

EASTERN HEALTH BOARD

Minutes of Monthly Meeting of Eastern Health Board held in the Boardroom, St. Brendan's Hospital, Grangegorman. on Thursday, 1st December, 1977 at 6 p.m.

Present:

<p>Councillor Mrs. J. Barlow Dr. J. Behan Councillor D. Browne Councillor Michael Carroll Councillor Joseph Connolly Mr. H. Corrigan Councillor O. Cooney Councillor H. P. Dockrell Professor J. Doyle Councillor Joseph Durning Alderman A. FitzGerald Councillor Mrs. A. Glenn Councillor A. Groome Councillor T. Hand Mr. K. Harrington</p>	<p>Councillor Patrick Hickey P.C.. Ms. Noreen Kearney Dr. D. G. Kelly Councillor Denis Kinsella Deputy Thomas Leonard Professor James McCormick Dr. P. McCarthy Sr. Columba Dr. A. Meade Deputy C. Murphy Dr. B. Powell Dr. B. Sheehan Councillor J. Sweeney Dr. J. Walker</p>
--	--

Apologies for Absence:

Councillor M. Brady.

In the Chair:

Councillor P. Hickey, Chairman, presided.

Officers in Attendance:

Mr. E. O Caoimh	<i>Chief Executive Officer</i>	Mr. J. Clarke
Mr. J. J. Nolan	<i>Deputy Chief Executive Officer</i>	Mr. F. J. McCullough
Mr. F. Donohue	<i>Programme Manager</i>	Mr. H. Dunne
Mr. T. Keyes	<i>Programme Manager</i>	Mr. A. O'Brien
Prof. B. O'Donnell	<i>Dublin Medical Officer</i>	Mr. T. McManus
Mr. R. N. Lamb	<i>Personnel Officer</i>	Mr. M. Cummins
Mr. J. F. Reynolds	<i>Finance Officer</i>	Miss K. Dolan
Mr. J. Sadlier	<i>Technical Services Officer</i>	Miss E. Larkin
Mr. F. Elliott	<i>Planning & Eval. Officer</i>	

138/77 CONFIRMATION OF MINUTES

Minutes of the Monthly Meeting of 3rd November, 1977, having been circulated were confirmed on a proposal by Councillor Kinsella, seconded by Councillor Dockrell.

139/77**MATTERS ARISING FROM MINUTES**

Dr Walker referred to:—

(a) Minute No. 126/77 concerning the permanent appointment of Professor B. O'Donnell to the post of Dublin Medical Officer of Health and recommended that the Board should also congratulate the four recently appointed Directors of Community Care, Dr. V. Barry, Dr. K. Quinn, Dr. P. Quinn and Dr. P. Murphy. He felt that they had already brought great benefit to the Board's services. Dr. Walker's suggestion was unanimously agreed.

(b) The Report of Visiting Committee No. 1 (Minute 128/77) and to the paragraph in Dr. Rahill's report quoted therein in regard to distribution of drugs at Clinics, Dr. Walker asked if it was now the policy of the Health Board to discontinue dispensing psychotropic drugs at Health Centres. Councillor Durning also enquired as to the position. Mr. Keyes, Programme Manager, confirmed that this was now Board policy and that he has written to the Chief Psychiatrist and the Clinical Directors asking them to prepare schemes for the implementation of this policy. In reply to Councillor Durning he said that any persons who might be adversely affected by any change in the system would be identified and that special arrangements would be considered if necessary.

Referring to Minute No. 132/77 concerning the Annual Report of the General Medical Services (Payments) Board, Mr. Corrigan commented on the separation of chemists' remuneration from the prices of drugs and pointed out that dispensing fees paid to pharmacists do not have a bearing on the price of drugs. He suggested again that, in future Reports of the General Medical Services (Payments) Board, the column relating to these fees be deleted.

140/77**PROCEEDINGS OF VISITING COMMITTEES**

Reports of the following Visiting Committees having been circulated were dealt with as follows:—

- (a) No. 2 Visiting Committee Meeting held at Usher's Island (Forensic Service) and the Industrial Therapy Unit, Hanbury Lane on 16/11/1977.—Noted.
- (b) No. 3 Visiting Committee Meeting held at St. John's Day Centre, Clontarf, on 9/11/1977.—Noted.
- (c) No. 3 Visiting Committee Meeting held at St. Ita's Hospital on 16/11/1977.—Noted.
- (d) No. 4 Visiting Committee Meeting held at Usher's Island (Child Psychiatric Service) on 9/11/77.—Noted.

