



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

REGIONAL HEALTH FORUM, SOUTH

ANNUAL REPORT 2023

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 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.

I attach the Annual Report for 2023 which outlines the activities of the Forum to 31st December 2023

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 2023

**Cllr Arthur McDonald
Chairperson**

REGIONAL HEALTH FORUM – SOUTH

Chairperson: Cllr Arthur McDonald
Vice-Chairperson: Cllr Niall Kelleher

SOUTH EAST COMMITTEE:

Chairperson: Cllr John Coonan
Vice-Chairperson: Cllr Cathal Byrne

SOUTH WEST COMMITTEE:

Chairperson: Cllr Pat Hayes
Vice-Chairperson: Cllr Niall Kelleher

MEMBERS REPRESENTING CARLOW COUNTY COUNCIL

Cllr Arthur McDonald
Cllr John McDonald
Cllr Michael Doran

MEMBERS REPRESENTING CORK CITY COUNCIL

Cllr Colm Kelleher
Cllr Ken O’Flynn
Cllr John Sheehan
Cllr Ted Tynan

MEMBERS REPRESENTING CORK COUNTY COUNCIL

Cllr Ann Marie Ahern
Cllr Audrey Buckley
Cllr Danny Collins
Cllr Caroline Cronin
Cllr Pat Hayes
Cllr Mary Lenihan Foley
Cllr Eileen Lynch
Cllr Susan McCarthy
Cllr Sean O’Donovan

MEMBERS REPRESENTING KERRY COUNTY COUNCIL

Cllr Michael Foley
Cllr Niall Kelleher
Cllr Norma Moriarty
Cllr John O’Donoghue
Cllr Mikey Sheehy

MEMBERS REPRESENTING KILKENNY COUNTY COUNCIL

Cllr Peter Cleere
Cllr John Coonan
Cllr Pat Dunphy
Cllr Michael McCarthy

MEMBERS REPRESENTING SOUTH TIPPERARY COUNTY COUNCIL

Cllr Declan Burgess
Cllr Mark Fitzgerald
Cllr Roger Kennedy
Cllr Richie Molloy

MEMBERS REPRESENTING WATERFORD CITY & COUNTY COUNCIL

Cllr Pat Fitzgerald
Cllr Damien Geoghegan
Cllr Stephanie Keating
Cllr Conor McGuinness
Cllr Jody Power
Cllr James Tobin

MEMBERS REPRESENTING WEXFORD COUNTY COUNCIL

Cllr Pat Barden
Cllr Cathal Byrne
Cllr Donal Kenny
Cllr Garry Laffan

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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 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 2023 were held on:

- Thursday 30th March 2023
- Thursday 18th May 2023
- Thursday 15th June 2023
- Thursday 5th October 2023

The HSE is represented at the meetings by the following Management:

- Chief Executive Officer of the South/South West Hospitals Group
- Chief Operations Officer of the South/South West Hospitals Group
- Chief Officer of the Cork Kerry Community Healthcare
- Chief Officer of the South East Community Healthcare
- Chief Operations Officer of the Ireland East Hospital Group

Committee meetings

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

- (a)** South East Committee
- (b)** South West Committee

These Committees meet rotating between locations and furnishing reports and recommendations to the Forum. The Committee meetings for 2023 were held on:

Tuesday 18 th of April	South East	Kilkenny
Thursday 27 th of April	South West	Cork
Tuesday 11 th July	South East	Kilkenny
Thursday 13 th July	South West	Tralee
Tuesday 17 th October	South East	Kilkenny
Thursday 19 th October	South West	Tralee

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.

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 2023 19 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 2023, Regional Health Forum South Members submitted 16 Questions.

Presentations

The following presentations were delivered to the Forum Members:-

- Mr David Walsh gave a presentation to the forum on the proposed statutory Home Support Scheme
- Presentation on Community Health Networks in Cork Kerry Community given by Cork Kerry Community Healthcare

MOTION AND QUESTION RESPONSES

FORUM MEETING
30th March 2023

MOTIONS

Motion 4(a) on Agenda refers:

"This motion requests that HSE Management outlines any progress to the planning application for the proposed residential unit at St Patrick's Hospital Cashel. I am aware that it remains on HSE Capital Plan and there is huge concern locally that this development has had no progress in a number of years".

Cllr Declan Burgess

In 2019 the HSE engaged a design team to progress a new sixty bed Community Nursing Unit (CNU) project on the site of St Patrick's Hospital, Cashel (SPHC). The emergence of the COVID-19 pandemic in March 2020 interrupted work on this project. As a response to COVID-19 risks, upgrade works were carried out to make the nearby Our Lady's Hospital, Cashel (OLHC) suitable for long stay, residential use. Residents from St. Patrick's Hospital were moved to Our Lady's Hospital in June 2020.

An assessment and rehabilitation unit, and a day hospital for Older Persons Services continue to operate at St. Patrick's Hospital. Specialist renovation works have been carried out on some of the vacated space at St. Patrick's Hospital for the development of new facilities for the Cashel/Tipperary and surrounding area Children's Disability Network Team (CDNT) and to accommodate children's disability services originally based at Our Lady's Hospital.

Other available space at St. Patrick's Hospital is being considered for the development of facilities for the HSE's roll out of the Enhanced Community Care programme.

The HSE continues to review options regarding the development of a new Community Nursing Unit in Cashel which continues to be a priority for SECH Older Persons Services.

In December 2022, a contract was commenced to develop a new fifty bed Community Nursing Unit to replace St Anthony's Unit, Clonmel via Private Public Partnership. The current expected completion date is Quarter 4, 2024. This development will deliver an additional thirty two long stay residential beds for older people in the South Tipperary catchment area.

Kate Killeen White, Chief Officer, South East Community Care

Motion 4(b) on Agenda refers:

"To ask the HSE are Primary Care Centres being utilised to their full potential such as possibly being used as minor injury clinics."

Cllr. Michael Foley

The development of the Primary Care is a key element of the overall Health Reform programme. The core objective is to achieve a more balanced health service by ensuring that the majority of patients and clients who require urgent or planned care are managed within primary and community based settings. This will be achieved by bringing together the various stakeholders to ensure that services that can safely and effectively be delivered in a community setting are transferred from acute settings. This will achieve a more accessible and cost-effective health service for the benefit of all service users.

Enhanced Primary and Community Services Reducing our dependence on the current hospital-centric model of care and supporting capacity-building in the community is key to realising the vision of Sláintecare. With our growing and ageing population and the increasing incidence of chronic disease, timely access to primary care, aligned to general practice and delivering services at home and in the community, will not only ease pressure on our hospital system, it will better deliver what clients and service users want and need. The reform programme will, over time, reduce visits to and admissions from EDs and transfer of care delays for these population cohorts. It should also lower ED waiting times more generally and the number of people on trolleys. Service delivery will be reoriented towards general practice, primary care and community-based services where teams will work in an integrated way with the National Ambulance Service (NAS) and acute services to deliver end-to-end care, keeping people out of hospital and embracing a 'home first' approach. Through the Enhanced Community Care (ECC) Programme and related programmes, we will during 2023;

- Continue the mobilisation of 14 community healthcare networks (CHNs), ensuring better access to integrated care provided locally at the appropriate level of complexity. The CHNs will also enable the integration of teams working in primary care services and the move towards more integrated end-to-end care pathways as well as providing for more local decision making and community involvement in planning to map identified health needs in their local area.
- Establish 5 community specialist teams for chronic disease management & older persons.
- Enhance front of house acute hospital teams to support community specialist teams for older persons and chronic disease
- Continue GP roll-out of the structured programme for chronic disease management and prevention for all medical card / GP visit card holders
- Build capacity in general practice through the continued implementation of the GP Agreement 2019.
- Develop CHN population profiling, needs assessment and stratification commencing in winter 2021 / 2022 with the aim of appropriately avoiding unplanned ED attendances in the over 75 years age group.
- Continue the community diagnostics programme for the provision of timely direct access to diagnostics for GPs, enabling integrated care delivery, reduced emergency department attendances and facilitating hospital avoidance, particularly for the over 75 years age group.

The Primary Care Centres (PCCs) are the infrastructure through which the health system delivers a significant proportion of primary care to the general public.

The following are the services that are routinely included in the schedule of PCC accommodation;

- Public Health Nursing
- Physiotherapy
- Occupational Therapy
- Speech and Language Therapy
- Podiatry
- Dietetics
- Home Support
- Community Mental Health
- Progressing Disability Services
- CIT
- Palliative Care
- General Practice
- Oral Health
- Civil Registration
- Administration – Scheme etc.
- Outreach Services e.g. Maternity Services, Sexual Health etc.

In addition, bespoke arrangements are accommodated where it is both feasible and whereby the service demand merits particular support e.g. St. Mary's PCC hosts UCC Department of General Practice and Mallow PCC accommodates offsite pre/post-natal CUMH services.

Maximising activity across primary care services / centres to manage waiting lists and waiting times in line with additional capacity and new models of multidisciplinary working and service delivery is managed robustly. In line with this work, occupancy of all Primary Care Centres is kept under review to ensure that the use of accommodation is optimised.

Minor Injury Units are encompassed within the Acute Hospitals governance structure with related medical & nursing governance and aligned diagnostics supports. Certain sites such as St. Mary's Health Campus, Gurranebraher Cork houses the Mercy University Hospital Urgent Care Centre which includes the provision of minor injury services. The provision of minor injury services will be considered as Primary Care Services grow in stature and where they can be effectively deployed external to hospitals, once the funding is available to do so.

Michael Fitzgerald, Chief Officer. Cork Kerry Community Healthcare

Motion 4(c) on Agenda refers:

"To ask the HSE when will a full out of hours GP service be returned to the SouthDoc centre in the Primary Care Centre, Listowel."

Cllr. Michael Foley

The SouthDoc out-of-hours service at the Listowel treatment centre had been curtailed at the outset of the Covid pandemic. When the treatment centre reopened in September 2021, the following arrangements were put in place:

- Monday to Friday – no change to the service provided prior to the closure
- On Saturday's the Out of Hours Service is open from 9am to 5pm
- On Sunday's and on public holidays, the service is open from 9am to 1pm

SouthDoc have advised that they are continuing to monitor the demand for the service and, should there be an increase in the patients accessing the service, they will review to ensure the appropriate service is available.

Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare

Motion 4(d) on Agenda refers:

"While we welcome the commitment of the Government to rebuild the hospital as a Matter of urgency, time is of the essence and therefore this motion, calls on the Government and Wexford County Council to utilise every power at their disposal to expedite and accelerate the rebuild and to fast track the upcoming 96 bed extension which is also badly required"

**Cllr Garry Laffan
Cllr Donal Kenny
Cllr Cathal Byrne**

In the days proceeding the Fire at Wexford General Hospital on March 1st, both the Minister for Health and Taoiseach visited the hospital and pledged their support behind the full reinstatement of services at WGH.

Management at the Hospital also met with local Oireachtas members recently and all agreed to organise a meeting between themselves and the Minister for Health to raise the issue of the 97-bed build. Management fully supports this approach. The 97-ward block building has been approved in the HSE's National Capital Plan. The design phase has also been fully funded and is ongoing.

Regarding timelines, the fire damaged section of the Hospital has been handed over to the Contractor, who is onsite working. This process will take weeks and months to complete. However, once an indicative timeline is in place, we'll be happy to share this with the Forum.

Mr Declan Lyons, Chief Executive Officer, Ireland East Hospital Group

Motion 4(e) on Agenda refers:

“That this forum supports my call that Dingle Community Hospital be staffed and resources to full capacity thus alleviating pressures on other acute healthcare settings in Kerry.”

Cllr. Mikey Sheehy

West Kerry Community Hospital (WKCH) is a HSE residential centre for older persons located on the outskirts of Dingle, Co. Kerry. The current unit welcomed its first residents in 2010 and is registered with HIQA to accommodate 46 residents.

A number of our geographically remote rural hospitals have experienced challenges in recruiting staff and these challenges have been particularly acute in Dingle. Such challenges can impact on bed capacity and have forced us at times to take the difficult decision to close beds to ensure that the maximum number of people that can be safely accommodated are being accommodated.

Cork Kerry Community Healthcare has been endeavouring, on an ongoing basis, to recruit staff for the unit in order to maximise the services available to the local community and minimise bed closures. However, we can only operate our services safely by adapting their provision to the resources we have at a given time. Strident recruitment efforts have been undertaken at both local and national level in recent years. There have been enormous demands on the health service with nursing staff in particular being in demand to match all service requirements. For a sustained period a number of beds were closed in this community hospital due to staff shortages.

Following a sustained recruitment drive, staffing levels have increased in WKCH across almost every grade in the last twelve months and the Unit now has a complement of staff at both Nursing and Health Care Assistant level which allows us to operate at its registered capacity of 46 beds.

Originally and pre HIQA standards, the community hospital was designed to provide a much larger number of beds (72). In accordance with the desires of people to remain at home for as long as possible and with the supports available in the community to do so, there would not be a current demand for this number of beds nor would there be the staffing capacity to allow it to operate at such a level. The changing needs of residents with regard to their complexity and the specific regulatory compliance requirement would also make the provision of this bed number impossible to achieve in a safe and appropriate manner. The intention of the HSE is to continue to sustain the current workforce to maintain the 46 beds in the centre into the future.

WKCH provides important and valued services to people living in the West Kerry area and Cork Kerry Community Healthcare is committed to optimising its service provision for the local community.

Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare

QUESTIONS

Question 5(a) on Agenda refers:

“To ask the HSE will they or through Services Providers provide a Special Residential Care House in Kerry to service users diagnosed with Prader Willi Syndrome living in the county.

Cllr. Michael Foley

Prader Willi Syndrome (PWS) is a complex genetic disorder that typically causes low muscle tone, short stature, cognitive disabilities, problem behaviours and a chronic feeling of hunger which can lead to excessive eating and life-threatening obesity. It is estimated that 1 in 12,000 to 15,000 people will have this syndrome. Currently in Ireland in excess of 100 cases have been diagnosed and it impacts both males and females. <https://pwsai.ie>

Cork Kerry Community Healthcare does not have plans to develop a PWS specific house in Kerry at this time. We are engaged with service providers that have specific PWS residential developments around Ireland and the HSE is and has been supportive of service users being appropriately housed in these specially developed houses. Places are scarce and are allocated as they become available and within the funding resources available.

Service Users with PWS are supported by Disability Services in accessing a range of supports where indicated and approved through the existing processes for all service users. Typical service provision may include access to day service, respite and/or home support.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

Question 5(b) on Agenda refers:

“What services are currently available at the Primary Care Centre in Dungarvan, and are there plans to expand the services available there?”

Cllr Damien Geoghegan

Primary Care Services aim to support and promote the health and well-being of the population by making people’s first point of contact with our health services easily accessible, integrated and locally based.

Dungarvan Primary Care Centre is a modern, state of the art designed building providing a single point of access to health services in the community. The purpose built Primary Care Centre became operational on 28th June 2018 and accommodates a broad range of services including a one GP Practice (Springside Medical).
Dungarvan Primary Care Centre accommodates a multidisciplinary group of health

and social care professionals who manage and deliver primary care services to the local population.

