

EASTERN HEALTH BOARD

Minutes of proceedings of Monthly Meeting
held in
Board Room, St Mary's Hospital, Chapelizod, Dublin 20
on Thursday 6 March 1986 at 6 pm.

PRESENT

Ald B Ahern, TD	Mr F Beale.
Dr J D Behan	Cllr O Bennett
Mrs B Bonar	Cllr B Briscoe, TD
Cllr I Callely	Cllr M Carroll
Mrs D Clune	Cllr P De Rossa. TD
Cllr J Dillon-Byrne	Prof J S Doyle
Cllr P Dunne	Cllr B J Durkan, TD
Mr P Finegan	Sen A FitzGerald, Ald
Cllr E Fitzgerald	Cllr Dr D Fitzpatrick
Cllr A Groome	Dr R Hawkins
Dr M Henry	Cllr P Hickey
Cllr F Hynes	Dr D I Keane
Prof J McCormick	Cllr C Murphy
Dr B O'Herlihy	Cllr J Reilly
Cllr J Sweeney	

APOLOGIES

Mr N Andrews. TD, Cllr W J Harvey

IN THE CHAIR

Cllr J Sweeney

OFFICERS IN ATTENDANCE

Mr K J Hickey, Deputy Chief Executive Officer
Mr F J Donohue, Programme Manager. Community Care
Mr M Walsh, A/Programme Manager, Special Hospital Care
Mr S O'Brien, A/Programme Manager, General Hospital Care
Mr L P Kavanagh, Personnel Officer
Mr J N McNee, Management Services Officer
Prof B O'Donnell, Dublin Medical Officer of Health
Ms M McGahern, Senior Executive Officer, Finance
Mr M J O'Connor. Senior Executive Officer, Secretariat

CONDOLENCES

On the proposal of the Chairman votes of sympathy were passed with the following:

- (i) The family of Mr John Corcoran, a former member of the Board.
- (ii) Mr Joe McEvoy, Assistant Section Officer, Printing Department, on the death of his mother.
- (iii) Miss Mary Kelly, Senior Executive Officer, Personnel Department, on the death of her father.
- (iv) Mr Gerry Hanley, Section Officer, Personnel Department, on the death of his father.
- (v) The family of Mr John Laffan, St Brendan's Hospital.

24/86

CHAIRMAN'S BUSINESS

The Chairman informed the members that the new health centre in Greystones would be officially opened on Friday 21 March 1986 at 4 pm.

25/86

CONFIRMATION OF MINUTES OF MONTHLY MEETING HELD ON 6 FEBRUARY 1986

The minutes of the monthly meeting held on 6 February 1986 having been circulated, were confirmed on a proposal by Cllr Carroll, seconded by Cllr Hynas.

(a) Matters arising from the minutes

Dr Behan stated that it was his recollection that the Chief Executive Officer, in answer to his question regarding the power of the Board to direct him to settle actions taken by or against the Board, had indicated that he could be directed by the Board to compromise if the Board so wished. He asked that this be also recorded.

Dr Behan also requested that it be recorded that, in his view, minute No. 16/86 in relation to the discussion which had taken place regarding Report No. SHC 1/1986 'Proposed Development of a Community Based Adult Psychiatric Service' was not sufficiently detailed to reflect the many points made and that it was the opinion of one member that the Board was not fulfilling its obligations.

The Chairman reminded Dr Behan that it had been agreed that the minutes of Board meetings would record decisions taken and that the names of members who had contributed to the discussions would be recorded.

Mrs Clune enquired regarding the reports which she had requested on research into community based psychiatric services. Mr Walsh, Acting Programme Manager, Special Hospital Care, stated that he had written to the Chief Psychiatrist regarding her request and that his reply was awaited.

26/86

PROPOSED SUSPENSION OF STANDING ORDERS

Dr Behan proposed and Cllr Hickey seconded that Standing Orders be suspended to enable members to discuss the apparent failure of the Committee on Public Expenditure to invite our Board to make a submission. The proposal was defeated on a show of hands.

27/86

QUESTIONS TO THE CHIEF EXECUTIVE OFFICER

On a proposal by Cllr Hickey, seconded by Cllr Carroll, it was agreed to answer the questions which had been lodged.

1. Cllr P De Rossa, TD

'To ask the Chief Executive Officer the following:

- (a) What dental services are provided by the Health Board to children suffering from calcium deficiency?
- (b) What guidelines are given to dentists by the Eastern Health Board or the Department of Health regarding the extraction of children's teeth?

Reply

- (a) The Chief Dental Officer reports that there is no evidence to suggest that children in the Eastern Health Board area develop dental defects because of calcium deficiency. Where there are defects in tooth structure due to inadequate calcification, these are usually caused by metabolic disorders, by hereditary factors, trauma, or by infection. The numbers of children involved are small and each child is treated according to his or her needs either in a Health Board clinic or in the Dublin Dental Hospital.
- (b) The consent of a parent (or guardian) is required before any treatment is carried out in a Health Board clinic. The type of treatment provided is a matter of clinical judgement for each dentist. Where the treatment is an extraction, the dentist concerned will make a clinical assessment of the tooth, and his/her treatment will be in accordance with this. Dental staff are advised that when an extraction is necessary, they should inform a parent (or guardian) of this, even if the parent (or guardian) has previously consented to treatment. The Department of Health has not issued guidelines on extractions of children's teeth.

