

EASTERN HEALTH BOARD**Minutes of Proceedings of Monthly Meeting
held in
The Boardroom. Dr. Steevens' Hospital, Dublin 8
on Thursday 1st July, 1983 at 6:30 p.m.*****Present***

Mr. P. Aspell	Cllr. M. Barrett
Mrs. B. Bonar	Cllr. G. Brady
Cllr. B. Briscoe. T.D.	Cllr. E. Byrne
Cllr. I. Callery. T.D.	Cllr. B. Coffey
Cllr. J. Connolly	Cllr. L. Creaven
Sen. J. Doyle	Cllr. B. Durkan. T.D.
Cllr. K. FarreD	Cllr. C. Gallagher
Dr. R Hawkins	Dr. D.I. Keane
Cllr. T. Keenan	Cllr. D. Marren
Mr. G. McGuire	Cllr. O. Mitchell
Ms. M. Nealon	Cllr. Dr. W. O'Connell
Dr. B. O'Herlihy	Cllr. J. Reilly
Dr. J. Reilly	Sen. D. Roche
Cllr. K. Ryan	Cllr. R Shortall T.D.
Dr. C. Smith	Dr. R Whitty

Apologies

Dr. R Corcoran. Dr. M. Wrigley

In the Choir

Cllr. Ken Farrell

Officers in Attendance

Mr. K.J. Hickey. Chief Executive Offcer
Mr. M. Walsh. Programme Manager. Special Hospital Care
Mr. J. Doyle. A/Programme Manager. Community Care
Mr. S. O'Brien. A/Programme Manager. General Hospital Care
Mr. G. Brennan. Technical Services Officer
Ms. M. McGahern. A/Finance Officer
Ms. M. Kelly. A/Personnel Officer
Mr. M. O'Connor. Secretary

**74/1903
CONDOLENCES**

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

- Ms. Loreto Hogan. Special Hospital Care Programme, on the death of her mother.
- Dr. Charles Smith on the death of his father.
- Dr. Rory CHanlon. T.D. on the death of his mother.
- The family of Dr. Harry Murphy, former Principal Dental Surgeon.

**75/1903
CHAIRMAN'S BUSINEES**

The Chairman reminded members that the next meeting of our Board would be held on Thursday 2nd September. 1993.

**76/1903
CONFIRMATION OP MINUTES OP MONTHLY MEETING HELD ON 3RD JUNE,
1993**

The minutes of the monthly meeting held on 3rd June. 1993. having been circulated, were confirmed on a proposal by Deputy Callely. seconded by Cllr. Barrett

**77/1993
QUESTION TO THE CHIEF EXECUTIVE OFFICER**

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

"1. Cllr. L Callely, T.D.

To ask the Chief Executive Officer if he can indicate the possible damage that could be caused to a person's hearing by excessive noise levels, such as the level of music played at disco's, parties etc. Are there any regulations/ inspections regarding noise levels and will the Chief Executive Officer make a statement on the matter.

Reply

Medical investigations have indeed shown that young people who regularly attend at discos and other pop music functions can suffer some degree of permanent hearing loss. Noise intensity is measured in decibels. In industry the maximum level of noise permitted is 85 decibels. At discos the noise level may be as high as 120 decibels. Some people are more susceptible to hearing damage than others. A survey carried out in the U.K. some years ago showed that, while a high proportion of young people who attend discos commonly develop slight permanent hearing loss, about one in forty will develop more severe hearing loss.

Noise levels in factories are controlled by the Factories (Noise) Regulations 1975 and there is also an E.C. Directive on the subject. There is less control over noise levels at discos or pop concerts. If there is a complaint about noise levels at a regularly held disco the Environmental Health Officer will measure the noise level and advise the proprietor to reduce it. If that fails, and if the complaints continue, then the local authority, through the Environmental Health Officer, can oppose the application in the District Court by the proprietor in the following September for the renewal of licence under the Dance Halls or Intoxicating Liquor Acts.

2. Cllr. I Callely. T.D.

Can the Chief Executive Officer advise of the number of physiotherapists employed by the Eastern Health Board in each community care area, if the Chief Executive Officer will outline the average waiting time in each care area to avail of physiotherapy services and what proposals are there to improve these services.

Reply

Physiotherapists are assigned as follows to the Community Care Areas:-

Area. No.			
1	1 Senior Physiotherapist	&	Sessional Services
2	1 Senior Physiotherapist	&	Sessional Services
3	1 Senior Physiotherapist	&	Sessional Services
4	1 Senior Physiotherapist		
5	1 Senior Physiotherapist		
6	1 Senior Physiotherapist	&	Sessional Services
7	1 Senior Physiotherapist	&	Sessional Services
8	1 Senior Physiotherapist	&	Sessional Services
9			Sessional Services
10			Sessional Services

In Counties Kildare and Wicklow the optimum level of physiotherapy service is provided through the engagement on a sessional basis of physiotherapists who are based throughout these Counties.

Waiting times range from 3/4 weeks in the majority of areas. The longest waiting time is three months. Emergency cases are usually dealt with immediately.

Additional Physiotherapists will be recruited as they become available and in accordance with the allocation of resources.

3. Cllr. I Callely. T.D.

To ask the Chief Executive Officer if he will advise of the progress that has been made to have a cardiac ambulance base on the northside of the City, about which I have been making representations, will the Chief Executive Officer advise of the existing cardiac ambulance bases, the year the base was opened, the number of cardiac ambulances located at these bases and the year any new cardiac ambulances were added to the existing fleet of ambulances.

