

EASTERN HEALTH BOARD

Minutes of proceedings of Monthly Meeting
of the Eastern Health Board held in
the Boardroom, St Brendan's Hospital on
Thursday 6 October 1983 at 6.00 pm.

PRESENT

Ald B Ahern TD
Dr J D Behan
Cllr L Belton
Dr B Bonar
Cllr D Browne
Dr M Butler
Cllr M Carroll
Mrs D Clune
Prof J S Doyle
Dr R J Draper
Cllr B J Durkan TD
Mr P Finegan
Ald A FitzGerald
Cllr Mrs E Fitzgerald

Cllr M Freehill
Mr J Gahan
Cllr Mrs A Glenn TD
Cllr A Groome
Cllr T Hand
Dr R Hawkins
Cllr F Hynes
Mr D Kane
Dr D I Keane
Dr P Powell
Cllr E Stagg
Cllr J Sweeney
Cllr W Willoughby

APOLOGIES:

Cllr P Hickey Dr J Buttimer

IN THE CHAIR

Cllr Mrs A Glenn TD

OFFICERS IN ATTENDANCE

Mr P B Segrave, Chief Executive Officer
Mr F J Donohue, Programme Manager, Community Care
Mr T P Keyes, Programme Manager, Special Hospital Care
Mr K J Hickey, Programme Manager, General Hospital Care
Mr J F Reynolds, Finance Officer
Mr L P Kavanagh, Personnel Officer
Mr J N McNee, Management Services Officer
Prof B O'Donnell, Dublin Medical Officer of Health
Mr M J O'Connor, Senior Executive Officer, Secretariat

100/83

CONDOLENCES

The Chairman informed the members of the recent deaths of

- (i) Miss Denise Flanagan, Maid, St Brendan's Hospital
- (ii) Miss Noreen Hannon, Nurse, St Loman's Hospital
- (iii) John Temple a former member of the Board and a County Councillor for Co Wicklow
- (iv) The brother of James Reidy, Section Officer, St Brendan's Hospital
- (v) The mother of John Kennedy, Assistant Section Officer, Transport Section
- (vi) Patrick Tierney, Former Charge Nurse, St Ita's Hospital
- (vii) Mrs Kitty Burke, Wife of Mr P J Burke, former member of the Board
- (viii) Dr J P Cunniffe, General Practitioner, Bray.

The members stood in silence as a mark of respect to the deceased.

101/83

CONFIRMATION OF MINUTES OF MONTHLY MEETING HELD ON 1
SEPTEMBER 1883

The minutes, having been circulated, were confirmed on a proposal by Cllr Sweeney, seconded by Cllr Hynes.

102/83

CHIEF EXECUTIVE OFFICER'S REPORT

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

- (i) 'I have circulated to the members details of a conference on fire safety in hospitals and nursing homes which has been arranged by the Fire Prevention Council for Tuesday 25 October 1983 in Jury's Hotel. Members who wish to attend should give their names to myself or Mr O'Connor so that the necessary booking forms may be returned to the Fire Prevention Council.'
- (ii) Proposed out-patient clinics in Tailaght

The present position regarding the above is as follow:-

(a) Discussions are in progress with the three hospitals involved i.e. Meath, Adelaide and the National Children's Hospital and with their consultant medical staffs concerning the particular clinics which it will be possible to establish in Tailaght.

(b) Negotiations are in train with Dublin Corporation and Dublin County Council in relation to a site on which it is proposed to provide a system-built unit to house the clinics.

Positive progress is being made in the two areas mentioned above. A number of meetings have been held recently and discussions are continuing with a view to putting together a comprehensive proposal for approval and implementation.'

Cllr Carroll referred to situations in which information of this type is available to agencies other than the health board before health board members become aware of it.

The Chief Executive Officer, in reply, stated that he recognized that difficulties exist in this area, that it was inevitable having regard to the numbers of agencies involved in the provision of health services in the Dublin area and that he would like to see developments which would terminate this type of problem.

