

EASTERN HEALTH BOARD

**Minutes of Proceedings of Special Meeting
held on
Thursday 18th January, 1990, at 6 p.m.
In
The Boardroom, St. Mary's Hospital, Chapelizod, Dublin 20**

Present

Sen. O. Bennett	Mrs. B. Bonar,
Cllr. B. Briscoe, T.D.	Cllr. I. Callely T.D.
Cllr. M. Carroll	Mrs. D. Clune
Dr. P. Devitt	Cllr. J. Dillon Byrne
Cllr. P. Dunne	Aid. A. FitzGerald
Cllr. Dr. D. Fitzpatrick, T.D.	Cllr. C. Flood, T.D.
Cllr. M. Gannon	Cllr. A. Glenn
Cllr. A. Groome	Cllr. W. J. Harvey
Dr. R. Hawkins	Cllr. P. Hickey
Cllr. F. Hynes	Dr. D. I. Keane
Dr. P. McCarthy	Mr. G. McGuire
Cllr. C. Murphy	Ms. M. Nealon
Dr. J. O'Boyle	Dr. B. O'Herlihy
Cllr. J. Reilly	Cllr. R. Roche, T.D.

Apologies

Dr. R. Corcoran, Prof. J.S. Doyle

In the Chair

Cllr. A. Groome

Officers in Attendance

Mr. K.J. Hickey, 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. Walsh, A/Programme Manager, Special Hospital Care
 Prof. B. O'Donnell, Dublin Medical Officer of Health
 Mr. M. Gallagher, Finance Officer
 Mr. G. Brennan, Technical Services Officer
 Ms. M. Kelly, A/Personnel Officer
 Mr. M. O'Connor, Secretary

8/1990**ALLOCATION FOR NON-CAPITAL HEALTH EXPENDITURE, 1990**

At the request of the Chairman, the Chief Executive Officer introduced the Budget Working Group's Report no. F.1/1990 (Copy filed with official minute).

Following a discussion to which Cllr. Carroll CUr. Gannon, Dr. Hawkins, Mrs. Clune, Cllr. Hynes, Deputy Flood, Deputy Briscoe, Dr. Fitzpatrick, Mr. McGuire, Cllr. Murphy, Cllr. Dillon Byrne, Dr. O'Boyle, Dr. Keane, Cllr. Dunne, Cllr. Glenn and Deputy Roche contributed and to which the Chief Executive Officer replied, the adoption of the report was agreed on a proposal by Mrs. Clune, seconded by Deputy Roche. The approved level of net expenditure for 1990 is £215.6m.

The voting on the proposal was as follows:

- For -** Senator O. Bennett, Mrs. B. Bonar, Cllr. B. Briscoe, T.D., Cllr. I. Callely, T.D., Mrs. D. Clune, Dr. P. Devitt, Cllr. P. Dunne, Ald. A. FitzGerald, Cllr. Dr. D. Fitzpatrick, T.D., Cllr. A. Glenn, Cllr. A. Groome, Cllr. W. J. Harvey, Dr. R. Hawkins, Cllr. P. Hickey, Cllr. F. Hynes, Dr. D. I. Keane, Cllr. T. Keenan, Cllr. C. Murphy, Dr. J. O'Boyle, Dr. B. O'Herlihy, Cllr. R. Roche, T.D.
- Against-** Cllr. M. Carroll, Cllr. J. Dillon Byrne, Cllr. M. Gannon, Mr. G. McGuire

9/1990**PRIORITY PROPOSALS FOR SERVICES FOR THE ELDERLY**

The following report from the Chief Executive Officer was submitted: -

The report and plan for the development of services for the elderly adopted by our Board in April 1989 in response to the Minister's request for proposals to implement the recommendations in "The Years Ahead", contains a number of development proposals which involve both revenue and capital expenditure. These are linked to multi-annual programmes with 2-year, 5-year and 10-year time-frames, respectively.

In the letter dated 7th December, 1989 received from the Department of Health in relation to our allocation for non-capital health expenditure, 1990, we have been asked to provide the Department with details of the 3 top priority proposals in the plan already submitted by our Board.

Having reviewed our plan in relation to current needs and in the context of initiating a range of actions which can be achieved in 1990 if the additional funding required is made available, the following priority proposals are recommended for Board approval. The maximum co-ordination with other services will be sought in carrying out these proposals, especially co-ordination with the hospital services and the voluntary organisations.

1. Community Support Services - £900,000

Establishment of Care Teams and development of register of elderly at risk. It is not envisaged that complete coverage of our Board's area will be achieved in 1990 and a further provision will be necessary to complete this development in 1991.

This initiative will include the development of various community support services within the framework of an overall team approach involving nursing, care assistant, home help and meals on wheels services.