Reply

The development of an ambulance base on the northside of Dublin is regarded as a priority by our Board. In this regard, various options have been considered. Progress in reaching a decision in this matter has been affected by the National Ambulance Service Review which is currently taking place. This Review was initiated by the Minister for Health in October, 1991 under the following headings:

- Cardiac
- Communications
- Organisation, Management and Training
- Dublin area.

The Review Group is expected to report to the Minister in the near future.

A mobile coronary care ambulance service was introduced in the Dublin area in 1979. Initially the service was introduced in the James's Street ambulance base. All ambulance personnel were given special training in the recognition of cardiac disorders, the use of portable defibrillators/monitors and carried special cardiac drugs for use by medical practitioners. This service was extended to our Loughlinstown ambulance base in 1981.

While no ambulances are specifically dedicated for the cardiac service, all ambulances in the James's St./Loughlinstown Bases carry the appropriate cardiac equipment"

76/190S

CHIEF EXECUTIVE OFFICER'S REPORT

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

"1. Orthodontic Services

I have circulated with the agenda papers for this meeting, copies of letter dated 23rd June, 1993 from the Department of Health regarding the provision of additional funds this year for the development of orthodontic services.

The additional non-capital grant allocation provided for our Board in 1993 is as follows:

Revenue	£100.000
Capital	£120.000

This matter can be considered further at a meeting of the Community Care Programme Committee.

2. *Extension of Eligibility for Dental Services*

I have circulated with the agenda papers for this meeting, copies of letter dated 23rd June, 1993 from the Department of Health stating that the Minister for Health intends to introduce legislation later this year to provide for the phasing in of eligibility for dental services to children up to the age of 16 years as provided for under the Programme for Government and advising that our Board's 1993 Revenue allocation is accordingly, being increased by £200.000.

In addition capital expenditure of £200,000 is approved for 1993 to allow for the phasing in of the necessary Infrastructural developments.

This matter can also be considered further at a meeting of the Community Care Programme Committee.

3. *Agreement betmieen the Department of Health, and the Federation of Dish Chemical Industries on the Prices of Drugs and Medicines*

I have circulated with the agenda papers for this meeting, copies of Circular no. 3/93 dated 22nd June. 1993 from the Department of Health regarding the new agreement between the Federation of Irish Chemical Industries and the Department on supply terms, conditions and prices of medicines supplied to health services which will operate from the period from 1st August 1993 to the 31st July. 1997.

I am sure members will welcome this new agreement, the significant terms of which are as follows: -

- [i] An immediate price reduction of 3% on headline prices with effect from 1st August. 1993.
- [ii] A 5% rebate for all drugs supplied in the GMS [current rebate is 2%].
- [iii] A 4-year price freeze on drug prices from 1st August 1993. and
- [iv] A once-off "ex gratia" payment of approoc £2m. in 1993.

4. *National Lottery [Health Allocation]*

I have circulated with the agenda papers for this meeting, copies of a Press Release issued on behalf of the Minister for Health regarding the allocation of a total of £1.66m. from National Lottery funds to the Health Boards for distribution by them to local Voluntary Bodies operating in their areas.

The amount allocated to our Board is £310.000 and. in this regard. I would like to draw members' attention to item no. 8 on the agenda for this evening's meeting under which I have circulated a report setting out details of the various grants to be made from our Board's allocation.

5. *Information Guide to our Health Services*

I have circulated with the agenda papers for this meeting, copies of a Press Release issued on behalf of the Minister for Health regarding his launch on the 21st June. 1993 of a newly revised booklet "An Information Guide to our Health Services".

Copies of the new booklet have been circulated to each member and arrangements are being made for their widespread distribution within our Board's services.

I am sure members will be pleased to note the reference to our Board's Customer Services Department on page 3 of the Press Release and the Minister's statement that initiatives such as this are to be applauded.

6. Meeting Of Health Ministers

I have circulated with the agenda papers for this meeting, copies of a Press Release issued on behalf of the Minister for Health regarding his meeting on 14th June, 1993 with the Northern Ireland Health Minister. Lord Arran.

Members will note from the penultimate paragraph of the Press Release that the Ministers stated that they were pleased to note the progress being made by their Chief Medical Officers in developing proposals for an All-Ireland Institute of Public Health and their agreement that a small working group would be established to take the proposal further. The purpose of the proposed Institute will be to provide a focus for information, research and education to public health on an all-Ireland basis.

7. Mid-Western Health Board Resolution

I have circulated with the agenda papers for this meeting, copies of letter dated 1st June, 1993 from the Mid-Western Health Board conveying the terms of a resolution adopted at their May Board Meeting calling on the Minister for Health to take the necessary measures to initiate a national debate on the appalling consequences of alcohol abuse.

With the members' agreement a letter will issue from our Board to the Minister for Health expressing our Board's support for the terms of the resolution.

8. Tallaght Hospital

I have circulated this evening, for the information of members, copies of a Press Release issued on behalf of the Minister for Health regarding his announcement on 28th June, 1993 that the tender documentation for the Tallaght Hospital had been forwarded to selected firms for tendering on the main building contract, mechanical sub-contract and electrical sub-contract. The latest date for receiving completed tenders is 27th August, 1993.

9. Replacement X-Ray Screening Equipment for St. Columcille's Hospital, Loughlinstown

I am pleased to circulate this evening, for the information of members, copies of letter dated 23rd June, 1993 from the Department of Health agreeing to recoup to our Board the cost of purchasing the replacement X-Ray screening equipment for St. Columcille's Hospital, Loughlinstown at a cost of £318,000.

10. Regional Awards of the Royal Institute of Architects of Ireland

I am sure members will be pleased to hear that Dr. Steevens' Hospital has won an award for the Dublin region in the 1992 Regional Awards of the Royal Institute of Architects of Ireland.

