

EASTERN HEALTH BOARD

Minutes of Proceedings of Special Meeting of the Eastern Health Board held in the Boardroom, St. Brendan's Hospital, Grangegoman on Thursday 1st May 1980 at 6 p.m.

PRESENT

Ald. B. Ahern, T.D.	Cllr. F. Hynes
Cllr. L. Belton, T.D.	Ms. N. Kearney
Cllr. D. Browne	Dr. P. McCarthy
Cllr. M. Carroll	Prof. J. McCoraick
Cllr. J. Connolly, P.C.	Sr. Coluaba McNamara
Prof. J.S. Doyle	Dr. A. Meade
Cllr. B.J. Durkan	air. M. Preehill
Aid. A. Fitzgerald	Cllr. E. Stagg
Cllr. Mrs. A. Glenn	Cllr. J. Sweeney
Cllr. A. Groome	Cllr. G. Timmons, TD,
Mr. K. Harrington	Dr. J. Walker
Cllr. P. Rickey, P.C.	

APOLOGY FOR ABSENCE

Mr. H. Corrigan and Cllr. Mrs. M. Naugh

IN THE- CHAIR

Ald. A. Fitzgerald

OFFICERS TO ATTENDANCE

Mr. J.J. Nolan	Mr. P.l. Lyons,	Consultants in Geriatric
Mr. F.J. Donohue	Prof. B. O'Donnell	Medicines
Mr. T. Keyes	Mr. T. McManus	Dr. J. Flanagan
Mr. J. Sadlier	Mr. C. Mansfield	Dr. J. Noel
Mr. J.F. Reynolds	Mr. A. O'Brien	Dr. D. Keating
Mr. R.N. Lamb	Miss T. Downes	Dr. D. Coakley
Mr. P.J. Swords	Mr. M. Cumins	Dr. J. Lavan
Mr. F. McCullough	Social,Workers	
Mr. J. Clarke	Miss M. Kennedy	
Mr. J. Doyle	Miss M. Borne	

1/80 Before the meeting the Chief Executive Officer advised the members that Minister had agreed to meet a deputation as requested by the Board on 7th 1980. The following deputation was selected on a proposal by Cllr. Hynes seconded by Cllr. Groome-

Dr. J. Behan	Cllr. J. Sweeney
Cllr. S. Stagg	Cllr. J. Connolly
Cllr. M. Carroll	Cllr. D. Durkan
Dr. A. Meade	

REPORT ON COMMITTEE ON CARE OF THE AGED

Cllr. Mrs. Glenn who was the Chairman of the Coamittee introduced a report and the Chairman then asked those present for comments.

Prof. McCormick suggested that the Geriatricians be asked to put the summary of main recommendations into a priority order which would permit the maximum use of the limited funds available.

The following comments were made by the Geriatricians.

Dr. J. Flanagan

He said the implementation of the recommendation would cost a great deal of money and it would be best to consider first those that are readily achievable such as items 8, 21, 22 and 23. These matters could be dealt with at a very early date and would make a great contribution.

Dr. Xoel

He said the first recommendation was by far the most important and every effort must be made to support the elderly at home. This in turn meant supporting the provision of homehelps, meals on wheels etc. He pointed out that this policy would however mean a lot of elderly infirm people in the Community and this in turn would call for prompt medical care for the elderly when ill and led back to the need for hospital services with adequate assessment facilities for the elderly.

Dr. Lavan

He supported Dr. Noel and said it was essential, to keep the elderly in the Community, to be able to guarantee that hospital facilities would be readily available when needed. He also stressed the role of day hospitals.

Dr. Keating

He emphasised the need for the early provision of beds where there is a dramatic need such as Area C.

He referred to the elderly as falling into two groups - frail elderly who need support and ill elderly who need diagnostic assessment and rehabilitation services. Unless the latter was available the whole service would fall down.