141/77

PROCEEDINGS OF LOCAL HEALTH COMMITTEES

The Minutes of the Meeting of Kildare Local Health Committee held on 29/9/1977 having been circulated were noted.

142/77

FILLING OF VACANCY ON MEATH HOSPITAL BOARD RESULTING FROM RESIGNATION OF COUNCILLOR MRS. A. GLENN

Alderman A. FitzGerald proposed that Dr. Gerard Hurley be elected to fill the vacancy. His proposal was seconded by Councillor M. Carroll and agreed unanimously. Dr. Sheehan enquired about the membership of the Board and Mr. J. J. Nolan, Deputy Chief Executive Officer set out the position.

143/77

RESEARCH PROJECT ON ALCOHOLISM

Letter from Department of Health of 16/11/1977 together with enclosures was circulated. In reply to a question from Dr. Behan, Mr. Keyes explained that Fr. Short has obtained the premises in Clondalkin and has established links with St. James's and other hospitals. It is planned that Fr. Short's project will eventually cater for 25 in-places and 25 out-places. The Alcoholism Councillors on the project have been trained in the U.S.A. and particular emphasis will be given to follow-up procedures.

Professor McCormick considered Fr. Short's ideas on the treatment of alcoholism worth a trial but suggested that the Board members have an opportunity of seeing a copy of the submission originally made by Fr. Short.

Dr. Walker requested a breakdown of the Board's contribution of L'70,000 for the next meeting. Mr. Keyes informed the

members that a Special Committee has been set up to monitor the programme and would include a Board member and a consultant employed by the Board.

144/77

**COMHAIRLE NA N-OSPIDEIL—DISCUSSION DOCUMENT
ON ORTHOPAEDIC SERVICES AND REPORT NO. 37/1977**

By permission of the Chair, on a proposal by Dr. K. Harrington, seconded by Dr. Powell it was agreed to take discussion on this item in conjunction with the motion in the name of Mr. D. G. Kelly:—

"That the Eastern Health Board rejects the recommendation of Comhairle na n-Ospideil in relation to Orthopaedics and urges the Minister to immediately establish an Orthopaedic Unit as part of a large general hospital in the South Eastern portion of the Eastern Health Board Area."

Mr. Kelly informed the members that if the criterion of 1 bed per 0.4% of population were applied to the Eastern Health Board Area 600 orthopaedic beds would be required. He considered also that an elective Orthopaedic Unit should be part of a General Hospital. He observed that the South Eastern part of the area served by the Eastern Health Board is devoid of orthopaedic beds at present and recommended that, where an Orthopaedic Unit is established, it must be accessible to all forms of transport.

A discussion followed to which the following contributed:— Councillor Sweeney, Dr. Behan, Professor McCormick, Dr. Sheehan. Mr. Nolan recommended that, as the Board was not rejecting the Discussion Document in toto the notice of motion should be re-phrased accordingly, and should request the establishment of an Orthopaedic Unit in the South Eastern sector of the Board's functional area. Mr. Nolan also proposed that the Board should set up a small group including two professional members who would analyse the basis on which the Comhairle has made its recommendations and report back. It was agreed, to write to the Minister informing him that the Board was not happy with the discussion document of Comhairle na n-Ospideil and was establishing a Committee to propose the Board's views in this regard.

145/77

LIMITED ELIGIBILITY

The following Report No. 38/1977 from the Chief Executive Officer was submitted:—

1. "At the October Meeting the Eastern Health Board had before it a Report on the Payments Board's Report for 1976 (Report No. 35/77). In the course of the discussion thereon members asked questions on the operation of the 'limited eligibility' scheme. The Chief Executive Officer outlined the statutory Regulations thereon and informed the Board of the terms of reference of the Working Party set up by the former Minister for Health with the object of finding solutions to the anomalies which were being encountered (by Health Boards) in implementing the Statutory Regulations. The Working Party comprised of Representatives of the Department of Health, Health Boards, Employers, Trade Unions and the Medical Organisations had identified anomalies under seven separate headings. These anomalies arose, in the main, in regard to eligibility for Hospital treatment. Eligibility for the Refund Scheme for Medicines was relatively straight forward. As requested by members a more detailed Report is given hereunder in relation to eligibility for Hospital Services.

