

## EASTERN HEALTH BOARD

*Minutes Of Proceedings of Monthly Meeting of Eastern Health Board  
held in the Boardroom, St. Brendan's Hospital, Grangegorman,  
on 5th December, 1974 at 6 p.m.*

*Present,*

Cllr. Mrs. J. Barlow  
Mr. M. Birmingham  
Cllr. M. Brady  
Cllr. D. Browne  
Cllr. M. Carroll  
Cllr. J. Connolly  
Mr. J. Corcoran  
Mr. H. Corrigan  
Dr. J. Cullen  
Cllr. J. Durning  
Alderman A. Fitzgerald  
Cllr. Mrs. A. Glenn  
Dr. J. S. Doyle

Cllr. T. Hand  
Mr. K. Harrington  
Cllr. P. Hickey, P.C.  
Cllr. D. Kinsella  
Miss M. Lacey  
Cllr. Mrs. E. Lemass  
Dr. J. McCormick  
Dr. J. R. Mahon  
Dr. A. Meade  
Deputy C. Murphy  
Mr. M. Ruane  
Cllr. J. Sweeney  
Dr. J. Walker

*Apologies for Absence :*

Deputy H. P. Dockrell, Dr. P. C. Jennings, Cllr. T. Leonard,  
and Mr. Dermot O'Fiynn.

*In the Chair:*

Cllr. Patrick Hickey, P.C, Chairman.

*Officers in Attendance :*

Mr. E. O C-aomh	C.E.O.	Prof. Ivor Browne
Mr. J. J. Nolan	Deputy C.E.O.	Mr. V. Crumlish
Mr. F. J. Donohue	P.M. Community Care	Mr. K. Quinn
Mr. E. Keyes	P.M. Spec. Hospitals	Mr. H. Dunne
Prof. B. O'Donnell	Dublin M.O.	Miss L. O'Kelly
Mr. R. N. Lamb	Personnel Officer	Mr. M. Murray-Hayden
Mr. F. J. Elliott	P. & E. Officer	Mr. P. A. Sheehan
Mr. P. J. Swords	Admin. Assistant	Mr. A. O'Brien
Mr. J. Clairke	do. do.	Mr. J. Brennan
Mr. F. J. McCuliough	do. do.	Mr. T. McManus
		Miss K. Dolan

## 143/74                      CONDOLENCE

A vote of sympathy was passed with the families of the late President Childers and Mr. J. F. Browne, father of Professor Ivor Browne, the members standing in silence as a mark of respect to the deceased. They directed that the sympathy of the Board should be conveyed to the bereaved families.

## 144/74                      CONGRATULATIONS

(A) The Chairman advised the members that for the eighth time one of the Board's Hospitals had won the National Garden Award, Dublin City Area and presented the Bord Failte Award to Mr. Vincent Crumlish, Engineering Officer and presented cheques to the two gardeners concerned, Mr. P. Johnson and Mr. D. Hogan. The Chairman, in congratulating all concerned, expressed gratification and satisfaction at this type of recognition. The members applauded the staff and congratulated them.

(B) The Chairman advised the Board that Councillor A. Mahon, a former member of the Board for the Kildare area, had been appointed Vice-Chairman of the General Council of Committees of Agriculture and asked that the Board's congratulations should be conveyed.

(C) Contacts—Staff Magazine—The Chairman announced that the first issue of the staff magazine, Contacts, was now available and had been distributed to the members. He congratulated the Editor, Mr. J. F. Reynolds, and the staff for a very fine production and the members wished it every success in the future.

## 145/74                      CONFIRMATION OF MINUTES

The Minutes of the monthly meeting held on the 7th November, 1974 having been circulated, were confirmed on a proposal by Cllr. J. Sweeney, seconded by Cllr. Kinsella.

