

## EASTERN HEALTH BOARD

Minutes of Proceedings of Special Board Meeting  
Held On  
Thursday, 16th November, 1989 at 6 p.m.  
In  
The Boardroom, St. Mary's Hospital, Chapelizod, Dublin 20.

### *PRESENT*

Sen. O. Bennett	Cllr. B. Briscoe. T.D.
Cllr. I. Callely, T.D.	air. M. Carroll
Dr. R. Corcoran	Mrs. D. Clune
Dr. P. Devitt	Cllr. J. Dillon Byrne
Cllr. P. Dunne	Ald. A. FitzGerald
Cllr. Dr. D. Gitzpatrick T.D.	Cllr. M. Gannon
Cllr. A. Glenn	Cllr. A. Gannon
Dr. R. Hawkins	Cllr. F. Hynes
Cllr. T. Keenan	Dr. P. McCarthy
Mr. G. McGuire	Cllr. C. Murphy
Ms. M. Nealon	Dr. J. O'Boyle
Dr. B. O'Herlihy	Cllr. J. Reilly

### *APOLOGIES*

Prof. J. S. Doyle, Cllr. C. Flood, T.D.

### IN THE CHAIR

Cllr. A. Groome

### *OFFICERS IN ATENDANCE*

Mr. K. Hickey, Chief Executive Officer  
Mr. J. Doyle, A/Programme Manager, Community Care  
Mr. S. O'Brien, A/Programme Manager, General Hospital Care  
Mr. M. Walsh, A/Programme Manager, Special Hospital Care  
Mr. N. McNee, Management Services Officer  
Mr. M. Gallagher, Finance Officer  
Ms. M. Kelly, A/Personnel Officer  
Mr. T. Meniman, Chief Assistant Technical Services Officer  
Mr. M. O'Connor, Secretary

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**SUSPENSION OF STANDING ORDERS**

On a proposal by Mr. McGuire, seconded by Cllr. Gannon, it was agreed to suspend standing orders to allow discussion on a report in the current issue of a medical newspaper regarding the closure of beds in St. Vincent's Hospital, Fairview.

Mr. Walsh, Programme Manager, Special Hospital Care informed the members that no decision had been taken by St Vincent's Hospital, Fairview to close any beds in the hospital. He stated that discussions are taking place with representatives of the Department of Health and that the item referred to did not include any comment from a representative of St. Vincent's Hospital.

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**BOARD PROPERTY**

The following report from the Chief Executive Officer was submitted:

The attached information details the extent of our Boards current estate and includes basic information such as address, area of land, area of land with buildings thereon, purpose of buildings and tenure. These details form the basis of a property or asset data base and at the present time we are arranging to load this information on to our computer based asset system.

This system allows for a broader approach to managing the assets and the additional information that will be required will be the in-surance reinstatement valuations, the open market valuation and a condition appraisal report for each unit

**Estate Management - Objectives**

For many years our Board has been aware of the valuable resource that their estate represents.

It is timely to realise the importance of that asset and to properly manage the affairs of the estate to the benefit of the Board.

The prime objective of the Estate Management Section is to firstly categorise and document the entire Estate of the Board. Secondly it is to identify those properties and lands that may be underused and surplus to the present or foreseeable future service requirements. The identification of surplus or underused properties is not primarily for the purpose of disposal but more importantly to stimulate a review of how best this property could help to provide assistance in any form to the betterment of our services.

It has to be recognised that some of our present facilities are quite old and less than suitable for their current use. At the same time having old buildings may prove advantageous in that they are likely in some areas to be located in more prime positions and may have a value equal to or perhaps greater than the cost of providing a more modern facility nearer the client base.

Since the formation of the Eastern Health Board in 1971 there has been a dramatic expansion throughout the suburbs of Dublin and into parts of Kildare and Wicklow. In nearly all cases this expansion has resulted in large local authority and private housing developments on the fringes of some villages and the population in our Board's area is now almost 1.3 million. There will be a continuous need to locate as close as possible to our client base and the reappraisal of our present facilities through careful strategic planning can play a significant role in this regard.

On the broader scale of managing the estate our land bank, in particular, is considerable, and we must evaluate and maximise the potential of some of these lands inasmuch as zoning and draft development plans may influence the value of some lands.

### Tenure

Reference in this report is made only to Tenure i.e. Freehold or Leasehold. Unless properties have been acquired in the past 25 years or so the likelihood is that the vast majority of our estate is not registered in the Land Registry.

There is continuous ongoing research into our title documents and the long term objective is to have all the Boards estates registered in three main folios: Dublin, Wicklow and Kildare. Registration of our estate is not an urgent requirement but it is an important element in a comprehensive estate data base inasmuch as property registered and available title to any property can significantly short circuit closing dates when properties are being disposed of.

