

# Eastern Health Board

## *Bord Sláinte an Oirthir*

*"Working for the community,  
in partnership with the community"*



Headquarters: Dr. Steevens' Hospital, Dublin 8

## Annual Report

### 1998

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# Eastern Health Board Community Care Areas

Bord Sláinte an Oirthir

Eastern Health Board

- Dun Laoghaire ①
- Dublin South East ②
- Dublin South Central ③
- Dublin South West ④
- Dublin West ⑤
- Dublin North West ⑥
- Dublin North Central ⑦
- Dublin North ⑧
- Co. Kildare ⑨
- Co. Wicklow ⑩



*The Eastern Health Board provides health  
and social services for 1.29m people in Dublin,  
Wicklow and Kildare.*

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# Chairman's Report

*I was* very honoured when my colleagues elected me as Chairman of the Eastern Health Board in 1998.

My priorities for my term in office were the development of services for persons with intellectual disabilities, which have always been among my main concerns and the expansion of drug prevention, treatment and rehabilitation services.

I am very glad to say that during my term of office, very significant progress was made on both fronts.

In recent years our Board has expended much time and effort in developing services for persons with intellectual disability from the old institutional type system of care to a modern new community based model.

This has involved the transfer of many people, who spent much of their lives in institutions, into homes in the community where they are now participating in and contributing to local life.

Services have been expanded and developed both for people living in the community and those who continue to receive care in hospital surroundings. There are new and exciting therapies available. Clients are encouraged and assisted to develop to their full potential, to engage in woodwork, gardening, to go swimming, golfing and horse-riding and to live full and enjoyable lives.

During 1998 our Board was enabled to provide 64 additional residential places, 113 additional day places, 53 emergency residential places and 25 additional respite places for persons with intellectual disabilities.

The additional places helped to reduce the waiting lists for both day and residential care and facilitated residential admission in situations where carers became ill or when clients' condition necessitated an urgent placement.

Work also began on a new bungalow complex at Oldtown, Co. Dublin to replace

unsuitable institutional buildings at St. Ita's Hospital.

Over 7,000 persons with intellectual disability are now availing of services in our Board's region.

Much of the misery in Dublin is caused by drugs misuse which has wrecked the lives of so many people and their families.

I am very glad that in 1998 our Board has made very significant progress in this area.

We provided over 750 additional treatment places, provided services in an additional 19 treatment locations and implemented the methadone treatment protocol.

This protocol, drawn up by our Board in conjunction with the Department of Health & Children and the Irish College of General Practitioners has done much to streamline the treatment of heroin users and to prevent the leakage of methadone on to the streets.

I am very proud of the progress made in these and in other areas during the year and I would like to thank my colleagues on the Board for their hard and innovative work to develop services.

I would like to thank the current CEO, Pat McLoughlin, his predecessor, Mr. P.J. Fitzpatrick, the Management Team and all the Board's staff for the dedication they have shown in implementing policies and decisions of the Board.

I would also like to thank the Minister for Health & Children, Mr. Brian Cowen, T.D. and the Ministers of State at the Department, Mr. Frank Fahey, T.D. and Dr. Tom Moffat, T.D. for their confidence in and support of our Board.



*Cllr. Cyril Gallagher, Chairman  
Eastern Health Board*

## Ba mhór an onóir dom é nuair a thogh mo

chomhghleacaithe mé mar Chathaoirleach ar Bhord Sláinte an Oirthir sa bhliain 1998.

Ba iad na tosaíochtaí a bhí agam le linn mo thréimhse oifige seirbhísí do dhaoine a bhfuil deacrachtaí meabhrach acu a fhorbairt, aidhm a bhí riamh agaim, agus seirbhísí cosanta, leighis agus athshlanú drugaí a leathnú.

Tá an-áthas orm a rá go ndearnadh andul chun cinn sa dá réimse sin le linn mo thréimhse oifige.

Tá mórán ama agus iarrachta caite ag an mBord le blianta beaga anuas ó thaobh seirbhísí do dhaoine a bhfuil mí-chumais mheabhrach orthu ó shean-chóras na n-institiúidí go múnla nua-aimseartha atá bunaithe ar an bpobal.

Faoi gcóras nua aistríodh mórán daoine, a chaith cuid mhór dá saol in institiúidí, isteach i dteaghlaigh sa phobal áit a bhfuil siad ag glacadh páirte sa saol áitiúil agus ag cur leis.

Tá leathnú agus forbairt déanta ar sheirbhísí do dhaoine atá ina gcónaí sa phobal agus dóibh siúd a ndéantar cúram dóibh fós i dtimpeallachtaí ospidéil. Tá teiripithe nua ar fáil agus is údar misnigh iad. Spreagtar na cliaint chun iad féin a fhorbairt go hiomlán, chun páirt a ghlacadh in adhmaidíocht, i ngarraíodíocht, chun dul ag snámh, ag imirt gailf agus ag marcaíocht agus chun saol iomlán taitneamhach a bheith acu agus tugtar cabhair dóibh chun sin a dhéanamh.

I rith 1998 d'fhéad an Bord 64 áit chonaithe bhreise a chur ar fáil mar aon le 113 áit lae bhreise, 53 áit chonaithe éigeandála agus 25 áit faoisimh bhreise do dhaoine a bhfuil mí-chumais mheabhrach orthu.

Chabhraigh na háiteanna breise leis na liostaí feithimh do chúram lae agus do chúram conaitheach a laghdú agus d'éascaigh siad iontráil chonaitheach i gcásanna a mbíonn cúramóirí tinn nó sa chás go raibh gá le háit de bharr riocht an chliaint.

Cuireadh tús chomh maith le coimpléasc

bungalónna sa Seanbhaile, Co. Bhaile Átha Cliath a fheidhmeoidh in ionad foirgnimh institiúideacha mí-oiriúnacha in Ospidéal Naomh Íde.

Tá os cionn 7,000 duine a bhfuil mí-chumas meabhrach orthu ag baint leasa as seirbhísí i réigiún an Bhoird.

Cruthaíonn mí-usáid drugaí mórán ainise i mBaile Átha Cliath, fadhb atá tar éis saol mhórán daoine agus a muintire a scrios.

Tá an-áthas orm go ndearna an Bord dul chun cinn suntasach sa réimse sin i 1998.

Chuireamar os cionn 6000 áit chóireála bhreise ar fáil, chuireamar seirbhísí ar fáil i 19 áit chóireála eile agus chuireamar an prótacal coireála *methadone* i bhfeidhm.

Tá an-chuid déanta ag an bprótacal sin, a chuir an Bord le chéile i gcomhar leis an Roinn Sláinte agus Leanaí agus le Coláiste Dochtúirí Baile na hÉireann, chun cóireáil usáideoirí Hearóine a rialú agus chun cosc a chur le *methadone* a bheith ar fáil ar na sráideanna.

Táim an-bhródúil as an dul chun cinn atá déanta sna réimsí sin agus i réimsí eile nach iad i rith na bliana agus ba mhaith liom mo bhuíochas a ghabháil le mo chomhghleacaithe ar an mBord as an obair chrua agus úrnua a rinne siad chun seirbhísí a fhorbairt.

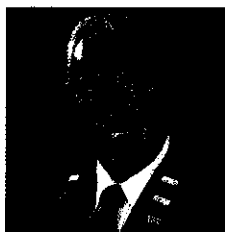
Ba mhaith liom mo bhuíochas a ghabháil leis an bPríomhoifigeach Feighmeannais, Pat McLoughlin, agus leis an lar Phríomhoifigeach Feighmeannais, an tUas P.J. Fitzpatrick, leis an bhFoireann Bhainistíochta agus foireann uile an Bhoird as an dílseacht atá léirithe acu maidir le polasaithe agus cinnidh an Bhoird a chur i bhfeidhm.

Ba mhaith liom mo bhuíochas a chur in iúl do mo chomhghleacaithe, an tAire Sláinte agus Leanaí, an tUas. Brian Cowen, T.D. agus na hAirí Stáit sa Roinn, an tUas. Frank Fahey, T.D. agus an Dr. Tom Moffat T.D. as a muinín agus a dtacaíocht don Bhord.

An Comhairleoir Coireall Ó Gallchóir  
Cathaoirleach, Bord Sláinte an Oirthir

# Board Members

## December 1998



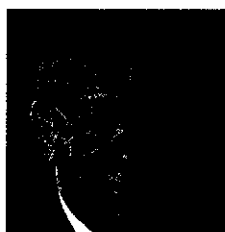
**Cllr. Cyril Gallagher (Chairman)**  
16 Glasmere Park,  
Swords, Co. Dublin  
Appointed by  
Fingal County Council



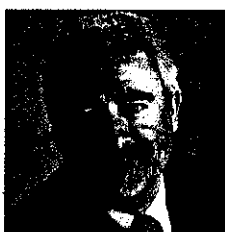
**Cllr. Joe Connolly (Vice-Chairman)**  
39 Hughes Road South,  
Walkinstown, Dublin 12  
Appointed by  
Dublin Corporation



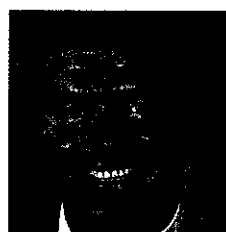
**Cllr. Michael Barrett**  
102 Glasnevin Avenue,  
Dublin 11  
Appointed by  
Dublin Corporation



**Cllr. Ben Briscoe, T.D.**  
Dail Eireann,  
Dublin 2  
Appointed by  
Dublin Corporation



**Cllr. Eric Byrne**  
32 Ashdale Road, Terenure,  
Dublin 6W  
Appointed by  
Dublin Corporation



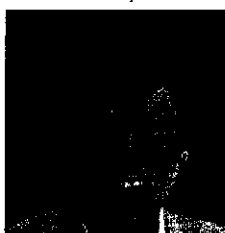
**Cllr. Ivor Callely, T.D.**  
Dail Eireann,  
Dublin 2  
Appointed by  
Dublin Corporation



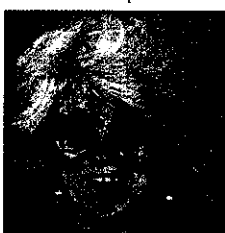
**Cllr. Mary Flaherty**  
Jessefield, 2 Dartry Road,  
Dublin 6  
Appointed by  
Dublin Corporation



**Cllr. Roisin Shortall, T.D.**  
12 Iveragh Road, Whitehall,  
Dublin 9  
Appointed by  
Dublin Corporation



**Cllr. Betty Coffey**  
Rere. 40 Northumberland Ave,  
Dun Laoghaire, Co Dublin  
Appointed by Dun Laoghaire/  
Rathdown County Council



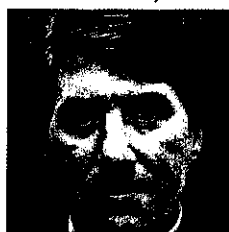
**Cllr. Jane Dillon Byrne**  
Silchester House, Silchester Rd,  
Glenageary, Co Dublin  
Appointed by Dun Laoghaire/  
Rathdown County Council



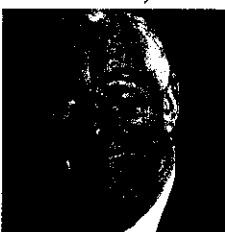
**Cllr. Olivia Mitchell, T.D.**  
18 Ballawley Court,  
Sandyford Road, Dublin 16  
Appointed by Dun Laoghaire/  
Rathdown County Council



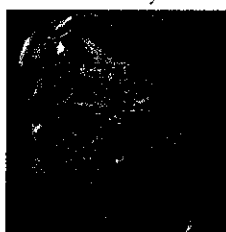
**Cllr. Ann Devitt**  
Lispopple, Swords,  
Co Dublin  
Appointed by  
Fingal County Council



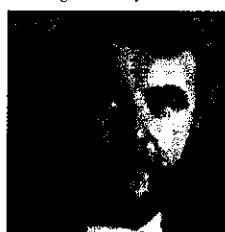
**Cllr. Ken Farrell**  
4 The Drive, Orlynn Park,  
Lusk, Co Dublin  
Appointed by  
Fingal County Council



**Cllr. Stanley Laing**  
86 Templeville Road,  
Terenure, Dublin 6  
Appointed by  
South Dublin County Council



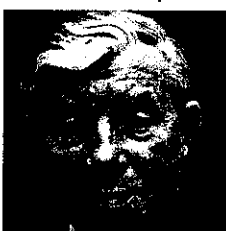
**Cllr. Charles O'Connor**  
P.O. Box 4122,  
Dublin 24  
Appointed by  
South Dublin County Council



**Cllr. Pat Upton T.D.**  
1 College Drive,  
Templeogue, Dublin 6  
Appointed by  
South Dublin County Council



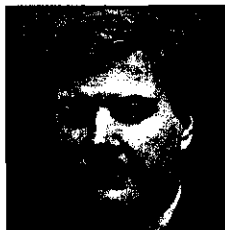
**Cllr. Gerald Brady**  
Main Street,  
Maynooth, Co Kildare  
Appointed by  
Kildare County Council



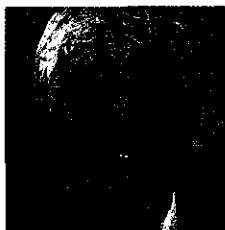
**Cllr. Michael McWey**  
Tower View Park,  
Kildare, Co Kildare  
Appointed by  
Kildare County Council



**Cllr. James Reilly**  
Ballinakill, Carbury,  
Co Kildare  
Appointed by  
Kildare County Council



**Cllr. Thomas Cullen**  
Deerpark, Baltinglass,  
Co Wicklow  
Appointed by  
Wicklow County Council



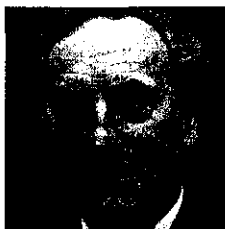
**Cllr. Kevin Ryan**  
Hilltop Nurseries, Carnew,  
Co Wicklow  
Appointed by  
Wicklow County Council



**Cllr. Pat Vance**  
Beachmount, Putland,  
Bray, Co Wicklow  
Appointed by  
Wicklow County Council



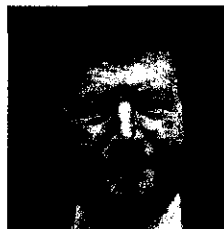
**Dr. Marie Laffoy**  
20 Avoca Park, Blackrock,  
Co Dublin  
Elected by registered  
medical practitioners



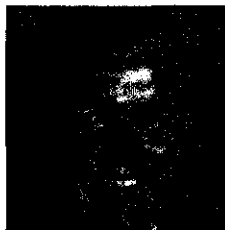
**Dr. John Fennell**  
St. Colmcille's Hospital,  
Loughlinstown, Co Dublin  
Elected by registered  
medical practitioners



**Dr. Ray Hawkins**  
Bray Medical Centre, Herbert  
Road, Bray, Co Wicklow  
Elected by registered  
medical practitioners



**Dr. Jim Reilly**  
Fingal House, Lusk,  
Co Dublin  
Appointed by registered  
medical practitioners



**Dr. Charles Smith**  
Central Mental Hospital,  
Dundrum, Dublin 14  
Appointed by registered  
medical practitioners



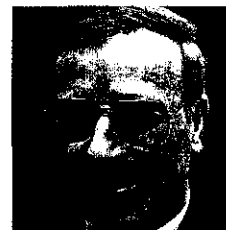
**Dr. Siobhan Barry**  
Cluain Mhuire Clinic,  
Blackrock, Co Dublin  
Elected by registered  
medical practitioners



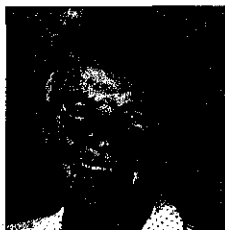
**Dr. Kieran Harkin**  
15 Grafton Crescent,  
Inchicore, Dublin 8  
Elected by registered  
medical practitioners



**Dr. Philip O'Connell**  
57 Carysfort Downs,  
Blackrock, Co Dublin  
Elected by registered  
medical practitioners



**Mr. Gerry McGuire**  
1 The Strand, New Road,  
Donabate  
Elected by registered  
psychiatric nurses



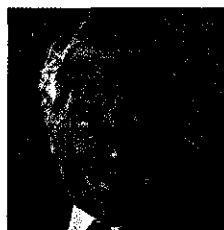
**Ms. Bernadette Bonar**  
9 Leopardstown Park,  
Blackrock, Co Dublin  
Elected by registered  
pharmaceutical chemists



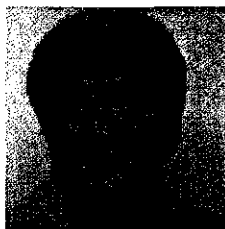
**Dr. Don I. Keane**  
130 Merrion Village,  
Dublin 4  
Elected by  
registered dentists



**Ms. Maria Hoban**  
6 Ashgrove Crescent,  
Naas, Co Kildare  
Elected by  
registered general nurses



**Mr. Patrick Aspell**  
61 College Park, Newbridge,  
Co Kildare  
Appointed by the Minister  
for Health and Children



**Cllr. Catherine Quinn**  
47 Beechwood Lawns,  
Rathcoole, Co Dublin  
Appointed by the Minister  
for Health and Children



**Cllr. Dr. Bill O'Connell**  
Vale Road, Arklow,  
Co Wicklow  
Appointed by the Minister  
for Health and Children



**Cllr. Laurence Butler**  
3 Whitehall Mews,  
Westminster Road, Foxrock,  
Co Dublin  
Appointed by the Minister  
for Health and Children

# Meetings

*The* Eastern Health Board meets on the first Thursday of each month (except August) at 6 p.m. and holds special meetings from time to time to consider particular issues which merit special consideration. In addition, the annual meeting of the Board, at which the Chairperson and Vice-Chairperson are elected, is held on the first Thursday in July each year.

## Programme Committees:

Section 8 of the Health Act, 1970, empowers a Health Board to establish such Committees as it thinks fit and to define the functions and procedures of such committees.

*The Eastern Health Board has established four Programme Committees:*

- Health Promotion, Mental Health, Addiction & Social Development
- Acute Hospitals & Services for the Elderly
- Services for Persons with Disabilities
- Community Services & Services for Children & Families

*These Committees have the following functions:*

- Considering and advising on such business (mainly policy issues) as may be referred to them by the Board, or which they may wish to refer to the Board.
- Visiting and inspecting health care facilities within the respective programmes and considering reports from the Programme Managers on the current levels and range of services being provided.

The Programme Committees meet each month and their Progress Reports are considered by the Health Board at its monthly meeting.

## Other Committees:

### Finance and Property Committee:

The Eastern Health Board has also established a committee to consider financial and property matters and to report to the Board thereon. A key role for the committee is the supervision of the implementing of the Board's service plan.

*The membership of the Finance and Property Committee is as follows:-*

- Cllr. Cyril Gallagher (Chairperson)  
Cllr. Michael Barrett

- Cllr. Gerry Brady  
Cllr. Ivor Callely, T.D.  
Cllr. Olivia Mitchell, T.D.  
Cllr. Betty Coffey  
Cllr. Ken Farrell  
Cllr. Charles O'Connor  
Cllr. Tom Cullen  
Cllr. Pat Vance  
Dr. Don Keane  
Mrs. Bernadette Bonar  
Mr. Gerry McGuire  
Mr. Paddy Aspell

## Childcare Advisory Committee:

The Childcare Advisory Committee has been set up in accordance with Section 7 of the childcare Act 1991, and its role is to assist in ensuring the provision of this legislation are met. The committee is made up of representatives of Childcare services, voluntary organisations and professionals working in this sector are represented on it.

