

EASTERN HEALTH BOARD

Minutes of Monthly Meeting of Eastern Health Board held in the Boardroom. St. Brendan's Hospital, Grangegorm. on Thursday. 12th January, 1978. at 6 p.m.

Present:

<p>Councillor Mrs. J. Barlow Dr. J. D. Behan Councillor D. Browne Councillor Michael Carroll Councillor J. Connolly Mr. Hugh Corrigan Councillor H. P. Dockrell Professor J. S. Doyle Councillor J. Durning Alderman A. FitzGerald Councillor Mrs. A. Glenn Councillor A. Groome Councillor T. Hand Mr. K. Harrington</p>	<p>Councillor P. Hickey, P.C. Ms. Noreen Kearney Dr. D. G. Kelly Councillor D. Kinsella Deputy Mrs. E. Lemass Deputy Thomas Leonard Professor James McCormick Dr. P. McCarthy Sr. Columba McNamara Dr. A. Meade Deputy C. Murphy Dr. B. Powell Dr. B. Sheehan Councillor J. Sweeney Dr. J. Walker</p>
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In the Chair:

Councillor P. Hickey, Chairman.

Officers in Attendance:

<p>Mr. E. O Caoimh Mr. J. J. Nolan Mr. F. Donohue Mr. T. Keyes Prof. B. O'Donnell Mr. J. F. Reynolds Mr. R. N. Lamb Mr. F. Elliott Prof. Ivor Browne Mr. J. Clarke Mr. F. McCullough Mr. P. J. Swords</p>	<p><i>Chief Executive Officer</i> <i>D/Chief Executive Officer</i> <i>Programme Manager</i> <i>Programme Manager</i> <i>Dublin Medical Officer</i> <i>Finance Officer</i> <i>Personnel Officer</i> <i>Planning & Eval. Officer</i> <i>Chief Psychiatrist</i> <i>General Administrator</i> <i>General Administrator</i> <i>General Administrator</i></p>	<p>Mr. J. Doyle Mr. H. Dunne Mr. M. Cummins Mr. T. Barry Mr. A. O'Brien Mr. T. McManus Mr. E. Dunphy Miss K. Dolan Miss E. Larkin.</p>
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1/78 VOTE OF SYMPATHY

The Chairman informed the members of the recent death of Miss Ina Dunne, sister of Mr. H. Dunne, Senior Administrative Officer. The members stood in silent prayer as a mark of respect to the deceased.

2/78 CONFIRMATION OF MINUTES

Minutes of the Monthly meeting of 1st December, 1977, having been circulated, were confirmed on a proposal by Councillor Sweeney seconded by Councillor Connolly.

3/78 MATTERS ARISING FROM MINUTES

Referring to Item 146/77 (the Committee on children sleeping rough) Councillor Connolly asked when would the first meeting of the Committee be convened. It was agreed to arrange a meeting of the Joint Committee within the next month.

4/78 PROCEEDINGS OF VISITING COMMITTEES

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

- (a) No. 1 Visiting Committee meeting held at District Hospital, Baltinglass on 24/11/1977—

Deputy Murphy referred to the lack of Chiropody services in the area. Councillor Dockrell referred to the recommendation concerning acceptance by the Department of certain training in Chiropody and asked that the Department should review this matter in consultation with the Board's medical staff.

Mr. Nolan in reply stated that efforts to resolve the offifficuity in recruitment of suitable personnel would be continued. The report was noted.

- (b) No. 1 Visiting Committee meeting held at Vergemount Hospital and St. Broc's Welfare Home on 15/12/77—

Councillor Duming asked if there was any development on the appointment of a Social Worker. Dr. P. McCarthy referred to the need to appoint a social worker in West Wicklow. Ms. Kearney stated that social workers are available but are unable to accept appointment in areas such as West Wicklow due to inability to finance the purchase of a car which is essential.

Commenting on the statistics in regard to pertussis Professor McCormick said that the campaign mounted in good faith against pertussis vaccination is ill-judged and misplaced. Prof. O'Donnelli concurred but advised that the question of starting a fresh campaign in favour of vaccination against whooping cough be deferred for the present. The following contributed to the debate: Councillors Dockrell, Browne, Professor McCormick, Dr. Walker and Dr. Sheehan.

