

EASTERN HEALTH BOARD

Minutes of Proceedings of Special Meeting

Held In

Boardroom, St. Mary's Hospital, Chapelizod, Dublin 20
On Thursday, 20th April, 1989 at 6 p.m.

PRESENT

Cllr. O. Bennett	Mrs. B. Bonar
Cllr. I. Callely	Cllr. M. Carroll
Dr. R. Corcoran	Mrs. D. Clune
Dr. P. Devitt	Cllr. J. Dillon Byrne
Cllr. P. Dunne	Cllr. B. J. Durkan, T.D.
Cllr. C. Flood, T.D.	Cllr. W. J. Harvey
Cllr. P. Hickey	Cllr. F. Hynes
Dr. D. I. Keane	Cllr. T. Keenan
Mr. G. McGuire	Dr. J. Masterson
Cllr. C. Murphy	Ms. M. Nealon
Dr. J. O'Boyle	Dr. B. O'Herlihy
Cllr. J. Reilly	

APOLOGIES

Cllr. B. Briscoe, T.D., Ald. A. FitzGerald, Cllr. Dr. D. Fitzpatrick, T.D.
Cllr. A. Groome

IN THE CHAIR

Cllr. I. Callely

OFFICERS IN ATTENDANCE

Mr. K. Hickey, A/Chief Executive Officer
Mr. F. Donohue, Programme Manager, Special Assignments
Mr. J. Doyle, A/Programme Manager, Community Care
Mr. S. O'Brien, A/Programme Manager, General Hospital Care
Mr. M. Gallagher, Finance Officer
Mr. M. O'Connor, Secretary
Mr. S. Shields, Co-Ordinator of Services for the Elderly

45/1989

SERVICES FOR THE ELDERLY

The following report from the Chief Executive Officer was submitted:

- "1. The attached policy proposals are submitted for Board consideration following the special meeting of our Board in October 1968 which noted various needs and initiatives in this area, and also following the publication of the report 'The Years Ahead - A Policy for the Elderly' which now represents Government policy on Services for the Elderly. The policy proposals contained in the attached were drawn up by a broadly representative group which could be expanded to become the advisory Committee on the Elderly as proposed.
- 2 This consideration of policy by the Eastern Health Board on Services for the Elderly is timely, having regard to the acceptance by the Government of the policies and recommendations in the report "The Years Ahead". It is appropriate that our approach should be both a short term one addressing immediate needs and actions and that we should also look at what needs to be done in the medium to long term to take our services for the elderly into the next century.
3. The report begins by looking at the likely changes in the elderly population in the Eastern Health Board area over the next two decades. In this regard I can do no better than to draw our Board's attention to the following quotation from The Years Ahead":-

"because of the sheer scale of the increase in the elderly population in the greater Dublin area, it is likely that the demand on health and welfare services will be particularly acute in this region".

It is clear that we must begin to make the necessary provisions now if our services are to be geared to meet the requirements expected of them over the years ahead.

4. Our aim should be to bring together all services, agencies and interests into one common focus on the problems and needs of the elderly. The planning and provision of services for the elderly will be approached on two levels;
 - Board area level
 - and Community Care area level

In so far as service response, particularly that of our own Board is concerned, the focus will be on the needs of the individual elderly person and those caring for him

or her, without regard to boundaries of any kind, whether between different geographic areas, different service programmes or between one service agency and another. The aim will be to break down all such boundaries so as to ensure that a comprehensive and co-ordinated range of services will be available.

5. As indicated on page 6, our Board's primary objective for the provision of services should be to maintain elderly people in dignity and independence in their own homes. A number of strategies are set out to achieve this objective through:-
 - prevention of premature dependence.
 - identifying and monitoring those at risk.
 - improvement of housing conditions where necessary.
 - encouragement for the care of the elderly in the community by support for careers and the provision of direct supports where necessary.
6. The various recommendations in this report constitute a continuum of services which ought to be balanced to meet the various and individual needs of the elderly at any given time in the future. Lack of community support tends to put pressure on for inappropriate admissions to hospital or long-stay care and vice versa. Heretofore one of the safety-valves of the system was the availability of psychiatric hospitals such as St. Brendan's, which received a significant number of what became long-stay admissions of elderly persons, not all of them appropriate to such a hospital. With the phasing out of admissions to psychiatric hospitals it is important to ensure that the alternative community based facilities and services will be capable of responding to the needs of the elderly as well as those of other groups.
7. The other major policy objective set out on page 6 is to provide a high quality of hospital and residential care for elderly people when they can no longer be maintained in dignity and independence at home.