2. Cllr I Callely

'What is the attitude of the Board to general practitioners using local health centres?'

Reply

Inherent in the General Medical Services introduced in 1972 was the philosophy that the doctors' private and eligible patients would be treated in the same premises and at the same sessions. For doctors entering the scheme this entails the use of their normal surgeries.

However, former permanent district medical officers were entitled to continue to practice from the health centres from where they were practising.

To facilitate the public, in rural areas, especially in remote areas, if such accommodation is available general practitioners are allowed use it for an agreed rent.

Charges are not raised in respect of the use of accommodation by former district medical officers or group practices.

3. *Cllr I Callely*

‘Could the Chief Executive Officer advise what assistance, financial or otherwise, is given to patients or their families who have to travel abroad for medical treatment, from the Health Board or the Department of Health?’

Reply

Article 22 (1) (c) of EEC Regulations 2000/83 governs the referral of patients for health services to another member state. In accordance with this article, a person may be authorised by the Health Board to go to another member state and obtain treatment which is considered to be necessary and which is not available in Ireland.

In the case of a person from the Eastern Health Board area, being authorised to go to another member state for treatment. Form E112 is issued to that person by the Board. The issue of this form involves a commitment by the Board to pay the cost of treatment. In limited instances, where the need arises, our Board also provides assistance to patients who are unable to meet the cost of travel expenses to the treatment hospital from their own resources. This assistance is also extended to cover the costs incurred by an adult escort when a child patient is involved. Any financial assistance given in these cases is subject to a means test.

Our Board has, on occasion, also assisted with the costs incurred by patients receiving treatment outside EEC countries e.g. Canada or America. There is no obligation on our Board to assist patients receiving treatment in non-EEC countries.

A recent circular from the Department of Health has brought policy in this matter up to date.

4. *Cllr Dr D Fitzpatrick*

‘Would the Chief Executive Officer write to the Masters of the three Dublin Maternity Hospitals and the Director of Obstetric Services in St James’s Hospital requesting information as to the:

- (i) range and type of family planning services provided at the respective hospitals;
- (ii) range and type of services provided to infertile couples?’

Reply

- (i) The three Dublin Maternity Hospitals and the Maternity Unit, St James’s, have been written to in the context of our general questionnaire on family planning services. Three have replied and a response is awaited from the fourth.

- (ii) Information on services provided for infertile couples has been sought and will be made available.

5 *Sen A FitzGerald. Ald*

'How many mentally handicapped persons are awaiting residential care in the Eastern Health Board area?

Is there a priority list and if so, how many such persons are resident on the (a) south side of the city and (b) north side of the city.?

How many applicants for these places in residential units have been placed in (a) and (b) above and (1) 1985 and (2) 1984?'

Reply

There are 448 names on the list of mentally handicapped persons either needing immediate placement in residential care or who will need such a placement within the next 4/5 years.

There is no priority list as such. Requests for admission are usually the result of a crisis arising and efforts are then made to find a suitable placement.

Parmanant Admissions

1984		1985	
Northside Addresses	Southside Addresses	Northside Addresses	Southside Addresses
31	64	23	53

These figures do not include temporary or crisis intervention admissions.

6 *Cllr P De Rossa, TD*

'To ask:

- (a) what steps are being taken to provide adequate day care services for adolescent mentally handicapped on the north side of Dublin, and
- (b) when will the Belcamp Unit be opened to provide care?'

Reply

- (a) Our Board is at present examining the future needs for adolescent and adult day care services in the north city area with the agencies involved. This is part of an overall review of our services for the mentally handicapped throughout our area.

It is expected that the immediate needs will be met when the Unit at Belcamp is opened.

- (b) The Unit at Belcamp will be opened this year in three phases as follows:

Phase I	15 April	20 places
Phase II	1 September	20 places
Phase III	1 November	30 places
Total:		70 places

7 *Cllr P Dunne*

'To ask the Chief Executive Officer to report on the following association:

The Sanctuary Trust, 22 Pimlico, Dublin 8. Tel 539040

- (a) Has this organisation had any contact with the Eastern Health Board?
- (b) Has this organisation the sanction of the Department of Health and the Eastern Health Board?
- (c) If the answer to (a) and (b) is negative, what action can the Chief Executive Officer take to prevent organisations setting up and offering assistance to children who are sexually abused?

Reply

- (a) The organisation named has not been in contact with our Board.
- (b) It is understood there has been contact with the Department of Health. The Department of Health has established an informal working group to review the present arrangements for the assessment, management and treatment of child sexual abuse in the Eastern Health Board area. The group will include staff from the Department of Health and the Eastern Health Board and children's hospitals etc.
- (c) Our Board has no specific authority to prevent the setting up of organisations.