The Chairman in reply to Councillors Dockrell and Browne, confirmed that Dr. Cusack's report will be forwarded to the Department of Health.

- (c) No. 2 Visiting Committee meeting held at St. Brendan's Hospital on 14/12/1977—Noted.
- (d) No. 3 Visiting Committee meeting held at County Hospital, Naas on 8/12/1977.

An apology from Dr. Behan and Dr. P. McCarthy was inadvertently omitted from the report of the meeting. The report was noted.

- (e) Community Care Visiting Committee meeting held at Old County Road Health Centre on 7/11/1977—noted.

5/78 PROCEEDINGS OF LOCAL HEALTH COMMITTEES

The Minutes of the Meetings of the following Local Health Committees having been circulated were dealt with as follows:—

- (a) Dublin City Local Health Committee visit to St. John's House Day Centre, on 30/11 /77—noted.
- (b) Dublin County Local Health Committee meeting held on 7/11/1977—noted.

6/78

ST. JAMES'S HOSPITAL BOARD—LETTER DATED 25/11/77 RE FUTURE COMPOSITION AND STRUCTURE OF THAT BOARD.

On the proposal of the Chairman this Item was taken next. Following wide discussion a motion proposed by Dr. Behan and seconded by Councillor Dockrell was carried unanimously as follows:—

"That the Eastern Health Board set up a Sub-Committee of which at least three will not be members of St. James's Hospital Board to exam-

ine the structure and composition of the present Board of St. James's Hospital and that the Sub-Committee meet with an equal number of representatives of the St. James's Hospital Board to examine the present proposals of the Federation to change the number and composition of the St. James's Hospital Board."

The following were elected to the Sub-Committee—Dr. B. Sheehan, Dr. B. Powell, Dr. P. McCarthy, Dr. J. D. Behan, Councillor D. Browne, Councillor Mrs. A. Glenn, Councillor H. P. Dockrell and Mr. J. J. Nolan. It was agreed that Mr. Nolan would act as convenor.

7/78

**PILOT PROJECT ON TREATMENT OF ALCOHOLISM—
REPORT NO. 1/1978**

It was then agreed on the Chairman's proposal to take this Item. Report No. 1/1978 from Mr. T. Keyes, Programme Manager, was submitted with reference to the following letter from the Department of Health dated 16th November, 1977:—

"A Chara,

I am directed by the Minister for Health to refer to previous correspondence in connection with the setting up of a Pilot Project *on* the Treatment of Alcoholism and to enclose for your information copy of letter which has issued to Fr. Short.

In addition to your Board's contribution of £70,000, for which provision is being made, provision will also be made for a further limited grant to cover any expenses incurred up to the 31st December, 1977.

Details of such expenses should be furnished as early as possible.

Mise le meas"

"Dear Fr. Short,

I wish to refer further to our recent correspondence in connection with your Pilot Project on the Treatment of Alcoholism.

You will be glad to hear that I have approved of a grant of £23,000 from the Hospitals Trust Fund towards the capital cost of setting up the centre.

In accordance with our usual practice payment of this grant will be made on submission of documentary evidence of expenditure.

I am pleased also to tell you that I have approved a proposal from the Eastern Health Board to make a contribution not exceeding £70,000 per annum in respect of staff salaries. These salaries as agreed in discussions with you should be in line with Irish standards.

You will be aware, of course, that the health board subvention will be on the basis that your scheme is a pilot project to run for a trial period of two years when the question of continuing support for the project will be reviewed.

You will appreciate that it will be necessary to have the Eastern Health Board represented on the monitoring committee which it is proposed to set up in order to evaluate the project.

May I wish you success in your undertaking.

Yours sincerely,

Charles J. Haughey."

"Report No. 1/1978.

PILOT PROJECT ON THE TREATMENT OF ALCOHOLISM

(Minute 143/77 refers)

I attach memorandum setting out details of the pilot programme on the treatment of alcoholism by Rutland Centre Ltd., at Clondalkin. The original proposal was submitted to the Minister who has approved of a capital grant of £23,000 and an annual grant of £70,000 (in respect of staff salaries), which is to be reviewed after a period of two years.

During the course of consultations on the project, it was agreed that the revenue grants would be processed through this Board and it was further agreed that the Board would be represented on the controlling body and on the monitoring group. I am in communication with the Director of the Rutland Centre Ltd., about such representation.

