood donation. The donors are reviewed once per year by the referring consultant, but are otherwise cared for by the IBTS clinical staff. This service was initially set up as a pilot in 2007, but has become an established service following the success of the pilot scheme. The clinic has the capacity at the present time to provide a service for up to 600 blood donors with haemochromatosis. Blood collected at this clinic is treated in the same way as all other blood collected by the IBTS.

The IBTS is considering the possibility of expanding its service for haemochromatosis patients throughout the country, and is examining this position with stakeholders at present.

HSE South is considering proposals for changes in the way in which services are delivered to some patients with haemochromatosis which would allow for the use of blood for donation purposes.

Ger Reaney, Area Manager, HSE Cork

Question Item No. 6(b):

“To ask the HSE South:-

- **What plans are in place with regard to the provision of a primary Health Care Centre for both Castletownbere and Schull?**
- **Has the HSE looked at any proposals for suitable accommodation/premises in these areas?**
- **Will the HSE consider the Community Hospitals and adjacent grounds as suitable locations for same?”**

Cllr. Danny Crowley

Members have previously been briefed on the approach being adopted by the HSE to the provision of Primary Care Centres. In the context of prioritising the development of primary care teams and the provision of increased levels of health services in primary care settings, the HSE agreed with government an approach for the provision of fit for purpose Primary Care Centres. The agreed approach is based on co-location of HSE staff, General Practitioners and other health providers. The HSE will enter into longer term leases with developers to provide accommodation for HSE staff, provided that the development also included General Practitioners and their staff.

The HSE advertised nationally in December 2007 and July 2008 for expressions of interest for the provision of these facilities at specified locations. The process required the proposer to get agreement from the GMS General Practitioners to locate at the proposed premises. Castletownbere was included in the December 2007 advertisements and Schull was included in the July 2008 schedule. Initial receipt of submissions which fulfilled the required criteria at that time were very slow to emerge and it proved difficult to progress the initiative model in the both of these areas. As members will be aware, both of these peninsular areas have small but well established cohorts of General Practitioners who are of vital importance to the population of these isolated areas. The HSE continued to work in the intervening period, with the GPs concerned, either directly or indirectly through their representatives, to progress the model of delivery of co-located Primary Care Services in the areas.

I am pleased to advise the members that a proposal for the Schull area has now been approved by the HSE Board. The HSE has entered into an Agreement to Lease with a third party for the development of a Primary Care Centre at Schull. Planning permission has been obtained for the building of the centre and work is expected to start on site shortly. Construction will take approximately one year. The size and topography of the Schull Community Hospital site and the fact that the most suitable building land on the site is required for the development of HIQA compliant accommodation at the hospital meant that the development of a Primary

Care Centre on the grounds of the hospital was not a feasible option. The centre will instead be located adjacent to the existing Fire Station and Enterprise Centre in Schull. The centre will provide accommodation for Community Nurses, Physiotherapy, Occupational Therapy, Speech and Language Therapy, Podiatry, Social Work, Dental Services along with Mental Health Clinics.

A proposal has also been put forward in relation to the provision of a Primary Care Centre at Castletownbere. A draft Schedule of Accommodation has been completed but the proposal has not yet progressed to agreement to Lease stage. Progressing of this proposal will be subject to the agreement of commercial terms in accordance with current market conditions, the support of GP's with GMS patients and the completion of legal agreements. However, it should be noted that the HSE site at Castletownbere Community Hospital is particularly restricted in size and it is imperative that sufficient space is retained to meet the ongoing needs of the services currently located on the site including the requirement over time to bring the Community Hospital accommodation in line with HIQA standards.

As members will be aware the HSE is currently in the process of carrying out a national review of the Public Private Partnership (PPP) model and no further progress on the Castletownbere project can be made pending the outcome of this review. Should HSE Board approval not be obtained for a PPP project to commence in the town, either as a result of the National Review, or the failure of any submission to meet the PPP criteria for Board Approval, I can confirm the HSE will review the matter, at that stage, from a local needs basis, taking into account all of the health care accommodation requirements of the area in question.

Ger Reaney, Area Manager, HSE Cork

Question Item No. 6(c):

"Please confirm the start date of the Consultant Rheumatologist at Kerry General Hospital as advised in May 2011 Forum.

Cllr. Matt Griffin

The rheumatology service at present sees a visiting consultant rheumatologist attend Kerry General Hospital, 1 day per month and would typically see 30-40 patients per visit, approximately 8 of whom are new patients. Patients who require treatment are currently referred onward to Cork University Hospital.

Following on from a comprehensive review of the rheumatology service in 2006, a plan for improved services was developed which included proposal for a joint Kerry General Hospital / South Infirmarary Victoria University Hospital consultant rheumatology post. In more recent times, approval had been granted for this joint post which would see majority sessions at KGH (27 hours KGH / 10 hours SIVUH per week).

One of the National Clinical Care Programmes being initiated is in respect of rheumatology with the overarching aim of adopting a chronic disease model of care,

to facilitate 'the right person, right place, first time' approach to the patient with rheumatic disease. The appointment of consultant rheumatologist at KGH would assist in standardising care models locally for management of this patient cohort.

Having reviewed the available resources to provide the services at Kerry General Hospital in 2012, the post of consultant rheumatologist will not now proceed through the recruitment panel in the early part of the year. This decision will be reviewed later in the year in the context of budgetary control in the hospital. It is the intention to fill this position as soon as possible in recognition of the need for the service and to support the national clinical care programme.

Michael Fitzgerald, Area Manager, HSE Kerry

Question Item No. 6(d):

"To ask the HSE to supply the details of the total number of posts, by classification, vacated under the Moratorium and the earlier Recruitment Freeze that continue unfilled in the HSE South, with reference to geographical locations"

Cllr. Pat Cody

Please see attached table for discussion.

Barry O'Brien, Assistant National Director, HR HSE South

Leavers from 2009 to 2011 by Care Group and Grade Category

| | Medical / Dental | Nursing | Health & Social Care Professionals | Manag/ Admin | General Support Staff | Other Patient & Client Care | Total |
|---------------------|-------------------------|-----------------|---|---------------------|------------------------------|--|-----------------|
| Acute | 46.87 | 403.30 | 84.24 | 129.25 | 198.72 | 27.40 | 889.78 |
| Cancer | | | 1.00 | | | | 1.00 |
| Children & Families | 1.00 | 1.84 | 52.72 | 9.93 | 4.32 | 7.22 | 77.03 |
| Disabilities | | 45.46 | 14.50 | 9.56 | 16.29 | 10.05 | 95.86 |
| Mental Health | 10.29 | 304.68 | 13.20 | 30.38 | 65.06 | 16.34 | 439.95 |
| Older Persons | 2.77 | 203.56 | 11.10 | 25.45 | 68.24 | 87.03 | 398.15 |
| Other | 6.05 | 3.93 | 5.56 | 69.81 | 27.13 | 21.91 | 134.39 |
| Primary Care | 12.12 | 60.30 | 40.96 | 57.69 | 5.02 | 27.91 | 204.00 |
| Social Inclusion | | 3.99 | 6.40 | 7.04 | | | 17.43 |
| Total | 79.10 | 1,027.06 | 229.68 | 339.11 | 384.78 | 197.86 | 2,257.59 |

Starters from 2010 to 2011 by Care Group and Grade Category

| | Medical/ Dental | Nursing | Health & Social Care Professionals | Man/ Admin | General Support Staff | Other Patient & Client Care | Total |
|--------------------------|--------------------|---------------|--|---------------|-----------------------------|-----------------------------------|---------------|
| Acute | 36.27 | 40.19 | 46.30 | 2.00 | 2.00 | 12.10 | 138.86 |
| Cancer | 12.00 | 11.40 | 6.00 | 4.00 | 3.51 | 4.00 | 40.91 |
| Children and Families | | | 127.42 | 1.00 | | | 128.42 |
| Disabilities | | 3.00 | 23.05 | | | 15.40 | 41.45 |
| Mental Health | 8.40 | 20.00 | 22.90 | | 1.20 | | 52.50 |
| Older People | 3.00 | 8.00 | 9.97 | | 2.00 | 2.00 | 24.97 |
| Primary Care | 4.80 | 20.60 | 77.70 | 0.40 | | | 103.50 |
| Social Inclusion | | | 3.00 | 1.00 | | | 4.00 |
| Grand Total | 64.47 | 103.19 | 316.34 | 8.40 | 8.71 | 33.50 | 534.61 |

Net Leavers by Care Group and Grade Category

| | Medical/ Dental | Nursing | Health & Social Care Professionals | Man/Admin | General Support Staff | Other Patient & Client Care | Total |
|--------------------------|--------------------|-----------------|--|-----------------|-----------------------------|-----------------------------------|-------------------|
| Acute | (10.60) | (363.11) | (37.94) | (127.25) | (196.72) | (15.30) | (750.92) |
| Cancer | 12.00 | 11.40 | 5.00 | 4.00 | 3.51 | 4.00 | 39.91 |
| Children and Families | (1.00) | (1.84) | 74.70 | (8.93) | (4.32) | (7.22) | 51.39 |
| Disabilities | 0.00 | (42.46) | 8.55 | (9.56) | (16.29) | 5.35 | (54.41) |
| Mental Health | (1.89) | (284.68) | 9.70 | (30.38) | (63.86) | (16.34) | (387.45) |
| Older People | 0.23 | (195.56) | (1.13) | (25.45) | (66.24) | (85.03) | (373.18) |
| Other | (6.05) | (3.93) | (5.56) | (69.81) | (27.13) | (21.91) | (134.39) |
| Primary Care | (7.32) | (39.70) | 36.74 | (57.29) | (5.02) | (27.91) | (100.50) |
| Social Inclusion | 0.00 | (3.99) | (3.40) | (6.04) | 0.00 | 0.00 | (13.43) |
| Grand Total | (14.63) | (923.87) | 86.66 | (330.71) | (376.07) | (164.36) | (1,722.98) |

Net Leavers by Area and Grade Category

| | Medical/ Dental | Nursing | Health & Social Care Professionals | Managemen t/ Admin | General Support Staff | Other Patient & Client Care | Total |
|--------------------|--------------------|-----------------|--|-----------------------|-----------------------------|--------------------------------|-------------------|
| Cork | 16.97 | (374.78) | 33.02 | (100.00) | (105.76) | (78.07) | (608.62) |
| Kerry | (3.68) | (121.78) | 26.26 | (28.06) | (24.66) | (19.71) | (171.63) |
| CK/ST | (8.21) | (208.66) | 17.93 | (67.00) | (110.47) | (28.71) | (405.12) |
| WT/WX | (13.66) | (213.72) | 14.16 | (66.24) | (108.05) | (18.96) | (406.47) |
| Other | (6.05) | (4.93) | (4.71) | (69.41) | (27.13) | (18.91) | (131.14) |
| Grand Total | (14.63) | (923.87) | 86.66 | (330.71) | (376.07) | (164.36) | (1,722.98) |

Question Item No. 6(f):

“Is there a minimum staffing ratio that the HSE uses as a template in deciding how many nursing/non-nursing staff it takes to operate residential facilities both for Older People and Mental Health?”

Cllr. Barbara Murray

The provision of a safe and quality service to residents in residential care is the key priority of the HSE. Central to this is the type and quality of staff that provide care to these residents on a daily basis. The delivery of a person centred model of care is based on having a rostering system in place that ensures that the staff are available to meet resident choice about their daily activities of living. With the development of person centred models of care, rostering arrangements are an important process in ensuring that residents care needs are met in the most appropriate manner.

The current arrangements have been in place for a number of years and reflect the required staffing ratio to meet the assessed needs of residents in residential care and to deliver care in a person centred manner. At all times every effort is made to ensure that the number and quality of staff on duty provide a safe and quality service to each individual resident.

In relation to services for older people facilities and in order to ensure that the public residential services are provided safely and in as economic fashion as possible, there is a need to undertake a substantive review of staffing, inclusive of rostering arrangements and skill mix of staff providing the care. Given the reduction and the overall numbers of staff that will be available following the current retirement process, as well as the continuation of the moratorium in non recruitment of public service staff, it is incumbent on the HSE to undertake this review so that the maximum level of service and bed numbers can be maintained. In addition, some of the facilities have been running a level of agency staffing that is not financially viable. In order that the cost of care in our public units is as efficient as possible the review will be undertaken across the HSE South as a matter of urgency. This action is reflected both in the 2012 National Service Plan and HSE South Regional Service Plan.

The review will undertake a comprehensive analysis of current staffing arrangements in each unit taking into account a range of factors such as the following:

- The current staffing ratio and associated skill mix and the impact on those retiring from the service
- The skills, knowledge and competence of existing staff and the roles undertaken
- A review of evidence of current measures used to calculate the most appropriate staffing ratio and skill mix for residential care units
- Benchmarking process against existing models that are seen as best practice
- A review of additional factors such as the quality of the environment that may impact on the required staffing ratio and skill mix
- The cost of care in each unit and factors that influence the cost of care both within the individual unit and across similar facilities

- A review of agency costs with a view to a significant reduction in agency spend in 2012
- Type of service the unit is delivering currently (long stay or short stay) and how the impact of any change in service may affect staffing ratios
- Consultation with staff under the terms of the PSA towards agreeing on the required changes in each unit and area

Following the comprehensive review, adjustments will be made to units to ensure staffing levels and associated rostering arrangements are in line with a best practice approach that continues to meet the assessed needs of each individual resident in care in a safe and cost efficient manner. Any changes to arrangements will be undertaken with full consultation with staff and unions, taking into account the most effective manner of meeting the needs of residents in their care.

Similarly there are a range of actions in the Regional Service Plan reflecting reviews of service provision in residential services in mental health. The strategy document Vision for Change, underpinned the need to move from institution to community based service provision and this is reflected not only in the 2012 Regional Service Plan but in the substantial actions undertaken in previous years right across the four areas in the HSE South.

Michael Fitzgerald, Area Manager, HSE Kerry

Question Item No. 6(g):

“To ask the HSE South what progress is being made in recruiting a vascular surgeon at Mercy University Hospital and has the decision to recruit a Category A surgeon rather than a Category B surgeon as was approved by the Consultant Appointments Advisory Committee impacted upon the speed of recruitment?”

Cllr. John Buttimer

The application for the replacement post of Consultant Surgeon with a special interest in vascular surgery at the Mercy University Hospital was submitted for the consideration of the HSE’s Consultant Appointment Advisory Committee (CAAC) as a contract Type B post. The role of the CAAC is to provide independent and objective advice to the HSE on applications for medical Consultants and qualifications for Consultant posts.

Consultants holding Type B contracts may engage in privately remunerated professional medical practice only in hospitals or facilities operated by the Employer. The volume of this private practice cannot exceed 20% of the Consultant’s total clinical workload. Consultants holding Contract Type A may admit patients on a public basis only. They may treat private patients but may not charge fees for such services.

The HSE has set out the criteria that have to be met for a Type B contract application. Such applications must be supported by a robust business case which includes a focus on a number of agreed financial, clinical and contractual criteria.

Following consideration by the CAAC and at National level within the HSE given all the circumstances approval was granted for an A post.

Since that time the position has been reviewed with the Mercy University Hospital. The MUH has submitted a business case to the HSE for a change in the contract type of the vascular surgeon post from Type A to Type B. This business case is currently being examined against the criteria set for a Type B contract.

A decision on this application is expected within the next week. Once a decision is made, the recruitment of the post will be a matter for the Mercy University Hospital.

Ger Reaney, Area Manager, HSE Cork

Question Item No. 6(i) on Agenda refers:

“What is the current status of the Pain Management Services in Waterford Regional Hospital and please include:

- **The number of patients seen in the last two years (2010/2011)**
- **The number and type of staff**
- **The waiting list at present and its future in the HSE South East?”**

Cllr. Dr. Patrick Crowley

The Pain Management Service has been in existence in Waterford Regional Hospital for about fourteen years and was established in response to clinical need. The current service is provided under the leadership of Dr. J. Lyons, Consultant Anaesthetist and Pain Specialist. This is the only pain service provided in the South East area of the HSE South.

There are two components to the pain service. The Chronic Pain Service includes the assessment, agreeing treatment pathways and the insertion of Spinal Cord Stimulators and Intrathecal pumps for patients who suffer chronic pain and also have explored all other available treatments. The cost of insertion of Spinal Cord Stimulators and Intrathecal pumps has only ever been funded by NTPF and this funding ceased in mid 2011.

These relatively small numbers of patients at the high level cost of the service, remain under the long term care of the pain service at Waterford Regional Hospital.

The Acute Pain Service supports the cancer and palliative medicine services, obstetrics and the regional trauma Orthopaedic Service. It is a low cost service which mainly consists of injection therapies. This service accounts for almost 98% of Pain Service users in Waterford Regional Hospital.

Activity Details

The number of patients seen in the past two years was:-

| | Outpatients | Inpatients | Day Cases |
|------|--------------------|-------------------|------------------|
| 2010 | 341 | 24 | 391 |
| 2011 | 333 | 6 | 376 |

In respect of NTPF activity the total authorised procedures were:-

| | |
|------|---|
| 2010 | 4 |
| 2011 | 1 |

In addition Waterford Regional Hospital continued the care of 4 patients in 2011 from within its allocation.

The role of the NTPF was reorganised with the establishment of the Special Delivery Unit (SDU) in 2011. This resulted in a reprioritisation of the funding and waiting list initiatives. Over the past five years the NTPF funded pain relief procedures for South East patients as follows:-

| | | |
|------|----|----------|
| 2007 | 16 | €622,684 |
| 2008 | 8 | €120,435 |
| 2009 | 10 | €163,696 |
| 2010 | 4 | €64,797 |
| 2011 | 1 | €20,000 |

As a result, an initiative the NTPF had provided in Waterford Regional Hospital, relating to spinal cord implants of a specialist matter has ceased. Outside of the NTPF Initiative this service was never funded in Waterford Regional Hospital. Patients will now have to attend pain specialist services in other hospitals outside the South East for these. The delivery of specialist pain services is becoming more and more centralised in National Treatment Centres because of the small number of patients involved, and the specialist nature of the service.

Staffing Details

In 2011 the pain management service had the following dedicated team which worked with Dr. Lyons at 0.5 WTE of his time.

2011

1 CNS Pain Service

0.5 Staff Nurse

0.5 WTE clerical staff

Radiographer staffing for 2 Theatre sessions/week 2011

In 2012 the Pain Services CNS has retired and the WTE and funding has ceased for the post in line with the Public Sector Moratorium on Recruitment.

Staffing across the hospital is being revised to optimise nursing hours and sustain the full range of services at Waterford Regional Hospital and it is planned to internally redeploy additional 0.5 WTE nursing hours to sustain the Pain Service.

Waiting List

There are 865 patients listed as waiting – the vast majority of these patients are 2012 and 2011 referrals. This list is being validated at present.

Future of the Pain Service

In line with the agreed Cost Containment Plan for the hospital and in the context of the reduction in staffing it is necessary to reduce Theatre capacity by 2 operating Theatres. Dr. Lyons previously had 2 Theatre sessions per week and in the new arrangement this has reduced to 1 session/week. The Operating Theatre is participating in the National Theatre Productivity Clinical Programme (TPOT) to ensure all theatre time is used to optimal levels. Day Bed Capacity will remain unchanged in 2012 and it is planned, that an activity reduction will only be in the order of 3%.

New patients who will require procedures previously funded by NTPF i.e. Spinal Cord Stimulators and Intrathecal pumps will have to be referred to a designated Pain Centre – all existing patients will continue to be treated at Waterford Regional Hospital.

Conclusion

It remains the HSE South intention to support the development of Waterford Regional Hospital as the Regional Hospital for the South East and in this context I can advise that posts were filled there in 2011 i.e. recent replacement Radiologist together with a new Radiologist. In addition a limited number of priority posts have been agreed as part of the Clinical programmes for the hospital in 2012, in particular 2 Acute Medicine Physicians and 2 ED Physicians, which when taken together is a substantial investment in the hospital.

Richie Dooley, Area Manager, Waterford/Wexford, HSE South

Question Item No. 6(j):

“What are the up to date plans for the staffing of the new and very welcome extension to the A/E Department at Kerry General Hospital and reassure members of on-going consultations with existing staff?”

Cllr. Gillian Wharton-Slattery

Over the past year or so, a multidisciplinary project team has been engaging on a multitude of matters in relation to service provision in the new Emergency Department (ED) at Kerry General Hospital.

As you will be aware, one of the key deliverables associated with this new ED was the establishment of two permanent consultant posts in emergency medicine. These positions are in place with permanent post holders. The model of service delivery includes the new facility, the two new consultant posts, three additional non-consultant hospital doctors (NCHD) posts, the establishment of 3 advanced nurse practitioner posts and the consultant staffing of the enhanced Acute Medical Assessment Unit (AMAU) facility. Existing ED staff will also transfer to the new Emergency Department building. In addition there will be an increased administration staff resultant from the transfer of the switchboard operation for the hospital into the unit by night. The transition from old to new building is being

carefully planned so as to ensure minimal disruption to patients' services and staff. The end result will be a new facility with a much enhanced environment for all ED patients and staff alike.

Communication structures have been maintained from the outset with all key stakeholders. Discussion regarding nursing staff has and is ongoing with the relevant union representatives.

It is also proposed to establish multi-disciplinary links between Kerry General Hospital Emergency Department and the Emergency Department at Cork University Hospital. In addition, opportunities to develop educational modules in partnership with Cork University Hospital and University College Cork across all grades of staff will also be explored.

Michael Fitzgerald, Area Manager, HSE Kerry

Question Item No. 6(k):

"Please outline the following for the Month of January 2012:-

- **What is the daily number of patients on trolleys in the A/E Department at Cork University Hospital?**
- **What number of elective procedures were cancelled by Cork University Hospital?**

Please provide a comparison with January 2010 and January 2011"

Cllr. John O'Sullivan

Appendix 1 gives a list of the number of patients waiting for inpatient beds in the Emergency Department at Cork University Hospital for the month of January in 2010, 2011, 2012. These figures reflect the numbers waiting at 08:00 each morning which in CUH is the time for the highest number of trolleys, with the large numbers of patients being admitted overnight. In June 2011, the methodology of reporting ED figures changed so that the count is now based on the 08:00 am figures rather than 2.00pm as previously reported.

The attached graph (**Appendix 2**) shows the number of patients awaiting admission on trolleys but in this case uses a 30 day moving average figure. Since the number of people waiting can vary from day to day and week to week, this figure gives a more accurate reflection of the trends over time. This shows that, while the numbers of patients on trolleys at 08:00 in Cork University Hospital remains unacceptably high, there has been an improvement compared with 2011.

On a small number of occasions, due to particularly severe pressures in ED, elective procedures are deferred. Data is not routinely collected on these so it is not possible to give the number of procedures affected. Patients whose elective procedures are deferred are rescheduled as a priority.

In January 2011, CUH opened a Medical Short Stay Unit as Phase One of the Acute Medical Unit. The 23 bedded unit provides rapid access to senior decision makers, i.e. Medical Consultants, and to diagnostics. The Acute Medical Unit has resulted in the average length of stay for medical patients in CUH reduced from 12 to 6 days.

The second phase of the Acute Medical Unit, i.e. an Acute Medical Assessment Unit, opened in January 2012. This provides 13 spaces for the initial assessment of patients who may require hospital admission. Again, patients in the unit have rapid access to senior decision makers and to diagnostics. Since the unit opened, on January 13th, it has seen over 300 patients and discharged approximately 55% of these without admission.

The implementation of the Acute Medicine Programme in CUH is supported by the employment of a total of four Consultant Physicians in Acute Medicine and a 0.5 WTE Consultant Radiologist.

In January of this year, CUH also opened a transition lounge from 07:00 – 14:00 each day. This provides accommodation for up to 12 patients, admitted through the Emergency Department, who are awaiting inpatient beds in wards. Patients are accommodated and treated in a safe environment and overcrowding in the Emergency Department is alleviated.

Throughout the Christmas and early January period management at Cork University Hospital and the other Cork city hospitals worked in close liaison with the Special Delivery Unit to avoid the serious level of overcrowding that arose in emergency departments at that time in previous years. Arising from the process, each hospital and service area prepared a Winter Capacity Plan to ensure that it had the necessary resources in place during key periods over the winter months. The plan encompassed a whole system approach, across acute hospital and community services, to ensure that all parts of the health service in Cork were working together to minimize problems in Emergency Departments.

In addition to the above measures, HSE South has enhanced the following measures in order to reduce hospital admission and facilitate earlier discharges and thus maximise the number of beds available for patients waiting in ED.

- Fast access to home care packages for patients who require additional support to be discharged home.
- Enhancement of existing Community Intervention Team across a wider geographic area with the capacity to provide a greater number of patients who could receive IV antibiotic treatment at home.
- Access to intermediate nursing home type beds to facilitate early discharge for patients who are awaiting financial approval under the nursing home support scheme or who require a period of convalescence prior to discharge.

A patient transport initiative was also put in place to expedite routine patient transfers from the hospital and, in this way, to ensure that beds occupied by patients being discharged were made available earlier.

The Ongoing continuous efforts to improve the numbers awaiting admission in ED need to be considered in the light of increased numbers of emergency admissions across the acute hospital system in Cork. Emergency admissions to CUH have increased by approximately nine per day over the same period last year. There has

been a smaller increase in emergency admissions to MUH, with a decrease in admissions to SIVUH.

In November 2011, cardiology services transferred to CUH from SIVUH. An additional 20 beds were provided in CUH to accommodate the estimated 1,066 inpatient cardiology admissions which had previously occurred in SIVUH. The increase in admissions to CUH however, far exceeds the numbers arising from the cardiology transfer from SIVUH and reflects increased demands on the whole system.

Management and clinicians will continue to focus on reducing the number waiting in ED through ongoing implementation of the Acute Medicine Programme, focussing on improved discharge processes and reducing length of stay. The implementation of other clinical programmes including elective surgery, Stroke, Epilepsy and COPD programmes are being prioritised in the Regional Service Plan for 2012 in order to further reduce lengths of stay and hospital admissions thereby positively impacting on the beds available for patients who do require admission through ED. The HSE South Service Plan 2012 also provides for further expansion of the Community Intervention Team in partnership with SouthDoc Out of Hours Co-op.

In the context of significant numbers of staff retirements and the ensuing bed closures CUH have established a task group of senior managers and clinicians to bring a focused management to the implementation of the service plan over the next number of weeks. The group will build on the planning which as already taken place in order to minimise the impact of reduction in beds on elective surgery activity and on emergency admissions.

CUH will continue to work with the Special Delivery Unit and with Primary Care and Community Services to reduce admission rates and length of stay in order to maximise availability of the beds in the hospital for emergency admissions through ED.

Ger Reaney, Area Manager, HSE Cork

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
15th MARCH 2012**

NOTICES OF MOTION 15th MARCH 2012

Notice of Motion Item No. 4(a) and 4 (b):

4(a)

“That the HSE South would clarify that medical Card holders who are engaging with the HSE review process will still be able to use their medical cards regardless of the expiry date while the review is ongoing and has the HSE South updated their database to include all details of the applicant and appeals that have been made”

Cllr. Breeda Moynihan-Cronin

4(b)

“That the HSE give an up to date report in relation to new and renewal medical card applications for HSE - South on a county basis, and

- Outline the number of new and renewed medical cards issued in the months of December 2011, January 2012 & February 2012 including the maximum waiting time it took for applicants to receive a decision on the outcome of their application from the submitted date during this time and the outstanding number of new and renewal medical card applications which are currently waiting to be processed, and the maximum waiting time it is now taking for applicants to receive a decision on the outcome of their new and renewal medical card applications and**
- Outline the reasons for the undue delays and what corrective action has been taken to rectify the situation.”**

Cllr. Frank O’Flynn

As members are aware, the processing of Medical Card applications for the entire country is currently centralised in the Primary Care Reimbursement Service (PCRS) office in Finglas, Dublin.

With reference to the review process, we are advised that the vast majority of clients submit their reviews on time and have received the appropriate decision within the relevant timeframe prior to the expiry date of the medical card. A Medical Card will remain valid, irrespective of the expiry date shown on the card, once the Medical Card holder is genuinely engaging with the PCRS review process. Engagement is considered to include written communication from the client providing additional information as required. Eligibility for services can be confirmed by any Doctor, Pharmacist, by the Medical Card holder online at www.medicalcard.ie, through the GP practice system or in any Local Health Office or through the helpline at 1890-252-919.

The HSE South database includes client details, progress and outcome of appeals. It is updated on a daily basis. The outcome of all appeals is notified in writing to the PCRS and the client.

Additionally the GPs and the PCRS have been engaged in reviewing existing practices and procedures between the HSE and GP contract holders. While medical cards will continue to be issued in the normal way, the PCRS are endeavouring to continuously improve the process and provide solutions for commonly experienced challenges.

In February 2012, the HSE reached agreement with the IMO in relation to new flexibility around reinstating and prolonging eligibility in certain cases. The new procedures allow GPs, in certain circumstances, to extend the period of eligibility where a vulnerable person has been unable to engage with the HSE on the renewal of their application. It also allows the GP to reinstate eligibility if a patient presents for medical care who has had their eligibility removed in error, e.g. due to a lack of response to the review process because of a change of address. It also allows GPs to add new-born babies to their GMS list where the baby's parent holds a medical card.

The Joint Oireachtas Health Committee visited the PCRS on Friday 2nd March 2012 for a presentation and discussion on the plans to make improvements in the medical card system now that centralisation has taken place. The short term plan to address issues that have arisen in the last number of months, as well as the medium and longer term plans, were discussed, as was the current review of the processes underway by Price Waterhouse Cooper, who will be making further recommendations for improvements shortly.

The meeting was very useful and positive and provided the members an opportunity to set out difficulties Oireachtas members experienced in relation to the new arrangements. PCRS responded to all of these issues and advised the members regarding the challenges faced in delivering one of the largest transformation projects in the health service. PCRS also committed to provide the Joint Committee with updates on the position pertaining to the backlog of medical cards and the ongoing status of plans in place to address this issue.

The Chairman of the committees invited Mr. Patrick Burke, Assistant National Director PCRS to make a presentation to the Joint Committee on the issue of processing of medical cards on Thursday 24th May 2012.

Since the centralisation in July 2011 Primary Care Reimbursement Service have received applications from 446,356 families and have issued 974,712 medical cards. However, a backlog of open cases of 26,421 currently exists in respect of the period July to end December 2011. In a significant proportion of these cases the necessary information which had been sought does not appear to have been provided.

The length of time that it takes for a client to receive a decision depends on whether the client submitted a completed application, and if not, how quickly the applicant responds to the subsequent request for additional information.

As of this week commencing 12th March 2012, the following is an outline of the current status in the PCRS:

- 72% of complete applications received last week are completed
- 80% of completed applications received in the last two weeks are completed
- 92% of completed applications received in the last three weeks are completed

The PCRS are currently agreeing with the Minister an action plan for the urgent resolution of issues within the Scheme in terms of application and renewal processing. This plan is focussed on the March and April period of 2012 and is well advanced.

The PCRS is also carrying out a review of operations in this area, which will be completed in the coming weeks. Many initiatives have already been put in place since December 2011 and some additional initiatives will be identified through the review.

Notwithstanding this, the PCRS has also taken a number of steps to streamline operations and to make the process for renewing a medical card simpler and easier for the public. As part of this the PCRS has implemented self-assessment reviews for medical card holders who are 66 years or over. The self-assessment review model has also been extended to medical card holders under 66 years, who were granted their medical card on the basis of a means assessment.

As previously set out a Medical Card will remain valid, irrespective of the expiry date shown on the card, once the Medical Card holder is genuinely engaging with the HSE review process, and GP's now have available to them functionality to assist to deal with some commonly experienced problems. Eligibility for services can be confirmed by any Doctor or Pharmacist or by the Medical Card holder online at www.medicalcard.ie or through the GP practice systems or in any Local Health Office or through the helpline at 1890-252-919.

It will be appreciated that this scheme is now operated by the PCRS. The detailed information sought on the South and on a county by county basis is not available at present. However PCRS are preparing an overall report which will have this detail and when finalised we will make this available to members.

Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary

Notice of Motion Item No. 4(c):

"That the HSE South review the cuts to the Community Mental Health Services in Carlow."

Cllr. Wayne Fennell

In line with a Vision for Change, a comprehensive change programme is currently underway which will deliver a modern, patient centred, quality and responsive community based model of mental health services for the people of Carlow, Kilkenny and South Tipperary. Central to this, is the development of a wide range of community based mental health services in order to provide access to treatment and support for people closer to their own homes as well as the closure of old long stay institutional type facilities. To this end, the HSE is implementing a detailed plan, based on Vision for Change, for the provision of modern community based mental health services in South Tipperary/Carlow/Kilkenny. This plan will see the majority of patients and clients being treated in the community with the enhancement of Community Mental Health Teams, together with the establishment of Home Based Treatment Teams and the provision of acute day services (day hospitals) across the area.

It is important at the outset to acknowledge that Carlow/Kilkenny/South Tipperary mental health services are one of the best resourced mental health services in the country. The reorganization of services which is taking place will maintain the resources while at the same time the resources will be deployed in line with Vision for Change with the delivery of care moving to a more community based model.

The HSE is required to deliver its mental health service within available funding and staffing. In relation to Carlow, due to staff retirements from Carlow Mental Health Services, there is a subsequent requirement for the HSE to reorganise services and to match staffing resources with service and activity priorities.

REHABILITATION TRAINING SERVICES

STEER is a community based vocational rehabilitation service. It provides assistance to mental health service users to gain access to mainstream education and employment. Following review, it is proposed to redeploy the staffing resource of 1 nursing WTE to Carlow Acute Day Services (Day Hospital) on the 9th April 2012. The provision of the STEER service will continue to be provided by members of the Community Mental Health Team. In addition it is proposed to redeploy Allied Health Professionals i.e. Occupational Therapist and a Social Worker to assist with the provision of this important aspect of a person's recovery and integration into mainstream activities.

CLANN NUA is a mental health rehabilitation day service which provides support to up to 15 service users who live in low support accommodation in Carlow and are mainly independent.