11. Lord Mayor's Awards 1993

I am sure members will join with me in offering our congratulations to Ms. Alice Leahy a member of our Board's staff who works with TRUST [a Voluntary Agency which she founded in 1975 to provide medical and related services to homeless people]. Ms. Leahy was a recipient of one of the Lord Mayor's Awards at a function held in the Mansion House on 17th June. 1993 together with Sr. Consilio. Neil Jordan and David Cleary.

12. Naas Hospital - review of brief

Arrangements are currently being finalised with the Department of Health for the first meeting of the Review Group and progress in the review will be advised to the General Hospital Care Programme Committee on a regular basis.

13. Increased Capitation and Subvention Rates

I have circulated this evening, for the information of members, copies of Department of Health Circular no. 4/93 dated 25th June. 1993 regarding increased capitation and subvention rates which have been approved with effect from 1st July, 1993 in respect of persons provided with services in approved homes and certain other approved centres.

I have also circulated this evening, copies of letter dated 25th June. 1993 from the Department of Health regarding an increase in the level of assistance for long-stay patients in private psychiatric hospitals with effect from 1st July. 1993

14. Department of Social Welfare Circular no. 6/93

I have circulated this evening, for the information of members, copies of Department of Social Welfare Circular no. 8/93 regarding the 1993 Social Welfare Act and Students.

The Circular refers to Section 14 [31] of the 1993 Social Welfare Act which has the effect of applying the same disqualifications to Supplementary Welfare Allowances as now apply to Unemployment Assistance in respect of students. Supplementary Welfare Allowance will, however, continue to be payable to persons in full time education where a Health Board considers that there are exceptional circumstances.

15. Revised Charges In Public Hospitals from 1st July, 1993

I have circulated this evening, for the information of members, copies of letters dated 16th June and 30th June. 1993 from the Department of Health setting out revised rates of charges with effect from 1st July. 1993 in respect of private and semi-private accommodation and day care in public hospitals."

79/1993**REPORT OF BUDGET WORKING GROUP - FINANCIAL POSITION AT 30TH APRIL, 1993 AND OTHER MATTERS**

Report no, F.S/1993 [copy filed with official minute copies of which had been circulated was on a proposal by Deputy Callely, seconded by Cllr. Barrett, noted.

Following a discussion to which Cllr. Brady and Deputy Roche contributed and to which the Chief Executive Officer replied, it was agreed to arrange a special meeting of our Board on Thursday 29th July, 1999 at 6:00 p.m. to give further consideration to the capital developments as outlined in the report.

80/1993**DISPOSAL OF PROPERTY AT NAVAN ROAD, DUBLIN 7**

The following Report no. 19/1993 from the Chief Executive Officer was Submitted:-

"Notice is hereby given pursuant to Section 83 of the Local Government Act. 1946. that it is proposed to dispose of the property described below which is no longer required for the purpose of the powers and duties of our Board.

1. Site (c. 3.2 acres] at Navan Road. Dublin 7.
2. The said property was acquired from the Dublin Health Authority.
3. It is proposed to dispose of the property to Shannon Homes (Dublin) Ltd. 532 North Circular Road. Dublin 1.
4. The consideration in respect of the disposal is £275.000.

At a meeting of our Board to be held after the expiration of ten clear days from the date of the sending of this Notice, our Board may resolve as follows: -

(a) That the disposal shall be carried out in accordance with the terms specified in the resolution, or

[b] That the disposal shall not be carried out.

If our Board resolves that the disposal shall be carried out in accordance with the terms specified in the resolution, the disposal may. with the consent of the Minister for Health, be carried out in accordance with those terms.

If our Board resolves that the disposal shall not be carried out. then the disposal shall not be carried out

If our Board does not pass a resolution, the disposal may. with the consent of the Minister, be carried out."

Following a discussion to which Deputy Shortall, Deputy Durkan, Cllr. Byrne, Dr. Reilly, Cllr. Mitchell, Cllr. Gallagher contributed and to which the Chief executive Officer replied, it was agreed on the proposal of Dr. O'Herlihy, seconded by Cllr. Mitchell, to adopt the proposal contained in the report,

It was also agreed that a motion from the Special Committee on BaUymun regarding the proceeds from the sale of the property at Navan Road should be considered at the special meeting arranged for 29th July, 1993 to consider capital developments.

81/1903

SERVICES FOR THE ELDERLY

It was agreed that the report on services for the elderly [copy filed with official minute] should be referred to the Community Care Programme Committee for further consideration.

82/1903

NATIONAL LOTTERY BLOCK ALLOCATION

Following a discussion to which Deputy Shortall, Cllr. Reilly, Cllr. Mitchell, Cllr. ConnoUy, Deputy Callely, Dr. Hawkins, Senator Roche and Cllr. Brady contributed and to which the Chief Executive Officer replied, it was agreed, on a proposal by Cllr. ReUly, seconded by Dr. ReUly, to consider this matter further at the special meeting of our Board to be held on 29th July, 1993.

83/1993

PROGRESS REPORTS FROM PROGRAMME COMMITTEES

1. Special Hospital Care Programme Committee

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

The following matters were dealt with in the report:-

- [a] Schizophrenia Awareness Week 12 - 19th June. 1993.
- [b] Housing Project. Rathdown Road.
- [c] Upgrading of Acute In-patient Psychiatric Unit at the Mater Hospital, (d) Demolition of former Unit B at St Loman's Hospital
- [e] Report on services at Dunshane House.

2. General Hospital Care Programme Committee

On a proposal by Cllr. Dr. Bill O'Connell seconded by Cllr. Keenan, it was agreed to adopt the report.