The principal avenues open to our Board to encourage and foster activities of which it approves are through the provision of grants in aid under Section 65 of the 1953 Health Act which are subject to ministerial sanction and through the provision of support and organisational assistance by its local professional and administrative teams. The provision of such grants and supports would only be considered if the activities of the organisations concerned met the approval of the Board. The services provided by the organisation are required, by the terms of Section 65 of the Health Act 1953, to be similar or ancillary to services which our Board may provide. Our Board would need to be satisfied that the service which it was itself providing directly needed to be supplemented by the activities of an outside organisation.

8. *Cllr P Dunne*

'To ask the Chief Executive Officer to report on the incident where a travelling parent and children were refused initially admittance to the recently opened Women's Aid Clinic in Rathmines:

- (a) what action the Chief Executive Officer take to prevent this situation from arising again?
- (b) does the Chief Executive Officer consider it proper that no member or executive of the Eastern Health Board has been appointed to the Board of Management of the Women's Aid Centre in Rathmines?

- (c) What action does the Chief Executive Officer consider necessary in view of the Board's involvement from a funding point of view and from the possible liability situation arising from injury or assault at the centre?

Reply

The Women's Aid Refuge in Rathmines has ten family rooms and one emergency room. Since it opened, the Refuge has been full; at one point it accommodated thirteen women and thirty-nine children. Families seeking services when the Refuge is full are referred by Women's Aid to alternative accommodation on a temporary basis until they can be accommodated in the Refuge. Since opening the Refuge in Rathmines in January last the organisation has had occasion to refer to twelve cases to other agencies for accommodation on a temporary basis because the Refuge was full. While our Board will assist, if requested, in placing families in temporary accommodation while awaiting admission to the Refuge, it is primarily a matter for Women's Aid to provide a service for victims of family violence.

The agreement between Women's Aid and our Board giving the organisation a licence to use the premises at Rathmines for their services provided that:

- (i) our Board would appoint two representatives to the Council of Women's Aid and
- (ii) a Management Committee would be established for the Refuge in Rathmines on which our Board would have two representatives.

When the Refuge went into operation nomination of these representatives was made by the Programme Manager, Community Care.

Under the terms of the agreement between our Board and Women's Aid, the latter organisation is required to indemnify our Board against liability for death or injury to persons while on the premises arising from any cause whatsoever and against liabilities for any loss of or damage to property brought onto the premises arising from any cause whatsoever and to effect and keep in force insurance against such contingencies together with other contingencies including public liability insurance arising from the organisation's use of the premises in the joint names of our Board and the organisation.

Women's Aid have produced certification of such insurance effective from the date our Board gave them the use of the premises. As the premises continues to be the property of our Board, it has been included on our schedule of properties insured by the Board's Insurers effective from the date the premises was handed over by the building contractor.

9. *Cllr P Dunne*

'To ask the Chief Executive Officer to give details regarding the recent ministerial announcement of the transfer of the newly constructed unit of the Central Mental Hospital in Dundrum to the Department of Justice:

- (a) Has the Department of Justice entered into negotiations to take over the running of the Central Mental Hospital in Dundrum completely or is the decision just for the newly completed unit?
- (b) To give details of any financial benefits which may accrue to the Board from this transfer?'

Reply

- (a) The Department of Justice has not entered into negotiations with our Board on the subject of taking over the running of the Central Mental Hospital. The only information available to the Board is the press release from the Minister for Justice.
- (b) As no discussions have taken place we cannot comment on financial benefits.

10. *Cllr C Murphy*

'To ask the Chief Executive Officer to indicate, specifically, how it is proposed to reduce, significantly, the waiting period for both adults and children for routine dental treatment at the clinic in Bray and with private dentists?'

Reply

Dental services in Bray are provided by Health Board staff and by private dentists.

Children are treated in Health Board clinics and by six private dentists in their own surgeries. The private dentists provide the service equivalent to one whole-time dental officer.

Adults are treated in the dental clinic and under the Choice-of-Dentist Scheme. Three private dentist provide services under the Choice-of-Dentist Scheme.

It will not be possible to expand services significantly for children until a new health centre is provided and dental staff allocated to this centre. In the meantime, there will be new facilities in Greystones and Loughlinstown where some Bray patients may be treated. This is being investigated at present. Adults treated under the Choice-of-Dentist Scheme are limited to ten a month due to financial restraints. However, only three dentists in Bray have indicated that they are willing to operate this Scheme. There have been discussions between the Department of Health and the Irish Dental Association on the extension of this Scheme, and these are continuing. In the meantime, the Department of Social Welfare Dental Benefit Scheme has been expanded to include pregnant spouses of insured workers. As many of these are holders of medical cards, the Board pays the patients' share of their costs.

11. *Cllr C Murphy*

'To ask the Chief Executive Officer to indicate in the case of each national or primary school in Bray the frequency of routine dental inspections/assessments?'

Reply

While it would be desirable to have school dental examinations three times during the child's school years the resources available to our Board do not enable us to carry out examinations at this frequency in all areas. Most of the referrals to clinics at health centres are made by doctors, nurses, teachers and self referrals. In most clinics there is a sizeable backlog of work.