Determining Limited Eligibility

2. Persons not covered for general medical services (full eligibility i.e. medical card holders) are eligible for hospital and maternity services if they come within the scope of "limited eligibility". "Limited eligibility" encompasses various categories of persons. The criteria for "limited eligibility" are defined in Section 46 of the Health Act, 1970 and statutory Regulations, 1971, 1974 and 1976. If a person is in one of the under-mentioned categories and does not hold a medical card he can obtain "limited eligibility status for himself and *dependents*.
 - (i) Persons insured under the Social Welfare Acts in ***manual*** employments irrespective of earnings.
 - (ii) Persons insured under the Social Welfare Acts in *non-manual* employment and whose rate of remuneration is not more than £3,000 per annum. A non-manual worker paying insurance contributions and whose rate of remuneration rises above £3,000 per annum continues to have "limited eligibility" status for the balance of that contribution year and for two further contribution years after exceeding the £3,000 limit.

This carry-over period is extended by a further year in the case of a person whose remuneration

was not more than £2,250 per annum on or after 1st April, 1974 but had increased to over £3,000 by 1st July 1976 due to adjustments in pay under the National Wage Agreements. A considerable number of persons are in this latter situation and will lose their eligibility status at the end of this year in the case of male employees and in June, 1978, in the case of female employees.

- (iii) A person who was insured as a voluntary contributor under the Social Welfare Acts and who was making voluntary contributions on 31st March, 1974 and who has 24 stamps in the contribution year prior to applying for the service or 72 stamps in the previous three contribution years.
- (iv) A person insured as a voluntary contributor under the Social Welfare Acts on the date of application for services. To qualify for "limited eligibility" a voluntary contributor in this situation is required to have at least 24 stamps for the last contribution year or 72 stamps in the previous three contribution years. This situation arises when a person who was in compulsory insured employment, ceases employment as such and becomes a self **employed** person paying voluntary contributions.
- (v) A retired person who was qualified as an insured person for "limited eligibility", when he reaches the age at which the Social Welfare Old Age Pension is granted, retains "limited eligibility" for life irrespective of means.
- (vi) Retired persons *no longer in insurable employment*, who on the date of application for services or on the day before reaching Social Welfare pensionable **age** (66 years) have a past Social contribution record of one contribution in the current contribution year or in either of the two previous contribution years.
- (vii) A non-insured person (e.g. self-employed or retired) whose means are less than £3,000 per year.
- (viii) A farmer whose rateable valuation is not more than £60 00.
- (ix) Persons not coming within the foregoing categories who in the opinion of the Chief Executive Officer would be unable without undue hardship to provide the services for themselves and their dependents.

3. Although the categories of eligibility are clearly defined, the complexity of the work in determining eligibility arises when classifying employments as manual/non-manual (groups i and ii). Deciding on the "carry-over" period of eligibility creates major difficulties as it is necessary to ascertain the applicant's rate of remuneration at different stages over a 2/3/4 year period.
4. The Department of Health, in their circular letter dated 15th December, 1975, advised that the responsibility for deciding whether an employment is manual or non-manual rested with Health Boards and gave the following guide lines:—

'In classifying an employment it is necessary to take account of the real and substantial character of the employment, bearing in mind that the involvement of a certain amount of physical labour need not necessarily warrant a "manual" classification. Generally speaking, when the manual content is equal to or predominates over the other aspect of the work, the employment should be regarded as manual. In most cases, the nature of the work performed will readily determine whether the employment should be classified as manual or non-manual.'

