

## ***EASTERN HEALTH BOARD***

Minutes of proceedings of Special Meeting  
held in  
Board Room, St Mary's Hospital, Chapelizod, Dublin 20  
on Thursday 31 January 1985 at 6 pm.

### ***PRESENT***

Dr J D Behan	Cllr T Hand
Cllr L Belton	Dr M Henry
Mrs B Bonar	Cllr P Hickey
Cllr D Browne	air F Hynes
Cllr M Carroll	Mr D Kane
Cllr Mrs D Clune	Dr P McCarthy
Prof J S Doyle	Dr B O'Herlihy
Cllr B J Durkan TD	Dr B Powell
Mr P Finegan	Cllr E Stagg
Ald A Fitzgerald	Cllr J Sweeney
Cllr M Freehill	Cllr G Timmins TD
Cllr Mrs A Glenn TD	Cllr W C Willoughby
Cllr A Groome	

### ***APOLOGIES***

Mr N Andrews TD, Cllr E Doyle, Dr R Hawkins, Dr D I Keane

### ***IN THE CHAIR***

Cllr J Sweeney

### ***OFFICERS IN ATTENDANCE***

Mr P B Segrave, Chief Executive Officer  
Mr T P Keyes, Programme Manager, Special Hospital Care  
Mr K J Hickey, Programme Manager, General Hospital Care  
Mr F J Donohue, Programme Manager, Community Care  
Mr J N McNee, Management Services Officer  
Mr J F Reynolds, Finance Officer  
Mr G Brennan, Technical Services Officer  
Prof B O'Donnell, Dublin Medical Officer of Health  
Mr L Kavanagh, Personnel Officer  
Mr M O'Connor, Senior Executive Officer

## issues

On the proposal of the Chairman a vote of sympathy was passed with the wife and family of John Gahan who had been a member of the Board since 1982. The Chief Executive Officer on his own behalf and on behalf of the staff joined with the Chairman in his expression of sympathy. Dr Behan stated that he wished on behalf of the staff of the psychiatric service, to associate himself with the expressions of sympathy.

14/88

### CHAIRMAN'S BUSINESS

(i) The Chairman's proposal that the members congratulate Mr Liam Flanagan on his recent appointment as Secretary of the Department of Health in succession to Mr Dermot Condon who had retired, was agreed.

(ii) The Chairman referred to recent publicity regarding the death of a patient from St Ita's Hospital in the Mater Hospital and invited the Chief Executive Officer to make a statement in the matter.

The following statement, which was read by the Chief Executive Officer, was noted by the Board:

*I refer to the recent publicity in a Sunday newspaper regarding a severely handicapped person who had been a patient in St Ita's Hospital for the past 17 years.*

*The patient, who was transferred from St Ita's to the Mater Hospital on 30 November, died there on 7 December.*

*While no formal complaint had been made to our Board, I arranged for an enquiry into the newspaper allegations when these were brought to my attention.*

*I have now received comprehensive reports from the Programme Manager, Special Hospital Care, Mr Keyes, and our Board's Chief Medical Officer, Professor O'Donnell, regarding the allegations. Their reports clearly show that the patient was not neglected nor did he suffer from malnutrition. In fact, they reflect quite the contrary. The comprehensive reports have been forwarded to the Minister for Health and the Inspector of Mental Hospitals. I have also taken legal advice in the matter.*

*I regret the fact that so much distress has been caused to patients, their relatives and the staff of St Ita's by this publicity.*

*All formal complaints made to our Board about the wellbeing of patients in our care are fully enquired into. Persons genuinely concerned with the wellbeing of any patient in any psychiatric hospital may, if they are dissatisfied with our Board's response, go directly and quite separately from our Board to the Inspector of Mental Hospitals or the Minister for Health.*

*Against this background our patients, their relatives and indeed, our staff, particularly those staff directly involved in the care of those most seriously ill, severely handicapped or disadvantaged, deserve better consideration than that reflected in the recent publicity.'*

Cllr Groome. Chairman of the No. 3 Visiting Committee, requested the permission of the Chairman to make a statement regarding remarks attributed to him in a Sunday newspaper. He said that he had not made certain statements which had appeared in the newspaper; that his comments had been misinterpreted and that it was not his wish to convey the impression which one would form on reading the item in the newspaper. Any remarks which he made regarding the nurses and the staff of St Ita's Hospital were highly complimentary and he had always regarded nurses as a highly trained professional body of people.