Arising from the minutes, Dr. Walker referred to the report of the Committee on Drug Education. He suggested that the Board should consider nominating their representatives on the Health Education Committee and he stressed that efforts should be made to ensure that the Eastern Health Board would have a strong representation among the health boards represented.

At the Chairman's suggestion it was agreed to await the invitation from the Minister to nominate representatives.

## 146/74 PROCEEDINGS OF COMMITTEES

The reports of the following committees having been circulated were noted:—

- (a) *No. 1 Visiting Committee held at Vergemount Hospital on 6/11/1974.*
- (b) *Nos. 2 and 4 Visiting Committees held at Ushers Island on 13/11/1974.*
- (c) *No. 3 Visiting Committee held at St. Vincent's, Athy, on 31/10/1974.*

## 147/74 MINUTES OF PROCEEDINGS OF LOCAL HEALTH COMMITTEES

The Minutes of the proceedings of Dublin County Local Health Committee held on the 4th November, 1974, were noted. Clir. Carroil referred to a recommendation in the minutes concerning geriatric beds at St. Colurncilie's Hospital and it was agreed that he could put a motion down to this effect at the next meeting if he so desired.

## 148/74 CARDIAC AMBULANCE SERVICE

The following Report No. 57/1974 from the Chief Executive Officer was submitted:—

"The terms of the motion tabled in the Agenda at the October meeting of the Board (minute 126/1974 refers) has been considered by the Dublin Medical Officer, Doctor B. O'Donnel, who has reported as follows:—

'The basis of the Cardiac Ambulance is an attempt to bring the Intensive Care Unit to the patient; it is an extension of intensive care to the patient at his home, or wherever he becomes ill, so that he may have resuscitative treatment at the earliest possible moment. This is desirable because it is known that:

- (a) If a patient gets a coronary heart attack the chances that he will die from it are greatest in the first three hours.
- (b) If the heart fails, its function can be restored by administering an electrical shock with equipment called a defibrillator.

The idea of extending the Intensive Care Unit into the Ambulance was originated in Belfast by Professor Pantridge, and the Service was successful in that City before the civil strife interfered with it. However, Belfast was peculiarly suitable for that Service because it has one main centrally placed hospital, the Royal Victoria, and the Ambulance Service is based there. The hospital has ample intensive care accommodation, and when a call came to bring in a patient with a suspected coronary heart attack, it was possible for a Medical Registrar, trained in the use of resuscitation equipment, to accompany the ambulance.

In spite of its success in Belfast a similar service has not been initiated in many other cities in the U.K. The only other centre which, to my knowledge, runs a similar service is the town of Barnsley in Yorkshire (Pop. 200,000).

One factor which tends to reduce the efficiency of a Cardiac Ambulance Service is that not every person who gets a coronary attack promptly summons medical aid. Many patients diagnose themselves as having e.g. indigestion and medicate themselves accordingly, only calling a doctor some hours later because the pain has persisted. By this time the risk of sudden death has diminished so that transport to hospital in a cardiac ambulance is less necessary.

In Dublin the situation is complicated by the fact that there are 14 acute general hospitals situated throughout the City and County, none of which have ambulances based at them, apart from St. James's Hospital. Furthermore, it is the Fire Brigade Ambulances who deal with emergency calls, and they are not based at any of the hospitals

However, when it comes to conveying coronary cases into hospital, the Fire Brigade Ambulance Service has certain distinct advantages:

1. They are quick to answer calls and can get the patient into hospital in the minimum time.
2. They are in radio telephone contact with their base, so that they can ask the base to contact the hospital to which they are heading, so that the hospital will be ready to receive the patient.
3. The Ambulance Teams are trained in First Aid, including external cardiac massage, which can occasionally be used effectively if defibrillation is not available.

