

EASTERN HEALTH BOARD

**Minutes of Proceedings of Monthly Meeting
held on
Thursday 1st February, 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	Dr. R. Corcoran
Mrs. D. Clune	Dr. P. Devitt
Cllr. J. Dillon Byrne	Prof. J.S. Doyle
Cllr. P. Dunne	Cllr. B. J. Durkan, T.D.
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
Cllr. T. Keenan	Dr. P. McCarthy
Prof. J. McCormick	Mr. G. McGuire
Dr. J. Masterson	Cllr. C. Murphy
Ms. M. Nealon	Dr. J. O'Boyle
Dr. B. O'Herlihy	Cllr. R. Roche, T.D.

In the Chair

Cllr. A. Groome

Officers in Attendance

Mr. K.J. Hickey, Chief Executive Officer
 Mr. F.J. Donohue, Programme Manager, Special Assignments
 Mr. J. Doyle, A/Programme Manager, Community Care
 Mr. M. Gallagher, 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. G. Brennan, Technical Services Officer
 Mr. N. McNee, Management Services Officer
 Ms. M. Kelly, A/Personnel Officer
 Mr. M. O'Connor, Secretary

10/1990**CONDOLENCES**

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

1. Eddie Dunphy, Area Administrator, Newcastle Hospital, on the death of his father.
2. Declan Finlay, Area Administrator, St. Ita's Hospital, on the death of his father.
3. Frances Khouri, A/Ward Sister, St. Mary's Hospital on the death of her mother.
4. Art McCaffrey, Internal Audit Section on the death of his mother.
5. Dermot Phelan, General Hospital Care Programme, on the death of his father.
6. The family of Paddy Fogarty, Porter, St. Ita's Hospital, Portrane.

11/1990**CHAIRMAN'S BUSINESS**

The Chairman read the following report, which was noted by the Board:-

1. *Meath Hospital Board*

The term of office of the eleven members of the Meath Hospital Board elected by our Board expires on 5th April, 1990.

The election of eleven persons to serve on the Board of the Meath Hospital Board for the next 3-year term will be on the agenda for the March meeting of our Board.

2. *Meeting of General Hospital Care Programme Committee*

With the members' agreement it is proposed that the meeting of the General Hospital Care Programme Committee arranged for 15th February, 1990 in St. Colman's Hospital, Rathdrum will be held on 23rd February, 1990 at 11 a.m."

12/1990

CONFIRMATION OF MINUTES OF MONTHLY MEETING HELD ON 11TH JANUARY, 1990 AND OF SPECIAL MEETING HELD ON 18TH JANUARY 1990

The minutes of the monthly meeting held on 11th January, 1990 and of the special meeting held on 18th January, 1990, having been circulated, were confirmed on a proposal by Deputy Callely, seconded by Cllr. Gannon subject to the substitution of "note" for "adopt" in relation to motion no. 4 on page 9, regarding funding of voluntary hospitals.

In response to an enquiry from Deputy Callely, Mr. Doyle, A/Programme Manager, Community Care Service, undertook to have a service review report on the childrens' sexual abuse clinics at Temple Street and Our Lady's Hospitals prepared for a future meeting of the Community Care Programme Committee.

Mrs. Bonar requested that members be furnished with details of the membership of the Board's various committees and of our Board's representation on outside Boards.

13/1990

QUESTIONS TO THE CHIEF EXECUTIVE OFFICER

On a proposal by Deputy Callely, seconded by Mrs. Bonar, it was agreed to answer the questions which had been lodged:-

Cllr. J. Dillon Byrne

1. . (a) Could the Chief Executive Officer tell the Board what numbers of women used the Regina Coeli Hostel in November 1989 and December 1989.
- (b) What is the average length of stay at the Regina Coeli Hostel for the clients."
2. "What input have the Eastern Health Board with regard to the day to day running of the Regina Coeli Hostel."
3. "Does the Eastern Health Board have any person (officer or member(s)) on the (a) Management Board or (b) Board of Directors of the Regina Coeli Hostel ?".

Reply

1. The following information has been supplied by the Legion of Mary:-

	November 1989	December 1989
Single Adults	79	71
Mothers	14	19
Children	33	51

A wide category of needs is catered for by the Regina Coeli Hostel and it has been difficult to obtain at short notice the average length of stay for residents, a small number whom have resided there for 20 years or more, a large number for over 10 years and some for less than a 1 week.

