

EASTERN HEALTH BOARD

Minutes of proceedings of Monthly Meeting
held in the
Boardroom, St Mary's Hospital, Chapelizod, Dublin 20
on Thursday 2 October 1986 at 6 pm.

PRESENT

Mr F Beale	Dr J D Behan
Mrs B Bonar	Cllr B Briscoe
Cllr M Carroll	Mrs D Clune
Cllr P De Rossa TD	Cllr J Dillon-Byrne
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	Cllr W J Harvey
Dr R Hawkins	Dr M Henry
Cllr P Hickey	Cllr F Hynes
Dr D I Keane	Dr P McCarthy
Prof J McCormick	Cllr C Murphy
Dr B O'Herlihy	Cllr J Reilly
Cllr J Sweeney	

APOLOGIES

Ald B Ahem TD. Mr N Andrews TD. Cllr I Callely, Mr D Kane.

IN THE CHAIR

Mrs D Clune

OFFICERS IN ATTENDANCE

Mr P B Segrave, Chief Executive Officer
Mr K J Hickey, Programme Manager, General Hospital Care
Mr F J Donohue, Programme Manager, Community Care
Mr M Walsh, A/Programme Manager, Special Hospital Care
Mr J F Reynolds, Finance Officer
Prof B O'Donnell, Dublin Medical Officer of Health
Mr L P Kavanagh, Personnel Officer
Mr J N McNee, Management Services Officer
Mr G Brennan, Technical Services Officer
Mr M J O'Connor, Senior Executive Officer, Secretariat

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CONDOLENCES

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

- (i) Mrs Bernadette Bonar, on the death of her husband.
- (ii) The family of Mr Con Wynne, Porter, Vernon Avenue Health Centre.
- (iii) The family of Dr. Jack Kinneen, Principal Dental Officer, Co. Kildare.
- (iv) Miss Ann Kenna, Community Welfare Officer, on the death of her mother.

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CHAIRMAN'S BUSINESS

The Chairman congratulated Cllr Bernard Durkan TD, on his election as Chairman of Kildare County Council, and Cllr Frank Hynes on his election as Chairman of Wicklow County Council.

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CONFIRMATION OF MINUTES OF MONTHLY MEETING HELD ON 4 SEPTEMBER 1986

The minutes of the Monthly Meeting on 4 September 1986 having been circulated, were confirmed on a proposal by Cllr Carroll, seconded by Cllr Hickey.

MATTERS ARISING FROM THE MINUTES

Dr Behan requested that his name be deleted from the list of members who contributed to the discussion on the motion regarding 'No Smoking' at Health Board meetings.

Dr Behan referred to item 104/86 - Progress Report from Special Hospital Care Committee and asked that it be recorded that our Board did not formally agree to, or acquiesce in, the transfer of the Unit for young drug offenders at the Central Mental Hospital to the Department of Justice.

Dr. Hawkins suggested that the minutes should include a summary of the contents of the Progress Reports from the Programme Committees.

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QUESTIONS TO THE CHIEF EXECUTIVE OFFICER

On a proposal by Dr Hawkins, seconded by Cllr Carroll, it was agreed to answer the questions which had been lodged:

- (i) *Cllr P De Rossa TD*
'To ask the Chief Executive Officer what arrangements there are to provide 'Outreach' community care services for persons cared for by 'no fixed abode unit'?'

REPLY:

In 1979 a 'Programme for the Homeless' was established in St Brendan's Hospital to deal specifically with the mentally ill of no fixed abode. Currently the Programme has two components:

- (a) an Admission Unit
- (b) a Day Centre in the hospital grounds

(a) The Admission Unit

Patients are referred to the Programme Admission Unit in the Assessment Unit in St. Brendan's Hospital. In many cases admissions are arranged through self referral from old contacts or through requests from statutory or voluntary agencies who are involved in the care of the homeless in the community.

In addition to attempting to restore and secure the mental well-being of the patient, a wide range of other tests are carried out because of the known susceptibility of this group of patients to a range of medical disorders.

If further medical/surgical intervention is deemed necessary the patient is referred to the appropriate general hospital.

Prior to discharge a detailed 'Pre Discharge Check List' is prepared for each patient.