The following are the services currently operating within the Dungarvan Primary Care Centre:

1. Ante-Natal Clinic - outreach University Hospital Waterford Midwifery
2. Audiology Service
3. Clinical Psychology/Educational Psychology
4. Chronic Obstructive Pulmonary Disease (COPD) Clinic
5. Dental Services children
6. Heart Failure Clinic
7. Methadone Clinic
8. Occupational Therapy
9. Podiatry
10. Physiotherapy
11. Public Health Nursing
12. Respiratory Clinic as part of Chronic Disease Management hub
13. Retinal Screening (Diabetic)
14. Speech & Language Therapy
15. Mental Health Services - West Waterford Community Mental Health Team (multidisciplinary team) is based at Dungarvan Primary Care Centre (9am-5pm).

With regard to further service provision there will also be capacity for visiting clinicians to hold sessional services will include the management of Diabetic, Pulmonary and Cardiac patients as part of the Integrated Care plan for people with Chronic Disease, under the Sláintecare Enhanced Community Care initiatives.

Kate Killeen White, Chief Officer, South East Community Healthcare

Question 5(c) and 5(d) on Agenda refers:

What is the up to date position regarding the number of step down beds available to the health services in Carlow / Kilkenny?

Cllr John Coonan

What are the plans for the development of step down beds and facilities for health services in Carlow / Kilkenny in the 2023 HSE capital plan?

Cllr John Coonan

The HSE provides a broad range of services for older people in our community, including in-patient acute services, step down and convalescent care, day services, rehabilitation, community services, home care and home helps.

South East Community Healthcare provides short stay (step-down facilities) for Patients who following discharge from acute hospital may require a further period of convalescence before being discharged home or being identified as requiring a long stay bed in residential care. Short stay includes step-up, step-down care,

intermediate care, rehabilitation and respite care comprised of a mixture of the following categories: palliative (level 2), respite, rehabilitation, convalescent, dementia respite, assessment beds and transitional care beds. Short stay beds offer convalescence and rehabilitation services that support people’s transition back home.

HSE Carlow / Kilkenny Short Stay (Step-down) Beds

Sacred Heart Hospital, Carlow	Rehabilitation Beds	12
	Dementia Specific Respite	2
	Assessment Beds with therapies - part of the rehabilitation complement	2
	TOTAL	16
Carlow District Hospital	Respite Beds	7
	Palliative Care Beds	4
	Transitional care beds	6
	TOTAL	17
St Columbas Hospital, Thomastown	Rehabilitation Beds	10
	Dementia Specific Respite	1
	TOTAL	11
Castlecomer District Hospital	Respite Beds	8
	Palliative Care	2
	Transitional care Beds	8
	TOTAL	18
Carlow / Kilkenny		62

*These beds can be interchangeable depending on the priority of need at any given time.

The above figures are inclusive of Respite Beds which are generally offered to those within the Community. Respite care is an essential component to ensure older people with care needs in the home, including those with dementia, can be cared for in the community. Respite beds offer additional assistance to families and carers thus helping to alleviate the ongoing stress associated with providing care. The provision of respite can often assist with avoidable acute hospital admissions. Across Carlow/Kilkenny Services for Older People short-stay and respite services continued to be optimised throughout the year and indeed winter to support acute hospitals in

reducing overall length of stay (LoS) for older people. Available capacity is also used to facilitate Integrated Care Programme for Older Persons (ICPOP) teams deliver admission avoidance initiatives. In addition there are 5 x Private Nursing Homes beds in Kilkenny funded as part of the winter initiative to support acute services to reduce length of stay.

Acute Hospital Services in Kilkenny have advised that they may avail (on an ad hoc basis) of private hospital provider beds where necessary.

HSE Capital Plan

St. Columba's Hospital, Thomastown, Co. Kilkenny provides residential, rehabilitation, respite and convalescence services. The HSE South East Community Healthcare is the registered provider. A Public Private Partnership build of 95 beds Community Nursing Unit to replace St. Columba's Hospital, Thomastown, Co. Kilkenny is currently underway with completion projected in the last quarter of 2024.

The configuration of these beds is yet to be finalised and while the current proposal is that beds will be in the main designated as long stay, should population and service needs indicate some of these beds may be converted to short stay beds.

Kate Killeen White, Chief Officer, South East Community Healthcare

Question 5(e) on Agenda refers:

"Can the HSE please provide an update in relation to the status of the Nursing Home/Respite facilities to be provided in Tower Hill, Tower, Co Cork, on the premises formerly known as the Blarney Hotel and Golf Resort including how many people can be facilitated there and what services are to be available.

Cllr. Eileen Lynch

Although the HSE's aim is to support people to live in their own homes for as long as possible, there is a recognised shortage of public nursing home beds in the Cork city area. The former Blarney Golf and Leisure Resort was acquired by the HSE in 2021 to provide a 50-bed Community Nursing Unit for older people in Cork city. The emergence of Blarney Community Nursing Unit in this region will help to mitigate this shortage and will facilitate Cork Kerry Community Healthcare's provision of high quality residential care for older people who need such care.

Blarney Community Nursing Unit will be a state of the art facility offering 50 generously proportioned single rooms over two floors. All bedrooms will be ensuite and specialist bariatric units will be available. Carefully designed day spaces and communal areas will provide a welcoming and comfortable environment where residents can take part in activities, spend time with other residents and receive visitors privately. The unit's location will provide easy access to Cork city while offering a rural and tranquil setting for residents close to the villages of Blarney and Tower.

Significant works were required to transform the former hotel into a community nursing unit, requiring a complete refurbishment of the structure to the highest specifications. Conversion of the property into a HIQA compliant unit has been ongoing since the property was acquired and construction work has recently been completed. Significant input is required prior to HIQA inspection and the HSE South Estates department confirms that the current status would indicate that an application for registration can be made in Q3 2023.

Workforce planning is well underway for this unit. Pending registration, formal commissioning and final contract handover, it is envisaged that the facility will become operational and staffed in Q4 2023.

Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare

Question 5(f) on Agenda refers:

“What progress has been made in advancing the Chemotherapy Day Unit at University Hospital Kerry and what is the current timeline for the project to be completed?”

Cllr Mikey Sheehy

MOTION AND QUESTION RESPONSES

FORUM MEETING
18th MAY 2024

MOTIONS

Motion 5(a) on Agenda refers:

"Asking the HSE for an update on the Primary Care Unit in Youghal"

Cllr. Mary Linehan Foley

As you will be aware from previous responses on this matter, there are plans in place for the development a Primary Care Centre in Youghal as part of the overall re-development of St Raphael's Health Campus on the site of St Raphael's Hospital at Old Golf Links Road, Youghal. It is envisaged that the Primary Care Centre (PCC) will provide accommodation for GPs, HSE services including public health and community nursing, the community medical service, physiotherapy, occupational therapy, speech & language therapy, podiatry, dietetics, counselling services and Mental Health. This development will allow existing services to relocate from outdated and dispersed facilities in Youghal to be co-located in one building thereby facilitate multi-disciplinary patient care and other service developments in the future.

The various stages involved in the development of a Primary Care Centre from inception to opening are as follows:

1. Expressions of interest sought
2. Applications assessed
3. Application to HSE Property Committee to approve
4. Letter of intent to proceed issued
5. Planning permission sought
6. Legal agreements finalised
7. Consultation with staff re layout
8. Build commences
9. Handover to HSE
10. Commissioning i.e. equipping, services, IT etc
11. Phased opening

A feasibility study of the St. Raphael's campus was commissioned, following which it was subsequently decided to pursue the option of proceeding with a Primary Care Centre for Youghal via the Developer led, Operational Lease Model. To that end, Expressions of Interest were sought from the market to be returned by the end of April 2023. The next step involves the review of these expressions for selection. This review will be completed using the site data issued by the Developers and the sites will be assessing for their suitability in terms of location, size, accessibility, appropriateness for PCC development, etc. The review is currently underway and should be completed in a matter of weeks. Once completed, the project can move to Stage 2 of the process. At stage 2, Developers are asked for further information in relation to their proposed development, i.e.

- Confirmation that the Developer has commitment for the required number of GP's for the proposed PCC (3 in this instance)
- Completion of a compliance declaration, which states that prior to proceeding to stage 3 of the process, the Developer confirms they are capable of fulfilling all requirements set out by HSE for the provision of a Primary Care Centre and confirms that the Developer intends to make a fully complete Stage 3 submission which includes a priced proposal.

This stage of the process typically takes 6-8 weeks to complete. The remaining stages are not possible to confirm at this stage as this dependent on the Developers input.

The overall redevelopment of this historic site in Youghal will also include the construction of a new community nursing unit, a residential facility for older people, updated facilities for the disability sector and an updated ambulance base.

Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare

Motion 5(b) on Agenda refers:

"That HSE give an update on the development of a Primary Care Centres for Tullow, Co Carlow and Borris, Co. Carlow

Clr John McDonald

Primary Care Centres are modern, purpose designed buildings providing a single point of access to health services in the community.

Tullow Co. Carlow has been identified as one of the areas for the development of a new Primary Care Centre (PCC) which will also serve the local communities in Hacketstown and Rathvilly.

It is planned that the new PCC will provide a broad range of services including General Practitioner services, Public Health Nursing, Physiotherapy, Dental, Speech and Language Therapy, Occupational Therapy, and Dietetics. There will also be capacity for visiting clinicians to hold sessional services i.e. Psychology, Podiatry, Counselling, Area Medical Officer, Chronic Disease, etc.

HSE Estates can confirm that the site for the proposed Tullow PCC has been purchased; and is located within the town centre. Pending approval of the relevant statutory procedures; including planning permission, fire safety certificate & disability access certificate; it is expected that construction works will commence circa Quarter 4, 2023.

HSE Estates can confirm that Borris specifically as a location has not been selected for a new Primary Care Centre. However, the neighbouring town of Graiguenamanagh has been selected.

A capital submission for the proposed Primary Care Centre in Graiguenamanagh was approved by the HSE Board in Quarter 4, 2022. Subsequently, the Letter of Intent for the Primary Care Centre development issued to the developer within Quarter 4, 2022. Currently the HSE are working with the developer on legal requirements which will allow the project to proceed to the next stage i.e. development of a construction programme.

Grace Rothwell, Chief Officer South East Community Healthcare

Motion 5(c) on Agenda refers:

“To ask the HSE when will assessment clinics be re-commenced for Primary Medical Certificates applicants in Kerry?”

Cllr. Michael Foley

Applications for Primary Medical Certificates under Section 92 of the Finance Act, 1989, and as amended in Section 36 of the Finance Act, 2020 are presented to Cork Kerry Community Healthcare (CKCH) Community Medical Doctors, who carry out assessments to ensure that patients meet with eligibility criteria.

Assessment clinics for Primary Medical Certs in the Kerry area were temporarily put on hold for a number of weeks due to competing demands on the Medical Officers time with delivering school vaccination programmes and Child Health assessment services. I am pleased to advise that these clinics have since recommenced and four clinics have been held recently, with a further clinic scheduled for this week. All applications are triaged and prioritised for assessment based on the information provided in the application. There are currently 25 applications awaiting assessment. While it is difficult to predict a timescale when these assessments will be completed, our Community Medical Doctors will continue to prioritise these assessments within the available resources.

Tess O’Donovan, Chief Officer, Cork Kerry Community Healthcare

Motion 5(d) on Agenda refers:

“That Caherciveen Day hospital be returned to a minimum five-day part week service as a matter of urgency given the number of people on a waiting list to make access to the highly thought of effective service provided there.”

Cllr. Norma Moriarty

Caherciveen Day Hospital is currently open on Mondays, Wednesdays and Fridays with all clinics operational and providing a range of services. Cork Kerry Community Healthcare has been endeavouring, on an ongoing basis, to recruit staff for the unit in order to maximise the services available to the local community and restore services to five days per week. However, a number of our more geographically remote units, including Caherciveen Day Hospital, have experienced challenges in recruiting staff. Staff retirements and resignations have also delayed resumption of Caherciveen’s full service. We can only operate our services safely by adapting their provision to the resources we have at a given time.

Recruitment efforts have been ongoing to facilitate restoration of a 5-day service at Caherciveen Day Hospital, subject to demand, and it is anticipated that sufficient staff capacity to enable provision of same safely will be reached in the coming weeks. Caherciveen Day Hospital provides important and valued services to people

living in this region of Kerry and CKCH is committed to optimising its service provision for the local community.

Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare

QUESTIONS

Question 6(a) on Agenda refers:

"Update on St Patrick's Hospital Cashel and proposed 60 bed Community Nursing Unit"

Cllr Declan Burgess

The HSE is committed to the development of a new community nursing unit for older persons for Cashel.

Cashel Residential Older Persons Services and its associated facility at St. Anthony's Unit in Clonmel are South East Community Healthcare residential centres for older people and provides long stay, palliative care (level 2) and rehabilitation services for the South Tipperary area. Other HSE Services for Older Persons include St Theresa's District Hospital Clogheen and Cluain Arann Tipperary town.

A HSE capital programme for older persons' residential centres was developed in response to the introduction of HIQA's national residential care standards for older people and the requirement that all facilities providing long-stay beds comply with these HIQA standards. This is a national programme to replace, upgrade and refurbish care facilities, as appropriate.

In 2018/2019 a Design Team was contracted nationally, to commence the development process of a number of new-build long stay Community Nursing Units (CNUs) including Cashel, Clonmel, Dungarvan and Thomastown. These were to be built under a Public Private Partnership (PPP) arrangement. Due to the challenges of the site, Cashel was not included in the final national list of PPP projects, however, the HSE continued the design process in Cashel; as it was recognised a new CNU was required. The design reached preliminary design stage in Quarter 4, 2019. However, as projected costs were in excess of €20m, a Cost Benefit Analysis was required in order to comply with procurement requirements. The appointment of an independent firm of specialist consultants was started but had not been completed before the Covid-19 pandemic in March 2020.

The emergence of the COVID-19 pandemic in March 2020 interrupted work on this project and services/sites with greater environmental, safety and infection prevention and control issues were prioritised.

To ensure the safety of the older people of South Tipperary living in St Patrick's Hospital Cashel during the current Covid-19 public health emergency, in consultation with the independent regulatory body the Health Information and Quality Authority (HIQA), to maximise infection control measures, arrangements were made for residents and staff of St. Patrick's Hospital to move to accommodation and ancillary facilities established at the nearby former Our Lady's Hospital building in Cashel.

Upgrade works were carried out on facilities to make the nearby Our Lady's Hospital, Cashel (OLHC) suitable for long stay, residential use.

On 8th June 2020 South East Community Healthcare completed the planned transfer of 49 long stay residents from St. Patrick's Hospital to new facilities prepared at the former Our Lady's Hospital building (now called the Cashel Residential Older Persons Services) in Cashel. The facility is registered under HIQA.

Services continue to be provided at St Patrick's Hospital in Cashel with a 21 bed assessment and rehabilitation unit, and a day hospital for older persons' services, continuing to operate. Additionally, the 11-bed St. Claire's Ward on the grounds of Our Lady's Hospital was not impacted by the transfer.