Health Contribution

5. Persons qualifying for hospital or maternity services under any of the preceding categories are required to pay a health contribution, except the medical card holder, the agricultural labourer, the domestic employee and certain employed women in receipt of Social Welfare benefits. The voluntary and compulsorily insured persons pay this contribution each week as part of the Social Welfare contribution. The amount at present is 39p per week. The non-insured persons pay a yearly contribution (at present £18) directly to the Revenue Commissioners. Farmers pay the yearly contribution (£18-00) directly to the Health Board. *(It should be noted that payment of the health contribution does not in itself confer eligibility).*
6. In a recent scheme introduced by the Department of Health, Health Boards have been requested to issue identity cards (supplied by the Department) to employers for issue to their employees in respect of whom health contributions are payable. The purpose of the card is to identify a person with "limited eligibility" at source of service. The Health Board was not

allowed any additional staff to deal with this extra work of issuing approximately 225,000 cards and keeping records of same. The scheme has met with objections from some employers who feel they are being required to make decisions on the eligibility of their staff for health services, which they point out is the function of the Health Board. The Health Board and admitting hospitals cannot accept the card as an official form of identification of eligibility as it is not authenticated by the Board. A note on the card states:

"While presentation of this card will normally result in the required service being provided free of charge (or at a reduced charge in the case of private or semi-private accommodation), the card is not proof of entitlement. The decision on entitlement rests with the Health Board concerned. If the Health Board decides that a person is not eligible, a charge will be made for the service provided. No liability towards the employee attaches to an employer arising from the issue of this card."

Scheme for assistance towards cost of medicine and drugs etc.

7. Persons insured under the Social Welfare Acts and not included in the above named categories of persons and who have not "full eligibility" have "limited eligibility" for the purpose of the medicines refund scheme. Eligibility includes the dependents of the eligible person. The operation of eligibility for this scheme does not entail the complexities attaching to the determining of eligibility for hospital services.

E.E.C. Regulations on Social Security

8. All persons insured under the Social Welfare Acts (irrespective of earnings) and their dependents are entitled to avail of hospital and medical services in the Member States, in certain circumstances. Generally the services are made available in a situation where the services are required urgently.
9. It must again be emphasised that the possession of a card issued by an employer or of a receipt issued by the Revenue Commissioners does not in itself establish eligibility. Under the Regulations eligibility must be determined by the Health Board on the actual position

obtaining in regard to the status of the applicant at the point of use.

10. On the question of the cost-effectiveness of assessing eligibility the National Economic and Social Council in their Report on "Some Major Issues in Health Policy" states in Chapter 3, Paragraphs 16 and 17:—

"It is clear from the preceding discussion of full and limited eligibility that the costs of administering these complex programmes must be substantial. As far as we are aware no one has attempted to estimate the resource saving which might be possible if income testing were abolished.

This costliness in resource use is accompanied by the patient being uncertain of his rights. The administrative costs and the uncertainty produced by this legislation suggest the accretion of ad hoc policies through time rather than a well thought out and administratively manageable scheme. Universal limited eligibility is rejected by the physicians because it would, they argue, increase demand. One may doubt this argument. Firstly, all the available evidence suggests that the price elasticity of demand for hospital care is low; the extension of limited eligibility to the 15 per cent not covered would not result in their rushing to demand hospitalisation. Patients tend to demand such care only when they are unwell and anyway, these 15 per cent may continue to use private facilities so the public expenditure resource implications of universal limited eligibility may be small. Secondly, the physicians' associations should not unambiguously predict increased demand when their predictions are contrary to the evidence of other health care systems and when they, the physicians, are the people who determine the demand for hospital beds. Physicians ration scarce health care resources and their power to ration scarce hospital bed care would be no less under the universal limited eligibility that we feel is bound to come."

It was agreed unanimously to adjourn consideration of this item to the next meeting of the Board.

146/77

COMMITTEE ON CHILDREN SLEEPING ROUGH

The following Report No. 41/1977 from the Chief Executive Officer was submitted:—

"At its meeting held on 3rd March, 1977, the Board adopted the following resolution:—

That a Special Committee be set up consisting of members of the Eastern Health Board and Dublin Corporation to seek ways and means of coping with the problem of children sleeping rough in the Dublin area.'

The following members were elected to the Committee: Miss K. Kinsella, Dr. J. Cullen, Councillor J. Connolly, Mr. M. Ruane, Councillor J. Duming. It was agreed that the Committee would be assisted and advised by Dr. P. McCarthy.