103/83

PROCEEDINGS OF VISITING COMMITTEES

The reports of the following visiting Committee meetings, having been circulated, were dealt with as follows:-

- (i) No 1 Visiting Committee meeting held at District Hospital Baltinglass on 15 September 1983.
On a proposal by Cllr Sweeney, seconded by Cllr Hynes, the report was noted. On the suggestion of Cllr Sweeney it was agreed to convey the Board's appreciation to the voluntary committee in Baltinglass which had raised in excess of £30,000 towards the cost of the new Day Care Unit.
- (ii) Community Care Visiting Committee meeting held at 11/13 Clonskeagh Road (Area 2) on 16 September 1983. On a proposal by Cllr Hynes, seconded by Ald FitzGerald the report was noted.

Following a discussion, to which Ald FitzGerald, Cllrs Stagg, Mrs Fitzgerald, Hand, Hynes, Drs Hawkins, Behan, Powell and Mrs Bonar contributed, it was agreed that the Committee on Support Systems for Unwanted Pregnancies should be re-convened to review the implementation of its recommendations.

104/83

PROCESSING OF APPLICATIONS FOR GRANTS UNDER SECTION 66 OF HEALTH ACT, 1963

Following a discussion to which Dr Behan, Cllrs Stagg, Hand, Hynes, Browne and Durkan and Dr Powell contributed and to which the Chief Executive Officer replied, it was agreed that quarterly statements of grants paid under Section 65 of the Health Act, 1953 would be submitted to the Board.

108/83

CENTRE CITY HOSPITAL AND OTHER SERVICES

The following report no. 16/1883 from the Chief Executive Officer

This report arises from Ald A FitzGerald's motion which was agreed at the September meeting of our Board. It outlines the main elements of the General Hospital plan for the Dublin area and deals briefly with the main implications of the plan for the organisation of services with particular reference to the emergency services and the treatment services for drug abusers.

General Hospital Plan

2. 2.1.

The plan for future hospital services in the Eastern Health Board area is based on the principle of delivery of services to defined populations within six catchment areas, as follows:

Hospital	Population Mid 90s	Catchment Area
1. Mater Hospital	200,000	North Central Area Of Dublin City
2. Beaumont Hospital	200,000	North East Dublin City & County
3. James Connolly Memorial Hospital	150,000	North West Dublin, City & County, Parts of North Kildare
4. St James's Hospital	200,000	South Central Area of Dublin City
5. Tallaght Hospital in association with Naas Hospital	320,000	South West Dublin, City & County, Remainder of Kildare, West Wicklow
6. St Vincent's Hospital in association with St Columcille's and St Michael's Hospitals	330,000	South East Dublin City & County and East Wicklow

The new hospital at Beaumont is nearing completion and phased construction work is in progress on the development of the Mater and St James's Hospitals. Planning is under way for the development at James Connolly Memorial and St Vincent's Hospitals and for the new hospital at Tallaght.

The plan announced by the Minister for Health in 1974 involves a fundamental re-organisation of the general hospital system in the Dublin area resulting in the transfer of services which have been traditionally provided at a number of hospitals in the city to the six major hospitals at present in course of development or being planned to meet the needs of the mid -1990s onwards. On the north side of the Liffey the services provided at Jervis Street Hospital and St Laurence's Hospital are due to transfer to the new hospital at Beaumont in mid -1985. On the South side the services at Sir Patrick Dun's Hospital, Mercer's Hospital (closed May 1983), Royal City of Dublin, Hospital Baggot Street, are scheduled for transfer to the developed St James's Hospital. The Meath and Adelaide Hospitals will in due course transfer to the new hospital at Tallaght. The services at Dr Steeven's Hospital are planned to transfer partially to St James's Hospital with the remainder (the regional orthopaedic service) going to Tallaght Hospital.

The provision of services in the two largest population catchment areas will be organised on a joint basis i.e. between Tallaght and Naas Hospitals and also between St Vincent's, St Columcille's and St Michael's Hospitals.

The maternity, childrens' and other specialist hospitals are not included in the scope of this report. The general hospital position both before, and after the full implementation of the plan is shown in Appendix A.

The general hospital plan for the Dublin area was based on a number of considerations:

(i) The existing general hospital system had its origins in the early 18th century, ten of the fourteen general hospitals serving the Dublin area being located in the inner city area. Many of the existing hospitals required replacement if a modern standard of accommodation and facilities were to be achieved.