Specialist renovation works have been carried out on some of the vacated space at St Patrick's Hospital for the development of new facilities for the Cashel/Tipperary and surrounding area Children's Disability Network Team (CDNT) and to accommodate Children's Disability Services originally based at Our Lady's Hospital.

The National Capital Plan includes the new build for St Patrick's Hospital in Cashel. The HSE in its commitment to the development of a new community nursing unit for older persons in Cashel is reviewing construction and site options. HSE Estates advise that the site at St Patrick's Hospital is not suitable for the new 60-bed community nursing unit. Other options in the Cashel area will be examined by the HSE for suitability including a location currently under review. In line with project guidelines and best practice, an options appraisal will be completed to review all options for delivering the required CNU accommodation. The current location under review is expected to be completed in Quarter 2, 2023 and will determine the next steps.

Other available space at St Patrick's Hospital is being considered for the development of facilities for the HSE's roll out of the Enhanced Community Care programme.

With regard to the St Patrick's Hospital Campus, a smaller and less accessible plot of land at the rear of Rehabilitation Services is also unsuitable.

Access and egress to the St Patricks site is currently restrictive and widening is required to meet proper site access and Health and Safety regulation. With regard to the Gate Lodge this building is not suitable accommodation for modern healthcare needs. The building is not listed, however as it is within the curtilage of St Patrick's appropriate local authority permission will be sought to authorise demolition.

Helen McDaid, Head of Older Person Services

Question 6(b) on Agenda refers:

1. Are Carparks on the Grounds of a Public Hospital such as UHW considered by the HSE to be privately or publicly owned?
2. Should drivers with a Blue Disabled Windscreen Sticker be charged to park in a Disabled Parking Bay on Public Property?
3. As there is presently an inadequate number of Free Disabled Car Parking Spaces available at UHW, can more Disabled Parking Spaces be provided for disabled people attending outpatient appointment?

Cllr Pat Fitzpatrick

In relation to query from Cllr Pat Fitzgerald, I can advise as follows in respect of University Hospital Waterford.

The car parks on the grounds of UHW are owned, operated and maintained by UHW with the exception of the external Glanbia carpark which is on a long term lease to facilitate staff parking.

At UHW, we have a number of disabled parking bays that do not require pay parking, we also have a number of disabled parking bays within the pay park zones to facilitate blue disabled windscreen sticker holders.

We currently have 6 disabled parking bays in our set down area located near the main entrance into the hospital which is a non-pay zone with a further;

- 15 disabled parking bays - front Dunmore wing, pay and display zone.
- 2 disabled parking bays – rear of the Dunmore wing pay parking zone.
- 2 disabled parking bays – rear of OPD 12 & 13 pay parking zone.
- 15 disabled parking bays – CRC carpark area pay parking zone.

Ben O’ Sullivan, General Manager, University Hospital Waterford/Kilcreene Regional Orthopaedic Hospital Kilkenny.

Question 6(c) on Agenda refers:

“Can we be given a detailed update on physiotherapy services in the Cahersiveen and Sneem areas with specifics on waiting lists and length of time on said lists? Is it time to increase the number of therapists covering this geographic area?”

Cllr. Norma Moriarty

The current number on the physiotherapy waiting list for the Caherciveen and Sneem areas is set out below for your information.

Area	No. on Waiting List	Average Waiting Tim
Caherciveen	131	Outpatient Department: Urgent/Semi Urgent = 2- 4 weeks Routine Referrals = 10-11 months Domiciliary: Urgent/Semi Urgent = 2- 3 weeks Routine Referrals = 3 month
Sneem	0	

Outpatient Department Urgent/Semi Urgent = 2- 4 weeks Routine Referrals = 10-11 months Domiciliary Urgent/Semi Urgent = 2- 3 weeks Routine Referrals = 3 months Caherciveen forms part of Community Healthcare Network (CHN) 3 which supports a population of circa 55k people. The current physiotherapy staff position for CHN 3 is as follows:

Grade	Filled	Vacant
Senior Physiotherapist	5 WTE	1 WTE
Staff Grade Physiotherapist	2 WTE	3 WTE

Resources within any CHN are often redeployed to meet greatest need/priority within the resources available and, at present, there are additional physiotherapists are redeployed to the Caherciveen area at present to meet the demand.

There is currently a National Recruitment Campaign ongoing for this specific and other therapy disciplines. All vacant posts, including those in CHN 3, are currently being expressed to panels formed. In addition to this Cork Kerry Community Healthcare is also running a temporary initiative to attract Assistant Physiotherapists to all networks to assist with the reduction of current waiting lists.

Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare

MOTION AND QUESTION RESPONSES

FORUM MEETING
15th JUNE 2024

MOTIONS

Motion 4(a) on Agenda refers:

"We call on the Minister for Health Stephen Donnelly T.D. to immediately put In place under the new HSE Service Plan 2023 a multi-agency approach to provide permanent Palliative Care measures for terminally ill children in the South East so that they can be cared for by their families at home In their final days."

**Cllr Pat Barden, Cllr Cathal Byrne,
Cllr Donal Kenny and Cllr Garry Laffan.**

I have examined the above matter and the following response outlines the current position.

Children's Palliative Care in Ireland is underpinned by policy set out in Palliative Care for Children with Life Limiting Conditions in Ireland, a National Policy (2009). The Specialist Palliative Care team for Children is based in the Children's Hospital Ireland, Crumlin. This team is a consult, advisory and supportive service which works in close liaison with Medical Teams providing care to children in need of palliative care across the country.

In this regard and in line with the above, Paediatric Palliative Care in the South East is being provided in accordance with the National Clinical Programme Model for Paediatric Palliative Care, (2017).

Should you have any further queries in relation to the above, please do not hesitate to contact me.

Anna Marie Lanigan, Head of Service-Primary Care/Assistant National Director, South East Community Healthcare

Motion 4(b) on Agenda refers:

"That the agreement to provide for a two year pilot scheme for the provision of a Mental Health and Intervention Support Nurse for the South West Kerry area be realised in full."

Cllr. Norma Moriarty

On May 23rd the HSE launched a new Model of Care for Crisis Resolution Services to provide brief person-centred intensive supports in people's home and community as an alternative to hospital admission.

This Model of Care was developed as a direct recommendation of 'Sharing the Vision', Ireland's national mental health policy. It emerged from the recognition that

people who are experiencing mental health crisis need specialist services to provide brief intensive supports in a timely way to support them in their recovery journey.

Crisis Resolution Services will be central to the acute mental health care pathway. There are two key service components in Crisis Resolution Services:

- **Crisis Resolution Teams** will play a vital role by providing intensive mental health interventions and support in the patient's home and the community **as an alternative to a hospital admission**. Evidence from practice indicates service users and carers value, and benefit from home and community interventions and supports. The Crisis Resolution Team will use the skills of the multidisciplinary team to assess the service user's needs and to develop an individual care plan that supports them on their recovery journey.
- **Crisis Café** teams will provide an out-of-hours friendly and supportive community crisis prevention and crisis response service in the evenings and at weekends in a café style/non-clinical and safe environment. The café service, *Solace Café*, will support individuals and their family members/carers to manage their mental health and wellbeing, and link them in with relevant HSE and statutory providers.

The new HSE Crisis Resolution Service Model of Care aims to provide mental health intensive supports in individuals' homes or communities as an alternative to hospital admission.

This approach is important for individuals who suffer from mental difficulties for several reasons:

- Timely and person-centred support
- Avoiding hospital admission
- Multidisciplinary team approach
- Community crisis prevention and response
- Learning and evaluation

The new Model of Care will piloted across five pilot learning sites over the next two years. One of these pilot sites will be in Cork in the form of a Mental Health out of hours Community Café which will be operational shortly and is also being lead out in conjunction with Cork Mental Health Association. The pilot implementation of the Crisis Resolution Service will undergo an independent evaluation over the testing phase of 18-24 months. This evaluation will help assess whether the desired outcomes are being met and inform future development of the service. By continuously learning and adapting based on the evaluation results, the HSE can improve the model and ensure it effectively meets the needs of individuals with mental difficulties.

While Kerry is not one of the five pilot sites, the CKCH Mental Health Service management team has been engaging with the South Kerry Task Force over the past 12 months to look at ways to support the South Kerry Community with Mental Health Crisis presentations. The team has developed a proposal to establish a Crisis Intervention Support Nurse (CISN) for the area and is also proposing that the Kerry

be designated as a site for a new Crisis Resolution Team in the near future. While the development of a full Crisis Resolution Team for Kerry may have to wait until the pilot is completed and evaluated, I am pleased to inform the members that CKCH has identified funding to allow the Crisis Intervention Support Nurse post to proceed. The recruitment process for the post will commence in the coming weeks.

Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare

Motion 4(c) on Agenda refers:

"A report/assessment of the HSE owned lands at Palmer's Hill Cashel was due back the end of May. This assessment was conducted to see if lands were a viable option for the proposed 60 bed community nursing unit for Cashel. Can management please outline the findings of that report? "

Cllr. Declan Burgess

"As part of its range of services being provided in the Cashel area, the HSE is committed to the development of a new Community Nursing Unit for Older Persons there. The planned new Community Nursing Unit is part of the HSE's Capital Plan and is a priority for capital funding allocation. Following examinations of the existing St. Patrick's Hospital site in Cashel, that location has been deemed insufficient by the HSE for construction of a 60 ensuite single bedroomed CNU. Alternative sites in the Cashel town area will be looked at by the HSE, towards suitability to accommodate construction and operation of such a new CNU"

Ciarán Ruane, Estates Manager, South East Community Healthcare

Motion 4(d) on Agenda refers:

"That the HSE would outline the number of adults and children currently in receipt of disability respite services in Cork County, the number of adults and children on a waiting list for adult and children disability respite services and the approximate wait time between initial applications for said respite and active receipt of said services."

Cllr. Eileen Lynch

The HSE and its funded Agencies provide respite care to children and adults with disabilities. Respite can occur in a variety of settings for various lengths of time, depending on the needs of the individual service user and their family or carer, and according to available resources. Respite is not always centre-based and can be provided in a number of ways, e.g. Centre based; In-Home; Home-to-Home; Family Support, etc. As a vital part of the continuum of services for families, respite

potentially helps prevent out-of-home full-time residential placements, preserves the family unit, and supports family stability.

The provision of residential respite services has come under increasing pressure in the past couple of years due to a number of impacting factors such as, an increase in the number of children and adults who are seeking access to respite as a reflection of general population increase; increasing levels of complexity across the sector due to better and improved health care; an increase in the age of people with a disability resulting in people presenting with "changing needs".

In addition, a significant number of respite beds have been utilised for long term residential placements due to the presenting complexity of the individual with a disability and also due to home circumstances, therefore, the numbers of people with disabilities in receipt of residential respite services and the corresponding number of respite nights has reduced when compared to previous activity.

A further impact to the delivery of respite has been in response to the regulation of service provision as set by the Health Information and Quality Authority regulatory and policy context. HIQA has established and set the way in which residential/respite services is provided requiring the Agencies comply with regulatory standards in order to meet regulation. Standards specify a requirement for personal and appropriate space impacting on the capacity and Statement of Purpose for a Designated Centre. This has had a direct impact on capacity where respite beds are no longer allowed within a residential setting e.g. vacated by residents who go home at weekends or for holidays, can no longer be used for respite. Implementation of the national policy on congregated settings (Time to Move on from Congregated Settings Policy) is also affecting capacity.

Respite Services - Children

A Cork Regional Children's Respite Forum was established in 2022. The Forum Committee manages referrals and respite service provision in the Cork area. The overall purpose of the Committee is that children up to the age of 18 years with a disability, who are in receipt of services from a Children's Disability Network Team (CDNT) in Cork Kerry Community Healthcare (CKCH) would be eligible to apply for respite and/or home support services. The Forum is still in its infancy however applications are in process and reviewed, assessed and approved based on agreed access criteria - appropriate referral pathway to the committee; assessment based on level of need; the most appropriate provision for each child and thereafter on the basis of capacity and availability of service.

This process will ensure there is an equitable provision of service based on prioritised needs. These services will be provided for children with disabilities i.e. intellectual, physical/sensory and/or Moderate-Severe Autism. Previously respite provision was linked with attendance at Special Schools.

In Cork overnight respite services for children under 18 years of age with an intellectual disability, physical disability or autism is delivered by a range of organisations namely, Enable Ireland, St. Josephs Foundation, Cope Foundation, CoAction and the Brothers of Charity and private service providers. There are a total of 25 beds however, 10 of the beds are closed due to staffing shortages. In addition it will not always be possible to have full capacity in respite centres due to complexity and compatibility issues which may lead to reduced capacity. There is

also a number of sessions of day respite provided to children which consists of a centre based day and outreach services for children.

Number Availing of Respite/ Number on Waiting List

The HSE gathers Key Performance Indicator (KPI) data on the number of children with a disability who are in receipt of respite service and day only respite. The figures are gathered on a quarterly basis and the data for Q1 2023 is provided in appendix 1. Data on waiting lists is not gathered as part of the KPIs and any data provided by the agencies has not yet been validated.

Staffing of Children's Respite Service:

Recruitment of staff nationally is particularly challenging. The pool of suitably qualified staff is limited and we have to continue to ensure that agreed recruitment standards for each role is maintained whether with direct or agency employment. In the first instance service providers need to maintain residential staffing at an optimal level as this is the fulltime home for residents. Funded providers are very mindful of ensuring good governance, quality and compliance when using Agency staff and must ensure staff are Garda Vetted, trained and competent in the area of Children's respite. Therefore not all agencies are suitable to provide suitable cover for staffing vacancies.

Developments:

National Service Plan funding 2022 has been used to fund an approved proposal from Enable Ireland for an increase in Children's respite in the Lavanagh Centre, Curaheen, Cork. Lavanagh House currently offers 138 bednights. The new development will increase this provision by 690 bednights giving a total of 828 bednights. A total of 48 children (referrals through the childrens' respite forum) will benefit in a full year from this development. It will provide an overnight respite service at 6 nights per week (Mon-Sun) over 46 weeks. This will commence on a phased basis from mid-June to September of this year and Enable Ireland, who are being funded to provide the service are currently recruiting the necessary staffing requirement.

In addition agencies have been asked to submit Business Cases to increase capacity within their services once their funded level of service resumes. These Business Cases will be escalated nationally for funding for 2023 as appropriate and for 2024 Estimates Process.

Respite Services - Adults

A Regional Adults Respite Forum for Adults is in place and it process applications and allocates respite to adults.

In Cork a total of 89 beds (28 full time, 61 part time) are available for overnight respite services for adults over 18 years with intellectual disability, physical disability or autism is delivered by a range of organisations namely, Cope Foundation, Enable Ireland, St. Josephs Foundation, CoAction, Abode, Praxis Care, Rehabcare and the Brothers of Charity. Not all of the aforementioned beds are in operation all of the time as there are e.g. service user compatibility issues, emergency residential placements and ongoing staffing challenges.