Dublin City Council have nominated the following eight members to the Sub-Committee:—

Councillor Sean Moore, T.D., 25 Victoria Avenue, Donnybrook, Dublin, 4. (F.F.);

Councillor Edward Brennan, 65 Maryville Road, Raheny, Dublin, B. (F.F.);

Councillor Mrs. Johanna Barlow, 67 Shantalla Road, Whitehall, Dublin, 9. (Non-Party).

Councillor Frank Sherwin, 11 Church Terrace, Dublin, 7. (Non-Party);

Councillor Mrs. Alice Glenn, 23 Iona Villas, Glasnevin, Dublin 9. (F.G.);

Councillor James O'Keeffe, 138 Sundrive Road, Drimnagh, Dublin, 12. (F.G.);

Councillor Miss Mary Freehill, 48 Penrose Street, Ringsend, Dublin, 4. (Labour);

Councillor Paddy Dunne, 8 Shanowen Avenue, Santry, Dublin, 9. (Labour).

Of the five members nominated by the Eastern Health Board three viz. Miss K. Kinsella, Dr. J. Cullen, Mr. M. Ruane are no longer members of the Board, and the Board may when appointing members to fill these vacancies consider it also advisable to increase its representation on the Sub-Committee to eight in line with Dublin City Council."

It was proposed by Councillor M. Carroll, seconded by Dr. Behan and unanimously agreed:—

'That the Eastern Health Board representation be increased to eight members.'

This is in line with the representation on the Committee of Dublin Corporation.

The following members were elected to fill the three vacancies created by cessor of membership of the Board of Miss K. Kinsella. Dr. J. Cullen and Mr. M. Ruane and to bring the total representation of Eastern Health Board to eight.

Ms. Noreen Kearney, Deputy T. Leonard, Dr. J. Behan, Mr. Corrigan, Dr. B. Powell and Alderman A. FitzGerald.

147/77 HEALTH EDUCATION COMMITTEE

The following Report No. 39/1977 from the Dublin Medical Officer was submitted:—

"In June, 1976, Councillor P. Hickey proposed the following motion to the Health Board:—

That the Eastern Health Board:—

dedicated to the policy that health services might be maintained for those that need them,

conscious that financial considerations will present difficulties for years if not indefinitely,

takes note of the many recent authoritative statements that much ill-health is avoidable by care in regard to smoking, diet, overeating, alcohol, exercise, driving, etc. accepts that prevention is a higher good for our people than service for avoidable illness,

calls on the Government and Health Boards to begin a campaign to bring and keep before our people the means and advantages of dignified, healthy life-styles and to seek the support of the churches, medical and allied professions, sporting bodies, safety organisations, temperance organisations and others in the campaign.'

In December 1976 the Board agreed to the setting up of a Committee which would pursue the proposal and who would in due course report back to the Board. As an initial step I undertook to convene a group of Officers of the Board who would give the matter preliminary consideration, with the intention that we should in due course deliberate

further with the Board members who comprised the Committee. We held meetings in March, May, June and October. On November 11th we met the Health Board members of the Committee, the Chairman, Councillor Hickey and Councillor M. Carroll being in attendance.

At our earlier meetings it was agreed that a considerable amount of health education is being carried out in different ways, mainly on a person to person or person to group basis, by Health Board personnel including Public Health Nurses, Health Inspectors, Clinical Medical Officers, Dental Staff, Social Workers etc., and indeed family doctors. Also noted was the fact that the Dental Officers and Psychiatrists of the Health Board have played a prominent part in the organisation of the Dental Health Week and Mental Health Week which are held each year.

We considered that it would be advantageous to have a Special Health Education Department set up within the Health Board which would give a support service to whatever Health Education activities are being carried out, and thus make them support the Health Education activities at present being carried out by Nurses, Doctors, Health Inspectors, etc. It should be staffed at a modest level initially—1 A.S.O. and one or two Clerk/Typists.