2. The day to day running of the Regina Coeli Hostel has, since the early years of the State, been the responsibility of the Legion of Mary. A Steering Committee was set up by agreement in 1985 representative of the Legion of Mary and our Board to monitor and review the services from time to time. Regular meetings are held, at least quarterly at which the staff of our Board and representatives of the Legion of Mary discuss matters of mutual concern relating to the running of the hostel.
3. The hostel is managed by the Regina Coeli Praesidium of the Legion of Mary. Our Board does not have any direct representation on the Praesidium, membership of which is, of course, confined to members of the Legion of Mary.

Cllr. I. Callely, T.D.

"Can the Chief Executive Officer advise in connection with the 328 mentally handicapped persons awaiting placement within our services, are they all availing of primary/secondary education and, in particular, do they all meet with Department of Education statutory requirements?"

Reply

The following is the breakdown of the 328 people with mental handicap awaiting residential placement:

Adults	241
Adolescents	54
Children	33

Many of the adults and adolescents, because of their degree of handicap, have been attending day care services. Those who have attended special schools would have finished school at 18 years of age. All of the 54 adolescents and 33 children eligible for special schools/classes are availing of them or are wait-listed to attend such facilities.

Twenty three children over the age of 5 years are wait-listed for day care services.

The Mental Handicap Central Planning Committee, chaired by the A/Programme Manager, Special Hospital Care, will continue to maintain liaison with the Department of Education with a view to formulating co-ordinated policies for the delivery of Health & Educational services to people with a mental handicap."

14/1990

CHIEF EXECUTIVE OFFICER'S REPORT

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

"1. *European Social Fund Assistance 1990*

I have circulated, for the information of members, copy of a letter dated 23rd January, 1990 received from the National Rehabilitation Board giving details of the amount of European Social Fund Assistance which has been provisionally assigned to our Board in respect of the training of 300 persons in 1990. I have notified the National Rehabilitation Board of our acceptance of the terms of the agreement set out in the letter. Details of our training plan will be brought before the Special Hospital Care Committee in due course.

2. *Special Housing Aid for the Elderly*

We have been notified that our initial allocation under this scheme for 1990 is £253,000. This is the same as our initial allocation in 1989.

In Dublin some 1,500 applications have been received from which it is hoped to deal with some 300 priority cases in 1990.

The number of applications on the list in Kildare is 250 of which 60 cases are in need of immediate attention in 1990.

In Co. Wicklow some 150 cases are on hand of which 50 are regarded as priority for attention in 1990.

Arrangements are being made to put the necessary work in hand through the use of the FAS Scheme and by availing of local contractors. The most cost effective approach will be taken. The number of cases dealt with will depend on the average cost per job.

3. *Baggot Street Community Hospital*

I have circulated, for the information of members, a report on the activities at Baggot Street Community Hospital for the period ending 31st December, 1989. (Copy filed with official minute)

Discussions with representatives of the Board of the Royal City of Dublin Hospital regarding our Board's continued involvement in the provision of services at Baggot Street Hospital after 30th June, 1990 are continuing and I hope that final agreement will be possible in the near future."

Following a discussion on the role of the National Rehabilitation Board in relation to the allocation of European Social Funds to which Dr. McCarthy, Cllr. Hynes, Dr. O'Boyle and the Chairman contributed, and to which the Chief Executive Officer replied, it was agreed to convey to the Department of Health the views expressed regarding lack of representation from our Board on the National Rehabilitation Board.

15/1990**THE TRAVELLERS HEALTH STATUS STUDY****The following report no. 1/1990 from the Chief Executive Officer was submitted: -**

- "1. The above report was recently issued by the Health Research Board. The principal author is Dr. Joseph Barry who is a member of our Board's staff.

A national Census of Travelling People in 1986 gave the following results:-

Housed -	8,456
Unhoused -	<u>7,432</u>
	15,888

A high proportion, 6517 (77%) of the housed and 6158 (83%) of the unhoused, travellers in the 1986 Census were under the age of 30.