In line with other hostel services, there has been an ongoing review and individual assessment of the mental health service users attending Clann Nua. The provision of services at Clann Nua has been re-organised with these services now being sourced through the daily activity programmes based in Supported Training Service and the Dolmen Centre in St Dymphna's Hospital. This re-organisation came into effect from 27th February 2012.

The 2.5 WTE nursing staff at Clann Nua were redeployed to High Support Hostel services where vacancies occurred due to staff retirements. All clients were informed of this change and that the services previously delivered by Clann Nua will now be delivered by other areas of the rehabilitation service i.e. Skill Base and the Dolmen Centre. In addition service users will be supported where required by the High Support Hostel Service.

These proposed changes in STEER and Clann Nua will have minimal impact on the quantity and quality of care delivered to the mental health service users.

In addition to support the major change programme underway within the Area, the following community services are being enhanced in Carlow Mental Health Services.

Community Mental Health Teams

There is comprehensive development of Community Mental Health Teams (CMHTs) to meet the increased demand for community services. CMHTs bring together the key professionals to provide a range of mental health interventions for a defined community. Members of the existing Community Mental Health Teams, the Home Based Treatment Teams and the Acute Day Services (Day Hospital) will work in close collaboration to provide a comprehensive community based service.

The amalgamation of the two existing CMHTs in Carlow (Carlow North and Carlow South) commenced on 31st October 2011. A Team Coordinator was appointed on 7th November 2011. Currently the team is located in their existing base at St. Dymphna's Hospital. In June 2012, the newly amalgamated CMHT will co-locate with the Acute Day Services (Day Hospital) and Home Based Treatment Team to St. Mary's Unit on the grounds of St. Dymphna's Hospital, Carlow which is currently being refurbished. The recruitment process of an additional allied health professional i.e. occupational therapist will be commencing within the next few weeks.

Acute Day Services (Day Hospitals)

The Acute Day Services (Day Hospitals) are community mental health services that offer an alternative to inpatient admission for a proportion of service users. Best practice indicates that acute day services (day hospital) facilities are suitable for a quarter to a third of service users who would otherwise be admitted to hospital.

The focus in Carlow has been to enhance the existing Acute Day Services (Day Hospital) on the grounds of St. Dymphna's Hospital, Carlow which is currently operational on a seven day week basis. Staffing at the existing Day Hospital in Carlow was enhanced by two nursing staff during October/November 2011 following the closure of St. Patrick's Ward. The acute day service will remain a seven day service and the service is operational from 08.30hrs to 20.00hrs.

Home Based Treatment Teams (HBTTs)

Home Based Treatment Teams (HBTTs) are part of the amalgamated and enhanced Community Mental Health Teams and as such are consultant-led multidisciplinary teams, providing a seven day service, which will enable service users to receive treatment in their own home.

The Home Based Treatment Team for Carlow became operational from 31st October 2011 with the redeployment of four nursing staff. The HBTT operates on a 7 day basis between 9.00a.m. and 5.30 p.m. It receives support from medical and Allied Health Professional staff from the amalgamated Community Mental Health Team.

Respite Services/Crisis Intervention

Respite accommodation services for Carlow / Kilkenny will continue to be provided in a 12 bed unit at Greenbanks Hostel, Carlow on a 24/7 basis. A crisis period is usually brief (24 – 72 hrs) and is the preferred treatment option when the source of the crisis is in the family home. The facility is not restrictive and offers each service user the opportunity to deal with issues surrounding their lives by accessing appropriate interventions such as counselling, family therapy, psychology, social work or other available holistic options as required.

High Support Services

As outlined above a comprehensive review of all residents in hostels/support accommodation in the Carlow/Kilkenny and South Tipperary extended mental health catchment area has been ongoing since 2011 and will continue into the future. The purpose of this review is to assess residents' accommodation needs with a view to providing more independent living accommodation if appropriate.

The following services will also continue to be delivered by the Carlow Mental Health Services:

- As part of the Rehabilitation Services the **Carlow/Kilkenny Rehabilitation and Recovery Team**, which is a multidisciplinary consultant-led team, provides specialist support to people with enduring mental health needs and supports independent living in the community.
- **Dolmen Centre St. Dymphna's Hospital, Carlow** provides structured rehabilitation activities and social skill training and development. It caters for over 40 service users and is open Monday – Friday from 0900hrs – 1700hrs
- **Skill Base** (also known as Supported Training Services, at St. Dymphna's Hospital provides vocational training as well as lifestyle courses. It caters for over 60 service users and is open Monday – Friday from 0900hrs – 1700hrs.
- The following hostels provide accommodation for individuals with enduring mental health needs:
 - Park Lodge Hostel, Athy Road, Carlow 9 bed high support
 - Court View Hostel, Old Dublin Road, Carlow 8 bed high support
 - Beechwood Hostel, Rathnapish, Carlow 9 bed medium support
 - Elm Park Drive Hostel, Rathnapish, Carlow 8 beds high support
- **Kelvin Court, St. Dymphna's Hospital, Carlow** is a new complex consisting of four houses providing 24 hour residential care for people with intellectual disability.
- **Castle Activation Centre, Kelvin Court, St. Dymphna's Hospital, Carlow** provides individual programmes of therapy, on a sessional basis for people with intellectual disability.
- **Sacred Heart Hostel, Old Dublin Road Carlow** is a 9 bedded residential facility for people with intellectual disability
- **Psychiatry of Later Life, St. Dymphna's Hospital, Carlow** provides consultant led, multidisciplinary community mental health services to the over 65 population for the Carlow/Kilkenny Area
- **Child and Adolescent Mental Health Service (CAMHS)** provides consultant led multidisciplinary team assessment and treatment for children up to 18 years of age with mental health needs.

In the long term it is planned that further integration will occur with Primary Care and the Mental Health Services which is in line with national policy.

The change programme underway within Carlow and across the Area will aim to support people to live as independently as possible and to provide appropriate and safe alternatives to inpatient care and admission of patients to acute mental health facilities. This approach is fully in line with *A Vision for Change* and is considered best practice, both nationally and internationally.

Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary

Notice of Motion Item No. 4(d):

“That the HSE South instructs Kerry General Hospital to proceed with the advertisement and recruitment of a Consultant Rheumatologist without any further delay and please advise why the HSE has allowed a centrally approved programmed Rheumatologist post in Kerry General Hospital to remain vacant.”

Cllr. Matt Griffin

At the February Regional Health Forum meeting a response was provided outlining the position with regard to the filling of the Consultant Rheumatologist Post for Kerry General Hospital for 2012 (copy attached).

The position has not changed and having reviewed the available resources to provide the services at Kerry General Hospital in 2012, the intention is that the post will be progressed through the recruitment process to the point of offering a start date to the successful candidate with the post commencing in the latter part of the year. The exact date will be dependent on the overall performance of the hospital throughout the year.

Michael Fitzgerald, Area Manager, HSE Kerry

QUESTIONS 15th MARCH 2012

Question Item No. 5(a):

"When a mother has a medical card, what medical cover has her newborn baby for GP, Out of Hours cover and prescription costs pending the approval of a medical card for the new baby?"

Cllr. Catherine Clancy

Medical cards are not required to be approved for a newborn baby. All newborn babies to medical card holders are entitled to receive a medical card. Parents generally receive the relevant PPSN and can register their newborn baby as a dependant on their parents' card shortly after the baby is born. Once the baby is registered they are entitled to the same range of services under the medical card scheme as their parent/s.

Additionally, GPs and HSE have been engaged in reviewing existing processes and procedures between the HSE and GP contract holders. While medical cards will continue to be issued in the normal way by PCRS who have responsibility for the issuing and management of cards, this change provides GPs with the facility to deal with commonly experienced problems. GPs can now add a new baby to a family that have medical card eligibility; Where a patient may lose eligibility because s/he cannot engage or complete his/her review due to a medical condition or social circumstances the GP can extend eligibility for that client for one year; Where a patient presents for medical care that has had eligibility removed in error, e.g. due to a lack of response to the review process because of a change of address, the GP can reinstate eligibility for four months. This capability which is now available to GPs helps to provide solutions to a number of challenges within the medical card system. The delivery of these solutions designed together over a considerable period represents a significant achievement providing benefits to Medical Cardholder, GPs and the HSE.

Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary

Question Item No. 5(b):

"What progress if any, has been made with regard to the re-opening of beds in Dingle Community Hospital?"

Cllr. Breeda Moynihan-Cronin

A significant number of care staff in community hospital settings have retired as at 29th February 2012. There is also currently a significant reliance on agency staff, mainly nursing & health care assistants.

It is the intention that there will be no replacements of the current numbers of retirees, that there will be a sign reduction in agency staff numbers and that there will be a requirement for redeployment of some staff.

A detailed analysis of the service provision both in terms of long stay and short stay residential care requirement also addressed the issue of the demand for the service. This is a key factor, particularly in relation to the funding arrangement of long stay beds under the Nursing Home Support Scheme (Fair Deal). The new arrangements for funding long stay care in public units will see the money following the patient and this will reinforce the issue of choice of care of the patient.

Currently there are 6 beds temporarily closed at West Kerry Community Hospital to allow for the transition period while a number of staff are retiring and to conclude on a new roster and staffing level for the service. These discussions are being undertaken under the auspices of the Public Service Agreement at present and the HSE is confident that all 46 beds will be operational again shortly.

Michael Fitzgerald, Area Manager, HSE Kerry

Question Item No. 5(c):

“What is the current position on the installation of a helipad at Cork University Hospital?”

Cllr. Matt Griffin

Cork University Hospital does not currently have a helipad located on campus. Patients who currently require transfer to and from CUH by air ambulance are taken to Cork Airport. The Ambulance Service are notified well in advance of the transfer and are waiting at Cork Airport to receive the patient to maintain life sustaining care. Patient care is at all times paramount and depending on the nature of the patient's condition, the Emergency Medical Technicians (EMTs) may be accompanied by a medical team from the Emergency Department in CUH. An agreement between Colaiste Spioraid Naoimh & Highfield Rugby Club is also in place to land helicopters if necessary.

In a response to a Forum Question in March of 2011 members were informed that the provision of a helipad facility at CUH has been included in the Development Control Plan (DCP) for the hospital campus. A number of locations were considered as part of the DCP. The future potential development on campus at CUH as identified in the DCP provides for a new acute block. Members were told that should this development proceed, it was recommended that the helipad be located on the rooftop of this new facility. Until this new acute block comes to fruition, it had been proposed that an interim helipad facility at CUH would be located on the roof of the existing Emergency Department building. The project was costed at approximately €1.5m and it is included in a list of CUH's priority Capital projects should additional funding become available in 2012/16 Capital Plan.

The HSE is currently examining the potential to develop a temporary landing area in the CUH campus. The trials for this are currently underway but it is unlikely that such a facility will be suitable for all types of helicopter.

Ger Reaney, Area Manager, HSE Cork

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
10th MAY 2012**

NOTICES OF MOTION 10th MAY 2012

Notice of Motion Item No. 5(a):

“That HSE carry detailed analysis of the effect of Fluoridation of public drinking water and to provide evidence that the addition of this chemical is safe and not a risk to the health of the public and that the HSE South provide details of what is the cost of Fluoridation annually.”

Cllr. Breeda Moynihan-Cronin

Legal Framework

The Health (Fluoridation of Water Supplies) Act 1960 and the Fluoridation of Water Supplies Regulations 2007 (SI No.42 of 2007) is the statutory framework for the fluoridation of water supplied to the public. The HSE has statutory responsibility for arranging the fluoridation of water supplies. The Act states that ‘a health authority shall arrange for the fluoridation of water supplied to the public by sanitary authorities through pipes.’ The Act further more states that ‘The Minister may, after consultation with the Minister for Local Government, make regulations under this subsection requiring sanitary authorities to perform, as agents for health authorities, such acts, in relation to the fluoridation of water, as the Minister thinks fit and specifies in the regulations.’ Therefore the sanitary authorities (borough corporations, county councils and urban district councils) undertake fluoridation on an agency basis.

Fluorides and Health

The Minister for Health and Children, Micheál Martin TD established the Irish Expert Body on Fluorides and Health in April 2004 as a result of the Report of the Forum on Fluoridation 2002. It has broad representation from the areas of dentistry, public health medicine, engineering, management, environment and the public, as identified within the Report of the Forum on Fluoridation. It has a strong consumer input in terms of members of the public and representatives of consumer interests, in addition to the necessary scientific, managerial and public health inputs.

The Irish Expert Body on Fluorides and Health statement on water fluoridation can be found at <http://www.fluoridesandhealth.ie/documents/facts.html>. The HSE concurs with the findings of the Irish Expert Body on Fluorides and Health. Fluoridation is carried out in line with its recommendations.

The Irish Expert Body on Fluorides and Health has concluded that ‘Fundamentally the Expert Body maintains that there continues to be overwhelming evidence that water fluoridation significantly benefits dental health and through this, benefits overall health. The Expert Body’s view is that fluoridation is safe and effective, and that the recommendations that are being implemented to reduce the level in our water supplies and establish standards across all aspects of its delivery will ensure that water fluoridation continues to be a crucial, beneficial healthcare policy.’

Protecting the Consumer

The Irish Expert Body on Fluorides and Health developed a Code of Practice on Fluoridation of Drinking Water (2007) to be followed by the sanitary authorities to ensure that the fluoride concentration of fluoridated water supplied to the consumer

will comply with the parametric limits set by Irish and European legislation. The Code of Practice has the aim of ensuring efficient and effective implementation of the technical aspects on the fluoridation procedure i.e. to have plant design and systems and procedures in place to minimise the possibility of significant non-conformances. This Code of Practice also sets out appropriate response to non-conforming results.

Monthly fluoride measurements are made of fluoridated supplies by the HSE in accordance with the requirements of the Fluoridation of Water Supplies Regulations 2007 (SI No.42 of 2007). However, many additional fluoride measurements are made by or on behalf of the sanitary authorities as part of their overall programmes of drinking water quality monitoring. The latter are in addition to any in plant checks which are more basic tests.

Independent analysis of the acid used for fluoridation is also carried out by the HSE.

The permissible concentrations of fluoride in drinking waters are governed at both national and European Union level. Under the provisions of the Fluoridation of Water Supplies Regulations 2007 the concentrations of fluoride in fluoridated public water supplies must be in the range 0.6-0.8 milligrams/litre.

Should there be fluoride values which are either too high or too low (i.e. outside the range 0.6-0.8 milligrams/litre, (as required by the Fluoridation of Water Supplies Regulations 2007), notification will be sent to those responsible for the fluoridation of the supply in question, stating that adjustment of the dosage is required promptly.

The E.C. (Drinking water) (No.2) Regulations 2007 (S.I. 278 of 2007) has a parametric value limit of 0.8 mg/l which relates to artificially fluoridated water. However, naturally fluoridated waters can have up to 1.5 mg/l fluoride. Under the European Communities (Natural Mineral Waters, Spring Waters and Other Waters in Bottles or Containers) Regulations 2007, higher levels of naturally occurring fluoride are allowed (up to 5 mg/l fluoride subject to appropriate labelling). The Irish standard of 0.8mg/l is more stringent than the EU Drinking Water Directive Standard of 1.5 mg/l.

These limits emphasize the stringency of the Irish limit value on artificially fluoridated water. If the parametric value limit of 0.8 mg/l is exceeded, each Water Services Authority is required by the Drinking Water Regulations to ensure that the exceedence is immediately investigated to determine the cause of such failure. Each Water Services Authority must notify the Environmental Protection Agency of any failure to comply with the limits outlined in the Regulations and of the results of its investigation.

The [Report on a Total Diet Study carried out by the Food Safety Authority of Ireland in the period 2001- 2005](#) (September, 2011) outlines the estimated fluoride intake from food and drinking water in Ireland. The European Food Safety Authority (EFSA) published an opinion on the tolerable upper intake level for fluoride from the diet. This concluded that the safe upper limit (UL) for fluoride intake from all food sources, including water, for adults is 120µg/kg bw/day. Using the most conservative upper bound intake estimate for highly exposed consumers (P97.5) of 57.3 µg/kg bw/day, intakes of fluoride from the Irish diet, including intake from fluoridated water containing the legal maximum of fluoride, represent 47.8% the UL adopted by EFSA in 2005.

The Department of Health and the HSE have agreed to conjointly establish an Advisory Board for a National Study of Total Fluoride Intake. It is proposed that the Board will review the scientific literature, evidence of best practice and expert opinion on the most appropriately valid methods to determine total fluoride intake in a general population. It is also proposed that it will make recommendations to the Department of Health on the potential population health merits of such a study, the most scientifically accepted and valid methods available for such a study, the general design of the study, including times scales, quality assurance, pilot study format, ethical issues. It may also consider additional research questions that might be investigated with an explanation as to how it is envisaged that these might better inform population health decision making and interventions.

Cost of Fluoridation HSE South

The budget for fluoridation for 2012 is €862,585 for operational costs and €376,425 for acid costs.

Mary Keane, Regional Chief Environmental Health Officer South

QUESTIONS 10th MAY 2012

Question Item No. 6(a):

“What are the number of applicants for Home Help in Kerry awaiting a decision on their application and what are the number of applicants whose hours have been reduced since January 2012?”

Cllr. Breeda Moynihan-Cronin

A review of home help hours was undertaken in late 2011/early 2012 across Kerry Community Services, as the level of expenditure was well in excess of the available budget. Each individual client was reviewed and a reduction in hours was put in place for some clients, based on the assessed client’s needs, where it was deemed appropriate.

In 2011, Kerry Community Services provided in excess of 747,000 home help hours excluding hours provided through Home Care Packages to approximately 2,800 clients in the county. In 2012, in line with the health service agreed budget, it has been necessary to reduce the home help hours provided within the county, using the same process as that used in 2011, following an assessment of each individual’s needs. To date in 2012, in line with HSE South Regional Service Plan, 1,200 hours have been reduced but an additional 900 hours have been put in place providing an overall reduction of approximately 300 hours/week for the county.

Despite these reductions there is still a very comprehensive home help service in place providing a target of 224,000 home help hours to end of April 2012, excluding hours provided through Home Care Packages, to 2,860 clients in the county.

Currently there is no waiting list for home help hours as each individual client is assessed through the PHN department and appropriate services are put in place in line with the client's requirements and the available resources.

Michael Fitzgerald, Area Manager, HSE Kerry

Question Item No. 6(b):

"What is the update on the negotiations taking place between HSE South and the Carlow Hospice Group with regard to setting up a dedicated Palliative/Hospice Unit at District Hospital in Carlow?"

Cllr. Wayne Fennell

The development of palliative care services has been undertaken in line with "The Report of the National Advisory Committee on Palliative Care, 2001" and decisions at regional and local level have been informed by the regional Palliative Care Co-ordinating Committee. In order to prioritise proposals for implementation at national and regional level, the HSE in 2009 – 2011 published a 5 year development framework.

This development framework facilitated the HSE to begin preparatory work on the priority proposals which had been agreed. In relation to the South East, the priority proposal is the development of a 20 bed In-Patient Unit on the grounds of Waterford Regional Hospital. This unit will serve as the regional hub for the delivery of Specialist Palliative Care Services throughout the South East. The four (Carlow/Kilkenny, South Tipperary, Waterford, Wexford) community and hospital based teams will have direct links with this unit. Predominately patients will be admitted for acute medical interventions in Waterford, for instance, symptom control, and will be discharged back to the community with access to the community based Specialist Palliative Care Multidisciplinary Teams.

In the South East Specialist Palliative Care is delivered through Hospital and Community Based Consultant-Led Multidisciplinary Teams. The teams consist of Consultants, Non Consultant Hospital Doctors, Specialist Nurses Senior Occupational Therapists and a Principal Social Worker. Acute and Primary Care Services have 24/7 access to HSE Specialist Palliative Care Teams and also with the voluntary community based Homecare Teams. In the Carlow/Kilkenny area the HSE works in partnership with the Carlow/Kilkenny Home Care Team to deliver a home based palliative care service to the population of both counties.

The HSE supports the National Advisory Committee on Palliative Care DOHC 2001, recommendation that "*community hospitals should have designated beds for palliative care patients who require an intermediate level of inpatient care*". The focus for development in Carlow/Kilkenny therefore is on provision of intermediate care beds dedicated for palliative care purposes. There are approximately between 2 to 6 patients in receipt of palliative care services in Carlow District Hospital at any specific time. Currently there are two intermediate (palliative) care beds at Carlow District Hospital and this will continue.

However, discussions are ongoing between the HSE South and the Carlow Hospice Group in relation to upgrading the existing facilities at Carlow District Hospital for patients who require intermediate palliative care beds. A proposal for the development of two additional palliative care rooms was presented by the HSE to the Carlow Hospice Group, which would greatly enhance the quality of the existing accommodation for patients requiring palliative care.

The Carlow Hospice Group have agreed to fund the capital cost of conversion of two unused 4 bed wards to two large single rooms with increased family space and enhanced patient and family comforts. A further meeting with the Architect and Carlow Hospice Group is planned to take place the week commencing 7th May 2012 to finalise the details of the refurbishment work and to discuss the resources required from Carlow Hospice Group for this development. This is a very positive initiative and the support of the Carlow Hospice Group in this endeavor is to be commended and is appreciated by all involved in HSE South.

The HSE welcomes this opportunity to work in close liaison with Carlow Hospice Group to provide this enhanced palliative care support to patients.

I will keep Members apprised of progress as the plans are finalized.

Anna-Marie Lanigan, Area Manager, Carlow, Kilkenny and South Tipperary

Question Item No. 6(c):

"How many amputees are in the HSE South area and how many are awaiting sanction for replacement fittings? Of those awaiting sanction,

- What is the current waiting time?**
- What is the number of recent/new patients awaiting sanction?**
- How many of the recent/new patients are waiting more than 6 weeks for sanction and are the HSE South allowing patients a choice in terms of who provides this service?"**

Cllr. Catherine Clancy

Number of amputees in the HSE South

The delivery of Amputee Services involves a range of specialties e.g. Orthopaedics, Vascular, etc as well as the Rehabilitation Service and for tertiary or national type service requirements will also involve the National Rehabilitation Hospital (NRH). There is no national database of amputees so it is difficult to know how many amputees there are in Ireland and the underlying medical reason for their amputation. The UK has a population of 61 Million and the number of amputees is believed to be in the region of 66,000. Applying the same ratio to the population of the HSE South (2011 census) would give the number of amputees at approximately 1,250.

Carlow/Kilkenny and South Tipperary

There are currently 50 amputee registered on the Physical & Sensory Data Base for the South East area – Please note that the data base covers the age rang 0 – 65 years only.

There is currently no waiting time for prosthetics in the Carlow/Kilkenny and South Tipperary area. In the South Tipperary area patients have access to a prosthetic service at St. Patrick’s Hospital Cashel which has been running for a number of years. Patients have an option of whether or not they wish to avail of this local service.

Waterford/Wexford

In the Waterford/Wexford area there is no waiting list for prosthetics and approximately 60 patients are fitted annually. The service is provided by NRH (mainly for under 65s and trauma) and by a private provider (SOTA). Prosthesis are fitted in clinics in Waterford Regional Hospital, Dungarvan and in Wexford.

10 prosthetics have been approved since start of 2012. As each of these items cost between 4 - 6K, and the HSE relies on private providers to supply and fit them, the approval process is rigorous. The Resource Allocation Group in Waterford and Wexford LHOs must adhere to the HSE Financial Regulations and seeks to ensure VFM and clinical appropriateness. It also needs to work within a defined budget, and that the approvals are consistent over the financial year. To this end, we use a Prioritisation Policy and the HSE Risk Rating tool. The vast majority of such requests are treated as Priority 1.

The application for prosthetics are overseen by the physiotherapy manager, and brought to the RAG meeting every fortnight. Currently there are no outstanding applications.

Clients do not usually wait more than 6 weeks for sanction – but there can be some delays between the prosthetist consult and final fitting. Where the prosthetics are sourced from a private provider, the HSE seeks on an ongoing basis to minimise the time interval between sanction and final fitting.

The Physiotherapy Services Manager in Wexford Community Services has confirmed that she only sees applications from Physiotherapists and at present does not have any waiting list for services.

The Multi Disciplinary Team locally is currently reviewing the issue of delays in fitting the new limb with a view to earlier admission for amputees.

Cork and Kerry

With regard to Cork and Kerry the numbers waiting for sanction and waiting times are as follows:-

- 120 applications on the current waiting list
- 111 of these are for replacement prosthesis/liners/socks etc. The longest waiter has been on the waiting list since 17/11/2011.
- 9 patients on the waiting list are for primary prosthesis
- 5 of these application are over 6 weeks waiting – the oldest dating from 21/11/2011

At the moment patients have a choice of service provider. Choice of service provider in the HSE South area for all primary (first time) amputees is through referrals by Consultants. In April of last year the HSE, the Mercy University Hospital and the National Rehabilitation Hospital (NRH) opened the POLAR Unit (Prosthetic Orthotic and Limb Absence Rehabilitation) in the Mercy. The POLAR Unit is Consultant led and staffed by Senior Specialist Therapists. The unit is subject to all aspects of clinical and corporate governance for the regional delivery and national regulation of the service through robust Service Level Agreements (SLA) between the NRH and the current preferred provider, Ability Matters. This tender will be subject to any new arrangement put in place by the HSE, a policy for which is currently being established.

There is a limited budget for the supply of prosthesis and orthotics. As demands on the service increase and as new products come on stream, there has been increasing pressure on the budget and this regrettably has resulted in longer waiting times for sanctioning of products and supplies.

National Clinical Programme for Rehabilitation Services including National Procurement Strategy

A National Clinical Programme has been established looking specifically at prosthetics, orthotics and specialist rehabilitation services. A range of proposals are being developed through the programme which will support development of this overall service area into the future. One of the initiatives being taken is in the area of procurement with the intention of improving quality and service while reducing overall cost and securing better value for money for patients.

The provision of Orthotics & Prosthetics services is an area that the HSE has identified as requiring the development and implementation of a comprehensive procurement strategy. The HSE is currently giving due consideration to all the elements involved in a comprehensive solution.

Working in conjunction with the Clinical Lead for Rehab Medicine, HSE Procurement has engaged with a wide range of stakeholders, including with experts from the NHS. The HSE intends to provide a wide choice of service providers of Prosthetic & Orthotics for patients & clinicians whilst introducing transparency and cost control in this service area.

Service providers will be required to demonstrate in minimum level of capability which will include professional registration, qualification & experience. The HSE wishes to pursue the option of introducing a fair and appropriate tariff range for products and services supplied for both Prosthetics and Orthotics.

The HSE intends to engage further on this process over the next few weeks with a view to having the new arrangements in place in early Summer.

Ms. Deirdre Scully
A/Area Manager
HSE South

Ms. Anna-Marie Lanigan
Area Manager
HSE Carlow/Kilkenny & South Tipperary

Mr. Richie Dooley
Area Manager
HSE Waterford/Wexford

Mr. Michael Fitzgerald
Area Manager
HSE Kerry

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
14th JUNE 2012**

NOTICES OF MOTION 14th JUNE 2012

Notice of Motion Item No. 4(a):

“That the HSE South would replace with a Paediatric Consultant, the doctor with a special interest in community child health who recently retired from the family centre at St. Finbarr’s Hospital and the plans to develop a network of Paediatric Consultants with a special interest in community child health which would augment and enhance the medical assessment/examination aspect of the family centre at St. Finbarr’s Hospital.”

Cllr. John Buttimer

In the HSE South there are two family centres, one located in Cork and the other in Waterford and they provide multi-disciplinary support to children where there is a concern that there has been sexual abuse. The multi-disciplinary teams include social work, psychology, nursing and medical services. The Cork service provides a regional response across Cork and Kerry.

The senior medical officer in the Family Centre, St. Finbarr's Hospital, Cork, retired in December 2010. The need to identify a replacement role for this key position was identified and planned for as far back as 2006. The role of a Consultant in Community Paediatrics was being developed and it was decided to include as part of the job description and duties, the requirement to provide medical examinations in cases of suspected child sexual abuse. This culminated in the specific requirement to undertake this service being included in 3 additional consultant paediatrician posts in Cork and Kerry, all filled with permanent appointments over the last number of years. This allowed the service provision to be undertaken by medical staff at the highest level of training with it being a consultant provided service in Cork and Kerry.

Since January 2011 the medical examination aspect of the services provided at the family centre in Cork, has been provided by consultant paediatricians. Such examinations are provided appropriately within a three-day timeframe and can normally be undertaken in a planned manner during normal working hours. Staff from the family centre make the necessary arrangements to have the medical examination undertaken and to provide the important support from the multi disciplinary team.

Future of Child Sexual abuse services in Ireland.

The National Review of Sexual Abuse Services for Children and Young People (Mott McDonald) was completed in June 2011 and is due for publication. This report builds on the Ferns 4 report which was published in September 2009.

The Ferns 4 National Steering Committee is currently developing an implementation plan for these reports.

Both reports are consistent in promoting a national service model which:-

1. Incorporates all resources currently applied across sectors to sexual abuse services into a single, national service which provides standardised, best practice models of service;

2. Integrates and coordinates the 6 key components of sexual abuse services which are:

- Child protection;
- Garda investigation;
- Medical/forensic examination;
- Assessment;
- Therapy;
- Court process.

3. Delivers services through specialist regional child Abuse Support and Advocacy Centres which support regional clinical practitioner networks and provide Outreach Clinics as required. Each centre will be a 'one stop shop' providing medical/forensic examination, assessment, therapy, child protection liaison and Garda liaison as core components.

Each centre will

- provide a full range of services for children in the catchment area as well as dealing with the more complex cases for the Region;
- coordinate, support, train and supervise the work of clinicians in the clinical network for the Region;
- provide outreach clinics in the Region as required.

The centre locations as listed are

- St Claire's Unit in the Children's University Hospital
- St Louise's Unit in Our Lady's Hospital
- The Waterford Community Child Centre at the Waterford Regional Hospital
- The Family Centre at St Finbarr's Hospital Cork
- Limerick (proposed)
- Sligo (proposed).

Implementation of this multiagency model requires the cooperation of HSE Children and Family Services, HSE Integrated Services Directorate, An Garda Síochána and CARI.

A number of recommendations from the report of the National Review of Sexual Abuse Services for Children and Young People and the Ferns 4 report require detailed consideration in regard to implementation. In this regard sub-groups of the National Steering Committee, which include additional co-opted expert members, are currently working on the following matters:

- Out of Hours service;
- Medical telephone advice line;
- Joint Specialist Interviewing;
- Multiagency Referral Team;
- Assessment and Therapy services;
- Data and Information;
- Medical/Forensic examination.

Detailed reports will issue in due course from the sub-groups which will inform the implementation process.

Discussions are currently underway with the agencies involved with regard to implementation of the new national service model. These discussions will be concluded in Q3 2012 and an implementation plan published. The provision of additional consultant paediatric resource in relation to this service and to the broader requirement to support children's services in the community will be considered as part of the implementation plan and with due regard to the resources available to provide these services. Hospital and community services decide on new developmental consultant posts in order of priority and in particular in relation to agreed models as determined through clinical programmes or through national policy. It will be in this context that additional consultant positions will be considered into the future.

Mr. Michael Fitzgerald, Area Manager, HSE Kerry

Notice of Motion Item No. 4(b):

"That the unacceptable delay for ENT Child Service Assessment in Waterford Regional Hospital be addressed as a matter of priority."

Cllr. John Coonan

The following is the arrangement for the provision of access to ENT Adult and Child Services for the South East.

Regional ENT Service

This Service is provided by 4 Consultant Surgeons all of whom are based at Waterford Regional Hospital (WRH).

The Regional ENT Emergency Dept is based at WRH and provides 24x7 access for ENT Emergencies (this is a separate service to the main ED Dept).

All Elective & Emergency Surgery is provided at WRH and includes Children and Head & Neck Cancer Services.

Out Patient Referrals are received at the Central Referrals Office at WRH for the 5 counties Approximately 300 new referrals are received monthly. All referral letters are clinically prioritised as Urgent or Routine by Consultants and scheduled for OPD clinic at WRH or at an outreach clinic as per the following monthly Consultant schedule for outreach clinics conducted in addition to WRH daily out patient service.

| | | |
|----------|--|------------|
| MS. LANG | ST. JAME'S GREEN, KILKENNY (Elective) | 3RD FRIDAY |
| | ST. DYMPNA'S HOSPITAL, CARLOW (Elective) | 2ND FRIDAY |

| | | |
|--------------|---|---------------------------------|
| | SOUTH TIPP GENERAL HOSPITAL (Elective) | 4TH FRIDAY |
| MR. SMYTH | WEXFORD GENERAL HOSPITAL (Elective) | 2ND & 4 TH FRIDAY |
| | SOUTH TIPP GENERAL HOSPITAL (Elective) | 1ST & 3 RD WEDNESDAY |
| | ST. JAME'S GREEN, KILKENNY (Elective) | 4TH TUESDAY |
| | ST. DYPNA'S HOSPITAL, CARLOW (Elective) | 2ND TUESDAY |
| MR. SKINNER | WEXFORD GENERAL HOSPITAL (Elective) | 3RD & 4 TH MONDAY |
| | SOUTH TIPP GENERAL HOSPITAL (Elective) | 1ST & 2 ND MONDAY |
| MR. DONNELLY | ST. DYPNA'S HOSPITAL, CARLOW (Elective) | 4TH MONDAY |
| | ST. JAME'S GREEN, KILKENNY (Elective) | 1ST & 3 RD MONDAY |
| | WEXFORD GENERAL HOSPITAL (Elective) | 2ND & 3 RD WEDNESDAY |
| | SOUTH TIPP GENERAL HOSPITAL (Elective) | EVERY 4 TH WEDNESDAY |

Note: External clinics as per table are managed at local level by the relevant Hospital or Community Management processes. WRH forwards the referral letters to local management as requested. Requests for referral letter are based on working chronologically through the Routine Waiting List.

All urgent and sub-specialty Clinics are based at WRH where there is access to the relevant equipment and multidisciplinary team including a hospital Audiology Dept.