(b) Day Centre:

Discharged patients are asked to attend the hospital day centre where the following are provided:

- (a) three meals per day;
- (b) medication on a daily basis;
- (c) out-patient contact;
- (d) a budgetary service for those who are unable to manage their finances;
- (e) a community follow-up service to maintain contact with irregular attenders.

Our Board also supports, by providing a staff member and finance, the organisation 'TRUST' to provide a medico-social service for the homeless.

(ii) Cllr De Rossa TD

'To ask the Chief Executive Officer what standards, if any, are insisted upon where the Eastern Health Board pay rent for private flat accommodation on behalf of psychiatric or homeless persons?'

REPLY:

Where a rent supplement may be payable to a person residing in private rented accommodation, including a person who may have previously been homeless or a patient with the Psychiatric Service, the Community Welfare Officer will normally visit the accommodation. If it is considered to be sub-standard or unsuitable the resident is encouraged and assisted to seek alternative accommodation.

(iii) Cllr J Dillon-Byrne

(a) 'To ask the Chief Executive Officer to list the Hospitals, Organisations etc. on which the Eastern Health Board is represented, on Boards of Management and/or Boards of Directors?'

(b) 'To ask the Chief Executive Officer to list the persons (Board members and officers) who so represent the Eastern Health Board?'

REPLY:

HOSPITAL/ORGANISATION:
Association of Health Boards

EMB REPRESENTATIVES:

Cllr J Sweeney
 Cllr M Carroll
 Cllr A Groome
 Sen A Fitzgerald
 Dep B Briscoe
 Dr J D Behan
 Dr R Hawkins
 Dr P Mc Carthy

Beaumont Hospital Board

Prof J S Doyle
 Mr K J Hickey

Central Council of the FDVH

Dr J D Behan
 Cllr O Bennett*
 Cllr W Harvey*
 Cllr I Callely
 Dr R Hawkins

** Elected to MANCH
 Council on 3 October 1985*

**James Connolly
 Memorial Hospital**

Dr B O'Herihey
 Mrs D Clune
 Cllr M Carroll
 Cllr P Hickey
 Mr F Elliott
 Mr J J Nolan

**Irish Public Bodies Mutual
 Insurances Ltd**

Cllr M Carroll

Rutland Centre Ltd

Cllr A Groome
 Cllr E Fitzgerald

St James's Hospital Board

Cllr D Browne
 Cllr M Carroll
 Cllr A Groome
 Dr B Powell
 Mr K J Hickey

Meath Hospital Board

Cllr T Hand
 Dr J D Behan
 Cllr M Carroll
 Cllr F Hynes
 Cllr D Browne
 Sen A Fitzgerald
 Cllr A Groome
 Mr K J Hickey*
 Mr J O'Brien
 Mr J J Nolan
 Mr P J Swords

*•One of the Meath Hospital
 representatives
 on Central Council of FDVH and
 MANCH*

Tallaght Hospital Board

Mr K J Hickey

(Ald B Ahern
(Cllr P Dunne
* (Cllr W Harvey
(Cllr C Murphy
(Cllr A Groome

** Nominations made to the
Minister for Health for the
appointment of two members.*

Women's Aid

Mrs D Clune

Cllr J Dillon-Byrne

The above list does not include Hospital Boards or Bodies where members or officers have been invited to serve in a personal capacity.

(iv) *Cllr J Dillon-Byrne*

'What facilities exist in Area No. 1 for physiotherapy needs of Eastern Health Board patients?'

REPLY:

There are out-patient physiotherapy departments at St Columcille's, St Michael's and Monkstown Hospitals. These accept referrals from General Practitioners.

Our Board provides a limited domiciliary service, through physiotherapists employed sessionally for persons who are unable to attend hospitals. The service is limited by the availability of funds; a total of £50,000 is available for this service.

Our Board is conscious of the need to develop community physiotherapy services and continues to seek financial resources to recruit and employ physiotherapists.

(v) *Cllr E Fitzgerald*

'Can the Chief Executive Officer give the criteria used in deciding on applications for assistance with ESB bills, clothing, rent arrears etc. under the Supplementary Welfare Allowance Scheme, and can he give details of the number of such payments and their average amount in the Board's area?'

REPLY:

The general guidelines governing Supplementary Welfare Allowances provide that each application for an 'exceptional needs' payment towards ESB bills, clothing, rent arrears etc shall be considered on its individual merits. There are no specific criteria laid down.