### Property Market Trends

In the past year in particular, the property market has risen considerably in our Board's area, perhaps more so than elsewhere. There are many reasons for this, one of which is the possible impact of Single European market in 1992. It is known that many large overseas investors, mindful of the huge costs associated with other major cities such as London, have purchased sizeable land banks and office accommodation in the Dublin area. It is suggested that these investors are speculating on the basis that they might purchase and develop now at a lesser level than elsewhere, and take advantage of probable high rents after 1992. This is probably correct but it has to be borne in mind that if rents and property prices rise significantly at that time then so, too, will the cost of development and construction.

Perhaps one of the more notable examples of market trends and how timing becomes significant was our disposal in May of this year of the lands at Navan Road. Indications are that had we delayed until, say, September 1989, the price level would have been considerably less.

In general it is very important that we keep appraised of the property market so as to maximise our benefit of any future disposals and, equally as important, future acquisitions.

### Conclusion

The provision of this information with details of our current stock is an important development in the management of our services. Service to our community is the most important role of the Eastern Health Board and realising the resource that is our estate, managing and maximising the use of that resource should be part of overall Board and management policy so as to effectively and continuously improve our level of service to the community.

It is not, and never has been, our Board's policy to dispose of property simply for the sake of short term capital gain and certainly not to bridge any deficit in current revenue expenditure. It is the clear policy and directive to the Estate Management Section to maximise, and advise our Board on, the benefits that can accrue by prudent and professional management of this vital resource."

Following a discussion to which the Chairman, Cllr. Murphy, Mr. McGuire, Cllr. Hynes, Mrs. Clune, Cllr. Gannon, Dr. O'Herlihy, Cllr. Keenan, Dr. Corcoran, Deputy Dr. Fitzpatrick, Cllr. Reilly, Cllr. Carroll, Dr. Hawkins, Cllr. Dunne, Dr. O'Boyle, Deputy Callely, Ald. FitzGerald and Cllr. Glenn contributed and to which Mr. Hickey, Chief Executive Officer and Mr. Doyle, Estate Management Section, replied, the Report was welcomed and adopted.

Information which had been requested by Cllr. Hynes and Cllr. Reilly regarding property sold from 1st January, 1988 to 5th October, 1989 was circulated at the meeting.

A proposal regarding the establishment of a Committee to deal with all aspects of our Board's property, which was accepted in principle at the October meeting of our Board, was considered further. A proposal by Dr. Hawkins, seconded by Dr. O'Boyle, that this Committee should be formed from within the membership of the Budget Working Group was agreed, with the following terms of reference, copies of which were circulated:-

- (1) The group to familiarise themselves with the Board's Register of Properties
- (2) To meet on a quarterly basis to review the Register of Properties and the progress related to the compilation of the various titles
- (3) To meet on a quarterly basis to review reports on those properties that might appear surplus or underutilized
- (4) To make recommendations through the Budget Working Group to the Board in relation to proposals for property disposal that arise and where property is surplus to requirements
- (5) To make recommendations through the Budget Working Group to the Board relating to the application of the proceeds of any disposal of property."

An amendment proposed by Cllr. Dillon Byrne, and seconded by Mr. McGuire, that the members of the sub-committee should be appointed by the Board, was lost on a show of hands.

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#### CHEEVERSTOWN

The Chairman, in his opening remarks, addressed the members as follows:

"I am anxious to avail the opportunity of this evening's Special Meeting to bring the members up to date in relation to what is happening regarding Cheeverstown.

I will ask the Chief Executive Officer to give you a detailed briefing in a moment.

I am sorry to say that the position of stalemate still exists in the Cheeverstown situation which is dragging on for two years now. As the situation continues to drift on there is also a continued and growing lack of confidence in the services at present provided there and in the present role of Cheeverstown in Mental Handicap services which is less than it should be for such an important facility which was put there by State investment

I know from my discussions with our Programme Manager and Chief Executive Officer that Cheeverstown could form an important component of the Mental Handicap Services, making a significant contribution towards meeting the current needs - a minimum of 360 residential places is currently required in our area for those suffering from mental handicap.

Efforts to bring about a resolution of the Cheeverstown problem have unfortunately been consistently rejected to date by a number of people on the Cheeverstown Board.

The situation must now be brought to a head soon. It is my hope that the most recent round of meetings with the Minister of Health last week will bring this about

There is an urgency about the situation at present because of the likelihood of some additional mental handicap places being funded and commissioned in 1990. Unless the Cheeverstown situation is satisfactorily resolved it is clear that this particular facility cannot be considered for any additional funding.

I will now ask the Chief Executive Officer to bring you up to date with the recent situation.'

Mr. Hickey, Chief Executive Officer, then brought the members up to date on recent developments and proposals following a number of meetings with the Minister for Health.

In noting the position as outlined by Chief Executive Officer members asked that they be kept advised regarding any further developments.

The meeting concluded at 8.30 p.m.

Correct:

K.J. Hickey,  
Chief Executive Officer.

  
Chairman