The existing Cardiac Ambulance Service is privately run and is based at Stillorgan. It has undoubtedly done good work (see report by Dr. Gearty and others in British Medical Journal of 3.7/71). Its disadvantages are:

1. It is not centrally located.
2. It does not have a doctor travelling in the ambulance.

As to whether or not it is necessary that these ambulances should have a doctor travelling in them is a matter in which opinions differ. It is certainly desirable that there should be a doctor in the ambulance who is skilled in the use of resuscitation equipment, but short of that, a trained ambulance man with a knowledge of First Aid, the ability to recognise a cardiac arrest and to use a defibrillator, is better than having no facilities at all. In most instances the patient's own doctor will be present when the ambulance arrives, and he might elect to travel with the patient in the ambulance.

If the Eastern Health Board were to run a Cardiac Ambulance Service, the following problems would arise:

1. Where would it be based? St. James's Hospital seems the obvious answer, but this hospital has not got an Intensive Care Unit of a size that would be adequate to cope with the service. Furthermore, in order to have a round-the-clock rota of medical officers, the junior house doctors would have to be included. They would have to be trained for the purpose, which would be difficult as they usually remain in the hospital for only a few months.
2. In order to have two ambulances on stand-by, it would be necessary to have five or six drivers, and an equal number of attendants, in order to have a day and night roster for these vehicles.

The Consultative Council on the Ambulance Service has given a lot of consideration to the question of providing a Cardiac Ambulance Service for the Dublin area, and has been unable to reach any definite conclusions, so that it is difficult for me to make a recommendation one way or the other. However, it seems to me that it would be very difficult for the Eastern Health Board to provide a service that would be an improvement on the existing service, which is provided by the Fire Brigade Ambulances, supplemented by the Stillorgan Service. I am aware that the latter Service has been having some difficulty with the Health Board over payments, but it should be possible to provide some solution for this.'

I should like the Board to know that the necessary arrangements for prompt settlement of the Stillorgan Cardiac Ambulance Service accounts are now in operation for some time past. Accounts are paid monthly without undue delay."

After a wide ranging discussion on the merits of the location of this service and the type of service which might be supplied it was unanimously agreed on a proposal by Cllr. Durning, seconded by Cllr. Brady, that the report be deferred for reconsideration at the January meeting of the Board. The following members contributed to the debate: Alderman Fitzgerald, Dr. Doyle, Prof. McCormick, Cllr. Carroll, Dr. Meade, Mrs. Glenn, Cllr. Durning, Mr. Corcoran, Cllr. Hand. The Dublin Medical Officer, Dr. B. O'Donnell, and Mr. T. McManus replied to the points raised.

149/74      CONSULTATIVE COUNCIL REPORT ON  
GENERAL PRACTITIONER IN IRELAND-  
REPORT OF WORKING PARTY

The following Report No. 47/1974 setting out the main recommendations of the Working Party was considered:—

"The Health Board, at its meeting on the 7th March last, appointed us as a Working Party to study the implications of the recommendations in the Report of the Consultative Council on General Medical Practice (the McCormick report). The Working Party met on five occasions to consider the series of recommendations in this valuable and comprehensive document.

The implications for the Health Board of the Consultative Council's recommendations are wide and no one item of our report can effectively be considered in isolation. However, the Working Party consider that the following matters are of particular importance:

- (a) continuing education for General Practitioners on an organised basis;
- (b) development and co-ordination of health education activities;
- (c) encouragement of Group Practice;
- (d) deputising services;
- (e) provision of a National Formulary;

- (f) liaison between the Public Health medical services and the General Practitioner;
- (g) close association of the institutional care, the health centre and the welfare home facilities and the voluntary organisations;
- (h) registration of Private Nursing Homes;
- (i) examination of the role and functioning of hospital out-patient departments;
- (j) setting up of a sub-committee to consider the whole question of community accident and emergency services;
- (k) standards of hygiene and safety for swimming pools;
- (l) appointment of a police doctor for each police area;
- (m) compulsory medical certification of the cause of death."