The following criteria are used in deciding applications for assistance with the cost of children's clothing. Under these criteria the following are given such assistance where the need for clothing is established:

1. persons in receipt of Supplementary Welfare Allowance for a minimum period of eight weeks;
2. persons in receipt of Unemployment Assistance and who have a child starting second level education (in respect of that child);
3. persons in receipt of Social Assistance Allowance and who have a

child for First Communion or Confirmation (in respect of that child).

In the case of ESB bills, adult clothing, rent arrears etc each case is dealt with on its merits. The total financial and social circumstances of the case are taken into account.

The average number of weekly payments made and their cost is listed hereunder:

Capacity	No. of Payment	Amount	Average Amount
ESB	332	£37,819.00	£114.00
Gas	48	4,245.00	88.00
Rent Arrears	24	5,017.00	£209.00
Clothing	70	8,876.00	£127.00
Other exceptional needs	129	£19,295.00	£149.00

(vi) *Cllr J Dillon-Byrne*

'What progress has been made regarding pilot project for Cervical Smear Testing Services in Eastern Health Board areas?'

REPLY:

Following the Board's approval in principle of the Report of the Directors of Community Care, consultations have taken place between the Board's officers, the Department of Health and the College of General Practitioners to examine the Report with a view to establishing a pilot scheme or schemes.

I shall report progress at an early date.

(vii) *Clll Callely*

'Could the Chief Executive Officer advise why certain applicants for subvention allowances for approved Nursing Homes have been advised that the subvention allowances will be paid up to September 1986 but cannot be guaranteed after September and what steps have the Board taken to accommodate these people after September?'

REPLY:

The subvention paid by our Board to assist patients to meet their maintenance costs in approved Nursing Homes is subject to a means test. In a small number of cases where the patient has considerable assets a period of time is allowed to enable the benefit of these assets to be paid as a contribution towards maintenance. In these circumstances the subvention is paid for a limited period to allow time for the patient or relatives to make the necessary arrangements. This period can be extended in individual cases and in special circumstances.

With regard to the payment of subventions in general, no decision has been taken to terminate payments after September 1986.

(viii) *Cllr I Callely*

'Could the Chief Executive Officer advise is he satisfied with the 'standard' type letters sent by our Administration to our professional participating General Practitioners in the General Medical Services when the doctor's prescribing or visiting rates have exceeded national standards. Is he satisfied with wording such as 'You are now to be investigated?'

Prior to these type of letters being sent out to the doctors, is the general running of his practice taken into consideration? If so, please outline the factors taken into account?'

REPLY:

The form of agreement with General Practitioners for the provision of services under Section 58 of the Health Act 1970 requires that:

'Where a claim or claims of remuneration submitted by the Medical Practitioner appear to indicate that the rate of attendance by him under the services has been excessive the circumstances shall be investigated by a medical officer acting on behalf of the Board and the Medical Practitioner shall cooperate in such investigation'.

Copies of the standard letters addressed to doctors in the circumstances outlined are attached.

PER REGISTERED POST

Dear Doctor,

The Board is concerned at the continuing escalation in its area of the rates of consultation being provided by doctors in the GMS Scheme. The Board is obliged, under its statutory obligations, to satisfy itself as to the reasonableness of claims made on it for payment and in carrying out this responsibility the Board is paying particular attention to those cases where the doctor's rates of consultation are significantly above the average for his colleagues.

An analysis of the age distribution of your patient panel for April 1986 would indicate that the expected rate of consultation should be 5.56. This is based on the average consultation rate of all doctors in the Eastern Health Board area to the different age groups. In fact, your consultation rate in April 1986 was 8.20, i.e. 147% of the expected rate of consultation. This would represent 2,552 consultations in excess of what would be expected having regard to your panel numbers in the different age categories.

In furtherance of meeting its obligation to satisfy itself on the reasonableness of claims being made on it, the Board requests that you detail why a level of consultation above the average for your colleagues in the Eastern Health Board is necessary in your case.

We will await hearing from you. Officers of the Board are available at all times to discuss this or any other related matters should you wish to do so.

Yours sincerely,

for Programme Manager
Community Care

Our ref:

Date:

Dear Doctor,

I refer to the Board's letter of 7 April 1986 relating to your visiting rates for 1985.

In view of the fact that no reply has been received by the Board from you it has been decided to refer your case to the Medical Officer of the General Medical Services (Payments) Board with a view to invoking paragraph 23 of the schedule to your contract with the Health Board.

