



EASTERN HEALTH BOARD

Minutes of Proceedings of Monthly Meeting
held in the Board Room, St Mary's Hospital,
Chapelizod, Dublin 20
on Thursday 4 August 1988 at 6 p.m.

PRESENT

Cllr O Bennett	Mrs B Bonar
Cllr M Carroll	Mrs D Clune
Dr P Devitt	Prof J S Doyle
Cllr P Dunne	Cllr M Gannon
Cllr A Glenn	Cllr A Groome
Dr R Hawkins	Cllr P Hickey
Cllr F Hynes	Dr D I Keane
Dr P McCarthy	Prof J McCormick
Mr G McGuire	Cllr C Murphy
Dr J O'Boyle	Dr B O'Herlihy
Cllr J Reilly	Cllr R Roche TD
Cllr J Sweeney	

APOLOGIES

Cllr J Dillon Byrne, Cllr B J Durkan TD, Cllr W J Harvey, Cllr L O'Neill

IN THE CHAIR

Cllr A Groome

OFFICERS IN ATTENDANCE

Mr K J Hickey, Deputy Chief Executive Officer
Mr M Walsh, A/Programme Manager, Special Hospital Care
Mr S O'Brien, A/Programme Manager, General Hospital Care
Mr J Doyle, A/Programme Manager, Community Care
Mr M Gallagher, Finance Officer
Mr J N McNee, Management Services Officer
Ms M Kelly, A/Personnel Officer
Mr T Merriman, Assistant Technical Services Officer
Prof B O'Donnell, Dublin Medical Officer of Health
Mr P O'Rourke, Acting Secretary

85/88

CONDOLENCES

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

1. Dr. R. Corcoran - on the death of her mother
2. The family of the late Dr. Gerald Gorman, Consultant Psychiatrist
3. Dr. Conor Burke, Consultant Physician, James Connolly Memorial Hospital, on the death of his mother.

Dr. O'Boyle on behalf of his medical/nursing colleagues in the Eastern Heath Board paid tribute Dr. Gorman and offered sympathy to his family.

86/88

CHAIRMAN'S BUSINESS

I am sure the members will join with me in congratulating Cllr. John Sweeney on his election as Chairman of Wicklow County Council, and wish him every success during his term of office.

The following items are for information and not for discussion:

1. A Special meeting of the Community Care Programme Committee has been arranged for 25 August 1988, in the Board Room, St Mary's Hospital to discuss the Child Care Bill and the Tobacco Heath Promotion and Protection Bill.
2. It is proposed to arrange for the agreed visit by the Board to Dr. Steevens on Tuesday 16th August, at 4.00 pm. and arrangements are also being made to update members on this and a number of other items at a special Board meeting to be held in St. Mary's at 6.00 p.m. on that date.

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CONFIRMATION OF MINUTES OF SPECIAL MEETING HELD ON THURSDAY 23RD JUNE 1988, ANNUAL MEETING HELD ON 7 JULY AND OF MONTHLY MEETING HELD ON 21ST JULY 1988

The minutes of the Special meeting held on 23rd June, 1988, having been circulated, were confirmed on a proposal by Cllr. Hickey, seconded by Cllr. Sweeney.

The minutes of the Annual Meeting held on 7th July, 1988, having been circulated, were confirmed on a proposal by Cllr. Sweeney and seconded by Cllr. Hickey.

In relation to item no. 72/88 regarding appointments to Programme Committees, Mrs. Bonar asked that it be recorded that she had exchanged positions with Cllr. C Murphy and not Cllr. B. Briscoe as stated.

It was noted during discussion to which Mrs. Bonar, Cllr. Carroll, Cllr. Hynes, Dr. McCarthy, Dr. Hawkins, Cllr. Reilly, and Cllr. Murphy contributed that in addition to the agreed annual rotation of the top four names on each Programme Committee any member also has the facility to exchange committee membership by agreement with another member during the period of the annual review. The Chairman agreed to note the comments made during the discussion and to bring the matter to the notice of the Committee set up to review Standing Orders.

The minutes of the Monthly meeting held on 21st July, 1988, having been circulated were confirmed on a proposal by Cllr. Hickey seconded by Cllr. Reilly.

88/88

QUESTIONS TO THE CHIEF EXECUTIVE OFFICER

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

(i) *Cllr. B.J. Durkan T.D.*

To ask the Chief Executive Officer to state:

- (a) The current position in relation to the frequency of school medical examination in the Eastern Health Board area
- (b) The number of dental and optical referrals on foot of these examinations
- (c) The average waiting period for attention following diagnosis in respect of optical and dental defects, and the numbers now on awaiting list?.'

Reply

- (a) The chief aim of the School Medical Service is to provide an examination for every child at a reasonable interval after school entry and subsequently by selecting children for medical examination on the basis of consultation between parents, teachers, nurses and doctors.