A number of different schemes will be piloted including the use of part-time general nurses and care assistants to give continuity of care in the community as required. These schemes will take account of the role of the public health nursing service.

2. Facility Support at Community Level - £900,000

The rapid commissioning of further facilities, including necessary staffing, in 1990 to support continued care of the elderly in the community, under the following headings:-

Day Care Facilities including transport services
Respite/Intermittent care facilities
Secondary Rehabilitation facilities including
paramedical staffing
Boarding Out-Pilot Scheme

The provision of additional beds for respite /intermittent care will also release some beds for extended care. A total of fifty beds not previously utilized for the elderly have been identified and could be commissioned within a very short time. Private nursing homes will also be utilized to an appropriate extent.

Additional secondary rehabilitation could also be provided within existing facilities on both the South-side and the North-side.

Further financial provision under this heading will be necessary in 1991 and subsequent years to fulfill elements of our Board's plan.

a Special Services for the Elderly - £ 150,000

The establishment in 1990 of a special psychiatric service for the elderly in the South East Dublin area, with particular reference to Community Care Areas 1 and 2. This is an area with a particular priority need.

The estimated cost of initiating this service in 1990 is £150,000 and a further sum of the order of £100,000 would be required in 1991 to complete the establishment of this service.

Under the heading of special services for the elderly also, the following proposals which involve the major Dublin hospitals also require to be pursued.

Appointment of 3rd Consultant Geriatrician for the North-City and development of the following facilities:-

- (a) Department of the elderly at the Mater Hospital
- (b) Development of Day Hospital facilities at Beaumont

Appointment of a Consultant Geriatrician for the M.A.N.C.H. hospitals together with the establishment of a Department of the Elderly

Joint planning and costing of the above developments should proceed urgently.

Capital Developments

The 3 top priority proposals for 1990 set out above obviously do not include priority capital developments which have a longer time-frame. We are at present awaiting approval to continue with the completion of the planning of a number of community care units for the elderly including the elderly mentally infirm. A total of 10 such units has been included in our plan for the next 10 years, and the financing of the construction of 5 such units could be achieved over the next 5 years if the funds available to our Board from the sale of surplus property were matched by an equivalent amount from central capital funds in the second-half of the coming 5-year period. It is recommended that a formal proposal along these lines should now be made."

Following a discussion to which Cllr. Carroll Dr. Hawkins, Cllr. Mrs. Glenn, Cllr. Dunne, Deputy Callely, Cllr. Murphy, Deputy Roche, Dr. O'Boyle and Deputy Dr. Fitzpatrick contributed and to which the Chief Executive Officer replied, it was proposed by Dr. Hawkins, seconded by Cllr. Mrs. Glenn, and unanimously agreed to adopt the proposals contained in the report

Members expressed support for a suggestion by Cllr. Dunne that consideration should be given to the development of a system for establishing and maintaining contact with elderly persons living in the community especially those who are not currently seeking services from our Board.

The meeting concluded at 8.30 p.m.

**Correct: K.J. Hickey,
Chief Executive Officer**

CHAIRMAN



Report No. F 1/1990

Re: Allocation for Non-Capital Health Expenditure 1990

The Budget Working Group has considered in detail a report from the Chief Executive Officer in relation to the Department of Health letter dated 7th December, 1989 regarding our Board's budget allocation for revenue expenditure in 1990.

1. Our allocation for 1990 amounts to £215.60m calculated as follows:-

	£M
Budget allocation for 1989	197.480
Approved increases Pay & Non-Pay 1989	<u>7.865</u>
Revised allocation 1989	205.345
Approved increases - Pay and Non-Pay 1990	<u>12.193</u>
	217.538
Less efficiency measures required to take account of Government decisions	<u>(1.938)</u>
Budget Allocation 1990	£ 215.600

2. Our Board succeeded in maintaining existing service levels in 1989 and in meeting rising service demands in a number of areas with varying degrees of success e.g. ambulance services, dental services, nursing home subventions and costs arising from the development of community based psychiatric and psycho-geriatric services. As a result our costs in 1989 ran £2.767M over projected budget levels and it was possible to finance on a once-off basis £1.767m of these additional costs. Discussions are continuing with the Department of Health, regarding the balance of £1m, almost all of which represents the residual cost of meeting expenditure on refund of drugs and on certain approved pay awards for which reimbursement is still being sought.

In summary, our Board during 1989 maintained services and met the cost of some increased service demands and at the year end was within an acceptable tolerance of 0.5% in meeting our overall financial target.

The expanded levels of service represented by the additional expenditure of £1.767M in 1989 will require to be maintained in 1990 in order to avoid any service reductions. Another programme of special funding measures will be necessary to achieve this. Details of the programme of cost reduction and income generation measures in this regard which were considered and recommended by the Budget Working Group are set out in Appendix A.