It is anticipated that the following staffing will be employed:

Director	1
Senior Clinical Psychologist	1
Social Workers	2
Alcoholism Counsellors	4
Nurses	3
Medical Officer	1 Part-time
Book-keeper	1 Part-time
Secretary/Receptionist	1
Housekeeping and Domestic	3

It is anticipated that the overall cost of the project at current prices will be £120,000 per annum.

It is my intention that the Scientific Committee of the Board will be kept informed of the progress of the project.

This service will be additional to the Board's existing service for Alcoholics provided at St. Dymphna's Centre, Nonh Circular Road (27 beds) which is under the direct control of Or. R. O. Stevenson one of the Board's permanent consultant Psychiatrists.

This service has been operating for some years. The extent of the enormous work load on this centre is indicated by the following figures for the last complete year.

1. Total No. of attendances	10,033
2. New cases	372
3. No. of clinics held	240
4. Bed nights/inpatients	7,300

This centre costs about £100,000 per annum.

A request by Dr. Stevenson for additional support staff is being examined."

***"PROPOSAL FOR ALCOHOLIC TREATMENT CENTRE
IN DUBUN***

PHILOSOPHY OF TREATMENT: The philosophy of this new Treatment Centre, based on ideas incorporated from the U.S.A., will be to provide a therapeutic milieu in which

the alcoholic is guided to find new ways of coping with his physiological and psychological needs. Because the addicted person is out of touch with reality, he will be helped through non-chemical methods of dealing with stress, to accept self-responsibility as the first step in overcoming his dependency. The alcoholic is recognised as someone who is ill and will be encouraged to face up to his illness and accept it realistically.

The proposed Rehabilitation Centre will operate on a non-profit basis and will be organised for the treatment of problem drinking and polyaddiction through rehabilitation, education and research. At the core of the residential treatment programme will be daily individual and group psychotherapy sessions together with lectures on addiction and on the First Five Steps of Alcoholics Anonymous. Since it is recognised however, that the complex nature of alcoholism requires treatment on different levels by different specialists, a multidisciplinary team will be responsible for the treatment. This team will participate in crisis intervention and establish close contact with the patient's family during and after treatment. The family of the alcoholic or other significant people in his or her life will be encouraged to participate as closely as possible in therapy through special family days and meetings.

The projected centre will also co-ordinate its services with other alcoholism services throughout Dublin and the rest of the country. Drawing on the experience and success of similar centres in the United States, particularly in the State of Minnesota and assisted by their personnel, this centre hopes to offer an alternative form of alcoholism treatment which is drug free and based on the principles of *choice, motivation* and Reality Therapy. Where the model operates in the United States, a recovery rate of 60-70% is claimed, based on a criterion of three years sobriety from the date of discharge.

PROGRAMME OUTLINE:

A. In-patient programme: This will include a three phase programme with specific roles for each phase.

1. **Preliminary Phase:** Detoxification will be undertaken when necessary under strict medical supervision. This will be followed by a full diagnostic assessment focussing on the following aspects of the patient: (i) Physical condition. Central Nervous System, extent of brain damage, etc. (ii) Personal motivation, cognitive functioning and the potential of the patient for gaining

insight through the therapeutic procedures available;
(iii) Social history and circumstances such as present family situation, marriage, employment, etc.

If the patient's motivation and environmental supportive systems are sufficient to indicate a good prognosis, he will move into the second phase of treatment.

2. **Second Phase:** This will consist of short-term primary treatment. In this phase, lasting a minimum of five weeks the patient will be assigned to a specific therapist and group and introduced to the principles of Reality Therapy and other psychotherapeutic approaches. He will participate in a full daily programme consisting of group and individual therapy sessions, lectures, occupational and physical therapy and reading assignments. Spouses will be encouraged to spend a few days in the treatment programme during their partner's rehabilitation. Each week a family day will take place in which special emphasis will be given to Conjoint Family Therapy with the alcoholic and his family.
3. **Third Phase:** Discharge from inpatient treatment will be followed by a contract for aftercare lasting two years. During this period patients will attend two weekly meetings: Therapeutic Group and Centre based A. A. Group. Spouses will also be expected to attend two weekly meetings: Psychotherapeutic Group and Centre based Alanon Group. Individual, marriage and family counselling will also be available when necessary. During phase three the Centre's Staff will maintain close liaison with significant others in the patient's life, e.g. family doctor, spouse, employer, etc.