Yours sincerely

for Programme Manager
Community Care

* * * * *

Dear Doctor

I refer to your reply of the 29 May 1986 to the Board's letter of the 8 April 1986 relating to your visiting rates.

The Board is not satisfied that the factors you outlined could be responsible for your high level of consultations during 1985. Accordingly, it is now proposed to refer your case to the Medical Officer of the General Medical Services (Payments) Board with a view to invoking paragraph 23 of the schedule to your contract with the Board.

Yours sincerely

*for Programme Manager
Community Care*

(ix) *Cllr I Callely*

'Could the Chief Executive Officer advise of the total number of psychiatrists working in the Board area and the breakdown of who employs them i.e. Eastern Health Board or direct via Department of Health and where they are located. The total number of long stay psychiatric patients and approximate number of out/day patients. The number of junior doctors, and medical doctors in the psychaitric services?'

REPLY:

At a meeting of the Special Hospital Programme Committee held on 18 June 1986, the A/Programme Manager presented a report on existing and proposed deployment of Consultant Manpower in the Psychiatric Service, Eastern Health Board. It was agreed at that meeting that a more detailed report should be prepared showing, inter alia, a breakdown of population in each catchment area; the level of activity in each area; a breakdown of the age groups etc.

This report is at present being finalised and will be presented to the Programme Committee in the first instance at an early date.

A detailed statistical profile of the psychiatric service is also being prepared and when finalised will be up-dated and presented to the Programme Committee on a monthly basis. The first report will be available for the November meeting of the Programme Committee.

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CHIEF EXECUTIVE OFFICER'S REPORT

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

I. Beaumont Hospital – Psychiatric Unit

Notification has been received from Comhairle na nOspideal of approval to:

- (i) the creation of two joint posts of Consultant Psychiatrist between the Board and Beaumont Hospital Board. These are in lieu of two vacant permanent posts under our Board.
- (ii) the re-structuring of two existing Consultant Psychiatrist appointments held under our Board as joint posts under our Board and Beaumont Hospital Board.

Arrangements are being made, in consultation with Beaumont Hospital, to give effect to these approvals.

2. Operation from Kildare Local Committee regarding St Dymphna's Hospital, Carlow:

A deputation from the Kildare Local Committee met the Minister for Health in the Boardroom, St Mary's Hospital, Chapelizod, on Friday 26 September 1986 at 3.30 pm.

The meeting was presided over by Mrs Dymphna Clune, Chairman, who welcomed the Minister and the members of the Kildare Local Committee. The Chairman also thanked the Minister for coming to outline details of the proposals to provide an alternative service to that provided at present by St Dymphna's Hospital, Carlow for patients from the Co Kildare area.

The Minister was accompanied by Mr L Flanagan, Secretary, and Mr S Trant Asst. Secretary.

The following were members of the deputation from the Kildare Local Committee:

Cllr G Brady, Chairman
 Cllr J Bermingham TD
 Cllr P Behan
 Cllr M Miley
 Cllr J Reilly
 Cllr E Stagg
 Dr L Murphy

The Minister informed the deputation that Co Kildare would be divided into three sectors:

- (1) South Kildare
- (2) Central Kildare
- (3) North Kildare

and that it had been agreed to provide a 30-bed acute psychiatric unit together with a day hospital at Naas General Hospital, to provide an administrative headquarters and a day hospital in Kildare town and to develop a sector headquarters and day hospital in Castledermot. He also referred to the arrangements which would be made to deal with the 75 long stay patients, the 49 geriatric patients and the 52 mentally handicapped patients from Co Kildare.

The Minister stated that he believed that the proposed developments were in the interests of a better psychiatric service for the people of Co Kildare and were in accordance with the recommendations set out in the Report 'Planning for the Future'.

The Chairman assured the members of the deputation of the Health Board's support for the development of the various projects outlined by the Minister.

3. Central Mental Hospital – Special Unit:

As agreed at the last Board meeting, discussions have since taken place between officials of the Health Board, Departments of Health and Justice, regarding (a), (b), (c), (d).

- (a) Operation of the new Unit under the Department of Justice.
- (b) The relationship of the Unit with the Forensic Service on the campus.

- (c) Overall security on the campus.
- (d) The upgrading of the Central Mental Hospital and the overall development of the Forensic Service.