2. The basis of this study report is an analysis of births and deaths of travellers for 1987 which were recorded and verified throughout the country by Community Care Study Teams in each Health Board community care area. The rates and ratios presented in the report reveal that there are very significant differences in health status between travellers and the settled population. Specifically the analysis in the report demonstrates that the traveller population compares with the national population in the following respects:-
- (i) the age structure of the traveller population shows a steep reduction in the proportions surviving beyond early middle age compared with the national population. It is stated, in reference to the age pyramid for travellers shown at Figure 5 of the report, that it is similar to that of a developing country.
 - (ii) for travellers the crude birth rate in 1987 was just over double that of the national population. The study shows that the rate for unhoused travellers is significantly higher again.
 - (iii) the infant and peri-natal mortality rates for travellers in 1987 were shown to be very significantly higher than the comparable rates for the national population and are demonstrated in Figure 2 of the report to be as high in 1987 as they were for the national population approximately 20 years ago.
 - (iv) standardised mortality ratios for travellers for various causes of death in 1987 are given in Table 4 of the report and show that male travellers have over twice the risk of dying in a given year than settled males whereas for female travellers the risk is increased more than threefold.

The report also indicates that accidental death is much more likely to incur in unhoused travellers of both sexes.

- (v) the report shows in Table 7 that life expectancy at various ages for travellers is significantly less than that for the Irish population as a whole and Figures 3 & 4 demonstrate that travellers are only now reaching the life expectancy that settled Irish people achieved in the 1940's.

The number of traveller births in 1987 exceeded deaths by 470 which represents a natural increase in the traveller population of almost 3% in that year.

The findings of the study and the inequalities it reveals in the health status of the traveller population compared to that of the national population, give cause for serious consideration as to how effective action can be taken to bring about a real and measurable improvement in the situation revealed by the report. Unless such action is taken the problem is likely to affect larger numbers of travellers, because despite the relatively high mortality rates and low life expectancy for travellers revealed in the report, it also shows evidence of a natural increase in the traveller population as a whole.

The Appendix attached to this report gives details of particular initiatives already taken by the Eastern Health Board in relation to the traveller population, particularly in relation to the promotion of health and the prevention of ill-health. It is open to our Board to expand such initiatives and to further develop our policy of positive discrimination and special attention to the health needs of the travellers, and I am sure that members will fully support the maximum further development of all such initiatives, with particular reference to the Mobile Clinic service.

However, there is clearly a need to look beyond the scope of any efforts which our Board may decide itself to make if any meaningful progress is to be made. Many factors are involved, which are environmental, educational and social in nature - the wider dimensions of health. Commitment to a plan of action at both national and local level is required on the part of various public authorities supported by the voluntary bodies and other influential groups in society such as the churches, residents' groups and indeed the trade unions and the employers. The travellers themselves should also of course be fully involved. It is clear that one of the fundamental requirements for the improvement of the health status of traveller families is the provision of an adequate standard of accommodation with all of the basic amenities such as water supply and sanitation which the rest of the population largely takes for granted.

A co-ordinated approach and plan of action aimed at bringing about measurable improvements in the indices relating to the health status of the traveller population as detailed in the Health Research Board report would obviously require broad commitment at both national and local levels.

At national level there is a Cabinet Sub-Committee on Health Promotion chaired by the Minister for Health which also includes the Ministers for Environment, Education, Energy, Agriculture and Labour. The National Committee on Implementation of Government Policy on Travelling People, the National Council for Travelling People, the Advisory Council on Health Promotion and the Health Promotion Unit of the Department of Health would obviously all have an input to make or a role to play in the implementation of such a plan.

At Eastern Health Board level the *W.H.O. Healthy Cities Project* which was established some months ago by agreement between our Board and the Dublin Local Authorities would be an ideal framework within which to generate a health promotion plan aimed at travellers which could dovetail with any national plan. Apart from the Health Board and the Local Authorities such a plan would require input and commitment from the wider local community including such influential groups as those mentioned in 3.3 above and of course the travellers themselves through their representatives and the voluntary bodies dealing with travellers. The Steering Committee of the Healthy Cities Project which consists of the Chairman and Vice-Chairman of our Board and each of the participating Local Authorities could be asked to consider this matter in the first instance with a view to initiating an appropriate plan of action.

Our Board could also raise the matter with the Minister for Health and point to the need for a national plan to address this problem."

Following a discussion to which Deputy Callely, Cllr. Dunne, Prof McCormick, Deputy Flood, Deputy Durkan, Mrs. Clune, Dr. O'Herlihy, Cllr. Dillon Byrne, Cllr. Hynes, Cllr. Glenn, Dr. Corcoran, Mrs. Bonar, Deputy Roche and the Chairman contributed it was agreed to note the report and to refer it to the Community Care Programme Committee, and to the Healthy Cities Project It was also agreed to send a copy of the Report to the Department of Health in the context of the need for a national plan to address the various problems highlighted in the report

The members complimented Dr. Barry and his co-authors on their report which, it was agreed, would serve as a useful base from which to plan a course of effective action to achieve an improvement in the situation as outlined in the Report.