(ii) Advances in medical science and technology and the consequent investment requirements in terms of accommodation equipment and manpower resources dictated that services should be concentrated in fewer, larger hospitals with a wide range of specialties and facilities. In relation to highly specialised services the approach taken was that hospitals must complement each other to ensure a comprehensive range of services. Unnecessary duplication of highly qualified personnel and scarce resources was to be avoided whilst at the same time achieving the highest possible standard of service and the best utilization of resources. The decisions taken by the Minister for Health in 1980 in relation to the development and allocation of specialist services in the major Dublin Hospitals of the future are reflected in the planning for each of these hospitals. Some specialties in each hospital will be provided on a regional rather than on a hospital catchment area basis.

(iii) The rapid expansion in population resulting from the establishment of major new growth centres on the periphery of the city area. These new centres of population had to be catered for by bringing the hospital services as near as possible to the population to be served.

(iv) The general hospitals of the future would serve a specific population catchment area and would be one element of an integrated range of health services for that population.

Members have drawn attention to the fact that the implementation of the Dublin hospital plan will result in fewer hospitals and beds in the inner city area and this undoubtedly will be the case. However, two hospitals, the Mater and St James's are being developed under the plan and will have responsibility for the provision of services for the inner city areas north and south of the Liffey respectively. The development of these hospitals has been planned on the basis of the projected population of their catchment areas.

Future organisation of services - implications of plan

Alderman RtzGerald's motion raised questions in relation to two specific services at present provided at Jervis Street Hospital, i.e. accident and emergency service and the drug centre respectively. The provision of both of these services will require to be re-organised following the transfer of Jervis Street Hospital to the new hospital at Beaumont.

Taking the drug centre first, the present situation is that the National Drugs Advisory and Treatment Centre at Jervis Street Hospital offers a treatment and advisory service to drug abusers and their families. The unit was opened in 1970 as an out-patient clinic and in 1975 a detoxification unit with a complement of 9 beds was provided.

This unit, which is the central core of a range of services for drug abusers, works closely with Coolmine Therapeutic Community, Ushers Island and the Rutland Centre, for the long-term rehabilitation of drug dependants. It is in poor condition and is due to transfer to Beaumont when the new hospital opens there. However, it will be noted that one of the recent decisions of the Government following a recommendation from its Task Force, is to provide a new purpose-built out-patient facility on the site of the existing unit at Jervis Street, it will also be noted that the Government has decided that an in-patient unit should be provided at St James's Hospital to deal with the south city. A number of beds will be set aside at Beaumont to cater for the north city and the proposed new out-patient unit at Jervis Street will link with these two bed-units. In addition to providing a walk-in service the Jervis Street unit will provide a range of assessment services.

The casualty departments at the various hospitals deal with a large volume of out-patient attendances nearly half of which consist of return visits by patients. The convenience of such out-patients is of course best served if the hospital is reasonably proximate to where they live or work.

The more serious accident and emergency cases, which generally arrive by ambulance as a result of calls initiated through the '999' emergency telephone system, account for approximately 10% of the overall workload of casualty departments. However it is this particular segment of the workload which requires the immediate availability of skilled personnel and back-up facilities and beds for the treatment of patients. This workload is shared between a number of Dublin Hospitals on an agreed rota basis for the north city and south city respectively. Our Board assumed responsibility for the organisation and co-ordination of this scheme in 1982. Representatives of all participating hospitals, both management, medical and nursing, together with representatives from the ambulance service, meet regularly under the chairmanship of the General Hospitals Programme Manager to review¹ the operation of the scheme.

One of the four existing north city hospitals covers each 24-hour period and is responsible for the reception and admission of emergency ambulance cases, it will be noted that at present James Connolly Memorial Hospital, Blanchardstown has, in its turn, sole responsibility for handling accident and emergency ambulance cases in the whole of the north city area when 'on-call'.

A special cardiac ambulance service, operated by our Board, is tied in with the accident and emergency rota scheme but with appropriate flexibility in relation to hospital referral.

When the new hospital at Beaumont comes into operation the number of hospitals participating in the north city accident and emergency rota will be reduced to three. An appropriate revision in the on-call roster will be necessary and will have to take account of various factors, particularly bed availability. Both the Mater and James Connolly Memorial Hospitals will need to be appropriately geared for the new situation, and this has yet to be planned in detail with the hospitals concerned and with the Department of Health. One of the considerations which will need to be included in this planning review is the question of having all three hospitals, particularly the Mater, geared to handle accident and emergency admissions continuously on weekdays, especially during hours of peak daytime activity.