Garrettstown Regional Respite Centre opened in early 2022 in Garrettstown, Co. Cork with 5 beds. Services are provided by Brothers of Charity (BOC) and provides overnight adult respite. Respite is accessed via the Regional Respite Forum.

Number Availing of Respite/ Number on Waiting List

The HSE gathers Key Performance Indicator (KPI) data on the number of adults with a disability who are in receipt of respite service and day only respite. The figures are gathered on a quarterly basis and the data for Q1 2023 is provided in appendix 2. Data on waiting lists is not gathered as part of the KPIs and any data provided by the agencies has not yet been validated.

Developments:

Regrettably there was no additional funding for residential respite in CKCH under National Service Plan 2023 and limited funding for alternative respite. We fully recognise the value of respite supports of all forms to families to provide a much needed break for themselves, their other family members and most importantly for the child themselves. We continue to actively engage with all services providers within funding available to increase and maximise respite services.

Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare

QUESTIONS

Question 5(a) on Agenda refers:

“To ask the HSE to provide the number of persons by age on waiting lists for speech and language therapy in County Wexford and the numbers waiting more than 12, 24 and 52 weeks respectively.”

Cllr Cathal Byrne

I have examined the matter and the following outlines the current position in relation to Wexford SLT Department waiting times for assessment and intervention:

Wexford SLT Department waiting times for assessment and intervention			
Paediatric Waiting Intervention	> 12 weeks	> 24 weeks	> 52 weeks
	120	166	473
Paediatric Waiting assessment	> 12 weeks	> 24 weeks	> 52 weeks
	208	261	640
Adults Waiting assessment	> 12 weeks	> 24 weeks	> 52 weeks
	29	32	65
Adults Waiting treatment	> 12 weeks	> 24 weeks	> 52 weeks
	3	5	2

Please be assured that Management from South East Community Healthcare Area and personnel from the Speech & Language Therapy service monitor the waiting list on an ongoing basis in the overall context of available resources and prioritisation criteria.

As with other areas, services within South East Community Healthcare (SECH) are continuing to experience significant recruitment challenges. It is a very competitive market (both nationally and internationally) and there are challenges both locally and nationally across Primary Care Services in filling posts including those in SLT. The HSE/SECH are reviewing all options to address the current vacancies as quickly as possible.

Ms. Anna Marie Lanigan, Office of the Head of Primary Care Services, South East Community Healthcare

Question 5(b) on Agenda refers:

“What, if any, arrangements can be made for a dentist to make house calls to people who are for various reasons confined to their homes?”

Cllr. Norma Moriarty

The Cork Kerry Community Healthcare Dental service is primarily a dental service for children and for special care needs patients. The service does not have the

resources for a domiciliary service to provide dental care to people in their homes. A dental service for elderly patients is an ongoing issue and the National Oral Health Office's view is that this patient cohort will get a much improved service when the new Oral Health Policy is implemented.

We do not have a timeline as of yet for the implementation of the new National Oral Health Policy, however, the policy recognises the unmet need of particular patient cohorts including the elderly and nursing home residents. Presently, in order to accommodate this cohort of patient, the process is a referral to the dental hospital for treatment or to offer the patient an emergency appointment in the local HSE clinic.

Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare

Question 5(c) on Agenda refers:

"Can the HSE provide an update in relation to works on Macroom Community hospital as they are listed for completion in 2023 under the HSE 2023 Capital Plan and confirm the status of the development of an elderly day care centre on that same site."

Cllr. Eileen Lynch

Community Hospitals such as Macroom are an essential part of our national health infrastructure, but many public units are housed in buildings that are less than ideal in the modern context. Macroom Community Hospital has been undergoing significant extension and refurbishment works in order to comply with HIQA regulations and to facilitate a move away from the 'open ward' model to more private rooms which will ultimately result in an enhanced facility for the local community.

The new hospital extension in Macroom was completed in 2022 and refurbishment works are ongoing on the old hospital building which, when complete, will restore bed capacity to 38 beds. The completion date for the current works programme is projected for the end of Q4 2023. Following contract completion, handover and commissioning of the work, the new building must then be registered with HIQA as per the legislation set out in Schedule 1 of the Health Act 2007.

The HSE intends to use part of the revamped Health Centre building at Macroom Community Hospital as a Day Care Centre for the older population of Macroom and the surrounding areas. It is anticipated that the HSE will operate this service five days per week. Community services such as day care services are fundamental to the health and wellbeing of our older population and access to these centres can play a key role in enabling older people to live independently by providing invaluable support, advice and social interaction.

A Design Team has been appointed and agreement on the design proposal for the Day Care Centre has been completed. The procurement request for this

development has been finalised and is awaiting sign-off after which it will proceed to tender. We are now awaiting capital funding to progress to the tender phase.

Cork Kerry Community Healthcare is committed to providing services for older people that meet the demand for services in the short and longer term for the people of Macroom and surrounding areas.

Tess O'Donovan
Chief Officer
Cork Kerry Community Healthcare

MOTION AND QUESTION RESPONSES

FORUM MEETING
5th OCTOBER 2023

Motions

Motion 4(a) on Agenda refers:

“Requesting an update on the HSE Centre on Main Street, Castlemartyr. It is in a prime location in the centre of a bustling village with a fast-growing population, which currently has no designated community meeting space. What are the plans for this building going forward?”

Cllr Susan McCarthy

HSE Cork Kerry Community Healthcare has been reviewing its accommodation needs in the Castlemartyr area. As the Health Centre building needs significant works to bring it up to building regulation compliance, it is expected that the building will be deemed surplus to requirements.

Once HSE Estates has been advised that the building is no longer required by the HSE, then under the terms of the Department of Public Expenditure and Reform [Circular 17/2016: Policy for Property Acquisition and for Disposal of Surplus Property](#) it will be offered to all other state agencies. If no interest is declared by any other state agencies within once month of it being listed surplus on the state asset register, then it is offered to the open market.

Alan O'Connell, Assistant National Director, Estates South

Motion 4(b) on Agenda refers:

“That this Forum supports patients currently receiving Clozaril in our region. What plans are in place to facilitate these patients receiving their medication in the community where they live?”

Cllr Mikey Sheehey

Clozapine is a type of antipsychotic medication which treats mental health conditions like schizophrenia.

There are Clinical Nurse Specialists (CNS) in psychosis and rehabilitation within Cork Mental Health Services. They provide holistic care, monitoring the physical and mental state of the service user. The CNS organizes that the service user can obtain their medication in the community either via a day center or Community Mental Health Nurse who delivers the medication directly to the home of the service user. Due to the nature of the medication, the service user is strictly monitored for any side effects.

Within Kerry Mental Health Services, a standard operational policy has recently been approved to allow for Clozapine to also be administered in a community setting of a day hospital by the CNS with patient consent and if clinically appropriate. Kerry Mental Health Services are in the process of exploring the dispensing of Clozapine through a designated community pharmacist in North Kerry.

The CNS plays a critical role in linking with both the Clozapine and/or Denzapine Monitoring Service who oversee the blood test results of the patient and works closely with the treating Consultant Psychiatrist.

Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare

Motion 4(c) on Agenda refers:

"To create a dedicated First Aid Schools officer in Cork, tasked with giving ALL primary schools & Secondary schools access to funded First Aid training for their pupils. Hands-on training and an increase in awareness will help save lives and give students confidence and a greater sense of wellbeing"

Cllr Audrey Buckley

Currently The Children and Young People Programme is being carried out in post primary schools and includes the CPR 4 schools programme. The CPR 4 Schools programme is up and running in 86% of post primary schools. It's offered to all post primary schools, teachers attend a free work shop which shows them how to implement the programme. The Irish Heart Foundation then supplies them with a kit of manikins to allow hands on practice. Teachers have an on line portal where they have access to the training video and lessons plans. They receive lots of support from the team.

The programme commenced in 2015 following a pilot programme in 2009. It was felt that by getting the teachers to facilitate the training that this would be a way of training all young people in the simple skill of CPR during their time in school. This in time would impact on survival from cardiac arrest and take the fear out of dealing with emergency situations. We are starting to see the impact of the programme and both students and teachers saving lives having completed the programme.

With regard to First Aid training, to complete a FAR course you have to attend training for three full days and one instructor can only train 9 people max in those three days. This would be logistically challenging to achieve in schools.

When the schools programme was designed, it was designed to be easy to deliver and accessible. The course takes a little over an hour to complete and it can be broken into sections. Covered on the course is

- Making an emergency call
- How to do compressions and practice them
- How to use an AED

- How to recognise choking and how to relieve it
- How to do child CPR
- The difference between heart attack and cardiac arrest
- How to recognise stroke

As you can see the main emergency situations are dealt with during the course. The course is not currently mandatory on the curriculum. The course really depends on the buy in from teachers and the team have really built up a strong relationship with the schools community. The programme is available to post primary schools.

We are welcoming new schools this Autumn and will be in 88% of post primary schools nationwide. We welcome all eligible post primary schools to join the programme. Attached is the leaflet that we send to schools with description of the programme.

To note we do not offer the programme in primary schools as they do not have the strength to perform CPR and the content would need to be redeveloped to make it age appropriate.

The flexibility of our programme and the resources we provide ensures that schools can run training at a time that suits them. It is a whole school programme with students from 1st-6th year taking part.

We have a dedicated Coordinator who supports schools to deliver the programme and works with schools to ensure the programme fits into their school day.

**Katherine Scott, Acting Children & Young People Programme Manager
Irish Heart Foundation**

Brigid Sinnott, Resuscitation Manager, Irish Heart Foundation

Motion 4(d) on Agenda refers:

“Can the HSE advise as to what measures will be put in place following the publication of the Nowhere to Turn Report by the Office of the Ombudsman for Children in terms of how can supports for children with disabilities be improved, will the HSE be adopting the recommendations in that report and will the HSE be working more closely with TUSLA in this regard.”

ClIr Eileen Lynch

Cork Kerry Community Healthcare (CHO 4) and South East Community Healthcare (CHO 5) continue to work with Tusla under the HSE Tusla Joint Protocol i.e. jointly managing cases using shared structures and processes. We await the implementation of The Disability Capacity Review Report to 2032 (2021) and the necessary funding to increase services and supports to families with children with disabilities; such as respite and when all other supports have been exhausted residential supports.

Disability Services work with the National Disability Office to implement programmes of work that meet the objectives of The Disability Capacity Review to 2032 (2021) and national strategies and policies.

The Department of Health published the Disability Capacity Review in July 2021. This report set out the capacity requirements for health-funded disability services for the period up to 2032 and it is intended to address the capacity deficits in a phased approach over this period.

The following statement issued from Community Disability Operations on the 5th September, 2023 when the Ombudsman Report *Nowhere to Turn* was published:

The HSE fully accepts the two reports relating to children's disability services published by the Ombudsman for Children today – the *Nowhere To Turn* report and *Jack's Case: 2023*.

The HSE acknowledges the findings in these reports and the shortcomings identified in the services provided to Jack and to other young people; and the failings in how their cases were dealt with.

The HSE is absolutely committed to prioritising the needs of children with disabilities and to improve the services provided to them and their families and we recognise the important role of the Ombudsman in providing a voice to children and their families.

The HSE CEO Bernard Gloster has recently met with the Ombudsman Ger Deering and the Ombudsman for Children Dr Niall Muldoon to discuss the challenges experienced by those requiring disability services, and in particular children and their families. The CEO will continue to work with them to work to improve the services provided to people with disabilities.

"We accept that on occasion, families find themselves in intolerable positions, especially in circumstances where they feel they have no alternative other than to use acute services, believing it to be the only option available to them.

"While the HSE makes every effort to respond to the needs of children and young people as quickly as possible, we deeply regret that delays arise as many of our specialist services are dependent on the availability of suitable services, staff, and appropriate housing.

"The Children's Ombudsman has made a number of recommendations in the report published today and we have responded directly to them in relation to the actions we have and intend to take. These include; strengthening existing processes to identify as soon as possible, children whose discharge from hospital is delayed and quickly identify any issues that may impact on their discharge timing – this involves ongoing engagement with hospital and community services and escalation to senior managers locally if necessary.

"The Ombudsman calls for a coordinated and integrated approach in assessing the needs of children with significant disabilities and recommends the HSE devise a framework for a holistic assessment of the child, their family and circumstances."

The HSE is currently finalising an Assessment Framework, "*Guidance and Framework for the Case Management of Children with Complex Needs in Hospital Beyond Medical Need*", and it is expected that this will be completed by the end of October.

The upcoming publication of the Disability Action Plan, by the Department of Children, Equality, Disability, Integration and Youth, will set out a substantial scale of investment to meet the needs of disabled people, including the needs of children. It will include the potential for planned development of services including residential services, centre-based respite, alternative respite options such as home-sharing, as well as the implementation of the actions included in the Roadmap for Service Improvement. This will contain several immediate actions including a tender for alternative care options, greater supports for children attending special school, improved access to CDNT services, and improved implementation of the National Access Policy.

"A key challenge continues to be the recruitment and retention of therapists in our Children's Disability Network Teams. The HSE's 2022 Resourcing Strategy, will help over time bridge gaps in therapy services and the increased number of training places for therapists and health care assistants will help increase the workforce supply. While we wait for these additional staff to come in to services, we will continue to focus our existing services on those children with the greatest needs.

Key actions currently underway

- The HSE is currently undertaking a review of alternative care requirement which we expect will be completed by the end of this year. This work will consider what services, alternative to a residential placement, may be required to support children to remain at home.
- We are continuing to develop respite services - both centre-based and alternative respite services, and we are engaging with the wider sector to secure any additional services that will meet the needs of children and families as part of the range of supports available to families.
- We acknowledge the OCO recommendation in relation to the HSE complaint's procedure and the management of issues between HSE services. We are currently reviewing the Joint Protocol which operates between services. In the interim, Community Operations (Disability, Mental Health and Primary Care) continue to support local decision makers in relation to difficult cases, including early decision making in approving expenditure, engagement with Providers, cross-care group problem solving and supporting service responses
- We have re-established a working group to progress home sharing in intellectual disability as a priority. We fully accept that increasing capacity in this sector will provide an alternative option for respite and costly residential placements, and would support individuals to benefit from a family environment and community setting.

We know that there are many gaps in our service and as a result many families face challenges and difficulties. We will continue to hard to further develop and expand our disability services and improve access for those who need our services and for their families.

From a local CHO 4 and CHO 5 perspective, we continue to work with Tusla under the HSE/Tusla Interagency Joint Protocol. Cork Kerry Community Healthcare and South East Community Healthcare await the implementation of the Disability Capacity Report and the necessary funding to increase services and supports to families with children with disabilities in areas such as respite and when all other supports have been exhausted through residential supports.

Ms. Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare
Mr Michael Morrow, A/Chief Officer, South East Community Healthcare

Motion 4(e) on Agenda refers:

"That all possible be done to provide additional adult respite services in Kerry to accommodate the numbers of young men and women who need to access such a crucial service. Please also provide a breakdown of numbers of children who have accessed disability service respite care over the last five years and the numbers of those who at age 18 move out of that provision and are then to be catered for in adult services. (The comparable lack of adult provision to child provision highlights the need for more investment in the adult area.)"