The following matters were dealt with in the report:-

- [a] Liver transplant programme.
- [b] Review of Naas Hospital planning brief.
- (c) Visit by Comhairle na n'Ospideal Sub-Group examining ENT services in South East Dublin to St Columcille's Hospital.
- [d] Upgrading of ground floor of the former Convent Building for use as Consulting Rooms by Consultants attached to the Hospital.
- [e] Dedication of new Intensive Therapy Unit to the memory of our former Chairman. Cllr. Frank Hynes [R.I.P.]
- [f] Appointment of Consultant in Rheumatology and Rehabilitation and Consultant Geriatrician at James Connolly Memorial Hospital. Blanchardstown.
- [g] Appointment of Consultant Geriatrician. South City.
- [h] Development of a Cardiac Rehabilitation Unit in association with Tallaght Community School Sports Complex.
- [i] Report on services in James Connolly Memorial Hospital. Blanchardstown.

3. Community Care Programmes Committee

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

The following matters were dealt with in the report:-

- [a] Information guide to the health services.
- [b] Press Release regarding development of General Practice Unit.
- [c] Report on services in Community Care Area no. 3.

84/1903

NOTICES OF MOTION

It was agreed to take the following notices of motion, which were proposed by Senator Roche and seconded by Cllr. Gallagher, together-

1. ***"That a full report be given on the current positton regarding the provision of a new Health. Centre in Bray, Co. Widdow. The report should touch on the following issues:-***

- [a] *Current state of planning for the Health Centre.*
- [b] *Arrangements for accommodation to be incorporated in the centre.*

[c] Indication of the likely costs of the Centre together with an outline of arrangements for funding the provision of the Centre from the disposal of current surplus assets held by the board."

2. *"That immediate discussions be got underway between the Board and the Bray Urban District Council in order that all planning issues, relating to the provision of the new Health Centre at Bray, can be successfully completed and any planning permission or Bye-Law permissions required, obtained at the earliest possible date in order to permit the building of the Centre to progress without any planning delays as soon as the necessary funding becomes available."*

Senator Roche stressed the urgent need for a replacement Health Centre in Bray and was pleased to note that the Project was at the top of our Board's list of priority capital developments which would be the subject of further discussion at the special meeting of our Board arranged for 29th July, 1993.

He had tabled the second motion with the objective of ensuring that all the necessary preliminary planning work and discussions with Bray Urban District Council should be concluded so that work could commence quickly on the project on receipt of the necessary approval from the Department of Health.

The motions were noted.

3. **The following motion was proposed by Deputy Shortall and seconded by Cllr. Reilly:-**

"That this Board agrees that-

- [a] Members of the Board be supplied with copies of the Eastern Health Board guidelines to Community Welfare Officers regarding the implementation of Circular 7/93 from the Department of Social Welfare.*
- [b] The Chief Executive Officer explain the fact that the implementation of this Circular is far stricter in the Eastern Health Board areas. Furthermore this Board objects to the fact that the discretionary aspect of the Superintendent Community Welfare Officers' work has been removed, thus causing hardship for many families."*

Following a discussion to which Deputy Shortall Cllr. Byrne, Senator Roche, Cllr. Reilly, Senator Doyle and Deputy Durkan contributed, Mr. Doyle, A/Programme Manager, Community Care Service, informed the members that no specific guidelines had issued to our Board's Community Welfare Officers. Discussions had taken place with the Superintendent Community Welfare Officers in relation to the implementation of Department of Social Welfare Circular no. 7/93 and the position in this regard would be kept under review. The code of practice referred to in the Circular was awaited. Circular 7/93 restored some, but not all, discretion to Supt. Community Welfare Officers. He would not accept that our Board's officers were more strict in the implementation if the terms of the Circular and pointed out that 80% of expenditure under the heading of exceptional needs payments occurs within our Board's area.

85/1903 CORRESPONDENCE

Items of correspondence as referred, to in the Chief Executive Officers Report were noted.

The meeting concluded at 8:45 p.m.

Correct: K. J. Hickey
Chief Executive Officer


CHAIRMAN

EASTERN HEALTH BOARD

Report no. F J/1993

Financial position at 30th April, 1993 and other matters

At a meeting of the Budget Working Group held on 21st June the Chief Executive Officer reported on our Boanfs financial position at 30th April, 1993:-

1. FINANCIAL PERFORMANCE TO 30TH APRIL, 1993

		£000
Budget To-date		94,957
Expenditure		<u>97,134</u>
Expenditure Variance		2,177
Represented By:-		
[A] Pay		259
[B] <u>Demand Led Schemes</u>		
[i] <u>Community Drugs Schemes</u>		
Drug Refund Scheme	630	
Drug Cost Subsidisation Scheme	280	
Long Term Illness Scheme	133	
Hardship Medicines	98	1,141
[ii] <u>DPMA</u>		515
		1,656
[c] <u>Other Variances</u>		262
Total		<u>£2,177</u>

Members noted that, excluding the Demand Led Schemes, our Board's expenditure to-date is £521,000 over budget for the four months ended 30th April, 1993. This compared with £780,000 over-expenditure reported in respect of the quarter to 31st March, 1993. The favourable financial performance for April reflected progress in implementing our Boanfs budget measures for 1993. It was noted that it was hoped that the budget deficit to-date, excluding the Demand Led Schemes, would be fully recovered when the budget programme is fully implemented during the remainder of the year. The achievement of our financial goals for 1993 represents a significant task and will require much management effort to sustain our performance.

CAPITAL DEVELOPMENTS

Members noted the Chief Executive Officer's Report in relation to the meeting with the Minister for Health on 1st June, 1993 at which, following a discussion on our Board's capital priorities and funding requirements, it was agreed that discussions should take place between officers of our Board and the Department of Health with the objective of drawing up and agreeing a 2 - 3 year capital programme which would include the provision of health centres, facilities for the care of the elderly, the mentally handicapped and for the psychiatric services.