Questions were raised by members regarding the time-table of developments at the Mater Hospital. The present position as indicated by the Department of Health, is that the first stage of Phase 1 of the development is well advanced. This involves construction work for the provision of 360 beds which are due to be completed and ready for commissioning early in 1986. The second stage of Phase 1 of the development comprises the provision of new accident and emergency and out-patients departments and also diagnostic facilities. Detailed planning for this is on-going and completion of construction is expected in 1989. 3.4. The plan for the development of general hospital services in the Dublin areas involves a major departure from tradition for many people, hospital staffs, general practitioners, and not least for the public who seek services as hospital out-patients or in-patients. A number of our oldest and most respected hospitals will be affected but the traditional high standards of service built up over the years, will, no doubt, be carried on in their new environments.

Adjustments will be required in patterns of behaviour which have existed for generations. The successful implementation of the catchment area concept with each hospital responsible for serving a particular segment of the population will require much effort and a co-ordinated approach. Apart from problems of co-ordination as between one hospital and another, each hospital within its own catchment area should operate as one component of a comprehensive and integrated range of health care service for that particular population. This will call for the development of the utmost cohesion between the general hospital services and other services which are provided mainly by our Board, i.e. community care, special hospitals, long stay and chronic care services. The development of appropriate relationships with the general hospitals at Board and management levels, and between professional staffs, will be necessary.

The planning and delivery of such services requires a balanced approach taking account of priority needs within and between the different services.

The general hospitals plan for Dublin will take a number of years to come to fruition. The planning environment can change over time. Planning should be a dynamic rather than a static process, requiring continuous up-date and review. It requires to contain within it a mechanism for ensuring that the various forces and components in the system operate in a consistent and cohesive manner to bring about successful implementation of the plan.

Our Board's formal involvement in the formulation of the plan, and in its on-going review, has, at best, been sporadic. This is in contrast to our involvement in the planning and delivery of the other services, the development of which should not be planned in isolation from the general hospital services.

Our Board's decision at its last meeting to request a joint review of the general hospital plan has been conveyed to the Department of Health. Perhaps such a review should be concerned with the types of issues outlined above.

Appendix A.

DUBLIN CITY HOSPITALS POSITION
BEFORE IMPLEMENTATION OF PLAN

	HOSPITAL	BEDS
NORTH DUBLIN	Mater	456
	Jervis Street	334
	St Laurence's	386
	James Connolly Memorial	436
SOUTH DUBLIN	St James's	909
	Meath	267
	Adelaide	182
	Dr Steeven's	208
	Baggot Street	193
	Sir Patrick Dun's	172
	Mercers	124
	St Vincent's	500

POSITION AFTER FULL IMPLEMENTATION OF PLAN¹

	HOSPITAL BEDS	
NORTH DUBLIN	Mater	775
	Beaumont	730
	James Connolly Memorial	498
SOUTH DUBLIN	St James's	800
	Tallaght St	765
	Vincent's	700

¹Some of these figures may still be subject to minor adjustments.

Following a discussion, to which Ald FitzGerald, Dr Behen, Prof Doyle, Mr Finegan and Cllr Browne contributed, and to which the Chief Executive Officer replied, it was agreed that the Department of Health should be pressed to establish a review body to undertake the comprehensive review of the general hospital development programme and the general hospital service in the region, as agreed at the September meeting of the Board. It was also agreed to request the Minister for Health to consider the composition of the Board of Management of Beaumont Hospital and the representation of the Eastern Health Board on it. Dr Bohan drew the attention of the members to the commitment of the Minister for Health, when appointing the planning board for the hospital to give the Health Board a significant role in the Management Board for the hospital.

106/83

GOVERNMENT STATEMENT ON THE REPORT OF THE SPECIAL
GOVERNMENT TASK FORCE ON DRUG ABUSE

Following a discussion of the Government Statement on the Report of the Special Government Task Force on Drug Abuse to which Mrs Boner, Dr Behen, Cllr Mrs Fitzgerald, Cllr Freehill, Dr Draper, Dr Butler, Dr Powell and the Chairman contributed and to which the Chief Executive Officer replied it was agreed that it should be suggested to the Department of Health that the coordination of the health aspects of the drug abuse problem should be the responsibility of the health board

107/83

NOMINATIONS FOR APPOINTMENT TO BEAUMONT HOSPITAL BOARD AND ST
JAMES'S HOSPITAL BOARD

The following report no. 17/1983 from the Chief Executive Officer was submitted

(i) Beaumont Hospital Board

Beaumont Hospital Board, prior to commissioning day, consists of fourteen members appointed by the Minister.