These include the following :-

- Voice clinic
- Nose (Rhinitis) clinic
- Nose (Nasal airway) clinic
- Rhinoplasty Clinic
- Nasal Fracture clinic
- Nasolacrimal Joint clinic
- Cystic Fibrosis ENT clinic
- Facial Skin lesion clinic
- Thyroid Clinic
- Combined Head and Neck Oncology clinic

Urgent appointments are seen within 1 month- very urgent patients can be seen next clinic (the patients address/county is irrelevant)

Routine appointments vary across the region and scheduling is determined based by address and condition

- WRH routine waiting time is 2 years and 8mths (all appointments for hearing tests (Audiology Services) for all counties in the South East have to be seen in WRH)
- Wexford - 1 year and 8 mths.
- Clonmel - 1 year and 5 mths.
- Kilkenny - 1 year and 2 mths.
- Carlow - 9 mths.

All clinics are Consultant delivered.

Approximately 300 new referrals are received monthly at the Central Referrals Office.

In relation to access to Surgery for Children WRH has received additional funding from the Dept of Health Special Delivery Unit (SDU) to treat an additional 100 Children. These Children are being scheduled on an additional Theatre List each week. The Children are scheduled in strict chronological order from the In-patient Waiting List. The Longest waiters are now from Oct 2011 and by end of Sept all children from 2011 Waiting List and those added up to May 2012 will have been treated or have a treatment plan. The SDU Target going forward will be that all Children on In patient Waiting Lists will be treated within 22 weeks of being added to the In Patient Waiting List.

Richie Dooley, Area Manager, HSE Waterford/Wexford

Notice of Motion Item No. 4(c) on Agenda refers:

“That the HSE South review the Ambulance Service in Carlow town and county following a recent incident in which 2 Ambulances were required to transfer an injured footballer from Carlow to St. Luke’s Hospital in Kilkenny and another Ambulance required to transfer him to Ardkeen Hospital in Waterford for further treatment and that the HSE review its policy of involving 2 Accident and Emergency Departments for patients being transferred by Ambulance from Carlow”.

(given the fact that that patients could be assessed by Paramedics or by GPs who should be best placed to make the call to send a patient either to St. Luke’s or straight to Ardkeen Hospital, the lead Hospital for the South East)

**Cllr. Wayne Fennell
Cllr. Arthur Mc Donald
Cllr. Jim Townsend**

Ambulance Services in all areas including Carlow are reviewed on an ongoing basis to ensure that the National Ambulance Service (NAS) achieves optimum effectiveness and efficiencies from the resources available.

Ambulance responses are prioritised using advanced decision making software provided by the world's leader in this field. This ensures that ambulances are dispatched to the most serious and life-threatening illness or injuries without delay.

Guided by HIQA response time targets, all 999 calls are responded to by the nearest available ambulance resource. Ambulances operate from 29 bases using a fleet of 70 ambulances, staffed by a complement in excess of 400 staff, made up of paramedics and advanced paramedics. This service is supported by other National Ambulance Service resources operating from bases in bordering areas of the other HSE divisions including counties Kildare, Laois, Offaly, Limerick and Wicklow. Along with that fleet of Emergency Ambulances the NAS also operates a fleet of rapid response vehicles staffed by Advanced Paramedics and Paramedics capable of providing life-saving interventions when required.

In acute life-threatening emergencies such as cardiac arrest, other resources are also available to augment the NAS responses, including the other principle response agencies including the Fire and Garda resources, GP Co-operatives such as Caredoc and South Doc and voluntary Cardiac First Responder groups capable of operating defibrillators, a key link in the Chain of Survival for cardiac arrest victims.

The current procedure is for ambulances to take casualties to the nearest Emergency Department for further assessment and stabilisation. In the case of Carlow, this is St Luke's Hospital Kilkenny. New national clinical care programmes are expected to define what services will be provided at different hospitals and locations in the future.

Simultaneously significant advances in pre-hospital care are making it safer to transport patients over greater distances to definitive care. One should expect that National Ambulance Service protocols will change in line with the roll out of clinical care programmes. This change will be made a broader service-wide basis as oppose to specific changes to services operating in the Carlow area.

Nicky Glynn, Area Operations Manager, National Ambulance Services South

Notice of Motion Item No. 4(d):

"That the HSE South provide a Community Nursing Unit in Castleisland to cater for the Elderly of Castleisland town and its environs."

Cllr. Bobby O'Connell

The services that the HSE provide aim to support older people to remain independent, in their own home or within their community environment, for as long as possible. This is achieved through the provision of home and community based support services (including home help services, home care packages, respite care, day care, meals on wheels, health promotion initiatives / programmes, etc). Where

this is no longer possible, we support older people in residential care under the Nursing Homes Support Scheme (NHSS).

The particular challenge for older people services in 2012 is to respond to the increasing demand for health and social services which is resulting from the growth in the number of older people, particularly in the upper age group (over 75yrs), while reducing the overall expenditure on this programme.

Our priorities are to improve the pathway of care for older people as they access a range of services. This will be supported by the work of the clinical care programmes. Funding will be focused on the maintenance of the delivery of home care packages enabling those with more complex care needs to remain or return to home. There will also be an ongoing re-focusing of home help services to prioritise personal care provision and essential household duties. The HSE will also work on optimising the provision and quality of residential care.

Intermediate care is underdeveloped and has been identified as a critical element of the older persons care pathway. The HSE is committed to working with the Department of Health in re-allocating funding to increase intermediate care capacity, i.e. step-up / step-down beds, and to maximise community services such as Home Care Packages. This should reduce demand on acute hospital services and prevent inappropriate admissions to long-term residential care.

Over the past number of years HSE South has undertaken a significant programme of works in relation to key health and safety issues that needed to be addressed in line with the requirements of the residential care standards as inspected by HIQA. These works were undertaken as part of the preparatory work to achieve registration of all existing community nursing units by the 1st July 2012. The HSE South can confirm that all such works are being completed and that registration will be achieved in all units.

The next phase of compliance with the residential care standards will commence post July and once again there will be a further 3 year period where necessary works will be undertaken on a prioritised basis to achieve the higher level of environmental standards as required by 2015 which will concentrate on occupancy levels in rooms and adequacy of washing and toilet facilities and shared areas. In order to prepare for this work an analysis is being undertaken at national, regional and local level to conclude on the proposed programme of work and costs associated with this phase. This will present a very significant challenge both in the public and private residential care services, as many buildings were not designed to provide for the environmental requirements for these standards. In addition, the analysis will also conclude on the likely location of replacement services and indeed the requirement for new services into the future based on the increasing older persons population.

It is in this context that decisions with regard to provision of new or replacement units will be taken and obviously it will also be based on the availability of capital funding. The Castleisland location of Co. Kerry will receive consideration as part of the overall planning exercise for the most appropriate placement of either replacement or new community nursing units. There has been significant investment in the capital programme in Kerry to date in relation to the replacement of older residential units which is evidenced by the recent construction of the West Kerry and Tralee community nursing units as well as the ongoing development of Kenmare Community Hospital. Significant resources have also been provided to the upgrading

of Caherciveen Community Hospital as well as Killarney incorporated community hospitals.

Michael Fitzgerald, Area Manager, HSE Kerry

QUESTIONS 14th JUNE 2012

Question Item No. 5(a):

“To ask the HSE South to provide details of the number of social workers and the Whole Time Equivalent number of social workers who have been recruited and employed by the HSE over the last 12 months in each of the South Lee and North Lee areas, the number of social workers employed by the HSE in both areas on 31st December in each of the last five years and the number of cases categorized as ‘case for allocations’.”

Cllr. John Buttimer

A total of **4** Social Worker grades with a value of **4 WTEs** were recruited in South Lee and North Lee areas – **2 each** – in the last 12 months.

Please see tables below detailing the number of social workers employed by the HSE in both areas on 31st December in each of the last five years.

Table 1.

Local Health Office North Lee

| LHO NL | Headcount | WTEs |
|---------------|------------------|-------------|
| 200712 | 55 | 48.98 |
| 200812 | 60 | 54.88 |
| 200912 | 59 | 53.73 |
| 201012 | 65 | 58.96 |
| 201112 | 64 | 58.68 |

Table 2.

Local Health Office South Lee

| LHO SL | Headcount | WTEs |
|---------------|------------------|-------------|
| 200712 | 32 | 29.02 |

| | | |
|---------------|----|-------|
| 200812 | 29 | 25.47 |
| 200912 | 30 | 26.77 |
| 201012 | 37 | 33.91 |
| 201112 | 38 | 34.36 |

With regard to the number of cases whom have not been allocated to a Social Worker, there are currently 480 cases awaiting allocation. It should be noted however, that all referrals are screened and those referrals that are deemed to be at immediate significant risk are prioritised and receive immediate attention / response. It should also be noted that a systematic approach is now in place to monitor and manage the pressure of referrals to the duty social work team, and to take appropriate interventions if required.

I wish to expand further with regard to the number of cases awaiting allocations, which currently stands at 480 cases.

It is important to understand exactly what "awaiting allocations" means in this context, as follows:-

All cases received in the respective social work departments are immediately seen by a Duty Social Worker (in North Lee), inputted onto an It system known as Raise. Cases deemed to be at Level 1 or deemed urgent get an immediate response with Social Workers doing whatever is required to protect the child(ren) concerned.

Cases may remain on the duty/ intake system for varied timeframes, depending on the case, whilst network checks are carried out, or responses are awaited from other disciplines or agencies, thereby, allowing a more informed decision making and action process to be effected.

Where all requisite information has been compiled, decisions are made to close, re-refer to others, or allocate to a long-term worker for a more long-term and comprehensive involvement with the child and his/her family.

Therefore an unallocated case in this context is a case that is being worked by the Duty/ Intake team and is being reviewed and worked on a daily and weekly basis, and only becomes an "allocated" case when assigned to a Social Worker's case load.

In summary, every referral is screened and an assessment on information received is carried out on receipt of referral. Level 1 and urgent cases receive an immediate response. Other cases are processed and reviewed weekly and determinations made on necessary actions to be taken, e.g. acquire further information, upgrade and take action immediately, or allocate to social worker.

Since the Ryan Report, extra Social Workers have been allocated to the Social Work teams over the two phases, resulting in 11 social workers assigned to the two teams respectively (**7 to North Lee, 7.5 to South Lee, a total of 14.5**).

Great efforts in these difficult times have been made to retain the numbers of WTE social workers. Maternity leave and other vacancies have been covered by staff retained through recruitment agency services.

There is a national 'rule of thumb' that any social work departments in child protection and welfare should not fall below 80% of its WTE posts and this is being honoured particularly in North Lee which retains 100% of its assigned WTEs at work.

The "measure the pressure" initiative designed to capture on a monthly basis the level of referrals, allocated cases etc. showed that at the end of June there were 1,494 open cases to North Lee and 586 open cases to South Lee. New referrals received within the months were:

| | |
|-----------|------|
| North Lee | 161. |
| South Lee | 47 |
| Total: | 208 |

In conclusion the important point to be stressed is that all referrals are seen by a social worker when sent to the department. A system of prioritisation is applied to each case. Level one and urgent cases get an immediate response. Other cases are worked on and reviewed weekly within the duty team. Decisions are then made as to what happens next which may include closure, holding for further information gathering, re-referral to more appropriate alternative discipline or agency, or allocation to case workers.

Mr. Dermot Halpin, Regional Service Director for Children and Family Services, HSE South

Question Item No. 5(b) on Agenda refers:

"What is the up to date position and progress regarding the sale of property and land of psychiatric services which are regarded as surplus to requirements"

Cllr. John Coonan

Response:

The majority of the proceeds from the disposal of assets associated with the Mental Health Services is currently reinvested in the provision of new mental health facilities and the services in the HSE South are benefiting from this approach.

In the HSE South the following Mental Health properties will be surplus to requirements:

St Senans Hospital, Enniscorthy

The in-patient accommodation at the hospital will be vacated in 2013, it is intended that the agricultural land associated with the facility will be offered for sale shortly. Planning and Valuation advisors will be engaged so as to establish the economic value of the buildings and land which is currently zoned for residential purposes.

St Otterans, Waterford

A Development Plan for the site is currently being undertaken, this will allow for the future needs of the Service and also identify potential areas for disposal. Waterford City Council have published a draft development plan for the city; a submission will be made to the City Council in the context of the draft plan and the zoning of the site.

St Lukes Hospital, Clonmel

With the opening of the new 40 bed residential unit, the 12 bed high support residential unit; the new mental day hospital and network centre, some existing buildings will be vacated. The Estates Department is currently developing a Building Use Plan for the Clonmel campus. The lands associated with the campus will be retained for present.

St Canices Hospital, Kilkenny

A number of services currently in leased premises are relocating to St Canices as leases expire. We are currently working on accommodation for Health Promotion and Finance Shared Services who will vacate leased accommodation over the coming months. A variety of health services are currently being provided from the building. The lands associated with the campus will be retained for the present.

Heatherside Hospital, Doneraile, Co Cork

Heatherside Hospital was vacated in 2011. Approval to advance the sale of Heatherside has been given by the HSE Property Committee it is intended that this property will be put on the market in 2012.

St Finans Hospital, Killarney

It is expected that alternative accommodation will be in place for all Mental Health Services in St Finans Hospital, Killarney by 2014. In the intervening period the HSE will seek planning and valuation advice in relation to the potential of the property. This process will be carried out in consultation with Kerry County Council and Killarney Town Council.

Our Lady's Hospital, Cork

The HSE is in discussions with Cork City Council regarding the sale to the Council of some lands at Our Lady's to facilitate the provision of City Water Services. Some of the land is also being considered for Health Service use.

Pat McCarthy, Assistant National Director Estates, HSE South

NOTICE OF MOTIONS AND QUESTION
RESPONSES

FORUM MEETING
20th SEPTEMBER 2012

NOTICES OF MOTION 20th SEPTEMBER 2012

Notice of Motion Item No. 4(a):

“That the HSE South call on the Minister for Health & Children to, as a matter of urgency, set up a Community Support Scheme, whereby people in need of home help, could use their assets, such as their home or farm, to pay for this much needed service.”

Cllr. John Joe Culloty

Having considered legal advices in relation to the current legislation the HSE policy on charges/contributions for the provision of publically funded home help services is as follows:

- No charges can be levied/collected for home help services, by the HSE or any by any entity providing HSE funded home help whether personal care or domestic care or both is being provided
- No voluntary contributions are to be requested/levied/collected/accepted for home help services, by the HSE or any entity providing HSE funded home help whether personal care or domestic care or both is being provided

In the absence of legislation to apply a charge for services, the HSE policy effective from February 2012 is that home help service recipients will not be charged nor will a contribution, voluntary or otherwise, be requested or collected by the HSE or by service providers providing home help funded by the HSE.

In some instances clients or families will engage private home help provision which they will finance themselves from their own resources. This often supplements HSE funded and provided home help services in a complementary way.

Mr. Michael Fitzgerald, Area Manager, HSE Kerry

Notice of Motion Item No. 4(b):

“That the HSE would give a timeframe for the refurbishment and upgrading of the grounds of St. Patrick’s Community Hospital”

Cllr. Frank O’Flynn

The HSE has been engaged in the phased redevelopment of Fermoy Community Hospital, in cooperation with the Friends of Fermoy Community Hospital Fundraising Association, for some time. To date this has involved the construction of two new 30

bedded units at ground floor level to replace accommodation at first and second floor level. The second of these was completed in 2009. Total expenditure to date on this redevelopment was €5.78m with €0.46m provided by the Friends of Fermoy Community Hospital Fundraising Association. This capital investment has been the most significant priority as it contributed to securing the future of the hospital including achieving HIQA registration in 2012 as a 72 bedded facility.

Locally we are working closely with a community group in progressing a project that would fully utilise and improve the grounds of Fermoy Community Hospital. The next step is that the Estates Department will explore the practicalities of supporting this project and how it might be resourced. As this local engagement progresses I will keep Members apprised of progress.

Ms. Deirdre Scully, Area Manager, Community Services - Cork

Notice of Motion Item No. 4(c):

“That the HSE South outline in detail the proposed impact on services for the people of Kerry following the recent announcement in Budget Targets.”

Cllr. Breeda Moynihan-Cronin

The HSE Kerry Area Management, inclusive of hospital and community services, outlined in detail the service levels that are intended to be delivered within the available resources in the HSE South Regional Service Plan 2012 and in line with the HSE National Service Plan. These target service levels were to be provided by the use of the available resources though they have diminished in terms of staffing numbers and available funding.

The delivery of safe services has remained the utmost priority across the Kerry Area in 2012 and the cooperation and flexibility of staff across the services, in line with the requirements of the Public Service Agreement, has yielded significant success such as the following:-

- Opening of new Emergency Department at Kerry General Hospital was achieved through reorganisation of rostering and skill mix from internal resources, though the environment of the new area was in excess of double the size of the older unit.
- Opening of Tralee Community Nursing Unit through the redeployment of staff and change of skill mix from Kerry General Hospital to the new unit.
- The introduction of health care assistants in the skill mix of care in mental health services, and particularly in residential facilities such as high support hostels and long stay care units. This process was agreed and has commenced in a number of areas and is being extended with staff being redeployed from support services. This has mitigated somewhat the reliance on overtime in nursing in mental health services despite the fact that there was a considerable reduction in numbers of staff due to retirements prior to and during the “grace period”.

- The closure and appropriate placement of patients from old wards in St. Finan's mental health facility. This saw the closure of a female ward in January 2012 and the planned closure of the last remaining male ward next week. This will see the cessation of patient resident care in the old building which has featured its continuous use as a mental health facility since 1849. The adjacent O'Connor unit, which required some necessary minor refurbishment, will accommodate some of the remaining residents and the skill mix and staffing requirements have been agreed.
- The service plan featured a range of necessary reorganisation of services in community hospitals due to reductions in available staff and a potential to close 28 beds was identified across these services. Through various negotiations across the community hospitals, a significant change in skill mix and rostering was agreed. Through the process it was also possible to reduce the number of bed closures by 4, as the planned closures in Listowel Community Hospital, for example, did not have to go ahead to the extent that was considered in the service plan.
- Despite significant reductions in administrative staff, frontline service continue to be supported through ongoing redeployment and the flexibility of staff concerned.
- The roll out of the development of primary care teams continues to be achieved and the most recent development of a primary care team in Kenmare coincided with the provision of a new primary care centre in the town, which features an integration of GP, primary care, and mental health services in the one location and building.
- A process is in place to reorganise the provision of therapy services for children with disability across voluntary and HSE providers. This will allow for greater clarity and equity in relation to appropriate pathways & identified needs in this area. The work will be completed in the coming months.
- The Kerry Area has a significant level of service agreement built up over many years in partnership with the voluntary sector, particularly in areas supporting childcare, older people and mental health services. Though funding to the voluntary sector has been reduced in these areas, there has been no significant decrease in service provision, with much of the reduction being absorbed through greater economies achieved by the individual agencies. For example, all the day services for older people across the county provided by voluntary groups continue to provide the same level of service across each week to older people from within the available resource.

These actions are some of the significant examples of what has been achieved in the year to date. In relation to the remainder of the year, and in particular having regard to the need to intensify cost containment measures, the following specific measures are being pursued in the Kerry Area:

- A review of all non-pay costs is ongoing in some key areas such as non-patient care travel, stationary/office requirements, heat and light in buildings, etc. to ensure that only absolutely necessary expenditure is committed over the coming months.
- All clinical targets such as inpatient and day procedure activity to be adhered to and where there are areas of over activity control measures to be put in place to bring activity into line. For example in Kerry General Hospital sixty theatre lists were removed over the summer period to control activity levels in line with resource and this will be extended until the target has been

achieved. This will culminate in a reduction of theatre usage over the coming months.

- In line with our service plan, the use of agency is being restricted to only specific circumstances and following a risk assessment of the impact. Members will be aware that the Service Plan provided for an increased level of reduction in the reliance on agency staff which is specifically targeted at the acute sector and our community hospitals
- There will be a continued focus on overtime, particularly in the mental health services and further deployment of staff will take place following the ward closure in St. Finan's and through the redeployment of multitask attendants and health care attendants.
- The use of agency for non-consultant hospital doctors will also continue to be monitored on an ongoing basis with a view to ensuring that it can be minimised while continuing to provide safe levels of service.

In relation to the recent announcements our focus across hospital and community services in the HSE South has been to prioritise the curtailment of discretionary and non-essential expenditure headings so that the additional expenditure reductions and savings under this initiative are being sought from areas that do not have a direct impact on front line services, e.g. travel, office and backroom costs, medical equipment, administration & advertising, furniture & fittings etc.

Our intention is to continue to review each line of expenditure over the coming weeks to identify any further areas where discretionary or non-essential expenditure can be identified with the intention of ensuring that the impact on front line services is minimised.

The Regional Service Plan 2012 set out an ambitious programme of reorganisation of services given the position that there would be a reduction in staffing and available funding. The evidence as outlined for the Kerry Area shows that significant progress has been made in the majority of the targets as set out in the plan. The further intensification of the ongoing cost containment measures that were in place, coupled with the measures as outlined above, is a challenge to achieve to the year end, and in particular the demand for acute hospital services at Kerry General Hospital requires careful management both from a financial perspective as well as from the performance in relation to service provision. The hospital in particular is working with the requirements of the clinical programmes in acute medicine, surgery and emergency medicine, to be as efficient as possible in the face of the demand for the services, and will continue to do so to the year end.

Michael Fitzgerald, Area Manager, HSE Kerry

Notice of Motion Item No. 4(d), Notice of Motion Item No. 4(e) and Question Item No 5(c):

Notice of Motion 4(d)

“That the Regional Health Forum South strongly condemn the cuts by the Fine Gael/Labour Government and in particular Minister for Health Dr. James Reilly, that the cuts to Home Help services for disabled and older people will lead to a serious diminution in quality of life and ultimately fatalities and who will be held accountable?”

Cllr. Ted Tynan

Notice of Motion 4(e)

“That Home Care frontline services be maintained and developed to lessen the financial burden on hospitals”

Cllr. Dr. Patrick Crowley

Question 5(c)

“What are the number of applicants for Home Help in Cork City awaiting a decision on their application and what are the number of applicants whose hours have been reduced since January 2012?”

Cllr. Ted Tynan

The home help service as delivered by or on behalf of the HSE, is a community service enabling people who otherwise might need to be cared for in long-term residential care to remain at home, where appropriate. It is also a critical support to older people in facilitating their early discharge from, and in preventing inappropriate admission to, acute hospitals. In order to ensure that care at home is fully explored as an option, and that appropriate care is provided in this setting, an assessment of care needs is undertaken by a health professional, generally a public health nurse. The home help service aims to support those most in need and in the context of the limited resources and growing demand for services, the HSE continues to ensure that essential personal care and essential household duties are prioritised over the lesser priority area of non essential household duties.

At the end of July 2012, the HSE South has provided in excess of 2.1 million home help hours to 15,990 clients, which is in line with the target number of hours, and exceeds the number of those who are in receipt of the service indicated in the national and regional service plan, which is just over 15,000 clients.

At this point no additional reductions in service provision over and above those specified in the National and Regional Service Plans are being implemented. The provision of home help service is under constant review to maximise the use of the considerable available resource. Within the region, some local health offices are in excess of their target and funded service level and in these locations the local teams are working to bring activity levels back in line between now and the end of the year. As the home help services are reviewed, the key principles adhered to include the following:

- No current recipient of home help service who has an assessed need for the service will have it fully withdrawn.
- The home help service will be available to new recipients who have a requirement based on assessed need and within the available resources.
- Alterations to services will be undertaken in the context of a review of the individual's assessed need and will be documented on the recipient's records.

The flexible nature of the service is fundamental to responding to the ever changing needs of service recipients. Home help service, which supports older people primarily, remains a significant and key component of community based service provision.

In relation to the specific query with regard to Cork (North Lee & South Lee), a significant review of services is ongoing as the target and funded level of service was due to be significantly exceeded in the course of the year. The review of the service has to date seen a reorganisation of service and some reduction of hours in the case of up to 1,000 recipients. However, in excess of 460 new recipients have received a home help service during that period also. Therefore, the level of activity and the response of the service is constantly changing to meet the emerging needs of ongoing recipients, as well as new recipients of the service. At this time, there are 263 people who are being considered for the provision of home help service in Cork (North Lee & South Lee) and having their circumstances being assessed at present.

Michael Fitzgerald, Area Manager, HSE Kerry

Notice of Motion Item No. 4(f):

“That the HSE South put a plan in place to alleviate the current Waiting List for appointments with an Audiologist in Kerry.”

Cllr. Matt Griffin

The Cork/Kerry community audiology department has the remit for adult and paediatric services for Cork, adult services for Kerry and oversight of Diagnostic audiology for newborn hearing screening Cork and Kerry. The service operates in 3 sites South Ring Business Park Cork, Edward Court Tralee and outreach to Bantry. Paediatric services for Kerry are delivered from the audiology service at Kerry General Hospital.

Cork/Kerry Community Audiology Service administer and monitor hearing tests for adults who are at risk for hearing loss, prescribe hearing aids and ear moulds and ongoing monitoring is provided. Appointments for the Community Audiology Department in Kerry are sent in a strict chronological order, according to clinical priority and date receipt of the referral. This ensures fairness and equity for the public wishing to avail of this important service.

There are 2 levels of priority within the adult service, Routine and Urgent the prioritisation protocol is attached for your information.

Routine priority Is where there are no recent additional medical complications with risk factors directly associated with hearing loss or where an Audiological assessment is required for purposes of urgent differential diagnosis.

As with all services there is variability over time with service demand. As part of the integration of acute and community audiology sectors across HSE South it is intended to review resource allocation. Any change in current staffing arrangements will be achieved by redeployment. The department plan to increase services to Kerry adult caseload by a half day per week from November 2012. It is also intended before the end of the year that initial integration of Kerry Community and acute audiology services will have taken place and will provide an additional resource to paediatric audiology services. (from KGH). This will involve a half to one day from existing Cork Kerry Community compliment. These targeted changes are the full extent of improvement to services which can be achieved through redeployment. Given the whole time equivalents available across the service there is evidence of efficient use of the available limited staffing resource.

The table hereunder details the resource allocated to adults at each site.

| Area : | Number on routine review list – & waiting time | Number on priority review list & waiting time | Number on routine assessment list & waiting time | Number on priority assessment list & waiting time | Staffing Number of days of service |
|---------------|--|---|--|---|--|
| CORK | Total 364 (29 months waiting) | Total 18 (2months waiting) | Total 1653 (38 months waiting) | Total 8 (2months) | Equiv 10 days per week |
| BANTRY | Total 51 (22 Months Waiting) | Total 2 (2 months Waiting) | Total 124 (June 2009 – (36 months) | | 1 day a week |
| Kerry | Total 352 32 months waiting | 47 7months waiting | 593 32 months waiting | 40 7 months | 3days per week |
| | As of 13.09.2012 | | | | Total Adult service WTE Cork Kerry 2.8 |

Deirdre Scully, Area Operations Manager, Primary, Community and Continuing Care Services

**Protocol for Prioritisation of Adult Referrals (2012)
(Revision of 2010 Protocols)
Adult Community Audiology Department, HSE South**

Clinical Risk Factors for Prioritisation

The clinician will review all new referrals received by the Department on a weekly basis, and will prioritise each referral under the following classification;

(1) Urgent & (2) Routine

Risk factors warranting prioritisation will only be accepted when written confirmation is received from General Practitioner (GP), ENT Consultant, clinical audiologist or other qualified medical personnel.

(1) Urgent

- Patients who present with sudden hearing loss either unilaterally or bilaterally > 70dB within the core speech frequencies (Copy of audiogram from clinical audiologist only)
- Patients diagnosed with meningitis
- Patients diagnosed with Hepatitis C/ HIV
- Patients recently diagnosed with cancer (within previous 18 months) and/or undergoing chemotherapy or radiation treatment
- Patients diagnosed with long-standing profound hearing loss unilaterally (confirmed by copy of audiogram from clinical audiologist only), where the better ear has begun to deteriorate
- Patients recently diagnosed with CVA (cardio-vascular attack), within the previous 18 months

(2) Routine

All other referrals received that do not fall under the Urgent classification will be placed chronologically on the Routine referral list, and will be attended to in due course.

The prioritising clinician at all locations will take into account any other information provided on the referral letter/form regarding medical and social factors.

Notice of Motion Item No. 4(g):

“That the HSE South outline the effects the €130m package of health cuts will have for maintaining and continued delivery of services both hospital and community in this region county by county.”

Cllr. John Coonan

Members will be aware that the regional service plan for HSE South which was launched at the regional forum on the 9th of February 2012 outlined the full range of measures required to maintain services and manage the finances of HSE South for the year. The corner stone of our strategy for 2012 has been to maximise the utilisation of the Public Service Agreement (PSA) as well as the implementation of new models of care so that the hospital and community services can maintain activity levels, while working with reduced budgets and staff numbers.

The delivery of high quality safe services in line with the targets set out in our service plan has remained the utmost priority across the HSE South in 2012 and the co-operation and flexibility of staff across the services, in line with the requirements of the PSA, has yielded significant success such as the following:

- Service Plan activity is ahead of target across all key service metrics in hospital and community
- Acute Medicine Programme has been successfully implemented across all hospitals in the region with the development of AMUs in line with the service plan targets giving rise to significantly improved ED performance e.g. numbers awaiting admission at CUH (8 a.m.) are down from an average of 18 in 2011 to an average of 7 in 2012 presenting a reduction of 60%
- 9 month waiting time target for surgery achieved in the majority of specialities in our hospitals
- National Cancer Programme been successfully implemented in CUH and WRH
- Within our Mental Health Service, the implementation of ‘Vision for Change’ has seen a continued move away from an old model of institutional care to the development of a wide range of modern community based mental health services. This has been supported by the implementation of the PSA through which staff have been engaged in supporting the overall change process through redeployment, skill mix and roster changes. The South East area in particular has successfully transformed the mental health service in their area which has been recognized by the National Server Users Group (NSUE)
- Significant reorganisation in Community Hospitals is being successfully implemented through the change in skill mix & rostering as well as redeployment of staff in line with the flexibility provided in the PSA.
- In the Disability sector the voluntary organisations have collaborated successfully with the HSE South to deliver 294 day places from within existing resources, to school leavers and clients progressing from rehabilitation training.

Notwithstanding the challenging financial situation, significant additional development of services are taking place across the region as follows:

- ED and related developments in Kerry, Wexford Waterford, and St. Lukes Kilkenny

- Mental Health developments in Waterford/Wexford and South Tipperary. CNU developments in Tralee, Ballincollig, Farranlea Road
- Primary Care Centres in Kenmare, Waterford, Kilkenny and Carlow
- Development of Medical Assessment Unit and Endoscopy suite at Mallow General Hospital
- Development of Stroke Services in CUH, Mercy, Bantry and Wexford.

As part of our overall service plan management we have had in place since the beginning of January 2012 a comprehensive range of cost containment/reduction measures. In the context of the first quarter and mid year reviews over 62% of these measures had been successfully implemented. Following those reviews in April and July a range of additional measures and corrective actions are already being implemented as agreed to address slippage on our original plans and these measures continue to be actively perused and implemented.

The overrun on planned expenditure in the South exists due to a number of factors; including the increased demand for services e.g. the activity in our hospital services is running well in excess of Service Plan projections with inpatient discharges 10.8% ahead and day case activity 2.6% ahead of target. Similarly our Home Care services are running in excess of Service Plan projections in many of our local health offices. At the same time our expenditure on agency and overtime in many of our hospital and community services continues to run at unsustainable levels, notwithstanding the significant progress which has been made in tackling this issue over the past 18 months.

All of our services continue to review progress with their approved service plan cost management and change programme, and corrective actions are taken where necessary.

In relation to the additional measures referenced in the Motion our focus across hospital and community services in the HSE South has been to prioritise the curtailment of discretionary and non-essential expenditure headings so that the additional expenditure reductions and savings under this initiative are being sought from areas that do not have a direct impact on front line services, e.g. travel, office and backroom costs, medical equipment, administration & advertising, furniture & fittings etc. There is also a strong focus on effective cash management and stock control.

Our intention is to continue to review each line of expenditure over the coming weeks to identify any further areas where discretionary or non-essential expenditure can be identified with the intention of ensuring that the impact on front line services is minimised.

Pat Healy, Regional Director of Operations, HSE South

QUESTIONS 20th SEPTEMBER 2012

Question Item No. 5(a):

“That the HSE would advise on where the Glanworth & Kildorrery Health Centres are on the National Maintenance Project list and the timeframe for when they are designated to be painted externally and internally.”

Cllr. Frank O’Flynn

The maintenance, refurbishment and on-going decoration of buildings is kept under review on an ongoing basis as part of our maintenance programmes through our Estates Department. The painting of the Glanworth and Kildorrery Health Centres is listed amongst a range of facilities for painting. There are no proposals to paint the building between now and the end of the year. However the Health centres will be kept under review for the 2013 schedule.

Ms. Deirdre Scully, Area Manager, Community Services - Cork

Question Item No. 5(b) on Agenda refers:

“In light of the recent ruling by An Bord Pleanala, what are the implications for a Primary Care Centre in Killarney?”

Cllr. Breeda Moynihan-Cronin

The provision of community based health services through the development of primary care teams remains a key Government policy objective. The primary care team features service provision delivered by the GPs and specific health professionals (public health nurses and RGNs, practice nurses, physiotherapists, occupational therapists, speech & language therapists and social workers) for a population and geographic delivery model. By developing robust services at this level many complex and ongoing chronic illnesses can be treated without the need for admission to acute hospitals and preventative medicine and health maintenance/screening programmes can be provided at local and community level in an effective and cost efficient manner.

In Kerry the full roll out of primary care teams is ongoing with 10 out of the planned 16 in operation. The development of the remaining primary care teams is planned to take place over the coming months.

The provision of primary care team services at one location in a primary care centre will enhance the level of coordination and cooperation across the service providers, and an initiative to develop such centres has been ongoing over the past number of years. For example, a primary care centre was developed in Kenmare and now provides a location and focus for primary care team service provision in that area. Other locations where there is a potential for development includes Caherciveen and Listowel.