Dr. Coakley

He pointed to the danger of persons being institutionalised in hospitals and emphasised the need for day hospitals with assessment and rehabilitation services where necessary. The aid day centres were also of great use but must have adequate transport facilities available.

Prof. Browne referred to the hundreds of geriatric patients in St. Brendan's Hospital and said that many of these were there only because no one else would take them and that they would have to be considered when the whole problem of geriatrics is being tackled. Dr. Behan agreed that there were hundreds of patients in St. Brendan's and other hospitals not because they were psychiatric but because they were elderly. He said this only underlined the fact that the public service was not given the resource or the mandate to develop a unified health service. There was need for a comprehensive geriatrics service including psychiatrists ready to enter that service to deal with the psychiatric problems of the elderly. Dr. McCarthy agreed that it would be necessary to ensure that elderly in such numbers were not admitted to psychiatric hospitals in future and he stressed the importance of financial help to keep the elderly at home. Cllr. Stagg said the

important thing now was to implement the report including putting the recommendations in priority and seeding financing. He considered there should be a special programme for Care of the Aged in the Board covering all categories of elderly and he would make a proposal in this regard.

Prof. McCormick said that from the Committee of which he was Chairman it had become clear that many in extended care throughout the Country were becoming institutionalised in an unsuitable environment. There was he said a clear need for "home" accommodation, many have no family and cannot remain on their own. He considered that recommendation No. 14 would help to free the system. but he warned that the Community Care services for the very disabled might be more expensive than maintaining that person in an institution. He also said it should be remembered that if the Board decides that the Care of the Aged is a high priority the money spent on that service will be at the expense of other areas.

Dr. Behan said that the report makes three points clear:-

- (i) The paucity of facilities available for the size of the problem
- (ii) That facilities are mainly institutional and these are in bad condition
- (iii) That while the main recommendations relate to the development of Community based services it must be remembered that institutions are part of a balanced service.

He said that the Committee should not only put their proposals in general order of priority but should indicate specific priorities within individual areas setting off the facilities available at present for each area against its requirements. It would then be necessary to state the cost of these proposals and bring this to the Minister and he would he said be making a proposal on these lines.

Referring to the recommendations Cllr. Durkan referred particularly to the tendency for private homes to take patients who didn't want heavy nursing leaving the heavy cases for the geriatric hospitals, causing nursing problems as a result. He considered that the recommendation regarding funds for housing of the elderly should be brought to the attention of all local authorities. He also considered that the recommendations regarding increasing of staff were fundamental to the issue and while he agreed on the need for a campaign of public education he asked that it be more discreet than the last occasion on which such a campaign was mounted.

Ms. Kearney agreed that those matters which could be dealt with immediately should be proceeded with such as the development of the homehelp service, meals on wheels. There should be no suggestion that these services be cut back in times of financial stringency because they were non statutory.

Prof. J.S. Doyle referred to the work being done by the general hospitals on the Care of the Aged and said that the Voluntary Hospitals had been running a service all along and there should be no question of the diminution of such service to the Community. He stressed the value of the Voluntary Hospital services and asked that they continue to be used. He said he disagreed with the arbitrary age of sixty-five when describing services for the elderly, that age should be a flexible thing related to the individual person.

Cllr. Connolly said he would like to think that this excellent document would be considered seriously and that recommendations be implemented. He asked the members to consider what they would like to have happen to them in their old age and said he thought everyone would like to live in the Community as long as possible provided the necessary services were available. He agreed that the first need was a survey to know the size of the problem and cost and that the proposals should then be presented to the Minister. The Chairman agreed that the Board's aim must be to try and maintain as many of the old in the Community as possible. For himself he considered recommendation 16 regarding the fostering of housing schemes for the elderly by voluntary agencies was of importance. He said many agencies were willing to help if it were in partnership with the Board or other authority and

would set up schemes of homes of a small intimate nature which would greatly assist the Programme for the elderly.