*The membership of the Childcare Advisory Committee is:*

### Board Members:

- Cllr. Ivor Callely TD (Chairperson)  
Mr. Gerry McGuire (Vice-Chairperson)  
Dr. James Reilly

### Board Officers:

- Dr. Ailish Quinlan (DCC & Medical Officer)  
Ms. Sheila O'Malley (Supt. PHN)  
Ms. Olga Garland (Head Social Worker)

### Other Members:

- Ms. Pat Whelan (Irish Foster Care Association)  
Ms. Marilyn Roantree (Adoption & Foster Care Services)  
Ms. Mary O'Connell (Residential Care)  
Ms. Peggy Walker (Services for Pre-school Children)  
Mr. Brendan O Murchu (Education Services)  
Sr. Catherine Prendergast (Services for Homeless Children)  
Dr. Paul McCarthy (Child & Adolescent Psychiatric Services)  
Ms. Margaret Dromey (Treior)  
Mr. Owen Keenan (Barnardos)  
Mr. David O'Donovan ((Probation & Welfare Service)  
Inspector Joseph Delaney (Garda Siochana)



*Ms Orla Treacy  
Secretary to the Board*



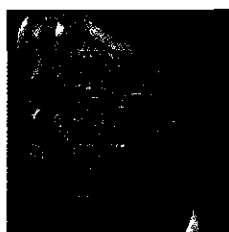
# Chairs and Programme Committees December 1998



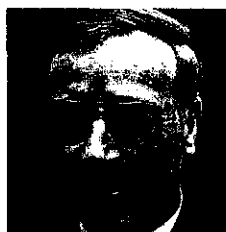
*Cllr. Cyril Gallagher, Chairman  
Eastern Health Board*



*Cllr. Joe Connolly, Vice-Chairman  
Eastern Health Board*



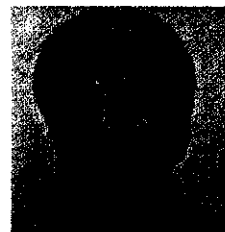
*Cllr. Charles O'Connor  
Chairperson, Health Promotion,  
Mental Health, Addiction and  
Social Development*



*Mr. Gerry McGuire  
Chairperson, Acute Hospitals  
and Services for the Elderly*



*Cllr. Michael Barrett  
Chairperson, Services for  
Persons with Disabilities*



*Cllr. Catherine Quinn  
Chairperson, Community  
Services and Services for  
Children and Families*

## Health Promotion, Mental Health, Addiction and Social Development

Cllr. Charles O'Connor  
Chairperson

Cllr. Jane Dillon Byrne  
Vice Chairperson

Mrs. Bernie Bonar

Cllr. Betty Coffey

Cllr. Joe Connolly

Dr. Kieran Harkin

Cllr. Stanley Laing

Dr. James Reilly

Dr. Charles Smith

## Acute Hospitals and Services for the Elderly

Mr. Gerry McGuire  
Chairperson

Cllr. Gerry Brady  
Vice Chairperson

Cllr. Anne Devitt

Cllr. Cyril Gallagher

Dr. John Fennell

Ms. Maria Hoban

Dr. Marie Laffoy

Cllr. Jim Reilly

Cllr. Roisin Shortall, T.D.

Cllr. Pat Vance

## Services for Persons with Disabilities

Cllr. Michael Barrett  
Chairperson

Dr. Don Keane  
Vice Chairperson

Cllr. Ivor Callery, T.D.

Cllr. Mary Flaherty

Cllr. Ken Farrell

Dr. Ray Hawkins

Cllr. Olivia Mitchell, T.D.

Cllr. Dr. Bill O'Connell

Cllr. Pat Upton T.D.

## Community Services and Services for Children and Families

Cllr. Catherine Quinn  
Chairperson

Dr. Philip O'Connell  
Vice Chairperson

Mr Paddy Aspell

Dr. Siobhan Barry

Cllr. Larry Butler

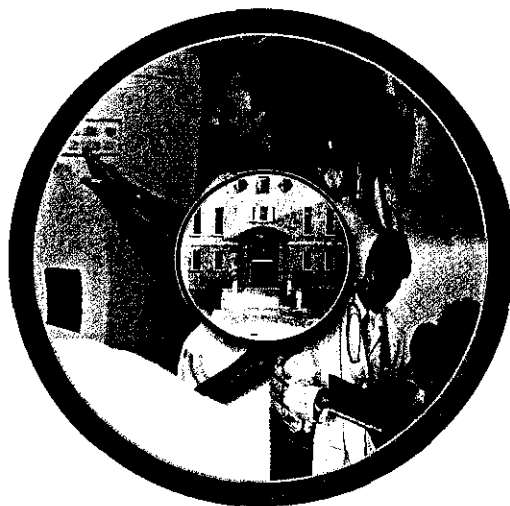
Cllr. Eric Byrne

Cllr. Ben Briscoe, T.D.

Cllr. Thomas Cullen

Cllr. Michael McWey

Cllr. Kevin Ryan



# Mission Statement

## *Ráiteas Misean*

*We exist to improve the  
health and social gain of  
the 1.3 million population in  
Dublin, Wicklow and Kildare.*

*Táimid ann chun leas  
sláinte agus sóisialta daonra  
1.3 milliún in átha Cliath,  
Cill Dara agus Cill Mhantáin  
a nearthú.*

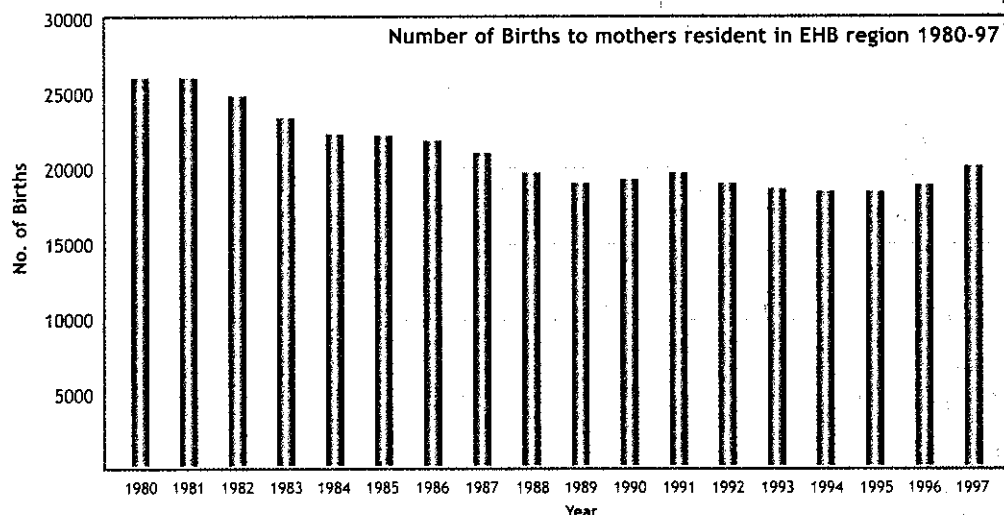
# Demographic Profile

## Population changes

The population of the region from the 1996 census was 1,295,939 and accounts for 36% of the population of the state. New data on the population structure will not be available until the next census in 2001. With net immigration and an increase in the number of births, the total population may have slightly increased since 1996.

## Births

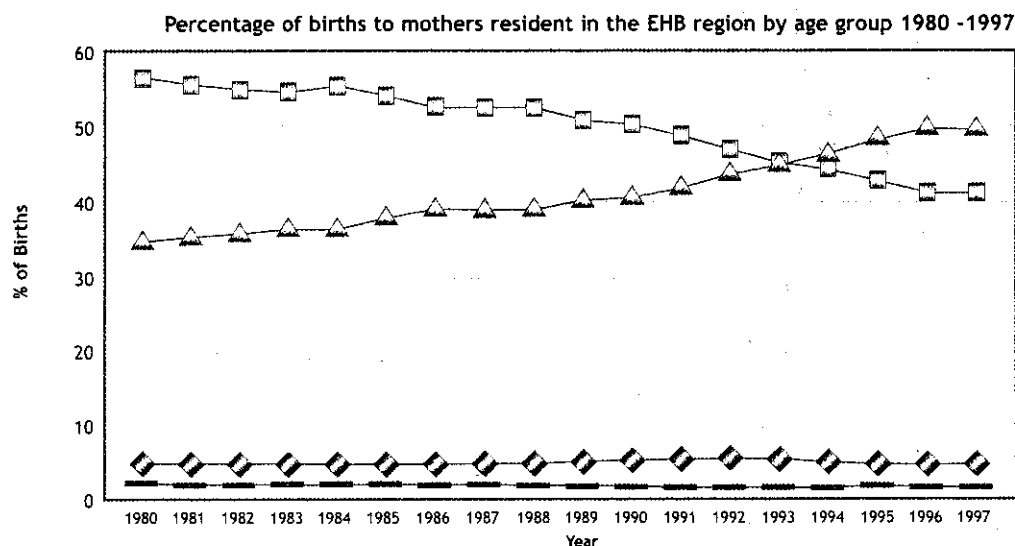
The annual number of births to mothers resident in the EHB region declined from 26,202 in 1980 to 18,299 in 1994. Since then the numbers of births have been rising; in 1997 there were 20,087 births in the region representing a 6% rise on the previous year, compared with a rise of 3.8% nationally. The crude birth rate in 1997 was 15.5 per 1,000 population. The infant mortality rate in 1997 was 7.7 per 1,000 live births and the neonatal mortality rate was 4.7 per 1,000 live births.



## Age profile of mothers

There has been a change in the age profile of mothers in the region in recent years. The majority of births from 1980-1993 were to women aged 20-29; 57% of births were to women in this age group in 1980. Since

1994, the highest proportion of births each year has been to women aged 30-39; accounting for 50% of births in 1997. Births to single mothers as a percentage of total births rose to 30.1% in 1997 from 28.6% in the previous year.



### Death rates in EHB region

The main causes of death in our region in 1997 were circulatory disease, cancer, respiratory disease and injuries/poisonings. These are also the main causes of death in the country as a whole. Of the 9,451 deaths in our region in 1997, 83% were in Dublin, 9% in Wicklow and 8% in Kildare.

Standardised death rates are used to compare death rates as they allow for different age structures within populations. Death rates from 1993-97 in our region were lower overall than nationally. Death rates from cancer and poisoning were slightly higher while rates were lower for circulatory and respiratory diseases. Some of the higher cancer death rates are partly explained by a higher death rate from lung cancer compared with Ireland as a whole.

Stroke is more likely to occur with advancing age, and the number of people who have strokes may rise as the proportion of elderly in the population increases. The Eastern Health Board has undertaken a research project on stroke in south Dublin in 1997/98. A Stroke Council was initiated by the Irish Heart Foundation in 1997 at the request of the minister for Health.

### Cancer

In 1997, 2,503 people died from cancers in our region, accounting for 26.5% of deaths from all causes. 31% of these were under the age of 65 years. Cancer of the lung, gastrointestinal tract and prostate are the most common causes of cancer deaths in males of all ages. Cancer of the breast, lung and bowel are the most common cause of cancer deaths in

women. The Eastern Health Board region has been included in the first phase of the national breast cancer screening programme and it estimated that there will be a 25% reduction in the number of breast cancer deaths in coming years.

Standardised death rates by main cause in EHB and Ireland from 1993-97

	EHB	Republic of Ireland
All causes	846.3	865.8
All circulatory disease	361.1	379.3
Coronary Heart Disease	199.1	212.2
Cancers	228.4	213.3
Respiratory disease	110.4	122.8
All injury & poisoning	31.4	38.7
Motor vehicle accidents	8.0	11.3
Poisonings	3.7	2.3

### Circulatory disease

In our region, there were 3,872 deaths from diseases of the circulatory system, of which 54% were due to coronary heart disease and 22% from stroke. Almost one fifth of coronary heart disease deaths were among people under the age of 65 years. The main risk factors for coronary heart disease are smoking, inappropriate diet and lack of regular exercise. Reducing the burden of coronary heart disease requires a co-ordinated strategy involving the use of preventive and curative intervention; the development of a National Coronary Heart Diseases strategy is currently underway. Nearly 22% of circulatory disease deaths in the region were due to stroke.

### Injury and poisoning

Injury and poisoning is a major cause of deaths among younger people. Injury is responsible for nearly 40% of deaths among children aged 1-14 and half of deaths in those under 35 years of age. Within our region there are approximately 20,000 hospital discharges annually following treatment of injury. Children and the elderly have higher discharge rates for injury with falls as the most likely cause. Poisoning accounts for approximately 200 admissions of children under the age of 5 years in our region, the majority as a result of ingestion of medication. In 1997 the Eastern Health Board with the Office for Health Gain developed a campaign to promote safe packaging and storage of medication.

### Communicable diseases

Communicable diseases are no longer a major cause of death as they were at the turn of the century in Ireland. Since the introduction of measles vaccine, just over a decade ago, there has been a major drop in the incidence of this disease and its complications, and, following the introduction of a vaccination, in the past five years there has been a dramatic decrease

in deaths from Haemophilus B influenza meningitis (Hib). Nonetheless, there is a need for continuous efforts to promote and maintain a high level of childhood vaccination and to ensure full implementation of protocols for the control of hospital and community outbreaks of communicable diseases.

Gastro enteritis in childhood is very com-

### Gastro Intestinal Infections

The following infections were reported in 1998:

Infection	Numbers
Gastro-enteritis <2 years	1462
Salmonella	437
Food Poisoning (Other than salmonella)	719
Bacillary dysentery	48

mon and is usually viral in nature. With the increase in the number of people eating outside the home, and the volume of mass-produced food as well as improved detection of food borne illness, the number of cases of salmonella and other food-borne infections has risen. Proper cooking and storage of food is very important in preventing infections. As person-to-person spread is also involved, good personal hygiene must be maintained at all times.

### Meningitis:

Meningococcal disease, either in the form of meningitis or septicaemia (blood poisoning),

accounts for the majority of cases of meningitis. Over recent years, there has been a substantial increase in the number of reported cases of this disease in our Board's area and nationally. Some, if not all, of the increase in recent years may be explained by the introduction of better laboratory diagnostic techniques. The incidence may increase for a period of years and then decrease without apparent reason, as happened in 1998.

The table below shows the number of cases reported to the Health Board in 1997 and 1998.

### Confirmed Cases of Meningitis

	1997	1998
Meningococcal disease	173	150
Other bacterial diseases	27	21
Total bacterial cases	200	171

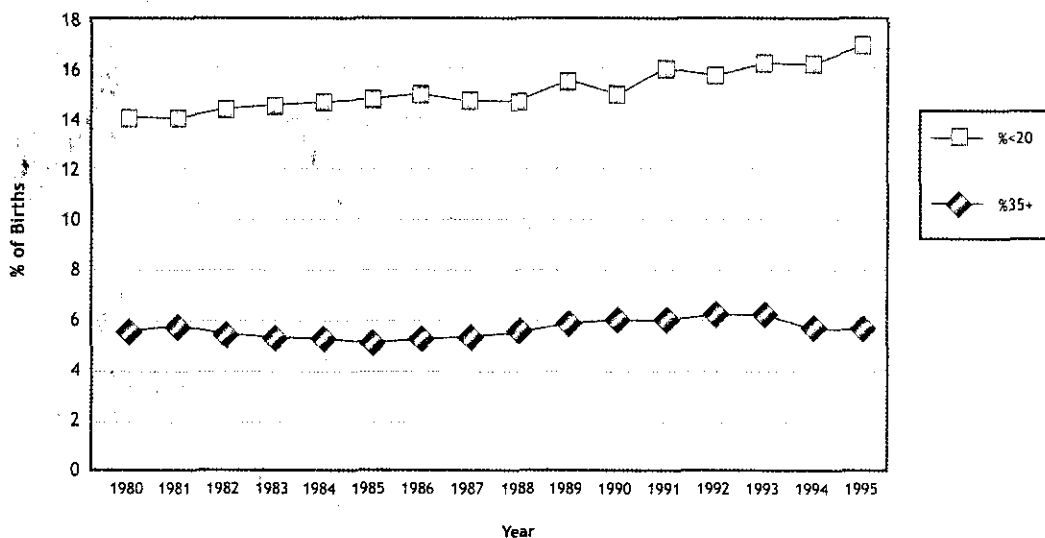
There were nine deaths in 1997 and 5 deaths in 1998 from meningococcal disease.

#### Tuberculosis

The number of deaths and the number of new cases have dropped dramatically over

the last few decades.. There were 129 cases of tuberculosis notified in 1997 and 154 cases in 1998. All children in the Eastern Health Board Area are offered BCG at birth, and a standardised data collection system is being used to monitor trends of tuberculosis.

Trends in percentage of births to mothers aged under 20 and those 35 and over 1980-1995 in Eastern Health Board region



#### HIV/AIDS

The reductions in numbers of new cases over the past five years, particularly dramatic among drug misusers, can be attributed in part to preventative initiatives instigated by

the Health Board, such as the methadone treatment and needle exchange programmes. Continuation of these programmes is central to the campaign to halt the spread of the virus.

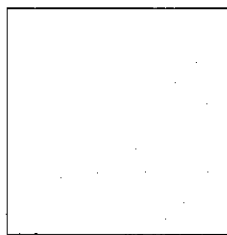
#### New AIDS Cases Ireland

	1994	1995	1996	1997	1998
Drug Misusers	21	23	33	9	11
Homosexual	21	16	34	12	13
Heterosexual	7	10	11	7	5
Others	12	6	1	4	2
Total	61	55	79	32	31

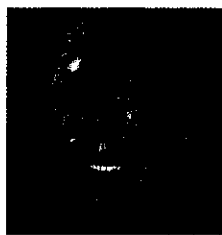
# The Management Team



*Pat McLoughlin,  
Chief Executive Officer*



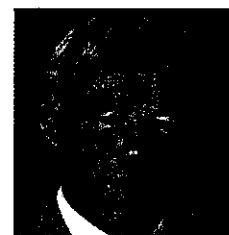
*Vacant – Programme  
Manager  
Health Promotion, Mental  
Health, Addiction and  
Social Development*



*Seamus O'Brien,  
Programme Manager  
Acute Hospital Services  
and Older Persons*



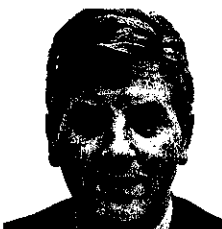
*Maureen Windle  
Programme Manager  
Services for Persons  
with Disabilities*



*Michael Walsh  
Programme Manager  
Community Services*



*Brid Clarke  
Programme Manager  
Children and Families*



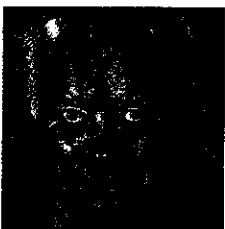
*Martin Gallagher  
Finance Officer*



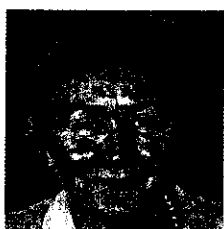
*Mary Kelly  
Personnel Officer*



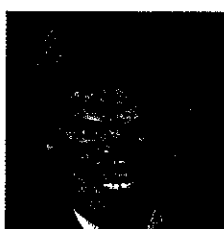
*Philip Doyle  
Estate Management  
Officer*



*Dr. Brian O'Herlihy  
Director,  
Public Health*



*Maureen Browne  
Communications  
Director*



*Jim Curran  
Technical Services  
Officer*



*Mary Crowe  
Management Services  
Officer*

# Chief Executive's Report

The Eastern Health Board made major progress in the delivery of a very wide range of health and personal social services in 1998.