Nine of the members shall be appointed by the Minister as follows:-

- (a) two on the nomination of the Eastern Health Board
- (b) three on the nomination of the Board of Governors of St Laurence's Hospital, Dublin
- (c) three on the nomination of the Committee of Management of the Charitable Infirmary, Jervis Street, Dublin
- (d) one on the nomination of the Royal College of Surgeons in Ireland.

The Eastern Health Board nominees to the Beaumont Board have been one Board member and one member of the Board's Management Team as follows:

Prof J S Doyle, whose period of appointment expires in July 1984
Mr J J Nolan, former Programme Manager, General Hospital Care.
Mr Nolan's term of office has expired

The nomination of persons for appointment to the Beaumont Hospital Board is a function of the Board.

(ii) St James's Hospital Board

- (1) The St James's Board consists of 20 members, appointed by the Minister for Health.
 - 10 on the nomination of the Eastern Health Board
 - 10 on the nomination of the Central Council of the Federated Dublin Voluntary Hospitals.
- (2) The following are the Eastern Health Board nominees on the Board at present:-

Dr J D Behan	Mr F Donohue
Cllr D Browne	Mr T Keyes
Cllr M Carroll	Mr J J Nolan
Dr P McCarthy	Prof B O'Donnell
Dr B Powell	
Cllr E Stagg	
- (3) It has been the practice of the Board to nominate six members of our Board and four members of our Board's Management Team to the Board of St James's Hospital.
- (4) As members of the St James's Hospital Board the term of office of Cllr Browne, Cllr Carroll, Cllr Stagg, Dr McCarthy, Dr Behan and Dr Powell expires in July 1984.
- (5) The term of office of the members of the Board's Management Team has now expired.

On the proposal of Cllr Carroll, seconded by Dr Behan, Mr K J Hickey

On a proposal of Cllr Carroll, seconded by Dr Behan, It was agreed that Mr Donohue, Mr Keyes and Mr Nolan should be re-nominated for appointment to the St James's Board for a further term and that Mr K J Hickey, Programme Manager, General Hospital Care, should be nominated for appointment to replace Prof B O'Donnell who did not wish to seek re-nomination

On the suggestion of Dr Behan It was agreed that the Board's representatives on the St. James's Hospital Board should submit a report twice yearly to the Hospital Board*

108/83

HOUSING, INCLUDING GROUP HOMES FOR THE ELDERLY AND CERTAIN DISADVANTAGED GROUPS

The following report no. 18/1983 from the Chief Executive Officer was submitted:-

1. The following motion in the name of Ald A FrtGerald was agreed at the September meeting of the Board:

That the appropriate Programme Manager prepare a report for the next Board meeting on the possibility of introducing a Loan Scheme for the development of group homes for the elderly in the community; this could be a major incentive towards development of homes of this kind and avoid the necessity for many elderly people of entering institutional care.'

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A suggestion by Dr Draper that the report should extend to cover other groups with particular needs was also agreed.

2. Capital Expenditure - Loans

Under Section 12 of the Housing Act. 1966, housing authorities are empowered to make loans to voluntary bodies in respect of the provision of housing accommodation. Under the terms of a Circular issued, the Department of the Environment in February 1979 (Circular BC 1 /79), it was provided that authorities may borrow from the Local Loans Fund in order to make loans to meet up to 90% of the approved capital value of dwellings for elderly persons. The necessary capital is provided in the allocation for house-purchase and improvement loans and supplementary housing grants. Loans are conditional on the authority being satisfied that the association is engaged in housing elderly people, at least 90% of whom would be otherwise eligible or potentially eligible for local authority housing or institutional care at public expense. In addition to the elderly, the loan scheme also extends to cover certain disadvantaged groups i.e. the handicapped, deserted wives, battered wives, unmarried mothers and families on approved waiting lists for approved local authority housing who could not reasonably be expected to secure adequate housing from their own resources, it is understood that the handicapped category was primarily intended to cover the physically handicapped but it is possible that the scheme could be extended to include those suffering from mental as well as physical disabilities.