The Department of Justice confirmed that the Special Unit be used for the custodial care and treatment of female prisoners with medical problems mainly H.T.L.V. Ill positive patients on remand and referred from the prison services.

The services would be run exclusively by the Department of Justice; the Health Board would not be asked to facilitate the Unit in any way other than by the support of the Forensic Service in line with the current service to the Department of Justice.

The Department of Justice propose erecting a perimeter wall around the Unit to match the existing hospital walls - the new wall to be of similar height finished in stone block (see attached map). Location and specification to be agreed with Health Board Technical staff. A new entrance will be provided as shown together with a new service roadway. A non-secure fence will lead from the entrance to new perimeter wall. In the context of the Unit being utilised at an early date the Department of Justice requested access through the hospital gate whilst the new entrance and wall is being erected - otherwise they guarantee that the building will be quite secure.

The question of future policy in relation to the Central Mental Hospital and the overall development of the Forensic Service was discussed. It was suggested that the parties concerned should continue to meet on a formal basis to consider further these particular issues. I recommend that these discussions should take place and that a joint report should be prepared for the Board as early as possible.

Following a discussion on the Central Mental Hospital, Dundrum, to which Cllrs Hickey, Fitzgerald, Carroll, Murphy, Sweeney, Ald. Fitzgerald and Dr Behan contributed and to which the Chief Executive Fitzgerald and Dr Behan contributed and to which the Chief Executive Officer replied it was agreed:

- (a) that the Health Board should not, without further consultation allow the Department of Justice into the Central Mental Hospital;
- (b) that the Law Agent be asked to urgently obtain senior counsel's advice on (i) what legal steps must be taken by the Government and by the Department of Justice, Health and the Health Board to transfer ownership and legal responsibility for the administration of the new unit at the Central Mental Hospital away from the Eastern Health Board to the Department of Justice;(ii) in what way, should the Eastern Health Board decide as policy not to acquiesce to the transfer of the new unit, can the Eastern Health Board legally resist the transfer and on what grounds?.
- (c) that a special meeting of the Special Hospital Programme Committee should be held at the Central Mental Hospital to consider reports and summaries or discussions with officials from the Department of Health and the senior counsel's opinion.
- (d) that the unit should be brought into operation for the purpose for which it was intended

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ALLOCATION FOR NON-CAPITAL HEALTH EXPENDITURE 1986

The following report of the Working Group was submitted:

The attached report from the Deputy Chief Executive Officer was considered by the Working Group at a meeting held in St Mary's Hospital on 23 September 1986 at which the following members were present:-

Mrs D Clune, *Chairman*
 Cllr A Groome, *Vice-Chairman*
 Cllr J Sweeney
 Cllr P Hickey
 Dr B O'Herlihy
 Mr P Finegan
 Dr J D Behan
 Cllr J Reilly
 Cllr Dr D Fitzpatrick
 Cllr P Dunne

Following a discussion to which the Chairman, Councillors Sweeney, Groome, Hickey, Reilly, Dr Fitzpatrick and Dunne, Mr Finegan, Dr O'Herlihy and Dr Behan contributed, and to which Mr Hickey, Deputy Chief Executive Officer, Mr Donohue, Programme Manager, Community Care, Mr Walsh, A/Programme Manager, Special Hospital Care and Mr Reynolds, Finance Officer replied, it was agreed to note the report and that:

- (i) the Department of Health should be formally notified of the current position as set out in the report;
- (ii) the situation regarding the restoration of the sum of £3.654m as referred to in the report should be pursued with the Department as a matter of urgency;
- (iii) the savings achieved to date and projected to the end of the year under the fourteen-point plan adopted by our Board, should be advised to the Department, together with an indication of our Board's concern regarding:
 - (a) limitations on achieving savings in excess of projections, without damaging the overall fabric of our Board's services or withholding or deferring statutory service entitlements;
 - (b) the level of the over-run which our Board might be asked to carry into 1987.

There was also considerable discussion on our Board's previous proposal regarding the introduction of selective charges for services. It was the view of most members of the Committee that a system of tiered charges should be pursued with the Department if other satisfactory solutions cannot be found to deal with the projected budgetary over-run.

25 September 1986

Dymphna Clune
 Chairman

To: Each member of
the Working Group

Allocation for Non-Capital Health Expenditure 1986

Members will recall that, when considering our estimates of expenditure for 1986, we were faced with an apparent shortfall of £14.367m viz.