Our Board is charged with the delivery of services to 1.3 million people or one third of the population of the country.

In addition, our region, which covers Dublin, Kildare and Wicklow, includes both disadvantaged urban areas with their special problems and sparsely populated rural areas, where equally complex but quite different issues arise.

During 1998 our Board's policy and decision making were based on the premise that there must be equity of access to the health and personal social services which it is our responsibility to provide, that these services must be delivered in an efficient and cost effective manner and that they must be provided at all times with courtesy and respect for the dignity and rights of our patients and clients.

Our Board received a large budget from the Department of Health and I believe we used it wisely and well. Our net expenditure on health services in 1998 was in excess of £517 million.

We were not, of course, in a position to solve all problems or to meet all expectations during the year but we made real and concrete progress in many areas.

With the invaluable assistance of our Department of Public Health we identified health needs, planned how these could best be met and monitored and evaluated our services.

Significant progress was made in implementing our Board's interim Cancer Plan, the need for a similar style national strategy on coronary heart disease was identified, smoking was targeted as the single greatest cause of early death and a needs assessment for specialist palliative care services was carried out.

A new Health Promotion Department was established to develop policy and strategy and co-ordinate health promotion activities throughout the Board. Important initiatives were introduced to reduce diet related illness and premature death from diet related causes and as part of the Dublin Healthy Cities a three year Health Plan which identified seven priority issues for action was launched.

Our Board took measures to reduce smoking, the misuse of licit and illegal drugs and to help promote mental health.

Part of our mission is to build strong links with local area partnerships which facilitate the delivery of services of excellence and in 1998 there were 110 of our Board's staff involved in local development including Local Area Partnerships, Community Groups and Drug Task Forces.

Our Customer Services Departments both in Dr. Steevens' Hospital and local areas were fur-

ther developed. There were over 148,000 contacts with our main Customer Services Department in Dr. Steevens' during 1998.

A comprehensive new Complaints & Appeals procedure for all our services was introduced. It is aimed at ensuring that complaints and appeals are managed in a confidential responsive and user friendly manner. The new procedure is objective, impartial and easily accessible by clients. A user advisory group was established to give clients an opportunity to participate in the further development of this service.

New and expanded services were provided for persons with disabilities.

A Director of Services for Persons with Physical and Sensory Disabilities was appointed and in association with voluntary groups additional therapy, home/family support, respite and residential facilities were provided.

A total of 113 additional day places and 53 emergency residential services were provided during the year for persons with intellectual disability. Work began on a new bungalow complex to replace unsuitable institutional buildings. A Director of Services for persons with intellectual disabilities was appointed.

The National Disability Database showed that over 7,000 people now avail of intellectual disability services in our region.

In view of the spiralling number of older persons living in our area it is vital that a range of services must be in place to allow older people to remain at home for as long as possible and when that is no longer possible a range of quality in-patient residential facilities must be available.

In June our Board adopted a 10 year £157 million Action Plan for Services for older persons which provides a comprehensive strategy for planning these services into the new millennium.

General practice, community nursing, community paramedical services, day centres/ clubs, support for carers, home improvement schemes, day hospital and subvention towards care in private nursing homes was provided. Two additional Community Ward Teams were established.

Respite/intermittent care, convalescent/ rehabilitation care, long stay care and day unit care were also further developed and expanded.

Three Departments of Psychiatry of Old Age are now in place in our area and a day service



Pat McLoughlin,  
Chief Executive Officer



for Alzheimer's/dementia patients has been opened.

A Director of Services for Older Persons was appointed during 1998.

Our Board continued to provide a seamless service to homeless persons and in 1998 approximately 4,500 families and individuals received a service from our Homeless Persons' Unit.

It is our Board's aim to raise the health status of the travelling community to the national target levels. During 1998, Travellers accessed all services available to the general public and in addition specific services adapted to their particular needs were provided in their own homes and in the mobile clinic.

Eight new Traveller Community Health Workers were employed, 20 Traveller women received certificates as community health workers accredited by Trinity College and our Board, a video on women's health issues for Traveller women was completed, the dental initiative continued and a Traveller Health Unit was established in our Board.

Community services were delivered from over 150 premises and a number of modern new state-of-the art primary care centres were opened.

Our Board was given responsibility for civil marriages in Dublin during the year. A new customised beautifully appointed Centre for Civil Marriages with seating for 70 guests, was opened in the Sir Patrick Dun's complex. A total of 539 civil marriages took place during the year.

There were 186,319 visits by children to our dental clinics during 1998 and there was no waiting period for routine dental treatment for children. Dental services for patients with special needs continued to be a priority. Treatment for medical card holders and their adult dependants was provided by over 200 dentists under contract to our Board and by our Board's own dental staff.

Orthodontic treatment was provided at the Regional Orthodontic Department and at satellite clinics. All patients on Category 1 lists were provided with immediate orthodontic assessments and treatment and there was a reduction in Category 2 lists with services provided to over 9,000 Category 2 patients.

Our Board administers the Supplementary Welfare Allowance scheme on an agency basis for the Department of Social, Community and Family Affairs from which we recoup its cost. During 1998 there were over 242,000 claims for supplementary welfare dealt with by our Board.

Our Asylum Seekers Unit moved to a purpose-renovated one stop centre in Mount Street. There, asylum seekers receive community welfare services, supplementary welfare allowance payments, emergency accommodation, medical screening and psychological/ counselling support. Almost 4,000 asylum seekers received ser-

vices in 1998.

The move away from long term hospitalised care for persons with mental illness continued and we now have a wide range of residential accommodation to support our community orientated psychiatric services. Acute psychiatric admissions are provided in psychiatric hospitals and in psychiatric units in general hospitals.

The voluntary sector service providers are important partners in our adult mental health service.

A Director of Services for Mental Health was appointed during 1998.

Significant progress was made in fighting the drugs scourge during the year. Education and prevention services were expanded and over 750 additional treatment places were provided in 19 new treatment locations. Considerable progress was made in forging links with local communities to ensure that heroin addicts receive treatment in their own local areas.

A new methadone treatment protocol which was agreed between our Board the Irish College of General Practitioners and the Department of Health and Children was implemented. This is aimed at achieving uniform treatment structures and eliminating the leakage of methadone on to the streets.

Additional detoxification and rehabilitation services were introduced and a Director of Addiction Services appointed.

Our acute hospitals, which are part of the network of acute general hospitals in the area were further developed and their services expanded during the year.

We continued to develop our close formal and informal linkages with the major acute voluntary hospitals and played the lead role in the co-ordination of all Accident & Emergency services in the region.

The drafting of the Detailed Planning Brief for the re-development of the James Connolly Memorial Hospital in Blanchardstown was completed during the year, a draft planning brief for the future development of St. Columille's Hospital, Loughlinstown was submitted to the Department of Health & Children and planning permission was received for the new Naas General Hospital.

Our Ambulance Service was further development and responded to over 66,000 calls during the year.

Our Board provided a wide range of services for the care, support and protection of children and families during the year. There were more than 1,500 children in our care during the year - 1,183 in foster care and 336 in residential care.

Over 1,700 allegations of suspected child abuse were referred to us for investigation and therapeutic services were provided for adults who were sexually abused during childhood.

Support and places of refuge for women and their children who cannot live safely at home

were provided by our Board directly and in partnership with voluntary agencies.

A brief was completed for a new education and clinical centre of excellence for autistic children.

The year saw significant growth in our Board's property portfolio which now has a reinstatement value of c. £472 million. Our Board adopted development control plans for St. Ita's Hospital, Portrane, St. Brendan's Hospital, Grangegorman and St. Loman's hospital in Palmerstown. These will enable our Board over the next few years to utilise lands which are surplus to our requirements to provide modern facilities for persons with intellectual disability and to put in place special care units and units for the elderly.

Our Board achieved a record price of £36 million for lands surplus to our requirements at the James Connolly Memorial Hospital in Blanchardstown and in partnership with the Department of Health and Children this will allow us to begin work on the £60 million redevelopment of the Blanchardstown Hospital.

Our Technical Services Department was involved in the planning and design of a large number of capital developments ranging from hospitals to health centres to drug treatment centres.

Substantial progress was made in further computerising our Board and upgrading and testing our Board's major computer systems to ensure year 2000 compliance. E-mail was introduced.

Our Communications Department developed a major internet site during the year which provides a wide range of information on our services, entitlements and structures as well as a very extensive and wide ranging health information bank.

Our busy personnel department looked after the recruitment, appointment and welfare of our very large staff and I would like to thank this opportunity to thank all of our staff for the selfless and dedicated service which they provide. I very much appreciate their loyalty and commitment. I would like to send best wishes to staff members who retired and extend a warm welcome to those who joined us during the year.

I would also like to pay tribute to my predecessor, Mr. P.J. Fitzpatrick who left the Board in late 1998 to take up a challenging new post as Chief Executive of the new Courts Service Board.

He was Chief Executive Officer of our Board for most of 1998 and we owe much to his vision, dynamism, prudence and wisdom. The Irish health services, and particularly those in the Eastern region, have reason to be grateful for his leadership and stewardship.

For a number of years it has been felt that because of the size of the Eastern Health Board region and the complexities of the health care issues involved it would be necessary to restructure the Board to provide for greater inte-

gration of services and to allow services to be delivered closer to clients.

In November, the Minister for Health & Children, Mr. Brian Cowen, T.D. announced the publication of a Bill which provides for the dissolution of the Eastern Health Board and its replacement by a new Eastern Regional Health Authority and three new Area Health Boards.

The Bill provides for the establishment of a new Eastern Regional Health Authority which will be responsible for commissioning, funding evaluating and monitoring the services delivered by the three Area Health Boards and the voluntary agencies.

The three new Area Health Boards and the voluntary agencies will be responsible for the delivery of services to agreed service plans.

The Bill specifically guarantees the jobs of all those working in the existing Eastern Health Board area. They will transfer to the new ERHA on establishment day and may be assigned out to one of the new Area Health Boards.

For the vast majority of staff, it will mean no change in their working conditions and there will be full consultations with staff associations and unions on the new arrangements.

The new structures will provide for a more streamlined delivery of services and will also provide exciting new career opportunities for staff.

During the year our Board continued to work in partnership with statutory and voluntary agencies to develop a wide range of services and I am grateful to all the managements and staff of these agencies for their continued co-operation and support.

Throughout 1998 the two Chairpersons of our Board, Cllr. Cyril Gallagher and Cllr. Roisin Shortall, T.D., provided unfailing and unstinting leadership and direction. They, the Chairpersons of the Programme Committees and all our Board Members, gave freely of their time and experience to develop our policies and services and provided guidance and support for which I am personally very grateful.

I would also like to thank my Management Team for the hard work they put in during 1998. Late at night after long days, they were always prepared to stay on the extra hour, to go the extra mile.

A special words of thanks is due to Mr. Matt O'Connor, who retired as Secretary to our Board after over 40 years in the public service.

Finally, I would like to thank the Minister for Health & Children, Mr. Brian Cowen, T.D., the Ministers of State at the Department, Mr. Frank Fahey, T.D. and Dr. Tom Moffat, T.D., the Secretary General of the Department, Mr. Gerry O'Dwyer, the Asst. Secretaries and all the staff for the guidance, help and assistance they provided during the year.

Deanam comhbron le gaolta agus le cairde na foirne a fuair bas i rith na bliana, and leo siud ar an bhfoireann a bhfuair gaolta leo bas.

# Health Promotion

**Health** promotion activity takes place in all programmes and is implemented by a wide range of staff throughout our Board. At local level, health promotion activity is co-ordinated by Area Health Promotion Committees, which are chaired by an Area Health Promotion Representative. These committees are multidisciplinary and meet on a regular basis to share information and review health promotion activity.

In 1998 a dedicated Health Promotion



*Chairman of the EHB, Cllr. Cyril Gallagher, (left) helped to officiate at the launch of Ballymun Heart Week, together with Lord Mayor of Dublin, Senator Joe Doyle. They are pictured here with Ms. Niamh O'Rourke of the EHB's Health Promotion Unit.*

Department was established and a Health Promotion Officer was appointed with responsibility for developing policy and strategy, and co-ordinating health promotion activities across the various programmes and functions.

Our Board's Steering Committee on Health Promotion was established to set priorities and to provide support and advice to the health promotion function. In June the Steering Committee approved the establishment of a Workplace Health Promotion Committee. The Workplace Committee has developed a two year programme of work to promote the health of staff in our Board.

## Resource Unit

A central Health Promotion Resource Unit was established and an Information and Resource Officer appointed. The Unit contains a wide variety of books, training materials, international journals and other publications on health promotion topics and methods.

The Resource Unit is the main provider of health promotion information leaflets in Dublin, Wicklow and Kildare.

## Community Nutrition

Two community nutritionists joined the Health Promotion Department in 1998 to support a wide number of initiatives aimed at reducing diet related morbidity and premature mortality in our region. In addition a clinical nutrition service is provided for low income patients referred by general practitioners in our region.

Our Board continued to support the Food and Health project in association with community groups in Clondalkin, Blanchardstown, and Belvedere. This peer led nutrition education project has been shown to improve knowledge and behaviours with regards to fat and fibre intakes.

To support staff in making healthier food choices a "Catering Policy in the Workplace" for catering establishments in our Board has been produced. Eight of our Board's staff canteens have applied for catering audits in order to achieve the Irish Heart Foundation "Healthy Eating Award."

Our Board collaborated with the Irish Heart Foundation in the appointment of a health education officer to address the problem of cardiovascular disease in our region. Initiatives include the promotion of healthy eating, stress management, smoking cessation and the promotion of physical activity.

## Dublin Healthy Cities

This initiative aims to improve the health and the environment of people living in Dublin. It involves the four local authorities in Dublin, the Health Promotion Unit of the Dept. of Health, the Office for Health Gain and our Board.

Dublin Healthy Cities launched a three year Health Plan in June. The plan identifies eight priority issues for action: active living, smoking cessation, accident prevention, alcohol misuse, nutrition, housing, prevention of drug misuse and the environment. Working groups have been established on each priority issue to monitor the implementation of the plan.

Our Board chairs the Dublin Healthy Cities Workplace Health Plan Group which has the following objectives:

- to disseminate health promotion information to staff and clients
- to establish a comprehensive set of official policies for our Board and the local authorities on smoking, alcohol, drugs, physical activity and healthy eating.
- to influence staff attitudes and health behaviour on the key risk factors identified smoking, alcohol, drugs, physical activity, and healthy eating.

### Health Promoting Hospitals

James Connolly Memorial Hospital is the lead hospital for the Irish network of Health Promoting Hospitals. The aims of this project are to ensure that the hospital is a health promoting environment, and to reorient the health services provided towards prevention.

### Alcohol Education

Our Board's Community Alcohol Services provide ongoing education and training in the community to promote sensible alcohol use and to minimise the harm associated with abuse. Our Board conducted advertising campaign on buses and billboards in our region, to promote sensible alcohol use over the Christmas holidays.

### Young people

Staff throughout the Board work to support young people and teachers through specific programme in schools in the region, including our Dental Health Educators, Drugs education officers, public health nursing and area medical staff.

In 1998 the Health Promotion Department collaborated with our Board's Department of Public Health to conduct a survey of health behaviour and attitudes among 4,000 school children in our region.

Our Board appointed an Assistant Health Promotion Officer to co-ordinate our health promotion work with schools in the region. The assistant H.P.O. has special responsibility for the assessment of teacher training requirements, developing new materials where necessary and providing training in social personal and health education.

### Accidents

Our Board continued to support a pilot community accident initiative in the Dundrum/Ballinteer area in collaboration with the Dun Laoghaire-Rathdown County Council. The main aim of the initiative is to reduce acci-

dents by creating a greater awareness and understanding of accidents, providing knowledge and skills to avoid accidents and encouraging people to alter behaviour which can produce accidents.

### Tobacco Control

Our Board engaged in a number of ongoing and new initiatives aimed at reducing the prevalence of smoking in our region. The Board's Management Team adopted a board-wide Smoking Policy in 1998 and a monitoring committee was established to oversee the implementation of the policy. New materials were produced outlining the legislation on smoking restriction.

Our Board continued to support the Smokebusters programme in 1998. This programme, which aims to raise awareness of the health hazards of smoking among primary school students, was provided to students in almost 90 national schools in disadvantaged areas in the region during the school year.

We continue to participate in the national Smoking Target Action Group which conducts campaigns, education and training to reduce smoking. In collaboration with the Irish



Staff at Marino Health centre who prepared the launch of the Healthy Eating Week.



At the presentation to staff at the James Connolly Memorial Hospital of the Happy Heart Healthy Eating Symbol for their restaurant were (left to right) Ms Miriam Keegan, Asst. Hospital Manager; Ms. Aoibheann O'Connor, Irish Heart Foundation; Ms. Peggy Lowry, Catering Manager, Ms. Kay O'Keefe and Ms Maria Lordon-Dunphy.



*EHB Health Promotions Officer, Ms. Mary van Lieshout, about to get them under way in the inter-hospital sponsored cycle from Leopardstown Park Hospital.*

College of General Practitioners, we are offering training to general practitioners in the brief intervention programme to support smoking cessation.

Our environmental health officers participated in the "I Have to Say No" initiative, which supports retailers with signage and information to help them reduce the sales of cigarettes to children.

#### Drugs

Our Board's Drugs Education Officers engage in a wide variety of formal and informal education initiatives aimed at reducing the misuse of licit and illegal drugs. The Health Promotion Department collaborated with our Board's Drugs Education Officers in the development of a series of courses on best practice in Drugs Prevention for European Week Against Drugs.

#### Mental Health

Our Board sponsors the appointment of three Mental Health Development Officers who are employed directly by the Mental Health Association of Ireland. These officers aim to help the mentally ill and promote positive mental health through various initiatives in schools and the community including the Public Speaking Project, provision of information and training through local libraries and resource centres and collaboration with voluntary and statutory agencies working to promote mental health.

#### Physical Activity

In October our Board hosted a seminar for representatives of statutory bodies, voluntary organisations, and relevant individuals to identify barriers to participation in physical activity. Our Board collaborated with the Fingal County Council in the

development of a community intervention in Swords to promote active living.

#### The Lifestyle Challenge

Over 600 members of our Board's staff participated in the Irish Heart Foundation "Lifestyle Challenge" - a reward scheme which aims to increase participants physical activity levels. As part of the lifestyle challenge a weight loss programme was offered for staff based at Dr. Steevens' Hospital.