Dr. Mahon gave a resume of the thinking of the Working Party in arriving at its conclusions. The question of the employment of the Public Health Nurse in relation to general practice was also discussed, as was a suggestion by Dr. Walker that a simple range of diagnostic facilities including X-ray might be of value and save time if available at selected Health Centres. Dr. Doyle referred to the "Irish eating themselves to death" and suggested that expert dietetic advice should be available to general practitioners. Drs. Meade, McCormick and Cullen and Mr. Harrington contributed to the debate, following which the following motion proposed by Cllr. D. Browne, seconded by Cllr. T. Hand, was unanimously adopted:

"Propose that report of the Working Party be adopted and forwarded to the Ministers for Health and Justice."

#### 150/74 DEVELOPMENT OF THE PSYCHIATRIC SERVICES

The following Report No. 54/1974 from the Chief Executive Officer was submitted:—

##### " *Warrenstown House*

The Board at its meeting held on 1st November, 1973 adopted Report No. 114/73 which recommended the establishment of a residential centre for emotionally disturbed children at Warrenstown House. The Board's professional advisers have been engaged in preparing an adaptation and

improvement scheme and the Board's Architect has reported that the total cost of the scheme is estimated at £63,000. The Minister for Education has agreed to meet the cost of providing school facilities which will form an integral part of the programme. These facilities are estimated to cost an additional £15,000.

Dublin Corporation has been requested to grant a long-term lease of the property and subject to the Corporation's agreement to this request, the necessary ministerial approvals and the availability of finance, it is proposed to proceed with this project. It is estimated that the scheme should be completed and the property ready for occupation by September, 1975. A number of trainee Child Therapists are at present undergoing a course of training with a view to taking up positions in the centre.

The Clinical Director, Child Psychiatric Service, is satisfied that the property, suitably adopted, will be far superior to modern purpose-built accommodation insofar as it will offer a home-like, non-institutional environment.

*St. Loman's Hospital—Installation of Fire Protection,  
Telephone and Emergency Lighting Systems*

The fire alarm at St. Loman's Hospital consists of one break-glass unit and one siren, both located at the hospital boilerhouse. These arrangements fall far short of modern practice. Telephone arrangements consist of a Post Office (P.B.X.) system providing four outside lines and a separate internal (P.A.X.) system for internal communication. These arrangements are no longer adequate to meet the needs of the service. Emergency lighting is non-existent.

Following on a Report from the Board's Fire Officer a Consulting Engineer has carried out a survey of the above systems and has submitted his report and recommendations thereon.

The recommendations provide for:—

- (a) The installation of an Early Warning fire alarm system comprising automatic detectors and break-glass units in selected positions throughout the building complex, magnetic fire doors in appropriate locations, and indicator panels controlled from a central point where 24-hour cover can be provided. This system is estimated to cost £58,500.
- (b) The replacement of existing telephone systems by a P.A.B.X. system having a capacity for 20 exchange lines and 100 extensions. This system would provide

external and internal communication simply by dialling the outside number or internal extension required and incoming telephone calls could be relayed as between extensions in the same manner. The system would have several advantages, not least of which would be the elimination of long delays in obtaining outside calls, and internal connections. From the point of view of General Medical Practitioners and the general public the new system and increased number of external lines provided for would ensure a satisfactory service. The estimated cost of purchase and installation is £12,200.

- (c) Replacement of existing generator by a 400 KVA automatic mains failure diesel generator capable of serving the full building load and designed to operate automatically within seconds of power supply failure. This generator and associated wiring is estimated to cost £31,000. A smaller generator giving 100% lighting and partial power is estimated to cost £24,000. However, the operation of the latter system would not be automatic (insofar as it would be necessary to have an electrician on hand to shed part of the power load). This factor, together with the relatively small difference in cost, suggests acceptance of the recommendation providing for an automatic system giving 100% power.

The Consulting Engineer's report has been submitted to the Department of Health for approval and, subject to the Minister's approval and the availability of finance, it is proposed to carry out the scheme as outlined above."