In addition, a recent Government announcement in relation to the development of primary care centres through a public private partnership will see the potential for development of a centre in Tralee. Discussions have commenced with regards to the potential participation of local GPs in this proposal and are ongoing.

The development of a centre in Killarney was an early initiative with a large GP group in the town being involved in a proposed development of a centre on the grounds of St. Finan's Mental Health Hospital. The initiative did not progress as it did not gain planning approval for all aspects of the development. The current position is that a significant number of GPs in the town are providing service at the Reeks complex. An Bord Pleanála has ruled on the provision of planning permission for medical services in relation to a portion of the available accommodation. The HSE understands that the GPs are considering the ruling and their available options at this time.

It remains the objective of the HSE to provide primary care team services in Killarney in a primary care centre, in line with Government policy, with the participation of GPs and relevant staff, as outlined. The potential to achieve this objective will be explored further should opportunities emerge to secure appropriate accommodation fulfilling the criteria of significant GP participation and involvement.

Michael Fitzgerald, Area Manager, HSE Kerry

Question Item No. 5(d):

“What are the details regarding the Orthopaedic out-patient waiting lists in Waterford Regional Hospital and the Musculoskeletal Triage (MSK) Clinic initiative with Cappagh Hospital, Dublin?”

Cllr. Dr. Patrick Crowley

At end of June 2012 there were in excess of 11,000 patients on the Orthopaedic out patient waiting list. The list has now been validated and it currently stands at 6,000.

This 6,000 includes 1,000 of the longest waiters being validated, seen and treated at Cappagh Orthopedic Hospital. The Validation started in June and is ongoing – to date 850 patients have been seen. The process will finish when all 1,000 have been seen.

All referral letters for the South East are received by the Consultant Orthopaedic Surgeons at Waterford Regional Hospital. Patients are clinically prioritised for appointments based on Triage Assessment by the Consultants.

There are 8 Consultant Orthopaedic Surgeons who provide both the Regional Trauma Service based at Waterford Regional Hospital and 15 clinics per week (up to 65 clinics most months).

The Orthopaedic Governance Group is reviewing options to continually expand the number of new patient clinic slots to expedite access to Consultant clinics – these include participation in the rollout of the National Musculoskeletal Clinical Programme (MSK and an Arthroplasty Nurse Led Initiative).

The Musculoskeletal (MSK) Programme is a National Clinical Programme and is being rolled out in a number of hospital sites, the overall aim being to reduce the out patients department waiting list for Orthopaedics and Rheumatology through the use of physio-led MSK clinics. Both are regional services for the South East. A total of 1,700 patients on the outpatient waiting list for Orthopaedics have been contacted to date on the basis that they meet the criteria for inclusion in this programme. To date 720 patients have confirmed that they will accept their appointments. In relation to the Rheumatology waiting list of those selected as suitable 115 have confirmed they will accept appointments.

The MSK Physiotherapy pathway of care will facilitate access for 40 patients from the Orthopaedic waiting list each week and 10 patients each week from the Rheumatology waiting list. Waterford Regional Hospital continues to receive approximately 400 new referrals each month to the Orthopaedic service and 120 to the Rheumatology service. Patients will continue to be selected from these waiting lists for this pathway.

The Arthroplasty Nurse Led Initiative relates to the care of patients after their surgery i.e. Joint Surgery which is predominantly hip and knee surgery. Patients return for their outpatient appointment and are seen in the nurse led clinic which is run by a senior member of the nursing staff in accordance with agreed clinical protocols.

This post was developed through redeployment and reassignment of duties and on the basis that this level of nursing expertise was available internally. The plan is that up to 500 patients will be seen for post operative care in this nurse led clinic and this will increase the number of new patient slots are the Consultant Clinics for patients on the waiting lists.

Richie Dooley, Area Manager, HSE Waterford/Wexford

Question Item No. 5(e):

“Is there a Major Incident Plan in place for counties Cork and Kerry?”

Cllr. Matt Griffin

There is a Regional Major Emergency Plan covering Cork City, Cork County and Kerry jointly prepared by An Garda Síochána, the Health Service and the Local Authorities and it is reviewed and signed off periodically by the South Regional Steering Group for Major Emergency Management. The Regional Steering Group for Major

Emergency Management consists of the County Managers, the Chief Superintendent and designated managers from the HSE.

The regional plan is an overarching or coordination plan covering this region and it also caters for situations where this region has a boundary with Waterford, Tipperary or Limerick.

In recent years with the adoption of the Framework for Major Emergency Management www.mem.ie we have adopted an 'all-hazards' approach such that the same set of plans are used for all kinds of emergencies. We have plans for specific sites such as port and airports and certain types of chemical plants, plans for outbreak of a disease both in humans and animals and also severe weather plans. The HSE has plans for hospitals and other health related matters. There is no one single plan as such, the regional plan continues to be updated on an ongoing basis and was last updated in March 2011, and sets out its arrangements for response at regional level.

Peter Daly, Chief Emergency Management Officer, HSE South

Question Item No. 5(f):

"To ask the HSE to identify the projected cost reduction measures planned through the reduction of Agency Staff and overtime payments in Acute, Mental Health and Intellectual Disability Services in Co. Wexford for the remainder of 2012/13 and to clarify the process involved to 'achieve greater efficiency' in the provision of Home Care Packages in Co. Wexford currently under consideration"

Cllr. Pat Cody

The implementation of Service Plan 2012 across all services in County Wexford has encountered significant service challenges including reduced resources and staffing numbers in line with all other HSE areas. The framing of Service Plan 2012 in Wexford included a full assessment of these challenges including a risk assessment of all service areas to ensure that available resources continue to be allocated to the areas of need and that services are delivered in a safe and efficient manner. The cooperation and professionalism of all staff working in compliance with Croke Park/PSA has ensured that Service Plan delivery is on schedule and service targets are being met.

Some of the main service enhancements achieved in Wexford to date in 2012 include:

- New Consultant staffed Medical Assessment Unit in Wexford General Hospital
- All SDU/Patient Treatment targets will be delivered on within budget
- Wexford General Hospital will go "live" towards year end as a National Screening Site for Rectal Cancer Screening
- The ED/Delivery Suite/Concourse Project (€17m) commenced in April 2012

- Redeployment of staff to Day Centres from St. Senan's Hospital as per "Vision for Change"
- Opening of Tara House Day Hospital for mental health services
- Farnogue Community Nursing Unit (50 beds €6.5m due to open early 2013)

The particular issues highlighted in the Question were provided for as part of our overall service plan & cost management measures. The position in relation to each item is summarised below:

Acute

Agency usage is curtailed as part of the overall cost containment plan for Wexford General Hospital. The use of agency staff is minimal and they are employed only in exceptional circumstances to sustain critical frontline services for a defined period. Currently 2 Radiographers and 1 Cardiac Technician are necessary to ensure access to diagnostics is maintained. Medical overtime is rostered and efficiencies in medical rosters have been achieved following a review which was completed in July 2011. Overtime is incurred in providing a 24 hour service across the hospital and despite reducing staff numbers. Wexford General Hospital has sustained the same level of service and has reduced overtime expenditure in 2012 when compared with the same period last year.

Mental Health Services

There are no Agency staff employed within Wexford Mental Health Services.

Rosters have been reconfigured and cost containment measures over the past three years have resulted in a reduction of overtime hours from a total of 14,629 in 2008 to 1,152 to date in 2012. A total of 11 staff have left the service in 2012 and Wexford Mental Health Services continue to maintain the same level of service. This could not be achieved without the flexibility and co-operation of the staff and compliance with the Public Service Agreement.

Intellectual Disability Services

The Wexford Residential Intellectual Disability Services employment of Agency staff was essential because staffing levels reduced from a total 97.71 WTEs in December 2010 to 94.12 WTEs in January 2012 and 87.5 WTEs in August 2012.

When Teach Saoirse was closed in January 2012 staff rosters were reconfigured. Staffing levels reduced further and Agency costs escalated beyond a sustainable level. Further restructuring came into effect from 10th September 2012 in compliance with the recommendations of the Public Service Agreement to maximise the potential to deliver services on a five-day week basis, thus reducing the reliance on overtime and agency at weekends. The restructured rosters will yield an annual on-going saving of €50,000 per annum.

A proposal to retain 3 of the Intern Student Nurses until the next intake in January 2013 has also been submitted for approval. A saving of €49,000 annually per staff member will be achieved by employing a newly qualified staff nurse as opposed to Agency staff.

Home Care Packages

In relation to Home Care Packages (HCPs), Wexford Community Services are working within the parameters of the National Protocol and resources available. HCPs provide a very valuable service to the older people of Wexford, in facilitating their timely discharge from the acute hospitals; support them to continue to live/return to

live in their communities; support carers so that they can continue to look after older people and reduce inappropriate admissions of older people to acute/residential care. There is on-going review and assessment of clients' needs and packages are adjusted accordingly. Currently there are 203 active Home Care Packages provided with mostly HSE staff maintaining clients in their own homes and there are 16 cases pending decision.

In relation to the recent announcements our focus across hospital and community services in Wexford has been to prioritise the curtailment of discretionary and non-essential expenditure headings so that the additional expenditure reductions and savings under this initiative are being sought from areas that do not have a direct impact on front line services, e.g. travel, office and backroom costs, medical equipment, administration & advertising, furniture & fittings etc.

Our intention is to continue to review each line of expenditure over the coming weeks to identify any further areas where discretionary or non-essential expenditure can be identified with the intention of ensuring that the impact on front line services is minimised.

Richie Dooley, Area Manager, Waterford/Wexford

Question Item No. 5(g):

“What is the up to date position (information or communication from the Department of Health/Minister for Health) regarding the continued role and function of Public Representatives on the HSE South Regional Health Forum?”

Cllr. John Coonan

The members will recall that at the South Regional Health Forum meeting held on Thursday 10th May 2012 the Chairperson Cllr Liam Ahearn updated the members on the meeting which took place on 30th April 2012 with the Four Chairs of the Regional Health Forums and Dr. James Reilly, Minister for Health. Copy of the note of the meeting was circulated to all the members. In his feedback to the members, the Chair informed the meeting that the Minister acknowledged the important work of the Forums and that the Forums would continue but that there would be changes to reflect the new structures. The Minister emphasised that he was committed to strengthening local democracy in the delivery of local health care. In relation to any changes in the structure of the Forums, he invited the Chairs to discuss with their members how local democracy could be strengthened and to come back with proposals for consideration.

The Regional Health Office has prepared a short questionnaire to assist members in their deliberations and this will be circulated week commencing 24th September 2012.

The other Regional Health Forums are still considering the matter and as soon as all Forums have submitted their proposals a meeting of the four Chairs will be convened. All submissions will be considered, coordinated and submitted to the Minister for Health and copies of the submission circulated to the Fora members.

Pat Healy, Regional Director of Operations, HSE South

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
6th DECEMBER 2012**

NOTICES OF MOTION 6th DECEMBER 2012

Notice of Motion Item No. 4(a):

“That the HSE South would outline its future strategy for St. Stephen’s Hospital, Sarsfield Court, Glanmire, Cork.”

Cllr. Frank O’Flynn

The Sarsfield Court Hospital complex in Glanmire which is situated on 104 acres is the North Cork base for the Mental Health Services and also provides a range of other community and residential services for the North Cork Community. The range of services provided on the Sarsfield Court campus can be summarised as follows:

Mental Health Service

- An acute psychiatric unit, comprising 35 beds
- One high dependency psychiatric unit, with 14 beds
- Three high-dependency psycho-geriatric units with 67 patients, at an average age of 69 years
- Day Hospital
- Day Centre
- An 8-bed interim child and adolescent unit is being developed and construction will be finalised shortly

Services for Older People

- An Alzheimer’s Unit serving North Cork & greater Cork area, catering for 21 patients which was de-designated some years ago.

Children’s Services

- Ard Doire – a high support unit for boys, under the Child Care Services supporting the Cork & Kerry area
- Gleann Alainn – a special unit for girls, under the Child Care Services supporting the HSE region
- Adoption Unit which provides a regional service across Cork and Kerry

Administration and other Support Services

- Supplies Department, servicing both North Lee and North Cork Mental Health catchment areas
- Administration Unit, facilitating administration and nurse management
- Pharmacy
- Miscellaneous offices including Training facilities and a File Storage facility used by various disciplines in HSE South
- A Pitch & Putt Course and Club

Future Direction – Mental Health Services

The future direction of the Mental Health services in St. Stephen’s and within the North Cork area will be shaped in terms of the implementation of the Report of the Expert Group on Mental Health Policy “A Vision for Change” which was published in January 2006. The report was accepted by the HSE and the Department as the basis for developing the Irish Mental Health Services over a 7-10 years.

Significant progress has been made across HSE South in progressing the implementation of Vision for Change and in reconfiguring and closing large old instructional settings and developing a modern community based service.

Members will be aware that the Service Plan 2012 outlined a comprehensive programme of change within the mental health service, across all the ISAs and the HSE South has successfully implemented the majority of the programme as outlined.

In relation to the Cork area significant progress has been made with the implementation of the first phase of our change programme in the mental health service in 2012 and we are now proceeding to plan for the next phase of development.

This phase will involve consultation and engagement with Stakeholders in order to decide on how the Mental Health Services should be reconfigured. Work is underway on a review of the Service in Cork including plans in respect of St. Stephen's and the North Cork area. The outcome of this work will map out the way forward for the development of mental health services in Cork for the coming years in line with Vision for Change and will also confirm the mental health service requirements for St. Stephen's campus.

Future Direction - Children & Family Services

The existing specialised services for children as outlined earlier are continuing on the site. Plans are under consideration for the replacement of the existing facilities by more modern purpose built facilities. The plans under consideration are for the existing facilities to be replaced with a new campus comprising 2 new purpose built Special Care Units consisting of 8 beds (plus 2 emergency beds), school building, gymnasium and support accommodation. The new campus adjoins the existing Special Care Unit. These plans are obviously resource depend and will need to be encompassed within the overall capital plan for the health service in the normal way.

Future Direction - Services for Older People

Members will be aware that the Alzheimer's Unit was damaged as a result of a fire earlier in the year and work was undertaken to ensure immediate fire requirements were addressed and the facility continues to operate effectively. Members will also be aware that we are reviewing on an ongoing basis the overall sustainability of our long term care services and a viability plan is being developed which will also encompass the Alzheimer Unit in Sarsfield Court. Our review of elderly services will seek to ensure the maximisation of our overall bed capacity and potential for compliance with HIQA standards going forward as well as availability of appropriately qualified staff within the resources available. The outcome of our review of the requirements for services for older people including the Alzheimer's Unit will be reflected in the 2013 service plan.

Future Direction – Overall Site

In relation to the overall site our intention is to maintain a health campus on the site, which will include the requirements in respect of mental health, services for older people, children & family services, administration and support services. We will also have regard to potential future requirements for health service needs within the overall Cork area in finalising any plans for the overall site at Sarafield Court. As this work is completed I will keep Members apprised of progress.

Pat Healy, Regional Director of Operations, HSE South.

Notice of Motion Item No. 4(b):

“That the HSE South identify the reasons why Orthotic patients in Cork/Kerry have the longest waiting times in the country, (up to 20 months for orthotic services) and identify the measures to be put in place to deal with the delay.”

Cllr. Catherine Clancy

Members will be aware from recent Motions (most recently 20th September 2012) of the detailed issues on waiting lists arising in respect of orthotic services across the 4 ISA areas in HSE South.

It is recognised that the waiting lists and waiting times in the Cork and Kerry area are particularly challenging and efforts were made during 2012 from within the limited resources available to improve the situation.

In order to address the matter in a more comprehensive way a National Clinical Programme has been established looking specifically at prosthetics, orthotics and specialist rehabilitation services. A range of proposals are being developed through the programme which will support development of this overall service area into the future. One of the initiatives being taken is in the area of procurement with the intention of improving quality and service while reducing overall cost and securing better value for money for patients.

The provision of Orthotics & Prosthetics services is an area that the HSE has identified as requiring the development and implementation of a comprehensive procurement strategy. The HSE is currently giving due consideration to all the elements involved in a comprehensive solution.

Working in conjunction with the Clinical Lead for Rehab Medicine, HSE Procurement has engaged with a wide range of stakeholders, including with experts from the NHS. The HSE intends to provide a wide choice of service providers of Prosthetic & Orthotics for patients & clinicians whilst introducing transparency and cost control in this service area.

Service providers will be required to demonstrate in minimum level of capability which will include professional registration, qualification & experience. The HSE wishes to pursue the option of introducing a fair and appropriate tariff range for products and services supplied for both Prosthetics and Orthotics.

The National Procurement process commenced with an invitation for submissions to all stakeholders this summer. This national process will put in place contractual arrangements that will, amongst other things, optimise patient choice.

It is expected that the National Group will conclude the first part of its work before the end of the 2012 and the HSE South will also conclude its work early in 2013 and we would expect to reflect any proposals in the Service Plan 2013. Obviously any expansion of the service will require additional resources and this will also be subject to the availability of resources as part of the Service Plan 2013.

Gretta Crowley, A/Area Manager, Community Services – Cork

Notice of Motion Item No. 4(c) on Agenda refers:

“That the HSE South outline its position in light of the recent An Bord Pleannala decision concerning the use of the “Reeks Gateway Development” in Killarney as a Primary Care Centre, and are the HSE entering discussions regarding any other location in Killarney.”

Cllr. Brendan Cronin

The provision of community based health services through the development of primary care teams remains a key Government policy objective. The primary care team features service provision delivered by the GPs and specific health professionals (public health nurses and RGNs, practice nurses, physiotherapists, occupational therapists, speech & language therapists and social workers) for a population and geographic delivery model. By developing robust services at this level many complex and ongoing chronic illnesses can be treated without the need for admission to acute hospitals and preventative medicine and health maintenance/screening programmes can be provided at local and community level in an effective and cost efficient manner.

In Kerry the full roll out of primary care teams is ongoing with 10 out of the planned 16 in operation. The development of the remaining primary care teams is planned to take place over the coming months.

The provision of primary care team services at one location in a primary care centre will enhance the level of coordination and cooperation across the service providers, and an initiative to develop such centres has been ongoing over the past number of years. For example, a primary care centre was developed in Kenmare and now provides a location and focus for primary care team service provision in that area. Other locations where there is a potential for development includes Caherciveen and Listowel.

In addition, a recent Government announcement in relation to the development of primary care centres through a public private partnership will see the potential for development of a centre in Tralee. Discussions have commenced with regards to the potential participation of local GPs in this proposal and are ongoing.

The development of a centre in Killarney was an early initiative with a large GP group in the town being involved in a proposed development of a centre on the grounds of St. Finan’s Mental Health Hospital. The initiative did not progress as it did not gain planning approval for all aspects of the development. The current position is that a significant number of GPs in the town are providing service at the Reeks complex. An Bord Pleannala has ruled on the provision of planning permission for medical services in relation to a portion of the available accommodation. The HSE understands that the GPs are considering the ruling and their available options at this time.

It remains the objective of the HSE to provide primary care team services in Killarney in a primary care centre, in line with Government policy, with the participation of GPs and relevant staff, as outlined. The potential to achieve this objective will be explored further should opportunities emerge to secure appropriate accommodation fulfilling the criteria of significant GP participation and involvement.

Mr. Michael Fitzgerald, Area Manager, HSE Kerry

Notice of Motion Item No. 4(d):

“That the HSE decentralise the processing and allocation of medical cards, as the present system is not working to the satisfaction of us Public Representatives.”

Cllr. Hilary Quinlan

As members are aware a major change programme was initiated, planned and developed by the HSE which culminated in the centralisation of medical card processing within the PCRS on the 1st July 2011. The purpose of the centralisation project was to provide for a single uniform system of medical card application processing, replacing the different systems previously operated through more than 100 offices across the country, and to standardise and streamline work processes providing an improved and consistent service to clients.

The Medical Card centralisation project has resulted in 96% of complete applications and reviews now processed within the target 15 day turnaround time, along with a significant number of client friendly initiatives and improvements delivered from the project to date. The vast majority of clients are satisfied with the service and improvements will continue to be rolled out as they are developed.

Some examples of the many improvements and new initiatives put in place as part of the centralisation programme to date are as follows:

- Over 96% of complete applications and reviews are processed within 15 working days. Up to date statistics and details are posted on the PCRS website www.medicalcard.ie each week (**Details of the Medical Card Weekly Processing Report – 3rd December 2012 attached**)
- A new simplified and streamlined review process for people over 70 and the majority of other medical card holders
- Online Application Processes and information, application tracking etc., which will continue to be enhanced
- A website dedicated to Medical Cards - www.medicalcard.ie
- Online status checking for all new applications and reviews
- SMS acknowledgement and application updates
- Visibility to all HSE Local Health Offices of the national database.
- A call triage telephone system
- Enhancements to GPs online access to their panel listings
- Standardised eligibility periods. The length of eligibility for all standard medical cards for people under 66 years is three years and for people aged 66 years and over is now four years
- A clear Emergency medical card process for terminally ill and other emergency cases

- Additional flexibility and systems to ensure that eligibility continues in certain circumstances where a client may be particularly vulnerable
- A redesigned Application Form, which has received the National Adult Literacy Agency (NALA) stamp of approval
- Standardised processes and procedures

Elected representatives can log onto www.medicalcard.ie where they can assist a constituent in making an application or to check the status of a constituent's application.

The Joint Oireachtas Health Committee visited the PCRS on Friday 2nd March 2012 for a presentation and discussion on the plans to make improvements in the medical card system. The Committee dealt with the short and medium to longer term plans as part of the review of processes by Price Waterhouse Cooper at that time. The Committee continues to be engaged on the process and is keeping the matter under review and I will keep Members apprised of progress in relation to this matter.

The HSE will continue to develop and deliver improved customer services to medical card clients in the centralised office.

Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary

QUESTIONS 6th DECEMBER 2012

Question Item No. 5(a):

“What HSE Services are being delivered on the St. Mary’s Site, Gurranebraher and what is the update on the proposed Primary Care Centre on the St. Mary’s Site?”

Cllr. Catherine Clancy

1. Development of St Mary’s Health Campus

HSE South has previously outlined its commitment to the retention of St Mary’s Health Campus as a health related campus. A number of acute hospital and community services have been identified for retention and / or development on site. These include:

- Primary Care Team Centre, including mental health services and Centre for Urban Health and Well Being.
- Heather House Community Nursing Unit
- Grove House residential unit for Intellectual Disabilities, earmarked for redevelopment.
- Urgent Care Centre, managed by MUH.
- Acute Hospital OPD

Cork City Council commenced a regeneration project in the Knocknaheeny area which includes both refurbishment and building of houses and the provision of additional community facilities and the development of a Town Centre for the area. The ongoing project, the health and social care needs of the local community along with the accommodation needs of an identified range of health services provide the context for planning the development and future use of the St Mary’s site.

The HSE has a long standing effective and positive working relationship with a wide range of voluntary & community groups in the Knocknaheeny, Farranree, Gurranebraher, Churchfield, and Fairhill area. The partnership between the HSE and the local community has facilitated the development of a range of partnership initiatives focussed on improving health and wellbeing in the local area. As part of the development of St Mary’s Health Campus, there will be ongoing engagement with the community with a particular focus on making the Campus an integral part of the local community. Work is being undertaken with the local community and Cork City Council to tie in the regeneration project with St. Mary’s Campus.

2. St Mary’s Primary Care Team Centre, Cork City North West

A Primary Care Team (PCT) centre is proposed for St Mary’s Health Campus, Gurranebraher, Cork. A St Mary’s PCT centre steering group chaired by Ms Deirdre Scully is meeting monthly to oversee and drive the proposed St Mary’s PCT centre project.

The PCT centre will provide accommodation for four PCTs which have been in place for four years.

The Primary Care Centre will provide for the population in this large urban area that makes up the North West of Cork City:

- Fairhill Farranree PCT: Population 7,761
- Gurrabraher PCT: Population 6,496
- Knocknaheeny PCT: Population 4,290
- City Centre Sunday's Well PCT: Population 8,209

The proposed building development will include space for GP practices, Primary Care Teams, Network clinic services and two mental health teams. The co-location of services will facilitate effective multi-disciplinary work, promote good communication and true integration of services among all Primary Care Team members.

The development of new infrastructure will allow for transfer of HSE services and staff from several locations and the release of outdated existing infrastructure including Grattan Street Health Centre, St Mary's Health Centre and several other HSE facilities that no longer meet the requirements of a modern health service. Integrated ICT systems will facilitate optimal electronic communication between GPs, Primary & Community services and Acute Hospitals.

In addition, it is anticipated that the North City Southdoc service will re-locate from Commons Road to the St Mary's PCT centre.

Services in the Primary Care Centre

Services to be delivered in the centre will include:

1. Primary care team services
2. Health and social care network services
3. Community dental clinics including a facility for clients with special needs.
4. Mental Health services
5. UCC Centre for Urban Health and Well being
6. UCC Professorial unit for GP training
7. UCC facilities for the training of Undergraduate and Post Graduate Medical students
8. UCC School of Dentistry community clinic

1. Primary Care Team services to be provided in the centre include:

General Practitioner services, Community Nursing, Physiotherapy, Occupational Therapy, Speech & Language Therapy, Home Help services, Dieticians and Community work. The second UCC professorial unit for General Practice will also be sited in the new centre and will have a clinic base in a teaching practice.

2. Health and Social Care Network services to be provided include:

Podiatry Psychology and Counselling, Dental, Addiction Counselling, Area Medical Officers and Eye clinic

3. Community Dental service:

Seven surgeries, including a special needs surgery, will serve North City West achieving efficiencies and increased output by pooling resources.

4. Mental Health Sector teams and Home Based Crisis team

The sector headquarters for the City North Mental Health service led by two consultant psychiatrists is currently located in Block 7, St Mary's Health Campus. The service will be retained on the site but will re-locate to purpose built facilities in the

new PCT centre, in line with the HSE's "Vision for Change" in Mental Health. The Home Based Crisis team will also be located with the Mental Health sector teams.

5. UCC Centre for Urban Health and Wellbeing

The development of a Centre for Urban Health and Wellbeing has been agreed in principle between the HSE, Cork City Council, Community Groups and UCC. The Centre will include the Healthy Cities Project, Centre for Urban Studies and the GP post graduate training. As part of the development of St Mary's Health Campus, there will be ongoing engagement with the community with a particular focus on making the Campus an integral part of the local community.

The UCC Centre for Urban Health Studies will be under the direction of Professor Ivan Perry Department of Public Health.

UCC facilities for the training of Undergraduate and Post Graduate Medical students

It has been agreed that UCC facilities for the training of undergraduate and postgraduate medical students will be provided in St Mary's Primary Care Team centre.

3. Other Community Services

Grove House Intellectual Disability Residential Services

Grove House is a 30 bedded residential and respite service for Adults with Intellectual Disabilities located on the grounds of the St. Mary's Health Campus. The Centre, which is operated by the HSE South, provides a service for adults that have a mild, moderate to severe intellectual disability and who present with major challenging behaviour. Due to the specialist nature of the service, clients are admitted from throughout the Cork and Kerry catchment areas. All clients in the service are under the care of the Consultant Psychiatrist for Intellectual Disabilities and have access to 24/7 medical support and care through an arrangement with a local GP who visits the centre.

The facility provides full-time residential placements with on-site day programmes. The service also provides emergency respite places. Clients referred for respite are for the most part already receiving a service from one of the voluntary agencies within the Cork and Kerry area, but are found to require a short term placement to address their changing needs.

The redevelopment of this facility has been prioritized by HSE South. Many individuals will be moving to smaller residential accommodation in community settings. There remains, however, a requirement for a smaller facility for individuals who will not meet the criteria for living in a community setting and it is expected that this will be developed in St Mary's Health Campus.

Heather House Community Nursing Unit

Heather House is one of three new Community Nursing Units for older people, developed by HSE South in Cork City. Built and commissioned at a cost of approximately €11 million, Heather House comprises 50 beds.

Heather House provides continuing care along with a range of community supports, including convalescent care, respite care, and palliative care with an augmented range of allied health supports including physiotherapy, occupational therapy and speech and language therapy. A range of activities and complementary therapies are also being provided to meet the health and social needs of all residents at Heather House.

The unit is built with the comfort of older people in mind. There are 34 single en-suite bedrooms, 4 two bedded rooms and 2 four bedded rooms available for occupancy together with therapy and social recreation space.

Currently, Heather House provides services for 38 residents and will be fully occupied in 2013.

4. Acute Hospital Services

Urgent Care Centre

The Urgent Care Centre opened in March 2012 as part of the realignment of emergency departments in Cork city. The Centre is under the governance & management of the Mercy University Hospital and operates as part of an emergency care network in the city.

The Urgent Care Centre is designed to avoid the need for people with non life threatening, non limb threatening injuries to attend the Emergency Departments in Cork University Hospital and Mercy University Hospital. Clinical governance is provided by a consultant in emergency medicine and the staffing includes an experienced ED doctor.

The new Mercy Urgent Care Centre is an additional facility for people in the city and the surrounding areas needing treatment for minor injuries e.g. suspected fractures, minor burns, sprains, cuts and bites, lacerations, etc. It is led by a consultant in emergency medicine and has facilities to take x-rays, apply plaster casts and stitch wounds. It is open 7 days a week from 8.00am to 6.00pm and is currently treating and discharging patients within 1 hour of arrival.

The Urgent Care Centre opened on 20th March 2012 and it took about 6 weeks for the Centre to be up and running in a comprehensive way. In that context the position is that between May and November there have been 6271 attendances at the Urgent Care Centre.

Currently attendances at the Urgent Care Centre are running at 1,100 attendances per month on average and the service is working very effectively.

Outpatient Department

The orthopaedic outpatient services relocated to the South Infirmery Victoria University Hospital in August 2012. The obstetrics outpatients service continues to be provided from this site. Plans are being finalised to expand the range of outpatient services provided through transferring outpatient services from acute hospitals, particularly the Mercy University Hospital. It is planned that the OPD services from MUH will relocate in 2013.

Ger Reaney, Area Manager, Acute Hospital Services - Cork
Gretta Crowley, A/Area Manager, Community Services – Cork

Question Item No. 5(b):

“What is the current position regarding the proposed 50 bed Community Hospital due to be built on the grounds of St. Patrick’s Hospital, Waterford? Will it be included in the next Service Plan and is there a budget allocated to the project?”

**Cllr. Seamus Ryan
Cllr. Laurence (Cha) O’Neill**

The members will recall that the background to the decisions taken about St. Patrick’s Hospital was that St. Bridget’s Ward had been identified for several years as being unsuitable for continued use for residential care for older people. The relocation of patients to ground floor accommodation enabled the HSE to meet new HIQA standards which were being introduced at the time including fire and health and safety standards which had been highlighted by the Health and Safety Authority.

No patients were subsequently moved out of St. Patrick’s Hospital. As vacancies arose on the ground floor, in consultation with the patients and their families, some were relocated to wards downstairs and the 19 bed St. Bridget’s Ward ceased admissions. In response to the reduction of 19 beds at St. Patrick’s Hospital, the HSE took action during 2009 to ensure that there was not a reduction in the number of beds to support older people in Waterford city. Arrangements were made for a total of 30 private nursing home beds to be reserved.

The HSE South then prioritised the development of a new 50-bed Community Nursing Unit (CNU) for Waterford which was included in the priority list of HSE capital projects, however arising from the economic downturn and the resulting substantial reduction in the capital funding available for the health service capital programme in 2009/2010 it was not possible to secure approval for the project in the formal health service capital plan.

Members will be aware from previous reports that, the Prospectus Report, which was prepared for the HSE in 2008, assessed the provision of nursing home places across the country and the need for additional places to meet demographic change. The report found that there were sufficient places in Waterford at that time and additional places would not be needed before 2013.

The up to date position is that the Department is engaged with the HSE in planning the provision of long-term care places, taking account of public and private nursing home provision. This will give further consideration to the Prospectus report recommendations and the requirements to upgrade facilities to meet the standards for nursing homes. It will also consider local demographic pressures and the extent of existing public and private provision, with a view to developing an overall strategy on how the HSE should continue to provide this service in view of current budgetary and other pressures. The future provision of long term residential services for the Waterford area in general will be considered in the context of this review.

To support the development the HSE South undertook a Historic Building Assessment Report of the existing convent building within the site at St. Patrick’s Hospital in Waterford and – in line with the requirement of the planning authorities – a Development Control Plan has been developed for the site. Successful completion of this work means that should the community nursing unit receive a funding allocation

under the future Capital Plan, it will be located on the grounds of St. Patrick's Hospital.

It is the view of Regional Management Team HSE South that the provision of this unit remains a necessity and has listed the provision of the 50 bed community nursing unit as a top priority and submitted it for consideration by the National HSE Capital Steering Group with a view to inclusion in the Capital Plan.

Richie Dooley, Area Manager, Waterford/Wexford

Question Item No. 5(c) on Agenda refers:

"To seek clarification on the numbers of families waiting for assessment of children with suspected Autism in Kerry and what is the current waiting timeframe for assessment to take place?"

Cllr. Brendan Cronin

The children's (0-18) Autistic Spectrum Disorder (ASD) services in Kerry are provided directly by the Brothers of Charity, who work in partnership with the HSE.

There are currently 10 children on the waiting list for assessment under the Disability Act, i.e. children who have been referred through the Assessment of Need process and the Early Intervention Forum. The Brothers of Charity are meeting the timeframes as set out in the Disability Act, i.e. children are being seen within 10 weeks of a referral to the service.

There are currently 95 children on the waiting list for assessment who do not qualify under the Disability Act; this includes children born before 1st June 2002 who do not qualify for an Assessment of Need under the Disability Act. Children referred for assessment under the Act take precedence over this client group. There are 13 children going through the assessment process at the present time. Assessments have recently been completed on 18 children who were found not to have ASD and these individuals have now been referred back to the Intellectual Disability services run by the Brothers of Charity in Kerry. There are currently 247 children with ASD on the active caseload in receipt of interventions in Kerry.