#### National Campaigns

Staff throughout the Board participated in national campaigns including Irish Heart Week, National Healthy Eating Week and Europe Week Against Cancer.

Irish Heart Week took place from November 8th - 14th. The theme was physical activity and the broad message was 'Be active for a happy heart'. The Chairperson of our Board and the Lord Mayor of Dublin jointly launched Irish Heart Week in Ballymun in conjunction with Dublin Healthy Cities

#### Europe Week Against Cancer 1998

This year the theme for Europe Week Against Cancer was Men and Cancer. In partnership with the Dublin Healthy Cities project, our Board organised a series of lunchtime meetings for male employees in the local authorities in our region. Over 1000 leaflets were distributed with information on our programme; a total of 280-290 men attended talks.

#### National Healthy Eating Week

This year the theme of Healthy Eating Week (10-16 May) was "Go For Low Fat Eating." Through the Area Health Promotion Committees, the Board distributed 20,000 magazines and held over 70 local events.

#### Breastfeeding Project

This two year research project aims to develop a protocol to increase breastfeeding rates in our region, and is a collaborative effort between our Board's Dept. of Public Health, Health Promotion Department and our Community Services staff with the maternity hospitals, voluntary agencies and primary care professionals in Community Care Area One.



*Jonathan Holmes, from Blackrock, took part in the Leopardstown Park inter-hospital sponsored cycle.*

# Social/Local Development

**Our** Board's mission is to build strong links with local area partnerships that facilitate the delivery of services of excellence, responding to the needs of communities and resulting in health and social gain in partnership areas.

The local development groups have initiated actions to improve training, childcare and educational opportunities for the long-term unemployed in disadvantaged areas. They encourage the involvement of local people in the planning and design of services, resulting in ownership and respect for local initiatives and results in more integrated services through pooling of resources.

Our Board has representatives on 13 boards of Local Area Partnership Companies in designated disadvantaged areas and the six Community Groups in non-designated areas. We also have representatives on all of the 12 Drugs Task Forces in our region. There are strong linkages between all of these partnership-type organisations at local level. There are 110 Eastern Health Board staff altogether involved in local development including those on working groups and networks.

## The objectives for our Board's involvement in Local Development are:

- To ensure effective participation on community groups, partnerships boards, operational subgroups and drug task forces.
- To facilitate the sharing of experience and knowledge internally and with other statutory agencies.
- To assist the assessment of needs in local areas.
- To assist with proposals for co-funding with other sectors and agencies(e.g. local

authorities, FAS, Garda, educational authorities).

- To link relevant services internally with key participants in the partnerships.
- To add value to initiatives developed locally (where they meet our overall strategy for health and social gain).
- To help re-direct our resources towards projects already catering for our target groups.
- To provide a link between our management team, service managers and our partnership representatives.
- To link partnerships/drugs task force local area action plans to our service plans.
- To develop integrated services across sectors.
- To participate in the design, planning and



*Members of the Ballyfermot-based COLT Project, an EHB/Garda-sponsored community initiative which gives young people in the locality a chance to work with horses, who undertook a fund-raising drive to provide a special converted van for children with special needs, pictured on the day prior to departure outside Dr. Steeven's Hospital with Garda Mounted officers plus vintage carriages. They mounted a horse drive between Dublin and Ballinasloe, and raised cash by asking people to guess how long it would take to travel the distance - just 14 hours, 34 minutes and 10 seconds, as it turned out. The drive raised £7,500 directly, with another £12,000 being donated.*

development of integrated area plans with local authority planners and regional managers.

**The Local Area Partnerships in the Board's Area are:**

- Southside Partnership (Dun Laoghaire, Rathdown, & Rathfarnham)
- Bray Partnership
- Dublin Inner City Partnership
- Kimmage, Walkinstown, Crumlin, & Drimmagh Partnership (KWCD)
- Tallaght Partnership
- Clondalkin Partnership
- Ballyfermot Partnership
- Canal Communities Partnership (Rialto, Kilmainham, Inchicore, Islandbridge & Bluebell)
- Oak (Offaly & North Kildare)
- Blanchardstown Area Partnership
- Ballymun Partnership Limited
- Northside Partnership (Coolock, Kilbarrack, Darndale & Donaghmede)
- Finglas/Cabra Partnership

There are drugs task forces in the Dublin city and county areas above.



Minister for the Marine Dr. Michael Woods., T.D., gets first aid from Trinity Adult Resource Group for Education and Training (TARGET) course participants Ms. Pauline Mooney and Ms. Laura Haye.

**Community Groups based on the Partnership Model in the Board's Area are:**

- Community Enterprise Society Limited (Rathmines)
- Wicklow Working Together
- Arklow Community Enterprise
- Co-operation Fingal North (Balbriggan)
- Lucan 2000
- Action South Kildare (ASK)

**The following has been achieved in 1998:**

- Consultative structures were set up in most of the Community Care Areas in our region to link local development action plans to our Board's services plans.
- Linkages between local development and Women's Health, and Health Promotion, were established.
- TARGET Project continued to provide health education services through its project in Donaghmede.
- Dublin Healthy Cities Project Health Plan was promoted through our core local development group.
- Green Paper supporting Voluntary Activity was examined at seminars throughout our region with statutory agencies and our Board.
- Projects for marginalised groups i.e. homeless drug users with TB, immigrants and transsexuals with multi-infection, were examined.
- Integrated Services Project was launched.
- A communications network to ensure adequate information flow between our Board and the partnerships was established.
- Staff Development modules were developed to address training deficits for staff engaged in local development, community development and integrated services work.
- A mechanism for responding to local authority planners and the development of integrated area action plans was introduced through a central Planning and Development Group.

# Customer Services Department

**Our** Board's main Customer Services Department is located at Dr. Steevens' Hospital in Dublin.

There are four components to the work of the Customer Services Department:

## 1. Information and Advice

The Department strives to provide its internal and external customers with up-to-date, clear, accurate and detailed information and advice on:

- The full range of health and personal social services entitlements provided by our Board
- Eligibility criteria
- How to make an application for services
- How to make an appeal in the event of a service being refused
- How to make a complaint in the event of a customer being dissatisfied with any aspect of a service being provided

Access to the Department is provided through a free phone service (1800 520 520), through the main switchboard and to customers who call personally. Information is provided in a client friendly informal environment with a facility for private interviewing when necessary. A minicom facility is available to provide a service to the deaf community.

The offices are open Monday to Friday from 9 a.m. to 5 p.m. including lunchtime.

An afterhours free phone answering service (1800 520 520) is available whereby cus-

tomers may leave a message and their Calls will be responded to the following day.

## 2. Health Promotion

The Department carries the full range of health promotion literature and regularly takes part in exhibitions and conferences to make customers aware of issues pertaining to their health and social status and how to bring about change when appropriate.

## 3. Collaboration and Co-operation in information giving partnerships between statutory, voluntary organisations and community groups.

Activities include:

- Information presentations on our Board's services and the development of a customer focus in their organisations.
- The provision of advice and assistance to various organisations in our region on joint initiatives and to other Health Boards setting up Customer Services Departments.
- Compilation of a comprehensive information Directory/Guide to include all Health and Social Services provided by our Board and by the Voluntary Organisations and Community Groups funded by our Board within the EHB Region for older persons and their carers.
- Co-ordination, production and dissemination of information at local level.

## 4. Training and Development

To underpin the commitment to Customer Services, the Department co-ordinates and develops suitable training and development programmes to improve staff skills and knowledge and to enhance the quality of service to our clients.

## Health Centres

Customer Services facilities have also being initiated in our own Health Centres at Swords, Ballymun and Roselawn.

All the work of the Department is targeted to the Health Strategy's emphasis upon increasing the customer orientation of services.

## Activity level for 1998

Total number of contacts: 148,475



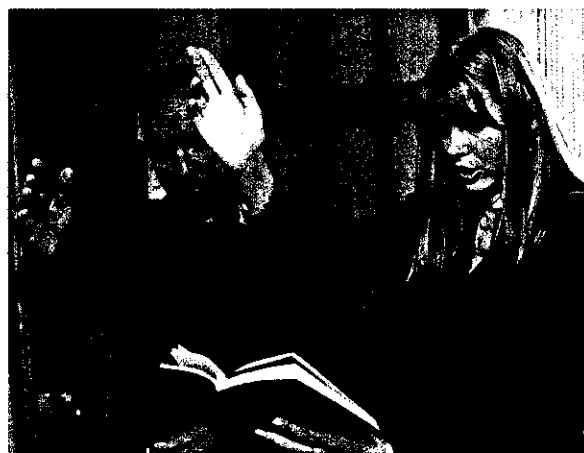
The busy Customer Services Department in Dr Steevens' Hospital



# Children and Families



Some of the 280 parents - the largest number ever trained in one year - who were presented with Skills Certificates by the EHB's Parenting Skills Unit.



At the opening of the Homestart premises at Blakestown Road., Blanchardstown, blessing the newly refurbished house, were Fr. Desmond Hogan, P.P., Mountview, and Rev Lynda Peilow, Curate Assistant with the Church of Ireland Parish of Castleknock & Mulhuddart with Clonsilla.

*It is* the mission of the Programme for Children and Families to enhance the health and social gain of the children and families of our region. Within the Programme, the following services are provided

## Child Care and Family Support

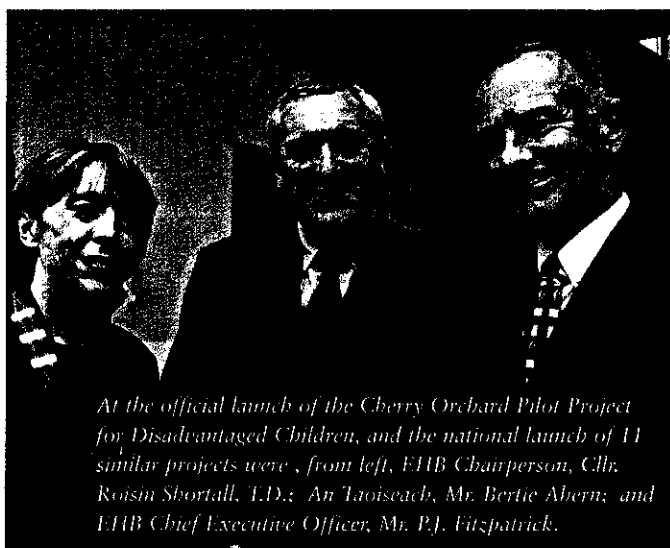
A range of safeguarding and preventative services were undertaken in 1998 including: Family Support Service; day nursery provision; Neighbourhood Youth Projects; family centres and after-schools programmes.

No of Day Nursery places provided	1367
No of families assisted by Family Centres	177
No of clients seen by Parenting Skills Unit, Psychology Dept	452

Additional funding was provided for the further development of Family Support Services in each Community Care Area during 1998.

Two Springboards early intervention initiatives were launched in 1998 in Cherry Orchard and Naas. A Family Centre which provides therapeutic services for up to 50 families from Cherry Orchard, Ballyfermot and Clondalkin, opened in 1998.

Child protection was undertaken by Area



At the official launch of the Cherry Orchard Pilot Project for Disadvantaged Children, and the national launch of 11 similar projects were, from left, EHB Chairperson, Cllr. Roisin Shortall, T.D.; An Taoiseach, Mr. Bertie Ahern; and EHB Chief Executive Officer, Mr. P.J. Fitzpatrick.

teams of social workers and childcare workers: investigations were undertaken, case conferences held. A total of 1719 referrals of suspected cases of child abuse were received in 1998.

## Child Abuse Referrals in EHB region in 1998

No of Referrals	1719
Confirmed abuse	701
Confirmed non-abuse	147
Inconclusive assessment	496
Case still open	375



At the Eastern Health Board's conference *The Power of Family Support* were Minister of State at the Department of Health and Children, Mr. Frank Fahy, T.D. with Family Support Co-ordinators (from left), Ms. Jan McConnell, Ms. Stephanie Holt, and Ms. Liz Donohoe.

A Child Care Manager was appointed to each Community Care Area and their principal responsibilities include the co-ordination of child protection procedures and the effective management of child abuse notifications at Area level. Schools in our region continued to participate in the Child Abuse Prevention Programme.

**Children in Care:** Alternative care was provided for 1,519 children in 1998. Foster care was provided for 1,183 children and 336 children were in residential care in the region. An additional 80 foster families were recruited and fostering allowances were increased.

An Inspector for Residential Services was appointed during the year. Funding was provided to enhance staffing levels in residential care units and special arrangements were put in place for a number of children who experienced difficulties in mainstream residential care.



At the official launch of the Naas Family Support Project by the Minister for Finance, Mr. Charlie McCreevy, T.D., (centre), were EHB Chairman, Cllr. Cyril Gallagher (right) and EHB Board Member, Mr. Paddy Aspell.

The contract for the construction of the purpose-built Special Care Unit at Ballydowd was signed in late 1998. This complex, including education and recreation provision, will be completed early in 2000 and will providing care for 24 young people.

**Adoption:** Two babies were placed with our Board for adoption in 1998. Seventy-four assessments for inter-country adoption were completed and many more were in the process of assessment. Sixty-nine families were approved for adoption in 1998.

#### Child and Adolescent Psychiatric

**Service:** A range of activities including assessment, individual, family and group therapy, counselling, speech and

language therapy was provided. Residential services, special schools and day treatment centres also continued. Services were provided either directly by our Board or by voluntary agencies on our behalf.

#### Child and Family Centres : 1998 Activity

No of first visits  
No of return visits  
No in group sessions

1,242  
1,098  
5,189

During 1998 the brief for the proposed new Adolescent Day Hospital in West Dublin was completed. The staff complement of the Child Psychiatric Team in the Tallaght Hospital was enhanced and specialist liaison services to cystic fibrosis and haemophilia teams were developed. An Ethics Committee was set up to oversee research in child psychiatry. Support was provided to the Tourette's Syndrome Association.

**Services for Autism:** Specialised Autism Centres, day attendance, residential and respite care, special schools and outreach services are provided in the region giving a full range of diagnostic, clinical and educational services for children on the autistic spectrum. In 1998 the brief for the proposed new education and clinical centre of excellence at Beechpark was completed. A multi-disciplinary outreach team to support parents of newly diagnosed autistic children was recruited and trained. 84 children and 58 families on the southside

received support in 1998. The team will also support teachers in the six recently designated special autism classes in regular schools in the region.

**Pre School Services:** A total of 879 providers of pre-schools services in our region had notified our Board of their service provision by the end of 1998. During the year, six inspection teams were appointed and carried out 101 inspections. Information meetings for service providers were held and guides for both service providers and parents were published.

**Child Health:** Child health services provided during 1998 included: home visiting by Public Health Nurses; well-baby clinics; paediatric developmental examinations; school medicals; vision and hearing screening; immunisation booster programmes; health services for Traveller children.



At the opening of the Homestart premises at Blakestown Road, Blanchardstown, were Minister of State at the Department of Health and Children, Mr. Frank Fahy, T.D., with Cllr Cyril Gallagher, Chairman of the Eastern Health Board and Ms. Anna Lynch, Co-Ordinator of Homestart, Blanchardstown.

ed by the Programme during the year was 2,380.

**Child Care Advisory Committee:** The Committee met on ten occasions during 1998 and during the year the Committee worked on two reports for submission to our Board.

**Women's Health:** in 1998, the Programme continued to provide health promotion and information services, family planning and counselling services. The Teenage Health Initiative targets early school leavers for health education and Baby Think it Over interventions.

The Women's Health Project continued to provide screening, contraception, counselling and referral services for women in prostitution. A service for women drug misusers involved in prostitution was opened in August 1998 in partnership with the Merchants' Quay Project and a women's health worker was assigned to the project. A health risk profile of prostitutes in Dublin was published during the year and research into the health needs of drug misusers in prostitution continued.

Visits to children by Public Health Nurses	248,708
Babies attending developmental examinations	18,134
Pupils examined at school medical examinations	17,869
Hearing and vision tests	54,673
Percentage uptake of MMR	76%
No of child attendances at dental clinics	188,578
No of orthodontic treatments carried out	18,543

A range of child health services for Travellers continued to be provided by the Mobile Clinic in 1998:

Children immunised	116
Child health visits	4,177

**Community Mothers:** The Community Mothers Programme is a peer-led support and health promotion service which enables more experienced mothers to visit other families and to foster inherent skills of the young mother. In 1998, 9,452 visits were made by Community Mothers. Ante-natal visits, breastfeeding support and parent and toddler groups were also undertaken by the Programme during the year. 646 Traveller families were visited by the Programme in 1998. The total number of families support-

No of Domiciliary Grants	108
No of information booklets published	4
No of breastfeeding training courses for PHNs	4
No of women's health agencies grant aided	6
No of youth workers trained in teenage health	26
No of teenage health projects evaluated	3
Schools "Baby Think it Over" intervention programmes	4
No of clients availing of Hepatitis C services	528



*At the official opening of the Hartstown Day Activity Centre were, from left, Cllr Cyril Gallagher, Eastern Health Board Chairman; Lady Valerie Goulding, founder of the Central Remedial Clinic; An Taoiseach Mr. Bertie Ahern, T.D.; Minister of State at the Department of Justice, Equality and Law Reform, Ms. Mary Wallace, T.D., Mr. Paul Kiely, Chief Executive of the Central Remedial Clinic, and Mr. P.J. Fitzpatrick, Eastern Health Board Chief Executive Officer.*

**Domestic Violence:** Support and places of refuge for women and their children who cannot live safely at home were provided by our Board directly and in partnership with voluntary agencies. The national helpline continued to operate. During 1998 the inaugural meeting of the Regional Planning Committee on Violence Against Women was held.

Community projects were supported by our Board including Dublin 15 Contact and the Family Resource Centre in Inchicore. A designated social worker was appointed to the A & E Dept at James Connolly Memorial Hospital to work with victims. Seed capital was provided to two voluntary agencies for the development of refuge services in Dublin South West and Kildare. Funding was provided to Women's Aid for enhancement of their services.

**Psychology:** In 1998, this Department provided services at clinics and residential units for children and adolescents. Parenting courses also continued. Adult mental health psychological assessment and therapy services were also provided to patients at both primary care and secondary care levels. Traumatized asylum seekers received assessment and therapy.

The Department collaborated with provision of rehabilitation services for homeless adults.

No of children and adolescents	1,043
No of adults	907
No of refugees and asylum seekers	108
Critical incident interventions	690

A parenting skills programme for teenage mothers was initiated as was a preventative "memory clinic" programme for older persons. Services to people with autism were extended as were services to people with learning disabilities. A critical stress management system for our Board's staff was designed and implemented and a suicide prevention programme for adolescents was initiated.

**Laragh:** provided therapeutic services in three locations for adults who were sexually abused during childhood. The service received 250 new referrals during 1998 and 221 clients decided to continue with counselling following their initial appointment. In 1998 an evening service was introduced to improve access. A week-long telephone help-line operated for those affected by the outcome of the inquiry into sexual abuse by swimming coaches.