The service operates under the control of the Directors of Community Care and their medical and nursing staff. Frequency of examination varies between Community Care areas. Comprehensive screening tests for vision and hearing defects are offered to all national school pupils several times during their school career in every area. In addition pupils are also medically examined on request from parents/teachers.

- (b) The number of optical referrals following school medical examinations in 1987 was approximately 3,400.

Dental referrals for treatment as a result of school medical examinations are minimal because Dental Clinics are held in the Board's Health Centres and children are brought by their parents to these Clinics as and when treatment is required.

- (c) Children requiring specialist diagnosis for eye defects discovered at school, in Dublin, are referred to the ophthalmologist consultants in hospital. The waiting period for attention varies from hospital to hospital but is normally under three months. A similar arrangement is available for Wicklow and Kildare. However in addition it has been the practise for convenience of the parents and children to employ Ophthalmologists who attend at local centres. There are current difficulties relating to the employment of ophthalmologists. However negotiations with the Medical Organisation are on-going on the matter and an early resolution is anticipated.

It is not possible to say from our records the exact number of school children awaiting dental treatment but it is important to note that when a child requires emergency treatment, treatment is given immediately.

(ii) *Cllr. L. O'Neill*

'To ask the Chief Executive Officer when it is proposed to replace Public Health Nurses who are on maternity or sick leave at the Bride Street Health Centre, as the shortage is detrimental to the effective coverage of elderly people in the area?'

Reply

Locums and replacements for nurses based at Bride Street Health Centre and elsewhere are provided as required.

I am satisfied that there is sufficient personnel in Bride Street Health Centre to provide effective coverage

(iii) *Cllr. L O'Neill*

'How long does a victim of child sexual abuse have to wait for an initial assessment? What happens to those victims outside referral hours?'

Reply

All emergency and acute cases are seen immediately at the assessment centres in both Temple Street and Crumlin Hospitals. This applies irrespective of hours, weekends, etc with the availability of the casualty department in both hospitals.

Non-emergency cases are seen at these centres by appointment, usually within 14 days.

Children who need to be removed to places of safety are normally taken into care before or during assessment.

(iv) *Cllr. L. O'Neill*

In cases of incest, how long does a victim and family members have to wait for referral for treatment and therapeutic centres, and what type of service is available to them?'

Reply

Where the victim of incest is referred as an emergency, that person is given immediate priority. Where a referral is not considered an emergency the person is placed on a waiting list and called in conjunction with the normal out-patient procedures in the Child Psychiatric services. The waiting time for an out-patient appointment would not be longer than 6 weeks at present.

These services form part of the Child Psychiatric Services operated directly by the Health Board and on an agency basis by the Mater Hospital and the Order of St. John of God's. The Mater Hospital provides services for North Dublin (Community Care Area 7 and 8); the Eastern Health Board (Community Care Area 6, 5 and 3, Central Dublin and Kildare); the Order of St John of God's provide services in Community Care Area 3 (South) and Areas 1,2 and Co. Wicklow.

The adult family members are treated in conjunction with the child as part of the Child & Family services operated by the Child Psychiatric Service or otherwise will be dealt with on a referral bases by the appropriate adult psychiatric services. Treatment may be provided at outpatient or in-patient level as appropriate.

(v) *Cllr. I. Callely*

'Can the Chief Executive Officer advise what controls or regulations can be enforced if the additive substance 'Crack' is imported to Ireland?.'

Reply

Illicit importation of all narcotic drugs is prohibited under a variety of enactments going back to the Customs Consolidation Act 1876. Ireland is a signatory to the Convention on Narcotic Drugs of 1961 which pledged international support against illicit traffic in narcotic drugs. The application of preventive measures is a matter for the Department of Justice and the Customs and Excise Department.

(vi) *Cllr. I. Callely*

'Can the Chief Executive Officer advise what is the procedure when children in Health Board care, come of age to leave care. Is accommodation arranged?

What financial support is given?

Are any other arrangements made?

Also can the Chief Executive Officer advise children and teenagers in Health Board long term care. Hospital or Hostel, with no relations or relatives, what arrangements are made for clothing, pocket money, etc?.'

Reply

In the great majority of cases, children leaving the Board's care are in secure accommodation including, in particular, the homes of their foster parents. Others are able, with maturity, to return to their families. In any situation where the Board considers continuing care is necessary, that care is provided. In the remaining situations, children leaving care are given advice and assistance on accommodation including hostels. Continuing financial support including clothing and pocket money is provided for children who are at school or college or are undergoing vocational training. If any child or teenager is in continuing residential care than clothing and pocket money needs are provided by the organisation concerned.

The maximum legal age in respect of children in care is 16 years at present. This will rise to 18 when the Child Care Bill becomes law. As indicated above, the Board has regard, and will continue to have regard, more to maturity than age in determining care plans.