After a general discussion the following motion proposed by Mr. Corrigan and seconded by Mr. Ruane was unanimously adopted:

"That Report No. 54/1974 be approved in principle."

151/74            DUBLIN CITY LOCAL HEALTH  
COMMITTEE—VACANCY FOR VOL. ORGANISATION  
REP.

It was agreed to defer this item to the next meeting to give the Dublin Corporation representatives sufficient time to consider a nominee.

## 152/74 EMERGENCY SERVICES, BALLYMUN

The following Report No. 55/1974 from the Chief Executive Officer was submitted:—

" The Board has considered representations for the establishment of Emergency Service units in Residential areas—see Reports 24/1971 and 36/1971 attached. The difficulties which would arise in the operation of these units are outlined in these reports.

It would not seem practicable to consider the needs of Ballymun in isolation from the needs of other areas such as Coolock or Tallaght. In view of the complexity of the problems involved I would suggest that the Board set up a small Working Party to investigate this matter. This would enable officers of this Board to have the advice and assistance of professional members of the Board with knowledge of the implications of the proposed units for the General Practitioner, Hospital and Nursing service."

Cllr. Mrs. Glenn explained that she had been at a meeting that day and that the provision of a hospital at Beaumont would not solve the current problem, as she had learned that the time scale for the Beaumont Hospital was approximately twenty years. After a short discussion the following motion was proposed by Mrs. Glenn seconded by Cllr. Browne and unanimously agreed:

" Propose that Report No. 55/1974 be adopted and that a working party be set up."

The selection of the Working Party referred to in the Report would be made at the January meeting.

153/74 GENERAL MEDICAL SERVICES  
REGISTER—PROCEDURES

The following Report No. 58/1974 from the Chief Executive Officer was submitted:—

*" Motion Agreed at Meeting of the Board held on Thursday, 1th November, 1974*

' In view of considerable delays at the Medical Card Section in dealing with current applications, that the Eastern Health Board ask the Executive to provide, at the December meeting, a plan to more speedily POH effectively handle the volume of applications, by (a) increasing staff numbers at

this section, if required, and (b) alerting the public to the essential requirements for eligibility in a positive public relations effort, to avoid unnecessary applications.'

*Report*

In the past twelve months a total of 75,000 applications for medical cards have been received and processed at the Board's offices at 1 James's Street. Of this number 30,000 were new applications and 45,000 were from persons seeking renewal of their cards.

There is an unavoidable interval between the date on which an application is received by **the** Board and the date on which a medical card is issued to an eligible person.

In the processing of new applications up to thirteen procedures may be necessary, viz.:—

1. Sorting, checking if applicant is already holder of medical card, numbering, distribution to officers for examination.
2. Inquiry to Department of Social Welfare.
3. Issue to applicant of certificate of income.
4. Await return of completed certificate.
5. Investigation by Inquiry Officer where necessary. Await report from Inquiry Officer. Await certificate of income issued by Inquiry Officer.
6. Decision on eligibility — decisions made daily as procedures 1-5 are completed.
7. Computer Section notified of decision at 6.
8. Computer Section notifies applicant that he is eligible, sends panel of doctors and requests applicant to choose a doctor.
9. Applicant sees doctor to get his acceptance.
10. If doctor accepts, applicant returns acceptance form to Board's offices.
11. Doctor's Code Number entered on acceptance form.
12. Acceptance form returned to Computer Section.
13. Medical card issued by Computer Section.

