

Eastern Health Board

Minutes of Special Meeting of Eastern Health Board held in the Boardroom, St. Brendan's Hospital on Thursday 8th February, 1979 at 6 p.m.

P R E S E N T

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Cllr. Mrs. J. Barlow
Cllr. D. Browne
Cllr. M. Carroll
Cllr. J. Connolly
Cllr. O. Cooney
Cllr. H.P. Dockrell
Ald. A. FitzGerald
Cllr. Mrs. A. Glenn
Cllr. A. Groome

Mr. K. Harrington
Cllr. P. Hickey
Ms. N. Kearney
Cllr. O. Kinsella
Deputy Mrs. B. Lemass
Dr. P. McCarthy
Sr. Columba McNamara
Dr. A. Meade
Deputy C. Murphy
Cllr. J. Sweeney

APOLOGIES

Prof. J.S. Doyle Prof. J. McCormick Dr. B.
Sheehan Dr. J. Walker

I N T H E C H A I R

Alderman Alexis FitzGerald

OFFICERS IN ATTENDANCE

Mr. J.J. Nolan
Mr. F. Donohue
Mr. T. Keyes
Mr. K. N. Lamb
Mr. J. Clarke
Mr. P.J. Swords
Prof. I. Browne
Prof. B. O'Donnell
Mr. T. McManus
Mr B Garvey
Mr A. O'Brien
Mr. C. Mansfield
Miss T. Downes
Mr. M. Cummins
Miss F. Heaney

Directors of Community
Care & Medical Officers
of Health

Dr. P. Ossian
Dr. V. Barry

Geriatricians:
Dr J. J. Flanagan
Dr D. Keating

At the commencement of the Meeting Report No. 10/1979, being a supplementary Report on the Care of the Aged, was circulated together with Report No. (10a) on fuel and heating needs which the Programme Manager, Community Care had been asked to submit.

As the reports submitted at the meeting ran to 25 pages it was agreed that it would not be possible to discuss them in detail at that meeting.

On a proposal by Cllr. Hickey seconded by Cllr. Sweeney it was agreed to and the meeting at 8. p.m.

The Chairman referred back to Report No. 4/1979 presented to the earlier meeting on services for the elderly and asked Dr. Keating to describe the geriatric assessment units mentioned on page 4 of that report. In reply Or. Keating drew the distinction between an elderly person with an acute illness who would go into an acute ward and an elderly person whose illness is compounded by age, often associated with social problems. These persons would go to the assessment unit where they would be seen in a ward situation by staff who were alert to the dangers of institutionalisation and who would endeavour to restore the patient to independence. The staff in such units would have more of an educational role than of the traditional nursing role. The advantages of an assessment unit are that the elderly do not have to compete with the ill young for therapist time and they have the services of a Medical Social Worker who knows not only the diseases of the aged but also the psychology of ageing and the requirements of the aged.

Following the Chairman's reference to a reported shortage of about 180 of such beds vainly in the South Dublin and Wicklow areas Or* McCarthy, Cllr. Sweeney and Deputy Murphy referred to the needs of the area including the need for an extension at Baltinglass and for some day hostels and an extension of the hone help service to enable the families to keep their elderly relatives at hone as far as possible. In relation to the South Dublin area Cllr. Carroll referred to the good work done by the old folks Committees and asked also that all general hospitals be required to take their share of the care of the elderly.

Cllr. Dockrell enquired as to the position about the new units at St. Michael's and St. Columcille's to serve the South Dublin and East Wicklow areas. In reply Mr. Swords said that an application had been submitted to the Department for the planning of an assessment and geriatric unit plus additional long-stay beds for St. Columcille's hospital. St. Michael's Hospital was also planning an assessment geriatric unit of 30 beds. It was hoped also that some additional long-stay beds might be available but space was limited . In Leopardstown Park it was hoped that 120 long-stay beds would become available over the next few years and 60 beds over the next two years in Simpson's. Hospital. In each of these hospitals there was space for more building but it takes about three years to bring a major scheme to completion from the time approval is given, provided the money were available.

Sir McNamara gave details of three patients who were occupying acute beds in St. Michael's Hospital and who were fit for discharge but either had no relations or their relations would not accept them. One was in the hospital since January 1978 at a cost of £6,585

to date, another from 2nd December 1977 at a cost of £6,804 and another since 28th October, 1978 at a cost of £1,522, the total cost for the three being £14,612.

In general discussion it was agreed that these cases were indicative of the general situation in the area and that a solution would have to be found'. There was no hope of the Board providing the necessary accommodation immediately and it would be necessary to encourage the greater "use of those who were willing to provide care, for instance in nursing homes, by giving a better grant to enable the patients to avail of this type of accommodation. It was pointed out that the health board was spending up to £112 a week keeping an elderly person in hospital but could only pay a *maximum* grant of £25 a week towards nursing home accommodation and would pay nothing where an elderly person was being maintained at home by relatives.

It is considered that grants for the building of separate accommodation for elderly to live with their family for as long as possible would also assist. Dr. Keating said that it must be accepted that at some stage the elderly must go into care but that this group would mainly be the over 75's, many 85, and would represent only 2 to 4 p.c. of those over 65 years. There would be no economic way to support these people at home. In addition to caring in the family there would also be the need for sheltered housing, welfare home accommodation and long-stay accommodation to progressively cater for the needs of the elderly. It was agreed that this was not a problem of the Board alone but involves the housing authorities as well in the provision of sheltered accommodation and of grants for the adaptation of houses.

Deputy Murphy asked to see a list of grants available from the Department of the Environment as he felt that these were not generally known.

Mr. Nolan said that he would recommend as Board policy that the health education groups should introduce a programme aimed at encouraging in suitable cases, persons to keep elderly relatives at home with a system of support grants. This would reduce pressure on hospital-accommodation while keeping the family together. The Board policy to have enough Welfare Homes, suitably placed, would also want to be impressed upon the Department and the whole concept of a plan for the care of the elderly, embracing the other relevant authorities, would have to be detailed before approaching the Minister for the resources to carry out such a plan. He considered that a committee of the Board would best be able to prepare such a plan which would then come before the Board and form Board policy.

On the proposal by Alderman FitzGerald seconded by Dr. McCarthy it was agreed that a Committee be formed to examine and report to the Board on the requirements of the services for the elderly. It was further agreed that this Committee would comprise of all the members of the Board and that the Chief Executive Officer would call the first meeting of the Committee •

Correct;

J.J. Nolan
Chief Executive Officer

Signed _____

Chairman