Board's estimate for year	£ 180.987m
Department Allocation	£ 166.620m
Shortfall	£ 14.367m

Following discussions with Department officials our estimate was reduced to £179.261m. The Department officials agreed to consider the restoration of a cut of £3.654m made in connection with our claim for increases in 1985 and their follow-on effect in 1986.

It was agreed that this sum of £3.654m could be added to the Department allocation in order to arrive at a budget figure of £170.274m to cover the net expenditure on the services directly provided by the Board.

The adoption of the budget of £170.274m entailed the making of savings to counter a shortfall of £8.987m i.e.

Board's estimate	£179.261m
Adopted budget	£170.274m
Shortfall	£ 8.987m

To effect these savings our Board adopted a fourteen-point plan, as outlined in Report No. F1/86 dated 15 May 1986.

It was appreciated by all concerned that the task of achieving savings of the order of £9m was a daunting one, particularly in view of the following considerations which inhibited our efforts:

1. As the decision regarding methods of achieving savings was not made until May, action could not be initiated until June. In the period before June, expenditure was, of course, kept to a minimum.
2. In making our allocation, the Department refused to make any provision for trends. In the Report of the Working Group of 15 May 1986, the following comment was made:

'If trends do materialise during the year, and persons present themselves for statutory services for the first time, we will of course have to meet the demand. (I am certainly not proposing that the Board should refuse to make these services available to eligible persons). In that case our only recourse will be to seek an additional allocation. In the absence of such an allocation we will be faced with a major deficit at the end of the year.'

Our experience in the current year has shown that demands on our services have continued to rise. This matter is referred to later in this report.

3. Our Board has not received a positive response from the Department to its proposals relating to the Drugs Refund Scheme. Long Term illness and the imposition of limited charges for some services.

Our expenditure for the eight months to 31 August 1986 which is summarised in the Table A below, shows that our gross expenditure exceeded the proportion of the budget for the period by £4.303m. Taking into account an increase in income, our net expenditure exceeded the budget by £4.175m.

Table A
Expenditure eight months to 31 August 1986 compared with proportion of budget.

	Actual Expenditure £000	Proportion of Budget £000	Variance £000
Community Care	45,793	44,466	1,327
Special Hospitals	39,677	37,434	2,243
General Hospitals	28,645	28,265	380
General Services	13,849	13,496	353
Total	127,964	123,661	4,303
Pay	63,048	60,484	2,564
Non-Pay	64,916	63,177	1,739
Total	127,964	123,661	4,303
Less Receipts	8,182	8,054	128
Net expenditure	119,782	115,607	4,175

Table B shows that our targetted savings for the period to 31 August 1986 was £5.992m. Savings achieved, including income increase, amounted to £1.817 million, leaving a deficiency of £4.175 million.

Table B

	Shortfall £000	Targetted Saving 8 months to 31 August £000	Savings achieved to 31 August £000	Deficiency £000
Central Services	1,104	736	448	288
Community Care	3,505	2,337	1,053	1,284
Special Hospitals	2,457	1,638	(611)	2,249
General Hospitals	1,921	1,281	927	354
TOTAL	8,987	5,992	1,817	4,175

If we are to break even at the end of the year, we must save £7.17m (original shortfall of £8.987m, less £1.817 saved) in the period September/December 1986. We must accept that despite our best efforts to date, an over-run in 1986 is inevitable, having regard to the level of the present shortfall and the time now remaining in the current financial year.

PAY:

Our shortfall for the year was £3.384m. A projection of pay costs for the year, based on an analysis of costs in August, indicates that we may expect savings to reach £1.25m. This would mean an over-run on pay costs of about £2.1 m.

NON-PAY:

Our shortfall for the year was £5.603m. Savings to 31 August 1986 amounted to £1.997m, leaving £3.606m to be saved in the period September/December 1986. Experience to date indicates that this saving will not be achieved. At most, a further £1 m will be saved in September/December period. The General Hospital Programme should break even, but the Special Hospital Programme should exceed budget by approximately £500,000, due mainly to demands from external agencies. Central Services may exceed budget by £100,000 to £200,000 due to increases in fire, public liability and employer's liability insurances.