(vii) *Mrs. B. Bonar*

'Can the Chief Executive Officer state:

- (i) The number of LTI patients in the Health Board area?
- (ii) The number of LTI patients in 1985/1986/1987?
- (iii) How many new LTI patients since 1st January, 1988?
- (iv) How many patients had their books confiscated in 1987 and to date in 1988?
- (v) What did the LTI Scheme cost in 1985/1986/1987?
- (vi) How many LTI patients who do not have full eligibility have been transferred in 1987 and to date in 1988?

- (vii) What arrangements exist for the supply of the following to LTI patients:
 PKU foods
 Ostomy and Urinary Incontinence Appliances
 Incontinence Wear Expensive Items?'

Reply

The information requested for the 3 years in question is being extracted and will be made available to the member at the earliest possible date.

- (viii) Mrs B Bonar

'Are private patients claiming on the Refund Scheme being supplied directly by the Health Board on payment of £28. If so, with which medicines/appliances?'

Reply

Certain 'High Cost' medicines such as growth hormones, anti-rejection drugs and cancer drugs are supplied to a small number of patients. These preparations are not in wide use. Person not included on medical cards are required to pay £28 per month towards the cost of these drugs.

- (ix) 'If private patients are supplied with medicines directly by the Health Board are the medicines issued by a pharmacist or a clerical officer?'

Reply

All medicines supplied from Central Pharmacy are dispensed by a Pharmacist.

89/88

CHIEF EXECUTIVE OFFICER'S REPORT

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

1. **Second European Community Action Programme for Disabled People**
 I have circulated in the correspondence for this meeting, copy of a letter dated 13th July, 1988 received from the Department of Health concerning the establishment of the Second European Community Action Programme for Disabled people.

The detailed EC Council decision is being studied with a view to ensuring that our Board will take maximum advantage of the provisions of this programme.

2. **National Lottery Funding 1987/1988**

I have also circulated under correspondence a further letter dated 19th July received from the Department of Health concerning the allocations to 4 further projects in our Board's area:

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| 1. | Ballymun Youth Project
(AIDS prevention programme) | £10,000 |
| 2. | Mater Dei Counselling Service
(AIDS prevention Programme) | £ 5,000 |
| 3. | Malahide Parent Support Group-
recreational facilities for the Handicapped | £ 1,000 |
| 4. | Irish Association for Spina Bifida and
Hydrocephalus | £30,000
£46,000 |

3. *Measles Immunisation Campaign*

At the June meeting of our Board I reported on the drop in vaccination rates for immunisation against measles in 1987 and regarding the increased efforts by Directors of Community Care during 1988 to bring about an increase in vaccination rates. I also reported on the increased number of admissions to Cherry Orchard Hospital of measles cases for the first 5 months of 1988.

I have now circulated, for the information of members, copy of a letter received from the Department of Health concerning a new measles immunisation campaign to be launched in late September/early October by the Health Promotion Unit of the Department of Health/

Following a discussion to which Dr Hawkins, Dr Hawkins and Mrs Clune contributed regarding the proposed measles vaccination campaign, it was agreed that every effort should be made to have a recall system for at risk cases in place throughout the Eastern Health Board prior to the launching of the publicity campaign. It was also agreed to recommend to the Department that the main thrust of any such campaign should be through the medium of radio in order to reach and influence mothers.

4. *Adoption (No. 2) Bill 1987*

Following a decision of the Supreme Court that the Bill is not repugnant to the Constitution, the President has signed it into law as the Adoption Act, 1988. The provisions of the Act are effective immediately.

I have circulated for the information of members this evening copy of a useful outline of procedures under the Adoption Act 1988 which has been prepared by the Department of Health.

I would suggest that any queries members may have on the new Act can be dealt with at the special meeting of the Community Care Programme Committee which has been arranged for 25th August next to deal with the Child Care Bill 1988.

5. *General Medical Services*

I have circulated for the information of members this evening a copy of a press release from the office of the Minister for Health in relation to the conclusion of the negotiations on proposals for changes in the G.M.S. Scheme. These proposals are acceptable to the Government and the Irish Medical Organisation propose to conduct a ballot of their members in early September.

I am arranging for circulation of the proposals through the Community Care Programme Committee. Mr. Fred Donohue who, in his capacity as Chairman of the G.M.S. (Payments) Board, played an active role in the negotiations will be in a position to brief members at a future meeting of the Committee'.

Following a discussion regarding the proposed changes in the GMS to which Dr. Hawkins, Dr. O'Herlihy, Dr. McCarthy and Cllr Sweeney contributed it was agreed that discussion on this item should take place initially at Community Care Programme Committee level rather than by way of a Special Board meeting.