Gretta Crowley, A/Area Manager, Community Services – Cork

Question Item No. 5(d) on Agenda refers:

“If Children First, National Guidelines/Guidance for the Protection and Welfare of Children has been 100% implemented across the HSE South Region and if so on what date was Children First 100% implemented?

- **If not 100% implemented across the HSE South Region, to what percentage extent has Children First been implemented and to clarify the reason why Children First has not been fully implemented across the HSE South Region in the last 13 years.**
- **If the HSE Children and Family Services "Staff Guidelines for Obtaining Consent for Non Emergency Treatment/Services from Parents of Children and Young People Under the Age of 18 years" has been 100% implemented across the HSE South Region and if so on what date was "Staff Guidelines for Obtaining Consent for Non Emergency Treatment/Services from Parents of Children and Young People Under the Age of 18 years" 100% implemented?**
- **If not 100% implemented across the HSE South Region, to what percentage extent has "Staff Guidelines for Obtaining Consent for Non Emergency Treatment/Services from Parents of Children and Young People Under the Age of 18 years" been implemented and to clarify the reason why "Staff Guidelines for Obtaining Consent for Non Emergency Treatment/Services from Parents of Children and Young People Under the Age of 18 years" has not been fully implemented across the HSE South Region since July 2009”.**

Cllr. Wayne Fennell

Children First National Guidance for the Protection and Welfare of Children (2011)

Children First is the National Guidance that promotes the protection of children from abuse and neglect. It sets out a number of key messages relating to the duty to protect including that safety and welfare of children is everyone’s responsibility; that people who work with children understand their responsibilities; the reporting of concerns to and co-operation with statutory bodies; roles of statutory agencies in managing child safety concerns.

The 2011 Guidance replaced the original 1999 Children First National Guidelines. Within HSE South the 1999 Guidelines were implemented based on policies and procedures developed under the then Southern and South Eastern Health Board structures and were continued into the HSE structure. National Implementation of Children First 1999 was the subject of a number of reviews. While considerable efforts were evident in the early years of implementation, subsequently it was found that there was variable and inconsistent implementation.

In 2009 the HSE established a Children and Family Services Task Force whose work included the development of standardised business process, formal child protection protocols to ensure standardised and consistent practice within the HSE consistent with Children First.

Review of Children First Guidelines 1999

Following on from the review undertaken by Office of the Minister for Children and Youth Affairs, the Minister for Children initiated a revision of the *Children First* document to take account of changes that have happened in the ten years since it

was first published, such as the creation of the HSE, and to address issues raised by other review processes. In July 2011 ***Children First National Guidance for the Protection and Welfare of Children*** was published.

Government is committed to legislation to put Children First on a statutory footing.

Implementation of Children First (2011)

A comprehensive and structured dissemination process was undertaken by the HSE to promote the launch and implementation of the revised guidance and ensure effective integration of the new policy. The revised Children First was launched in July 2011 by the Minister for Children and Youth Affairs. In September 2011 the HSE Children and Family Service published a *Child Protection and Welfare Practice Handbook* which is designed to be a companion volume and to complement the revised Children First Guidance, and provides additional guidance in relation to child protection practice.

The HSE Children and Family Service developed a comprehensive phased implementation plan which included a detailed dissemination and certification process of the revised Guidance and the Practice Handbook. The certification process ensured that all social work staff had received, read and understood the documents. Briefing sessions were also held in each of Local Health Office Areas across the four regions led by the Child Care Managers, Principal Social Workers and Child Care Training and Children First Implementation staff. These briefing sessions were delivered during October and November 2011 in each area to every Head of Discipline and Services within the HSE regarding both documents. The briefing sessions were targeted to include mental health, disability, addiction, Child and Adolescent Mental Health Services, and hospital departments such as Paediatrics, A&E and Maternity Unit staff. All Heads of Discipline were requested to deliver the standardized briefing package to their staff teams.

A series of ongoing briefing and training sessions were also initiated with the Voluntary and Community Sector. This is an ongoing process. All services now operate to the revised Children First Guidance.

Standardised Business Process and National Child Care Information System

The HSE has developed Standardised Business Processes, a set of Social Work practice guidance documents. The introduction of these Standardised procedures has commenced. Phase 1 is completed covering the areas of Case Referral and Initial and Further Assessments. Phase 2 includes the practice areas of Child Welfare and Children in Care, implementation of this phase has commenced with expected completion in early 2013. These standardised processes are compatible with and support consistent implementation of Children First.

Work is underway on the introduction of a national IT system - the National Child Care Information System (NCCIS). This is the computerised component underpinned by the standardised processes and has been subject to a recent procurement process and a preferred provider is under consideration. The implementation of the NCCIS will provide consistent national data to assist in providing greater clarity in planning services and resource provision as well as supporting frontline practitioners to deliver services with consistency in line with national policy and direction.

Management and Governance of Children & Family Services

The HSE appointed a National Director for Children and Families Services in late 2010. A significant change programme is underway. Revised governance arrangements for Children & Family Services became effective from May 2012. The 32 former Local Health Office structure has been merged into 17 Service Areas and 4 Regions. Each Area has a Manager for Children and Family Services accountable and responsible for the delivery of Children's Services in their area. The revised governance arrangements are intended to advance consistent practice nationally, regional and locally.

National Standards for the Protection and Welfare of Children 2012 (HIQA).

New National Standards for the Protection and Welfare of Children have been developed by the Health Information and Quality Authority (HIQA) and became operational in July 2012. HIQA have commenced inspection and monitoring against these new Standards. One of the principles informing the standards refers to the implementation of Children First to protect and promote the welfare of children. The setting of standards and the monitoring of compliance with them are important quality assurance mechanisms in driving improvements in the effectiveness and safety of health and social care services for children and families.

New Child and Family Support Agency

The Government has recently formally decided to proceed with the drafting of a Bill to establish the Child and Family Support Agency. It is expected that the new Agency will become operational early in 2013.

The Agency brings together a number of key services and organisations with responsibility for children working in a singular, unified fashion with consistent, evidenced based practice and accountability.

Staff Guidelines for Obtaining Consent for Non Emergency Treatment/Services from Parents of Children and Young People Under the Age of 18 years

The guidelines were issued throughout the system in July 2009 and reviewed nationally in 2010. These guidelines form part of a suite of policy and procedures and operational guidelines for all Children and Family social work staff. They will continue to be reviewed in line with national policy for ensuring operational policy and guidance is up to date and in line with best practice standards.

Mr. Dermot Halpin, Regional Service Director for Children and Family Services, HSE South

Question Item No. 5(e):

“What measures, if any have been taken to bring changes in the way in which services are delivered to people with haemochromatosis which would allow for the use of blood for donation purposes?”

Cllr. John Joe Culloty

As indicated in a response to a question at the February 2012 Forum, responsibility for the management of the blood donation service is a matter for the IBTS. At the February meeting I indicated that blood taken from patients with haemochromatosis in the HSE South is destroyed because it is not taken for the purpose of donation. Patients that donate blood do so voluntarily but patients that have blood taken because of their condition do so as a medical treatment.

The IBTS currently provides phlebotomy for people with haemochromatosis on a weekly basis in Dublin. Donors are referred by their treating medical consultant for initial screening for suitability for blood donation. The donors are reviewed once per year by the referring consultant, but are otherwise cared for by the IBTS clinical staff. This service was initially set up as a pilot in 2007, but has become an established service following the success of the pilot scheme. The clinic has the capacity at the present time to provide a service for up to 600 blood donors with haemochromatosis. Blood collected at this clinic is treated in the same way as all other blood collected by the IBTS.

There has been no further progress since the February meeting on rolling out this pilot on a national basis. However, consideration is currently being given to expanding this service as part of the HSE Service Plan 2013 and we await the outcome of that process.

Ger Reaney, Area Manager, HSE Cork

**MINUTE OF FORUM MEETINGS
FEBRUARY TO DECEMBER 2012**

MINUTES OF FEBRUARY 2012 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 9th February, 2012 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

| | |
|--|--------------------------------|
| Cllr. Liam Ahearn - Chairperson | Cllr. Tom Maher |
| Cllr. Pat Burton | Cllr. Breeda Moynihan-Cronin |
| Cllr. John Buttimer | Cllr. Martin Murphy |
| Cllr. John Carey | Cllr. Barbara Murray |
| Cllr. Catherine Clancy | Cllr. Dr. Sean McCarthy |
| Cllr. Pat Cody | Cllr. Arthur McDonald |
| Cllr. Timmy Collins | Cllr. Michael O'Brien |
| Cllr. John Coonan | Cllr. Bobby O'Connell |
| Cllr. Tom Cronin | Cllr. Frank O'Flynn |
| Cllr. Danny Crowley | Cllr. Laurence (Cha) O'Neill |
| Cllr. Dr. Patrick Crowley | Cllr. John O'Sullivan |
| Cllr. John Joe Culloty | Cllr. Hilary Quinlan |
| Cllr. Declan Doocey | Cllr. Seamus Ryan |
| Cllr. Wayne Fennell | Cllr. Jerry Sullivan |
| Cllr. Matt Griffin | Cllr. Jim Townsend |
| Cllr. Mary Hanna Hourigan | Cllr. Ted Tynan |
| Cllr. Denis Kennedy | Cllr. Gillian Wharton-Slattery |
| Cllr. Michael Kinsella | |
| Cllr. Tim Lombard | |

Apologies:

Cllr. Sean Lonergan
Cllr. Mary Shields

In Attendance:

- Mr. Pat Healy, Regional Director of Operations - South
- Mr. Richie Dooley, Area Manager, HSE Waterford/Wexford
- Mr. Ger Reaney, Area Manager, HSE Cork
- Mr. Michael Fitzgerald, Area Manager, HSE Kerry
- Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
- Mr. Barry O'Brien, Assistant National Director HR, HSE South
- Ms. Angie O'Brien Area Communications Manager, HSE South
- Ms. Raymonde O'Sullivan, Assistant National Director of Finance
- Ms. Sinéad Byrne, Manager, Regional Health Forum, South
- Regional Health Forum Office staff

1. Adoption of the Minutes of meeting held on 17th November 2011

The Minutes of the Forum meeting held on Thursday 17th November 2011 were approved by Cllr. Liam Ahearn, Chairperson and adopted by members.

2. Chairperson's Correspondence

Cllr. Liam Ahearn, Chairperson welcomed members and managers to the meeting.

Apologies were received from Dr. Elizabeth Keane who was unable to attend. Cllr. Ahearn welcomed Cllr. Ted Tynan who has been nominated to the Regional Health Forum, South by Cork City Council in place of Cllr. Mick Barry.

Cllr. Ahearn advised Members that as there was a lengthy agenda to be followed that members refrain from asking Service Plan related Questions until after each Manager had completed their presentation. Members were also advised that with reference to the circulated responses to the Notice of Motions and Questions submitted that these would be taken as read, and if any member had further queries in relation to the responses, they could contact either the Regional Health Forum Office or the relevant Area Manager.

Members were informed that the usual local Forum briefings following the publication of the Regional Service Plan will again be taking place over the next number of weeks and members will be notified of the dates by e-mail.

3. Presentation and Report from HSE Management on Service Plan 2012

Mr. Pat Healy opened the presentation outlining that following publication of the National Service Plan 2012 on 16th January 2012, the HSE South Regional Service Plan has been prepared within this overall framework translating the national plan to regional and local levels. He highlighted that the Regional Service Plan was prepared in the context of the challenges faced by the health services this year in terms of reduced staffing levels and a reduced budget combined with an increasing demand for services and outlines the actions being taken across the region to address these challenges.

The Regional Service Plan sets out the type and volume of service the HSE South will provide directly, or through a range of funded agencies, during 2012. The Plan is consistent with the national policies, frameworks, performance targets and standards and resources.

Mr. Healy acknowledged the contribution of staff at all levels during 2011; the HSE South was the only region which successfully achieved its Service Plan targets within approved funding levels by also delivering a significant change agenda. The budget allocation for the HSE South in 2012 is €1.689bn; this reflects a reduction of €208m on 2011 budget. Of this figure €142m relates to non-service impacting changes e.g. Fair Deal now being dealt with centrally in Tullamore with the region recouping funding on a monthly basis. Mr. Healy highlighted that there will be an extra €14m of funding for the HSE South with €10m for Children's services and some contingency funding to fill critical posts. There is overall €80m reduction which will be service impacting. When the deficit and service pressures from 2011 amounting to €25m are taken into account the overall challenge for 2012 amounts to €115m.

A significant challenge for the service in 2012 will be the overall reduction in staff numbers. Over 400 staff are due to leave the service by end February 2012; this is in addition to the 1,000 staff who left in 2011. The preparation of contingency plans commenced in October last year to ensure arrangements are in place to deal with this staffing deficit. There will be an escalation of the pace of change under the

Public Sector Agreement this year ensuring key posts are filled through redeployment or by service reorganisation. The HSE South are currently working with the Trade Unions to ensure this work is continued. This will include implementing changes in Surgery and Emergency Departments; reducing the Average Length of Stay for patients to better utilise beds; workforce planning is well under way; targeted rostering and skill mix.

The strategy across acute hospitals in the service plan is to mitigate the impact of budget and staff reductions through rigorous implementation of the clinical programmes particularly in Acute Medicine, Emergency Department and Surgery within the hospitals, in an accelerated way. The capacity in the system is being tailored to available funding and staff resources to ensure a sustainable model of service delivery.

Briefing from Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary

Ms. Lanigan outlined details of services at St. Luke's Hospital and Kilcreene with the focus on the implementation of the National Clinical Programmes. There are a number of planned Consultant appointments for 2012 and construction will commence on the major capital development the ED, Acute Medicine Unit and the Susie Long Day Services unit. There will be a seasonal closure of 10 medical beds in St. Luke's hospital and it is planned to structure annual leave for Consultants to eliminate the need for locum cover.

South Tipperary General Hospital (STGH) has been selected as a pilot site for the Diabetes Management Integrated Care Model and also the Joint Accreditation Group accreditation site for Endoscopy services. To improve resource management work is continuing to eliminate unrostered overtime and Agency costs; maximise rosters, structured annual leave; non-pay savings and a focus on improving income generation through maximising the utilisation of private beds. A business case for endoscopy service development is being prepared.

Ms Anna Marie Lannigan outlined that with regard to mental health services in Carlow/Kilkenny/South Tipperary that the implementation of the reconfiguration of services in line with Vision for Change will continue with the further development and enhancement of the community mental health services. The intention is that all community based services will be in place by the end of March 2012 and this is the target date for St. Michael's to close. No services will cease until alternative community based services are in place. This target will be kept under close review through the governance framework within the HSE, with the Mental Health Commission, DOH and the Ministers office to ensure quality and safe outcome at all time.

Services for Older People will see a reduction of 4.5% in Home Help hours with the focus on low level dependency hours whilst maintaining high level dependency services. There will be 60 bed closures in the Long and Short stay units (all of which are currently vacant) with increased Consultant Geriatrician Clinics in Primary Care settings and the further development of Alzheimer's services.

Disability Services are working on the revision of rosters and the change model of day service provision at Damien House with a 3.7% reduction in payments to Voluntary Agencies. A further five Primary Care Teams will be established along with

a Community Intervention Team in association with Caredoc. The 2-day Community Infusion Unit will be extended to 5 days helping prevent admissions to the acute hospitals.

The Chairperson and members thanked Ms. Lanigan for her presentation which was followed by a Question and Answer session with the following queries and comments responded to:

- Beds remaining in the District Hospitals and staffing arrangements
- Reduction in beds in St. Patricks Hospital
- Redevelopment of Our Lady's Hospital Cashel
- The target opening date for the Crisis House
- Outreach OPD services
- Suzie Long Services
- Sustaining levels of services for Elderly
- Castlecomer and Thomastown bed reductions
- Primary Care Centres in Carlow/Kilkenny area

Briefing from Mr. Richard Dooley, Area Manager, HSE Waterford/Wexford

Mr. Dooley outlined the challenge facing WRH both in terms of the reduction for 2012 but also the deficit being carried forward for 2011. Mr. Dooley emphasised that over €2m revenue funding is being provided to WRH to appoint additional consultant and professional staff to implement the National Clinical Programmes, which will assist in mitigating the impact of the budget and staff reductions.

As part of cost containment measures, Mr Dooley explained that there will be closure of 2 operating theatres and closure of 25 surgical beds. Efficiencies will be achieved in Laboratories across the hospitals and the community and efficiencies in the use of high drugs cost in the acute settings with a further reduction in agency expenditure.

With regard to Wexford General Hospital, Mr. Dooley outlined new additional posts as part of the development of the National Clinical Programmes including Acute Medicine, Elective Surgery and implementation of the Stroke Programme. There will be accreditation of the Endoscopy Suite under the NCCP program and installation of a National ICT system as part of this program. A business case will be prepared for a special initiative – models of care for a short stay unit. Installation of a new Radiology System National Integrated Medical Imaging System (NIMIS) will take place during Q3 2012.

Development of the A/E Department and the New Delivery Suite and Obstetric Theatre for Wexford General Hospital will commence Q1 2012. Planned in-patient activity for 2012 is 14,890 with day case activity of 9,300. As part of resource management and employment control measures, Mr. Dooley explained that efficiencies will be made in general rostering, management of activity in line with budget and efficiencies will also be made through the implementation of the National Clinical Programmes.

With regard to Services for Older People, Mr. Dooley explained that the focus is on the maintenance and enhancement of the provision of Home Care Packages, increased provision of intermediate care beds and implementation of innovative models of care for people requiring Home Care. Mr. Dooley outlined that the 6 short stay beds closed in St. Patrick's Hospital, Waterford and the 16 short stay beds closed in Dungarvan Community Hospital in October of last year would be re-opened

on a phased basis in the 1st Quarter of 2012. However, as a result of staff retirements in Dungarvan due to the grace period etc, he explained it will be necessary to reduce the number of long stay beds provided by 13 beds. This will be achieved through the re-organisation of existing services Dunabbey House and an overall reorganisation of the beds in the area. The shortfall in long-stay beds will be compensated over the coming months with the opening of Private Nursing Home beds in Waterford. With regard to resource management there is a 4.5% reduction in home help hours on the 2011 outturn and efficiencies will be made in aids and appliances through practice review.

Mental Health Services will see the continued implementation of a Vision for Change by including transfer from old long stay institutions to community based facilities and full year commencement of the Psychiatric Liaison service in the Emergency Department in Waterford Regional Hospital. There will be further development of high support residences to support community infrastructure with the development of 3 High Support Residences in Wexford currently under construction and due for completion in Quarter 4 2012. Construction of a 50 bedded Community Nursing Unit based on the grounds of Wexford General Hospital will be completed.

As part of resource management Mr. Dooley explained to members that a review will be undertaken of non-pay expenditure in areas of training, development and office expenses. Pay savings will be achieved through service restructuring and reconfiguration of services across Waterford and Wexford with reduction in overtime through review of rostering.

With regard to Primary Care Mr. Dooley informed members that a Community Intervention Team will be introduced in Waterford and 4 further Primary Care Teams will be established in Waterford/Wexford. A back pain physiotherapy initiative will be introduced in Wexford for GP referrals and a new Primary Care Centre will open in Tramore in Quarter 1 2012. In the area of Child Care, support will be given for the implementation of a change programme and cost management required to reduce cost base.

The Chairperson and members thanked Mr. Dooley for his presentation which was followed by a Question and Answer session with the following queries and comments responded to:

- Timeframe for the appointment of Consultant Posts in Waterford Regional Hospital
- Completion date for the Specialist Inpatient Palliative Care Unit, Waterford Regional Hospital
- Budget outturn figure for Waterford Regional Hospital 2011 V 2012
- Concern regarding no mention on the development of the Community Nursing Unit, St. Patrick's Hospital, Waterford
- Assurance on availability of funding for the appointment of the Consultants Posts and support staff in Waterford Regional Hospital
- Current status of the Pain Management Services in Waterford Regional Hospital
- Regret from members on the closure of 25 surgical beds and 2 operating theatres
- Conversion of 10 long stay beds to convalescent beds in Gorey
- Concern surrounding the reduction of 13 long stay beds in Dungarvan and impact on patients
- Clarification on the Breast Cancer waiting times in Waterford Regional Hospital
- Opening of 28 new beds in Mooncoin Nursing Home

Briefing from Mr. Ger Reaney, Area Manager, HSE Cork

Mr. Ger Reaney, Area Manager, HSE Cork outlined for members the delivery of the Service Plan using the Change Programmes as follows:-

Cork University Hospital (CUH)

- Over 30 Whole Time Equivalents have been assigned for the implementation of the National Clinical Programmes with continued ongoing implementation of the Acute Medicine Programme
- Average length of stay reduced in 2011 from 12 to 6 days
- The Acute Medical Assessment Unit opened in January 2011 with an increase in Acute Physicians from 2 to 4

As part of cost management and employment control measures Mr. Reaney outlined that 2012 would see the following:-

- Closure of 35 surgical beds
- Reconfiguration of 35 beds from 7 day to 5 day
- Opening Day of Surgery admission lounge
- Implementation of elective surgery clinical programme thereby reducing length of stay and increased admission on the day of surgery
- Seasonal closure of 8-10 beds from 7 day to 5 day in Cork University Maternity Hospital (CUMH). There will also be re-deployment of 16 midwives which Mr. Reaney outlined will have minimal impact on service users.

With regard to the Emergency Department CUH, Mr. Reaney explained that two additional Consultants have been assigned to support the implementation of the Emergency Medicine Programme. Focus is also on the implementation of 4 Clinical Directorates which will strengthen clinical leadership. Other Clinical Programmes to commence implementation are Epilepsy, Stroke and COPD. There will also be focus on the Neurology Programme which will target the reduction of OPD waiting lists and on the Acute Coronary Syndrome Programme which will ensure timely and appropriate care for cardiac patients.

Mercy University Hospital (MUH)

With regard to the Mercy University Hospital, Mr. Reaney outlined that significant progress is being made with the opening of a Short Stay Medical Unit and the development of an Acute Medical Assessment Unit. On the surgical side he explained that the Surgical Programme will focus on increasing productivity in theatres by implementation of The Productive Operating Theatre (TPOT) and increased day of surgery admission and day surgery. As part of cost management there will be closure of 1 theatre, 12 surgical beds and 6 paediatric beds.

Mr. Reaney outlined the development of infrastructure for a regional Gastroenterology Service with a new consultant appointed in 2011. He explained the Stroke programme will be implemented with the establishment of an acute Unit with additional posts assigned to support this programme linked to Cork University Hospital and the opening of its unit in quarter 2 of 2012. An Urgent Care Centre will open on St. Mary's Health Campus in April of this year.

South Infirmary/Victoria University Hospital

Mr. Reaney provided information with regard to the South Infirmary/Victoria University Hospital (SIVUH) as follows:

- Consolidation of the Orthopaedic Service

- Recommencement of the Paediatric Orthopaedic Service
- An outline on the implementation of relevant Clinical Programmes
- Transfer of Ophthalmology in-patient and day surgery from Cork University Hospital
- Transfer of non cancer Gynaecology Services from Cork University Maternity Hospital
- Completion of the regional Pain Medicine Unit

Mr. Reaney also informed members that reorganisation of the SIVUH Emergency Department will conclude following the completion of work by a city-wide clinical Group led by Dr. Colm Henry which report will be signed off by the Regional Management Team including input from national clinical leads and SDU. He outlined the successful re-organisation of services in Cork City to include Orthopaedics, Cardiology and other relocations. The implementation of the small hospital framework was outlined in respect of Mallow and Bantry General Hospitals with the transfer of day-case activity to reduce pressure on Cork University Hospital and maximise services in both of these hospitals. He outlined the re-organisation of Surgical Services in the Cork Hospitals under the leadership of Mr. Denis Richardson. There will also be complete consolidation of Cancer Services to the Cork University Hospital Cancer Centre to include pancreatic, prostate, rectal, gynaecology and upper GI cancer surgery.

With regard to Services for Older People, Mr. Reaney explained that the Home Help service will be reduced by 4.5% but will continue to support older people to live at home and will be targeted to those with the most complex needs. Developments of CNU's will see the Ballincollig unit operating on a full year basis in 2012. In addition Heather House and Farranlea Road Community Nursing Units will be extended to full capacity Mr. Reaney outlined that there will be a reduction of 22 beds in Community Hospitals – 8 in Kanturk Community Hospital and 14 in Midleton Community Hospital where beds are already vacant. He explained that it is proposed to close 10 welfare home type beds in St. Francis Welfare Home, Fermoy with the staff in this facility transferring to Fermoy Community Hospital, ensuring no bed closures for Fermoy Community Hospital in 2012. As part of this proposal consideration is being given to the development of an Alzheimer's day service for two days per week while continuing to develop the building for community based services with a consultation process to begin immediately in relation to this overall proposal. With regard to Clonakilty Community Hospital, Mr. Reaney outlined that provision was made in the 2011 service plan to close 16 beds as part of the overall re-organisation of services in the hospital. These beds are currently vacant in the hospital and it is intended to permanently close these beds in 2012.

Mr Reaney informed members that a large programme of change will take place in Mental Health Services expediting the implementation of 'A Vision for Change'. One Senior Manager has been appointed for the Cork area to integrate services between North Lee, North Cork, South Lee and West Cork. The focus is to improve and develop community-based mental health services, reduce hospital admissions and length of stay. Staffing rosters and management structures will also be revised to allow the release of staff to Community Mental Health Teams. There will also be a reduction in overtime and agency expenditure.

With regard to Primary Care Services, Mr. Reaney explained that the opening of Mahon Primary Care Centre will be completed. Macroom and Schull will also be opened. 2012 will also see significant development at St. Mary's Health Campus. He

outlined that 56 Primary Care Teams in total have been established with ongoing work taking place on the establishment of the final 7. Discussions are also ongoing with SouthDoc on the further enhancement of a Community Intervention Team for Cork City. In the area of Children and Families, Mr. Reaney outlined that a review of rosters will take place to reduce agency expenditure and a standardised approach will be developed for payments to children over 18 emerging from care. He informed members that Disability Services will see the commencement of the redevelopment of Grove House 28 bedded Residential Service. A further 6 residents currently on the St. Raphael's campus will be relocated to more a appropriate purpose built unit on the grounds. There will also be a reduction in expenditure for aids and appliances.

In conclusion Mr. Reaney acknowledged the work of HSE staff over the last year. He re-iterated that 2012 will be a very challenging year and acknowledged the co-operation he has received to date from staff.

The Chairperson and members thanked Mr. Reaney for his presentation which was followed by a Question and Answer session with the following queries and comments discussed. Members also agreed that if further information was not readily available today they were happy to discuss any outstanding issues at the local forum briefings:

- Impact for staff/patients following closure of 8 beds in Kanturk Community Hospital
- Future of St. Francis Welfare Home, Fermoy and the impact following the closure of 10 beds
- Clarification on the development of a proposed Alzheimer's Unit, St. Francis Welfare Home
- Permanent closure of 16 beds in Clonakilty Community Hospital
- Personal answering of phone lines rather than a recorded message
- Standardised payment to over 18's emerging from care
- Clarification on the provision of the Pain Service in the South Infirmary/Victoria University Hospital
- Arrangements for Cancer patients requiring re-admission due to illness following treatment – could they be admitted directly to the Cancer Unit rather than via A/E?
- Redeployment of staff following the closure of 14 beds in Middleton Community Hospital
- Large waiting lists for MRI scans and the number of hours per day the MRI scanner is operational in CUH
- Management of the impact on the closure of 35 surgical beds in CUH and 12 in MUH
- Disappointment with the loss of 128 community beds in HSE South
- Compliments and acknowledgement of the success of the Acute Medical Assessment Unit in CUH
- Development of St. Mary's Campus
- With the move of activity to Day Case, more dependency on patients to rely on the provision of Primary Care Teams
- Timeframes for the filling of Acute Medicine Posts in Cork University Hospital
- Update on the commencement of the PET CT Service in Cork University Hospital
- Concern regarding the 7% reduction in gross funding in Mental Health Services
- Reduction of 25 beds in line with 'A Vision for Change' and whether or not there will be an increase in community residential beds
- Lack of vision in the Disability Service Plan and concern regarding lack of provision of respite care

- Capacity of Cork City Hospitals to provide Emergency Services
- Average length of time spent on trolleys in A/E Departments
- Breakdown of staff employed grade by grade
- Comparative numbers of Consultants in place 2011 V 2012
- Welcome on the opening of Farranlea Road Community Nursing Unit

Cllr John Buttimer referred to the re-establishment of the Reconfiguration Forum under the Chairmanship of Professor John Higgins and previous commitment that the Minutes of the Non-Executive Advisory Board meetings would be forwarded to members on a regular basis.

Briefing from Mr. Michael Fitzgerald, Area Manager, HSE Kerry

Mr. Michael Fitzgerald outlined details of service developments at Kerry General Hospital with the focus on the implementation of the National Clinical Programmes and to reach targets set out by the Special Delivery Unit. Clinical Divisions will be developed and considerable work has been done in the development of Endoscopy Services towards achieving the required accreditation for colonoscopy screening in Kerry General Hospital. The Emergency Department will see the transfer of existing ED staff to the new unit. A stroke Unit will be developed with additional nursing and Speech and Language Therapy resources. A new IT Radiology system, National Integrated Medical Imaging System (NIMIS) will be rolled out and the opening of CNU on a phased basis.

As part of resource management there will be a reduction in Medical overtime and reduction on the reliance of agency cover with revision of rosters and skill mix across a number of disciplines. There will be seasonal bed and theatre closures, efficiencies will be achieved in non pay costs and income generation will be maximised.

With regard to Services for Older People, Mr. Fitzgerald explained the focus will be to continue to implement the integrated model of care for older persons across hospital and community with ongoing support for the provision of a wide range of day services. Priority will be to maintain Home Care Packages at 2011 levels to support those with complex needs to live at home. He informed members that construction of the 40 bedded Unit in Kenmare Community Hospital will continue and will be completed in 2013. There will be a move to a new day care centre accommodation at Tobar Naofa, in Tralee.

As part of resource management, Mr. Fitzgerald informed members that Home Help Hours will be reduced by 30,000 hours in line with the national 4.5% reduction on the 2011 outturn. There will be a reduction in 31 community hospital beds, 17 in Listowel, 11 in Killarney and 3 in Tralee. Community nursing services will be reorganised to meet the core needs of the area within the available resources. There will be ongoing discussions with staff representative associations, reviewing rosters and skill mix.

Mr. Fitzgerald outlined that with regard to Mental Health Services the ongoing closure of St. Finan's Hospital will progress with 10 female beds closed there since the end of January and the appropriate relocation of residents. Community Mental Health Teams will be developed and supported by the relocation of staff following on from the closure of a 12 bedded high support hostel in Caherciveen and the reduction of 6 beds in the acute unit in Kerry General Hospital. Mr. Fitzgerald also explained that there is a requirement to change roster arrangements and introduce

skill mix to ensure the continuity of services following staff retirements in early 2012. It will also be necessary to reduce the reliance on overtime and support the redeployment of staff to Community Mental Health Teams. He outlined that a new 4 bedded Close Observation Unit in Tralee and a 40 bedded residential unit in Killarney will be developed subject to Ministerial approval. The Jigsaw project, a teenage mental health well-being promotional service will continue to be supported and a country-wide suicide response will be co-ordinated in conjunction with statutory and voluntary providers.

Mr. Fitzgerald explained that there will be continued development of Primary Care Teams and also the development of a Community Intervention Team for Kerry in association with SouthDoc. Disability services will progress with the re-organisation of children services in the county with the establishment of a local consultative forum. Child Care Services will support the implementation of a change programme and resource management required to reduce cost base.

The Chairperson and members thanked Mr. Fitzgerald for his presentation which was followed by a Question and Answer session with the following queries/comments responded to:

- From the 101 vacant residential beds proposed for closure, how many of these are in Kerry?
- Timeframe for the appointment of the Consultant Rheumatologist to Kerry General Hospital
- Clarification on the funding for the Endoscopy Unit, KGH
- Update on the re-opening of the beds in Dingle Community Hospital
- Reason for the closure of beds in St. Columbanus's Home in Killarney and plans in place to re-open these beds
- Up to date situation regarding Valentia Island Community Hospital
- Development of Palliative Care Unit, Kerry
- Tribute to frontline staff and compliments to those who retired and challenges going forward
- Move to Tobar Naofa, Moyderwell, Tralee
- Provision of funding for Jigsaw project and other voluntary groups
- Clarification on seasonal bed closures
- Reduction in Home Help Hours
- From the €35m provided to Mental Health Services nationally, what percentage has been allocated to Kerry?
- Re-organisation of Community Nursing situation in Kerry going forward
- Welcome from members on the closure of St. Finan's
- Rise in the number of suicides particularly in rural areas

4. Reports by Chairpersons of
- (a) Acute Hospitals Services and Population Health Committee
 - (b) PCCC Committee
- both held Thursday 8th December, 2011 in Cork.

The synopses of the Reports of the previous committee meetings held in Cork on 8th December 2011 were taken as read.

4.1 Reports from Committees

- Update Report on Hearing Screening for Newborn Babies, Waterford Regional Hospital/Wexford General Hospital – Mr. Richie Dooley, Area Manager, Waterford/Wexford
- Update Report on Community Intervention Teams, Carlow/Kilkenny – Ms. Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary

The above reports were noted.

5. **Notice of Motions**

5(a), 5(k), 5(l) and Q6(e) Cllr. John Joe Culloty, Cllr. Catherine Clancy, and Cllr. John O’Sullivan submitted the following Notice of Motions with the subsequent Question submitted by Cllr. John Coonan.

5(a) – Cllr. John Joe Culloty

“As the Medical Card application back-log appears to be increasing causing real hardship to those in need of vital medication, that the HSE South calls on both the Department of Health and the Minister to urgently review procedures with a view to speeding up the volume of claims being processed.”

5(k) – Cllr. Catherine Clancy

“Recognising the scale and the magnitude involved in the centralisation of the Medical Card Scheme, that the HSE at local level would ensure that some staffing levels are maintained to deal with any residual problems that may arise in the transfer of these services”

5(l) – Cllr. John O’Sullivan

That the HSE South discuss the change-over to the centralized processing of medical card applications and provide data on the numbers processed, average time taken to complete applications and provide an overview of the process

Cllr. John O’Sullivan

6(e) – Cllr. John Coonan

“What is the up to date position regarding the unacceptable and totally unsatisfactory new centralised operation for medical card applications and the HSE’s view on this?”