Halfway House: Following in-patient treatment a Halfway House will be provided for those who need a therapeutically structured living situation for some months to help them adapt to the requirements of ordinary everyday living. Patients will be carefully screened to determine their needs for such a community.

B. Out-patient programme:

The purpose of this programme will be to help those who have "a drink problem" and who do not, as yet, require in-patient treatment. Emphasis will be on arresting the illness in its earlier stages through timely intervention. It will operate for three or four hours per day. Monday through Friday, in the evenings. The

therapeutic programme will be a condensed form of that offered to in-patients.

RESEARCH AND TRAINING:

Continuing research into alcoholism, its etiology and the effectiveness of current treatment will be undertaken by qualified researchers and in close collaboration with other research work carried out here and in other countries.

Training facilities in counselling the alcoholic will be provided for suitable people who are interested in working in the field of alcoholism. The general purpose of training will be to equip the trainee with the competence necessary to recognise and deal effectively with addiction. Under the direction of professional and experienced staff, academic and practical work will be undertaken. The trainee will be supervised closely as he learns to master the various techniques of treatment from the preliminary phase through to discharge and aftercare.

DETAILS AND COST OF TREATMENT FACILITIES AND STAFFING:

Premises: Accommodation is now available in the Clondalkin area of Dublin for the proposed Treatment Centre. This accommodation consists of two Convent Houses, one of which is now vacant and the other will be vacated and acquired in due course. This self-contained premises will allow a patient capacity of 24 beds initially, together with adequate space and facilities to implement the treatment programme.

Anticipated Staff Requirements:

1. *Centre Director:* Administrative experience together with experience of working in a multidisciplinary team approach to the treatment of alcoholism. An academic degree in Psychology, Sociology or Counselling Psychology with membership in a Professional Body would be a basic requirement. Starting salary would be in accordance with professionally acceptable scales.
2. *Medical Staff:* (i) Medical Officer with interest and successful experience in the treatment of alcoholism, including detoxification schedules. (ii) Consultant Psychiatrist required for consults as often as is

necessary to establish or diagnose any underlying pathology in the patient requiring psychiatric referral and intervention, (iii) Two qualified nurses experienced in detoxification and in the treatment of alcoholism.

Starting salaries in accordance with professionally acceptable scales.

3. *Alcoholism Counsellors:* Two or three counsellors drawn from a background in the Social Sciences and counselling psychology with practical training and experience in the treatment of alcoholism. It is expected that these will be recruited initially from Treatment Centres in the United States, until this Centre has its own trained and qualified counsellors.

Starting salaries in accordance with professionally acceptable scales.

4. *Social Worker:* One social worker, professionally qualified and experienced in working with alcoholics, their families and employment situation.

Starting salary in accordance with professionally acceptable standards.

5. *Secretary/Receptionist.*

6. *Cook/Housekeeper.*

BOARD OF TRUSTEES: A voluntary body of professional and business people will be set up who will act as Trustees for the Centre and will assist in its material administration and government, especially in financial matters.

INITIAL EXPENDITURE: It is proposed that this new Rehabilitation Centre for the treatment of alcoholism will be a Pilot Project for two years initially, starting with the admission of the first patients on September 1st, 1977. A scientific assessment of the effectiveness of treatment will be undertaken at the end of each year of treatment and presented to the Board of Trustees and Funding Organisations. The initial Capital outlay will be approximately £100,000 inclusive of salaries, maintenance and day to day running costs. Because medical and paramedical staff will be involved in treatment, the Centre will seek registration with the V.H.I, and Health Boards. As it is foreseen that the expenses in running such a specialized centre will be high, an

estimated cost of £100 per patient per week is regarded as a realistic and reasonable figure. Reduction may be negotiated according to the patient's means and a number of beds will be reserved for those who cannot pay. To assist with the expenses of treatment, a special appeal is made to the Health Boards and Organisations, Major Industrial Companies, Funding Bodies and Agencies at national and international levels who are concerned with the health and welfare of families.

The model outlined above follows closely that which operates in many parts of the United States with increasing success. This proposal is put forward for consideration by those who have had experience and training in such treatment centres. Given adequate financial support, the implementation of such a model in Ireland may be a major step forward in the treatment of the disease of alcoholism which lies at the heart of so many individual and family problems."