School Dental examinations in the Bray area were carried out as follows:

School Dental Examinations in Bray

School	Date of Examinations
Naomh Peadar	June 1977, June 1983
Cronan Naofa	May 1977, April 1985
Padraig Naofa	July 1976, June 1982
Ravenswell Convent	April 1975, June 1981
St Andrew's	May 1978, February 1984
St Feargal	June 1984
Marino Clinic	June 1985
Sunbeam House	May 1978

Ordinary school medical examinations would also have led to referrals.

12. *Cllr P De Rossa, TD*

'What arrangements can be made to enable a deserted wife, previously on Disabled Persons Maintenance Allowance and now in receipt of Deserted Wives Allowances to revert to Disabled Persons Maintenance Allowance in view of the more favourable benefits to her?'

Reply

If a person is certified by a duly authorised medical officer of our Board as being eligible on medical grounds for a Disabled Persons Maintenance Allowance that person may choose to opt for that allowance in lieu of any other statutory benefit for which he or she might also be eligible.

13. *Cllr I Callely*

'Could the Chief Executive Officer advise exactly what toxic/explosive/nuclear and other such substances:

- (1) are being stored,
- (2) being transported,
- (3) being disposed of,

in the Board's area or may affect our area and what safety precautions/measures are presently implemented?'

Reply

The following substances may be listed:

- (1) Explosive materials, naimly gelignite.
These are manufactured by a firm named Irish Industrial Explosives Ltd., at a factory in north County Kildare, near Johnstown Bridge. This premises has an Explosives Licence from Kildare County Council. The premises and the transport of all consignments out of it are closely supervised and guarded by the Army and Garda authorities.
- (2) *Acryleeitrila (Otherwise known as Methylacrylate).*
This is a raw material used by the Asahi Company in Killala, County Mayo. It is imported through Waterford Port, from whence it is brought by rail to a storage depot at Dublin Port, and consignments are subsequently transported by rail to Killala. It is a highly inflammable liquid and the main hazard is accidental spillage due to de-railing of rail vehicles.

There is in existence a scheme for co-ordination of emergency services in the event of an accident involving Methylacrylate rail vehicles. It involves interaction between CIE, the Gardai, local authority services, health board, Army services, Army Air Corps and the Asahi firm. It is organised along the lines of the Dublin Major Accident Plan.
- (3) Anhydrous ammonia
This is a raw material used by NET Arklow. It is imported via Cork Port and transported by rail via Dublin to Arklow. Again, the hazard of a spillage exists should a rail vehicle become derailed. Here again there exists a scheme for co-ordination of emergency services in the event of an accident involving Anhydrous Ammonia rail vehicles between Cork and Arklow. It involves the same groups as in the case of Acrylonitrile.
- (4) Other substances which could be described as toxic or explosive are commonly transported by road tankers in the Eastern Hearth Board area. Examples are petrol, sulphuric and nitric acid, chlorine, fluorine, butane etc. The transport of such substances comes under the Dangerous Substances Act 1972 and the Dangerous Substances (Conveyance of Scheduled Substances By Road) (Trade or Business) Regulations 1980. The latter Regulations are in conformity with what is called the ADR Agreement which is a European Agreement concerning the International Carriage of Dangerous Goods by Road. This comes under the Department of Labour.

(5) Radioactive Material

The importation, use, transport and disposal of radioactive material comes under the Nuclear Energy Board. Hospitals in the Dublin area using radioactive isotopes have to comply with the instructions of the Board.

(6) Asbestos

It is not quite in the same category as the above mentioned substances but its use does carry certain hazards. It is used in the Asbestos Cement Factory in Athy, County Kildare. Safety precautions at this factory are closely supervised by the factory inspectors of the Department of Labour.

28/86

CHIEF EXECUTIVE OFFICER'S REPORT

The Deputy Chief Executive Officer read the following report which was noted by the Board.

(i) *St Patrick's Infant Hospital, Blackrock*

'At our meeting held on 6 February 1986 I informed members that St Patrick's Infant Hospital, Temple Hill, Blackrock, had been identified for closure.

Since then discussions have taken place between officers of our Board and the Department of Health with the authorities of the hospital regarding the phasing out of the hospital's activities during this year. We have been notified by the Department of Health that an additional £120,000 is being allocated to our Board for 1986 to enable us to make the appropriate arrangements which will permit our child care services to provide community based services to the client group at present served by St Patrick's Hospital'.

(ii) *St Dymphna's Hospital, Carlow*

'At our meeting held on 6 February 1986, I informed members regarding discussions which had taken place with officers of the Department of Health following the announcement by the Minister for Health regarding the identification of St Dymphna's Hospital, Carlow as due for closure during 1986. Since our last Board meeting these discussions have continued. The Chief Executive Officer attended a meeting held in Carlow on 7 February 1986 with officers from the South Eastern Health Board and the Department of Health. Arrangements have been made for another such meeting to be held in Carlow in 10 March 1986'.

(iii) *Beaumont Hospital*

'At our February Board meeting it was agreed that the Chief Executive Officer would have discussions with officials of the Department of Health with a view to bringing the Psychiatric Unit at Beaumont Hospital into use at an early date. I wish to inform members that discussions have taken place with officials in the Department of Health in this regard and that further discussions will take place with these officials and with representatives of Beaumont Hospital'.