Dr. Meade pointed to the financial benefit of maintaining people in the Community. He said it costs £80 a week to keep a person in a welfare home and £160 in an institution for the elderly. The Board could well look after a person in the Community for that amount or less and he asked that the recommendations no. 21, 22 and 23 be fully implemented. He also recommended an adequate subvention for elderly in suitable nursing home accommodation. He drew attention to the unsuitable nature of a number of such homes and said he considered the geriatricians should be given the power to inspect these premises. He also stressed the need for accommodation which would take ill elderly patients for a short time.

Cllr. Sweeney said it should be remembered that in rural areas it was unlikely that elderly people will let anyone other than their own families look after them. He would like to see accommodation made available to take elderly for a few weeks twice a year to give the families keeping these old people a break.

Referring to nursing homes Dr. Keating said it was difficult to control standards and there were also difficulties regarding admission. Patients had no statutory right of admission to private nursing homes and there was also a financial barrier to many people. This affected the figures shown in the report which while giving numbers of beds available it made no reference to the availability of these in certain categories. In this regard Cllr. Durkan said he was concerned over patients who are self sufficient but are in institutions taking up beds and the provision of more welfare homes would relieve this situation. Cllr. Hynes also said that the financial considerations were very important and many at present in institutions would be taken home if there was a financial incentive. While agreeing with this Dr. Noel said however that after assessment and rehabilitation there is still a small number of very dependant patients who need high level nursing care and he felt not enough emphasis had been put on this aspect. The care of these patients was a very heavy nursing task and if such patients were concentrated in large units such as St. Mary's there would be difficulties regarding staffing and he suggested that these patients be catered for in smaller units say attached to general hospitals.

At this stage Mr. Nolan referred to the proposal to establish a paediatric unit at St. James's Hospital which would result in the reduction by ICO beds of the long-stay facility and that as instructed by the Board the hospital had been told that while the Board welcomed the development of a paediatric unit at the hospital it was examining the implications for its care of the aged programme of the reduction in the number of long-stay beds.

In relation to the report Dr. Walker said that one of the greatest needs in the Community Care area was for extra staff, medical and nursing particularly, that the staff at present available is mostly absorbed on services for the children. He said also that a director given the task of developing his area could not be subject to cuts particularly in the areas of service to the elderly such as hoehelps and meals on wheels. He also supported the day hospital idea and while it should ideally be attached to a general hospital he asked that the Board consider providing one in the south west area even without the back up of a general hospital.

The following motion was proposed by Cllr. Stagg and seconded by Cllr. Durkae and agreed:-

That the Board now set up a special programme (section) to organise the care of the aged service in the Community and Institutions*'

Mr. Nolan said that the Board had been considering over the last two years the organisation of the service to meet the need. It would be necessary to keep

together the services which are correlated and this approach might call for a Welfare programme which would include the care of the aged service. On a suggestion from Cllr. Glenn it was agreed that Mr. Nolan would provide a paper to the members on the matter.

The following motion was proposed by Cllr. Glenn and seconded by Dr. Behan:-

"That the report on the Care of the Aged be adopted and that the Care of Aged Committee formulate the recommendations contained in their report into a priority ordered set of general proposals and a specific five years development programme priority ordered for each of the three areas (Dublin North, Dublin South East and Dublin South West) indicating the costings."

Mr. Lamb thanked those present for their input to the discussion. He said the point about geriatric patients in the psychiatric hospitals was valid, that the 1968 report suggested that assessment of such patients should be carried out in the same assessment units as other geriatric patients.

He said he would examine Dr. Flanagan's request that the boundaries between Area B and Area C be re-examined.

He said he hoped that the report would be acted on quickly in areas where progress can be achieved without much cost.

The Chairman thanked Cllr. Glenn for the report of the Committee which she had credited. He also thanked Mr. Lamb, Mr. McManus and Miss Downes for their assistance in preparing the report and the Geriatricians for their attendance and contribution to the discussion.

The meeting ended at 7.30.

CORRECT J.J. Nolan
Chief Executive Officer

Signed
CHAIRMAN