The main over-run will be in Community Care, where it was found unrealistic to impose a cut of £2.5m on services which are subject to increasing trends. It appears now that the budget for Community Care will be exceeded by £2m, due to increasing demands, principally in the schemes for refund of costs of medicines, medical and surgical appliances, allowances of handicapped persons, home-help services and foster care.

At this stage, therefore, the likely overall deficit in the non-pay area is £2.7m. The total estimated shortfall at the end of the year is £4.8m as against the original shortfall of £8.9m.

However, we must be conscious also of the likely adverse effect on our position in 1987 of any significant budget over-run in 1986. With a view to minimising our over-run therefore, all of our staff have been urged to intensify their efforts under the 14-point plan during the remaining three months of the year, at the same time remaining conscious of the need to maintain statutory services.

K J Hickey

19 September 1986

Deputy Chief Executive Officer

Following a discussion to which Dr Hawkins, Cllrs. Carroll, Dunne, Fitzgerald and Dr Fitzpatrick contributed, and to which the Chief Executive Officer and Mr Hickey, Programme Manager, replied, it was proposed by Dr Hawkins, seconded by Cllr Carroll, and agreed to adopt the Report.

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TEMPORARY BORROWING

The following Report No. 15/86 from the Chief Executive Officer was submitted:

At its meeting held on 7 August 1986. our Board consented to the temporary borrowing by way of overdraft up to a limit of £3m during the period to 30 September 1986.

I request that our Board consent to temporary borrowing during the quarter commencing 1 October 1986, to a maximum of £3m.

This figure will require to be kept under review in the light of our discussions with the Department of Health and a further report on anticipated requirements during the coming quarter, will be submitted as necessary.

On a proposal by Cllr Dunne, seconded by Dr Hawkins, it was agreed to adopt the proposals contained in the Report

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STATEMENT ON A HEALTH POLICY FOR IRELAND

It was agreed that a Special Meeting of our Board should be arranged to discuss this matter.

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PROGRESS REPORTS FROM PROGRAMME COMMITTEES**(i) General Hospital Care Committee**

On a proposal by Dr O'Hertthy, seconded by Dr Hawkins, It was agreed to adopt the Report

The following items were covered in the Progress Report:

- (i) times of meetings of the General Hospital Programme Committee;
- (ii) the development of a group home for ten ambulant elderly at Baltinglass Hospital;
- (iii) progress report on the Psychiatric Unit at Naas General Hospital;
- (iv) physiotherapy services a: St Clare's Home;
- (v) varicose veins service - south-east Dublin/east Wicklow;
- (vi) Accident and Emergency Services in the Dublin area;
- (vii) services provided in St Vincent's Hospital, Athy.

Following a discussion to which Dr Hawkins, Cllrs Sweeney, Dillon-Byrne and Carroll contributed, and to which Mr Hickey, Programme Manager replied. It was agreed to report further to the General Hospital Committee on the feasibility of establishing a varicose veins clinic similar to that which had been operating in Sir Patrick Dun's Hospital, to serve south-west Dublin and east Wicklow; the report to deal with the question of locating the clinic either at St Columcille's Hospital or at the now Health Centre in Loughlinstown.

(ii) Special Hospital Care Committee

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

The Progress Report dealt with the following matters:

- (i) the acquisition of premises at Armagh Road, Crumlin and Belgard Road. Tallaght for development for psychiatric services for Area 4;
- (ii) the Fitzgibbon Bathing place in Howth;
- (iii) Progress Report on the development of services in Areas 4 and 5;
- (iv) Psychiatric Services - Eastern Health Board/Beaumont Hospital.
- (v) the transfer of patients from Units L, M and N, St Brendan's Hospital;
- (vi) the development of St Jude's in Kildare Town;
- (vii) the new unit in the Central Mental Hospital, Dundrum;
- (viii) Cheeverstown House, Templeogue.

Cllr Sweeney suggested that the feasibility of attaching a community care office to the properties at Armagh Road, Crumlin and Belgard Road, Tallaght, should be investigated.

Mr Walsh, A/Programme Manager, Special Hospital Care, Informed the members that he would report further on the Fitzgibbon Bathing place and on Cheeverstown House at the next meeting of the Committee.

iii. Community Care. Committee

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

The following matters were dealt with in the Report:

- (i) Report on Community Care services in Co Kildare;
- (ii) Report of the Commission on Social Welfare;
- (iii) Two discussion papers prepared by the Programme Managers on the services for the homeless.