Cllr Dillon-Byrne requested the Programme Manager, Community Care, to report further on the closure of St Patrick's Infant Hospital and its implications for the training school for Nursery Nurses.

29/86

**PROPOSED DEVELOPMENT OF A COMMUNITY BASED
ADULT PSYCHIATRIC SERVICE**

The following Report No. 3/1986 from the Chief Executive Officer was submitted.

Our Board at its meeting held on 7 November 1985, following discussion on the draft report 'Proposed Development of a Community Based Adult Psychiatric Service', agreed that the Special Hospital Committee should present an interim report at an early date on the implementation of the report 'Planning for the Future'.

The Special Hospital Committee has discussed the draft report on three occasions since then and, at its meeting held on 22 January 1986, adopted Report No. SHC 1/1986, a copy of which is enclosed.

Cllr Groome stated that he wished to formally propose the adoption of Report No. SHC 1/1986 'Proposed Development of a Community Based Adult Psychiatric Service'. His proposal was seconded by Cllr Durkan.

Following a discussion to which Cllrs Groome and Durkan, Dr Behan, Cllr Fitzgerald, , Prof McCormick, Mrs Bonor and Mr Beale contributed, the following amendment was proposed by Dr Bahan and seconded by Cllr De Rossa:

'That this Board, noting the failure of the Report on the Proposed Development of a Community Based Adult Psychiatric Service to include practical safeguards to prevent the closure of the Board's mental hospitals without the prior provision of an alternative range of community based facilities, noting the failure of the Report to state that the Board will not close its mental hospitals without such alternative facilities being first provided, noting the failure of the Report to state clearly the priorities, costs and time scales involved, noting the failure of the Report to stress the need for transition capital, noting the failure of the Report to specify the requirements for retraining staff, noting the failure of the Report to specify and stipulate clear arrangements to integrate the Board's psychiatric staff into general hospital psychiatric units before any transfer of admission policies, noting the failure of the Report to provide for adequate monitoring and noting the failure of the Report to stipulate clearly the needs of the medium and long-stay mentally ill, that this Report be deferred to the Special Hospital Care Programme Committee both to remedy these deficiencies and to be reformulated under the headings set out in Chapter 16 of 'Planning for the Future' and in accordance with the directive contained in the Departmental letter 19 July 1985'.

Following a further discussion to which Cllrs Durkan, Mrs Clune, Cllr De Rossa Cllr Hynes, Cllr Murphy, Dr Hawkins and Dr Henry contributed, the following amendment was defeated in a roll call vote as follows:

<i>For</i>	<i>Against</i>
Mr F Beale TD	Aid B Ahern, TD
Dr J D Behan	Cllr O Bennett
Mrs B Bonar	Cllr B Briscoe, TD
Cllr P De Rossa, TD	Cllr I Callely
Cllr J Dillon-Byrene	Cllr M Carroll
	Mrs D Clune
	Prof J S Doyle
	Cllr P Dunne
	Cllr B J Durkan, TD
	Sen A FitzGerald, Aid
	Cllr Dr D Fitzpatrick
	Cllr A Groome
	Dr M Henry
	Cllr F Hynes
	Prof J McCormick
	Cllr C Murphy
	Dr B O'Herlihy
	Cllr J Sweeney

Cllr E Fitzgerald and Dr Hawkins abstained.

Dr Behan contended that under Standing Order No. 33, Report No. SHC 1/1986 could not be considered in the absence of a certificate from the relevant officer as to the expenditure which would be involved in its adoption.

The Chairman indicated that Standing Order No. 33 applied to Notices of Motion

Following a further debate regarding the application of Standing Orders, a proposal by Cllr Fitzgerald, which was seconded Cllr Carroll, that Standing Orders be suspended was carried. The voting was as follows:

<i>For</i>	<i>Against</i>
Aid B Ahern, TD	Mr F Beale
Cllr O Bennett	Dr J D Behan
Cllr B Briscoe, TD	
Cllr I Callely	
Cllr M Carroll	
Mrs D Clune	
Cllr P De Rossa, TD	
Cllr J Dillon Byrne	
Prof J S Doyle	
Cllr P Dunne	
Cllr B J Durkan, TD	
Sen A FitzGerald, Aid	
Cllr E Fitzgerald	
Cllr Dr D Fitzpatrick	
Cllr A Groome	
Dr R Hawkins	
Dr M Henry	
Cllr F Hynes	
Prof J McCormick	
Cllr C Murphy	
Cllr J Sweeney	

Mrs B Bonar abstained.

Cllr Groome's motion that Report No. SHC 1/1986 be adopted was then put and carried. The voting was as follows:

<i>For</i>	<i>Against</i>
Aid B Ahern, TD	Mr F Beale
Cllr O Bennett	Cllr P De Rossa, TD
Cllr B Briscoe, TD	Cllr J Dillon-Byrne
Cllr I Callely	
Cllr M Carroll	
Mrs D Clune	
Prof J S Doyle	
Cllr P Dunne	
Cllr B J Durkan, TD	
Sen A FitzGerald, Aid	
Cllr Dr D Fitzpatrick	
Cllr A Groome	
Dr M Henry	
Cllr F Hynes	
Prof J McCormick	
Cllr C Murphy	
Cllr J Sweeney	

Dr Behan, Mrs Bonar, Cllr Fitzgerald and Dr Hawkins abstained.