Loans advanced under the scheme are generally repayable over a period of up to 30 years. In calculating the maximum amount of loans that may be advanced, costs of building, acquisition and development of site, legal and architectural/engineering charges and bridging finance may be reckoned. The Dublin Corporation in recent years have made or guaranteed loans ranging from £80,000 to £500,000 for projects under this scheme.

3. Grants

Section 19 of the Housing Act 1966, provides for the payment by the Minister for the Environment of grants to voluntary bodies for each separate dwelling provided for elderly persons together with grants towards the provision of accommodation for persons providing welfare or caretaker services for the elderly. At present the Department of the Environment pays grants of £1,000 for each dwelling together with £200 a room, up to a maximum of £1,000 for the provision of caretaker/welfare accommodation. Supplementary grants from the local authority are not payable in respect of accommodation which qualifies for these increased rates of grant. The levels of grant were fixed in 1979 and are currently under review.

4. Running Costs Subsidy

Under Section 12 of the 1966 Act, local authorities can also assist bodies engaged in the provision of accommodation for elderly persons by way of a periodic contribution. Where voluntary housing associations provide housing accommodation for elderly persons, the housing authority may make in respect of each dwelling annual periodic contributions of up to 50% of the estimated average weekly economic rent on each new local authority dwelling provided in their area in the proceeding year. The payment of the contribution may continue for up to 30 years, provided that the dwellings remain let to elderly persons and are properly maintained.

5. Promotion of Voluntary Housing Schemes

A number of voluntary, community, self-help and non-profit organisations have an established record of housing provisions and advice services for the elderly and other groups in various parts of the country. The Housing Centre, which has offices at 906 Liberty Hall, Dublin 1, was formed by members of various voluntary and cooperative associations to act as a source of information, guidance and encouragement for any voluntary housing group, particularly its officers or- committee members. The Centre receives some financial support from the Department of the Environment. Members may be interested in the information summary relating to the loan and grants scheme which is available to voluntary groups from the Housing Centre, a copy of which is attached to this report. In view of the loans and grants made available under the scheme operated by the Department of the Environment and the local Housing Authorities, it was decided that Health Boards would not in future give assistance towards the capital costs of special housing projects such as these. Health Boards can, of course, assist by providing a range of Community Care services e.g. nursing, home-help, meals on wheels services and, where appropriate, contributions towards the running costs of sheltered housing are made, usually by subsidising the incomes of residents to enable them to pay reasonable rents or other charges. Account is of course taken of the financial contribution of the local Housing Authority. It is also open to our Board under Section 65 of the Health Act 1953 to make a financial contribution towards the expenses of voluntary associations where the facilities or services being provided are similar to those which our Board might otherwise provide e.g. communal facilities in a sheltered housing scheme. Grants have been made under this provision towards capital costs in some instances.

The widest possible promotion of housing projects under the scheme described above would certainly be compatible with our Board's policy of reserving places in hospitals and home for those for whom institutional care is the only possible option. One of the criteria for the housing loans and grants scheme is that the persons housed would be potentially eligible for institutional care at public expense. A sheltered housing or group home environment would be the best solution for a number of persons in this category. There appears to be an emphasis in the scheme, however, on single housing units.

Another possibility under the scheme is that 10%, and possibly up to 25% of the places could be allocated to persons such as an elderly widow with a small fixed income who is living alone in her own house and who is finding it increasingly difficult to look after herself and to maintain the property. Voluntary and charitable associations and trusts elsewhere have devised schemes to cater for this particular need, generally on the basis that such persons invest the value of their asset in exchange for appropriate accommodation and care for the remainder of their lives.

It is understood that the development of the existing special housing loan and grant scheme in this and other respects is currently of interest to the Housing Centre and also to the National Council for the Aged. It is understood also that a review of the scheme by the Department of the Environment is pending at present.

The Housing Centre
Room 906 Liberty Hall, Dublin 1.
Tel. 725480

Capital loan and Rental Subsidy Scheme for Housing provided by Non-Profit
Voluntary Associations.