**15/85**

**ALLOCATION FOR NON-CAPITAL  
HEALTH EXPENDITURE 1985**

**The following report no. 3/1985 from the Chief Executive Officer was submitted:**

'As requested by the Board at our December meeting, the Working Group which had been established by our Board to consider the Plan 'Building on Reality 1985/87' met to consider our Board's allocation for 1985 and the enclosed background paper.

The Working Group considered our allocation in light of the Government's priorities for the health services for the three year period 1985-87, the services provided by our Board, and the impact of the reduced allocation on these services.

In the main, our Board is directly involved in the provision of community care, psychiatric, geriatric and mental handicap services. In relation to community care, the Working Group acknowledged the fact that we were, at present, failing in terms of service provision to keep pace with the increase in the population generally in our area and in particular the dependent population, mainly the young, the handicapped and the elderly. In this regard the fact that the population in the Dublin area is believed to be the fastest growing in the EEC was noted as a very significant factor. It was acknowledged also that, with some exceptions, our services were being provided for the lower income group. At present we provide community care services for up to 400,000 persons in our area.

The Working Group considered that our Board's policy for the development of our psychiatric services now established for a number of years, was in line with Government policy as set out in the report. At present we have 250 former patients living in the community in over 30 hostels while over 2,000 patients are being maintained in their own homes through a wide range of community support services including nursing, day care and workshop facilities.

The Working Group also considered that our policies in the area of mental handicap were moving along similar lines and in the context of Government priorities. A base for this service outside the mental hospital (Ballyboden) has been established and planning for a new unit at Loughlinstown was well under way. In addition, the new major workshop at the former Plessey factory was scheduled for full use in June. At present, 5,400 patients are being supported in their homes. Although Cheeverstown House is in the process of reaching its full potential, there remains a waiting list of 494 for whom accommodation is urgently required.

In our geriatric services we are continuing to develop services designed to enable elderly persons to remain in their own homes for the longest possible period. These services include day care, day beds, 5-day admissions and the use of what is known as the 'floating bed'.

In addition, we plan further moves from institutional care to smaller community based units within local communities. A model 32-bed unit has been agreed and planned. Several pilot projects designed with a view to enabling additional long-term and institutionalised patients to return to the community are under way.

In relation to the services mentioned, the National Plan states: "The Government proposes to continue the rationalisation of the acute general hospital services, with the improvement of psychiatric, geriatric and mental handicap facilities . . . "

Against the background of the basic policy to move to community care, the impetus given to psychiatric, geriatric and mental handicap services in the Plan and the need to consider the three-year period as a planning cycle, the Working Group found itself in a dilemma. How could it propose to the Board a planned reduction in services considered priorities in the National Plan? In addition, many of these services have a statutory base and are directed at the most underprivileged.

The Working Group felt that our efforts at achieving economies, which had been effective over the past four years, should be continued although it was generally recognised that a point of diminishing return had been reached in some areas.

The Working Group acknowledged the unique position of the Eastern Health Board in all of this. The main thrust of the Plan was to transfer resources from the hospitals, mainly the acute hospitals, to community based services. As the large proportion of acute hospitals in our area are not within our Board's domain we are unable to achieve this.

In other areas (psychiatric, geriatric and mental handicap) we are moving to community based services as quickly as resources permit. Our community care service should, in the context of the Government policy, be strengthened to help the acute hospitals in their efforts.

The Working Group considered the residual options contained in the background report. In relation to the cuts which the Board was asked to achieve in the payroll area the Working Group drew attention to the service implications which could arise.

Following lengthy discussion the Working Group asked the Chief Executive Officer to explore the other options with the Department of Health before further consideration by the Board on January 31. The Working Group also considered that any exploration of the options with the Department should be against the background of our Board's policy to preserve and maintain services for those most at risk, particularly medical card holders.

They agreed that the very difficult position which the Working Group found itself in - a conflict between stated Government policy on health priorities 01 one hand and a reduced allocation on the other - made it impossible to prepare an 'action plan' in the context of the Department's request.

Following the Working Group's meeting we have had a number of discussions with officers of the Department of Health as requested and have outlined our Board's difficulties very fully.

We have not had a formal response as of today's date. However, in light of the imminent appointment of a new departmental Secretary, it is hoped that a response may be received in time for Thursday's meeting.'