On a proposal by Prof McCormick, seconded by Prof Doyle, it was agreed to restore Standing Orders.

30/86

MEDIA REPORTS – ORGANISATION OF HEALTH SERVICES

Dr Behan stated that he had requested that this matter be listed for discussion. He referred to the media reports regarding the intention of the Minister for Health to abolish the health boards and said that, having regard to the discussion which had taken place on the previous item on the agenda, he wished to propose that the Minister expedite the abolition of the health boards.

His proposal was not seconded and was, accordingly, declared lost.

31/86

PROGRAMME COMMITTEES

The following report 6 February 1986 from the Chairman was submitted.

'At the December meeting of our Board it was agreed that the Chairman of the Board and the Chairman of the three Programme Committees would meet to review the functioning of the Programme Committees which were established by our Board in March 1985.

At the meeting, which was held on 4 February 1986 and which was attended by the three Programme Managers, it was agreed that:

- the arrangement under which programme committee meetings are held on Thursdays at 11 am should continue.
- programme committee meetings should be structured so that the 'committees can fulfil their two functions of

- (i) considering and advising on such business as may be referred to them by the Board or which they may wish to refer to the Board.
- (ii) Visiting and inspecting health care facilities within the respective programmes and considering reports from the Programme Manager on the current levels and range of services being provided.

The appropriate programme manager should attend meetings and report to the Committee, particularly in relation to (i) above. With regard to (ii) above the attendance of other officers at Committee meetings is a matter for the Programme Manager, in consultation with the Chairman of the Committee.

A comprehensive report from each Programme Committee meeting should be circulated with the papers for the following meeting of the Board. This report should contain any policy recommendations from the Committee for consideration by the Board and other matters for the information of the Board.

The detailed minutes of the proceedings of Programme Committee meetings should be circulated with the agenda for confirmation at the next meeting of the Committee. This documentation is sent to each member of our Board.

Letter dated 4 March 1986 from Roger Greene & Sons, Solicitors regarding Programme Committees was also circulated to the members.

The following motion was proposed by Cllr Fitzgerald and seconded by Cllr Dillon-Byrne:

That written reports of the Seniors be presented with the notice of the Community Care meeting; that after general policy discussion and discussion of area services with the Director that senior staff be on hand to answer members' queries'.

Following a discussion to which Cllr Fitzgerald, Cllr Dillon-Byrne, Prof Doyle, Prof McCormick, Cllr Briscoe, Mrs Clune and Dr Behan contributed and to which Mr Donohue, Programme Manager, Community Care replied, it was agreed that Programme Managers would send composite reports to the members with notices of meetings and that heads of sections/disciplines should attend meetings of Programme Committees as required.

It was also agreed that a composite document containing all the rules relating to the Programme Committees should be drawn up.

32/86

TEMPORARY BORROWING

The following Report No. 7/1986 from the Chief Executive Officer was submitted.

At meeting held on 12 December 1985 our Board consented to the temporary borrowing by way of overdraft up to an overall limit of £1.5M during the quarter ending on 31 March 1986.

As similar overdraft accommodation may be required during the June quarter 1986. I request that the Board consents to the borrowing by way of overdraft during the three months to 30 June 1986 to a maximum of £1.5M.

On a proposal by Cllr Carroll, seconded by Cllr Durkan, it was agreed to adopt the proposal contained in the Report.

33/86

ALLOCATION FOR NON-CAPITAL HEALTH EXPENDITURE 1986

The following Report No. 6/1986 from the Chief Executive Officer was submitted.

The Working Group, at a meeting held on 24 February, considered the attached report and the letter of allocation from the Department of Health regarding the 1986 allocation.

Present at the meeting were:

Cllr J Sweeney, Chairman	Mrs D Clune, Vice-Chairman
Cllr P Hickey	Cllr A Groome
Cllr F Hynes	Cllr P Dunne
Cllr Dr D Fitzpatrick	Dr B O'Herlihy

The policy implications arising for our Board from the allocation letter were considered and the Working Group noted that further meetings between Officers of our Board and Officers of the Department of Health were arranged to clarify some of the major issues raised by the letter and by the shortfall in the allocation.

Among the issues raised for consideration by the Working Group were the following:

1. The fact that the main thrust of the letter indicates that the shortfall is to be compensated for by payroll cuts in our institutions raised particular problems for our Board. Because the administration of the voluntary hospitals in our area is not under the control of our Board, it is not possible for our Board to arrange an orderly transfer of resources from acute hospital to community care services or indeed to coordinate hospital and community services in an efficient and effective way.
2. The question of whether it would be practical or possible for the Board to maintain all of its Community Care Services and in all localities was raised. Reference was made to the fact that we pay a considerable number of statutory based allowances in addition to statutory services. The implications of population increases particularly increases among the high dependency groups, i.e. the very young and the elderly had to be considered.