Cllr Norma Moriarty

HSE Cork Kerry Community Healthcare (CKCH) Disability Services provide respite services to children and adults in Co. Kerry who meet the criteria for access to services as per the Standard Operating Procedures.

Respite services are provided to children and adults with a diagnosis of:

- moderate, severe or profound intellectual disability;
- Autism Spectrum Disorder;
- Complex Physical and Sensory Disability;
- Acquired Brain Injury (ABI).

Services are operated in a transparent and equitable manner with access to each service managed via a Forum. The membership of the fora comprise representatives from CKCH Disability Services and representatives from relevant agencies.

Children's Respite Services

Respite Services are available for children and young people with a disability aged 0-18 years who satisfy the access criteria for Cork Kerry Community Healthcare Disability Services Standard Operating Procedure. (Services may be extended to completion of secondary school if appropriate with the upper age limit of 19 years).

Children must be resident in Kerry and referrals (with parent/guardian consent) are made via health and social care professionals, hospitals, Assessment of Need Officers and the Children's Disability Network Teams.

Three types of respite services are provided – overnight services, outreach supports and afterschool clubs.

Overnight Respite

There are two respite houses for children in Kerry – the Arches in Killorglin (South Kerry) and Abhaile Respite in Listowel (North Kerry). Both houses are operated by St. John of God Services (SJOG).

- The Arches has four respite beds and has capacity for 24 children. Each child is offered respite on ongoing basis and as per needs and availability. It operates 7 days a week Monday to Sunday. There are planned closures throughout the year.
- Abhaile has four respite beds and has capacity for 18 children and 5 adults (there is a historic arrangement in place whereby 5 adults that attend SJOG Day Services at Ashfield avail of overnight respite every second weekend). The service operates 7 days a week Monday to Sunday. Each child is offered respite on ongoing basis and as per needs and availability.

Outreach supports

Outreach/in home support is operated via a block system. Families receive 4 hours of support for 12 weeks followed by a 12 week break. This provides families with 2 blocks of support per annum. The current funding provides for 110 children.

Afterschool support

There are 3 afterschool clubs in operation across Co. Kerry.

- Home from Home in Killarney managed by Resilience Care provides afternoon supports to 21 children. This afterschool club operates Monday to Friday 3pm to 7pm and Saturdays.
- Saidbhinn Care in Caherciveen managed by St. John of Gods provides afterschool support to 12 children in the locality and operates Monday to Friday.
- Liber House in Tralee managed by Bluebird Care currently provide supports Monday to Friday to up to 25 children. This service operates 3.30pm to 6.30pm for primary aged children.

The data requested is available from 2019 and is set out below.

Note: 'Block funding' of respite services commenced in 2019 and resulted in a significant increase in children receiving respite services in Co. Kerry.

Children’s Respite Services

Form of Respite	Number of service users 2023	Comments
Outreach block funded support	110 – Maximum Capacity	Maximum capacity since 2021 – when a child transfers to adult services the additional capacity is allocated to next family on waiting list
Afterschool support	48	Additional 10 places created in September

		2023 – not included in no. of service users figure
Overnight respite	42	The Arches and Abhaile – 4 beds in each house
Permanently funded outreach support	73	Significant increase in ongoing funded children from 2021
No. of children discharged from 2019 - 2023	75	Due to non-engagement, refusal of initial assessment, turning 18
No. of children discharged due to turning 18 yrs old 2019 - 2023	26	7 attended overnight services 8 attended afterschool services 15 outreach services Note: Some children availed of multiple respite options

Once the young adult turns 18, or prior the transition, they can apply for overnight respite and/or outreach supports via the Adult Respite Forum.

Adult Respite Services

Respite Services are available for adults who are aged 18 years to 65 years (at the age of entry) with a disability and whom satisfy the access criteria for Cork Kerry Community Healthcare Disability Services Standard Operating Procedure.

Adults must be resident in Kerry and referrals are made via health and social care professionals and Client Services Managers (or equivalent) in the HSE or other relevant agencies.

Two types of respite services are provided – overnight respite and outreach supports.

Overnight Respite

There are two respite houses for adults in Kerry – Cois na Feile in Listowel (North Kerry) and Cunamh Iveragh in Caherciveen (South Kerry). Cunamh Iveragh is due to open in November 2023.

- Cois na Feile is operated by Kerry Parents and Friends Association (KPFA) and provides four adult respite beds on a seven day week basis.
- Cunamh Iveragh is currently undergoing registration with HIQA with an expected opening date in November 2023. It has four bedrooms and will be open three nights a week for 44 weeks per year (excluding bank holiday weekends) based on the current funding allocation. It will be operated by Home Instead.

In addition to the two regional respite houses for Kerry there are an additional three beds for adult respite, one of each in Brooke Lodge Listowel, Tearmann Lodge in

Rathmore and Glebe Lodge in Castleisland. These respite beds provided by KPFA are in place historically and as such are for adults attending KPFA services.

Outreach supports

Outreach/in home support is operated via a block system. Adults receive either 4 hours of support for 12 weeks followed by a 12 week break or 4 hours per week for 8 weeks followed by an 8 week break. This provides families with 2 or 3 blocks of support per annum (dependent on the type chosen). 42 adults are currently in receipt of or due to commence outreach support and 13 adults have been discharged from the service at their request. The service is open to further referrals.

Outreach support is also provided on an ongoing basis and on a once off basis to facilitate the adult or family where a specific need is identified. This is subject to funding availability.

Cork Kerry Community Healthcare (CKCH) are acutely aware of the demand for respite services and, on receipt of very welcome funding, has significantly invested in respite services in recent years. CKCH continues to invest in respite services, proactively seek alternative respite models, and utilise all available funding to provide respite services for all children and adults who require them. CKCH welcomes any funding to continue to invest in these vital services.

Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare

Motion 4(f) on Agenda refers:

"What is the update on the Primary Care Centres that are due to be developed in Kerry and the time scale for them to be open to operation. Will the Killarney Primary Care clinic have a minor injuries clinic?"

Cllr Niall Kelleher

There are two Primary Care Centres currently being developed in Kerry:

Iveragh (Cahersiveen)

The HSE are keen to progress with the provision of a Primary Care Centre in the South Kerry/Iveragh region of Cahersiveen and have held a number of discussions, on a without prejudice basis, with the proposed developer of the Primary Care Centre following the Developer's request for an increase in the originally agreed rent/service level agreement rates for the proposed PCC development at Cahersiveen. This is also the case for several proposed PCC developments across the country. As a result of the number of these situations arising, HSE Estates at national level are conducting a review of the overall PCC Operational Lease model, including a review of options available from a legal perspective to advance the proposed developments. This review is currently being undertaken by HSE and is due to be completed shortly. On completion of this review, the HSE will issue further communication to the relevant PCC Developers to confirm HSE's position regarding the advancement of applicable PCC developments.

Killarney

The HSE are proposing to develop a Primary Care Centre in Killarney in liaison with a Kerry County Council proposed development within the town. Kerry County Council have procured a Design Team and this team is advancing the design proposal at present

Maximising activity across primary care services / centres to manage waiting lists and waiting times in line with additional capacity and new models of multi-disciplinary working and service delivery is managed robustly. In line with this work, occupancy of all Primary Care Centres is kept under review to ensure that the use of accommodation is optimised. Minor Injury Units are encompassed within the Acute Hospitals governance structure with related medical and nursing governance and aligned diagnostic supports. The present plans for the development of the PCC in Killarney do not encompass a minor injury unit.

Ms. Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare

Questions

Question 5(a) on Agenda refers:

"How many active legal cases are currently being taken against the HSE in Kerry regarding the inappropriate care and prescribing of medication by CAMHS in the County?"

Cllr Mikey Sheehy

The National Treasury Management Agency (NTMA) is a State body which operates with a commercial remit to provide asset and liability management services to Government. As the information requested is maintained by the NTMA, we forwarded your question for their attention. The NTMA have advised that they can only comment on the number of clinical claims being taken in relation to the Kerry CAMHS Compensation Scheme, arising from the findings of the Maskey Review. As of October 3rd, the total number of applications to the Kerry CAMHS Compensation Scheme is 180.

Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare

Question 5(b) on Agenda refers:

"Can the HSE please provide an update in relation to the completion of the extension and refurbishment works in St Joseph's Community Hospital, Millstreet."

Cllr Eileen Lynch

Works are continuing in Millstreet Community Hospital. The HIQA Compliance scope of works for the new extension are due to be completed this month and upon completion will be handed over to the HSE. The property will be subject to HIQA Registration process immediately thereafter.

Once the HIQA registration process has been completed, the compliance works to the internal building can advance within the existing building and will be completed over a further two phases. These works will continue on a phased basis with subsequent HIQA Registrations and are expected to be completed by June 2024.

Alan O'Connell, Assistant National Director, Estates South

Question 5(c) on Agenda refers:

"Can the South/South West Hospital Group provide increased funding to employ more interns as in some specialities there are 60 to 80 patients to 2 interns. Interns are working up to 65 hours per week and find it difficult to get cover if they want to take leave."

Cllr Pat Hayes

The SSWHG works collaboratively with our 3rd level institution partners, primarily UCC, UL and RCSI as well as the Medical Council of Ireland to manage the Intern Program in the South. A Medical Intern Board was established in 2017, by both the HSE and the Medical Council of Ireland, with responsibility for the governance and strategic direction of the intern year. To support the Medical Intern Board, a Medical Intern Unit was established (2018) to over-see and manage the operational delivery of the intern year as well as to implement strategic recommendations of the Board.

Each year Intern Posts are allocated nationally through the Medical Intern Unit. The number of SSWHG Interns for this year ('23-'24) allocated has increased from 156 to 160. Nationally the number of Intern posts available for the July 2023/24 intake was increased to 879.

Intern Intake for 2022-23 was notable for the fact that, nationally, more than 130 eligible candidates who had expressed an interest in being recruited declined an offer. This impacted on total Intern numbers in post; SSWHG had 8 unfilled posts at the start of last year. This year's picture is better with only 3 Posts going unfilled.

The intern year is the first year of postgraduate medical training and is an essential step in every doctor's career in Ireland. During this year, the intern will be provided with the opportunity to experience the reality of patient care in a range of healthcare settings. These posts are first and foremost training posts; there is no service component to them.

Supervision of Interns must be aligned with the relevant Standards, Guidelines and Rules of the IMC. Human Resources issues, Occupational Health issues, and related

matters are the responsibility of the Medical Manpower Departments of the employing Hospitals. I would encourage any intern with any questions or needing any support to contact their Medical Manpower manager. Each Clinical Site also has at least 1 Intern Tutor who co-ordinates the Training & Assessment activities on those sites.

Annemarie Byrne, Human Resources, South/South West Hospital Group

Question 5(d) on Agenda refers:

“Can a regular podiatry clinic be set up for south west Kerry?”

Cllr Norma Moriarty

As part of Enhanced Community Care Programme, Cork Kerry Community Healthcare (CKCH) has an allocation of podiatrists for Community Healthcare Network South Kerry. We currently do not have a location for a podiatry clinic but it will be incorporated into any Primary Care Centre plans for Killarney in the future.

Recruitment of podiatrists is a significant challenge for the HSE but all Kerry clients are currently supported in Tralee until such developments are progressed.

Access

Podiatry Services are accessed via GP and PHN referral. Appendix 1 below sets out the prioritisation criteria for Community Podiatry Services which will give detail required as to the types of presentations that are seen in order of priority when accessing services.

Recruitment

We currently do not have any podiatrist recruited in Community Healthcare Network (CHN) 3 (Iveragh, Kenmare, Killorglin, Sneem, Killarney). We have two senior podiatrist vacancies 1 WTE and 0.6 WTE. Both posts have been advertised extensively and remain unfilled despite local, national and international recruitment campaigns.

Podiatrists from CHN 2 (Tralee, Dingle) and 1 (Listowel, Castleisland) allocate two days per week to the provision of services to those on CHN 3 waiting list. These appointments are offered in Tralee. Appointments are allocated again based on the attached prioritisation criteria.

**Tess O’Donovan
Chief Officer
Cork Kerry Community Healthcare**

Appendix 1

Cork Kerry Community Podiatry Prioritisation for New Patient Referrals

Version 7 March 2021

Referrals are prioritised by the Podiatry Professional, based on the information provided by the referrer and the individual Clinician's clinical judgement.

It is essential that all referrers provide ALL necessary information on the written referral to facilitate accurate prioritisation as this will affect waiting time.

P1/Active Foot Disease (Non Diabetes)

These patients are urgent and target appointment is between 24 and 48 hours or 72 hours if over a weekend.

All patients will be classified as a P1 / active foot disease patient if:

- They have an active ulceration or bacterial infection of their foot (Cellulitis)
- They do **NOT** have diabetes.

All patients with diabetes and active foot disease should be referred to the hospital podiatry service.

P1/ Active Foot Disease (Diabetes)

These patients **should NOT be referred to Community Podiatry** but should be referred to the Level 4 Hospital (or equivalent) by the GP, as per National Model of Care for the Diabetic Foot, as a matter of Urgency. They should be seen there within the agreed timeframe by the Multidisciplinary Team.

P2.1-In remission and High Risk

*These are **very high risk patients** who will be prioritised due to **their increased risk of recurrent infection/ulceration** etc. These patients are seen in Chronological order with a target appointment of between 4-6 weeks. Criteria includes:*

- All Patients with a history of foot ulceration and/or amputation and/or Charcot.
- Those categorised as “In-Remission” as per the Model of Care for the Diabetic Foot (Previous foot ulcer, Previous lower limb amputation, or Previous Charcot arthropathy)

P2.2/ High Risk

*These patients have **NOT** had any previous ulceration/ spreading infection/ amputation and are wait listed in chronological order. Target appointment is within 12 weeks.*

- High Risk Diabetics as defined by the Model of Care for the Diabetic Foot; criteria includes:
 - Impaired sensation **and** impaired circulation
 - Impaired sensation in combination with significant callus/deformity
 - Impaired circulation in combination with significant callus/deformity
 - Chronic kidney disease (Stage 4 or 5)
- Patients with Macroangiopathy (e.g. CABG, history of MI, Stroke etc.)
- Patients with Severe Peripheral Arterial Disease
- Severe foot Deformity due to systemic disease or major trauma.
- Long term medication which would render the patient more susceptible to infection and/ or delayed healing and/or increased bleeding risk (E.g. Long term steroids, Chemotherapy, Immunosuppressant's, warfarin, pardaxa)
- High Risk Rheumatoid Arthritis Patients (significant PAD and deformity/ skin changes)
- Degenerative Neurological Conditions which exhibit signs of neuropathy **and /or** Ischaemia **and/or** Foot deformity.

P3.1/ Moderate Risk

These patients are offered assessment and treatment when staffing levels allow. New referrals are accepted and patients are wait listed in chronological order. At present there is no target appointment timeframe for this cohort, as this is dependent on Staffing.