Applicants for medical cards can be classified as follows:—

1. Persons who are, without any check, obviously eligible, e.g., persons with non-contributory Old Age Pension or non-contributory Widows Pension.
2. Persons who claim they are in receipt of Social Welfare Benefit where a telephone call to the Department of Social Welfare quoting the person's insurance number is sufficient to establish that they are in receipt of benefit and whether it is or likely to be "Long Duration."
3. Persons who are in employment and who must be asked to obtain from their employer a certificate of income.
4. Persons whose forms are incomplete or whose income is vaguely stated or persons who have house property or investments. Applications from such persons are usually referred to the Inquiry Officer for a factual report on circumstances.
5. Persons whose stated income and outgoings are such that in the absence of any special circumstances (set out on application form) they are obviously not eligible.

The maximum interval between date of receipt and date of notification in the cases of persons in category 5 is ten days and in the case of any person in categories 1 to 4 who is found to be not eligible it is sixteen days.

The explanation for the longer interval in relation to a person who is eligible for a medical card is that each such person must be offered choice of doctor. For this purpose the person is sent a list of doctors and an acceptance form. Having chosen his doctor the person brings the acceptance form to the doctor, who, if he is prepared to accept the person on his panel, signs the acceptance form. The person then returns to this office the completed acceptance form. It is at this stage that the medical card can be issued.

The General Medical Services (Payments) Board, which is responsible for the processing and payment of claims submitted by doctors and pharmacists in respect of services/medicines provided for eligible persons, uses the computer for calculating the amounts due to doctors and pharmacists. For this purpose considerable coding is necessary to ensure, amongst other things, that each doctor is paid at the correct rate for services given to persons on his panel.

In relation to the processing of medical cards it was decided last year that having regard to the volume of applications and the extent of the various procedures involved, it was much more expeditious and economic to have the procedures carried out by the computer. While the best possible arrangement was made with Central Data Processing Services it takes, on average, up to 23 days from the date the computer issues the notification of eligibility/list of Doctors/acceptance form to the person to the date on which the person receives the medical card. The 23 days includes, on average, a period of 7 days taken by the person to select his doctor, have the acceptance form signed by the doctor and to return the completed form to this office.

The provisions of the Choice of Doctor Scheme enables each participating doctor, as soon as he accepts a patient, to provide any necessary medical services (including medicines) for the person pending the formal issue of the medical card.

*Alerting the Public to the Essential Requirements for Eligibility in a Positive Public Relations Effort, to Avoid Unnecessary Applications.*

While the bulk of applications for medical cards are received at 1 James's Street through the post, a supply of application forms, certificate of income forms and copies of the guidelines for determination of eligibility is available at the Board's Information Centres at 49/51 Phibsboro' Road, 99/101 Patrick Street, Dun Laoghaire; 191 Pearse Street, Dublin, and at 14 of the Health Centres (in Dublin) where receptionists are on duty. The Health Centres are so located that they are convenient for most people. Persons who wish to apply for a medical card may call to the receptionist at the nearest Health Centre. She will give them the appropriate forms, advise them of the guidelines and assist them if necessary in regard to the completion of the forms. She will also offer to receive and forward quickly to the Board's offices the completed forms. This arrangement will not only be a convenient one for the public at local level, it will ensure that forms are fully completed when they arrive at the central office and thus speed up the processing of applications.

It is proposed to give maximum publicity to the above facilities when the revised guidelines are adopted by the Board at its January meeting.

It would be feasible to acknowledge receipt of each application for a medical card but it would add a further procedure to the processing of applications. The cost of postage would be approximately £2,200 a year.

In regard to the suggestion that temporary facilities (such as medicines) might be made available while the application for a medical card is being examined, the position is that this would not be in compliance with the provisions of the Health Act, 1970. Apart from this the availability of such facilities could lead to abuses because a considerable number of persons who apply (a) are not eligible even on stated income, (b) are found to be not eligible when the certificate of income is received, and (c) do not confirm their income and are therefore deemed to be ineligible.

As the accommodation sub-committee of the Board is aware, the staff dealing with medical cards and the Choice of Doctor Scheme work in separate offices and are operating in unsatisfactory conditions. New and more commodious offices have been acquired at Emmet House, Thomas Street, Dublin, and the entire General Medical Services staff will be moved to these offices shortly, where it will be possible to introduce better work-flow arrangements and improve over-seeing of the entire operation."