3. The question of the arrangements made by our Board with other hospitals and services under Sections 21 and 65 of the Health Act were discussed at some length. The Working Group recommended that the same considerations in relation to budget shortfalls that will apply to our Board should be applied to institutions providing services for us on an agency basis.

Particular consideration was given to the problems arising from the allocation for Cheeverstown and Peamount and I was asked to write to the Secretary of the Department of Health with a view to formally clarifying our Board's position in relation to these arrangements.

It was agreed that the Working Group was not in a position to make formal recommendations to the Board in the absence of clarification of the policy issues which arose from the Department's letter.

It was agreed that a report to this effect would be made to the Board and a further meeting of the Working Group arranged as soon as additional information from the Department was available.

Introduction

1986 is the second year of the three year planning cycle set out in the National Plan.

We have attached for the information of the members a copy of the Department of Health's letter of allocation dated 29 January 1986 for the year 1986 which sets out the allocation in the context in which it has been provided.

We have also attached a copy of Report 3/1985 which sets out the major policy issues facing our Board in relation to the National Plan.

1985 Expenditure

Members will recall that in 1985 we were faced with an initial shortfall of £5.3M. With the agreement of the Working Group and the approval of our Board we endeavoured to achieve this cut with the minimum impact on our services.

In relation to the non-pay element of our budget we reduced expenditure by £2.8M. We had hoped to achieve a cut in the pay budget of £2.5M being our proportion of the overall cut in the payroll budget envisaged in the National Plan.

We hoped to achieve this cut in pay on-costs such as premium payments, overtime, substitutes etc. We knew that this would be very difficult to achieve and indeed would be impossible without the overall agreement of staff representatives and the Departments concerned, i.e Health and Public Services.

In approaching the problem in this way it was the objective of the Board to achieve the reduction in payroll costs without impacting upon jobs. Our efforts met with limited success.

At the end of the day we achieved a total cut (pay and non-pay) of £3.5M against our target of £5.3M leaving a shortfall of over expenditure by our Board of £1.8M in 1985. This was somewhat in excess of the figure of the £1.2M which we projected in the November Report to the Working Group.

In that Report I also advised our Board that our figures were subject to final ratification by the Department of Health of the cost of increases particularly pay increases approved during 1985. The Department has not as yet allowed us the full estimated cost of these approved increases.

While discussions in this matter continue our estimated over expenditure for 1985 as of the date of this Report is £3.8M.

Our current position may be summarised as follows:

	£
Agreed Net Expenditure by our Board in 1985	167.034M
The Departments Allocation for 1985	163.247M
	3.787M
(reduction in payroll budget by Department in the context of the National Plan)	- 3.614M
Withheld by Department of Health for phased expenditure of over runs	- 800M
Estimated shortfall in cost of full years impact of 1985 in trends (under discussion)	- 1.730M
Total:	- 9.931 M

Members will be aware of the continuing demand for existing services and service development commitments for 1986. Our Management Team estimate that the cost involved would be £4.436M in 1986.

This leaves a shortfall accepted by the Department of Health of £9.9M, increasing to a total shortfall of £14.367M when we add in the figure of £4.436M for trends and committed developments.

The letter of allocation sets out 'overall budgetary strategy for 1986'. Basically the letter states that the Community Care Programme should be protected including services for the old and house bound. The letter states further that 'health boards are requested to secure the reductions in expenditure which are implicit in the level of allocation approved as far as possible on pay roll costs in the institutional areas of expenditure'.

The attached table sets out our current position as we see it including the impact of a 4% allowance for inflation on the non-pay side and the estimated cost by programme of the minimum 1986 additional costs.

We will continue to monitor expenditure trends with the view to achieving cuts where and when possible. In an organisation as large as ours there is always room for improvement including improvements in those areas mentioned in the letter of allocation.

It is quite clear however that significant policy decisions will have to be taken by the Board in the context of the cuts in the letter of allocation. If all community care services are to be protected the major cuts must be made in institutional pay roll costs including maintenance. This would have to include those external institutions funded by our Board. The impact of these cuts on our capacity to deliver services directly and indirectly and maintain our statutory responsibility would require careful consideration.

Discussions with officers of the Department of Health are continuing with the view to obtaining policy clarifications against which we would be in a position to advise our Board of the practical options which face us in this very serious matter at this time.

Estimated Budget 1986

SERVICE	ORIGINAL BUDGET	ESTIMATED OUTTURN	ESTIMATED EXPENDITURE/ INCOME
	1985	1985	1986
	£000	£000	£000
NON-PAY			
Central Services	3,315	3,450	4,000
Technical Services	3,140	3,415	3,550
Community Care	45,483	46,187	50,282
Special Hospital Care	18,263	19,650	20,785
General Hospital Care	14,798	15,543	17,201
Total Non-Pay	84,999	88,345	95,818
Total Pay	82,396	90,579	97,249
Total Gross Expenditure	167,395	178,924	193,067
Income	11,655	11,890	12,080
Total Net Expenditure	155,740	167,034	180,987

Department of Health Allocation

166,620

Shortfall

14.367

Mr Hickey, Deputy Chief Executive Officer informed the members that discussions were continuing with Officers of the Department of Health to clarify the policy issues arising from the Department's letter of allocation and by the shortfall in the allocation and that a further meeting of the Working Group would be arranged as soon as the discussions had been concluded.