In noting that our Board expected to have £8m [approx.] available from surplus asset disposal in the short/medium term the Minister commended an initiative which would involve the application of these funds to urgent capital projects. The Department of Health would not expect our Board to carry the full cost of the capital developments and the level of funding which could be made available to our Board would be the subject of discussion with the Department in relation to each of the projects in respect of which agreement is reached in terms of their inclusion on the list of most urgent capital projects.

Following the meeting with the Minister, which was also attended by senior officials from the Department of Health, and to enable discussions to continue with the Department Officials, it was noted that it is now necessary for our Board to review and agree our most urgent capital requirements so that a start may be made at the earliest possible date in the construction of these facilities, followed by others as the agreed programme progresses.

Having carefully reviewed the capital priorities which were agreed by our Board in May 1990 in the light of developments during the past three years members of the Budget Working Group agreed to recommend to the Board the following list of most urgent capital requirements for consideration in the context of agreeing a programme of developments to be progressed initially: -

Community Care

Estimated Cost £

Health Centres

Swords, Co. Dublin	900,000
Bray, Co. Wicklow	1,000,000
Fortunestown, Tallaght	1,400,000
Amy	500,000
Celbridge	100,000
3 Satellite Clinics [AIDS/HIV Services]	500,000

Social Hospital Care

Replacement of Acute Unit, Vergemount	1,000,000
Resettlement of 250 mentally handicapped patients at St. Ita's Hospital [£1m for each of 5 years]	2,500,000 (initially)
St. Brendan's - five high dependency community residences	1,000,000
Day Hospital, Ballyfermot	100,000
High Support Hostel, St. Loman's Hospital	150,000

General Hospital Care

Development of two Community Units for the elderly [one on a joint venture basis at a cost of £500,000 to Eastern Health Board]	3,000,000
Two Young Chronic Sick Units [25 beds]	750,000
James Connolly Memorial Hospital	8,000,000
Naas Hospital Development Phase 2 [Development to be costed following review]	

3. PROPOSED DISPOSAL OF PROPERTY AT NAVAN ROAD, DUBLIN 7

Following consideration of the Chief Executive Officer's report in relation to the proposed disposal of a site [c. 3.2 acres] at Navan Road, Dublin 7, for the sum of £275,000, members agreed that notice under Section 83 of the Local Government Act, 1946, should be issued for consideration at the July meeting of our Board.

4. Members endorsed the position taken by the Chief Executive Officer with the Fuigal Sub-Committee of Dublin County Council regarding two sites reserved for possible future development at Hartstown and Corduff respectively, which would be maintained to a reasonable standard but not class 1 open space [parkland] standard.

5. WORTH LIBRARY, DR. STEEVENS' HOSPITAL

The Chief Executive Officer advised members regarding the favourable judgement of the High Court on 18th June, 1993 in relation to the arrangements for the proposed return of the Worth Library books to Dr. Steevens' Hospital

The members offered their congratulations to the Chief Executive Officer and all those concerned with achieving this very satisfactory outcome.

22nd June, 1993

**Ken Farrell
CHAIRMAN**

**REPORT ON SERVICES FOR THE
ELDERLY**

JUNE 1993

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EASTERN HEALTH BOARD

REPORT ON SERVICES FOR THE ELDERLY

A preliminary report based on the 1991 Census indicates that the number of persons aged over 65 years in the Eastern Health Board area has increased from 108,315 in 1986 to 117,456 in 1991, 8% increase approx. Of this age group 78.67% are Medical Card holders.

The projected increase in the very elderly 75 years and over and the number in that age category living alone have significant implications for services, as the elderly in this age group are likely to be more dependent and require much greater support -(1991 Census over 75 - 46,455, 1986 Census over 75 - 41,073, -13% increase).

In order to meet the needs of this age group a number of existing services are being expanded and plans are on-going for some new services.

AREA CARE TEAMS FOR THE ELDERLY

Multidisciplinary, inter-agency Care Teams have been set up in all Community Care Areas to plan, monitor and evaluate the services for the elderly as recommended in "The Years Ahead" and the Eastern Health Board policy document 'Services for the Elderly'. The structure of the team is:

- Community Physician who acts as Co-ordinator of Services for the Elderly (nominated by the Director of Community Care/Medical Officer of Health)
- Public Health Nurse
- Community Psychiatric Nurse
- Medical Officer from the local Hospitals/Homes for the Elderly
- Matron " " " " " " " "
- Representative from the Irish College of General Practitioners (local branch)
- Community Welfare Officer
- Representative from the voluntary organisations
- Housing Welfare officer of the Local Authority
- Consultant Geriatrician
- Consultant Psychogeriatrician or Clinical Director or his/her nominee.
- Administrative Officer (who provides general support to the Co-ordinator and the Care Team).

Meetings take place regularly in each area. The meetings provide an excellent forum for the exchange of information with regard to services. They also facilitate liaison between professionals working in different programmes and between the statutory and voluntary organisations working with the elderly. The team identifies local needs in each area. It is imperative for working relationships and continued co-operation that cognisance is taken of requirements for services at local levels.

COORDINATORS OF SERVICES FOR THE ELDERLY

The Co-Ordinators of Services for the Elderly, individually and as a group are involved with all aspects of care of the elderly. A close working relationship has been developed within the group and the Co-Ordinators have brought their skill as Public Health Doctors to planning, monitoring and evaluation of services for the elderly. A list of papers produced by the Co-Ordinators is appended. Co-Ordinators have also produced individual reports on research in their areas. The Co-Ordinators meet regularly with representatives of the Programme Manager's staff to discuss various issues of particular concern.