16/1990

PROGRESS REPORTS FROM PROGRAMME COMMITTEES

1. Special Hospital Care Programme Committee

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

The following matters were dealt with in the report:-

- (a) Proposal regarding proceeds from sale of property
- (b) Report on Child and Family Services, Mater Hospital

2. *General Hospital Care Programme Committee*

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

The following matters were dealt with in the report:-

- (a) Psychiatric Unit/Boiler House and ancillary accommodation at Naas General Hospital.
- (b) Consultant Anaesthetist Appointment, MAN.C.H. / Naas Hospitals.
- (c) Feasibility of introducing a General Practitioner access scheme at St. Vincent's Hospital, Athy.
- (d) Sheltered Housing Complex at St. Vincent's Hospital, Athy.
- (e) G.P. Access Scheme, Baltinglass District Hospital.
- (f) Pathology Service, anaesthetic cover and the appointment of two Orthopaedic Surgeons at St. Comuncille's Hospital.
- (g) Consultant posts at James Connolly Memorial Hospital, Blanchardstown.
- (h) Intake of additional patients to Cuan Aoibheann, St. Mary's Hospital, Chapelizod.
- (i) Dedicated A.I.D.S. Unit at Cherry Orchard Hospital.
- (j) Progress Report on 24-Hour Accident and Emergency Service.
- (k) Report on services in St. Clare's Home.

3. *Community Care Programme Committee*

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

The following matters were dealt with in the report:-

- (a) Rape Crisis Centre Review Report
- (b) Report "Forgotten Children".
- (c) General Practitioner Services, Carnew, Co. Wicklow and Palmerstown, Dublin 20.
- (d) Report on services in Community Care Area 6.

17/1990

NOTICES OF MOTION

- 1. The following motion was proposed by Deputy Roche and seconded by Cllr. Callely:-**

That the Eastern Health Board divert funds from the sale of assets and from the disposal of surplus property to the building of a new Health Centre at Bray."

Following a discussion to which Deputy Roche, Cllr. Dillon Byrne, Cllr. Hynes and the Chairman contributed, the Chief Executive Officer informed the members that our Board's capital priority list was currently being reviewed and updated for presentation to an early meeting of the Budget Working Group prior to its submission to the Health Board for approval. Having regard to the urgent needs of the service in the Bray area he was confident that a Health Centre for Bray would be very high on the capital priority list

2. *It was agreed that the motion in the name of Deputy Durkan regarding residential day care and community care facilities for the handicapped should be deferred to the March meeting of our Board.*

3. **The following motion was proposed by Cllr. Dillon Byrne and seconded by Mr. McGuire:-**

That this Board agree to a full investigation of the standards of management and operation of the Regina Coeli Hostel, discuss our aiding of this hostel and its effectiveness for the homeless."

Following a discussion to which Cllr. Dillon Byrne, Cllr. Glenn, Mr. McGuire, Deputy Roche, Mrs. Clune and the Chairman contributed and to which the Chief Executive Officer and Mr. Doyle, A/Programme Manager, Community Care Service replied, the motion was defeated on a show of hands.

The Chief Executive Officer said that he would circulate a copy of the Medical Officer's report on the hostel to each member of the Board. This was agreed.

4. **The following motion was proposed by Deputy Durkan, seconded by Mrs. Bonar, and agreed:-**

That the Eastern Health Board would determine the number of cases seeking attention under the Home Improvement Scheme for the elderly in Co. Kildare at present and the expected schedule for the carrying out of these works.

Deputy Durkan indicated that he would be glad to receive a report setting out the information requested.

The meeting concluded at 8.45 p.m.

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

CHAIRMAN

***Report on Activities at Baggot Street Community Hospital
To End of December 1989***

This report, prepared for the Steering Committee, details activities at Baggot Street Community Hospital during 1989. At the end of December 1988, the first year of activity of the hospital as a community hospital, the new services which had been developed included continuing care high-dependancy nursing beds (35), respite care beds (15), an allergy clinic and a dental clinic. As well as these several health board clinics (child health, continence advisory, psychiatric clinic and registration of births and deaths) were relocated at Baggot Street.