- (b) As soon as sufficient Health Inspectors are available, that part of this Department should be a Food Hygiene Education Unit to which one or two Health Inspectors would be seconded.
- (c) That the Health Education Committee should remain in existence to review periodically the working of the Department and advise the Health Board and its Officers on matters relating to Health Education.
- (d) With regard to Councillor Hickey's motion of June '76 it was felt that a campaign on the lines suggested by him would be too diffuse to mount and would be unlikely to make any worthwhile impact. It was felt that it would be more preferable to run specific campaigns on specific matters, e.g. dental health, smoking hazards, use of seat belts, alcoholism, drug abuse, value of physical exercise, nutrition, screening for high blood pressure, etc. These could be run in single Community Care Areas initially as a trial measure. It was felt that the new Directors of Community Care could be much involved in such activities and they would be in a position to seek the support of appropriate voluntary organisations within their specific districts.

At our last meeting the importance of educating the public on their responsibilities towards helping the elderly in the community was emphasised. It was suggested that an "Adopt a Granny" campaign would be appropriate, especially at this time of year.

Our Health Board Officer Committee consisted of the following:—

Dr. Corboy, Deputy Chief Medical Officer.

Dr. J. Walker, Director of Community Care.

Dr. B. Piggott, Chief Dental Officer.

Dr. J. O'Boyle, Senior Psychiatrist.

Dr. J. O'Neill Child Psychiatrist.

Miss E. Mattimoe, Superintendent Public Health Nurse.

Miss Colette McAndrew, Senior Social Worker.

Mr. C. Healy, Chief Health Inspector.

Mr. J. Doyle, Senior Administrative Officer and the undersigned.

Mr. M. O'Connor, Section Officer, acted in a secretarial capacity."

Professor O'Donnell referred to Section 71(2) of the Health Act, 1970 which imposes a statutory obligation on the Health Board to make arrangements for the dissemination of information and advice on matters relating to Health and Health Services. The Chairman thanked Professor O'Donnell for his excellent Report and the following members spoke on the points raised in the Report:—Councillors Carroll, Connolly, Alderman FitzGerald, Dr. Powell, Dr. Kelly and Councillor Durning.

Arising from a comment by Councillor Durning on the shortage of beds for geriatric patients in Dun Laoghaire area Mr. J. J. Nolan, Deputy Chief Executive Officer explained that the Board's limits of contributions are controlled by the Department of Health and that we have written to the Department pointing out how badly off we are for long care and extended care beds.

148/77

APPOINTMENT OF MEMBER TO AD HOC COMMITTEE TO
CONSIDER THE REPORT OF CHIEF PSYCHIATRIST ON
DEVELOPMENT OF MENTAL HEALTH SERVICES

On a proposal by Councillor J. Connolly seconded by Dr. Walker, Ms. Kearney was elected to the Committee to fill the vacancy created by the resignation of Mr. Muiiedy from the Board. The first meeting of this Committee was arranged for Thursday. 15th December, 1977.

149/77

CAPITAL SCHEMES

The following Report No. 42/1977 from the Chief Executive Officer was submitted:—

"Report 33/1977 set out the position in regard to some 22 capital schemes and it was indicated that a further Report would be submitted to the December Meeting of the **Board**. **The** Technical Services Officer has reported that progress on all works has been satisfactory and the following schedule summarises the progress made in respect of **specific schemes**:

Major Capital Projects:—

- | | |
|---|--|
| 1. Legion of Mary Hostels:
Fire escapes, emergency lighting eta | Work commenced
Progress satisfactory. |
| 2. Bru Chaoimhin: Fire alarm system, emergency lighting, etc. | Work on schedule.
Commenced 20/9/1977. |
| 3. St fta's Hospital: Fire alarm system emergency lighting telephone system, etc. | Work in hand.
Commenced 3/10/1977. |
| 4. (a) Health Centre—Millbrook
(b) Health Centre—Coolock
(c) Health Centra—Ballinteer | Contractor on site.
Contractor on site.
Tenders awaiting sanction. |
| 5. Finglas Health Centre | Awaiting sanction to tenders. |
| 6. Ambulance Control Centre and equipment. | Building erected—
equipment on order. |
| 7. Special unit for young persons.
Central Mental Hospital. | Draft Brief submitted to
Department of Health. |

Minor Capital Projects:—

- | | |
|---|--|
| 1. Office accommodation for Community Care Team at Building, St. Brendan's. | Internal clearance works completed. Awaiting Architect's report on Annexe tenders. |
| 2. Health Centre—Dunlavin. | Contractor appointed. |
| 3. New service block. Colman's, Rathdrum. | Contractor on site. St. |
| 4. Staff dining facilities. Orchard Hospital. | Tenders received—awaiting Cherry report. |
| 5. New disinfecting Unit, Cherry Orchard Hospital. | Contractor on site. |
| 6. Engineering Stores. St Brendan's Hospital. | Awaiting Architect's report on tenders.' |

On a proposal by Dr. P. McCarthy seconded by Alderman A. FitzGerald it was unanimously **agreed:—**

"That Report No. 42/1977 be noted."