At present only two Co-ordinators of Services for the Elderly are fulltime, Area 1 and Area 10 and the others are halftime. As services develop, the time commitment required to fulfil this role may have to be examined with a view to a more fulltime commitment. This aspect is being monitored on an on-going basis.

Contact Liaison Co-operation

Inter Programme co-operation and liaison continues at several levels. At consultant level, the Area Care Team meetings provide opportunities for discussion of issues of mutual concern. Liaison is maintained between Hospital and Community services in various ways, i.e through the Medical Coordinators, Team Leaders, other paramedical members of the District Care Unit Team and the liaison Public Health Nurses. The Liaison Committees of the Community Care Teams and the 5 major Acute Hospitals were set up in March 1993 and have assisted with the earlier discharge of elderly patients from acute beds and more importantly have prevented inappropriate admissions.

Welfare Homes

In areas where such homes exist, the Co-ordinator of Services for the elderly is involved on an on-going basis with admissions policies, dependency levels, staffing and other issues.

Nursing Homes

Regular inspections of Nursing Homes are carried out in each Community Care Area, in accordance with legal requirements. The implementation of the Nursing Homes Act 1990 will ensure correct standards of care and will also promote consistency in funding of patients in Private Nursing Homes. Standardisation of nursing home inspection is seen as a priority. A Seminar on Nursing Home legislation was held in Dr. Steevens' Hospital in conjunction with senior officials from the Department of Health on 20/1/93. The Co-ordinators have made a submission regarding this legislation to the Department of Health recommending certain amendments in the regulations to be approved under the legislation.

Elderly At-Risk Register

The aim of the register is to establish a record of people over 75 years old (46,455 EHB Census 1991) who are likely to require intervention by medical or social services. Its purpose is:-

- To provide an epidemiological base for long term planning
- To facilitate evaluation of services for the elderly
- To provide an information resource for local management/professional personnel

Elderly persons regarded as at risk fall broadly within the categories listed hereunder

- Significant mobility problems e.g arthritis, cerebrovascular accident,
- neurological problems, severe respiratory disease.
- Cognitive dysfunction
- Significant housing problems.
- Severe sensory defects (vision, hearing)
- Incontinence
- Social Problems - carer stress, risk of abuse, alcohol problems etc
- Recent (previous 2 years) bereavement or recent (1 year) hospitalisation.

The Public Health Nursing services provide information required for this register. Updating the register (patients deceased, left area etc.) is on-going.

Redesign and development of the present register continues. With experience gained over the last year or so it is felt the revised form should be piloted on one Community Care Area in order to fully assess its efficiency and effectiveness. A pilot area is being selected.

The District Care Unit

The District Care Units were established in 1990. The stated aim of these units is to enable an elderly person to continue living in their own home environment, by providing multidisciplinary input for a fixed period of time. This input is additional to the basic support services already available to the elderly in the area. Additional information on the units is appended

MATTERS FOR ATTENTION

Some particular issues have been highlighted and have been the subject of much discussion and debate at Team meetings in all Community Care Areas.

Day Care

There is a need for a higher level of care in the community into which people leaving the District Care Unit can be integrated. This can be done most effectively by way of day care facilities. Some Community Care Areas have adequate Day Care Centres. Others have identified their specific needs. It will be necessary to develop more centres in a number of areas. Transport to and from centres continues to be a problem. The 1989 Policy document recommended that an additional 20 Day Care Units would be needed in our Board's area. Some existing clubs/day centres could be upgraded by some adaptations to premises and increase in the range of services. The possibility of purchasing services from existing agencies (i.e. Nursing Homes, Long stay Private Hospitals) is under active examination.

Services for Mentally Infirm Elderly

Services for the demented elderly is an area being examined on a cross programme basis. The Area Care Teams work in close liaison with the Psychiatric/Geriatric services. A special survey has now been completed in this area by the Coordinators on the numbers and needs of this group and is now the subject of consideration by Inter Programme Steering Committee.

A Day Care centre for Dementia patients will come on stream in the next few months in Leopardstown Park Hospital which will have financial assistance from the Board for up to eight patients per day. A similar facility in the north city is under consideration.

Housing

The Area Care Teams working relationships with the Local Authorities have been strengthened by the attendance of a Housing Welfare Officer whose assistance with housing problems is invaluable.

Voluntary Organisations

The Board continues to support Voluntary Organisations in all areas, by daily contact at client level and joint meetings with the staff of the area team. An example is the attendance of the Home Help Organisers at patient case conferences for the admissions and discharges from the District Care Units. Voluntary input to services for the Elderly continues as a focal element, of the service.

Respite Care

In recent years we have come to recognise the value and importance of respite care for the patient but more importantly for the carer. It has been concluded that if the carer receives the appropriate supports required for the person for whom they are caring they will continue in their caring role longer, thereby reducing the needs of extended care and repeated hospital admissions. The suggested ratio of respite beds is one per thousand elderly persons. Although this ratio has not yet been reached, we have increased respite care places in several of our Hospitals and point particularly to Baggot Street Community Hospital.

Home Help Service

Home Help Service continues as a valued service to the care of the elderly in their homes and the Board continues to increase its funding of this service. Expenditure in recent years is as follows:

1989	£2,521,501
1990	£3,357,706
1991	£3,789,285
1992	£4,015,056

Up to 75% of this cost goes to the Provision of Home Helps to elderly persons.

Para-medical input to Services for the Elderly

It is planned to increase input, both to the District Care Units and Extended Care service by the recruitment of additional Physiotherapists to ensure client/patient mobility. Four additional physiotherapists were recruited in and commenced work early this year.