# Complaints and Appeals Service

**In June** 1998 our Board launched a new complaints/appeals procedure which is common to all our services. Its aim is to ensure that complaints and appeals are managed in a confidential responsive and user friendly manner. This new procedure is objective, impartial and easily accessible by clients. It provides an opportunity for our clients to appeal when they are dissatisfied with decisions relating to any health or personal social services or wish to complain about any aspect of our services. This new service was amalgamated with the existing supplementary welfare allowance appeals service.

The focus of this new procedure is to resolve problems at local level where possible. Where this is not feasible there are two other level of appeal or complaint to the local area or hospital Complaints/ Appeals Manager and then to the Director of Customer Services and Appeals. The Director of Customer Services and Appeals is assisted where necessary by complaint panels which may include independent lay or professional members. This new service was widely publicised and information leaflets are available in all health board locations, citizens information centres, INOU offices etc.

This new service has proved very successful and while the number of recorded complaints and appeals is low relative to the wide range of services provided many complaints and appeals are dealt with informally to the satisfaction of both clients and our board.

Complaints and appeals received during 1998 were analysed with a view to improving the quality of service to clients. As a result of this analysis many initiatives were undertaken and will continue in the coming year to ensure a more equitable and

consistent service to clients.

Our Board's first user advisory group was established in December 1998 which gave our clients an opportunity to be proactive in the further development of our services. Following an evaluation of this first User Advisory Group it is planned to establish further groups in the coming year.

Appeals	
Brought Forward	383
Received	2,195
Refused	1,620
Allowed	503
Withdrawn	92
Carried Forward	363

Complaints	
Received	27
Concluded	20
Carried Forward	7

**Freedom of Information Central Office**  
The Freedom of Information Act became effective in Health Boards on the 21st



The launch of the Freedom of Information legislation for the eight Health Boards took place at the Royal College of Physicians in Dublin. At the launch were Ms. Anne McKeon (centre), EHB Director of Customer Services and Appeals, with representatives from the office of the Ombudsman (from left), Mr. Dan Kelleher, Ms. Geraldine Fitzpatrick, Mr. Michael Brophy, and Ms. Jackie Moore.



*The launch of the Freedom of Information legislation for the eight Health Boards took place at the Royal College of Physicians in Dublin. Pictured attending the launch were, from left, Mr. Gerry O'Dwyer, Secretary General at the Department of Health & Children; Ms. Anne McKeon, EHB Director of Complaints and Appeals and the Board's FoI Project team; Loraine McGrattan, FoI Project Manager; Minister of State at the Department of Health and Children Dr. Tom Moffatt, T.D.; Mr. Graeme O'Brien, FoI Project Team; and Ms. Orla Treacy, FoI Project Manager.*

October 1998. The purpose of the Act is to provide a right of access to information held by public bodies.

The principal aims of the Act are to enable members of the public

- To obtain access to the greatest extent possible to information in the possession of public bodies, consistent with the public interest and the right to privacy.
- To have personal information about them corrected if it is, incomplete, incorrect or misleading.
- To allow those affected by an act of a body to obtain reasons for the decision and findings on any material issues of fact.

The Act also establishes rights of review for individuals requesting information from public bodies.

During 1998 our Board established a central co-ordinating office to implement the Freedom of Information Act and to monitor compliance with this act. The central office provides assistance and advice to clients requesting information and supports staff in processing information requests.

Prior to implementation appropriate staff in the Board received specialised training to deal with our responsibilities under the act and briefing sessions were provided throughout the Board to ensure all staff were aware of implications of the Act.

The Act requires public bodies to publi-

cise information in relation to its structure, functions, rules, practices etc. To meet this requirement the Freedom of Information office published "A comprehensive guide to Eastern Health Board Services", "A Guide to the Administration of Services and Schemes". In addition information leaflets for the public and staff handbooks were published. These comprehensive documents have been made available to all major health board locations, social welfare offices, libraries, our website, citizens information centres etc. and will be updated regularly.

To deal with formal requests under the Act our Board has appointed Decision Makers in various areas and senior management have been assigned the task of handling the internal review procedures. While our Board recognises the need for formal structures in compliance with the Act it is fully committed to the concept of openness and transparency and is developing good practices to make information available on an informal basis outside the terms of the Act.

#### Freedom of Information requests

Received	64
Granted or dealt with outside the FOI Act	40
Transferred to other relevant body/withdrawn/refused	21
Number of requests carried over to 1998	3

# Services for persons with Physical and Sensory Disabilities

*The total* allocation for services for persons with Physical and Sensory Disabilities in 1998 was £14.705m.

The Programme continued to work closely with both statutory and voluntary service providers during 1998. Grants totaling £14.375m were made available to voluntary agencies to allow them to continue to provide and develop a wide range of services to persons with physical and sensory disabilities. Services provided included therapy, early services for children, respite, day activation, residential and home support. In addition care attendant, personal assistant and family support services were provided enabling persons with a disability to participate fully in social, recreational and educational pursuits.

A Director of Services for Persons with Physical and Sensory Disabilities was appointed in 1998. The role of the Director will encompass planning, new developments, liaison with statutory and voluntary service providers and the initiation of projects in the areas of service evaluation, quality assurance and formulation of standards.

The Community Services Programme continued to provide a range of services for persons living in the community and close liai-

son was maintained between the two programmes to plan developments, to identify gaps in service and to coordinate appropriate responses to individual cases. Financial allowances are also administered through the Community Services Programme and at year-end; the numbers availing of these allowances were as follows;

Mobility Allowance	909 recipients
Blind Welfare Allowance	474 recipients
Infectious Diseases	
Maintenance Allowance	14 recipients

## Developments during 1998

Additional funding totaling £2.676m. was made available by the Department of Health and Children in 1998 for physical and sensory disability services. Of this total, £1.596m was provided to address financial deficits which a number of voluntary agencies had incurred. This allocation allowed these agencies to place the funding of their core services on a secure footing for the future. The balance of £1.080m. was provided for new service developments and the following is a brief summary of the areas in which this funding was applied:

### Therapy Services

The Community Services Programme was funded to provide fifteen additional posts in Physiotherapy, Occupational therapy and Speech and Language Therapy, with some additional clerical support. A special post was established on a shared basis between Community Care Areas 7 and 8 and Beaumont Hospital to assist in the management of discharges into the community.

### Home/Family Support

Three additional Family Support Workers were assigned to work with the National



Rev. Father Sean O'Shaughnessey, Chaplain to Peamount, watched by staff as he blesses the Hospital's unit for the Young Adult Disabled

Association for Deaf People, the National Council for the Blind, Muscular Dystrophy Ireland and the Irish Association for Spina Bifida and Hydrocephalus, the latter on a shared basis.

Personal Assistant and Care Attendant schemes were extended. Five additional participants were admitted to the Personal Assistant scheme following assessment, while an additional four thousand care attendant hours were made available to persons with a disability living in the community.

Home Support Services on an intensive, flexible basis were provided for nine persons requiring special home support services to allow them to continue to live at home.

#### Respite

Four additional respite beds were opened at the Ardeen Cheshire Home, providing both planned and emergency respite breaks.

Funding was provided to supply two hundred weeklong respite breaks at the Cuisle Respite Centre managed by the Irish Wheelchair Association.

Home Respite services were boosted through the Cara Cheshire Home and Cerebral Palsy Ireland by funding an outreach worker and personal attendants to deliver the service to persons in their own homes.

#### Day Activation

The Centres at Skerries and Arklow were funded to extend their opening by one day and two days respectively.

#### Early Services

The services at clinics provided by Cerebral Palsy Ireland at Sandymount and Marino, Bray, were extended through the provision of an outreach worker, a half-time Senior Psychologist at Bray, and the establishment of a sessional home based early intervention team at Sandymount to provide services for up to twenty families.

#### Miscellaneous Developments

Funding was provided to Headway Ireland to allow the continued employment of an information/development officer to work with the

head-injured. A Resource Person was employed in partnership with the Irish Wheelchair Association to establish links between clients and the voluntary and statutory service providers in Community Care Area 7 on a pilot basis.

#### Aids and Appliances

A once-off sum of £1.404m was made available to our Board for distribution through a number of voluntary bodies for the purchase of aids and appliances for persons with disabilities. A capital amount of £0.360m was also made available during the year and was applied to address waiting lists for appliances in the Community Services Programme.

#### The Coordinating Committee

The Co-ordinating Committee for Physical and Sensory Disability Services continued to meet regularly during the year to discuss issues central to the management and development of services. Sub-committees of the committee produced position papers for discussion on home support and respite, aids and appliances and sensory disabilities services. A special meeting was held to consider the committee's role and function, and to assess its performance to date.

#### Capital Developments

A total of £0.972m was made available in 1998 to fund capital developments for physical and sensory disability services. As noted above, £0.360m was applied to reducing waiting lists for aids and appliances. £0.500m was committed to the redevelopment of the clinic operated by Cerebral Palsy Ireland at Sandymount. This major project, co-funded by the Department of Health and Children, the Department of Education and Science and Cerebral Palsy Ireland, involves the renewal of all of the facilities at the Sandymount site. £0.100m was made available for the extension of the Young Chronic Sick Unit at Peamount Hospital, and £0.012m was utilised for minor improvements at St. Joseph's Home for the Adult Deaf and Deaf/Blind in Stillorgan, Co. Dublin.



# Services for persons with Intellectual Disabilities



Chairman of the Eastern Health Board, Cllr. Cyril Gallagher (left) with Minister for Health and Children, Mr. Brian Cowen, T.D., at the announcement of the £13 million development package for St. Ita's Hospital, Portrane, Co. Dublin.

**Services** for persons with intellectual disabilities are provided directly by our Board and by voluntary organisations funded by our Board and funded by the Department of Health. The services of all organisations are co-ordinated through the Co-ordinating Committees which are chaired by the Programme Manager, Services for Persons with Disabilities.

Expenditure on Services for Persons with an intellectual disability in 1998 totalled at £44.9m, of which £24.787m was allocated to over 50 voluntary agencies providing services throughout our Board's region.

## Developments during 1998 - Additional places

This included £2.543m in respect of new services and £0.457m for the full year cost of emergency services, which provided for 64 additional residential places, 113 additional day places and 53 emergency residential in 1998.

The additional places helped in reducing the waiting lists for both day and residential

care. In particular they facilitated residential admission in situations where carers became ill or when the clients condition necessitated an urgent placement.

1998 was the first occasion when a specific allocation of funds was earmarked to address arising emergency cases thereby reducing pressure on both service providers and carers.

To enhance respite services for persons with an intellectual disability, 25 additional respite places were provided through the following organisations: KARE (Kildare), Sunbeam House (Wicklow), St. Michael's House (N/Dublin), St. Mary's, Baldoyle (N/Dublin), Co. Wicklow Association, St. John of Gods, Islandbridge (W/Dublin), and Stewarts Hospital (W/Dublin).

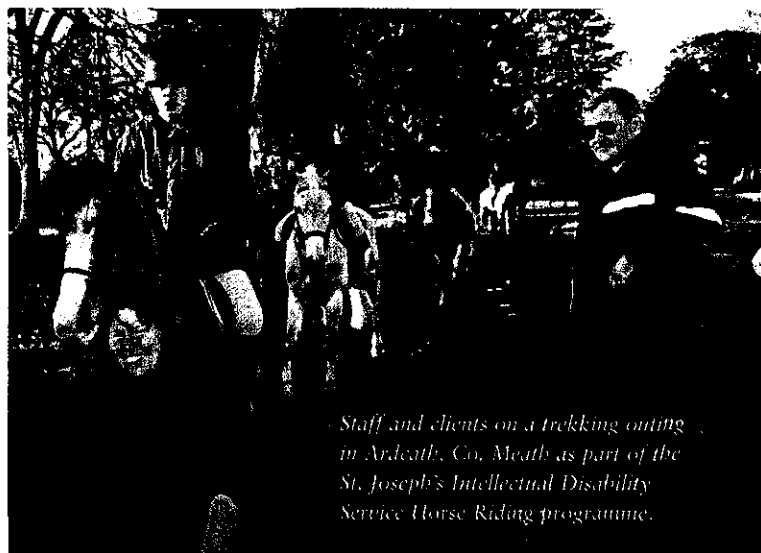
An increase in the numbers of families availing of home support was facilitated in 1998. In addition a training programme for home support workers was designed and implemented.

## N.I.D Data Base Audit

During 1998 a clinical audit of the National



*Ms. Marian Rainey, PE Teacher and clients of the St. Joseph's Intellectual Disability Service, Portrane at the Airport Driving Range.*



*Staff and clients on a trekking outing in Arcath, Co. Meath as part of the St. Joseph's Intellectual Disability Service Horse Riding programme.*



*Staff and clients from St. Joseph's Intellectual Disability Service on an activity week in Northern Ireland.*



*Derek Mahon, St. Joseph's Intellectual Disability Service on a trekking outing in Arcath, Co. Meath.*

Intellectual Disability Database was undertaken, which involved interviews with clients carers and professionals.

#### **Information Distribution**

Information leaflets on the National Intellectual Disability system was distributed to all parents and guardians in the Eastern Health Board region via the service providers.

#### **Appointment of Director**

The Board appointed a Director of Services for Intellectual Disability in 1998. This post involves input into policy planning and service evaluation of the Regional Intellectual Disability Services.

#### **Review by Public Health Specialists**

A review was completed by the Department of Public Health on Intellectual Disability clients in residential settings in the region, epidemiology, current vaccination practice and contact management in groups at risk of Hepatitis B Infection. An evaluation of the survey will be completed in 1999 and procedures and

protocols will be prepared in relation to vaccinations in all services providing care for persons with an intellectual disability.

#### **Evaluation**

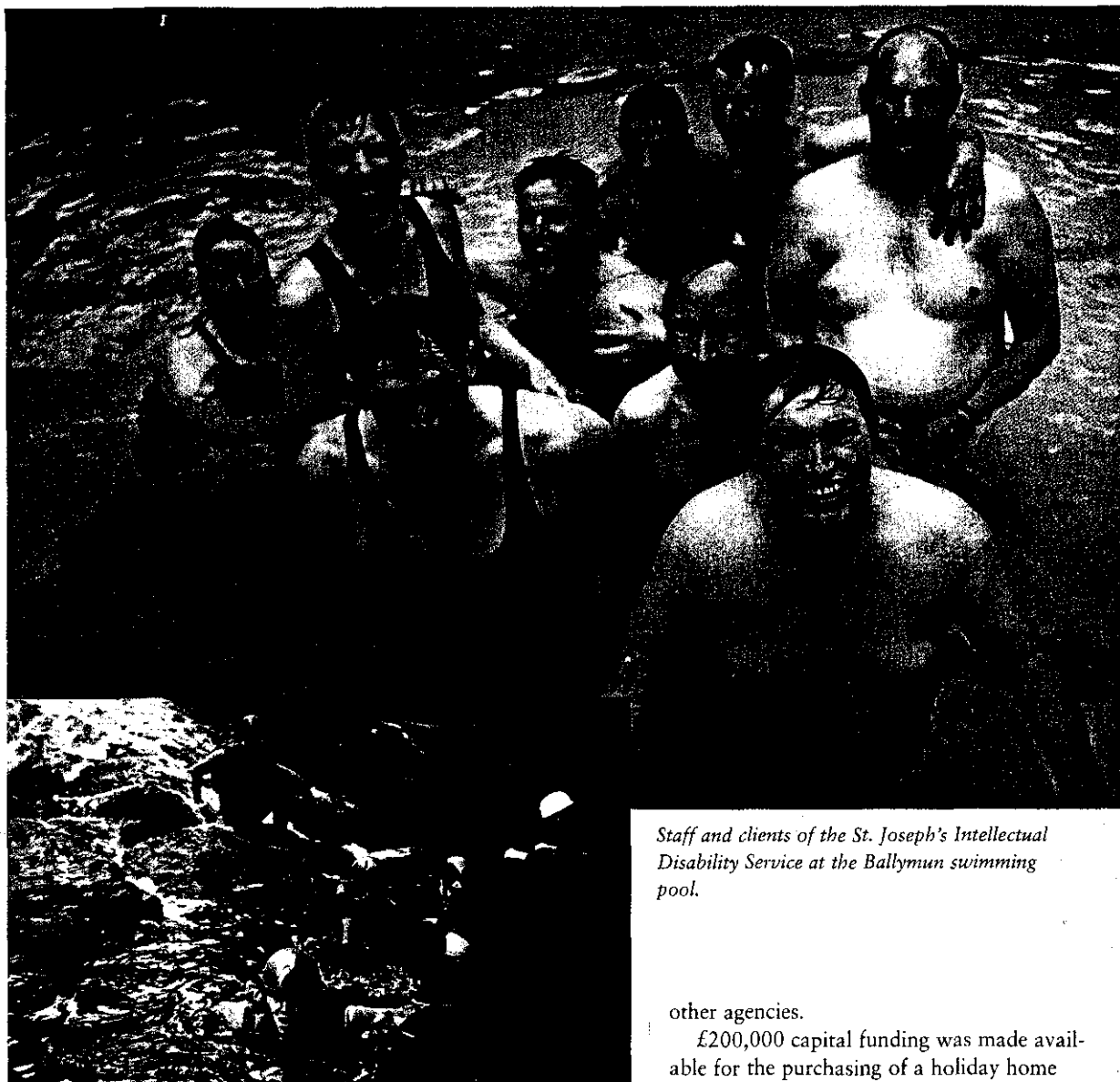
The National Research Agency began conducting a study to monitor and improve standards in the intellectual disability services. This involves interviewing residents of a number of our community group homes, parents, guardians and key workers regarding the quality and type of service provided in our Board's region. As this study is continuing in 1999 there will be a comparative element to the outcome.

#### **New Consultant Post for Kildare/WestWicklow**

A Consultant Psychiatrist commenced work in Kildare in 1998 and now provides out patients' clinics at Naas, Monasterevin and Johnstown Bridge to the Camphill Community, Moore Abbey, Dunfirth and Dara Residential Services.

#### **Intellectual Disability Nurse Training**

The undergraduate RNMH programme started



*Staff and clients of the St. Joseph's Intellectual Disability Service at the Ballymun swimming pool.*

*St. Joseph's Intellectual Disability Service staff and clients on an activity weekend in Northern Ireland.*

in October 1998 with an intake of seven students at St. Ita's in conjunction with the Daughters of Charity, Clonsilla.

#### **Capital Developments**

A capital grant was acquired by the Community Services Programme to upgrade facilities for the provision of dental services to residents at St. Joseph's Intellectual Disability Services, Portrane.

#### **Oldtown Bungalow Complex Development**

Planning permission was obtained and work has commenced on the bungalow complex at Oldtown, Co. Dublin to replace unsuitable institutional buildings at St. Ita's Hospital.

#### **School & Library**

A capital grant of £1.61m was made available to our programme in August 1998, which was distributed, between the Board and thirteen

other agencies.

£200,000 capital funding was made available for the purchasing of a holiday home for residents of St. Joseph's Intellectual Disability Services in Portrane. Development of the Nurse Training School and Library at St. Ita's were completed in 1998.

#### **Elderly Mental Handicap**

A working group was established in 1998 chaired by our Director of Intellectual Disability Services involving Board staff, the voluntary sector and our Public Health Department to advance the needs of the elderly persons with intellectual disability.