A written response was circulated to members from Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary and was noted.

5(b) Cllr. Danny Crowley submitted the following Notice of Motion:

“That the HSE South and the Minister for Health and Children would recognise Macroom Community Hospital as an essential high dependency health care facility for older residents/patients in mid Cork and surrounding areas and that a statement of intent with regard to the future of Macroom Community Hospital would be made available to this Forum.”

A written response was circulated to members from Mr. Ger Reaney, Area Manager, HSE Cork and was noted.

5(c) Cllr. Frank O’Flynn submitted the following Notice of Motion:

“That the HSE South outlines its future plans for the ongoing provision of services for Older People in St. Francis Welfare Home, Fermoy”.

A written response was circulated to members from Mr. Ger Reaney, Area Manager, HSE Cork and was noted.

5(d) Cllr. Jerry Sullivan submitted the following Notice of Motion:

“That the HSE South would provide an update on the future plans for Castletownbere Community Hospital, bearing in mind its unique location and the service it provides for the local people. These services include day care and respite care”.

A written response was circulated to members from Mr. Ger Reaney, Area Manager, HSE Cork and was noted.

5(e) Cllr. Mary Hanna Hourigan submitted the following Notice of Motion:

“That the HSE South clarify the current position with regard to the ‘Cluain Arann’ Welfare Home in Tipperary Town. Please advise what plans are in place with regard to admissions and has this procedure changed in recent times?”

A written response was circulated to members from Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary and was noted.

5(f) Cllr. Matt Griffin submitted the following Notice of Motion:

“That HSE South would advise why the matching funding for the refurbishment of the Endoscopy Department of Kerry General Hospital for the roll out of the National Cancer Screening Service (NCSS) for Colon Cancer is not forthcoming and has been diverted to another facility in the HSE South.”

A written response was circulated to members from Mr. Michael Fitzgerald, Area Manager, HSE Kerry and was noted.

5(g) Cllr. Pat Cody submitted the following Notice of Motion:

“That the HSE should end the Moratorium on front line staff recruitment, which has had a detrimental effect on staff moral, in light of the major staff reductions visited on the Acute Hospitals, Mental Health Services and Disability and Community Sectors in Wexford and throughout the HSE South in recent years.

A written response was circulated to members from Mr. Barry O’Brien, Assistant National Director, HR, HSE South and was noted.

5(h) Cllr. John Coonan submitted the following Notice of Motion:

“That the HSE South endorses the view that a letter be written to the Minister for Health requesting procedures to be put in place to enable Health as a curriculum subject be prepared, developed and introduced as a matter of important priority to our educational system.”

A written response was circulated to members from Mr. Andy Walker, A/Health Promotion Manager, HSE South and was noted.

5(i) Cllr. Barbara Murray submitted the following Notice of Motion:

“That this forum insists that before any directive be issued, to reduce beds in any Community Hospital that a root and branch evaluation take place in each facility covering areas such as

- **Activity levels**
- **Current Demands**
- **Staffing ratio”**

A written response was circulated to members from Mr. Michael Fitzgerald, Area Manager, HSE Kerry and was noted.

5(j) Cllr. John Buttimer submitted the following Notice of Motion standing with the subsequent Question submitted by Cllr. Catherine Clancy:

5(j) – Cllr. John Buttimer

“That the HSE South would report on the numbers of staff proposing to take early retirement or leave at the end of February 2012 by category of staff, that it would outline the measures it proposes to take to minimise impact on the delivery of front line services and in particular would outline if there are any plans in place to reassign midwives currently employed as agency staff at Cork University Maternity Hospital (CUMH) to direct HSE employees.

6(h) – Cllr. Catherine Clancy

“How many staff in the HSE South have taken up the early retirement package and in particular:

- **What Departments were these staff employed in and what Grades?**
- **What contingency plans are in place to deal with the loss of staff?**

- **What training has been given to the replacement staff?**
- **What measures were taken by the HSE to retain the intellectual capital and experience of those leaving the service?"**

A written response was circulated to members from Mr. Barry O'Brien, Assistant National Director, HR, HSE South and was noted.

5(k) This Notice of Motion was responded to in conjunction with Notice of Motion 5(a), 5(l) and Question 6(e) and was noted.

5(l) This Notice of Motion was responded to in conjunction with Notice of Motion 5(a), 5(k) and Question 6(e) and was noted.

6. Questions

6(a) Cllr. John Joe Culloty put forward the following Question:

"As there is no logical reason not to do so, can the HSE South ask the Department of Health to direct the Irish Blood Transfusion Service to accept blood donations from people with hemochromatosis?"

A written response was circulated to members from Mr. Ger Reaney, Area Manager, HSE Cork and was noted.

6(b) Cllr. Danny Crowley put forward the following Question:

"To ask the HSE South:-

- **What plans are in place with regard to the provision of a primary Health Care Centre for both Castletownbere and Schull?**
- **Has the HSE looked at any proposals for suitable accommodation/premises in these areas?**
- **Will the HSE consider the Community Hospitals and adjacent grounds as suitable locations for same?"**

A written response was circulated to members from Mr. Ger Reaney, Area Manager, HSE Cork and was noted.

6(c) Cllr. Matt Griffin put forward the following Question:

"Please confirm the start date of the Consultant Rheumatologist at Kerry General Hospital as advised in May 2011 Forum."

A written response was circulated to members from Mr. Michael Fitzgerald, Area Manager, HSE Kerry and was noted.

6(d) Cllr. Pat Cody put forward the following Question:

"To ask the HSE to supply the details of the total number of posts, by classification, vacated under the Moratorium and the earlier Recruitment Freeze that continue unfilled in the HSE South, with reference to geographical locations"

A written response was circulated to members from Mr. Barry O'Brien, Assistant National Director HR, HSE South and was noted.

6(e) This Question was answered in conjunction with Notice of Motion 5(a), Notice of Motion 5(k) and Notice of Motion 5(l) and was noted.

6(f) Cllr. Barbara Murray put forward the following Question:

"Is there a minimum staffing ratio that the HSE uses as a template in deciding how many nursing/non-nursing staff it takes to operate residential facilities for Older People and Mental Health?"

A written response was circulated to members from Mr. Michael Fitzgerald, Area Manager, HSE Kerry and was noted.

6(g) Cllr. John Buttimer put forward the following Question:

"To ask the HSE South what progress is being made in recruiting a Vascular Surgeon at Mercy University Hospital and has the decision to recruit a Category A Surgeon rather than a Category B Surgeon as was approved by the Consultant Appointments Advisory Committee impacted upon the speed of recruitment?"

A written response was circulated to members from Mr. Ger Reaney, Area Manager, HSE Cork and was noted.

6(h) This Question was responded to in conjunction with Notice of Motion 5(j) and was noted.

6(i) Cllr. Dr. Patrick Crowley put forward the following Question:

"What is the current status of the Pain Management Services in Waterford Regional Hospital and please include:

- **The number of patients seen in the last two years (2010/2011)**
- **The number and type of staff**
- **The waiting list at present and its future in the HSE South East?"**

A written response was circulated to members from Mr. Richie Dooley, Area Manager, HSE Waterford/Wexford and was noted.

6(j) Cllr. Gillian Wharton-Slattery put forward the following Question:

"What are the up to date plans for the staffing of the new and very welcome extension to the A/E Department at Kerry General Hospital and reassure members of on-going consultations with existing staff?"

A written response was circulated to members from Mr. Michael Fitzgerald, Area Manager, HSE Kerry and was noted.

6(k) Cllr. John O’Sullivan put forward the following Question:

“Please outline the following for the Month of January 2012:-

- **What is the daily number of patients on trolleys in the A/E Department at Cork University Hospital?**
- **What number of elective procedures were cancelled by Cork University Hospital?**

Please provide a comparison with January 2010 and January 2011”

A written response was circulated to members from Mr. Ger Reaney, Area Manager, HSE Cork and was noted.

7. Date and Time of next Meeting

The next meeting of the Regional Health Forum, South will be held on **Thursday 15th March 2012** at **2pm, Council Chambers, County Hall, Cork.**

MINUTES OF MARCH 2012 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 15th March, 2012 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

| | |
|--|--------------------------------|
| Cllr. Liam Ahearn - Chairperson | Cllr. Michael Kinsella |
| Cllr. Pat Burton | Cllr. Sean Lonergan |
| Cllr. John Buttimer | Cllr. Tom Maher |
| Cllr. John Carey | Cllr. Dr. Sean McCarthy |
| Cllr. Pat Cody | Cllr. Arthur McDonald |
| Cllr. Timmy Collins | Cllr. Michael O'Brien |
| Cllr. John Coonan | Cllr. Bobby O'Connell |
| Cllr. Tom Cronin | Cllr. Frank O'Flynn |
| Cllr. Danny Crowley | Cllr. Laurence (Cha) O'Neill |
| Cllr. Dr. Patrick Crowley | Cllr. John O'Sullivan |
| Cllr. John Joe Culloty | Cllr. Hilary Quinlan |
| Cllr. Declan Doocey | Cllr. Mary Shields |
| Cllr. Wayne Fennell | Cllr. Jerry Sullivan |
| Cllr. Matt Griffin | Cllr. Jim Townsend |
| Cllr. Mary Hanna Hourigan | Cllr. Gillian Wharton-Slattery |

Apologies:

Cllr. Denis Kennedy
Cllr. Martin Murphy
Cllr. Ted Tynan
Cllr. Breedda Moynihan-Cronin

In Attendance:

- Mr. Pat Healy, Regional Director of Operations - South
- Mr. Richie Dooley, Area Manager, HSE Waterford/Wexford
- Mr. Ger Reaney, Area Manager, HSE Cork
- Mr. Michael Fitzgerald, Area Manager, HSE Kerry
- Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
- Mr. Barry O'Brien, Assistant National Director HR, HSE South
- Ms. Angie O'Brien Area Communications Manager, HSE South
- Ms. Sinéad Byrne, Manager, Regional Health Forum, South
- Regional Health Forum Office staff

1. Adoption of the Minutes of meeting held on 9th February 2012

At the proposal of Cllr. Tom Maher seconded by Cllr. Timmy Collins, the Minutes of the Forum meeting held on Thursday 9th February 2012 were approved and adopted by members.

Cllr. John Coonan expressed dissatisfaction that members were not afforded an opportunity to discuss responses to the Notices of Motion and Questions submitted for the February meeting and suggested that perhaps in future the Service Plan meeting should be solely dedicated to the Service Plan Presentation. Cllr. Liam Ahearn, Chairperson confirmed that the decision to take these responses as read was made at the beginning of the meeting due to the Service Plan Presentation and members were advised should they have any queries with regard to the responses circulated that they could refer these back to either the Regional Health Forum Office or the relevant manager. The Chairperson subsequently advised members that if they had any queries on the responses to the Notice of Motions and Questions circulated at the February meeting that these would be addressed at the end of today's Agenda.

Cllr. Michael O'Brien referred to Services for Older People in the context of the Service Plan presentation at the February meeting and concern surrounding the closure of public beds. Cllr. O'Brien supported by members requested that a letter be written to the Minister for Health to ensure that sufficient funding be provided to retain public long-stay beds across the HSE South.

2. Chairperson's Correspondence

Cllr. Liam Ahearn, Chairperson welcomed members and managers to the meeting. Members were requested to turn off their mobile phones as these interfere with the audio system in the Chambers.

Adoption of the Forum's Annual Report 2011 was required and this was proposed by Cllr. Michael O'Brien and seconded by Cllr. Declan Doocey. It was agreed that a copy of the Report would be circulated via e-mail to the City and County Managers of nominated members.

Again members were advised that there is no debate on Questions submitted with only the member who submitted the Question being able to speak with the provision for one supplementary question to be asked following on from the response if he/she wishes.

3. Committees

Members were reminded that the next Committee meetings will be held on Thursday 12th April 2012 in Kilkenny.

4. Notice of Motions

4(a) and 4(b) Cllr. Breeda Moynihan-Cronin and Cllr. Frank O'Flynn submitted the following Notice of Motions:-

4(a) – Cllr. Breeda Moynihan-Cronin

“That the HSE South would clarify that Medical Card holders who are engaging with the HSE review process will still be able to use their medical cards regardless of the expiry date while the review is ongoing and has the

HSE South updated their database to include all details of the applicant and appeals that have been made.”

4(b) – Cllr. Frank O’Flynn

“That the HSE give an up to date report in relation to new and renewal medical card applications for HSE South on a county basis, and

- Outline the number of new and renewed medical cards issued in the months of December 2011, January 2012 and February 2012 including the maximum waiting time it took for applicants to receive a decision on the outcome of their application from the submitted date during this time and the outstanding number of new and renewal medical card applications which are currently waiting to be processed, and the maximum waiting time it is now taking for applicants to receive a decision on the outcome of their new and renewal medical card applications and**
- Outline the reasons for the undue delays and what corrective action has been taken to rectify the situation.”**

In the absence of Cllr. Breeda Moynihan-Cronin, Cllr. Gillian Wharton-Slattery moved the Motion standing in her name.

A written response was circulated to members from Ms. Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary which outlined in detail the processing of the Medical Card applications currently centralized in the Primary Care Reimbursement Service (PCRS) office in Finglas. Ms. Lanigan outlined the number of applications received and issued since its centralization in July 2011 and outlined the current status in the PCRS for the week commencing 12th March 2012 with a backlog of open cases currently existing from the period July to the end of December 2011.

With reference to the review process Ms. Lanigan explained that the majority of clients submit their reviews on time and have received the appropriate decision within the relevant timeframe prior to the expiry date of the medical card. She clarified that once the Medical Card holder is engaging with the PCRS review process that the card will remain valid irrespective of the expiry date shown on the card. Eligibility for services can be confirmed by a GP, Pharmacist, by the Medical Card holder online, through the GP practice system, in any Local Health Office or through the helpline. She explained that the GPs and the PCRS have engaged in reviewing existing practices and procedures between the HSE and GP contract holders and outlined new flexibility arrangements for GPs around re-instating and prolonging eligibility in certain cases. Ms. Lanigan referred to a visit to the PCRS from the Joint Oireachtas Committee on Health on the 2nd March 2012 and the positive outcome from this meeting with the Assistant National Director, PCRS to give a presentation on the issue of processing medical cards to the Joint Oireachtas Committee in late May.

She informed members that the PCRS are currently agreeing an action Plan with the Minister to urgently resolve issues in terms of application and renewal processes with a review of operations also being undertaken in this area due to be completed in the next number of weeks. With regard to information for the HSE South sought by Cllr. O’Flynn, Ms. Lanigan explained that this information is currently not available but the PCRS are in the process of preparing an overall report to include this detail and once finalized this Report will be available to members.

Cllr. O'Flynn thanked Ms. Lanigan for the response and while welcoming the reply, expressed concerns on behalf of constituents in relation to long delays in the processing of medical card applications since the centralization of the service. With regard to the information sought on a county by county basis for the HSE South, Cllr. O'Flynn looks forward to discussing the report further when available.

The following queries/concerns were also raised/discussed by members:-

- Clarification on the resources available to GPs to check status of applications
- Welcome of the self-assessment review
- Simplification on the complexity of forms to be filled in
- Backlog of Appeals and Appeal files
- Downgrading of cards from Medical Cards to GP Visit Cards
- Difficulty in gaining access to staff in the PCRS and question surrounding training of staff
- Refusal of medical cards on income grounds
- Process for logging of information received in PCRS by registered post
- Concern on the number of outstanding applications since 2011
- Pharmacies not honoring medical cards
- Applications for first time applicants and the possibility of issuing emergency cards in special circumstances
- Payment of back-money to clients if they incurred expenses prior to sanctioning of their medical card
- Non-automatic entitlement of cancer patients to medical cards
- Pointing out of commonly made mistakes to applicants

Ms. Lanigan reassured members that the vast majority of applications are dealt with within the appropriate time-frame once all the information from clients is to hand and that current cards will remain valid once the client is communicating with the PCRS on obtaining further information that has been requested from them. She outlined that the backlog of over 26,000 open cases from July to the end of December 2011 will be cleared by the end of April and clarified that any new baby born to medical card holders are automatically entitled to receive a medical card.

Mr. Pat Healy, Regional Director of Operations re-iterated that the Minister is actively involved with the PCRS on agreeing an Action Plan focused on the March and April 2012 period for the urgent resolution of issues within the Scheme and this plan is well advanced. He also explained that streamlining operations by simplification of the application form which is being dealt with at national level with the PCRS will make the process for the renewal of medical cards easier for applicants. As part of this he explained with the implementation of self assessment reviews for medical card holders aged 66 or over will ensure key improvement for clients and also giving access and flexibility to GPs is a major step for positive improvement in the service. He assured members that once the overall report from the PCRS is available to include detailed information on the HSE South, this will be brought back to the Forum for further discussion.

Following detailed discussion on the response and concerns raised by members, Cllr. Frank O'Flynn supported by members requested that a letter be written to the Minister for Health with a copy to the Chairperson of the Joint Oireachtas Committee on Health that consideration be given to the decentralization for the processing of Medical Card Applications.

4(c) Cllr. Wayne Fennell moved the following Notice of Motion standing in his name:

"That the HSE South reviews the cuts to the Community Mental Health Services in Carlow"

A written response was circulated to members from Ms. Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary which outlined the comprehensive change programme currently underway in line with 'A Vision for Change'.

With regard to Carlow Mental Health Services Ms. Lanigan explained that due to staff retirements, the HSE is required to reorganise services and to match staffing resources with service and activity priorities. She outlined the provision of Rehabilitation Training Services to include STEER, a community based vocational rehabilitation service providing assistance to mental health service users gain access to mainstream education and employment. A review of STEER services was undertaken and it is proposed that one nursing WTE will be redeployed to Carlow Acute Day Services in April but Ms. Lanigan assured members that the STEER service will not cease and will continue to be provided by members of the Community Mental Health Teams and reorganised using available resources. She outlined the provision of services in Clann Nua and the re-organisation of this service with 13 service users now being accommodated by services delivered by Skill Base and the Dolmen Centre. She reassured members that the proposed changes in STEER and Clann Nua will have minimal impact on the quantity and quality of care delivered to the mental health service users.

Ms. Lanigan outlined the development of Community Mental Health Teams (CMHTs) with the amalgamation of 2 existing teams in Carlow since the 31st October 2011. She explained that in June of this year the newly amalgamated CMHT will co-locate with the Acute Day Services and Home Based Treatment Team to St. Mary's Unit on the grounds of St. Dymphna's Hospital which is currently undergoing refurbishment. This will provide a comprehensive community based service. The Acute Day Services in Carlow has been enhanced by 2 additional staff following the closure of St. Patrick's Ward in St. Dymphna's Hospital. She explained the setting up of the Home Based Treatment Teams which are a new service, with the team for Carlow operational since 31st October 2011 following redeployment of four nursing staff. She also provided an outline of High Support Services and additional mental health services available in the Carlow area and further integration which is planned in the long term in line with national policy.

Cllr. Fennell thanked Ms. Lanigan for her response and while supporting 'A Vision for Change' outlined concerns regarding gaps in some of the services due to staff cuts/retirements and Cllr. Coonan expressed concerns with the 6.1% reduction in budget. Cllr. Fennell felt that there is a lack of communication for service users and asked that a common sense approach be adopted and ensure there is close communication with family members regarding any further re-organisation of services. Cllr. Dr. Patrick Crowley complemented the development of the Home Based Treatment Teams acknowledging a huge improvement in the system. Comments from members were noted. Ms. Lanigan assured Cllr. Fennell and members that with regard to Mental Health Nurses the HSE is in excess of numbers and that the change programme underway in Carlow will aim to support people live

as independently as possible, providing safer and appropriate alternatives than admitting patients to acute mental health facilities.

4(d) Cllr. Matt Griffin moved the following Notice of Motion standing in his name:

"That the HSE South instructs Kerry General Hospital to proceed with the advertisement and recruitment of a Consultant Rheumatologist without any further delay and please advise why the HSE has allowed a centrally approved programmed Rheumatologist post in Kerry General Hospital to remain vacant"

A written response was circulated to members from Mr. Michael Fitzgerald, Area Manager, HSE Kerry. Mr. Fitzgerald referred to the response previously circulated at the February meeting and explained that having reviewed available resources that the position had not changed. He outlined that the post will be progressed through the recruitment process and a start date would be offered to the successful candidate with the post to commence later in the year. However, the exact date will be dependant on hospital performance throughout the year. Cllr. Griffin thanked Mr. Fitzgerald for the response but expressed concerns that the post was dependant on how the hospital performed and felt that this post was vital for the management of Rheumatology patients in the Kerry area.

5. Questions

5(a) Cllr. Catherine Clancy put forward the following Question:

"When a mother has a medical card, what medical cover has her newborn baby for GP, Out of Hours cover and prescription costs pending the approval of a medical card for the new baby?"

In the absence of Cllr. Catherine Clancy, a written response was circulated to members from Ms. Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary and was noted.

5(b) Cllr. Breeda Moynihan-Cronin put forward the following Question:

"What progress if any, has been made with regard to the re-opening of beds in Dingle Community Hospital?"

In the absence of Cllr. Breeda Moynihan-Cronin, a written response was circulated to members from Mr. Michael Fitzgerald, Area Manager, HSE Kerry and was noted.

5(c) Cllr. Matt Griffin put forward the following Question:

"What is the current position on the installation of a helipad at Cork University Hospital?"

A written response was circulated to members from Mr. Ger Reaney, Area Manager, HSE Cork. Mr. Reaney explained that Cork University Hospital does not currently have a helipad on the hospital campus and outlined the procedures in place to

currently transfer patients to and from CUH by air ambulance and also the agreement in place to land helicopters should the need arise.

Mr. Reaney referred to the response provided at the 2011 March Forum meeting which outlined that provision of a helipad at CUH had been included in the Hospitals Development Control Plan. A number of locations were considered with the future potential development providing for a new acute block. Until this new acute block is completed, a proposal was made that an interim facility would be located on the roof of the existing Emergency Department at a cost of €1.5m. This project is included in a list of priority capital projects for CUH should additional funding become available in the 2012/16 Capital Plan. Mr. Reaney explained that currently the HSE is looking at the potential to develop a temporary landing area in the CUH campus with trials currently underway. Cllr. Griffin thanked Mr. Reaney for his response but outlined his concerns with regard to the current arrangements in place and felt that a temporary landing area should be developed. He sought clarification on the time-frame surrounding the trials with regard to the development of a temporary landing area in the CUH campus. Mr. Reaney reassured Cllr Griffin that no clinical risk has been identified with the current arrangements in place for the transporting and landing of patients and agreed to follow up directly with him regarding the timeframe for the trials.

February Meeting

As advised by Cllr. Liam Ahearn, Chairperson at the beginning of the meeting, members were now afforded an opportunity to raise any queries/questions arising from the responses circulated at the February meeting. Cllr. John Coonan referred to his Motion 5(h) as follows:-

“That the HSE South endorses the view that a letter be written to the Minister for Health requesting procedures to be put in place to enable Health as a curriculum subject be prepared, developed and introduced as a matter of important priority to our educational system.”

Cllr. Coonan thanked Mr. Andy Walker, A/Health Promotion Manager for the detailed response he received at the last meeting. However, he expressed concerns that post primary teachers of Social, Personal and Health Education (SPHE) are not required to have a qualification in the subject which allows for an ad hoc delivery of the subject in schools where it may not be regarded as a high priority area of education. He also expressed concerns that the subject is not mandatory after Junior Certificate Level and feels that Health should be placed as a subject on the school curriculum to be taught in its entirety to children at both junior and senior cycle. Following discussion, Cllr. Coonan supported by members requested that a letter be written to the Minister for Health with a copy to the Minister for Education and Skills to consider his request outlined in the Motion above submitted for the February meeting.

7. Date and Time of next Meeting

The next meeting of the Regional Health Forum, South will be held on **Thursday 10th May 2012 at 2pm, Council Chambers, County Hall, Cork.**

MINUTES OF MAY 2012 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 10th May, 2012 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

| | |
|--|--------------------------------|
| Cllr. Liam Ahearn - Chairperson | Cllr. Tom Maher |
| Cllr. Pat Burton | Cllr. Breedha Moynihan-Cronin |
| Cllr. Catherine Clancy | Cllr. Martin Murphy |
| Cllr. Pat Cody | Cllr. Dr. Sean McCarthy |
| Cllr. Timmy Collins | Cllr. Arthur McDonald |
| Cllr. John Coonan | Cllr. Michael O'Brien |
| Cllr. Tom Cronin | Cllr. Bobby O'Connell |
| Cllr. Danny Crowley | Cllr. Frank O'Flynn |
| Cllr. Dr. Patrick Crowley | Cllr. Laurence (Cha) O'Neill |
| Cllr. John Joe Culloty | Cllr. John O'Sullivan |
| Cllr. Declan Doocey | Cllr. Hilary Quinlan |
| Cllr. Wayne Fennell | Cllr. Seamus Ryan |
| Cllr. Matt Griffin | Cllr. Mary Shields |
| Cllr. Mary Hanna Hourigan | Cllr. Jerry Sullivan |
| Cllr. Denis Kennedy | Cllr. Jim Townsend |
| Cllr. Michael Kinsella | Cllr. Ted Tynan |
| Cllr. Sean Lonergan | Cllr. Gillian Wharton-Slattery |

Apologies:

Cllr. John Buttimer
Cllr. Brendan Leahy
Cllr. Barbara Murray

In Attendance:

- Mr. Pat Healy, Regional Director of Operations - South
- Mr. Richie Dooley, Area Manager, HSE Waterford/Wexford
- Ms. Deirdre Scully, A/Area Manager, HSE Cork
- Mr. Michael Fitzgerald, Area Manager, HSE Kerry
- Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
- Mr. P. J. Hathaway, A/Assistant National Director HR, HSE South
- Ms. Angie O'Brien Area Communications Manager, HSE South
- Ms. Sinéad Byrne, Manager, Regional Health Forum, South
- Regional Health Forum Office staff

1. Adoption of the Minutes of meeting held on 15th March 2012

At the proposal of Cllr. Michael O'Brien seconded by Cllr. Tom Maher, the Minutes of the Forum meeting held on Thursday 15th March 2012 were approved and adopted by members.

Cllr. John Coonan again referred to his Motion submitted with regard to placing Health on the School Curriculum and subsequent response received from the Office of the Minister for Education and Skills following on from a letter sent to the Department.

Cllr. Coonan referred to the response received from the Department of Education and Skills and raised concerns that the request he outlined in his Motion had not been answered in the response.

Following discussion among members, it was agreed to write to the Department of Education and Skills again seeking a more detailed response to Cllr. Coonan's Motion.

2. Chairperson's Correspondence

Cllr. Liam Ahearn, Chairperson welcomed members and managers to the meeting and asked that mobile phones be turned off as these interfere with the Audio system in the Chambers. Apologies were received from Mr. Ger Reaney who was on sick leave and the Chairperson welcomed Ms. Deirdre Scully acting in Mr. Reaney's place.

Cork Members were reminded that a local Forum briefing would take place on Monday 14th May at 2pm in the Conference Room, 2nd Floor East, Model Business Park. Kerry members were reminded that their briefing would be taking place on Friday 18th May at 2pm in the Conference Room, Kerry General Hospital. Members were asked to inform the staff in the Regional Health Forum Office whether or not they would be in attendance.

Cllr. Liam Ahearn, Chairperson again advised members that there is no debate on Questions submitted with only the member who submitted the Question being able to speak with the provision of one supplementary Question to be asked following on from the response issued if he/she wishes.

Members were reminded that the next Forum meeting to be held on Thursday 14th June will be Forum's Annual General Meeting and there will be election of a new Chairperson and Vice-Chairperson.

Cllr. Ahearn updated members on the recent meeting held with the Minister for Health, Dr. James Reilly and the 4 Chairpersons of the Regional Health Fora which took place in Dublin on 30th April 2012. Cllr. Ahearn outlined that this was a very positive meeting with the following issues raised:-

- The future of the Regional Health Forum
- The role of local elected representatives in the proposed reforms and new structures for the Health Service

Cllr. Ahearn explained that the Chairs emphasised to the Minister that they wanted a stronger role for local elected representatives and further strengthening of the role of

Regional Health Fora. Clarification was also sought on the role of the Hospital Trusts and the role of elected representatives on these Trusts. Cllr. Ahearn explained that the Minister acknowledged the important work of the Fora and that the Fora would continue but that there would be changes to reflect the new structures. The Minister also committed to meeting the 4 new Forum Chairs in the Autumn to discuss their views further. It was agreed that the Minutes following this meeting would be circulated to members via e-mail.

Following the updated provided by Cllr. Ahearn the following items were discussed/raised by members:-

- Welcome by Members of the Report on the meeting with the Minister
- Query on the timeframe envisaged for proposed changes to reflect the new structures
- Changes to Ambulance Service and appointment of Advanced Paramedics
- Awareness of the Programme for Government
- Closure of Nursing Homes
- Changes in the HSE structures and abolition of the HSE Board
- Abolition of Health Boards
- New format of Directorates and structures to replace the HSE
- Issuing of medical cards to long-term illness patients
- Reduction of 40-50% of admissions to psychiatric hospitals
- Recognition that the introduction of Community Intervention Teams is a very positive step
- Importance of the organisation of the local Forum Briefings
- Suggestion that each Forum meeting should be dedicated to a specific topic/policy issue as the local forum briefings cover off the areas/services at local level
- Number of staff retiring/leaving front-line services, in particular nursing staff
- Better service delivery with reduced funding
- Introduction of fast track system for members (dedicated e-mail address rho.south@hse.ie) which is working well

Cllr. Arthur McDonald raised the issue of corridor/trolley beds in the South East. Mr. Pat Healy, Regional Director of Operations reassured Cllr. McDonald that the South East were performing very well in relation to the reduction of trolley waits in A/E Departments and also acknowledged the excellent work being done in the South.

Regarding the proposed further meeting in the Autumn to take place between the Minister and the 4 new Chairpersons of the Regional Health Fora, it was agreed that Ms. Sinéad Byrne, Forum Manager would circulate a questionnaire to members which would allow them outline positive proposals on how local democracy could be strengthened in relation to changes in the structure of the Regional Health Fora.

With regard to the hospital trusts, Mr. Pat Healy, RDO explained that work is underway at Government level to finalise proposals and establish new governance arrangements for these hospital groups.

3. Presentation from Mr. Patrick Burke, Assistant National Director, PCRS

The Chairperson informed members that he had received a phone call the previous day from Mr. Patrick Burke, Assistant National Director, PCRS. Unfortunately Mr.

Burke was now not in a position to make a presentation at this meeting as he had been called to Dublin to an urgent meeting with Minister Shortall. He sent sincere apologies and advised the Chairperson that he would present to members at the next meeting.

- 4.** Reports by Chairpersons of
- (a)** Acute Hospitals Services and Population Health Committee
 - (b)** PCCC Committee

both held Thursday 12th April, 2012 in Kilkenny

Synopses of the Reports of the previous committee meetings held in Kilkenny on Thursday 12th April 2012 were given by Cllr. Catherine Clancy, Chairperson of the Acute Hospital Services and Population Health Committee and in the absence of Cllr. Barbara Murray, Chairperson of the Primary, Community and Continuing Care Committee, Cllr Sean Lonergan, Vice-Chairperson gave a summary to members.

Cllr. Catherine Clancy referred to the detailed verbal update provided by Mr. Chris Monahan on the processing of Medical Card Applications and acknowledged the follow-up information sent to members by e-mail. She also referred to the response received to her Question submitted for the previous meeting regarding the eligibility of new born babies for Medical Cards should the mother already be in receipt of a card. She acknowledged the fact that newborn babies are automatically covered by a medical card and approval is not required in these circumstances and acknowledged that GPs can now add a new baby to a family who already have medical card eligibility.

Cllr. Clancy also requested an update on the PET Scanner for Cork University Hospital and Mr. Pat Healy, Regional Director of Operations assured Cllr. Clancy that a formal response would be issued to her.

Cllr. John Coonan complimented the excellent presentation given at the committee meetings on the Reorganisation of Waterford/Wexford Mental Health Services. He referred to the Report on Congregated Settings commissioned by the HSE and concerns with regard to the transfer of services to independent living, housing applications etc. Mr. Pat Healy, RDO, stated that collaboration across a number of public services is required for this issue including the HSE. He referred to the development of a Housing Policy following on from the Report on Congregated Settings with the intention being that Local Authorities will take on an increasing role for the Homeless, those with a Disability and people presenting with Mental Health difficulties. The Department of the Environment is leading on this policy development and are working with the DOH on this. Mr. Pat Healy agreed to keep members updated on progress.

4.1 Reports from Committees

- Update Report on Primary Care Teams/Primary Care Centres, Cork City and Greater Cork Area – Ms. Deirdre Scully, A/Area Manager, HSE Cork

The above report given at the Primary Community and Continuing Care Committee meeting was re-circulated at the meeting and members were afforded an opportunity to discuss further. Cllr. Catherine Clancy thanked Ms. Scully for this report and complimented the Mercy Urgent Care Centre recently opened on the St. Mary's

Campus. Cllr. Clancy requested an update on the progression of a Primary Care Centre on the St. Mary's Site. Mr. Pat Healy, RDO informed Cllr. Clancy that this is a very positive development with a process of engagement taking place with GPs in the locality. Work is also being done with Professor John Higgins in UCC in conjunction with the local authorities and Mr. Healy agreed to keep members updated on progress.

5. Notice of Motions

5(a) Cllr. Breeda Moynihan-Cronin moved the following Notice of Motion standing in her name:-

“That the HSE carry detailed analysis of the effect of Fluoridation of public drinking water and to provide evidence that the addition of this chemical is safe and not a risk to the health of the public and that the HSE South provide details of what is the cost of Fluoridation annually”.

A comprehensive written response was circulated to members from Ms. Mary Keane, Regional Chief Environmental Health Officer South which outlined the Legal Framework for the fluoridation of water supplied to the public.