A discussion followed to which Dr. Sheehan, Dr. Behan, Dr. Meade, Dr. Powell, Professor Doyie and Professor Browne contributed together with Mr. Keyes who referred to the role of the Scientific Committee and the Board's representatives on the proposed management body.

The following resolution proposed by Dr. Behan and seconded by Councillor Groome was unanimously agreed:—

'That Report No. 1/1978 be adopted unanimously.'

8/78

LIMITED ELIGIBILITY

Report No. 38/1977 re limited eligibility which was deferred from the meeting of 1st December, 1977 was noted on a proposal by Dr. A. Meade seconded by Dr. D. Kelly.

9/78

CHOICE OF DOCTOR SCHEME—GUIDELINES FOR MEDICAL CARDS

The following Report No. 2/1978 from the Chief Executive Officer was submitted.

'The guidelines operative from 1st January, 1977 were based on the Consumer Price Index figures at mid-November, 1976. The Consumer Price index figures for

November, 1977 have now become available and, having regard to them, I have revised the guidelines with effect from 1st January, 1978 as shown hereunder.

<i>Category</i>	<i>Current guide- lines (operative from 1st January. 1977).</i>	<i>Revised guide- lines from 1st January. 1978.</i>
Single person living with relatives	20. 50	22. 50
Single person living alone	23. 50	26. 00
Husband and Wife	34. 00	37. 50
Husband, Wife & 1 child	37. 10	41. 00
Husband, Wife & 2 children	40. 20	44-50
Husband, Wife & 3 children	43. 30	48. 00
Husband, Wife & 4 children	46. 40	51.50
Husband, Wife & 5 children	49. 50	55. 00
Husband, Wife & 6 children	52. 60	58. 00
For each additional child under 16 years	3. 10	3. 50
For each child over 16 years with no income and maintained at home by applicant	4. 50	5. 00

To the Income Guidelines shown above are added:

(a) Weekly housing outgoings, (rent, ground rent, mortgage charges, etc.) in excess of	3.10	3. 50
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(b) Exceptional expenses necessarily incurred in travelling to and from work where these create undue hardship.

Persons in receipt of:

- (i) **Social Welfare non-contributory pension at the maximum rates;**
- (ii) **Old age (care) Allowance-Deserted Wife's Allowance; infectious Diseases (Maintenance) Allowance; Disabled Persons (Maintenance) Allowance;**

—will be regarded as being eligible for a medical card without further assessment of means.

Cases of hardship will continue to be dealt with individually on merit."

On a proposal by Councillor Groome seconded by Dr. Behan the report was adopted unanimously.

10/78

**TRAVELLING AND SUBSISTENCE EXPENSES FOR
MEMBERS OF HEALTH BOARDS. CIRCULAR 24/77 FROM
DEPARTMENT OF HEALTH**

The following resolution proposed by Councillor Sweeney and seconded by Mr. K. Harrington was unanimously agreed: 'That the Eastern Health Board on consideration of Circular 24/77 of 21st December, 1977 from the Department of Health, resolves to adopt paragraph 2 (b) and paragraph 4 as the basis for the payment of travelling and subsistence allowances on foot of attending meetings including committee meetings of the Board.'

11/78

CORRESPONDENCE

The following correspondence was read and noted:—

- (a) **Address by Mr. Charles J. Haughey, T.D.. Minister for Health at presentation of Diplomas to newly qualified health inspectors in the Gresham Hotel on 28/11/77.**
- (b) **Address by Mr. Charles J. Haughey, Minister for Health, at Annual General Meeting of Hume Street Hospital on 24/11/1977.**

- (c) **Press Release—16/11/1977—re expert medical group to study and assess claims that damage of permanent nature resulted from administration of whooping cough vaccine.**
- (d) **Press Release re appointment of Judge Sean de Buitléir as Chairman of the Task Force on Child Care Services.**
- (e) **Letter dated 2/11/1977, from Irish Dental Association, incorporating resolutions passed at Annual General Meeting on 16th October, 1977.**
- (f) **Letter dated 10/1/1978 from Department of Social Welfare re eligibility for dental treatment of wives of insured persons.**

The meeting terminated at 8.45 p.m.

CORRECT:

**E. OCaoimh, *Chief*
*Executive Officer.***

Signed

CHAIRMAN.