1) LOCAL ADMINISTRATION:

The loan and rental subsidy scheme is administered at local level by local housing authorities, e.g. county councils, borough corporations and urban districts, councils •

2) CATEGORIES OF HOUSING NEED:

The loan and rental subsidy scheme is available to non-profit/voluntary associations providing self-contained housing units including flats or apartments. The local authority must be satisfied that at least 75% of the house units are rented from time to time to the following categories of need: the elderly, the handicapped, deserted wives, battered wives, unmarried mothers and families on approved waiting lists for local authority houses who could not reasonably be expected to ensure adequate housing from their own resources.

3) CAPITAL LOAN:

Voluntary bodies or associations which obtained 'approved status' from the Department of the Environment can apply to the local authorities for a loan not exceeding 90% of the net cost of the provision of self-contained housing units by way of new buildings or improvements or conversion to existing buildings.

The cost of site acquisition and developments, professional fees and bridging finance can be included for loan application purposes.

The remaining 10% of the capital cost of providing units of accommodation would have to be made up by way of financial donations and contributions from the voluntary body.

It would be open to a voluntary body contributing a site or existing building to negotiate with a local authority as to the value such a provision should have in relation to the capital loan required for a housing project.

Where a voluntary body has already obtained building land free of charge or at a cost less than current market value the local authority's estimate of the current market value of the land may be reckoned when determining the loan amount.

Careful financial planning and early consultations with local authority officials are essential to ensure the success of a housing project.

4) RENTAL SUBSIDY:

To assist voluntary bodies towards meeting the full outgoings per house unit including loan repayments, interest charges, maintenance, insurance, etc., a rental subsidy is available. This is intended to supplement whatever rents can be collected from tenants or other contributions received. The maximum rental subsidy shall not exceed 75% of the economic rent of a new local authority house built in the same area in the year proceeding the date of the voluntary body's application for subsidy. (An increase in the maximum rental subsidy from 50% to 75% was announced in the 1982 Budget Debate but local authorities have not received sanction for paying higher subsidies yet). It will be necessary for the voluntary body to negotiate the size of rental subsidy available per unit each year.

The payment of the subsidy may be continued for up to 30 years provided houses remain let to the disadvantaged categories listed previously.

The linking of the maximum rental subsidy available to the economic rent levels of new local authority houses means that voluntary bodies can expect to be able to negotiate subsidy levels in line with rising costs each year.

However, it will be necessary to provide adequate information to the Local Authority about all outgoings per unit, including loan repayments, interest charges, maintenance costs, insurance charges, management services etc., and the estimated rent amount to be collected from tenants, so as to ensure the payment of a realistic level of subsidy. Arrangements should be negotiated to have the subsidy amount paid as instalments at regular intervals during each year so as to minimise deficits.

The rental subsidy is financed by way of 50% contribution recouped from the Department of the Environment and one third from local authority resources but arrears and payments are dealt with by the local authorities. (References: Department of Environment Circulars to Local Authorities: B.C. 5/18, B.C. 1/79)

OTHER FINANCIAL AIDS

Voluntary bodies providing house units which meet the technical and floor area specifications required can also obtain the £1,000 State Grant for each self-contained unit. Details of the technical regulations can be obtained from the Department of the Environment, State Grants Section, O'Connell Bridge House, Dublin 2.

Voluntary bodies should arrange that their technical advisors, architects etc., have an up to date awareness of regulations governing payments of grants and any local planning and bye-law requirements.

Obviously, particular regard to insulation standards and to fire precautions, escapes etc. is needed when dealing with the needs of the elderly and the handicapped.

6) DISABLED PERSONS GRANTS:

Voluntary bodies can qualify for grants to assist the provision of housing facilities for disabled persons including both physical and severe mental handicap or illness. The total grant amount available based on funding from the Department of the Environment and the local authority is currently £4,000.

7) CARETAKER/WELFARE ACCOMMODATION:

Grant aid is also available to voluntary bodies to assist with provision of caretaker/welfare accommodation. This is calculated on the basis of £200 per room up to a maximum of £1,000.

8) HEALTH BOARDS:

Health boards provide a range of community care services including, where appropriate, contributions towards the running costs of sheltered housing.

It would be open to a voluntary body or association to apply to the local health board for assistance but the total contributions from public funds cannot exceed any deficit on the current expenditure of the association.