6. *Judicial Review - Supplementary Welfare Application*

Members will be aware of press reports of an unsuccessful application for a High Court Judicial Review of decisions taken by the Eastern Health Board in relation to Supplementary Welfare Allowances sought where an individual had given up employment for that stated purpose of looking

after elderly parents despite the fact that other employed members of the family were in the household.

I wish to advise the Board that I have gone into the circumstances of this case and I am satisfied that it was at all times handled with full regard for all the circumstances including the parent care situation and that no undue hardship was at any time allowed to occur. In fact, in light of changed circumstances, full Supplementary Welfare Allowance was paid for a considerable period of time up to the end of last year – i. e. subsequent to the period covered by the judicial review application.

7. *Summary of Health Services 1988*

A copy of the most recent edition of the Summary of Health Services published by the Department of Health has been circulated for the information of each member this evening

8. *Single European Market by 1992*

I have circulated for the information of members this evening copy of the address by the Taoiseach, Mr Charles J Haughey TD, at the National ' Concert Hall, Dublin on Monday 4 July 1988, opening the 'European Conference', the National Launch of the National Campaign in Ireland to prepare for completion of the Single European Market by 1992.

90/88

APPOINTMENT OF A GROUP TO REVIEW STANDING ORDERS

On a proposal by Cllr Dunne, seconded by Prof Doyle, that the Group should consist of the Chairman, the Chairmen of the three Programme Committee, the Deputy Chief Executive Officer and the Secretary to the Board was carried on show of hands.

91/88

TEMPORARY BORROWING

On a proposal by Prof Doyle, seconded by Cllr Sweeney, it was resolved that the Board approves of borrowing by way of overdraft during the period ending on 31st December 1988 to a maximum of £ 5M.

92/88

PROGRESS REPORTS FROM PROGRAMME COMMITTEES

1. *Special Hospital Care Programme Committee*

On a proposal by Mrs. Clune, seconded by Cllr. Dunne, it was agreed to adopt the report.

The following matters were dealt with in the report:

- (a) Annual Meeting of the Committee
- (b) report on the developments of a Community Based Alcoholism Service
- (c) Naas General Hospital - appointment of Contractor for new Psychiatric Unit. Department of Health approval of acceptance of tender on remedial work.

In reply to Mr. McGuire the Deputy Chief Executive Officer confirmed that the service presently available at St. Dymphna's would not close until the new structures are in place.

2. *General Hospital Care Programme Committee*

On a proposal by Cllr. Murphy, seconded by Dr. O'Herllhy, it was agreed to adopt the report.

The following matters were dealt with in the report:

- (a) Annual Meeting of the Committee
- (b) Asthma Clinic
- (c) Naas General Hospital - appointment of Contractor for new Psychiatric Unit. Department of Health approval of acceptance of tender on remedial work.
- (d) Report on services St. Brigid's Home, Crooksling.

3. *Community Care Programme Committee*

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

The following matters were dealt with in the report:

- (a) Annual Meeting of Committee
- (b) Report of G.M.S. (Payments) Board for 1987
- (c) Report on Services in County Wicklow.

Following a discussion to which Cllr Mrs Glenn, Cllr Murphy, Dr McCarthy and Cllr Roche TD contributed, it was noted that the possibility of improving assessment and treatment services through the child psychiatric service in Co Wicklow is under examination at present.

It was agreed that in future at the end of all Programme Committee meetings the members would identify the areas to be highlighted in the progress report to the Board.

Following a discussion on the Dental service to which Mrs clune, Cllr Dunne. Cllr Groome, Dr Hawkins. Cllr Hynes, Dr Keane, Prof McCormick, Cllr Murphy and Cllr Sweeney contributed and to which Mr Hickey, Deputy Chief Executive Officer replied. it was noted that the whole question of dental services is under active review at national level arising out of the work of the Working Party on Dental Services; also that the Deputy Chief Executive Officer is having top level discussions in relation to a review of the standards and objectives of our pubic dental service including the cost effectiveness and accountability for the delivery of the service; also regarding the balance between pubic dental services provided directly and those brought in from other sources mainly the private dental sector, h was noted that the Deputy Chief Executive Officer would be bringing a report on these matters to the Board as soon as possible.

93/88

NOTICES OF MOTION

As Cllr Dr D Fitzpatrick was not in attendance, the Chairman deferred his motion to the September meeting.

4/8/1988

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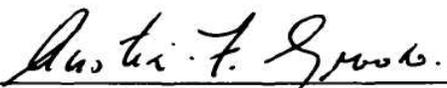
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CORRESPONDENCE

Three items of correspondence were circulated as referred to in items 1-3 of Chief Executive Officers report.

The meeting concluded at 7.45 p.m.

**CORRECT:K.J. HICKEY
DEPUTY CHIEF EXECUTIVE OFFICER**



CHAIRMAN