Client types shall be classified as P3.1 if they meet the following 3 criteria:

1. Have one of the following conditions:

- Moderate Risk according to the Model of Care for the Diabetic Foot. Criteria includes:
 - Impaired peripheral sensation (Includes impaired response to 10g monofilament OR 128 Hz tuning fork test/Vibratip)
 - Impaired Circulation (Absent Foot Pulses in either or both feet)
 - Foot Deformity
- Moderate Risk Peripheral Arterial Disease
- Moderate Risk Rheumatoid Arthritis
- Keratoderma
- Severe Osteoarthritis affecting activity levels and mobility
- Registered blind
- Other physical and sensory disabilities based on assessment

2. Have significant foot pathology

3. Are unable to self-care and **do not** have a family member / carer to assist them in managing their own feet.

These are moderate risk patients who have a Podiatric requirement for treatment and/or require annual review.

P3.2/ Low Risk Diabetics

These patients are Low Risk Diabetics only.

Low Risk Diabetics as defined by the Model of Care for the Diabetic Foot. Criteria includes:

- Normal sensory assessment
- Normal vascular assessment
- No deformities/No Skin Pathologies

These are Low Risk patients who will be managed and reviewed by their GP/ Practice Nurse as per “National Model of Care for the Diabetic Foot”. These referrals will be returned to the referrer for onward referral to their GP/Practice Nurse/ PHN for Annual Screening and review.

P4

Client types shall be classified as P4 if:

- They have been identified as requiring a specialised service from the Podiatry Department e.g. Nail Surgery, Biomechanical gait analysis, Orthotic Prescription

P5

Client types shall be classified as P5 if they have been identified as not eligible for regular podiatric intervention. The client will be discharged with verbal and written footcare advice and will only be appointed if there is space in the clinical schedule. Categories include:

- Severe Osteoarthritic changes affecting activity levels and mobility **with carer / family to provide footcare.**
- Registered blind **with carer / family to provide footcare.**
- Other physical and sensory disabilities based on assessment **with carer / family to provide footcare.**
- Non pathological nail care.
- Routine callous/hard skin removal in low risk client
- Verruca Pedis
- Minor foot deformity

Please note that the Podiatry Service in CHO4 does not:

- *Provide a simple nail cutting service.*
- *Supply HSE funded footwear and/or orthotics for biomechanical issues in low risk groups*
- *Perform Nail surgery using Local anaesthetics at this time(This will hopefully change with Statutory Registration)*
- *Treat Verruca's.*

MINUTES OF MEETINGS 2023

**MINUTES
MEETING OF REGIONAL HEALTH FORUM SOUTH**

**Thursday, 30th March 2023 at 11am
Venue: Council Chambers, Cork County Council, County Hall, Co Cork**

Present:

Cllr Audrey Buckley
Cllr Peter Cleere
Cllr Cathal Byrne
Cllr John Coonan
Cllr Caroline Cronin*
Cllr Michael Doran*
Cllr Pat Dunphy*
Cllr Michael Foley
Cllr Niall Kelleher*
Cllr Roger Kennedy
Cllr Mike Kennelly*

Cllr Donal Kenny
Cllr Garry Laffan
Cllr Mary Lenihan Foley
Cllr Eileen Lynch
Cllr Michael McCarthy
Cllr Arthur McDonald
Cllr John McDonald
Cllr Norma Moriarty*
Cllr Sean O'Donovan
Cllr Jody Power
Cllr Mikey Sheehy
Cllr Ted Tynan

Apologies:

Cllr Mark Fitzgerald
Cllr Susan McCarthy
Cllr Conor McGuinness
Cllr Richie Molloy
Cllr John Sheehan*
Cllr Stephanie Keating
Cllr Pat Fitzgerald*

Virtually:

Gearoid Rennicks
Cllr Declan Burgess

In Attendance:

Dr Ger O'Callaghan, Interim Chief Executive Officer, South/South West Hospitals Group
Mr Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare
Ms Kate Cassidy, A / Head of Service - Health & Wellbeing, South East Community Healthcare
Members of the HSE South Forum Office staff

At the outset of the meeting, Mr Michael Fitzgerald Chief Officer, advised RHF Members that it was his last meeting given his upcoming retirement from the health service. Mr Fitzgerald thanked Members for their support over the last number of years and particularly during the Covid pandemic. He commended members for raising issues of concern and for listening. He also expressed his gratitude to Dr

Gerard O'Callaghan and colleagues in South / South West Hospital Group. Mr Fitzgerald also thanked his community colleagues in South East Community Healthcare.

Cllr Sheehy acknowledged Mr Fitzgerald's service and dedication to the health service over the years in his many roles. From a personal point of view, he acknowledged Mr Fitzgerald's accessibility and vast experience and hoped that the latter could be used into retirement. The Regional Health Forum Members expressed their thanks to Mr Fitzgerald for his service and wished him the best of luck in his retirement.

A vote of sympathy was extended on the recent passing of Cllr Davy Daniels former RHF Member. The members expressed their condolences to Councillor Daniels' wife Mary, sons and extended family. Cllr Daniels was one of the longest serving Councillors in Ireland, having first been elected in 1974. The members paid tribute to Cllr Daniels and spoke of his contribution to the Regional Health Forum. Cllr Daniels was a hard working public representative in Waterford. He was a committed supporter of Ballygunner GAA club.

On his own behalf and on behalf of HSE staff, Dr Gerard O'Callaghan offered condolences to the Daniels family.

1. Adoption of the Minutes of the previous Meeting held on Thursday, 24th November 2022.

On the proposal of Cllr Michael McCarthy seconded by Cllr Mary Lenihan Foley, the minutes of the Forum meeting held on Thursday, 24th November 2022 were approved and adopted by the members.

2. Chairperson's Correspondence

3. Committees

The next Committee meetings will be held on:

South East Committee Meeting to be held on 18th April 2023 and the South West Committee Meeting to be held on 27th April 2023 in Cork

4. Notices of Motion

(a) Cllr Declan Burgess moved the following Motion, standing in his name:

"This motion requests that HSE Management outlines any progress to the planning application for the proposed residential unit at St Patrick's Hospital Cashel. I am aware that it remains on HSE Capital Plan and there is huge concern locally that this development has had no progress in a number of years"

A written response from Ms Kate Killeen White Chief Officer, South East Community Healthcare was circulated to members and noted.

Cllr Burgess thanked HSE Management for the written reply. He stated that he has raised the issue of a replacement Community Nursing Unit in Cashel at RHF a

number of occasions and unfortunately it seems as though there are no specific details in relation to this development. Cllr Burgess highlighted replies received and clarification sought - he was disappointed to note the slow progress on this. He noted the HSE reply advising the Cashel CNU remains on the capital plan. Cllr Burgess asked whether the HSE is focussed only on delivering the capital development ongoing at St Anthony's Unit in Clonmel. Cllr Roger Kennedy supported Cllr Burgess in his Motion and fully concurred with him.

Ms Kate Cassidy A/Head of Service - Health & Well-being attending on behalf of Ms Kate Killeen White Chief Officer responded indicating that there is an absolute commitment to Cashel. With the onset of the Covid pandemic and given infection prevention control and distancing requirements there was a need to transfer vulnerable older residents to Our Lady's Hospital in Cashel. HIQA has given a further extension in relation to registration. Cllr Burgess stated that the HSE needs to provide clarification and a timeline for this development.

Cllr Burgess also requested clarification as to why it was planned to demolish the Gate Lodge at St Patrick's Cashel. Ms Kate Cassidy advised that she would revert to HSE Estates on this query.

(b) Cllr Michael Foley moved the following Motion, standing in his name:

"To ask the HSE are Primary Care Centres being utilised to their full potential such as possibly being used as minor injury clinics"

A written response from Mr Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted. Cllr Foley thanked HSE Management for their reply.

Cllr Foley raised this Motion in regard to community services providing further supports such as Minor Injury Clinics in order to relieve acute hospital pressures. He noted the last paragraph in particular which stated that the provision of minor injury services will be considered as Primary Care Services develop and where they can effectively be deployed external to hospitals once funding is available to do so. Cllr Foley asked in relation to the development of a Minor Injury Unit at Listowel.

Mr Michael Fitzgerald in reply advised that up to now the development of Primary Care Centres have not included Minor Injury Units. There are no plans from a HSE perspective to have a Minor Injury Unit in Listowel. The governance of Minor Injury Units rightly remains under acute hospital services. The HSE has specific arrangements in situ on sites such as St Mary's Health Campus Cork and the Urgent Care Centre Mercy University Hospital which includes the provision of minor injury services.

(c) Cllr Michael Foley moved the following Motion, standing in his name:

"To ask the HSE when will a full out of hours GP service be returned to the SouthDoc centre in the Primary Care Centre, Listowel."

Cllr Michael Foley

A written response from Mr Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted. Cllr Foley acknowledged the written reply from Mr Fitzgerald. However, he stated that the current Southdoc Out of Hours GP service provision at the Listowel treatment centre is not meeting local need. He highlighted that many people are having to travel to Tralee for Out of Hours GP services.

Mr Fitzgerald noted the Councillor's concerns, however, he advised members that it is becoming increasingly more challenging to maintain the same level of GP Out of Hours Services and cover. Pre-existing challenges in recruiting and retaining GPs are being starkly highlighted as we come out of the Covid-19 pandemic. There is a well reported national / international shortage of medics including GPs. Many of our current GPs are coming up to 65 years and many as a result of the pandemic have accelerated their plan to retire. There are high levels of demand for day to day GP services. Young GPs have different expectations and understandably are not necessarily attracted to longer hours / out of hours working. GP shortages will undoubtedly impact on the model of Out of Hours provision. The HSE is working nationally in relation to further GP training places, retention and supports for GPs.

(d) Cllr Gary Laffan, Cllr Donal Kenny, Cllr Cathal Byrne moved the following Motion, standing in their names:

"While we welcome the commitment of the Government to rebuild the hospital as a matter of urgency, time is of the essence and therefore this motion, calls on the Government and Wexford County Council to utilise every power at their disposal to expedite and accelerate the rebuild and to fast track the upcoming 96 bed extension which is also badly required."

A written response from Mr Declan Lyons, Chief Executive Officer, Ireland East Hospital Group was circulated to members and noted.

Cllr Laffan thanked HSE Management for the written response. It is critical for him and the other Wexford RHF members to keep this on the agenda. They were pleased to note the additional bed included in the written response i.e. 97 beds. Cllr Laffan, Cllr Kenny thanked all those involved in managing the major incident on the day including the staff at Wexford General Hospital, frontline emergency services, and the other acute hospitals in the region. Cllr Byrne in his support of this motion agreed with the previous speakers on the urgency for the progression of a replacement hospital. This misfortune can be used as an opportunity to develop a much needed new acute hospital unit for Wexford. Cllr Byrne also acknowledged the work of the emergency services and the fire service on the day.

The Wexford Members stated that they looked forward to positive progress reports on this development in upcoming meetings.

(e) Cllr Mikey Sheehy moved the following Motion, standing in his name:

“That this forum supports my call that Dingle Community Hospital be staffed and resourced to full capacity thus alleviating pressures on other acute healthcare settings in Kerry.”

A written response from Mr Michael Fitzgerald, Chief Officer, Cork Kerry Healthcare was circulated to members and noted.

Cllr Sheehy thanked Mr Fitzgerald for this response. He stated that there would be more demand for 46 beds in Dingle Community Hospital if there were more staff in situ there that would facilitate the opening of additional beds. Mr Fitzgerald in reply advised that it is proving very challenging to recruit and retain staff in rural hospitals. In addition, given changing expectations, older people are increasingly opting to remain living in their own homes with supports for as long as is possible. In line with Sláintecare there is a focus on enhancing community services to support older people and enable them live at home for longer. Mr Fitzgerald also advised members of the updated infection control guidance for buildings (acute and residential services) which includes changing room sizes / physical space requirements, with a resulting impact on capacity. The previously approved 72 beds in Dingle Community Hospital incorporated multi-occupancy rooms which would now not necessarily be appropriate nor acceptable to HIQA. Mr Fitzgerald also stated that over the last 18 months due to staffing challenges there were difficulties keeping the 46 beds open with 6 beds closed at various stages. There is an ongoing campaign for nurse recruitment. Mr Fitzgerald stated that Services for Older People have been successful in fully opening these 46 beds. The key issue is to try and maintain staffing levels to keep the 46 beds open. The private nursing home in the area is also of positive benefit for the local population. He also advised based on feedback from staff, housing remains a key issue.

5. Questions

(a) Question

“To ask the HSE will they or through Services Providers provide a Special Residential Care House in Kerry to service users diagnosed with Prader Willi syndrome living in the county.”

A written response from Mr Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted.

Cllr Foley thanked HSE Management for the reply. There is no cure for Prader Willi syndrome, treatment aims to manage the symptoms and associated difficulties. Cllr Foley highlighted the case of an elderly parent seeking a residential placement for his adult daughter who has Prader Willi syndrome. Cllr Foley stated that it is important that the HSE would develop and resource a residential house to support people living with this condition in the Kerry area. Mr Fitzgerald in reply advised that there are currently no plans to develop a specific residential service in Kerry at this time. There are designated residential units (limited) around the country developed by HSE /Private Providers designated for service users with Prader Willi syndrome. Places are

limited and are offered as they become available having regard for resources available and service user needs / risk presenting.

Mr Fitzgerald advised that Kerry Disability Services provide a range of supports including day services, home supports and respite to services users including those with this syndrome. Cllr Laffan supported Cllr Foley, advising members of that his sister has Prader Willi syndrome and has been fortunate to secure a specialised residential placement.

(b) Question

“What services are currently available at the primary care centre in Dungarvan, and are there plans to expand the services available there?”

A written response from Ms Kate Killeen White, Chief Officer, South East Community Healthcare was circulated to members and noted. This question was deferred.

(c) Question

“What is the up to date position regarding the number of step down beds available to the health services in Carlow / Kilkenny?”

Cllr John Coonan

(d) Question

“What are the plans for the development of step down beds and facilities for health services in Carlow / Kilkenny in the 2023 HSE capital plan?”

Cllr John Coonan

A written composite response to questions (c) and (d) from Ms Kate Killeen White, Chief Officer, South East Community Healthcare was circulated to members and noted.

Cllr Coonan thanked HSE Management for the reply. Whilst acknowledging this reply, Cllr Coonan clarified that his query related to a stepdown unit to assist patients who require pre-acute or post-acute services care. As we are all aware acute hospitals specialise in treating patients who have urgent, short-term medical needs. With some patients, they reach a point of being medically stable but are not quite ready to go home or to go to a nursing home. Cllr Coonan asked that for these patients in particular, should the HSE not provide a specialised service i.e. post-acute care unit similar to the inpatient service previously provided at the Regional Orthopaedic Unit, Kilcreene, Kilkenny some years ago. This 21 bed post-acute care stepdown unit was under the governance of acute hospital services. Cllr Coonan felt that this type of unit would alleviate pressures on the acute hospital service.