The majority of Intellectual Disability Services are provided through a range of community and day settings. The National Disability Database shows that 7,004 people avail of Intellectual Disability services in our Board's region; day services are provided to 4,589, and a further 2,415 receive both day and residential care. Of the 4,589 attending day services 1,490 are children availing of special schooling services.

# Older Persons

*There* are currently over 125,000 people aged over 65 years and more than 10,500 people aged over 85 living in our Board's area, an increase of over 7,800 and nearly 1,600 respectively over the last five years.

Our Board's elderly population will continue to increase over the coming years and by 2011 it is estimated there will be over 176,000 people aged over 65 living in our Board's area.

In order to meet the future needs of our elderly population our Board is conscious that a range of services must be put in place to allow older people remain at home for as long as possible and when that is no longer possible to provide a range of quality in-patient residential facilities.

The Board's 10 Year Action Plan for Services for Older Persons 1999-2008 report, adopted in June 1998 is a comprehensive strategy for planning the provision of a range of services for older persons into the new millennium.

The ground breaking report covers the full spectrum of quality services required for older persons complete with detailed recommendations and costings.

The total capital and equipping costs as detailed in the plan amount to £157m and the cumulative revenue cost at the end of year ten is conservatively estimated at £102m, based

on 1998 costs.

The report contains twenty three recommendations which have major cost implications. In addition, over twenty recommendations throughout the report focus on procedural matters such as changes in practice and methodology used in the operation of various services.

In 1998 our Board provided a wide range of services for older people both community and residential/hospital based. At community level the services provided covered general practices, community nursing and community paramedical services including services to elderly mentally infirm patients. A range of services including respite/intermittent care, convalescent/rehabilitation care, long stay care and day unit care were provided to in-patients.

Other services provided in 1998 included a rehabilitation/stroke service, day centres/clubs, nutritional service, continence promotion, support for carers, home improvement scheme, mobile day hospital and subvention towards care in private nursing homes.

## Community Ward Teams

Two additional Community Ward Teams were established during 1998 in Dublin West and Kildare. There are now 25 Community Ward Teams in place throughout our Board's area.

The Teams which provide a multidisciplinary



*EHB Chairperson Cllr. Roisin Shortall, T.D., with Cllr. Ivor Callely, T.D., (centre) and Mr. Seamus O'Brien, Programme Manager, Acute Hospitals and Services for Older persons at the St. Clare's Community Unit for Older Persons.*



*Meeting some of the residents at the official opening ceremony of the South Circular Road Community Unit for Older Persons were, from left, Minister for Health and Children, Mr. Brian Cowen, T.D., and Matron of the Unit, Ms Breda Hayes.*

nary outreach rehabilitation and support service to older people in their own homes facilitate the early planned discharge of older people from the acute hospital setting. They also enable older people remain in their own home for as long as possible and in some cases prevent the need for the older person to access an acute hospital.

### Psychiatry of Old Age

Three Department of Psychiatry of Old Age have been established in our Board's area.

Approval from Comhairle na n-Oispideal was received in 1998 for the financing of a new post of consultant psychiatrist for the Psychiatry of Old Age service in South West Dublin. This post was filled in a temporary capacity in November 1998 and arrangements were put in place to have the post filled on a permanent basis early in 1999. A medical registrar and secretary were also made available to support the post in 1998. This has allowed for the provision of an additional Department of Psychiatry of Old Age covering Dublin West and part of Dublin South West.

Capital Funding was made available during 1998 for the adaptation and provision of a dedicated area in the Jonathan Swift Clinic at St. James's Hospital for the provision of acute Psychiatry of Old Age in-patient services. The adaptation work was completed in November 1998 and the unit equipped in December 1998.

Funding was also made available for the continued development of a community based Psychiatry of Old Age service at St. Vincent's Hospital, Elm Park.

### Community Unit for Older Persons

Our Board has plans for the development of 29 strategically located community units including day units throughout our Board's area in the coming years. The first of these units opened at Cuan Ros, Navan Road, and a further 25 bed unit, at Sir Patrick Dun's Hospital, became operational in February 1997. Both units pro-



*At the official opening of the South Circular Road Community Unit for Older Persons were (from left) Minister for Health and Children, Mr. Brian Cowen, T.D., Mr. Gerry McGuire, EHB Programme Committee Chairman of Acute Hospitals and Older persons, EHB Chairperson Cllr. Roisin Shortall, T.D., Mr. Chris Flood, Minister of State at the Department of Tourism, Sport and Recreation, Cllr. Joe Connolly, Dr. Pat Upton, T.D., Deputy Sean Ardagh, T.D., and Cllr. Stanley Laing.*

vide a wide range of day care and in-patient services for older people.

The 50 bed Community Unit at South Circular Road was completed in late 1997 and the first patients were admitted in March 1998. A further state-of-the-art 50 bed Community Unit at St. Clare's, Ballymun was completed towards the end of 1998.

### Partnership with Voluntary Organisations

There is an extensive range of services provided by voluntary agencies on behalf of our Board. This involves over 140 organisations such as:-

- Carers' Associations*
- Home Helps*
- Meals on Wheels*
- Day Centres*
- Clubs and other groups*

Our Board also liaises with partners in the business sector and with local authorities through the Reach Out Awareness Scheme and with other agencies such as Age & Opportunity, Age Action Ireland and the

## Activities in 1998

• Domiciliary visits to the elderly by Public Health Nurse	113,499
• Number assisted by Home Help Service	6,466
• Voluntary Organisations Providing Meals on Wheels	144
• Number of Voluntary Day Care Centres and Clubs	112
• Number of Chiropody Applications Approved	16,490
• Number of Approvals Issued under the	
• Home Improvement Scheme for the Elderly	534
• Private Nursing Home Places	4535
• Long Stay Care Places	2108
• Respite Care Places	126
• Assessment/Rehabilitation Places (residential)	426
• Welfare/Convalescent Beds	327
• Day Hospital Places	278
• Day Care Unit Places	230



*Mr. Eddie Matthews, Director of Services for Older Persons, and Matron Mary Canon at the ceremony to hand over the keys of St. Clare's Community Unit for Older Persons, Griffith Avenue.*

National Council for the Elderly to further the development of services for older people.

#### **Private Nursing Home Care**

At the end of 1998 a total of 121 private and voluntary nursing homes were registered with our Board. Of these 115 homes were fully registered and six homes had conditional registration.

There were a total of 4,535 places available in these private/voluntary homes and at 31st December, 1998 our Board was subventing a total of 2,674 persons.

In November 1998 there were 65 contract private nursing home places for older people brought on stream. These 65 places will be retained in the system in 1999.

#### **Other Developments**

Our Board entered into agreement with the Sisters of Charity to provide 40 long stay places for older persons at St. Monica's Home from April 1998

A day service for alzheimer's/dementia patients commenced at St. Joseph's, Crinken Lane from March 1998

A day centre service commenced at Maynooth from May 1998

60 long stay places for older persons came on stream on a phased basis at a unit on the Meath Hospital campus from June 1998

#### **Customer Focus**

During the year, we developed procedures to involve older people in decisions about the delivery of services through seminars and conferences, directories of services, patient information handbooks and carers' seminars. An initial meeting was held to put a customer forum in place. It is anticipated that this forum will commence in 1999.

#### **Baggot Street Community Hospital**

The following clinics were held in the hospital:-  
*Skin Clinic*  
*Psychology*

*Developmental Screening*  
*Phlebotomy*  
*Continence Advisory Clinics*  
*Radiography*  
*Child Welfare Clinics*  
*Community Welfare Services*  
*Stoma Care Clinic*  
*Dental Services*  
*Physiotherapy (out-patient)*  
*Registration of Births, Deaths and Marriages*  
*Child Psychiatry*  
*Speech and Language Therapy Clinic*  
*Adult Psychiatry*

In addition, services for older persons included the provision of long-stay and short-stay accommodation, divided between respite care and direct GP access. The hospital also provided a rehabilitation day care service staffed by nurses, physiotherapists and occupational therapists. The community rehabilitation/ stroke service continued to operate.

#### **Eastern Health Board/Arts Council**

In 1998 a forum to discuss the introduction of an Arts Policy was established between representatives of our Board and the Arts Council of Ireland.

The group targeted the piloting of an inclusive arts policy in different care settings, including Cuan Ros Community Unit for Older Persons on the Navan Road. It is expected that this pilot will be in place by July 1999.

#### **Sonas Communication Programme**

In collaboration with Sonas aPc our Board has introduced the Sonas Communication Programme for older persons with dementia or alzheimer's disease into four in-patient care settings in 1998.

The programme involves the training of care staff to maximise the communication skills of sufferers of alzheimer's disease or dementia who gain little benefit from conventional speech and language therapy. The programme designed to prevent the isolation of older people has proved very successful in improving communications between clients, their relatives and their carers.

#### **Quality Assurance**

A Quality Assurance Programme under the direction of the Nursing Research and Development Department commenced in 1998 in Clonskeagh Hospital, which also includes the Psychiatry of Old Age and Acute Psychiatric Units, St. Brigid's Home, Crookslin and Baltinglass District Hospital and will be extended to two other homes in 1999.

### Reach Out Awareness Campaign

Our Board, in partnership with Dublin Corporation, other statutory agencies and voluntary bodies, and through sponsorship from the business community, continued the Reach Out - Be a Good Neighbour Campaign during 1998. Our Board part-funded the cost of producing thermometer cards for use by elderly in their own homes to prevent hypothermia.

### Home Help Services

A broad based group was established by our Board to progress the recommendations of the National Review of the Home Help Service report. The group is expected to finalise its report in 1999.

### Carer Support Service

Our Board continued to fund Crosscare to provide a programme for about 200 carers, mainly of older people, on the northside of Dublin, providing support, information and advice. A carer support service continued to be provided on the southside at Baggot Street

Community Hospital. Funding was also provided to Fingal Counselling Services and to Soroptomist International.

### Accident Prevention

A pilot community project to improve home safety among the elderly was initiated by our Board in 1998. Unintentional injury, especially injury due to falling, is a serious and frequent health problem among older people. Our board piloted a Risk Fall Assessment Programme in Baltinglass District Hospital in 1998 which will be evaluated in 1999.

### Home Improvements Schemes for the Elderly

Our Board with funding from the Department of the Environment, carried out repairs and improvements to houses of older persons to improve their living conditions. Measures were taken to identify and eliminate hazards, to prevent accidents and to increase security while improvements were carried out. Smoke alarms were also installed.

### In-Patient/Day Patient Activity (Actual) Out-Turn 1998

	No of Beds	Admissions	Discharges	Bed Days	Day Hospital Attendances	Day Care Attendances
<b>Totals</b>	<b>1,634</b>	<b>3,976</b>	<b>3,827</b>	<b>541,053</b>	<b>4,359</b>	<b>38,526</b>

### In-Patient/Day Patient Projected Activity 1999

	No of Beds	Admissions	Discharges	Bed Days	Day Hospital Attendances	Day Care Attendances
St. Mary's Hospital	345	972	971	115,050	4,581	-
St. Clare's Home	85	64	65	30,384	-	2,946
Quarros	46	244	238	15,596	-	2,920
St. Brigid's Home	150	72	70	52,880	-	3,600
Brickendomin	182	96	94	64,250	-	-
South Circular Road	50	264	262	17,504	-	2,350
Monkshead Hospital	76	49	42	26,188	-	-
Meath Unit	60	136	127	19,560	-	-
St. Patrick's Dubs	25	52	56	8,400	-	3,360
Baggot Street Hospital	84	1,025	995	28,500	-	2,140
St. Vincent's Hospital - Athy	224	422	422	77,165	-	5,788
Baltinglass District Hospital	95	193	206	31,953	-	5,685
Wicklow District Hospital	30	71	73	9,849	-	5,546
St. Columba's Hospital	142	509	506	46,925	-	6,885
St. Clare's Community Unit	50	190	160	13,800	-	1,000
St. Monica's Home	40	24	24	13,774	-	-
St. Joseph's Home, Clonsilla	-	-	-	-	-	3,500
<b>Total</b>	<b>1,684</b>	<b>4,383</b>	<b>4,311</b>	<b>571,778</b>	<b>4,581</b>	<b>45,720</b>

# Services *for the Homeless*

*Our Board* continues to provide a seamless service to homeless persons through our Homeless Persons Unit in Charles Street. This service provides an emergency accommodation placement service on behalf of the Dublin Housing Authorities.

It also offers an income support service through the Supplementary Welfare Allowance scheme. In addition, it offers advice and support to homeless persons and families primarily relating to their health, welfare and housing needs. This service works in close co-operation with other statutory and voluntary organisations providing a range of focussed support services for homeless persons and families.

In 1998, approximately 4,500 families and individuals received a service from our Homeless Persons Unit. The number of families and services approaching our service for the first time during 1998 was 1,950. This represents a reduction of almost 100 in the number of first time applicants compared to 1997.

The Homeless Initiative which was launched at the end of 1996 continued to operate effectively. The Initiative was set up to secure better co-ordination and delivery of services for the homeless. It has a particular role in ensuring the development of responses which will enable homeless people to become more settled and more out of the cycle of homelessness. ☺



*Usher's Island Day Programme and Outreach service for the homeless.*



# Services for Travellers

**Our** Board strives to raise the health status of the travelling community to the national target levels for the population in general, by providing accessible and culturally appropriate services, developed with Traveller participation.

The Health Strategy and the Report of the Task Force on the Travelling Community give direction for the improvement of general health and social service provision to meet the needs of the travelling community.

The particular health needs of Travellers as customers, are being developed through their involvement in focus groups and conferences,

and St. Vincent's Hospitals

- A video for Traveller women on women's health issues was completed. The video and a workbook will be launched in 1999
- The dental initiative continued with clinics in Finglas and Blanchardstown. A Dental Hygienist was employed on a six month pilot basis operating in the Greater Blanchardstown Area

## National Travellers Health Advisory Committee

One of the recommendations of the Task Force on the Travelling Community (health section)

was that a National Traveller Health Advisory Committee would be established. This committee was established during 1998 and consists of Travellers, representatives of Traveller Organisations, Health Board representatives and officials from the Department of Health and Children. The priority of this committee is to develop a national policy to improve the health status of the Traveller Community and will have an impact on services in the Board.

## Traveller Health Unit

A second recommendation of the Task Force on the Traveller Committee

(health section) was that a Traveller Health Unit be established in each health board. The brief of the Traveller Health Unit included the following:

- Monitoring the delivery of health services to Travellers and setting regional targets against which performance can be measured
- Ensuring that Traveller health is given prominence on the agenda of the health board
- Ensuring co-ordination and liaison with the health board, and between the health board and other statutory and voluntary bodies, in relation to the health situation of Travellers
- Collection of data on Traveller health and utilisation of health services
- Ensuring appropriate training of health service providers in terms of their understanding of a relationship with Travellers
- Supporting the development of Traveller specific services, either directly by the health board, or indirectly through funding appropriate voluntary organisations

*A Traveller Health Unit was established in our Board in late 1998.*



*The Minister for Health and Children, Mr. Brian Cowen, T.D., at the presentation of certificates in primary health care to 20 traveller women at Pavee Point.*

the development of health education materials and the engagement of Travellers and community health workers working alongside our Board's professional staff.

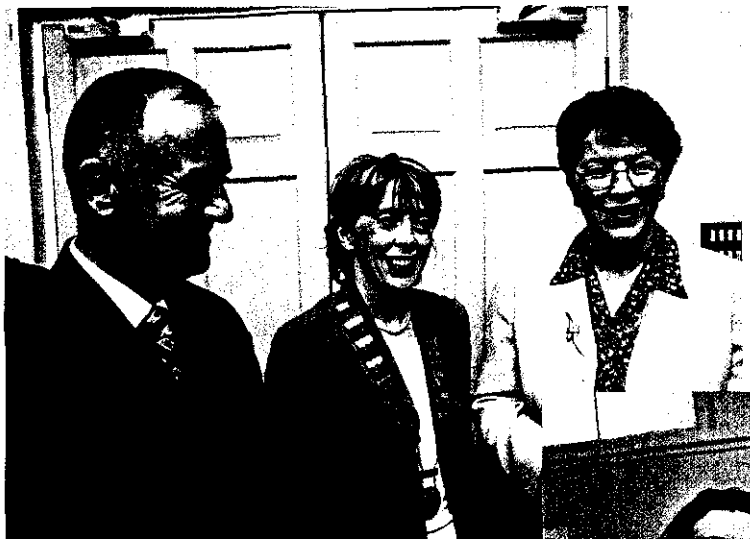
During 1998 Travellers accessed all services available to the general public. In addition, specific services adapted to the particular needs of the Travellers were provided in the travellers' own homes and in the mobile clinic.

The primary health care projects (Finglas/Clondalkin) effected an increase in the uptake of health and social services among Travellers. Community health workers from the travelling community were employed to assist in this objective.

## The following developments took place during 1998:

- Eight new Community Health Workers were employed in Area 6
- Twenty Traveller women received certificates as community health workers accredited by Trinity College Dublin and our Board
- Closer links were established with the hospital sector through the provision of in-service training on Traveller health and culture for staff in Blanchardstown, Tallaght

# Women's Health



Left: At the launch of the Eastern Regional Committee on Violence Against Women were, from left, EHB Chief Executive Officer Mr. P.J. Fitzpatrick; EHB Chairperson, Cllr Roisin Shortall, T.D.; and Ms. Mary Wallace, Minister of State at the Department of Justice, Equality and Law Reform.



Ms. Regina Buckley, (right) Continenence Specialist, and Ms. Barbara Buckley, Continenence Advisor, of the EHB's Continenence Promotion Unit, Dr. Steeven's Hospital.

**The** Women's Health Department continued to develop and expand the initiatives set out in the Eastern Health Board Plan for Women's Health.

**Reproductive Health:** Women's Health Services were made available to medical card-holders at I.F.P.A. (Clondalkin/Tallaght). Well Women (Coolock) and at designated G.P. clinics. Grants were also paid to NAOMI and Accord in respect of natural family planning services.

**Home births:** Demand continued to grow for these services. The grant payable to mothers in respect of private midwifery fees was increased to £600 in 1998. Funding was secured and arrangements have been made for the establishment of a home-birth outreach service and domino service at the National Maternity Hospital at Holles Street. Under this scheme a team of eight experienced midwives will see women for their antenatal visits in the hospital, in local clinics and in their homes. Community Care Areas 1&2 were selected for the pilot project in view of their proximity to the hospital.

**Information:** A booklet on Postnatal Depression was produced and will be launched in early 1999.

Funding was provided to Ballyfermot Women's Forum to produce a fridge magnet on which are listed the telephone number of statutory and voluntary organisations providing health services as well as emergency services.

The fridge magnets were distributed to all households in the area.

A book entitled "Women's Health/Family Planning" was produced. This book contains clinical information on women's health and is intended for use by health care providers.

**Young People's Health Initiative:** Two groups of youth and resource workers were trained in 1998, and previous groups were evaluated. The evaluation explored changes in information attitudes and behaviour on the part of young people who received intervention programmes aimed at delaying initiation of early sexual activity. Encouraging changes in attitude and behaviour were noticed following intervention. Uptake of programmes was higher with girls than boys.