Cllr. Moynihan-Cronin referred to a discussion which recently took place regarding water fluoridation raised at a recent Kerry County Council meeting and expressed concerns which were raised on this subject. She urged that consideration be given to the daily fluoride intake and sought assurances from the HSE that current levels of fluoride are safe.

The response outlined the establishment of the Irish Expert Body on Fluorides and Health in 2004 following on from the Report of the Fluoridation Forum in 2002. A Protection policy for the Consumer was outlined with the development of a Code of Practice on Fluoridation of Drinking Water with monthly monitoring, both national and local and Irish Standards also set out in the response. The response also referred to the Report on a Total Diet Study carried out by the Food Safety Authority of Ireland in the period 2001 – 2005 which was published in September 2011. This Report outlined the estimated fluoride intake from food and drinking water in Ireland. The Department of Health and the HSE have agreed to conjointly establish an Advisory Board for a National Study of Total Fluoride Intake.

Mr. Pat Healy RDO referred to the response issued at the meeting and complimented Ms. Mary Keane for the comprehensive information outlined. Mr. Healy informed members that the HSE concurs with the findings of the Irish Expert Body on Fluoridation and Health and that Fluoridation is carried out in line with the Group's recommendations and is safe and effective. He also referred to the formation of the National Body and its proposal to make recommendations to the Department and reassured members that once this Report is published it will be made available to members.

Following discussion and interest surrounding fluoridation, it was agreed to seek a full presentation on this topic for Members at the next Committee Meetings in July. A number of members also referred to publication of the Waugh Report which has been sent to the Expert Group for comments and once a Report is available from the Expert Group, it was agreed that this would be forwarded to members for their information.

Cllr. John O'Sullivan referred to two recent representations on Fluoridation submitted for response and these responses have been followed up for Cllr. O'Sullivan.

The following items in relation to Fluoridation were also discussed/raised by members:-

- Publication of the Waugh Report February 2012
- Presence of fluoride in food stuffs
- Affects of water fluoridation on brain development
- Concern regarding musculoskeletal problems in children
- Ensure that proper testing is carried out for fluoride values in water
- Dangers of asbestos
- Consideration to be given to the reduction of fluoride levels in water
- Reassurance that levels are safe and not cause for alarm
- The reasons why fluoridation of water is carried out

6. Questions

6(a) Cllr. Breeda Moynihan-Cronin put forward the following Question:

“What are the number of applicants for Home Help in Kerry awaiting a decision on their application and what are the number of applicants whose hours have been reduced since January 2012?”

A written response was circulated to members from Mr. Michael Fitzgerald, Area Manager, HSE Kerry. Cllr. Moynihan-Cronin acknowledged the response and explained that if she had any further queries in relation to this that she would discuss them with Mr. Fitzgerald at the local Kerry Forum/Oireachtas Briefing which will be held on 18th May 2012.

6(b) Cllr. Wayne Fennell put forward the following Question:

“What is the update on the negotiations taking place between HSE South and the Carlow Hospice Group with regard to setting up a dedicated Palliative/Hospice Unit at District Hospital in Carlow?”

A written response was circulated to members from Ms. Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary which outlined the development of palliative care services undertaken in line with 'The Report of the National Advisory Committee on Palliative Care 2001'. Ms. Lanigan explained that decisions at regional and local level have been informed by the Regional Palliative Care Co-ordinating Committee and a five year development framework was published in order to prioritise proposals for implementation at National and Regional level.

With regard to the South East, Ms. Lanigan explained that the priority is the development of a 20 bedded In-Patient Unit on the grounds of Waterford Regional Hospital which will deliver the Specialist Palliative Care Services throughout the South East. She outlined the current delivery of services through Hospital and Community Based Consultant-Led Multi-disciplinary Teams. She explained that discussions are ongoing between the HSE South and the Carlow Hospice Group with regard to upgrading existing facilities at Carlow District Hospital and the HSE presented to the Carlow Hospice Group, a proposal for the development of two

additional palliative care rooms. This Group have agreed to fund the capital cost of the conversion of two unused 4 bedded wards to two large single rooms and a further meeting is to take place in early May with the Architect and the Carlow Hospice Group.

Cllr. Fennell welcomed the response and sought clarification surrounding the development of the 20 bedded Unit in Waterford Regional Hospital. He complimented the Carlow Hospice Group and acknowledged their hard work and commitment to funding the development of two additional palliative care beds in Carlow District Hospital and sought clarification on whether or not there would be Consultant involvement. Ms. Lanigan confirmed that there would be no Consultant involvement as these beds will be intermediate palliative care beds.

Mr. Pat Healy, RDO outlined that no formal confirmation has been received for funding under the Capital Plan. He explained that the HSE welcomes the opportunity to work closely with the Carlow Hospice Group and members will be kept apprised of progress and developments.

6(c) Cllr. Catherine Clancy put forward the following Question:

“How many amputees are in the HSE South area and how many are awaiting sanction for replacement fittings? Of those awaiting sanction,

- **What is the current waiting time?**
- **What is the number of recent/new patients awaiting sanction?**
- **How many of the recent/new patients are waiting more than 6 weeks for sanction and is the HSE South allowing patients a choice in terms of who provides this service?”**

A written response was circulated to members from the four Area Managers, HSE South which detailed the Service provision for amputees in the HSE South to include current waiting times, numbers of new patients awaiting sanction, waiting time involved and choice of Service provider.

Cllr. Clancy welcomed the information received in relation to Waterford/Wexford, Carlow/Kilkenny and South Tipperary. She referred to her involvement with amputees in Cork over the last year and a half, the opening of the POLAR Unit in the Mercy University Hospital and raised concerns with regard to the waiting times for Cork, in particular clients waiting over 6 weeks for new limb fittings. With regard to the current choice of service provider, Cllr. Clancy sought clarification on whether or not clients would be able to maintain their choice of provider in the long-term.

The response also outlined the establishment of a National Clinical Programme which has been set up to look specifically at prosthetics, orthotics and specialist rehabilitation services. HSE Procurement in conjunction with the Clinical Lead for Rehabilitation Medicine has engaged with a wide range of stakeholders to work on the provision of a wide choice of service providers for Prosthetic and Orthotics for patients and clinicians while introducing transparency and cost control in this service area. It is the HSE's intention to engage further on this process over the next number of weeks with a view to having new arrangements in place early in the summer.

With reference to the number of applicants waiting for sanction and waiting times in the Cork/Kerry area Mr. Pat Healy, RDO gave an undertaking that these items listed

be sanctioned as a matter of priority and it was agreed that a response would be issued to Cllr. Clancy in this regard.

7. Date and Time of next Meeting

The next meeting of the Regional Health Forum, South will be held on **Thursday 14th June 2012 at 2pm, Council Chambers, County Hall, Cork.**

MINUTES OF JUNE 2012 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 14th June 2012 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

| | |
|---------------------------|---|
| Cllr. Liam Ahearn | Cllr. Tom Maher |
| Cllr. Pat Burton | Cllr. Martin Murphy |
| Cllr. John Buttimer | Cllr. Barbara Murray |
| Cllr. John Carey | Cllr. Arthur McDonald |
| Cllr. Catherine Clancy | Cllr. Michael O'Brien |
| Cllr. Pat Cody | Cllr. Bobby O'Connell |
| Cllr. Timmy Collins | Cllr. Frank O'Flynn |
| Cllr. John Coonan | Cllr. Laurence (Cha) O'Neill |
| Cllr. Tom Cronin | Cllr. Hilary Quinlan |
| Cllr. Danny Crowley | Cllr. Jerry Sullivan |
| Cllr. Dr. Patrick Crowley | Cllr. Jim Townsend - Chairperson |
| Cllr. John Joe Culloty | Cllr. Ted Tynan |
| Cllr. Declan Doocey | Cllr. Gillian Wharton-Slattery |
| Cllr. Wayne Fennell | Cllr. Sean Lonergan |
| Cllr. Matt Griffin | |
| Cllr. Mary Hanna Hourigan | |
| Cllr. Denis Kennedy | |
| Cllr. Michael Kinsella | |

Apologies:

| | |
|-------------------------------|-------------------|
| Cllr. Breedra Moynihan-Cronin | Cllr. Seamus Ryan |
| Cllr. Dr. Sean McCarthy | |

In Attendance:

- Mr. Pat Healy, Regional Director of Operations - South
- Mr. Richie Dooley, Area Manager, HSE Waterford/Wexford
- Mr. Ger Reaney, Area Manager, HSE Cork
- Mr. Michael Fitzgerald, Area Manager, HSE Kerry
- Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
- Mr. P.J. Hathaway, Assistant National Director HR, HSE South
- Ms. Angie O'Brien Area Communications Manager, HSE South
- Ms. Sinéad Byrne, Manager, Regional Health Forum, South
- Regional Health Forum Office staff

1. Adoption of the Minutes of meeting held on 10th May 2012

The Minutes of the Forum meeting held on Thursday 10th May 2012 were approved by Cllr. Michael O'Brien and seconded by Cllr. Bobby O'Connell.

2. Chairperson's Correspondence

Cllr. Liam Ahearn, Chairperson welcomed members and managers to the meeting. Members were asked to turn off their mobile phones as these interfere with the Audio system in the Chambers.

Apologies were received from Dr. Elizabeth Keane and Ms. Raymonde O'Sullivan who were both unable to attend.

Cllr. Coonan raised the issue of his response from the Department of Health with regard to Health as a curriculum subject in school and stated that it was not a proper response. He asked that the Forum write back to the Department of Health seeking a full response to the motion he moved and he was supported in this by Cllr. Mary Hanna Hourigan.

Election of Chairperson and Vice Chairperson

As this meeting was the Annual General Meeting of the Regional Health Forum, Cllr. Ahearn invited nominees from the floor for the position of Chairperson. Cllr. Michael O'Brien thanked Cllr. Ahearn for his contribution to the work of the Forum over his tenure as Chairperson and nominated Cllr. Jim Townsend for the position of Chairperson. Cllr. Gillian Wharton Slattery seconded this proposal and as there were no other proposals Cllr. Townsend was unanimously elected the Chairperson for the Forum.

All members joined in their thanks to Cllr. Ahearn for his work and support during his tenure as Chairperson and for the changes he brought about to improve the workings of the Forum. Cllr. Ahearn thanked the members for their support and also thanked the HSE, and particularly the four Area Managers, Mr. Pat Healy and the Regional Health Office staff for their assistance and support during his year as Chairperson.

Cllr. Townsend then took the Chair and the election for the Vice Chairperson proceeded. Cllr. Ahearn nominated Cllr. Mary Hanna Hourigan and this was seconded by Cllr. Tom Maher. Cllr. Hourigan offered her congratulations to Cllr. Townsend and wished him luck in his role of Chair and this was supported by all members.

3. Date for next Committee Meeting

Cllr. Townsend informed members that the next Regional Health Forum Committee meetings will take place on the 5th July 2012 in the Kinsale Road Business Park; Acute Hospital Committee meeting will take place at 11am and the PCCC Committee at 2pm.

4. Notice of Motions

4(a) Cllr. John Buttimer moved the following Notice of Motion standing in his name:

"That the HSE South would replace with a Paediatric Consultant, the doctor with a special interest in community child health who recently retired from the family centre at St. Finbarr's Hospital and the plans to develop a network of Paediatric Consultants with a special interest in community child health which would augment and enhance the medical assessment/examination aspect of the family centre at St. Finbarr's Hospital."

Cllr. Buttimer thanked Mr. Fitzgerald for his response and queried whether the Assessments were applicable in legal cases to which Mr. Fitzgerald confirmed they were. He added that there are three Consultants providing the service and this is the model on which future services will be based.

4(b) Cllr. John Coonan moved the following Notice of Motions standing in his name:

"That the unacceptable delay for ENT Child Service Assessment in Waterford Regional Hospital be addressed as a matter of priority."

Cllr. Coonan noted the response provided and detailed two individual cases about which he expressed concern, particularly in light of the fact that individuals are being informed that there is a four year waiting period for a routine Orthopaedic Outpatient appointment. Mr. Dooley thanked Cllr. Coonan for bringing this to his attention as to his knowledge the longest waiting time is approximately three years. Mr. Dooley added that the Special Delivery Unit (SDU) are working closely with Waterford Regional Hospital (WRH) on their waiting lists with the intention that the SDU will soon specify the maximum waiting period for patients awaiting Outpatient appointments. Additional funding has been provided to reduce the waiting list for children and 100 children are now being offered appointments as a result. There is also the roll out of the National Clinical Programme (NCP) for Orthopaedics and this will help to address the waiting list issues. There are now eight Orthopaedic Consultants working in WRH with 82 Outpatient clinics running monthly. Approximately 400 referrals are received every month so demand for the service is very high. Under the NCP for Orthopaedics two new Physiotherapists are to be appointed and a new Musculoskeletal programme is to be launched; it is anticipated that these initiatives will reduce the waiting list by approximately 1,500 patients. An Arthroplasty Nurse is also due to be appointed who will work with post-replacements patients freeing up another approximately 500 OPD appointments. He reassured Cllr. Coonan that Orthopaedic services have not reduced due to the current budget difficulties. Mr. Dooley invited Cllr. Coonan to submit individual representations on the cases he mentioned and he will respond.

4(c) Cllr. Wayne Fennell, Cllr. Arthur McDonald and Cllr. Jim Townsend moved the following Notice of Motion standing in their names:

"That the HSE South review the Ambulance Service in Carlow town and county following a recent incident in which 2 Ambulances were required to transfer an injured footballer from Carlow to St. Luke's Hospital in Kilkenny"

and another Ambulance required to transfer him to Ardkeen Hospital in Waterford for further treatment and that the HSE review its policy of involving 2 Accident and Emergency Departments for patients being transferred by Ambulance from Carlow”.

(given the fact that that patients could be assessed by Paramedics or by GPs who should be best placed to make the call to send a patient either to St. Luke’s or straight to Ardkeen Hospital, the lead Hospital for the South East)

Cllr. Fennell stated that he and his colleagues had been mandated by Carlow Co. Council to put down this motion following the incident. He called for a review of the Ambulance Services in the South East and raised concern that two letters sent to the HSE by Carlow Co. Council remained unanswered. Mr. Dooley reassured members that a review of Ambulance Services is underway and that a representative of the National Ambulance Service will attend the Committee meeting in July to make a presentation and respond to members queries.

4(d) Cllr. Bobby O’Connell moved the following Notice of Motion standing in his name:

“That the HSE South provide a Community Nursing Unit in Castleisland to cater for the Elderly of Castleisland town and its environs.”

Cllr. O’Connell thanked Mr. Fitzgerald for his comprehensive response to his motion. Mr. Fitzgerald stated that a detailed analysis of Community Nursing Units will be circulated to members as part of the Service Planning process. He added that there are challenges for us in the provision of residential care and there are difficulties in planning due to capital and resource uncertainties.

5. Questions

5(a) Cllr. John Buttimer put forward the following Question:

“To ask the HSE South to provide details of the number of social workers and the Whole Time Equivalent number of social workers who have been recruited and employed by the HSE over the last 12 months in each of the South Lee and North Lee areas, the number of social workers employed by the HSE in both areas on 31st December in each of the last five years and the number of cases categorized as ‘case for allocations’.”

In the absence of Cllr. John Buttimer, a written response was circulated to members from Mr. Dermot Halpin, Regional Service Director of Children and Family Services, HSE South and was noted.

Cllr. Buttimer was not present in Chambers to ask his question and therefore it was not discussed.

5(b) Cllr. John Coonan put forward the following Question:

“What is the up to date position and progress regarding the sale of property and land of psychiatric services which are regarded as surplus to requirements”

In the absence of Cllr. John Coonan, a written response was circulated to members from Mr. Pat McCarthy, Assistant National Director Estates, HSE South and was noted.

Cllr. Coonan was not present in Chambers to ask his question and therefore it was not discussed.

6. Date and Time of next meeting – **Thursday 20th September, 2012 at 2pm, Council Chambers, County Hall, Cork**

MINUTES OF SEPTEMBER 2012 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 20th September, 2012 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

| | |
|---------------------------|---|
| Cllr. Liam Ahearn | Cllr. Sean Lonergan |
| Cllr. Pat Burton | Cllr. Tom Maher |
| Cllr. John Buttimer | Cllr. Breedha Moynihan-Cronin |
| Cllr. John Carey | Cllr. Martin Murphy |
| Cllr. Catherine Clancy | Cllr. Barbara Murray |
| Cllr. Pat Cody | Cllr. Dr. Sean McCarthy |
| Cllr. Timmy Collins | Cllr. Arthur McDonald |
| Cllr. John Coonan | Cllr. Michael O'Brien |
| Cllr. Brendan Cronin | Cllr. Bobby O'Connell |
| Cllr. Dr. Patrick Crowley | Cllr. Frank O'Flynn |
| Cllr. John Joe Culloty | Cllr. Laurence (Cha) O'Neill |
| Cllr. Declan Doocey | Cllr. John O'Sullivan |
| Cllr. Wayne Fennell | Cllr. Hilary Quinlan |
| Cllr. Matt Griffin | Cllr. Seamus Ryan |
| Cllr. Mary Hanna Hourigan | Cllr. Jerry Sullivan |
| Cllr. Denis Kennedy | Cllr. Jim Townsend - Chairperson |
| Cllr. Michael Kinsella | Cllr. Ted Tynan |

In Attendance:

- Mr. Pat Healy, Regional Director of Operations - South
- Mr. Richie Dooley, Area Manager, HSE Waterford/Wexford
- Mr. Ger Reaney, Area Manager, HSE Cork
- Mr. Michael Fitzgerald, Area Manager, HSE Kerry
- Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
- Ms. Deirdre Scully, Area Manager, Community Services, Cork
- Mr. PJ Hathaway A/Assistant National Director HR, HSE South
- Ms. Norma Deasy Information and Publications Manager, Communications, HSE South
- Ms. Sinéad Byrne, Manager, Regional Health Forum, South
- Regional Health Forum Office staff

1. Adoption of the Minutes of meeting held on 14th June 2012

At the proposal of Cllr. Pat Cody seconded by Cllr. Denis Kennedy, the Minutes of the Forum meeting held on Thursday 14th June 2012 were approved and adopted by members.

Cllr. John Coonan referred to the most recent copy of a response received from Mr. Ronnie Ryan, Private Secretary, Office of the Minister for Education and Skills with regard to placing Health as a subject on the School Curriculum. He again outlined his dissatisfaction with the response and asked that a further letter be written to the Department in this regard.

2. Chairperson's Correspondence

Cllr. Jim Townsend, Chairperson welcomed Members and Managers to the meeting after the summer recess. He welcomed Cllr. Brendan Cronin who was nominated to the Forum by Kerry County Council in place of Cllr. Gillian Wharton-Slattery.

Cllr. Townsend reminded members that there is no debate on Questions submitted with only the member who submitted the question being able to speak with the provision for one supplementary question to be asked following on from the response if he/she wishes.

The Chairperson referred members to a document circulated at the meeting entitled '*The future Role of the Regional Health Forums*' and explained that Mr. Pat Healy, Regional Director of Operation would go through this documentation. As Cllr. John Coonan had also submitted a Question on the continued role and function of Public Representatives on the Regional Health Forum South, Cllr. Townsend explained that this would also be discussed at this point of the meeting.

Mr. Pat Healy, Regional Director of Operations outlined the Report of the meeting between the previous Chairperson of the Regional Health Forum South, the Chairpersons of the other 3 Regional Health Fora and Dr. James Reilly, Minister for Health which took place on 30th April 2012. He explained that a further meeting is planned with Minister Reilly with a submission from the 4 Regional Health Fora to be prepared in advance of this meeting. He outlined that a Questionnaire will be circulated to members the week commencing Monday 24th September, the purpose being to assist members in providing feedback on the current workings of the Forum and suggestions for its improvement.

Mr. Healy explained that a meeting of the Forum Chairs and Forum Managers is scheduled for Friday 19th October and all submissions from Members will be considered at this meeting and a paper will then be prepared for discussion with the Minister. Mr. Healy outlined further documents circulated as follows:-

- Statement on Health Service Executive (Governance) Bill 2012
- Explanatory and Financial Memorandum Health Service Executive (Governance) Bill 2012
- Senior appointments made during the summer
- Announcement from Minister Reilly on publication of the DOH's Statement of Strategy 2011 (and Government commitments – Health Sector)
- Department of Health Press Release – Minister sets out new policy direction for public hospitals

With reference to the publication of the Health Service Executive (Governance) Bill 2012, Mr. Healy informed members that this will see abolition of the Board structure of the HSE, provide for a Directorate to be the new governing body in place of the HSE Board which will be headed by a Director General. It will also provide for further accountability arrangements for the HSE and related matters to take account of the replacement of the Board structure by the Directorate structure.

He outlined the appointment of Mr. Tony O'Brien as Deputy Chief Executive Officer and Director General Designate until the Governance Bill is passed by the Oireachtas at which time Mr O'Brien will assume the position of Director General under the new governance arrangements. He also referred to the Appointment of Professor John Higgins as Chair of a Strategic Board to assist the Department of Health in the

establishment of the Hospital Groups with two Chairs already appointed for the Galway/Roscommon University Hospital Group and the Mid-Western Regional Hospital Group.

In conclusion, Mr. Healy referred members to the publication of the Department of Health's Statement of Strategy 2011-2014 and explained that this Statement has been prepared within the framework of the strategies and priorities outlined in the Programme for Government. During this time period, the approach to the provision of health services for the country will be radically reshaped in line with the Government Reform Programme.

Following circulation of the above documentation, members expressed concerns regarding the extensive amount circulated and felt that it would have been more beneficial if received in their Agenda packs and allow them make more informed decisions. Members requested that a further meeting be organised to discuss this further in advance of the meeting to take place on the 19th October. However, Mr. Healy, advised members that this would not be possible as the Forum is governed by Legislation with a statutory number of meetings held yearly. It was agreed however, that the document would be further discussed at the next Committee meetings to take place on Thursday 18th October. Mr. Healy explained that it was important to circulate this documentation today which would prove useful for members in advance of them receiving the Questionnaire and would assist them in submitting proposals on how local democracy could be strengthened.

The following items were also referred to/discussed:-

- Update on new hospital Groups/trusts
- Diminution of local democracy
- Management of budgets
- Regular financial updates on hospitals and HSE South to be provided to Members
- Distribution/circulation of information on a meeting by meeting basis

With regard to the Hospital Groups, Mr. Healy reiterated that nothing has been finalised. He explained that the appointment of Professor John Higgins as Chair of a Strategic Group was announced by the Minister and Professor Higgins's role is focussed on working to assist the Department of Health in establishing the Hospital Groups. All hospitals have been met including hospitals in the South. Cllr. Cody referred to leaking of information following these meetings with regard to groupings of hospitals in the South East. Mr. Healy explained all the work will be considered by the Minister and Department of Health with recommendations to Government. It is intended to identify the most appropriate groupings by year end and these will progress to hospital trusts over a period of years. Regarding the leaking/communication of information, Mr. Healy informed Cllr. Cody that he has asked the Area Managers to engage with the Hospitals in the South East to ensure compliance with the communications protocol for issuing of statements/releasing of information etc.

With reference to the circulation of information to members, Mr. Healy outlined that substantial comprehensive information is regularly circulated through the organisation and all performance data is published on the HSE website on a monthly basis. This includes the performance data from all hospitals and community services in respect of Finance, HR, Hospital and Primary and Community Services with July being the most current report. He advised Members that this suite of data was one of

the most comprehensive published on a monthly basis by any Public Authority in Ireland.

Regarding Question 5(g) submitted by Cllr. John Coonan, Cllr. Coonan thanked Mr. Healy for his response and outlined his rationale for putting the question forward based on discussions with constituents and frustrations from members on the overall function of the Forum. He expressed concerns that the role of Forum Members is purely representational with no role in policy formation. He complimented the HSE on the organisation of the local forum briefings and acknowledged that these were working well. Cllr. Coonan welcomed the proposed circulation of the Questionnaire and co-ordination of members' suggestions for final submission to the Minister.

- 3.** Reports by Chairpersons of
- (a)** Acute Hospitals Services and Population Health Committee
 - (b)** PCCC Committee

both held Thursday 5th July, 2012 in Cork

Synopses of the Reports of the previous committee meetings held in Cork on Thursday 5th July 2012 were taken as read by Cllr. Hilary Quinlan, Vice-Chairperson of the Acute Hospital Services and Population Health Committee and Cllr. Tom Maher, A/Chairperson of the Primary, Community and Continuing Care Committee.

Cllr. John O'Sullivan having been absent from the July committee meetings referred to Fluoridation and its effect on health and requested again that consideration be given to having a presentation at a future committee meeting.

- 3.1** Reports from Committees
- Update Report on National Ambulance Service HSE South (presentation given at 12.15pm between both meetings)
 - Report on Housing Supports for Mental Health Patients (or Service Users) – Ms. Ber Cahill, Specialist, Mental Health Services

Cllr. Jim Townsend, Chairperson referred to the very informative presentation given by Mr. Nicky Glynn, Chief Ambulance Officer, HSE South at the committee meetings in July and pointed out that members had already received this presentation in hard copy on the day of the meetings. The Report on the Housing Supports for Mental Health Patients was re-circulated and was the report noted.

Cllr. Townsend informed members that the next Committee Meetings will be held on Thursday 18th October 2012 in Kilkenny. Members were advised that election of the Chairperson and Vice-Chairperson would take place at these meetings and reminded them to discuss nominations with the party whips in advance.

4. Notice of Motions

4(a) Cllr. John Joe Culloty moved the following Notice of Motion standing in his name:-

“That the HSE South call on the Minister for Health & Children to, as a matter of urgency, set up a Community Support Scheme, whereby people in

need of home help, could use their assets, such as their home or farm, to pay for this much needed service.”

A written response was circulated to members by Mr. Michael Fitzgerald, Area Manager, HSE Kerry. The response outlined that having considered legal advices in relation to current legislation for HSE policy on charges/contributions for the provision of publically funded home help services the position is such that no charges can be collected or levied by either the HSE or any entity providing HSE funded home help whether personal, domestic care or both is being provided. There is also no provision to accept, request or levy any voluntary contributions. Cllr. Culloty while accepting the response feels that the setting up of such a Scheme/Service whereby people could use their assets of land or home etc will be called on more and more into the future and could provide great assistance to people in need of home help. Mr. Fitzgerald agreed with comments from Cllr. Culloty outlining that this idea deserves consideration would be taken forward through our Services for the Elderly and discussed with the Department.

4(b) Cllr. Frank O’Flynn moved the following the following Notice of Motion standing in his name:

“That the HSE would give a timeframe for the refurbishment and upgrading of the grounds of St. Patrick’s Community Hospital”

A written response was circulated to members from Ms. Deirdre Scully, Area Manager, Community Services – Cork. In the absence of Cllr. O’Flynn the response was noted.

4(c) Cllr. Breeda Moynihan-Cronin moved the following Notice of Motion standing in her name:

“That the HSE South outline in detail the proposed impact on services for the people of Kerry following the recent announcement in Budget Targets.”

A comprehensive written response was circulated to members from Mr. Michael Fitzgerald, Area Manager, Kerry which outlined examples of significant achievements in the year to date within Acute and Community Services in Kerry. With regard to the remainder of the year and in particular having regard for the need to increase cost-containment measures Mr. Fitzgerald outlined specific measures being pursued in the Kerry area to include ongoing review of all non pay costs, adherence to in-patient and day procedure activity, restriction on the use of agency cover and a continued focus on overtime. He explained the use of agency for non-consultant hospital doctors will also continue to be closely monitored on an on-going basis.

In relation to the recent announcements Mr. Fitzgerald explained that the focus in the HSE South across hospital and community services is to prioritise the reduction of discretionary and non-essential items such as travel, office costs, furniture, medical equipment etc which are areas that will not have a direct impact on front line services.

Cllr. Moynihan-Cronin noted the response but stated that there was no mention of the impact of cuts in Home Help in Kerry and sought clarification with regard to this. Mr. Fitzgerald replied to Cllr. Moynihan-Cronin that at this time there is no approval

for additional reduction in service provision but that the review and focus on the prioritisation of service towards personal care and essential household duties would continue. He also outlined that at this time there is no waiting list for Home Helps in Kerry.

4(d), 4(e) and 5(c) Cllr. Ted Tynan, Cllr. Dr. Patrick Crowley moved the following Notice of Motions standing in their name with the subsequent Question submitted by Cllr. Ted Tynan:-

4(d) – Cllr. Ted Tynan

“That the Regional Health Forum South strongly condemn the cuts by the Fine Gael/Labour Government and in particular Minister for Health Dr. James Reilly, that the cuts to Home Help services for disabled and older people will lead to a serious diminution in quality of life and ultimately fatalities and who will be held accountable?”

4(e) – Cllr. Dr. Patrick Crowley

“That Home Care frontline services be maintained and developed to lessen the financial burden on hospitals”

5(c) – Cllr. Ted Tynan

“What are the number of applicants for Home Help in Cork City awaiting a decision on their application and what are the number of applicants whose hours have been reduced since January 2012?”

A written response was circulated to members from Mr. Michael Fitzgerald, Area Manager, HSE Kerry which outlined the delivery of the Home Help Service which primarily supports older people and remains a significant and key component of community based service provision.

Mr. Fitzgerald informed members that the HSE South has provided in excess of 2.1m home help hours as at the end of July to almost 16,000 clients which exceeds the number in receipt of the service indicated in the national and regional service plan which is just over 15,000 clients. He re-iterated that at this time there is no approval for additional reductions in service provision. Mr. Fitzgerald explained that the Home Help Service is under continuous review, has been significantly transformed and reassured members that the HSE continues to ensure that essential personal care and essential household duties are prioritised over the lesser priority areas of non-essential household duties. He explained that good practice maintains that each individual case is reviewed twice yearly.

With regard to Cllr. Tynan’s question specific to Home Help applications in Cork, Mr. Fitzgerald explained that a significant review of services is ongoing as the budget had been exceeded and there has been some reduction of hours in the case of up to 1,000 recipients. However, he outlined that in excess of 460 new clients have received a home help service during that period. Currently 263 people are currently being assessed in the Cork North and South Lee areas and being considered for the provision of home help.

Cllr. Tynan criticised the reduction in home help hours stating that it has left the elderly and disabled frightened of the future and outlined details of a number of individual cases that he has been made aware of who have been affected by reduction in hours. Cllr. Tynan acknowledged the work being undertaken by the HSE but expressed his frustrations with the current political system. He also sought clarification on how long before the 263 people currently being assessed in Cork will be given a decision regarding their application for home help.

Cllr. Dr. Patrick Crowley stated that reducing home help hours made no economic sense with home care being the cheapest form of care available and best value for the Health Service and much less expensive than caring for people in a hospital.

With regard to Home Helps/Home Care services, Mr. Healy assured Cllr. Crowley that since the announcement of the €130m health cuts, there had been no additional reduction in home help hours across the HSE South. He explained that regarding the level of Home Help Service being provided across the region we are just 0.1% below our Service Plan Target. He explained that the Cork area was coming under more pressure than nearby counties because budgets had been exceeded and outlined that there were always "ups and downs" in the delivery of home help hours because of the flexible nature of the service.

Cllr. Catherine Clancy sought clarification on applications for home care packages for people in Cork City/County and queried would these be sanctioned between now and year end. She also requested an update on the dedicated Stroke Unit in Cork University Hospital and an update on progress with regard to the Primary Care Centre on the St. Mary's, Campus. Cllr. Declan Doocey referred to varying figures in relation to carers allowance/home help contracts and Mr. Fitzgerald stated that if he had an individual case he could discuss it with him at the end of the meeting.

Cllr. Brendan Cronin referred to a number of individual cases where hours had been cut and also outlined an individual case with a 6 month waiting list for an urgent referral to a rapid access seizure clinic.

With regard to Cllr. Clancy's queries in relation to Home Care Packages Mr. Fitzgerald explained that these include an extensive level of service such as Public Health Nursing, Occupational Therapy, Home Help, aids and appliances etc. He acknowledged that it is a hugely successful scheme being able to support the elderly at home and confirmed that service provision is on target and the level of funding remains.

Mr. Pat Healy outlined that commissioning of the dedicated Stroke Unit in CUH is underway and is due to open by the year end. Regarding the progress of a primary care centre on the St. Mary's campus, he informed Cllr. Clancy that the HSE South are currently engaging with a number of GPs and a report will be brought to a future meeting once further progress has been made. Mr. Healy also referred to the Mercy Urgent Care Centre at the St. Mary's Health Campus which opened in March of this year and informed members that to date 1063 people have attended the centre which includes 933 new patients and 130 review cases which is very positive with patients in many cases being treated quicker than at the Emergency Departments.

4(f) Cllr. Matt Griffin moved the following Notice of Motion standing in his name:

“That the HSE South put a plan in place to alleviate the current Waiting List for appointments with an Audiologist in Kerry.”

A written response was circulated to members from Ms. Deirdre Scully, Area Manager, Community Services, Cork which outlined the remit of the Cork/Kerry community Audiology Department and the work administered by this Service. With regard to appointments for the Community Audiology Department in Kerry, Ms. Scully outlined that these appointments are sent in strict chronological order in accordance with clinical priority and the date the referral was received. A prioritisation protocol was also attached for members’ information. She explained that as part of the integration of acute and community audiology sectors across the HSE South, resource allocation will be reviewed with any change in the current staffing arrangements achieved by redeployment. From November 2012 Ms. Scully informed members that the Department plan to increase services to Kerry adult caseload by a half day per week and that hopefully by year end with the integration of Kerry Community and Acute Audiology Services that an additional resource will be provided to Paediatric Audiology Services which will involve a half to one day from the existing Cork/Kerry Community complement.

Cllr. Griffin welcomed the 50% increase in the Audiology service even though this is dependant on redeployment and integration. He felt the increase in the current three day service beginning in November 2012 is a step in the right direction which will help alleviate the very long waiting list for Kerry patients. Cllr. Griffin also said it was time to put the patient needs as the principle goal of the HSE.