9) APPROVED STATUS:

Voluntary bodies or associations considering an application for the capital loan and rental subsidy should first apply for 'approved status' to Housing Grants Section, O'Connell Bridge House, Dublin 2. It will be necessary to outline the aims, constitution, membership of the associations, its legal status, i.e., if registered as a company or society etc., and general information about services provided or projects envisaged.

THE HOUSING CENTRE

APRIL, 1982

A GUIDE TO HOUSING UNIT COSTS + RENTAL SUBSIDY FOR VOLUNTARY BODIES

Estimated total Cost per unit (incl. site)	State Grant	Net Balance	Vol. Body Capital Contribution 10*	Mortgage Required	Weekly Mortgage Repayment	Manufacturers Costs Mtce. / Insurance etc.	Total Outgoings per week	RENTS					
								LESS MAX. SUBSIDY BASED ON 75% OF ECONOMIC RENTS OF NEW LOCAL AUTHORITY HOUSES:					
								£ 50	£ 40	£ 30	£ 20		
								£ 37.50	£ 30	£ 22.50	£ 15		SUBSIDY
£ 20,000	1,000	19,000	1,900	17,100	43.80	5	48.80	11.30	18.80	26.30	33.80		
19,000	1,000	18,000	1,800	16,200	41.50	5	46.50	9.00	16.50	24.00	31.50		
18,000	1,000	17,000	1,750	15,300	39.19	5	44.19	6.69	14.19	21.64	29.19		
17,000	1,000	16,000	1,600	14,400	35.87	5	41.87	4.37	11.87	21.37	26.87		
16,000	1,000	15,000	1,500	13,500	34.57	5	39.57	2.07	9.57	17.07	24.57		
15,000	1,000	14,000	1,400	12,600	32.27	5	37.27		7.27	14.77	22.27		
14,000	1,000	13,000	1,300	11,700	29.96	5	34.96		4.96	12.46	19.96		
13,000	1,000	12,000	1,200	10,800	27.63	5	32.68		2.68	10.18	17.68		
12,000	1,000	11,000	1,100	9,900	25.35	5	30.35		.35	7.85	15.35		
11,000	1,000	10,000	1,000	9,000	23.05	5	28.05			5.55	13.05		
10,000	1,000	9,000	900	8,100	20.75	5	25.75			3.25	10.75		
9,000	1,000	8,000	800	7,200	18.44	5	23.44			.94	8.44		
8,000	1,000	7,000	700	6,300	16.13	5	21.13				6.13		
7,000	1,000	6,000	600	5,400	13.83	5	18.83				3.83		
6,000	1,000	5,000	500	4,500	11.52	5	16.52				1.52		
5,000	1,000	4,000	400	3,600	9.20	5	14.20						

NOTIONAL
FIGURE

Following a discussion to which Cllr Willoughby, Dr Behan, Ald FitzGerald, Cllrs Durkan, Carroll and Sweeney and Dr Hawkins contributed it was agreed to note the report.

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PROCEEDINGS OF LOCAL COMMITTEES

The reports of the following- local committee meetings having been circulated, were dealt with as follows:-

- (0) Dublin City Local Committee meeting held on 15 August 1983.
On a proposal by Ald FitzGerald, seconded by Cllr Mrs Fitzgerald, the report was noted.

- (ii) Dublin County Local Committee meeting held on 8 September 1983. On a proposal by Cllr Carroll, seconded by Cllr Mrs Fitzgerald, the report was noted.

- (Hi) Dun Laoghaire Local Committee meeting held on 13 September 1983.
On a proposal by Cllr Mrs Fitzgerald, seconded by Cllr Willoughby, the report was noted.

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NOTICES OF MOTION

- (i) Following a discussion to which Cllrs Mrs Fitzgerald, and Freehill, Mr Finegan, Ald FitzGerald, Dr Hawkins, Dr Behan and Dr Powell contributed and to which the Chief Executive Officer replied it was agreed that the following motion which had been proposed by Cllr Mrs Fitzgerald and seconded by Dr Behan should be referred to the Law Agent for his advice.

That a comprehensive family planning service be developed by the Eastern Health Board and that the officers prepare a report on the options and requirements for developing such a service'.

- (ii) It was agreed that the second motion in the name of Cllr Mrs Fitzgerald should be deferred to the November meeting.

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CORRESPONDENCE

There was no correspondence

The meeting concluded at 9.16 pm.

CORRECT: P B Segrave
Chief Executive Officer