**Traveller Women:** An educational video on family planning; antenatal and postnatal care; screening and menopause was produced.

Two traveller women were employed as health care workers.

**Women with Disabilities:** A Personal Development course was provided for women with disabilities.

*Eastern Health Board staff attending a Board seminar for voluntary and statutory bodies to discuss responses to the problem of domestic violence (from left: Emma Gannon, Aoife Timothy, Ann D'Arcy, Aileen Soye, Regina Mullen, Trish Moran, Mary Griffiths, Len Amory, Elaine Graham, Ruairi O'Caislean and Paul Tierney.*



### **Violence against Women**

In May 1998 our Board held the inaugural meeting of the regional planning committee, recommend in the Task Force report. The committee is chaired by Ms. Maureen Lynnot and includes representatives of the statutory and voluntary sectors providing refuge and community support services.

In 1998, our Board supported a number of community projects. These included Dublin 15 Contact, a community based project aimed at providing a local co-ordinated response service for victims of domestic violence from the area, and the Family Resource Centre in Inchicore, which provides advice, information and support service for victims of domestic violence from Inchicore and the surrounding area.

Consultations were initiated, with relevant statutory and voluntary organisations, with a view to establishing two Refuges, one in Dublin South West and the other in Kildare. Two voluntary organisation were provided with seed funding to advance the development of two new Refuges to be located in these areas.

Additional funding was provided to Women's Aid to extend their helpline, develop a court accompaniment service, develop and outreach service in co-operation with the Board's children and family team in the Coolock area, expand their training programme for voluntary and statutory service providers who encounter victims of domestic violence in the course of their work, establish a group support facilitation service. An arts and crafts project in partnership between the Board and Women's Aid, in the Rathmines REfuge for women and children, received a highly commended award in the community development category of the 1998, Guinness Living Dublin award ceremony.

A Designated Officer for Women and Violence was appointed in May.

A designated social worker has been appointed to the Accident and Emergency Department at James Connolly Memorial Hospital.

Funding was afforded to a pastoral group in Kildare which produced an information pamphlet on service available to victims of domestic violence.

Financial assistance was provided to the Rape Crisis Centre to facilitate upgrading of computer systems.

Research into the needs of adult victims of child sexual abuse was initiated and will continued in 1999.

### **Laragh Counselling Service**

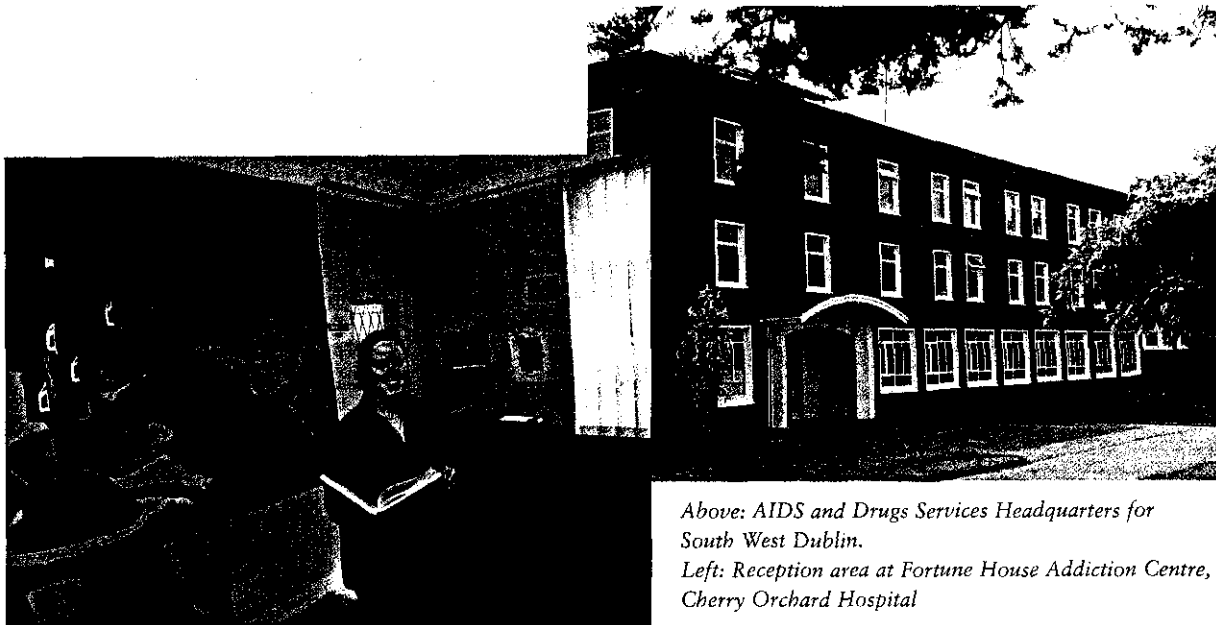
This service provides an extensive therapeutic programme to adults who have been sexually abused in their childhood. In 1998 Laragh received over 250 new referrals, which represents a 60% increase on the previous year. Clients are seen within three weeks of contacting the service. A total of 221 clients opted to continue with counselling following their initial appointment. The service is community based with three service outlets in Clontarf, North Circular Road, and Tallaght. In 1998 an evening service was introduced which is held on one night per week, for clients experiencing difficulty in arranging time off work. While 80% of service delivery time is dedicated to direct service to clients, Laragh also provided information, training, consultancy and supervision to other services during 1998.

The Laragh Counselling Service provides an extensive therapeutic programme to male and female adults who have been sexually abused in their childhood or youth.

### **Attainment of 1998 Targets**

A major target for 1998 was the establishment of a working protocol with defined policies and clear procedures, especially in relation to child protection issues. This was achieved. \*

# Services for *Drug Misusers*



*Above: AIDS and Drugs Services Headquarters for South West Dublin.*

*Left: Reception area at Fortune House Addiction Centre, Cherry Orchard Hospital*

**One of** the greatest challenges facing our Board is the provision of services for drug misusers. It is likely that the number of heroin addicts in the Greater Dublin area is not less than eight to ten thousand. Heroin use is also evident in Co. Wicklow and to a lesser extent in Co. Kildare

Our strategy is to promote a drug free lifestyle, develop outreach contact with drug users and provide effective treatment locally. Our Board is responsible for providing, co-ordinating and funding treatment programmes in the region with the exception of the Drug Treatment Centre at Trinity Court which is funded directly by the Department of Health.

Heroin addiction is a chronic relapsing condition, the treatment of which is expensive, and it is difficult to give a definite answer as to what treatments are effective. A variety of treatments are available to drug misusers. Clients may go to a therapeutic community such as Coolmine, which is grant aided by the local Health Board. International research has shown that the 15-20% who complete these programmes are likely to stay drug free and have a life free of crime.

## **Treatment**

Methadone maintenance treatment is the most evaluated form of treatment in the manage-

ment of heroin addiction. Treatment is provided by General Practitioners in their own surgeries and in addiction centres, in satellite clinics, the mobile clinic or in specialist detoxification units

## **New Methadone Treatment Protocols**

During the year our Board introduced new protocols to ensure uniform structured treatment services and stricter controls on the provision of methadone treatment. These were agreed between our Board, the Department of Health & Children, the Irish College of General Practitioners and the Irish Pharmaceutical Society, and implemented on October 1st.

Under the new protocols:

- Only doctors who have undertaken a specific training course - which is being provided by the ICGP in conjunction with our Board - receive contracts for the treatment of drug misusers.
- The number of patients for whom individual GPs can prescribe methadone treatment is limited to between 15 and 35, depending on the doctor's level of training and experience.



President Mary McAleese with Dr Kieran Harkin, Ms. Margaret Mannion, Mr Gerry Byrne, Ms. Sheila Heffernan, and Dr Eamon Keenan at the EHB's Fatima Mansions Satellite Drug Treatment Clinic

- Prescriptions for methadone must be written on official prescription forms specifically designed for that purpose.
- All drug misusers in treatment must be registered on a compulsory Central Treatment List and issued with photographic ID which contains the name of the prescribing doctor and the pharmacy where methadone can be dispensed.
- GPs can only prescribe methadone and pharmacists can only dispense methadone to clients whose treatment cards they hold.
- All drug misusers receiving methadone must be notified to the Central Treatment List.

When the new protocols came into place, the Eastern Health Board provided almost 600 additional drug treatment places to ensure continuity of treatment for those clients whose GPs could no longer provide methadone treatment for them, either because they were not specifically trained or already had the maximum number of clients on their books.

The total number of clients registered on the central treatment list increased from 2859 at 31/12/97 to 3610 at 31/12/98.

The Board succeeded in providing an additional 751 treatment places for clients in the communities last year.

The client treatment profile changed arising from the implementation of the new methadone protocol, resulting in 597 additional clients who were previously attending GPs being treated at our centres and Trinity Court.

#### General Practitioner/Pharmacists

Following the implementation of the new pro-

ocols, additional general practitioners and pharmacists were attracted to participate in treatment for drug misusers and to provide treatment for drug misusers locally in their own area. By the end of the year there were 97 GPs and 145 pharmacists participating in the scheme.

#### Addiction Centres

Addiction centres are facilities where the following services are provided: information for parents, community groups, schools, education and HIV prevention services, primary care, addiction counselling treatment, outreach and community welfare services. New addiction centres were opened in Castle Street and Cork Street in the South Inner City.

#### Satellite Clinics

Satellite Clinics are operated by General Practitioners who have been trained in drug misuse. These GPs have access to the specialist medical and counselling staff at the addiction centre and prescribe methadone at the clinics, which is dispensed by retail pharmacists. Urine screening and counselling is also undertaken. Sixteen new satellite clinics which opened during the year are ;

Addiction Responses Crumlin, 'The Mews', Bride St., Coolock, Corduff Clinic, Dundrum, Edenmore, Fassaroe, Finglas, Millbrook, Mulhuddart Clinic, Rathmines, Sallynoggin, St.Cronan's, Swords and Wellmount Health Centre.

#### Mobile Clinic

The mobile clinic service reaches drug users who are addicted to opiates, are injecting their drugs and are incapable of stabilising on methadone maintenance. The clinic was extended to Blanchardstown in 1998. The clinic now serves 4 sites and caters for 76 clients.

#### Detoxification

In-patient detoxification is provided at a 17-bed unit based in Cherry Orchard Hospital, Ballyfermot. Further evaluation of the in-patient detoxification programme in Cuan Dara was carried out during the year. There were 159 admissions to the unit in 1998. Evaluation has shown that 26% remained drug free when followed up after 10 weeks,

which is in line with international standards. The impact of the service will become further evident when the benefits of aftercare and rehabilitation programmes emerge.

#### Aftercare / Rehabilitation

Aftercare/Rehabilitation programmes are provided by our Board at the Soilse Project at Henrietta place. Our Board supports by way of grant aid the aftercare/rehabilitation carried out at the SAOL project in Amiens Street and Clondalkin. Addiction Support Project, Kilbarrack, the Rutland Centre, Coolmine, High Park (Drumcondra), Ballymun Youth Action and at Cuan Mhuire in Athy.

#### Information Education and Prevention Services

The importance of education and prevention is recognised in the service. Education Officers are employed who work with parents, schools and communities with a view to preventing young people becoming involved in drug misuse. Needle exchange and advice programmes help prevent the transmission of HIV and other infections.

Specific activities carried out in the education/prevention included the ongoing provision of education programmes with specific target groups. The development of a drug education video for parents, the organisation of in service drugs education services for our Board's staff and provision of consultancy and advice to a wide range of groups involved in the area of prevention.

The education team coordinated a wide range of activities during European Drug Prevention week. This involved assessment of funding proposals, budgetary planning and overseeing activities funded by our Board. Activities organised by the education team included the launch of a number of on-going projects, provision of public information as well as work with youth services and other relevant groups.

#### Helpline

The freephone telephone Helpline which was established in 1997 has proved to be very successful. At the end of 1998, a total of 4,300 calls were made to the Helpline. The Helpline provides information support, guidance and referral for those concerned with any aspect of drug misuse.



*Minister of State at the Department of Health and Children, Mr. Frank Fahy, T.D., during his address to the conference to mark progress in the EHB's Pilot Community Drug Addiction Project.*



*Aisling Centre, Cherry Orchard Hospital*

#### Emergency Services and Assessments

Emergency assessments are available at our main addiction clinics to provide urgent assessment for clients seeking treatment.

#### Needle Exchange

Needle Exchange programmes are an important strategy to contact intravenous drug misusers who are at risk of HIV transmission. The number of needle exchange clinics has increased by 2 in the course of the year from 11 to 13. 1574 new attendees availed of the needle exchange in 1998.

#### Voluntary Sector

Our Board recognises the key role of the Voluntary organisations and provides them with financial support as well as working with them in the provision of services. Close liaison is maintained with Voluntary Organisations to ensure a co-ordinated approach to service delivery.

# Asylum Seekers



*The service* provided to asylum seekers/refugees aims to increase their health and social gain in line with the Health Strategy.

The Refugee Medical Centre moved to its present location The Refugee Application Centre in the Department of Justice, Mount Street in October 1998. It provides voluntary screening for T.B, Hepatitis B/C and Polio. B.C.G. vaccine is offered where indicated and Diphtheria and Tetanus vaccine is given to those arriving from high risk countries. Approximately

2000 people attended for health screening during the year.

A general practitioner attends the centre on a sessional basis to ensure that an asylum seeker presenting at the centre for the first time is provided with immediate medical attention should they require it.

Asylum Seekers are also given immediate access to general practitioner services through six contracting general practitioners and are issued with their personal medical cards as soon as the necessary administrative arrangements are put in place.



# Acute Hospitals

## Services



*An architect's model of the Phase 2 Development of Naas General Hospital.*

**The** Acute Hospitals Service Programme ensures that each of our Board's hospitals fulfils its role as part of the network of acute general hospitals and provides quality care at the most appropriate level. The Programme has close formal and informal linkages with the major acute voluntary hospitals and plays the lead role in the co-ordination of all Accident and Emergency Services for the region. The Programme has formal arrangements with Dublin Corporation with regard to that portion of the emergency ambulance service provided on behalf of our Board by Dublin Fire Brigade.

The Programme also links with Local Authorities, the Gardai and the acute general hospitals regarding the healthcare aspect of Major Emergency Planning in the E.H.B region.

Our Board has direct management responsibility for James Connolly Memorial Hospital, St. Columille's Hospital, Naas General Hospital, and Cherry Orchard Hospital.

### **James Connolly Memorial Hospital: Service Developments 1998**

The provision of £0.080m in 1998 enabled the hospital to develop its Endocrinology services through the recruitment of one Consultant Endocrinologist together with appropriate support staff.

The provision of £0.053m facilitated the development of Speech and Language services at the hospital through the recruitment of an additional Senior Therapist and an additional Basic Grade Therapist together with secretarial support staff.

A special allocation of £0.300 m enabled the hospital to provide twenty additional acute hospital beds to meet demands from the Accident and Emergency Service for three months during the peak winter period.

The drafting of the Detailed Planning Brief for the development of the hospital was completed in 1998 and the Design Team are in the final stages of completing a proposed Development Control Plan for the site. This development remains on target for total completion of the project in 2002.



## James Connolly Memorial Hospital

## Activity 1998

<b>In-Patients</b>	
Day Beds	27
7 Day Beds	340/360
5 Day Beds	12
No. of Admissions	8,919
Bed Days	122,222
No. of Discharges	8,830
Acute Bed Days IME Report	86,256
Other Bed Days	35,966

<b>E.C.G. Dept Pts. Treated</b>	
In-Patients	4,676
Out-Patients	2,872
G.P. Referrals	361

<b>Physiotherapy</b>	
Treatment Units	68,901
Patients	25,604

<b>Day Services</b>	
Endoscopies	1,457
Bronchoscopies	244
PFT Laboratory	4,015
Geriatric Day Hospital	4,524
Dental Unit	124
Day Surgery	3,156

<b>Prosthetic Service Pts. Treated</b>	
In-Patients	25
Out-Patients	226

<b>Dept. of Radiology</b>	
No. of patients	45,785
No. of examinations	67,043
C.T. Scans	1,421
Ultrasound examinations	2,970

<b>Occupational Therapy Geriatrics</b>	
In-Patient Treatment	7,034
Patients	592
Out-Patient Treatment	998
Patients	258

<b>Occupational Therapy General</b>	
In-Patients Treatment	5,965
Patients	767
Out-Patient Treatment	3,545
Patients	468

<b>Pathology Tests</b>	
Micro-biology	67,731
Serology	7,422
Immuno-Haematology	15,465
Clinical Chemistry	523,560
Histology	43,527
Haematology	361,121
Autopsies	176

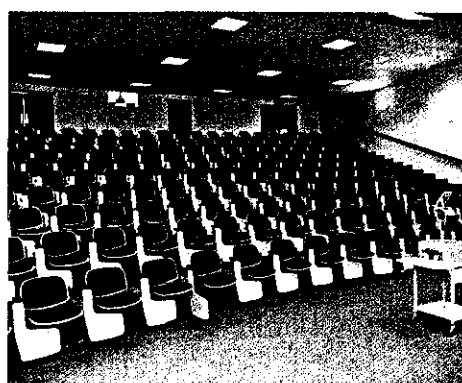
<b>Theatre</b>	
Major Operations	2,005
Minor Operations	5,213
Day Cases	3,156

<b>Out-Patients</b>	
No. of sessions	1,910
New attendances	9,919
Return attendances	50,202

<b>Casualty Attendances</b>	
New	25,951
Return	5,505

<b>Vascular Medicine</b>	
Patients	3,453
Tests	4,967

<b>Speech &amp; Language Therapy</b>	
In-Patient Treatments	3,940
Out-Patient Treatments	1,073



The new lecture theatre at James Connolly Memorial Hospital, Blanchardstown developed in conjunction with the Royal College of Surgeons in Ireland

### St. Columcille's Hospital: Service Developments 1998

A special allocation of £0.475 was made available for the purchase of a CT Scanner in 1998. The building works necessary to provide accommodation for this new service were largely completed in 1998 and the service will commence early in 1999.

The provision of funding in the sum of £0.035m facilitated the commencement of an Endocrinology Service at the hospital in October, 1998.

A Consultant provided Cardiology Service was provided at the hospital with effect from 1st January, 1998, in co-operation with St. Vincent's Hospital, Elm Park. This development was facilitated through a special allocation of £0.030 m.

A sum of £0.035 m was made available

for the development of Urology Services at the hospital in 1998 and this service commenced in October.

A special allocation of £0.150 m was used to purchase modern Radiology, Laboratory, Anaesthetic and Endoscopy equipment in 1998.

A draft Planning Brief for the proposed future development of the hospital was completed and submitted to the Department of Health and Children in 1998.