The following letter dated 31 January 1986, which had been received by hand from the Department of Health, was circulated:

*'A Chara*

*I am directed by the Minister for Health to refer to your letter of 14 January 1985, and subsequent discussions with you and the Finance Officer of the Board in regard to the preparation of an action plan setting out the measures proposed to contain expenditure within the approved allocation level for 1985.*

*The Minister appreciates the difficulties involved for the Board, as outlined in that letter, in achieving the necessary reductions in expenditure in the context of the National Plan. The situation, however, is that it will not be possible to increase the Board's allocation for 1985 except in respect of such pay increases as may be approved in the course of the year.*

*In the circumstances, it will be necessary for the Board to continue with its examination of the various options for securing reductions in expenditure. As will be appreciated urgent action is necessary to deal with the situation. As regards possible cost saving measures I am to state that the Board should disregard the possibility of achieving savings arising from changes in the drugs refund scheme and the long-term illness scheme. Your suggestions in this regard have, however, been noted and will be considered.*

*As agreed, officers of the Department will be meeting today with the Board's Finance Officer to secure clarification of certain aspects of the 1985 estimates. It is suggested that the discussions with you in regard to the situation should be resumed in the coming week in the light of decisions taken by the Board at its meeting tonight to cope with the budgetary position. We will contact you shortly about the arrangements.*

*Mise le meas*

*A. Boushel'*

Following a lengthy discussion to which the Chairman, Cllrs Hand, Mrs Glenn, Stagg, Dr Behan, Dr Henry, Mrs Bonar, Mr Kane, Dr McCarthy, Ald Fitzgerald, Dr O'Herlihy, Cllrs Hynes and Browne, Mr Finegan, Cllrs Hickey, Durkan and Willoughby, Professor Doyle and Dr Powell contributed and to which the Chief Executive Officer replied, the following motions were proposed by Dr Behan, seconded by Cllr Stagg, and dealt with as follows:

*'That the Board firstly identify the groups it has a statutory obligation to provide for, including the services it provides for the poorer, deprived and at risk groups in its area and then cost the provision of services to those groups; and that the Board then determine that as policy it will not reduce the level of service provided to this group except on the direction of the Minister after he has called an enquiry to be held in accordance with Section 38 of the Health Act 1970.'*

The motion was put to a vote and lost, the voting being as follows:

FOR: 4. Dr Behan, Cllr Hickey, Mr Kane, Dr McCarthy.

AGAINST: 18.	Cllr Belton	Mrs Bonar
	Cllr Browne	Cllr Carroll
	Mrs Clune	Prof Doyle
	Cllr Durkan	Mr Ftnegan
	Ald. Fitzgerald	Cllr Freehill
	Cllr Mrs Glenn	Cllr Groome
	Dr Henry	Cllr Hynes
	Dr O'Herlihy	Cllr Sweeney
	Cllr Timmins	Cllr Willoughby

Dr Powell abstained.

- (ii) ***"That the Board decide to adopt the budgetary proposals before it until the law agent advises whether it is ultra vires Section 38 of the Health Act 1970, to reduce statutory services by £5.3m without first holding an enquiry under Section 38 of the Health Act 1970."***

The motion was lost on a show of hands.

- (iii) ***"That the Board declined to adopt the budgetary proposals before it until it has discharged its contractual and common law obligations of informing the Boards insurers that it proposes to cut the level of services to people for whom it is statutorily obligated to provide and that it is possible that as a consequence the Board could be involved in litigation by patients for whom it is unable to provide services on an adequate level of services."***

This motion was ruled out of order by the Chairman.

- (iv) ***Noting the lack of any affective role by the health board in co-ordinating the hospital and community services in the Board's area and noting that the Minister allocates funds directly to the general and voluntary hospitals through the health board's allocation without these hospitals submitting any budgetary proposals to the health board, it is proposed that the Chief Executive Officer ascertain from the law agent the legality of the Minister's direct allocation to the general hospitals."***

On being informed that the Chief Executive Officer had already consulted the law agent in this matter, Dr Behan agreed that consideration of his motion should be deferred.

Following further discussion, and in light of the Department's advice that no additional funds would be made available to our Board in 1985, it was proposed by Cllr Timmins, seconded by Cllr Durkan, and agreed:

- (i) that every effort should be made to achieve reductions in costs;
- (ii) that discussions between officers of the Board and officers of the Department should continue in the matter of our Board's finances and the National Plan;
- (iii) that the Chief Executive Officer would report on the progress of these discussions to the Working Party;
- (iv) that the Working Party would in turn report to the Board on a regular basis;

- (v) that the Working Party, with the advice and assistance of the Chief Executive Officer and the Management Team, would cooperate with the Department of Health with a view to our Board continuing to provide, to the maximum extent possible, institutional and community care services with particular regard to the needs of the poor and the underprivileged.

The meeting concluded at 8.45 pm

CORRECT: P B Segrave  
Chief Executive Officer

CHAIRMAN