Dr. McCarthy asked what period of time elapsed between the appointment of a contractor and the contractor being on site. Mr. Sadiier, Technical Services Officer informed him that this normally takes about a week if weather conditions permit.

150/77 TEMPORARY BORROWING

The following Report No. 40/1977 from the Chief Executive Officer was submitted:—

"At meeting held on 1st September, 1977 the Board consented to **the** temporary borrowing by way of overdraft **up to an overall** limit of £11 million during the quarter ending on 31st December, 1977.

Instalments of Health Services Grant are credited to the **Board's account** twice monthly. In the period from 1st **September to 18th** November the account was overdrawn on **25 days and** was in credit on 54 days. The highest **amount** the account was overdrawn in this period was **£1,502,449** on 15th September and the highest credit **balance was** **£1,795.589** on **16th** November, **1977.**

I consider that an overdraft up to £1| million will be required to meet our needs for the first quarter of 1978. Therefore, I request the consent of the Board to the borrow-

ing by way of overdraft up to £1½ million as required during the period 1st January to 31st March, 1978.

On a proposal by Mr. Corrigan seconded by Dr. J. Walker the following motion was agreed unanimously:—

"That the Eastern Health Board consent to the temporary borrowing by way of overdraft as outlined in Report No. 40/1977."

151/77

NOTICES OF MOTION

- (1) The following motion in the name of Councillor Mrs. J. Barlow was seconded by Councillor Mrs. A. Glenn:—

"That the Minister for Health and Social Welfare be asked if the Hospital envisaged for Beaumont will be a Training School for Nurses and if so, has An Bord Altranais been consulted?"

Speaking to the motion Dr. Doyle informed the Board that it is part of the mandate of the Pre-Commissioning Board to prepare facilities for the establishment of a training school on the site of Beaumont Hospital.

The motion was carried and it was agreed that the Minister for **Health** be written to and advised of Councillor Mrs. Barlow's motion.

- (2) The following motion was proposed jointly by Councillor Mrs. Glenn and Deputy Mrs. Lemass:—

'To propose that the Minister for Health be requested to include the wives of insured persons in the Dental Care Scheme provided for insured persons.'

This motion was seconded by Councillor Carroll. Speaking to the motion Councillor Mrs. Glenn pointed out that it is necessary to make some provision for women in this country to have the care they are entitled to and economics should not prevent them from getting this care. Dr. Harrington agreed that the exclusion of the wives of insured persons from the Dental Care Scheme does cause hardship to those who have not finances to pay for these services privately. In order to make the services available to this category existing services would, however, have to be increased and insurance contributions would likewise increase. He observed that there is no point in admitting people to eligibility if the services are not available. Councillor Murphy recommended that this matter should be brought to the attention of the Senior Dental

Advisor in the Department of Health. The motion was supported also by Councillor Mrs. Barlow. The motion was carried.

152/77

CORRESPONDENCE

The following correspondence was read and noted:—

- (i) Letter from Secretary, Womens Representative Committee on participation of women on State Boards. Committees etc.
- (ii) Address by Mr. Charles J. Haughey. T.D., Minister for Health on the occasion of the publication of the revised and up-dated Directory of Services for Unmarried Parents and Their Children in Ireland.
- (iii) Address by the Minister for Health at St. Luke's Dinner of the Royal College of Physicians in Ireland 20/10/1977.
- (iv) Address by the Minister for Health at Annual Dinner of the Medical Union 21/10/1977.

The Chairman wished the members and staff of the Eastern Health Board and the Press representatives a Happy and Holy Christmas. The next meeting was arranged for Thursday, 12th January, 1978. The meeting terminated at 7.45 p.m.

CORRECT:

E. O. Caoimh, *Chief
Executive Officer.*

Signed **CHAIRMAN.**