An increase in the levels of Chiropractic services would also improve **client** mobility and it is hoped to allocated additional funding as it becomes available.

Social Work

The existence of social emotional and interpersonal problems among the elderly is well documented. In the experience of the Area Care Teams and in particular, the District Care Units, the resolution of these problems is often a most pressing service need. The skills of a Social Worker would greatly enhance the work of the teams.

A pilot programme in one area to which a Community Social Worker will be assigned is at present underway.

Home Care Assistants

The policy document for the Elderly 'The Years Ahead' recommended that Health Boards should explore the possibility of employing Care Assistants who would work with the local nursing services.

"In-service" training courses for Home Care Assistants are conducted. These courses are of three week duration and are both practical and theoretical training. Included in the syllabus are matters relating to care of the aged, nutrition, Health and Safety, First Aid, bathing and lifting patients etc. The courses which are organised by Public Health Nurses have the support and co-operation of the Home Help Organisations.

Practical experience is given in the Boards geriatric and Welfare Homes and include visits to the Homes of elderly people, under Public Health Nurse supervision.

Courses have been held since August 1992 in each Community Care Area and some 112 people have been trained and are now working with the District Care Units and the local teams, and have enabled the Board to maximise services both at DCU level and in the Extended Care services.

European Year of Older People -1993

1993 Year of Older People and Solidarity Between Generations is enjoying a high profile throughout the E.C. Mr. M. Walsh, Programme Manager, has been nominated as the Health Boards representative on the National Co-ordinating Committee for this year.

The Eastern Health Board set up its own European Year Committee consisting of staff from the three programmes, voluntary bodies and Dublin Corporation. They met several times between January and April. A list of events was drawn up to highlight the themes for the year which are:-

(1) The positive contribution of older people (2) All Ages together (3) Meeting the challenges of older age.

Our Board's events are as follows:-:

1. Services for Carers: Support Groups :

Southside: Baggot St. Hospital 2nd Tues. each month Northside:
Clonliffe College last Thurs every month

West: St. James Day Hospital first Tues every month

2. Information Roadshow: Organised by Co-Ordinators of Services for the Elderly locally to inform people of services available.

- 3. Intergenerational Festival:** Dr. Steevens Hospital, 11 July 3 - 6pm. Art Exhibition with exhibits by Older Peoples' art groups and primary school children in the area Entertainment and refreshments will be supplied. Arthur Guinness are supplying music and some of their products
- 4. Talking Newspaper:** Will be launched in September
- 5. Seminars:**
- (1) organised by Institute of Community Health Nursing and the EHB 28/1/93
Title: Ageing a Challenge to All
- (2) organised by North Dublin Psychiatry of Old Age Service
Title: The Psychiatry of Old Age - A New Speciality.
- 6. Research Projects:** Medical Co-ordinators have been granted funds from the National Committee of European Year for a research project. The project strategy is to engage old and young people in a range of activities based on research of their local area and the collation of photos, maps and other material to form a Reminiscence pack and share these in public exhibition form or in school classrooms and day centres for older people. Each Community care area will participate in compiling resource material for this project.

Active Age Week - Age & Opportunity - Joining Forces Week

The 'Joining Forces' week was held from 9-15 May 1993 and was co-ordinated by the Voluntary group 'Age & Opportunity'. The objective of this week was that local and national groups and individuals undertake projects which celebrate older peoples achievements and their contribution to the community. It is part of the on-going strategy to challenge negative stereotypes of ageing and older people. Each Community Care Area was involved in organising events.

Reach Out Campaign

To heighten Public concern for elderly and vulnerable people living alone, to encourage neighbours to help, where appropriate, Eastern Health Board, Dublin Corporation and the Department of Health launched its first major publicity campaign on October 1st 1992, International Day of the Elderly, entitled "Reach Out".

The campaign was launched jointly by the Lord Mayor and our late Chairman Councillor Frank Hynes. The campaign continued through the the winter months. It includes poster campaigns, radio and television coverage, information leaflets on 'Hypothermia', 'Safety and Security in the Home', and 'Be a Good Neighbour' as well as press coverage.

Health Board staff were heavily involved in the campaign. Examples of their involvement included a talk on 'Live at 3' by a Medical Officer, discussions on 'Hypothermia' and an appearance on 'Teletalk' by the Board's Nutritionist.

The Board's staff were invited to sit on the Selection Committee of the Lord Mayors Award for outstanding service to neighbours.

Carers Phone - In

As part of "Active Age Week" 1992 a special phone-in day was held on May 13th. Its purpose was to provide information on services available to both elderly and their carers. Telephones were staffed by medical, nursing and administration staff on phone facilities made available by Bord Telecom. Wide media publicity was given to the event. The uptake of this particular service was very satisfactory and seemed to fill a need for information on services and entitlements.

The 'Reach Out Campaign' will operate from 26th September to 3 October 1993. The theme for the week will focus on the housebound elderly. This theme will then be followed through for the winter months with the continuation of the 'Reach Out Campaign' again in Co-operation with Dublin Corporation. It is planned to extend this campaign to Wicklow and Kildare with the co-operation of the local authorities.

SUMMARY

During 1992 the service continued to develop in response to local needs. The development is a reflection of

- (a) the variation in elderly populations in different Community Care Areas and
- (b) the type and level of services for the elderly which existed in the areas prior to the establishment of the District Care Units.

As a result of the establishment of Liaison Committees with the acute hospitals and Community Care Teams in March of 1993 the activity of the District Care Units and the Extended Care Service has increased considerably.

This increase in activity in the Community Service for the Elderly in many cases is preventing the unnecessary admission of older patients to acute hospital beds and enabling earlier discharges.