During 1989 several new services have been initiated at the hospital, AIDS Resource Centre, out-patient physiotherapy, psychology, alcohol treatment unit, GP access beds, phlebotomy and radiography for GP's. These services are newly established rather than relocations. The present report will give an update on services established in 1988 and an account of the services established during the past year.

1. *Continuing Care High-Dependancy Nursing Beds*

There are currently 37 beds allocated to this purpose. Since the service commenced 94 patients have occupied these beds. There is inevitably a slow turnover as Baggot Street now represents home to these residents. The most common reason for admission to these beds is stroke, followed by dementia.

2. *Short Stay Beds/GP Access Beds*

There have been 360 admissions to these beds during 1989. These include respite care admissions, generally for 2 weeks to give carers a break and direct GP admissions (began in March 1989) whereby local general practitioners can admit patients to the hospital under their own care. The most common cause of GP access admissions is pneumonia.

3. *Day Care Unit*

The day care unit has 16 places. Attenders attend for rehabilitation therapy for two days a week for between 6 weeks and 3 months. Since the day care unit commenced in May 1988, 263 persons have entered the rehabilitation programme. Of these 194 entered the programme in 1989. Over 80% of day care unit attenders are from Community Care Area 2. The majority are referred by public health nurses, followed by GP's and community physiotherapists and occupational therapists. Arthritis and stroke are the most common reasons for admission.

AIDS Resource Centre

This unit commenced in May 1989. It is multidisciplinary in approach, with medical, nursing, counselling, psychological and outreach workers. The unit acts as a resource for all issues relating to HIV infection with a library, telephone counselling helpline and blood testing for HIV. Needle exchange, aimed at reducing the transmission of HIV among the drug users and ultimately national population commenced in May. To date 289 drug users have attended for counselling and needle exchange. Needle exchange takes place on 2 afternoons a week and at an average session 75% of attenders are return visits and 25% are new attenders. Counselling sessions for non drug users also take place for 2 sessions each week. Since this began in May, 197 people have attended. Approximately 50% of attenders at any session are new attenders. Users of the AIDS resource centre are from all parts of Dublin as no similar service is available elsewhere. The AIDS Trust services will be based in Baggot Street from January 1990.

South Dublin Psychology Service

This service is under the management of the Special Hospital Care Programme of the Eastern Health Board. It commenced at Baggot Street in October 1988. During 1989 there were 144 referrals to the unit, which is staffed by a clinical psychologist and 2 psychologists in training. The principal source of referrals is the South-East Psychiatric Team (45%) followed by self-referrals (20%), the ISPCC and GFs (10% each) and the local community care team (5%). The problems referred are principally anxiety, depression, victims of sexual abuse, marital difficulties, eating disorders and bereaved persons.

As well as the above individually based services the psychology service also organises group therapy for those addicted to minor tranquillisers, anxiety management groups at St. Andrew's Resource Centre and with attenders at the day care unit in Baggot Street.

Alcohol Treatment Unit

The alcohol treatment unit commenced in September 1989. This unit is also under the management of the Special Hospital Care Programme of the Eastern Health Board. The aim of the service is to provide a comprehensive community-based out-patient programme for those who are alcohol dependant and their families. The programme runs over a 6 week period and elements of it include supervised detoxification, group therapy, concerned persons' group, after care programme and a young drinkers group.

Since the service commenced 26 people have completed the 6 week programme. A further 13 are currently attending for one to one counselling. A total of 78 people have been interviewed with a view to entering the programme and there have been a further 100 enquiries.

7. *Community Physiotherapy for South-East Dublin*

Community physiotherapy for South-East Dublin is co-ordinated from Baggot Street. The team consists of a Superintendent Physiotherapist, 3 Senior Physiotherapists (one for each community care area) and one basic grade physiotherapist. As well as home-based community physiotherapy there is an outpatient physiotherapy service based at the hospital. Since 1989 there have been 176 attenders at this service. The most commonly referred conditions are soft tissue injuries.

The foregoing describes the range of community based services which have been initiated over the past 12 months at Baggot Street Hospital. Other services at the hospital are:

Allergy Clinic
Stoma Care Clinic
Child Health Clinic
Family Development Programme
Continence Advisory Clinic
Psychiatric Clinics (Adult and Child)
Dental Clinic
Registration of Births Marriages and Deaths
Phlebotomy
Radiography
Speech Therapy

Joseph Barry
Medical Administrator

Marianne Byrne
Matron

January 1990