4(g) Cllr. John Coonan moved the following Notice of Motion standing in his name:

“That the HSE South outline the effects the €130m package of health cuts will have for maintaining and continued delivery of services both hospital and community in this region county by county.”

A written response was circulated to members from Mr. Pat Healy, Regional Director of Operations. Mr. Healy referred to publication of the regional service plan on 9th February which set out the position of measures required to maintain services and manage the HSE South finances for the year while maximising the utilisation of the Public Service Agreement. He explained the focus is on managing and maintaining hospital and community services while working with reduced budgets and staff numbers.

Mr. Healy explained that the overall position in the HSE South is only 5% off the €49m target as at the end of July and is confident that the position will have further improved when August figures are published. He acknowledged the co-operation and flexibility of staff across the services in line with the requirements of the Public Service Agreement which has yielded significant success such as implementation of the Acute Medicine Programme across all hospitals in the HSE South and development of AMUs in line with service plan targets. He explained the significant improvement in ED performance on numbers waiting admission in CUH which have now reduced from an average of 18 in 2011 to an average of 7 in 2012. Mr. Healy explained the focus is also on reducing agency cover, overtime and maximising the use of consultant staff. He outlined significant changes taking place in Mental Health Services and the significant re-organisation in Community Hospitals through the change in skill mix, rostering and redeployment of staff. In the Disability sector Mr.

Healy referred to the addition of 321 day places to school leavers and clients progressing from rehabilitation training with 294 places already secured.

Details of significant capital developments that have taken place across the HSE South were outlined to include Emergency Department and related developments, developments in Mental Health, new Community Nursing Units, Medical Assessment Units and development of Stroke Services.

Mr. Healy informed members that since January 2012 a significant range of cost containment measures have been put in place which are being monitored regularly and additional measures are being implemented to account for any slippage on original plans. Mr. Healy explained that there is an over-run on patient activity due to increasing demand on services and in the community, home care services are running in excess of Service Plan projections but all services continue to review progress and corrective actions are taken where necessary. He outlined that the focus now across hospital and community services in the HSE South is to prioritise the curtailment of discretionary and non-essential expenditure such as travel, office costs, administration and advertising etc. These are areas which do not have a direct impact on frontline services.

Cllr. John Coonan thanked Mr. Healy for the response and acknowledged the progress that has been made despite the challenges facing the health service and paid tribute to the staff working in the hospitals and the community. He outlined concerns regarding the large deficits due to reduction in budget. He referred to the Orthopaedic waiting lists and the fact that urgent appointments were taking up to 8 months with routine as long as 3 years. With regard to Mental Health Services, Cllr. Coonan sought clarification on the ring-fencing of funding.

Cllr. Dr. Patrick Crowley stated the announcement of €130m further cuts by the Minister has raised widespread alarm which will result in huge difficulties for frontline services. Cllr. Crowley also referred to funding for the L'Arche Foundation.

With regard to the funding for Mental Health Services, Mr. Pat Healy clarified that the resource Minister Lynch had secured ring-fenced funding of €35m nationally for investment in Mental Health Services and that this resource had been provided to each region including HSE South and it would be fully utilised. In this regard the HSE South is in the process of recruiting new staff currently under Garda Vetting. He explained that this is an important part of the transformation of Mental Health Services and referred to the significant change programme that is underway in Carlow/Kilkenny and South Tipperary in line with 'A Vision for Change'.

5. Questions

5(a) Cllr. Frank O'Flynn put forward the following Question:

"That the HSE would advise on where the Glanworth & Kildorrery Health Centres are on the National Maintenance Project list and the timeframe for when are they designated to be painted externally and internally."

A written response was circulated to members from Ms. Deirdre Scully, Area Manager, Community Services – Cork. In the absence of Cllr. O'Flynn the response was noted.

5(b) Cllr. Breeda Moynihan-Cronin put forward the following Question:

“In light of the recent ruling by An Bord Pleanála, what are the implications for a Primary Care Centre in Killarney?”

A written response was circulated to members from Mr. Michael Fitzgerald, Area Manager, Kerry. As Cllr. Moynihan-Cronin had left the meeting the response was noted.

5(c) Cllr. Ted Tynan put forward the following Question:

“What are the number of applicants for Home Help in Cork City awaiting a decision on their application and what are the number of applicants whose hours have been reduced since January 2012?”

This Question was answered in conjunction with Notice of Motion 4(d) and Notice of Motion 4(e).

5(d) Cllr. Dr. Patrick Crowley put forward the following Question:

“What are the details regarding the Orthopaedic out-patient waiting lists in Waterford Regional Hospital and the Musculoskeletal Triage (MSK) Clinic initiative with Cappagh Hospital, Dublin?”

A written response was circulated to members from Mr. Richie Dooley, Area Manager, Waterford/Wexford which outlined that the Orthopaedic waiting lists in Waterford Regional Hospital, as of the end of June 2012 were in excess of 11,000 patients. This list has now been validated and currently stands at 6,000. 1,000 of these patients are longest waiters and are being validated, seen, and treated at Cappagh Orthopaedic Hospital. This process which started in June is ongoing with 850 patients already reviewed and will finish when all 1,000 have been seen.

With regard to the Musculoskeletal Programme, Mr. Dooley outlined that this is a National Clinical Programme being rolled out in a number of hospital sites. The aim of the programme is to reduce out-patient waiting lists for Orthopaedics and Rheumatology through the use of physio-led MSK clinics; both are regional services in the South East. A total of 1,700 patients on the Orthopaedic waiting list have been contacted to date as they meet the criteria for inclusion in this initiative with 720 patients having confirmed acceptance of appointments. With regard to the Rheumatology waiting list, 115 of those selected as suitable have confirmed acceptance of appointments. Mr. Dooley informed members that Waterford Regional Hospital still receives approximately 400 new referrals per month to the Orthopaedic Service and 120 Rheumatology. He also referred to the Arthroplasty Nurse Led Initiative which is a new initiative relating to the care of patients post joint surgery. Mr. Dooley explained that following surgery patients return to the out-patient department and are seen in a nurse-led clinic run by a senior member of nursing staff. This post was developed through redeployment/reassignment of duties based on that fact that nursing expertise was available internally.

Cllr. Dr. Crowley thanked Mr. Dooley for his response. With regard to the initiative with Cappagh Orthopaedic Hospital, Cllr. Crowley queried whether or not transport would be provided for patients travelling as he explained that a number of people had difficulty taking up the appointment offer due to transport costs etc. He also outlined that as this was a triage clinic that it would be more appropriately based in Waterford Regional Hospital. Mr. Dooley explained that there is a good public transport system in place and he had not been made aware of any issues arising from the offer of appointments nor had any individual cases been brought to his attention. With regard to triage he explained that the Consultants involved in this initiative are based in Cappagh Orthopaedic Hospital. In conclusion, Mr. Dooley agreed to keep members updated on progress with these initiatives.

5(e) Cllr. Matt Griffin put forward the following Question:

“Is there a Major Incident Plan in place for counties Cork and Kerry?”

A response was circulated to members from Mr. Peter Daly, Chief Emergency Management Officer, HSE South. Cllr. Griffin was happy with the response and had no further questions.

5(f) Cllr. Pat Cody put forward the following Question:

“To ask the HSE to identify the projected cost reduction measures planned through the reduction of Agency Staff and overtime payments in Acute, Mental Health and Intellectual Disability Services in Co. Wexford for the remainder of 2012/13 and to clarify the process involved to ‘achieve greater efficiency’ in the provision of Home Care Packages in Co. Wexford currently under consideration.”

A written response was circulated to members from Mr. Richie Dooley, Area Manager, Waterford/Wexford. As Cllr. Cody had to leave the meeting early, the response was noted.

5(g) Cllr. John Coonan put forward the following Question:

“What is the up to date position (information or communication from the Department of Health/Minister for Health) regarding the continued role and function of Public Representatives on the HSE South Regional Health Forum?”

The above Question was discussed at the beginning of the meeting in conjunction with documentation circulated regarding the future role of the Regional Health Forums.

5(h) Cllr. Catherine Clancy put forward the following Question:

“With regard to Orthotic Services:-

- **How many patients have HSE South for orthotic services?**
- **What services are provided for patients who require orthotics?**
- **What are the waiting times for orthotics?**
- **Have all orthotic patients a choice of service provider?”**

A comprehensive written response was circulated to members from Ms. Deirdre Scully, Ms. Anna-Marie Lanigan, and Mr. Richie Dooley Area Managers on behalf of HSE South which outlined in detail the number of patients waiting for orthotic services, current provision of services, waiting times for orthotics and choice of service provider. Details of a national clinical programme including a national procurement process which is currently underway were also provided.

Cllr. Clancy welcomed the national review currently underway but raised concerns with regard to the difference in waiting times for patients in Cork/Kerry in comparison to the rest of HSE South. She stated that 1,416 patients on the Priority 1 waiting list who are waiting approximately 20 months is unacceptable. Cllr. Clancy queried the reason for these delays and sought clarification on the actions being taking to reduce these lists and waiting times. With regard to choice of service provider Cllr. Clancy expressed the view that patients should be given a choice with a system by way of reimbursement to the HSE if the fitting received by the client is not fit for purpose.

Ms. Deirdre Scully, Area Manager explained that the Cork/Kerry service currently has a yearly budget of over €400,000 with approximately €38,000 sanctioning of fittings per month; cost of fittings can range in price. She outlined that the HSE South is looking at ways to improve the services with the development of a list of providers nationally and locally looking at development of in-house expertise. It is hoped over the next 12 months that quality and service will be improved, overall cost will be reduced and better value for money secured for patients.

Mr. Pat Healy, Regional Director of Operations emphasised that the focus is now on the roll-out of the National Clinical Programme looking specifically at prosthetics, orthotics and specialist rehabilitation services. In particular the area of procurement is being looked at with the intention of improving quality and service while reducing overall cost and securing better value for money. Mr. Healy is confident that additional resources will be secured which can be utilised to reduce the waiting lists.

7. Date and Time of next Meeting

The next meeting of the Regional Health Forum, South will be held on **Thursday 15th November 2012 at 2pm, Council Chambers, County Hall, Cork.**

MINUTES OF DECEMBER 2012 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 6th December, 2012 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

| | |
|---------------------------|---|
| Cllr. Liam Ahearn | Cllr. Michael Kinsella |
| Cllr. Pat Burton | Cllr. Tim Lombard |
| Cllr. John Buttimer | Cllr. Sean Lonergan |
| Cllr. John Carey | Cllr. Tom Maher |
| Cllr. Catherine Clancy | Cllr. Breda Moynihan-Cronin |
| Cllr. Timmy Collins | Cllr. Barbara Murray |
| Cllr. John Coonan | Cllr. Dr. Sean McCarthy |
| Cllr. Brendan Cronin | Cllr. Arthur McDonald |
| Cllr. Tom Cronin | Cllr. Michael O'Brien |
| Cllr. Danny Crowley | Cllr. Bobby O'Connell |
| Cllr. Dr. Patrick Crowley | Cllr. Frank O'Flynn |
| Cllr. John Joe Culloty | Cllr. Laurence (Cha) O'Neill |
| Cllr. Tony Dempsey | Cllr. John O'Sullivan |
| Cllr. Declan Doocey | Cllr. Hilary Quinlan |
| Cllr. Wayne Fennell | Cllr. Seamus Ryan |
| Cllr. Matt Griffin | Cllr. Mary Shields |
| Cllr. Mary Hanna Hourigan | Cllr. Jerry Sullivan |
| Cllr. Denis Kennedy | Cllr. Jim Townsend - Chairperson |
| | Cllr. Ted Tynan |

In Attendance:

- Mr. Pat Healy, Regional Director of Operations - South
- Mr. Richie Dooley, Area Manager, HSE Waterford/Wexford
- Mr. Ger Reaney, Area Manager, HSE Cork
- Mr. Michael Fitzgerald, Area Manager, HSE Kerry
- Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
- Ms. Gretta Crowley A/Area Manager, Community Services, Cork
- Mr. PJ Hathaway A/Assistant National Director HR, HSE South
- Ms. Norma Deasy, Information and Publications Manager, Communications Directorate
- Ms. Sinéad Byrne, Manager, Regional Health Forum, South
- Regional Health Forum Office staff

1. Adoption of the Minutes of meeting held on Thursday 20th September 2012

At the proposal of Cllr. Timmy Collins seconded by Cllr. John Coonan, the Minutes of the Forum meeting held on Thursday 20th September 2012 were approved and adopted by members.

Arising from the Minutes of the previous meeting, Cllr. Frank O'Flynn referred to the issue surrounding Home Helps and cuts in Home Help Hours as it had been raised at the September meeting. Cllr. Jim Townsend, Chairperson was anxious to proceed with the Agenda and agreed that it could be discussed at the end of the meeting under Any Other Business.

2. Chairperson's Correspondence

Cllr. Jim Townsend, Chairperson welcomed Members and Managers to the meeting. Apologies had been received from Ms. Deirdre Scully, Area Manager, Community Services – Cork who was on leave with Ms. Gretta Crowley attending in Ms. Scully's place. Best wishes were extended to Cllr. Pat Cody on a swift recovery following a recent serious operation.

The Chairperson outlined that the next Forum meeting will be held in February and members will be notified of the date once confirmed. He informed members that following discussion with Mr. Pat Healy, Regional Director of Operations and the Party Whips that it was suggested that no Notice of Motions or Questions be submitted for this meeting as it would be dedicated to a presentation following publication of the Service Plan 2013 followed by a Question and Answer Session. Members stated that in order to proceed with this suggestion, a copy of the Service Plan should be made available at least a week in advance of the meeting as it was unfair to expect members to discuss the plan if only received on the day of the meeting. Alternatively it was suggested that a further meeting should be arranged for January to discuss the Service Plan in advance of its publication.

Mr. Pat Healy, Regional Director of Operations taking on board comments/suggestions from Members explained that the Service Plan would not be completed in January and therefore it would not be feasible to have a pre-discussion meeting in January. He also stated that the Forum is governed by Legislation with a statutory number of meetings to be held yearly so an extra meeting is not an option. With regard to getting the plan in advance he stated that as in previous years on publication of the plan it is presented to the Unions in the morning, followed by a briefing to the Forum in the afternoon and a subsequent Media briefing following that meeting. The February meeting could be deferred by a week but Mr. Healy explained that the Service Plan would then be in the public domain for a week before being formally presented to the Forum.

With regard to Notice of Motion and Question responses for the February meeting, Cllr. Tom Maher referred to his time as Chairperson on the Forum whereby responses were circulated as normal and due to the lengthy agenda, responses were taken as read. If members had any further questions/queries in relation to the responses they were advised to make contact with the Area Managers directly or discuss the issues further at the local forum briefings. It was agreed that members will be notified of the confirmed date of the meeting and the agenda nearer the date.

3. Report by Chairperson of Joint Committee Meeting held on Friday 16th November in Cork

Synopsis of the Report of the previous committee meeting held in Cork on Friday 16th November with the Minister in attendance was taken as read.

4. Notice of Motions

4(a) Cllr. Frank O'Flynn moved the following Notice of Motion standing in his name:-

"That the HSE South would outline its future strategy for St. Stephen's Hospital, Sarsfield Court, Glanmire, Cork"

A written response was circulated to members from Mr. Pat Healy, Regional Director of Operations HSE South setting out the current position with regard to the Sarsfield Court Hospital complex in Glanmire which is situated on 104 acres.

In the first instance Mr. Healy referred to the Acute Psychiatric Unit and the 35 beds outlined in the response and explained that this should read 26 beds. He outlined the services currently provided on the campus such as Mental Health, Services for Older People, Children's Services, Administration and other Support Services. He explained that the future direction of the Mental Health Services in St. Stephen's and within the North Cork area is guided by a 'Vision for Change' with considerable progress already made across HSE South. In relation to the Cork area he stated significant progress has been made with the implementation of the first phase of the change programme in 2012 and plans for the next phase of the development are now proceeding. This phase will involve consultation and engagement with Stakeholders on the reconfiguration of Mental Health Services with work underway on a review of the Service in Cork including plans for St. Stephen's and the North Cork area which will confirm the requirements for St. Stephen's campus.

With regard to the existing Children and Family Services on the campus, Mr. Healy informed members that these will remain with plans for their replacement with more modern purpose built facilities but as these plans are resource dependant they will need to be encompassed within the overall capital plan for the health service in the normal way. Mr. Healy referred to the fire which damaged the Alzheimer's Unit earlier in the year and work was undertaken to ensure immediate fire requirements were addressed. With regard to the overall site, he informed members that it is the intention to maintain the site as a health campus to include the requirements for mental health, services for older people, children and family services and administration and support services. Future requirements for health service needs within the overall Cork area will also be taken into account in the finalisation of any plans for the overall site at Sarsfield Court and Mr. Healy agreed to keep members updated on progress.

Cllr. O'Flynn thanked Mr. Healy for his informative response and reiterated that St. Stephens overall is a very important facility with regard to location and its future development. Cllr. O'Flynn welcomes the future direction for all the services currently being provided there. With regard to the review of the new campus for Children and Family Services, Cllr. O'Flynn sought clarification on whether or not funding will be secured in 2013, timeframe for the report and retention of staff. Mr. Pat Healy explained that the campus was initially build as a sanatorium and clarified that it is the intention to maintain the overall site as a health campus. Regarding Children and Family Services he outlined that 2 new purpose built Special Care Units would replace the existing facilities but that this is resource dependant and will need to be included in the Capital Plan in the normal way.

4(b) Cllr. Catherine Clancy moved the following Notice of Motion standing in her name:

“That the HSE South identify the reasons why Orthotic patients in Cork/Kerry have the longest waiting times in the country, (up to 20 months for orthotic services) and identify the measures to be put in place to deal with delay.”

A written response was circulated to members from Ms. Gretta Crowley, A/Area Manager, Community Services, Cork referring to recent Motions submitted which outlined the detailed issues on the waiting list with regard to Orthotic Services across HSE South with Cork and Kerry being particularly challenging. A National Clinical Programme has been established to address the issues and will look specifically at prosthetics, orthotics and specialist rehabilitation services. A range of proposals are being developed through this programme. Ms. Crowley outlined that the HSE has identified Orthotic and Prosthetic services as an area which requires development and implementation of a comprehensive procurement strategy. To this end HSE Procurement has engaged with a wide range of stakeholders to include experts from the NHS to work in conjunction with the Clinical Lead for Rehab Medicine. This will lead to provision of a wide choice of service providers of Prosthetics and Orthotics for patients and clinicians and will also introduce transparency and control costs in this service area.

Cllr. Catherine Clancy thanked Ms. Crowley for her informative response. She welcomed the establishment of the National Clinical Programme and development of a procurement strategy which will reduce overall costs and secure better value for money. She also stated that the provision of a choice of service providers is key to clients requiring orthotics as the current waiting times are unacceptable and most clients require on-going repeated services and devices with short-term measures often being more costly to the HSE. Cllr. Clancy sought clarification on whether or not the lists would be shortened in the New Year.

Ms. Gretta Crowley, A/Area Manager outlined that the National Group will hopefully conclude the initial stage of its work before the end of this year and the HSE will conclude its work early in 2013. This will result in a range of providers with a large element of choice with in-built quality assurance. A local working group for Cork and Kerry will be looking at separating new applications from repair applications. Ms. Crowley explained that any expansion of the service will require additional resources and will also be subject to the availability of same as part of the 2013 Service Plan but it is envisaged that working within the allocated resources and separating out the lists should see a significant improvement in the waiting lists.

4(c) Cllr. Brendan Cronin moved the following Notice of Motion standing in his name:

“That the HSE South outline its position in light of the recent An Bord Pleanála decision concerning the use of the “Reeks Gateway Development” in Killarney as a Primary Care Centre, and are the HSE entering discussions regarding any other location in Killarney.”

A written response was circulated to members from Mr. Michael Fitzgerald, Area Manager, HSE Kerry which outlined the provision of community based services through the development of primary care teams which are delivered by GPs and specific health professionals. Development of these services allows for patients with chronic and ongoing illnesses to be treated locally and at community level avoiding the need for admission to acute hospitals and allowing the provision of health programmes in an effective and cost efficient manner. With regard to Kerry the roll out of primary care teams is ongoing with 10 of the 16 in operation and development of the remainder to take place over the coming months. A recent Government announcement will see the potential development of a centre in Tralee through a public private partnership. With regard to a centre in Killarney Mr. Fitzgerald outlined that initially a large number of GPs in the town were involved in a proposed development on the grounds of St. Finan's Hospital but this did not progress as planning was not approved for the entire development. He explained that the current position is that a significant number of GPs are providing services at the Reeks complex but An Bord Pleanala has ruled on the provision of planning for medical services in relation to a portion of the available accommodation.

Cllr. Brendan Cronin thanked Mr. Fitzgerald for his reply and outlined the huge uncertainty in the community with regard to the future of the Reeks Gateway development. With regard to the An Bord Pleanala ruling the fear is that there could be a loss in excess of 60 jobs should the centre close with a further loss of 7 jobs in the pharmacy. Cllr. Cronin also sought clarification on whether there is future potential for the development of a Primary Care Centre on the St. Finan's Hospital site and whether or not the HSE have met with the GPs regarding the current position.

Mr. Fitzgerald clarified that the issue with the planning permission is in relation to one floor of the development. He outlined that the HSE South continues to liaise closely with the GPs regarding service provision. Mr. Fitzgerald complimented the services being provided by the GPs in Killarney. Cllr. John Joe Culloty also raised concerns with regard to parking should the service have to move which would be a step back for service users.

4(d) Cllr. Hilary Quinlan moved the following Notice of Motion standing in his name:

“That the HSE decentralise the processing and allocation of medical cards, as the present system is not working to the satisfaction of us Public Representatives.”

A written response was circulated to members from Ms. Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary which outlined the development of a major change programme by the HSE which concluded in the centralization of the medical card processing within the PCRS on 1st July 2011. Ms. Lanigan provided examples of the many improvements and new initiatives put in place as part of the centralization process to date. She also outlined the website available to elected representatives to allow them log on and assist constituents in making or checking the status of their application. She also referred to the Joint Oireachtas Health Committee who visited the PCRS in March of this year for a presentation and discussion on plans to make improvements in the medical card system. The matter is being kept under review by the Committee and members will be kept informed of

progress and the HSE will continue to develop and deliver improved customer services to medical card clients in the PCRS.

Cllr. Hilary Quinlan acknowledged the substantial information contained in the response and welcomed the new initiatives which were also outlined. However, Cllr. Quinlan and members expressed their frustrations and the frustrations of their constituents trying to access the on-line system, failure to get in contact with staff in the PCRS and the time involved in the processing of applications and suggested that Mr. Paddy Burke make a presentation to members at the next meeting. Members also referred to the dedicated help line which is available only to Oireachtas members and felt that as public representatives they should also be entitled to use this number and requested their names and contact details be submitted to the PCRS in this regard. Ms. Anna-Marie Lanigan agreed to feedback all the concerns outlined by members to the PCRS. With regard to a presentation to members Mr. Pat Healy, Regional Director of Operations stated that he would follow-up directly with Mr. Paddy Burke, Assistant National Director of the PCRS. Cllr. John Coonan stated that technology isn't always the answer and queried how the GPs were faring out since the centralization process. Cllr. Dr. Patrick Crowley outlined that the service has definitely improved with still more room for improvement and emergency medical cards were being issued. Cllr. Breeda Moynihan-Cronin sought clarification around the process for the issuing of emergency medical cards and cards for those in palliative care to which Ms. Lanigan responded. Cllr. John Joe Culloty referred to the 96% of complete applications outlined in the response and requested the percentage of those falling through the loop and an explanation as to why.

5. Questions

5(a) Cllr. Catherine Clancy put forward the following Question:

“What HSE Services are being delivered on the St. Mary’s Site, Gurranebraher and what is the update on the proposed Primary Care Centre on the St. Mary’s Site?”

A joint written response was circulated to members from Ms. Gretta Crowley, A/Area Manager, Community Services – Cork and Mr. Ger Reaney, Area Manager, HSE Cork which outlined in detail the overall development of the St. Mary’s Health Campus and other services currently being provided there to include community services, the Mercy Urgent Care Centre and the Obstetrics Out-Patient services. With regard to the proposed Primary Care Centre on the St. Mary’s campus, Ms. Crowley explained that this centre will provide accommodation for four Primary Care Teams which have been in place for four years and will provide services for almost 27,000 people which makes up the North West of Cork City. She outlined that a working group is currently meeting on a monthly basis to oversee and drive the proposed project which will allow for transfer of HSE services and staff from several locations and release of outdated existing infrastructure which no longer meet requirements of a modern health service. She also provided an outline of services to be delivered in the new centre.

Cllr. Clancy welcomed the response which outlined how accessible the site is for people in the area. She sought clarification on how soon the Centre would be up and running and whether or not it will be made up of existing structures or whether it will be a new build. Ms. Crowley explained that the project is currently at design stage,

will be a new build with a working timeline of 2015. Mr. Pat Healy, Regional Director of Operations explained the enormity of the facility given the projected timeline of 2015 and reassured members that the capital funding is there. He also referred to the confusion surrounding another building but explained that this is a facility whereby the HSE are working with the County Council on a community health facility which is being built around NICHE with the aim being the centralisation of people involved in primary care to include a whole range of community support groups. Cllr. Clancy also sought clarification on self build and Mr. Pat Healy explained that this will be done via public private partnership whereby the capital construction will be by the HSE itself and discussions are being finalised with interested GPs.

5(b) Cllr. Seamus Ryan and Cllr. Cha O'Neill put forward the following Question:

“What is the current position regarding the proposed 50 bed Community Hospital due to be built on the grounds of St. Patrick’s Hospital, Waterford? Will it be included in the next Service Plan and is there a budget allocated to the project?”

A written response was circulated to members from Mr. Richie Dooley, Area Manager, Waterford/Wexford which referred to the background on the decisions taken to close St. Bridget’s ward in St. Patrick’s Hospital as it was deemed unsuitable for continued use for residential care for older people. Patients were relocated to the ground floor and subsequently relocated to wards downstairs with no patients moved out of St. Patrick’s Hospital. In response to the reduction of the 19 beds following the closure of St. Bridget’s Ward, the HSE took action during 2009 and arrangements were made for a total of 30 private nursing home beds to be reserved to support older people in Waterford city. Mr. Dooley outlined the development of a new 50 bed Community Nursing Unit (CNU) for Waterford which was included in the priority list of HSE capital projects but as a result of the significant reduction in capital funds 2009/2010, approval was not secured to proceed with this project. He explained that provision of this unit remains a necessity with the proposed 50 bedded CNU being listed as a top priority for inclusion in the Capital Plan.

Cllr. Seamus Ryan and Cllr. Cha O'Neill thanked Mr. Dooley for his response but outlined their disappointment with the little progress that has been made to date as it was felt that this project had been listed long before other projects. While understanding the downturn in the economic climate Cllr. Ryan and Cllr. O'Neill requested that the HSE South keep this project as a top priority and on behalf of the family members of those requiring the service would welcome the commitment that this unit be developed by 2014.

5(c) Cllr. Brendan Cronin put forward the following Question:

“To seek clarification on the numbers of families waiting for assessment of children with suspected Autism in Kerry and what is the current waiting timeframe for assessment to take place?”

A written response was circulated to members from Ms. Gretta Crowley, A/Area Manager, Community Services, Cork which outlined the provision of children’s Autistic Spectrum Disorder (ASD) services in Kerry. These services are provided directly by the Brothers of Charity who work in partnership with the HSE. With regard to children who have been referred through the Assessment of Need process and the Early Intervention Programme, 10 children are currently on the waiting list

for assessment. The Brothers of Charity are meeting the timeframes as set out in the Disability Act and children are being seen within 10 weeks of referral. There are currently 95 children awaiting assessment who do not qualify under the Disability Act with 13 going through the assessment process at present and 18 assessments were completed recently on those who were found not to have ASD. These children have now been referred back to the Intellectual Disability Services run by the Brothers of Charity in Kerry.

Cllr. Brendan Cronin thanked Ms. Crowley for the response and stated that early diagnosis of autism is critical. He complimented the current work being undertaken by the Brothers of Charity and sought clarification on how long the current 95 children on the waiting list who do not qualify under the Disability Act will be waiting for assessment. Ms. Crowley acknowledged the comments outlined by Cllr. Cronin and explained that those who qualify under the Disability Act are given priority for assessment as a balance has to be met with regard to assessment and treatment. Cllr. Cronin asked whether or not children in this category could be waiting up to and over a year and Ms. Crowley agreed to follow up and respond to Cllr. Cronin.

5(d) Cllr. Wayne Fennell put forward the following Question:

“If Children First, National Guidelines/Guidance for the Protection and Welfare of Children has been 100% implemented across the HSE South Region and if so on what date was Children First 100% implemented?

- **If not 100% implemented across the HSE South Region, to what percentage extent has Children First been implemented and to clarify the reason why Children First has not been fully implemented across the HSE South Region in the last 13 years.**
- **If the HSE Children and Family Services "Staff Guidelines for Obtaining Consent for Non Emergency Treatment/Services from Parents of Children and Young People Under the Age of 18 years" has been 100% implemented across the HSE South Region and if so on what date was "Staff Guidelines for Obtaining Consent for Non Emergency Treatment/Services from Parents of Children and Young People Under the Age of 18 years" 100% implemented?**
- **If not 100% implemented across the HSE South Region, to what percentage extent has "Staff Guidelines for Obtaining Consent for Non Emergency Treatment/Services from Parents of Children and Young People Under the Age of 18 years" been implemented and to clarify the reason why "Staff Guidelines for Obtaining Consent for Non Emergency Treatment/Services from Parents of Children and Young People Under the Age of 18 years" has not been fully implemented across the HSE South Region since July 2009”.**

A comprehensive written response was circulated to members from Mr. Dermot Halpin, Regional Service Director for Children and Family Services, HSE South. Cllr. Fennell thanked Mr. Halpin for the response and stated that he would go through it in detail.

(e) Cllr. John Joe Culloty put forward the following Question:

“What measures, if any have been taken to bring changes in the way in which services are delivered to people with haemochromatosis which would allow for the use of blood for donation purposes?”

A written response was circulated to members from Mr. Ger Reaney, Area Manager, HSE Cork which outlined the position as indicated in a previous response to a Question submitted at the February Forum meeting. This stated that the responsibility for the management of the blood donation service is a matter for the IBTS. Mr. Reaney outlined the project which was initially set up as a pilot in 2007 but has now become an established service whereby the IBTS currently provides phlebotomy for people with haemochromatosis on a weekly basis in Dublin. Donors are referred for initial screening for suitability for blood donation by their treating medical consultant. With regard to the rolling out of this programme on a national basis, Mr. Reaney explained that no further progress has been made since February but consideration is being given to the expansion of the service as part of the HSE Service Plan 2013 and the outcome is awaited.

Cllr. John Joe Culloty thanked Mr. Reaney for the response but outlined his frustrations that no progress has been made outside of Dublin and feels this is a waste of resources as the blood taken from patients with haemochromatosis is discarded and not being utilised. Mr. Reaney while agreeing with Cllr. Culloty stated that this matter has been discussed with the IBTS who understand the position but there are two processes, one which is treatment and the second is blood donation. Mr. Reaney also explained that not all people with haemochromatosis can donate blood as this needs to be tested but that the HSE wish to develop this policy outside of Cork University Hospital and options are being explored but it will require funding.

Cllr. Dr. Patrick Crowley queried as the blood is now being taken by GPs could it be brought directly to hospitals for use as blood donations but Mr. Reaney explained that this would not be an option as it is a matter for the IBTS and the blood needs to be tested and delivered by them under strict policy guidelines.

6. Any Other Business

As promised at the beginning of the meeting, Members were afforded an opportunity to discuss the Home Help Service which had previously been raised at the September forum meeting. Cllr. Frank O'Flynn outlined his concerns stating it is a core frontline service supporting people to live in their own homes and that the HSE must ensure that this service is protected and is not subject to a budget reduction in 2013. A number of members raised similar issues and agreed with the concerns outlined by Cllr. O'Flynn. Members also felt that the Minister was unaware of the extent of the problem and cutting hours regardless of patients needs is not satisfactory and should be based on continuous review and assessment of needs. In view of the issues raised by members, Cllr. Seamus Ryan requested that a full report be brought to the next meeting to provide a breakdown of the situation re reduction in hours, budgets etc.

Mr. Pat Healy, Regional Director of Operations assured members that proper assessments and reviews are the basis for the allocation of home help hours and the way the service is delivered. The plan for the year is 3.6m home help hours to be allocated to 15,053 people. Mr. Healy referred to the September meeting whereby members were informed that there had been no additional reduction in home help hours across the HSE south with the HSE South just .1% over in terms of the home help hours being provided. He explained that the Cork, Waterford and Wexford areas had come under more pressure and were particularly challenging as budgets had been exceeded and there had been some reduction of hours in the case of up to

1,000 recipients in the Cork area. He also referred to discussions with the Minister and referred to an update circulated to members at the Minister's request following the last Joint Committee meeting around the agreed process for assessment of home help and home care package needs of patients in receipt of same. With regard to a national reduction of a maximum of €8 million funding on home help hours by the end of December, Mr. Healy explained it is the HSE's intention that the impact of these reductions will be minimised by ensuring that services are prioritised in the first instance for direct patient care. He re-iterated that no hours will be cut without a full assessment of each individual case, there will be no across the board cuts with essential personal care and essential household duties prioritised over the lesser priority area of non essential household duties.

Each region is required to manage their service from now to year-end in line with their Service Plan targets with careful management in 2013. The number of home help hours to be provided between now and the end of the year in the regions will vary, and the reductions required will be reviewed on an ongoing basis as part of prudent financial management between now and the end of the year.

Cllr. O'Flynn thanked Cllr. Jim Townsend Chairperson for allowing this discussion, thanked Mr. Healy for the update and was satisfied to hear that no-one would be left without a service and that personal care had been prioritised over the lesser priority of non essential household duties.

7. Date and Time of next Meeting

The next meeting of the Regional Health Forum, South will be held in **February 2013 (date to be confirmed)** at **2pm, Council Chambers, County Hall, Cork.**