After a wide-ranging discussion to which Alderman A. Fitzgerald, Cllr. Durning, Dr. McCormick, Mrs. Glenn, Dr. Meade, Cllr. Brady, Cllr. Sweeney and the Chairman contributed, it was agreed that Mr. Dunne would prepare a type of receipt for issue when applications were made and that a report on the progress being made should be submitted for the information of the Board at the February meeting.

Many members paid tribute to Mr. Dunne and his Section for the manner in which they dealt with urgent applications.

154/74

#### MARLAY HOUSE

The following Report No. 56/1974 from the Chief Executive Officer was submitted:—

" Following a discussion at the Board meeting held on 3rd October, 1974, the question of using Marlay House as a residential centre for emotionally disturbed children has been

re-examined. The estimated cost of adapting the property as furnished by the Architect on 8th April, 1974, is as follows:—

Mechanical Services	£18,000	
Electrical Services	£15,000	
		£33,000
Building works, repairs, alterations to entrance, basement reconstruction, tarmac, etc.		£30,000
		£63,000

The above estimate does not provide for the elimination of dampness and any dry rot infection, the extent of which could not be assessed pending detailed examination. It is understood that the cost of dry rot eradication and external plastering would add considerably to the estimated cost as set out above.

The total area of the building at ground floor and first floor levels is approximately 5,800 sq. ft. A modern building of comparable size would be more than adequate to meet all the space requirements (day rooms, play space, classrooms, dormitories, consulting rooms, kitchen, dining, food and general storage, toilets and washrooms) of a residential unit of this nature. However, the general lay-out does not lend itself to economic space usage and kitchen, dining and ancillary facilities would have to be located in the basement. This area is dark, has low ceilings and, generally, presents a dungeon-like appearance which, it is understood, would not be significantly improved by repair and decoration.

Dublin Co. Council has indicated that it desires to have the building preserved and would be prepared to give favourable consideration to any proposals the Board might wish to make in relation to the term of lease. The original proposal was for a term of 5 years. Even if the Council were to agree to a long-term leasing arrangement and a substantial reduction in the proposed rent of £5,750, these reliefs would be marginal and would not overcome the larger problems of high initial cost and unsatisfactory lay-out.

Marlay Park would be an ideal location for a unit of this type. However, it will be clear from the foregoing information that the cost of converting Marlay House to provide a suitable unit for emotionally disturbed children would be very substantial and is likely to exceed the cost of providing a purpose-built unit and there *can*, be no doubt that a purpose-built unit

would give a far better return in terms of years of usage, and maintenance costs would be lower. There have been requests for the preservation of Marlay House. I do not know if this is feasible or what the cost might be if feasible. However, the use of the building by emotionally disturbed children could conflict with the desire to preserve because of possible damage to the building.

Accordingly, I would suggest that the proposal to convert Marlay House into a unit for emotionally disturbed children be not proceeded with but that the Dublin County Council be asked to provide a site for the provision of a purpose-built unit in Marlay Park."

Following a discussion on the possibility of using Marlay House for some other purposes, Mr. Keyes replied to the debate and it was agreed unanimously that the report be noted.

155/74

## CORRESPONDENCE

- (1) Letter from AIM Group dated 5/11/1974 to the Board's Chairman was read and was noted.
- (2) Letter from Dublin County Council dated 25th November, 1974, requesting the Board to carry out its public assistance functions for the year ending 31st December, 1975, was read and the request agreed to.
- (3) Letter from Department of Health dated 28th November, 1974 regarding Sheltered Workshops (Working Party) was read and noted.

The meeting concluded at 8.30 p.m.

CORRECT:

E. O CAOIMH,

*Chief Executive Officer*Signed: *Chairman.*