3. Budget 1990

Over and above the costs of meeting our Board's expanded service base as detailed above, we must also take account of the Government decisions set out in paragraph 3 of the letter dated 7th December, 1989 from the Department of Health, viz

- (i) Approved expenditure levels must in no circumstances be exceeded
- (ii) Expenditure on travelling and subsistence is to be minimised
- (iii) Additional efficiency measures are to be implemented including greater use of contract services
- (iv) Borrowing to increase expenditure will not be approved.

Our Board has also been requested to take the necessary steps to ensure that income collection is maximised.

Financial provision amounting to £1.938 M has to be made in 1990 to take account of the requirements of Government decisions on the need for greater efficiency and income collection, and contracting of services. Details of a programme of measures considered and recommended by the Budget Working Group are set out in Appendix 'B'.

The detailed draft budget for 1990 recommended for adoption is set out in Appendix 'C'. This draft budget takes account of the following:

Approved pay increases in line with the 1987 Agreement on pay in the Public Service and other deferred pay increases, payable in 1990, awarded under earlier pay agreements.

Increase of 3.5% in the rate of capitation payments for certain homes with effect from 1st July, 1990.

Inflation for 1990.

Full year cost of improvements in acute hospital services in 1989.

Commencing the development of psychiatric services in Kildare (£300,000).

Budgetary Strategy 1990

As already mentioned during 1989 significant additional demands for services were experienced which necessitated securing additional funds from both the Department of Health and from our own measures to fund the expanded service base. For 1990 our Board will not be in a position to respond to any further increases in demand for services without additional funding, but we intend to provide at least the same level of services which we had in 1989. The general approach to meeting budget targets has been, and will continue to be, based on rationalising the organisation of our services and streamlining our overheads and on avoiding any diminution in the availability of services to the public, particularly community care services, including community nursing services, home help services, meals on wheels, services for the elderly, mentally handicapped and disadvantaged children. The Department of Health have requested details of the three top priority proposals for the development of services for the elderly in our Board's area incorporated in the plan already submitted by us in response to "The Years Ahead". This will be the subject of a separate report from the Chief Executive Officer. A multi-annual plan in respect of services for the mentally handicapped has already been submitted to the Department which identifies the gaps in existing services. The letter of allocation also indicates the Minister's intention to develop an improved dental service for adults with full eligibility to commence in 1990 together with the continuation in the improvement of orthodontic services. The Department will be in touch with our Board in the near future to discuss appropriate plans in these areas.

The momentum of our programme of rationalisation has been such that we have been able to build up a community based infrastructure for our services whilst at the same time facing significant financial constraints. Inevitably in the interim during the period when such devolved services are being developed our Board must meet both the costs of institutional services and the replacement community based services until such time as institutions are fully vacated and closed. During 1989 our Board closed the Lower House in St. Brendan's Hospital and this significant event demonstrates the effectiveness of this policy although in the short term costs did initially increase. For 1990 and later years this programme of replacement of institutional services is planned to continue. Capital funding requirements to meet necessary infrastructural developments will have to be supplemented from within our own resources. Revenue resource requirements will have to be secured from both savings in our institutional overheads and from a continuation of our policy of rationalising and reducing our overall costs.

Personnel Policy

Strict control is again to be exercised by health agencies on staffing numbers. Personnel policy in 1990 as notified by the Department of Health will be an integral part of overall financial management. Greater autonomy is being delegated to individual agencies in respect of numbers and type of staff. We have been given an approved establishment of permanent and temporary staff. Permanent and temporary appointments can be made within the number approved by the Department without the 1989 procedure of getting permanent posts approved on a monthly basis. However, such appointments can only be made if we keep within our financial allocation for 1990. Posts over and above the approved number will require Department of Health approval.

Section 31 of Health Act 1970

The imposition of this statutory provision is to continue with full effect. This imposes a specific limit on the level of direct expenditure that can be incurred by our Board and linked to this restriction there will also be a requirement that our cash management arrangements and borrowing must remain in line with our approved expenditure level of £215.6M for 1990.

Conclusion

As outlined in this report, our aim must be to maintain our current level of services as at the end of 1989 and to expand certain services i.e. services for the elderly, the mentally handicapped and the dental services, to the extent to which additional resources are made available to us. There will be a need for continuing restraint and tight management of our resources in all areas. Considerable flexibility and commitment has already been displayed by our staff at all levels in maintaining both the level and quality of our services and in using available resources to best effect. This co-operation is very much appreciated and its continuation is essential to the success of the budget measures set out in Appendices A & B. These measures are recommended for adoption as our Boards budget plan for 1990 together with the detailed service budgets set out in Appendix C.

Yours sincerely,

A. Groome,

Chairman.