Our Board has, in addition to the direct provision of such care, also been availing of the services provided by Voluntary, Religious and Charitable Homes and by Private Nursing Homes. While these services should continue to form an important adjunct to our own services, nevertheless the existing deficit in extended care places provided directly by our Board, the phasing out of psychiatric hospital admissions, and the large increases projected in the very elderly population in the Eastern Health Board area over the next two decades, all combine to make it incumbent on our Board, in association with the Department of Health, to seriously tackle the provision of the proposed community care units and the psychogeriatric units referred to in this policy document.

8. The question of resources to implement the various policies proposed does, of course, arise. Some of the proposals, particularly short-term actions, require specific application of existing resources. Other proposals will require a progressive redeployment of existing resources over the next number of years.

However, it is an inescapable reality that additional capital and revenue resources will be required to implement the policy programme set out. Revenue resources will be required in phased increments and, as far as capital resources are concerned, these will be in addition to proceeds from the sale of any of our Board's assets.

9. I recommend the proposals in the attached policy document to our Board for adoption as our response to the report "The Years Ahead - A Policy for the Elderly". If these policy proposals are adopted by our Board I recommend that they should be submitted to the Department of Health with a request for the Minister's commitment to the additional capital and revenue funding required."

During a discussion to which Cllr. Carroll, Cllr. Hynes, Cllr. Callely, Cllr. Dunne, Mr. McGuire, Deputy Durkan, Cllr. Murphy, Cllr. Harvey, Cllr. Dillon Byrne, Ms. Nealon, Dr. O'Herlihy, Cllr. Reilly, Deputy Flood, Dr. O'Boyle, Dr. Masterson, Dr. Corcoran, Mrs. Clune and Mrs. Bonar contributed and to which Mr. Hickey, Chief Executive Officer replied, the following points were made:

- * The A/Chief Executive Officer informed the members that primary responsibility for drawing up the Report lay with the three Programme Managers. Consultations had taken place over a period of time with Geriatricians, Psychiatrists, Psycho-Geriatrician and Directors of Community Care.

Responsibility for drafting the Report had been given to a small group of officers representative of all three Programmes namely:

- Ms. N. Greene, Community Care Programme
- Dr. A. Quinlan, Director of Community Care & Medical Officer of Health
- Mr. T. Harmon, Special Hospital Care Programme
- Mr. T. Gorey, Ms. A. McNicholas and Mr. S. Shields, General Hospital Care Programme

Thanks are due to all concerned for their work.

- * The significance of the task facing our Board was emphasised having regard to the population projections for our area, in particular the projection that the number of the very elderly in Dublin county is expected to at least double between 1981 and 2006.
- * It was agreed that a member of the Board from each local authority area should be a member of the Advisory Committee on the Elderly.
- * It was agreed that a Clinical Director (Psychiatry), or his nominee, should be a member of the Care Teams.
- * In relation to the development of Care Assistants it was suggested that the programme for people leaving school might be extended to take in older people so that changes in personnel would be likely to occur less frequently.

- * It was agreed to add "in keeping with guidelines to be issued by the Department of Health" to recommendation no. 12 regarding the development of Boarding Out Schemes. (Cllr. Dillon Byrne asked that her dissent be recorded, in light of her proposal that the recommendation be deleted)
- * It was agreed to add "and voluntary housing groups' after "Local Authorities' in recommendation no. 14 regarding co-operation in assessing the needs of the elderly for housing.

Following the discussion it was proposed by Cllr. Hynes, seconded by Mrs. Clune, and agreed to adopt the proposals in the policy document, with agreed amendments, as the Health Board's response to the report 'The Years Ahead - A Policy for the Elderly'.

It was also decided to incorporate the agreed amendments in the policy document and to circulate the amended document to each member of the Board.

CORRECT: K.J. Hickey,
A/Chief Executive Officer



CHAIRMAN