Cllr Coonan noted the HSE response outlining SECH short stay beds that are provided across Carlow/Kilkenny which include rehabilitation, convalescence, respite, palliative care and transitional care beds. He asked whether any of these beds were used for the purpose of post-acute care. Cllr Coonan asked whether there was any

plan to provide a stepdown post-acute care unit/service similar to what had previously been provided by acute services in Kilcreene. Ms Kate Cassidy responding on behalf of community services advised that the short-stay beds in the community are all fully utilised to support people to remain at home or provide supports following discharge from acute services. She stated that community services work closely with our colleagues in acute hospital services to support hospital avoidance and discharge from hospital. Cllr Coonan acknowledged the importance of short stay beds in the community. He asked what plans were there to develop beds for Older Persons in Carlow/Kilkenny. Ms Cassidy advised on the development of a replacement Community Nursing Unit (via Public Private Partnership) for St Columba's Hospital Thomastown Co. Kilkenny projected to be completed in quarter 4, 2024. Cllr Arthur MacDonald outlined his support for this question. It was agreed that an update on the Service Plan 2023 would be presented to RHF Members at forthcoming meetings.

(e) Question:

"Can the HSE please provide an update in relation to the status of the Nursing Home/Respite facilities to be provided in Tower Hill, Tower, Co Cork, on the premises formerly known as the Blarney Hotel and Golf Resort including how many people can be facilitated there and what services are to be available"

Cllr Eileen Lynch

A written response from Mr Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted. Cllr Lynch thanked HSE Management for this positive reply in relation the provision of a 50-bed Community Nursing Unit for older people. Cllr Lynch asked whether access to this Unit would be restricted by geographic location and would it be only for Older People or other residents. Mr Fitzgerald in reply confirmed that this would be a HSE Unit and subject to staffing and HIQA registration would be expected to be operational by Quarter 4, 2023. With regard to the query regarding geographic catchment, Mr Fitzgerald advised that with the Nursing Home Support Scheme, there is choice regarding public or private residential care. What usually happens is that people tend to stay close to their own family and community (subject to availability). Mr Fitzgerald confirmed that within the Unit, some bedrooms are designed to facilitate specialist bariatric capacity. Depending on demand there will be an ability to provide services for those requiring that service and not just older people. Cllr Lynch thanked Mr Fitzgerald for his response and clarifications and wished him the very best in his retirement.

(f) Question:

"What progress has been made in advancing the Chemotherapy Day Unit at University Hospital Kerry and what is the current timeline for the project to be completed"?

Cllr Mikey Sheehy

A written response from Ms Mary Fitzgerald, University Hospital Kerry, South / South West Hospital Group was circulated to members and noted. Dr Gerard O'Callaghan advised that the reply was brief due to unforeseen circumstances, however, he confirmed that a further written update would be provided on this question.

Cllr Sheehy noted the reply and acknowledged that additional information would be supplied from HSE Estates and UHK Management. He stated that the Chemotherapy Day Unit has had a number of different locations throughout UHK since it was established. The Chemotherapy Day Unit is currently sharing space with UHK Palliative Care Day Unit. Cllr Sheehy whilst acknowledging the outstanding work of the Palliative Care Unit, stated that it is not appropriate for the Chemotherapy Day Unit to be co-located and for cancer patients undergoing treatment to walk through the same door as the Palliative Care Unit. The Chemotherapy Day Service is a hugely important service for the local population and the preference would be for a stand-alone unit. Dr Gerard O'Callaghan stated that the UHK Management are working with HSE Estates and clinical staff to progress plans to optimise patient care into the future.

8. Date and Time of next meeting – 18th May 2023 at 11am.

MINUTES
MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday, 18th of May 2023 at 11am
Venue: Council Chambers, Cork County Council, Co Cork

Present:

Cllr Ann Marie Ahern*
Cllr Audrey Buckley
Cllr Declan Burgess*
Cllr Cathal Byrne
Cllr Peter Cleere
Cllr Pat Dunphy
Cllr Pat Fitzgerald
Cllr Michael Foley
Cllr Damien Geoghan
Cllr Pat Hayes*
Cllr Roger Kennedy*

Cllr Donal Kenny
Cllr Garry Laffan
Cllr Mary Lenihan Foley*
Cllr Susan McCarthy*
Cllr Arthur McDonald
Cllr Richie Molloy
Cllr Norma Moriarty
Cllr John O'Donoghue*
Cllr Sean O'Donovan
Cllr Michael McCarthy
Cllr John Sheehan

* Attended online

Apologies:

Cllr Niall Kelleher
Cllr Ted Tynan
Cllr Mikey Sheehy
Cllr John Coonan
Cllr John McDonald

In Attendance:

Dr Ger O'Callaghan, Chief Operations Officer, South/South West Hospitals Group
Ms Gabrielle O'Keefe, Head of Health & Well-being, Cork Kerry Community Healthcare
Ms Grace Rothwell, Chief Officer, South East Community Healthcare
Members of the HSE South Forum Office staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 30th of March 2023

On the proposal of Cllr Gary Laffan seconded by Cllr Michael McCarthy, it was agreed that Cllr Norma Moriarty would Chair the meeting given apologies received from Cllr Mikey Sheehy Chairperson and Cllr John Coonan Vice Chairperson.

On the proposal of Cllr Pat Hayes, seconded by Cllr John Sheehan, the minutes of the Forum meeting held on Thursday, 30th of March were approved and adopted by the members.

2. Chairperson's Correspondence

3. The next Committee Meetings will take place on:

- South East Committee Meeting held on 11th of July 2023
- South West Committee Meeting held on 13th of July 2023

4. Mr David Walsh made a presentation to the Forum on the proposed statutory Home Support Scheme and there followed a question and answer session from Members.

5. Notices of Motion

(a) Cllr Mary Lenihan Foley moved the following Motion, standing in her name:

"Asking the HSE for an update on the Primary Care Unit in Youghal"

A written response from Ms Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted. Cllr Lenihan Foley thanked Management for this response and was pleased to note the progress made. Cllr Lenihan Foley requested to be kept updated on this development. Ms Gabrielle O'Keeffe confirmed that an update would be provided when available.

(b) Cllr John McDonald moved the following Motion, standing his name:

"That HSE give an update on the development of a Primary Care Centres for Tullow, Co Carlow and Borris, Co. Carlow"

A written response from Ms Grace Rothwell, Chief Officer, South East Community Healthcare was circulated to members and noted.

Cllr McDonald was not in attendance at the RHF meeting. Cllr Arthur MacDonald asked HSE Management whether Borris and Bagenalstown could be selected as potential locations for Primary Care Centres in addition to Tullow. Ms Grace Rothwell confirmed that as outlined in the written response that Borris specifically as a location has not been selected for a new Primary Care Centre. However, the neighbouring town of Graiguenamanagh has been selected. Ms Rothwell also outlined that with the development of Regional Health Authorities the HSE will be working across borders.

(c) Cllr Michael Foley moved the following Motion, standing in his name:

"To ask the HSE when will assessment clinics be re-commenced for Primary Medical Certificates applicants in Kerry?"

A written response from Ms Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted.

Cllr Foley welcomed the response and the recommencement of services for primary care certificate applications. He noted that there were 25 applications awaiting completion and that the HSE Community Medical Doctors will continue to prioritise these assessments within the available resources. Cllr Foley stated that the Primary Medical Certificate issued by the HSE is critical in certifying that a person meets the criteria for the purposes of Disabled Drivers and Disabled Passengers Regulations 1994. Cllr Foley stated that there needs to be a complete review of the Scheme nationally.

(d) Cllr Norma Moriarty moved the following Motion, standing in her name:

"That Caherciveen Day hospital be returned to a minimum five-day part week service as a matter of urgency given the number of people on a waiting list to make access to the highly thought of effective service provided there."

A written response from Ms Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted. Cllr Norma Moriarty welcomed this written reply and thanked Management for same. Whilst acknowledging staff shortages and ongoing recruitment challenges, Cllr Moriarty stated that the importance of Day Hospital Services to the local population cannot be overstated. The care provided as part of this service is critically important to families. Ms Gabrielle O'Keeffe stated that services can only be provided in accordance with staffing levels and are currently at capacity. She also highlighted ongoing HSE recruitment campaigns to services for older people in this regard.

(e) Cllr Audrey Buckley moved the following Motion, standing in her name:

"Does the HSE play a role, with the pricing of prescription medications?
The large price variation for prescription drugs and the lack of transparency from pharmacies is a problem. It may mean that some people are paying too much for their medication. Or worse, some people are not buying their medication because it costs too much. Can we or are we addressing the overpricing of some pharmacies on overpricing on prescriptions."

A written response from Shaun Flanagan, Assistant National Director, Primary Care Reimbursement Service Healthcare was circulated to members and noted. Cllr Buckley thanked Management for this written reply. Cllr Buckley noted that the HSE plays no role in the pricing of private prescriptions in Community Pharmacists and that the setting of private prescription fees and / or mark-ups is a commercial matter for each Community Pharmacist.

6. Questions

(a) Cllr. Declan Burgess put forward the following question:

"Update on St Patrick's Hospital Cashel and proposed 60 bed Community Nursing Unit"

A written response Ms Helen McDaid Head of Services for Older Persons, South East Community Healthcare was circulated to members and noted. Cllr Burgess thanked

Management for this written response. He acknowledged the recent positive meeting on the matter with Minister Mary Butler (Minister of State for Mental Health & Older People which he attended along with Cllr Roger Kennedy Regional Health Forum Member. Cllr Burgess also noted the positive developments in Children's Disability Services in Cnoc na Ri Cashel. Cllr Burgess asked about car parking spaces and also whether the land to the rear of the Rehabilitation and Assessment Unit on site at St Patrick's Cashel had been considered by HSE Estates. Ms Rothwell in response advised that she understood there to be insufficient space at the rear of the Rehabilitation Unit. Cllr Burgess urged the HSE to consider all available options as he understood the current location under review elsewhere in Cashel has challenges and would likely not be feasible. Cllr Burgess highlighted the importance that a new Community Nursing Unit would be to the population of Cashel and the surrounding areas. He along with other local elected representatives want to see this development progressed without further delays. Cllr Roger Kennedy agreed with Cllr Burgess and also acknowledged the positive meeting with Minister Butler on this issue. Cllr Kennedy also sought clarification as to whether the licence had been recently extended by HIQA for Our Lady's (Cashel Residential Older Persons Services). Ms Rothwell confirmed same. Cllr Richie Molloy thanked his colleagues and also extended his support. Cllr Molloy highlighted the support of people who attended a local meeting. Cllr Burgess stated that he would seek further updates on site locations and viability of options on the St Patrick's Campus.

(b) Cllr. Pat Fitzgerald put forward the following question:

1. Are Carparks on the Grounds of a Public Hospital such as UHW considered by the HSE to be privately or publicly owned? 2. Should drivers with a Blue Disabled Windscreen Sticker be charged to park in a Disabled Parking Bay on Public Property? 3. As there is presently an inadequate number of Free Disabled Car Parking Spaces available at UHW, can more Disabled Parking Spaces be provided for disabled people attending outpatient appointment?"

A written response from Ben O' Sullivan, General Manager, University Hospital Waterford/Kilcreene Regional Orthopaedic Hospital Kilkenny was circulated to members and noted.

Cllr Fitzgerald acknowledged the written reply which stated that the car parks on the grounds of UHW are owned and operated by UHW with the exception of the external Glanbia carpark which is on a long term lease to facilitate staff parking. Cllr Fitzgerald sought clarification in relation to designated car parking for patients near the Dunmore Wing and whether this had previously been free of charge. Dr Ger O'Callaghan stated that he would follow up on this further and arrange for a reply to issue to Cllr Fitzgerald. Cllr Arthur MacDonald support this question and stated that more should be done to support those with mobility issues including having additional transport wheelchairs onsite and also to increase the provision of designated age friendly car parking spaces in hospitals.

(c) Cllr. Norma Moriarty put forward the following question:

“Can we be given a detailed update on physiotherapy services in the Cahersiveen and Sneem areas with specifics on waiting lists and length of time on said lists? Is it time to increase the number of therapists covering this geographic area?”

A written response from Ms Tess O’Donovan, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted.

Cllr. Norma Moriarty thanked Management for their reply. She noted the 3 WTE vacancies and the impact on the physiotherapy waiting list for the Caherciveen area. Whilst available physiotherapy staffing resources were redeployed to the Caherciveen area to meet service demand, Cllr Moriarty stated that this is also an important issue for people in Sneem. Ms Gabrielle O’Keeffe in response advised members of ongoing recruitment issues for all grades of staff including Therapy Grades across the health services, locally, nationally and internationally. There are ongoing Recruitment Campaigns for this specific and other therapy disciplines. Ms O’Keeffe reiterated to Members that all vacant posts, including those in Community Health Network 3, are currently being expressed to panels formed and that Cork Kerry Community Healthcare is also running a local temporary recruitment campaign for Assistant Physiotherapists to all networks to assist with the reduction of current waiting lists.

7. Date and Time of next meeting – 21st September 2023 at 11am. **Venue:** Council Chambers, Cork County Hall, Co Cork.

**MINUTES
MEETING OF REGIONAL HEALTH FORUM SOUTH**

**Thursday, 15th of June 2023 at 11am
Venue: Council Chambers, Cork County Council, Co Cork**

Present:

Cllr Ann Marie Ahern
Cllr Declan Burgess
Cllr Cathal Byrne
Cllr Peter Cleere
Cllr Caroline Cronin*
Cllr Pat Dunphy
Cllr Pat Fitzgerald
Cllr Michael Foley
Cllr Damien Geoghegan
Cllr Pat Hayes*
Cllr Roger Kennedy*
Cllr Donal Kenny
Cllr Garry Laffan

Cllr Mary Lenihan Foley*
Cllr Eileen Lynch
Cllr Michael McCarthy
Cllr Susan McCarthy*
Cllr Arthur McDonald
Cllr John McDonald*
Cllr Norma Moriarty*
Cllr Sean O'Donovan
Cllr Jody Power
Cllr John Sheehan
Cllr Mikey Sheehy

* Attended online

Apologies:

Cllr Stephanie Keating
Cllr Richie Molloy
Cllr Ted Tynan

In Attendance:

Ms Bridie O'Sullivan, A/Chief Operations Officer, South/South West Hospitals Group
Ms Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare
Ms Anna Marie Lanigan, Head of Primary Care, South East Community Healthcare
Mr Gearóid Rennicks, Senior Press Officer, Ireland East Hospital Group*
Members of the Regional Health Forum Office staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 18th of May 2023.

On the proposal of Cllr Garry Laffan seconded by Cllr John Coonan, the Minutes of the Forum meeting held on Thursday, 18th of May 2023 were approved and adopted by the members.

Cllr Garry Laffan queried the Minutes of the September 2022 meeting – discussion on Travel Expenses. Cllr Sheehy, Chairperson, stated that he would arrange for the Minutes of the November 2022 meeting to be reviewed to see if there were any objections or points made with regard to the approval of the September 2022 minutes by members.