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PROCEEDINGS OF LOCAL COMMITTEES

The reports of the following Local Committee meeting having been circulated, were dealt with as follows:

- (i) **Dublin City Local Committee meeting held on 8 September 1986.**
On a proposal by Cllr Corroll, seconded by Cllr Dunne, it was agreed to note the report.
- (ii) **Dun Laoghalre Local Committee meeting held on 9 September 1986.**
On a proposal by Cllr Dillon-Byrne, seconded by Cllr Carroll, it was agreed to note the report.
- (iii) **Dublin County Local Committee meeting held on 11 September 1986.**
On a proposal by Dr Hawkins, seconded by Cllr Carroll, it was agreed to note the report.
- (iv) **Kildare Local Committee meeting held on 18 September 1986.**
On a proposal by Cllr Groome, seconded by Cllr Sweeney, it was agreed to note the report.

In response to a suggestion from Dr Hawkins regarding the inclusion of a summary of the recommendations of Local Committees at the end of their minutes, the Chairman indicated that this matter was currently under review.

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NOTICES OF MOTION

- (i) The following motion was proposed by Cllr Dr Fitzpatrick and seconded by Cllr Dunne:

'That the Chief Executive Officer write to each local authority in the Eastern Health Board area, ascertaining the number of vacant houses under the control of each local authority'.

Following a discussion to which Cllrs Dr Fitzpatrick, Dillon-Byrne, Carroll and Dunne contributed, Cllr Dr Fitzpatrick agreed to withdraw the motion in the form proposed.

Following a further discussion to which Dr Behan, Cllr De Rossa and Cllr Dunne contributed, the members requested a report for consideration at a meeting of the Special Hospital Programme Committee, dealing with the need for an integrated approach to housing, bearing in mind the needs of the Health Board for housing facilities as a supplement to the services provided directly by the Board.

- (ii) The following motion was proposed by Cllr Fitzgerald, and seconded by Cllr Dillon-Byrne:

'That immediate steps be taken to reduce the time taken to decide appeals under the Supplementary Welfare Allowance Scheme from the present length of eight weeks to no more than a week, in view of the fact that this Scheme provides assistance of last resort to the lowest income group in the community'.

Following a discussion to which Cllrs Fitzgerald, Dillon-Byrne and Mr Byrne contributed, and to which the Chief Executive Officer and Mr Donohue, Programme Manager, Community Care Service, replied, the motion was defeated on the casting vote of the Chairman.

The voting was as follows:

FOR	AGAINST
Mr Beale	Cllr Carrol
Cllr De Rossa	Mrs Clune
Cllr Dillon-Byrne	Cllr Dunne
Mr Fitzgerald	Dr Hawkins
Cllr Fitzgerald	Dr O'Herlihy
Cllr Groome	Cllr Sweeney

- (iii) The following motion was proposed by Cllr Fitzgerald:

'Where children are in the care of those other than their immediate family, in a 'para-fostering' situation, that having regard to the circumstances, the carers be given the equivalent of a foster care allowance for the maintenance of the children'.

Following a discussion to which Cllrs Fitzgerald, Dunne and Dillon-Byrne contributed, and to which Mr Donohue, Programme Manager, Community Care Service, replied, it was agreed to refer the terms of the motion to the Community Care Programme Committee for further consideration.

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

'That a comprehensive service, including prevention, follow-up and after-care, be provided for homeless young people without delay'.

Following a discussion to which Cllrs Fitzgerald and Dunne contributed, it was proposed by Cllr Dunn*, seconded by Dr Hawkins, and agreed that the motion should be considered at the special meeting of the Community Care Programme Committee which had been arranged, to consider reports submitted by the Programme Manager on services for the homeless.

- (v) The motion in the name of Cllr Dillon-Byrne regarding a proposed reduction in out-patient facilities was, at her request, deferred to the November meeting.

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CORRESPONDENCE

Letter dated 17 September 1986 from Beaumont Hospital in relation to a motion agreed at the July meeting of our Board, stating that the Beaumont Hospital Board would meet with members of our Board to discuss the matter referred to in the motion, was referred to the General Hospital Care Programme Committee.

The meeting concluded at 9.15 pm.

CORRECT: P B Segrave
Chief Executive Officer



CHAIRMAN