Following a discussion to which Cllrs Carroll, Dunne and Fitzgerald contributed, it was agreed to note the Report.

34/86

DISPOSAL OF LAND AT RUSH HEALTH CENTRE

The following Report No. 4/1986 from the Chief Executive Officer was

NOTICE is hereby given pursuant to Section 83 of the Local Government Act, 1946 that it is proposed to dispose of the property described below which is no longer required for the purpose of the powers and duties of the Board.

Statutory Information

- (1) Site of approximately 0.06 acres of land at rear of Rush Health Centre.
- (2) The property was transferred to our Board by the Dublin Health Authority.
- (3) It is proposed to dispose of the property to Mr J Leonard, Whitestown Road, Rush (owner of the adjoining property).
- (4) The consideration in respect of the disposal is £1,500.

At a meeting of our Board to be held after the expiration of ten clear days from the date of the sending of this Notice, our Board may resolve as follows:

- (a) That the disposal shall be carried out in accordance with the terms specified in the resolution, the disposal may, with the consent of the Minister for Health, be carried out in accordance with those terms.
- (b) that the disposal shall not be carried out.

If our Board resolves that the disposal shall be carried out in accordance with the terms specified in the resolution, the disposal may, with the consent of the Minister for Health be carried out in accordance with those terms.

If our Board resolves that the disposal shall not be carried out, then the disposal shall not be carried out.

If our Board does not pass a resolution, the disposal may with the consent of the Minister, be carried out.

On proposal by Cllr Dunn, seconded by Cllr Carroll, it was agreed to adopt the proposal contained in the Report.

35/86

FILLING OF VACANCY ON DUBLIN COUNTY LOCAL COMMITTEE

The following Report No. 5/1986 from the Chief Executive Officer was submitted.

At the February meeting of our Board I informed members that a vacancy existed on the Dublin County Local Committee following the retirement of Dr Michael J Heffernan. St Ita's Hospital, Portrane.

Article 5 (1) (d) of the Health (Local Committees) Regulations 1972 states that the membership of a local committee shall include:

'the resident medical superintendent or a senior psychiatrist, designated by the health board, in a mental hospital serving the functional area of the committee, appointed by the Health Board'.

Dr M N McGuinness, Clinical Director, St Ita's Hospital, is recommended for appointment to fill the vacancy caused by the retirement of Dr Heffernan.

On a proposal by Cllr Carroll, seconded by Cllr Dunne, It was agreed to adopt the proposal contained in the Report.

36/86

**IRISH MEDICAL CARE RESOURCES:
AN ECONOMIC ANALYSIS BY A DALE TUSSING**

Prof McCormick described the report as disappointing and inadequate.

The members agreed to take up Prof McCormick's kind offer to prepare a critique of the report to facilitate further discussion on the recommendations contained in it.

37/86

IRISH PUBLIC BODIES MUTUAL INSURANCES LTD – APPOINTMENT OF NOMINEE

On a proposal by Cllr Dillon-Byrne, seconded by Cllr Hynes, H was agreed to appoint Cllr M Carroll to attend and vote at general meetings of the Company.

38/86

PROGRESS REPORTS FROM PROGRAMME COMMITTEES

(i) *General Hospital Care Committee*

On a proposal by Cllr Dunne, seconded by Cllr Carroll, it was agreed to adopt the Report.

(ii) *Special Hospital Care Committee*

On a proposal by Cllr Dunns, seconded Cllr Carroll, it was agreed to adopt the Report dealing with the meeting hold on 13 February in Cheeverstown House and the meeting held on 19 February in the Central Mental Hospital, Dundrum.

On a proposal by Cllr Carroll, seconded by Cllr Briscoe, it was agreed to adopt the Report dated 6 March 1986 dealing with the forensic services at the Central Mental Hospital in Dundrum.

Following a discussion to which Cllrs Dunne, Briscoe and Fitzgerald, Mrs dune and Dr Henry contributed, it was proposed by Mrs Clune, seconded by Dr Henry, and agreed that our Board should soak the appointment of three of its members to the Board of Cheeverstown House Ltd.

(iii) *Community Care Committee*

Following a discussion to which Cllrs Fitzgerald, Dillon-Byrne, De Rossa and Prof McCormick contributed, it was agreed to include the Report on the agenda for the April meeting of our Board.

39/86

NOTICES OF MOTION

The following motion was proposed by Cllr Callely, seconded by Cllr Dunne, and agreed:

'That this Board calls on the Government to stringently monitor disposal of all nuclear waste and other such toxic/explosive substances to ensure correct and

proper safety measures/precautions are being taken and to ensure that this Board is advised on an ongoing basis of the measures implementd in the disposal of all such substances, when such disposal is taking place. Furthermore, this Board calls for the closure of Windscale Sellafield until a full investigation is undertaken at this plant'.

It was agreed to adjourn the remaining items of the agenda to the April meeting of our Board.

The meeting concluded at 9 pm

CORRECT: K J Hickey
Deputy Chief Executive Officer


Chairman