2. Chairperson’s Correspondence

2.1 Election of Chairperson

Cllr Mikey Sheehy thanked the members for their support over his year as Chairperson. He enjoyed the year, he found HSE Management to be very open during the year that saw the retirement of Mr Gerry O’Dwyer, CEO, South/South West Hospital Group and Mr Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare both of them with a vast amount of knowledge and experience of the Health Services. He welcomed Ms Tess O’Donovan and Ms Grace Rothwell in their new roles and the ongoing work of Dr Ger O’Callaghan with the Forum and Ms Mary Fitzgerald, General Manager of UHK in her new role.

Proposed: Cllr Arthur McDonald

Proposer: Cllr Anne Marie Ahern

Secunder: Cllr John Coonan

2.2 Election of Vice Chairperson:

Proposed: Cllr Niall Kelleher

Proposer: Cllr Anne Marie Ahern

Secunder: Cllr Gary Laffan

Cllr Arthur McDonald took the Chair and thanked his proposer, secunder and the members for their support. Cllr McDonald also thanked the outgoing Chairperson for his work during the year, he was an excellent Chairperson who did credit to the Councillors and the Forum. Cllr McDonald suggested a minute of silence for those members who have passed away over the last number of years.

3. The next Committee Meetings will take place on:

- South East Committee Meeting held on 11th of July 2023 in Kilkenny
- South West Committee Meeting held on 13th of July 2023 in Tralee

4. Notices of Motion

(a) Cllrs Pat Barden, Cathal Byrne, Donal Kenny and Garry Laffan moved the following Motion, standing in their names:

"We call on the Minister for Health Stephen Donnelly T.D. to immediately put in place under the new HSE Service Plan 2023 a multi-agency approach to provide permanent Palliative Care measures for terminally ill children in the South East so that they can be cared for by their families at home in their final days."

A written response from Ms Grace Rothwell, Chief Officer, South East Community Healthcare was circulated to members and noted.

Cllr Laffan queried if there were any changes due in the near future to the Model for Paediatric Palliative Care 2017. Ms Lanigan said that significant progress is being made throughout the South East in relation to Paediatric Palliative Care.

Cllr Donal Kenny thanked Ms Lanigan for her response stating that it would be of comfort to those families effected.

(b) Cllr Norma Moriarty moved the following Motion, standing her name:

"That the agreement to provide for a two year pilot scheme for the provision of a Mental Health and Intervention Support Nurse for the South West Kerry area be realised in full."

A written response from Ms Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted.

Cllr Moriarty thanked Ms O'Donovan for the detailed and very positive response.

(c) Cllr Declan Burgess moved the following Motion, standing in his name:

"A report/assessment of the HSE owned lands at Palmer's Hill Cashel was due back the end of May. This assessment was conducted to see if lands were a viable option for the proposed 60 bed community nursing unit for Cashel. Can management please outline the findings of that report? "

A written response from Mr Ciarán Ruane, Estates Manager, South East Community Healthcare was circulated to members and noted.

Cllr Burgess stated that he was very disappointed with the response provided, he felt it did not respond to the query set out. Cllr Anna Marie Lanigan stated that she would relay his point of view to the Chief Officer and the Estates Department with a commitment to direct follow up on this. Cllr Burgess thanked Ms Lanigan he also pointed out the positive point that the project is in the Capital Plan just recently released. Cllr Kennedy agreed with the points made by Cllr Burgess.

(d) Cllr Norma Moriarty moved the following Motion, standing in her name:

"That the HSE would outline the number of adults and children currently in receipt of disability respite services in Cork County, the number of adults and children on a waiting

list for adult and children disability respite services and the approximate wait time between initial applications for said respite and active receipt of said services."

A written response from Ms Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted.

Cllr Lynch acknowledged the written reply and said the response was very detailed and comprehensive. She had subsequent queries on the response these were responded to by Ms O'Donovan. Ms O'Donovan explained that she has been engaging with the providers and business case development. Cllr Lynch stated that she understood the limited funds available and would send further follow up queries to Ms O'Donovan. Ms O'Donovan suggested that this topic be brought back to the next Committee Meeting for more detailed discussion.

5. Questions

(a) Cllr. Cathal Byrne put forward the following question:

"To ask the HSE to provide the number of persons by age on waiting lists for speech and language therapy in County Wexford and the numbers waiting more than 12, 24 and 52 weeks respectively."

A written response from Ms Anna Marie Lanigan, Head of Primary Care Services, South East Community Healthcare was circulated to members and noted.

Cllr Byrne thanked Management for the reply and had two follow up queries as follows: the patients under the category – Paediatric Waiting Intervention - have they received any supports to date and the second; in terms of classification of Paediatric – what age does that go up to. Ms Lanigan said she will revert to Cllr Byrne with the responses.

(b) Cllr. Norma Moriarty put forward the following question:

"What if any arrangements can be made for a dentist to make house calls to people who are for various reasons confined to their homes?"

A written response from Ms Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted.

Cllr Moriarty thanked Ms O'Donovan for the response and stated that she was looking forward to National Oral Health Policy.

(c) Cllr. Eileen Lynch put forward the following question:

"Can the HSE provide an update in relation to works on Macroom Community hospital as they are listed for completion in 2023 under the HSE 2023 Capital Plan and confirm the status of the development of an elderly day care centre on that same site."

A written response from Ms Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted.

Cllr Lynch queried HIQA timelines, staffing levels, the design and tenders and whether the hospital was placed on the National Plan 2024. Ms O'Donovan responded to her queries and said she would revert with regard to the National Plan.

All members who spoke at the meeting congratulated Cllr Arthur McDonald on his position as Chairperson of the Forum and wished him well for the year.

7. Date and Time of next meeting – 21st September 2023 at 11am. **Venue:** Council Chambers, Cork County Hall, Co Cork.

**MINUTES
MEETING OF REGIONAL HEALTH FORUM SOUTH**

**Thursday, 5th October 2023 at 2pm
Venue: council Chambers, Cork County Council**

Present:

Cllr Ann Marie Ahern
Cllr Audrey Buckley
Cllr Peter Cleere
Cllr Danny Collins*
Cllr John Coonan
Cllr Caroline Cronin*
Cllr Michael Doran*
Cllr Pat Dunphy
Cllr Pat Fitzgerald*
Cllr Michael Foley*
Cllr Pat Hayes*
Cllr Stephanie Keating*
Cllr Niall Kelleher*
Cllr Roger Kennedy

Cllr Donal Kenny*
Cllr Garry Laffan
Cllr Mary Lenihan Foley*
Cllr Eileen Lynch
Cllr Michael McCarthy
Cllr Susan McCarthy*
Cllr Arthur McDonald
Cllr John McDonald
Cllr Richie Molloy
Cllr Norma Moriarty*
Cllr Sean O'Donovan*
Cllr Jody Power*
Cllr Mikey Sheehy*
Cllr Ted Tynan

***Attended online**

Apologies:

Cllr Declan Burgess
Cllr John Sheehan

In Attendance:

Dr Ger O'Callaghan, Chief Operations Officer, South/South West Hospitals Group
Ms Gabrielle O'Keeffe, Head of Health & Wellbeing, Cork Kerry Community Healthcare
Ms Anna Marie Lanigan, Head of Primary Care, South East Community Healthcare
Members of the HSE South Forum Office staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 15th June 2023

On the proposal of Cllr Michael McCarthy seconded by Cllr Peter Cleere, the minutes of the Forum meeting held on Thursday, 15th June were approved and adopted by the members.

2. Chairperson's Correspondence

No Correspondence

3. Committees

The next Committee Meetings will take place on:

- South East Committee Meeting on 17th October 2023 in Kilkenny
- South West Committee Meeting on 19th October 2023 in Tralee

4. Notices of Motion

(a) Cllr Susan McCarthy moved the following Motion, standing in her name:

"Requesting an update on the HSE Centre on Main Street, Castlemartyr. It is in a prime location in the centre of a bustling village with a fast-growing population, which currently has no designated community meeting space. What are the plans for this building going forward?"

A written response from Mr Alan O'Connell, Assistant National Director, HSE Estates South, was circulated to members and noted.

Ms Gabrielle O'Keeffe advised that HSE accommodation needs are being reviewed for Castlemartyr and the East Cork area. This building needs significant work. There is no health service requirement for the building - and therefore it will be offered to other state agencies and then private.

(b) Cllr Mikey Sheehy moved the following Motion, standing in his name:

"That this Forum supports patients currently receiving Clozaril in our region. What plans are in place to facilitate these patients receiving their medication in the community where they live."

A written response from Ms Tess O'Donovan, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted. Cllr Sheehy thanked HSE Management for the reply was pleased to see some movement on this.

Cllr Sheehy outlined the need to have resources (staffing) available to administer this in community settings as opposed to individuals having to travel to UHK every month to get their prescription which can be difficult. It is important to have ease of access for service users. Kerry MHS are exploring options for dispensing through a designated community pharmacist in North Kerry.

(c) Cllr Audrey Buckley moved the following Motion, standing in her name:

"To create a dedicated First Aid Schools officer in Cork, tasked with giving ALL primary schools & Secondary schools access to funded First Aid training for their pupils. Hands-on training and an increase in awareness will help save lives and give students confidence and a greater sense of wellbeing"

A written response from the Irish Heart Foundation was circulated to members and noted.

This course is not mandatory on the curriculum. Currently The Children and Young People Programme is being carried out in post primary schools and includes the CPR 4 schools programme. The CPR 4 Schools programme is up and running in 86% of post primary schools. It is not provided in primary schools for a number of reasons including the fact that children do not have the strength to perform CPR.

(d) Cllr Eileen Lynch moved the following Motion, standing in her name:

“Can the HSE advise as to what measures will be put in place following the publication of the Nowhere to Turn Report by the Office of the Ombudsman for Children in terms of how can supports for children with disabilities be improved, will the HSE be adopting the recommendations in that report and will the HSE be working more closely with TUSLA in this regard.”

Cllr Eileen Lynch

A written response from Ms Tess O’Donovan, Chief Officer, Cork Kerry Community Healthcare and Mr Michael Morrow A/Chief Officer South East Community Healthcare was circulated to members and noted. Cllr Lynch asked for more specific information including timeframes for engagement, details of how HSE will engage with TUSLA i.e. how does that work in practice. Ms O’Keeffe in response outlined that there is already joint working with TUSLA in community health areas through the Interagency Joint Protocol. There is engagement with TUSLA at various levels in relation to cases which have been escalated and decisions are made at appropriate levels. This process has been in place for a number of years. Ms O’Keeffe agreed to provide a copy of the Joint Working Protocol to Cllr Lynch and would update her further in relation to specific timelines. Cllr Lynch also requested detail if available on funding for this. Ms Gabrielle O’Keefe advised that she would follow-up on this.

(e) Cllr Norma Moriarty moved the following Motion, standing in her name:

“That all possible be done to provide additional adult respite services in Kerry to accommodate the numbers of young men and women who need to access such a crucial service. Please also provide a breakdown of numbers of children who have accessed disability service respite care over the last five years and the numbers of those who at age 18 move out of that provision and are then to be catered for in adult services. (The comparable lack of adult provision to child provision highlights the need for more investment in the adult area.)”

Cllr Norma Moriarty

A written response from Ms Tess O’Donovan, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted.

Cllr Moriarty thanked HSE Management for their written reply and noted the detailed response provided. She highlighted concerns in relation to the availability of adult respite provision. Scheduled respite is a necessity for all families and their lives and ability to continue caring improves immeasurably when they have regular access to respite services. Ms O’Keeffe acknowledged the need for respite services and also

increasing service demands. She advised Members that Cork Kerry Healthcare has invested in respite service provision in recent years for children and adults and continues to advocate for additional funding for these services.

(f) Cllr Mikey Sheehy moved the following Motion, standing in his name:

“What is the update on the Primary Care Centres that are due to be developed in Kerry and the time scale for them to be open to operation. Will the Killarney Primary Care clinic have a minor injuries clinic?”

Cllr Niall Kelleher

A written response from Ms Tess O’Donovan, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted.

Cllr Kelleher acknowledged the written reply and hoped there would be a positive outcome from ongoing discussions in relation to the development of a Primary Care Centre in South Kerry/Caherciveen. He also raised Rathmore area and whether this would be identified as a location for a Primary Care Centre into the future.

Gabrielle O’Keeffe advised that Primary Care Centres are operated in partnership with GPs. Ms O’Keeffe stated that Minor Injury Units are not within the remit of Primary Care/ Community services. Ms O’Keeffe advised that she was unaware of any proposal for the development/provision of a Minor Injury Clinic in Killarney. However she agreed to bring the queries raised back to her colleagues for review and would endeavour to provide an update at South West Committee meeting.

6. Questions

(a) Cllr. Mikey Sheehy put forward the following question:

“How many active legal cases are currently being taken against the HSE in Kerry regarding the inappropriate care and prescribing of medication by CAMHS in the County?”

A written response from Ms Tess O’Donovan, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted. Cllr Sheehy noted the content of the response and asked HSE Management why figures requested could not be provide in format requested. The National Treasury Management Agency who maintain this information can only comment on number of clinical claims being taken.

(b) Cllr. Eileen Lynch put forward the following question:

“Can the HSE please provide an update in relation to the completion of the extension and refurbishment works in St Joseph’s Community Hospital, Millstreet.”

A written response from Mr Alan O’Connell, Assistant National Director, HSE Estates South, was circulated to members and noted.

(c) Cllr. Pat Hayes put forward the following question:

“Can the South/South West Hospital Group provide increased funding to employ more interns as in some specialities there are 60 to 80 patients to 2 interns. Interns are working up to 65 hours per week and find it difficult to get cover if they want to take leave.”

A written response from Dr Ger O’Callaghan, Chief Operations Officer, South/South West Hospitals Group was circulated to members and noted. Cllr Hayes thanked HSE Management for their reply.

(d) Cllr Norma Moriarty put forward the following question:

“Can a regular podiatry clinic be set up for south west Kerry?”

A written response from Ms Tess O’Donovan, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted.

Cllr Moriarty in acknowledgement of the written response provided asked where podiatry clinics would be located in the South West region. Gabrielle O’Keeffe advised that in line with the Enhanced Community Care Programme it is intended to have such clinics provided in community settings situated close to the population centres. However, the ongoing challenge remains in the Cork Kerry area and across the country in recruiting suitably qualified podiatry staff to address increasing service demands. The HSE needs to be able to, successfully, recruit podiatry staff in the first instance in order to provide clinics.

(e) Cllr. Niall Kelleher put forward the following question:

“What's the HSE current plan regarding St Finians, and will there be a plan for St Columbanus and the Killarney District Hospital once the New Killarney Community Hospital is open.”

A written response from Ms Tess O’Donovan, Chief Officer Cork Kerry Community Healthcare was circulated to members and noted. Cllr Kelleher thanked HSE Management and stated that the District Hospital would be an ideal location to provide services such as a Minor Injury Unit in the Killarney area.

Ms Gabrielle O’Keeffe advised that there is no definite timeline at present in relation to the future use of St Columbanus Hospital Buildings. Once the new Community Nursing Unit opens, a scoping exercise will need to take place to match available space to service needs.

7. Date and Time of next meeting – 23rd November 2023 at 2pm. Venue: Cork Council Chambers, Cork County Hall.