It is only fair to say that, despite this fact, there is a growing need for increasing the number of extended care beds for the elderly who cannot be retained in their communities.

PAPERS PRODUCED BY
COORDINATORS OF SERVICES FOR THE ELDERLY GROUP

1. Discussion Document for Community Ward Scheme
2. Community Ward System for the Elderly. Admission and Discharge criteria.
3. Review of the initial patients through the District Care Unit
4. District Units - G.P. Access
5. Review of District G.P Access to District Care Unit.
6. The Outcome of initial patients in District Unit 10 months after Discharge.
7. Role of Co-Ordinator of Services for the Elderly in the Community
8. Carers Satisfaction with District Care Unit.
9. Comments on the use of Cape Scoring Levels.
10. Planning "The Years Ahead".
11. Elderly Needs Register.
12. Dementia Survey.
13. Training for Inspection of Nursing Homes
14. Risk Register Discussion Document.
15. Strengthening the Links - The Co-ordination of Statutory and Voluntary Services for the Elderly.
16. Carers Information Leaflets.

APPENDIX 1

TABLE 1 DEMOGRAPHY 1991 CENSUS FIGURES

AREA	1991 NUMBERS > 65	TOTAL POPULATION	%>65	No.>65 WITH GMS CARDS	% of >65 WITH GMS CARDS
Area 1	14,180	125,543	11.3	8,699	61.34
Area 2	14,667	118,530	12.2	11,191	77.35
Area 3	10,288	89,097	11.5	7,740	75.20
Area 4	10,707	145,227	7.3	8,620	80.50
Area 5	7,741	105,740	7.3	7,082	91.40
Area 6	12,551	136,350	9.2	10,681	85.10
Area 7	15,071	115,499	13.0	12,193	80.90
Area 8	11,570	188,600	6.1	8,344	72.10
Area 9	8,686	122,645	7.0	8,367	96.30
Area 10	9,584	97, 245	9.8	7,441	77.60
Total	114,845	1,244,476	9.2	90,358	78.67

APPENDIX 2**DCU STATISTICS**

1/1/92 - 31/12/92

Area	No. Referred	No. Admitted	No. Discharged	Nos. in DCU End Dec '92	No. in 'Chronic Unit end Dec '92	Comments
1	154	133	111	11	11	
2	49	21	17	7	73	
3	71	64	54	10	Nil	
4	57	32	21	8	16	
5	24	20	20	18	130	
6	113	80	68	17	Nil	
7	212	127	127	14	50	
8	81	55	47	11	Nil	
9	103	68	78	10	10	
10	80	64	59	18	39*	Estimate
Total	944	644	602	124	329	

APPENDIX 3

DCU STATISTICS

Jan 93 - April/May 93

Area	No. Referred	No. Admitted	No. Discharged	No&in DCU End Apr/May	No. in 'Chronic Unit end Apr/May	Comments
1	110	74	69	6	18	Period 1/1/93 - 30/4/93
2	30	18	10	5	110	Period 1/1/93 - 31/5/93
3	30	24	14	10	Nil	Period 1/1/93 - 31/5/93
4	34	24	21	6	9	Period 1/1/93 - 31/5/93
5	24	16	16	23	135	Period 1/1/93 - 31/5/93
6	68	42	35	26	346	Period 1/1/93 - 31/5/93
7	102	80	72	23	50	Period 1/1/93 - 31/5/93
8	51	28	32	8	Nil	Period 1/1/93 - 21/5/93
9	46	42	35	17	33	Period 1/1/93 - 31/5/93
10	40	34	14	26	96*	Period 1/1/93 -30/4/93 ***Estimate
Total	535	382	318	150	797	

REFERRAL SOURCE OF ADMISSIONS FOR THE PERIOD 15/3/92 COMPARED TO THE PERIOD 15/3/93 -15/6/93

15/8/92

	REFERRAL SOURCE OF ADMISSION					COMMENTS
	G.P		HOSPITAL/CONSUL			
	1992	1993	1992	1993		
Area 1	32	51	28	15		
Area 2	1	1	13	28		
Area 3	9	4	12	11		
Area 4	5	4	4	15		
Area 5	4	15	7	9		
Area 6	6	4	6	27		
Area 7	15	7	14	35		
Area 8	4	1	9	13		
Area 9	15	14		2		
Area 10	20	13	3	6		
Total	111	114	96	161		

67% Increase in referrals from Hospitals in 1993 compared with 1992

OUTCOMES ON DISCHARGE 15/9/92 • 16W/92 COMPARED TO 15/3/93 -15/6/93

	Area 1		Area 2		Area 3		Area 4		Area 5		Area 6		Area 7		Area 8		Area 9		Area 10		Total	
	1992	1993	1992	1993	1992	1993	1992	1993	1992	1993	1992	1993	1992	1993	1992	1993	1992	1993	1992	1993	1992	1993
Normal Community Support	26	22	2	6	7	9	5	1	9	14	12	16	22	23	7	8	8	14	16	10	114	123
Enhanced Community Support															1	6	1				2	6
Acute Hospital	1			3	3	6		4			2	1	6	8			4	3	3	2	19	27
Died	4								1	2	1		2							1	6	5
Longstay Nursing Home	1				1										1						3	
Longstay Health Board						2				1	4				1	1	1	2	1		7	6
Other														1		1						2
Totals	32	22	2	9	11	17	5	5	9	16	20	18	28	34	ID	16	14	19	20	13	151	169

Discharges over 3 months 1992: 75% Home to Normal Community Care Services
13% to Acute Hospitals

Discharges over 3 months 1992: 73% Home to Normal Community Care Services
16% to Acute Hospitals