St. Colmcille's Hospital

Activity 1998

IN-PATIENTS	
ADMISSIONS	5205
BED DAYS	46000
DISCHARGES	5175
DAY CASES	1715
DAY ATTENDANCES	1713

OUT-PATIENTS	
NO. OF SESSIONS	744
NEW ATTENDANCES	5547
RETURN ATTENDANCES	13763

CASUALTY	
New Attendances	23872
Return Attendances	9128
X-Ray Examinations	38000

OPERATIONS	
Major	760
Minor	1797
Dental	168

Physiotherapy	41100
Endoscopies	325
Occupational Therapy	14179

Speech Therapy	720
Pathology Tests	12200
Post Mortems	183
Meals on Wheels	16050
Dietician	2836
ECG	1645
Social Worker	1475

Naas General Hospital:

Service Developments 1998

During 1998, discussions were finalised with the management of the new Tallaght Hospital with regard to joint consultant appointments between both hospitals. Application has now been made to the Department of Health and Children in respect of additional posts of General Surgeon, General Physician, Orthopaedic Surgeon and Physician in Geriatric Medicine.

Approval was received in 1998 to enable the upgrading of three nursing posts to Ward Sister level. This facilitated the appointment of a Bed Manager and two additional Ward Sisters.

A special allocation of £0.098 m in 1998 facilitated the purchase of modern radiology equipment, a ventilator and a stress monitor.

There was substantial progress in the new hospital development in 1998. Planning Permission for the new hospital was received. A number of conditions attached to his permission were appealed to An Bord Pleanála. This appeal will not result in any delay to the project which remains on course for completion mid year 2001.

A notice inviting submissions from general



Radiographer, Siobhan Hoare with the new CT Scanner at St. Colmcille's Hospital

contractors interested in tendering for the construction of the new hospital was published in the National Press and in the E.U. Journal.

Substantial enabling works were completed in 1998 to facilitate the new development;

A new Ambulance Base was constructed at Monread Road, Naas

The Day Hospital for Older Persons was relocated

Construction of additional car parking facilities was commenced.

Agreement in principle was reached with Kildare Co. Co. for the relocation of the Councils parking facilities at the hospital.

Naas General Hospital

Activity 1998

No of Beds	123
Observation Beds	13
Admissions	5677
Bed Days	52846
Discharges	5670
Day Cases	1042

Out-patients	
No of sessions	338
New Attendances	2520
Return Attendances	13974

Accident & Emergency	
New	19730
Returns	5960
Total	25690
Dressings	2440

Day Hospital	
Attendances	1317

Physiotherapy	
Physio In-patients	9900
Physio Out-patients	10880
Physio Treatments	39860

Radiology Department	
X-ray In-patients	4700
X-ray Out-patients	27900
X-ray Examinations	44625

Laboratory	
Lab Specimens	149257

Theatre	
Major	195
Intermediate	262
Minor	380
Endoscopies	1275

### Cherry Orchard Hospital: Service Developments 1998

The Public Health Laboratory based on the hospital campus received Food Control Accreditation from the National Accreditation Board in 1998.

A new Social Worker post at the hospital was filled towards the end of 1998.

A special allocation of £0.030 m facilitated the purchase and replacement of essential medical equipment during 1998.

### Cherry Orchard Hospital

#### Activity 1998

Infectious Diseases	
No of beds	73
Admissions	2,099
No of discharges	1,958
Bed Days	9,930

Elderly	
No of beds	111
Admissions	58
Discharges	53
Bed days	28,384

AIDS/HIV	
No of beds	18
Admissions	321
Discharges	293
Bed Days	3,986

Cran Data	
Beds	17
Admissions	159
Discharges	412
Bed Days	3,922

Young & Chronic Sick	
Beds 24	
Admissions	3
Discharges	3
Bed days	8,606
Physiotherapy patients	1,630
Chiropody treatments	439
Recreational Therapy	3,479
Social Worker	
Laboratory tests	144,835
Meals on Wheels	109,657

### Ambulance Services:

#### Service Developments 1998

An Accident and Emergency Liaison Officer was appointed in 1998 to monitor ambulance and patient transport service activity.

Three additional staff were recruited in 1998 and deployed to Swords ambulance base to extend the emergency front line ambulance cover in the North County/City area of Dublin and to improve response times in the region.

Two additional staff were employed at Maynooth Ambulance Base to eliminate on call working.

The refurbishment of Baltinglass Ambulance Base was completed in 1998.

Equipment was upgraded in 1998 to eliminate communication black spots.

Automated vehicle location equipment was purchased and tested in 1998 and this system will be fully implemented following consultation with staff representatives.

A Medical Advisor was appointed to the Ambulance Service in 1998 and Clinical Audit will commence in 1999 with the appointment of the necessary administrative staff.

### Ambulance Activity

Call Type	Total
999	20766
Urgent	15667
Pre-planned	29692
<b>TOTAL</b>	<b>66125</b>



New 4 wheel drive vehicle based at Naas for Kildare Region

### Preplanned Minibus and Taxi Activity

Total	Minibus	90722
	Taxi	34374
	<b>TOTAL</b>	<b>125096</b>

### Overseas Medical Services:

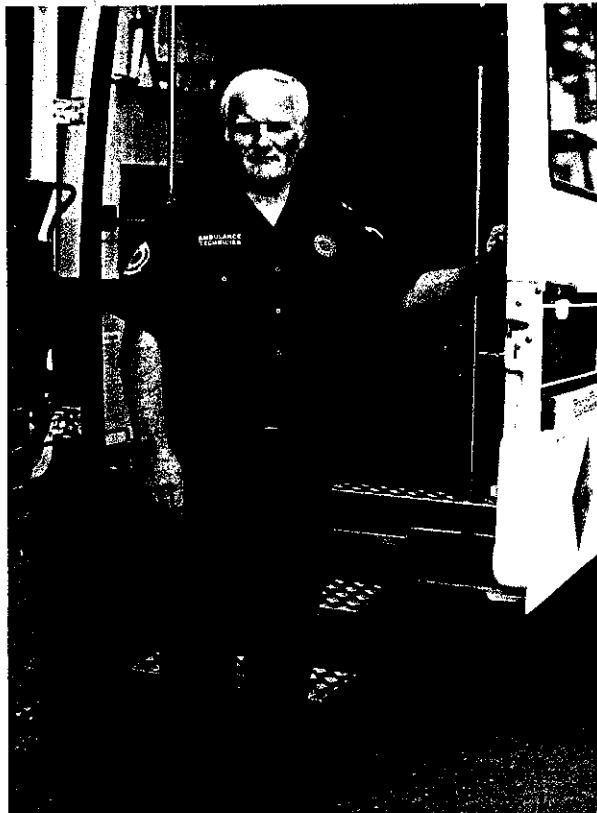
Under EU regulations, our Board may subject to certain conditions refer a person living within our Board's area, to another European Union member state for medical treatment which is not available in Ireland. Some cases may also be referred to non EU member states for treatment where such treatment is not available within the European Community.

There were ninety three applications for overseas treatment in 1998 of which eighty met the required criteria and were approved. The total cost of these cases, together with continuing treatment costs is estimated at £1.5m.

# Ambulance Services



First Diploma Course in Emergency Medical Technology at U.C.D. Pictured are: (back row l-r) Brian Power, William Howard, Brian Delaney, Paul Butcher, Paula Lawless, Ray Carney, Michael Cardiff, Pat McCreanor, Ass. CAO (front row) Prof. Ronan O'Regan, Dean of Medical Faculty U.C.D., Dr. Caroline Hussey, Registrar U.C.D., Prof. Gerard Bury, Chairman Training and Standards Committee NAAC, Joe Byrne, Chief Ambulance Officer, EHB.



New working uniform agreed by unions to be used in the Eastern Health Board Ambulance Service in the year 2000.



Control Room at new purpose built Ambulance Station, Naas



Inside and EHB ambulance

# Community Services



Helping the Minister for Health and Children, Mr. Brian Cowen, T.D., (centre) cut the tape at the official opening of Brookfield Health Centre, Tallaght were EHB Chairperson, Cllr. Roisin Shortall, T.D., (far left), and fellow Board Members Cllr Charles O'Connor, Chairman Mental Health, Addiction and Social Development, Cllr Catherine Quinn, and Mr. Chris Flood, T.D., Minister of State at the Department of Tourism, Sport and Recreation.

**Our** Board is committed to service delivery from premises which are suited to the requirements of a modern health service in terms of customer accessibility, suitability of design, levels of equipment and the provision of an appropriate environment for both customers and staff.

Services were delivered from over 150 premises which include Area Headquarters, Health Centres, Community Clinics and facilities, welfare homes and day centres for elderly, to include several new and many refurbished centres more suitable in terms of customer service, quality of service, design and equipment.



Above: With the EHB Chairperson, Cllr. Roisin Shortall, T.D. (centre) at the official opening of Howth Health Centre were, from left, Cllr Liam Creaven; Deputy Tommy Broughan, T.D.; Mr. Michael Woods, T.D., Minister for the Marine and Natural Resources; and Cllr. Cyril Gallagher, EHB Vice-Chairperson.



Left: At the official opening of the new Baltinglass Health Centre were, from left, EHB Chairperson, Cllr. Roisin Shortall, T.D.; Cllr. Tommy Cullen, Programme Committee Chairman of Community Services and Services for Children and Families; and Cllr. Pat Vance, EHB Board Member and Chairman of Wicklow Co. Council.

During 1998 progress continued on both major capital projects and minor upgrading refurbishment.

New health centres were commissioned and opened at Athy, Gallanstown (Cherry Orchard), Kiltegan and Castledermot as well as the Health Centres at Brookfield and Killinarden.

The health centres at Lusk and Baltinglass were refurbished and extended and the premises at Centenary House (Dun Laoghaire) were refurbished for use as a health centre.

Work began on new centres at Newbridge, Celbridge and Coill Dubh (Prosperous), which are due to be completed in 1999.

Work began on the refurbishment of the health centres at Stillorgan and South Earl Street, both due for completion in 1999.

In addition to the above, a contract has been awarded for a new centre at Kiltalawn (Tallaght). The planning is progressing on new health centres/primary care centres in Darndale, Ballymun, Naas, Derrinturn, Kilcoole, Newtownmountkennedy and Oldtown. Planning is complete on the new unit for the elderly/health centre in Dalkey. Work will begin on this project in 1999.

The South Inner City Partnership in Primary Care involving 29 general practitioners began in July 1998. The aim of the project is to enhance the development of primary care services in the area in line with the transfer of the MANCH hospitals to Tallaght. A broad range of services have been developed or are in vari-



At the official opening of the Primary Care Centre in Killinarden, were, from left, Cllr Charles O'Connor, EHB Chairman of the Mental Health, Addiction and Social Development Programme Committee; Deputy Conor Lenihan, T.D.; Minister for Health and Children Mr. Brian Cowen, T.D.; Deputy Brian Hayes, T.D.; EHB Chairperson, Cllr. Roisin Shortall, T.D.; Minister of State at the Department of Tourism, Sport and Recreation, Mr. Chris Flood, T.D.; Dr. Hugh Durkin, and Deputy Dr. Pat Upton, T.D.

ous stages of development, phlebotomy, physiotherapy, wound management, diabetic services, counselling services, information technology, anti-coagulation management, radiology services and obstetrics and gynaecology.

The development of further primary care partnerships in the North Inner City and West Dublin were also progressed during the year.

During 1998 the Board adopted a Capital Development Programme 1999-2001 for health centres.



Helping EHB Chairperson, Cllr. Roisin Shortall, T.D., unveil the plaque at the official opening of Kiltegan Health Centre were, from left, Deputy Liz McManus, T.D., Cllr. Thomas Cullen, EHB Chairman of the Community Services and Services for Children and Families Programme Committee, and EHB Board Member, Cllr. Kevin Ryan.

No. of health centres in our area	130
No. of District Day Care Units	25
No. of Day Centres/clubs for the elderly (grant-aided by our Board)	116
No. of voluntary organisations (grant-aided) providing services for the elderly	193
No. of chiropody applications approved	16,490
No. of medical and surgical applications approved	78,385
No. of ophthalmic appliances (children) approved	8,349
No. of ophthalmic appliances (adults) approved	71,013
No. of aural appliances (children) approved	77
No. of aural appliances (adults) approved	997
No. of geriatrics on the register	57,967
No. of developmental clinics held	3,664
No. of children offered appointments	77,775
No. of children who attended	70,845
No. of children who needed further attention	5,774
No. of national schools in the Eastern Health Board's area	563
No. of vision tests carried out in schools	31,878
No. of audiometric tests carried out in schools	30,116
No. of home visits by public health nurses (excluding visits when no-one was in)	480,064
No. of home visits when no one was in	69,347
No. of persons covered by medical cards on 31st December 1998	115,950
No. of maternity cash grants paid in 1998	603
No. of applications under the Maternity & Infant Care Scheme	5747
No. of persons receiving Domiciliary Care Allowance on 31st December 1998	1190

# Community Welfare Services

*In* support of the Eastern Health Board's mission of striving 'to enhance and maintain the health and well-being of all people in its region', the mission of the Board's Community Welfare Service is 'to relieve social distress and prevent its recurrence'. It seeks to achieve this by providing, in a client-centred, locally based service operating as part of a multi-disciplinary team:

- Information on all health and social welfare services in the state.
- Assistance in obtaining all entitlements.
- Advice and counselling on indebtedness and debt management.
- Referral of appropriate cases to relevant services, both statutory and voluntary.
- Advocacy on behalf of clients with both state and commercial bodies.
- Support to and partnership with local community development initiatives.
- Supplementary Welfare Allowance and other statutory payments, where appropriate.

The Community Welfare Service administers the Supplementary Welfare Allowance (S.W.A.) Scheme on an agency basis for the Department of Social, Community and Family Affairs and the total cost of the scheme is recouped from that Department. A breakdown of the number of claims paid in 1998 are given below:

## Supplementary Welfare Allowance:

Category	Claims:	Expenditure:
Basic Payments	38,584	£38.144m
Rent & Mortgage Supplements	51,538	£47.969m
Other Supplements	67,571	£3.507m
Exceptional Needs Payments	136,140	£12.916m
Total Supplementary Welfare Allowances	242,295	£102.536m

The Community Welfare Service also administers the Children's Back to School Clothing and Footwear Scheme on behalf of the Department of Social, Community and Family Affairs. In 1998, there were 30,682 claims paid in the Board's region assisting a total of 67,797 children at a cost of £3,324,381.

The Service's Asylum Seekers Unit moved to a purpose-renovated building in Mount Street with the Department of Justice, Equality and

Law Reform's, Refugee Application Centre.

In addition to the Community Welfare Service providing the basic S.W.A. payments and emergency accommodation, this One Stop Shop accommodates the Refugee Medical Centre where voluntary screening for T.B., Hepatitis B/C and Polio, General Medical Services and psychological/counselling support is provided. In 1998, a total of 3,819 asylum seekers were paid basic payments totalling £5.851m, (which is recouped from the Department of Social, Community and Family Affairs) and were given emergency accommodation at a cost of £12.8m (the cost of which is recouped from the local authorities).

## Community Drug Schemes

**The Drugs Refund Scheme** entitles all non medical card holders to a refund of all drug costs in excess of £90 in a calendar quarter. During 1998, our Board dealt with 79,000 claims; at a total cost of £14.1m.

**The Long Term Illness Scheme** entitles patients with specific long-term illnesses to obtain drugs and medicines free of charge. There were 25,530 persons covered by this scheme during 1998 at a cost of £10.12m.

**The Drug Cost Subsidisation Scheme** enables patients who do not qualify for the medical card or long-term illness book, but who have a long term medical condition, to obtain their drugs for £32 per month. There were 38,071 persons registered under the scheme at a total cost of £20.23m for 1998.

**The High Tech Scheme** is a register of all the patients who are on certain high cost medicines. These medicines are supplied through Local Community Pharmacies. A total of 4,418 patients were registered at an overall cost of £5.66m during 1998

**Community Pharmacy Contracts** The Health (Community Pharmacy Contractor Agreement) Regulations lay down criteria for the issuing of Community Pharmacy Contracts by the Health Boards in line with the Pharmacy Regulations 1996. During 1998, there were 13 applications processed. ❀



# General Practice Unit



*At the launch of the South Inner City Partnership in Primary Care were (back row, left to right) Dr. Donal McSorley; Dr. Peter O'Sullivan; Mr. Michael Walsh, EHB Programme Manager, Community Services; Dr. James O'Neill and Dr. Kieran Harkin (front row, from left) Ms. Sheila Marshall and Ms. Yvonne Milner, from EHB Community Services Programme; Mr. P. J. Fitzpatrick, EHB Chief Executive Office; Ms. Pauline Bryan, EHB GP Unit, and Dr. Marie Laffoy, EHB Public Health Specialist.*

*The* objective of the General Practice Unit is to facilitate, support and develop general practice and assist general practitioners to prescribe appropriately and cost-effectively.

During 1998, unit Doctor catchment areas were re-structured broadly in line with the proposed division of the Eastern Regional Health Authority on the basis of North, South East and South West divisions. These areas were sub-divided amongst the Unit Doctors in accordance with District Electoral Divisions (DEDs). DEDs were

kept intact in each Unit Doctor area. This re-structuring was carried out to facilitate the more effective planning of future Unit activities.

One of the primary aims of the General Practice Unit in 1998 was to promote the development and integration of primary care services at local and secondary care level. This was addressed through Unit Doctor participation on the Management Teams in their respective Community Care Areas with a resultant increased level of communication and interface between the G.P. Unit, Area

General Managers and those working in primary care in the community. Increased co-operation between general practitioners and the hospital sector was maintained through Unit Doctor participation on the Liaison and Therapeutics Committees of the major hospitals and a number of discussions were also held in 1998 between Unit Doctors and public health nurse representatives in order to develop improved linkages between these two sectors.

The Indicative Drug Budgeting Scheme under which general practitioners who achieved savings on their allocated targets for GMS prescribing invested the savings in approved practice developments continued throughout 1998. Out-turn figures for 1998 showed that 122 GMS general practitioners achieved savings on their drug targets totalling £625,486. This funding will be available to them in 1999 for investment in practice developments.

The Health Board portion of Indicative Drug Savings generated over previous years was invested in a range of initiatives including computer grants, enhanced range of services and training courses for general practitioners and practice support staff.

The major pilot centres of general practice in Brookfield, Neilstown and Killinarden, West Tallaght were commissioned in 1998. These developments provide a wide range of general practitioner services which are fully integrated with other community services.

The South Inner City Partnership in Primary Care was established in 1998 following the transfer of the Meath, Adelaide and National Children's Hospital to Tallaght. This project was initiated to ensure the continued delivery and development of primary care services to patients in the South Inner City area with the co-operation of 29 local general practitioners. A range of services are being developed on a phased basis in line with protocols being developed by the general practitioners, and other professionals in the community and general practitioners and hospital consultants. A full time Project Manager has been assigned to the project.

Similar projects involving general practitioners from the North Inner City and West Dublin are at an advanced stage of development.



*Ms. Karen Burke, Project Manager for the South Inner City Primary Care Project*

An allocation of £0.310m. was received in 1998 from the Department of Health for capital developments in general practice. Provisional allocations were notified to 18 practices for structural projects in the main relating to the development of existing practice premises.

Developments in Information Technology in general practice were supported through grant aid totalling £0.080m. towards the "start up" and upgrading costs of practice computer equipment. These developments were supported by training programmes for doctors and support staff.

Twelve Practice Nurse Start-Up Grants totalling £0.029m. were allocated in 1998 to general practitioners who adapted their practice facilities to employ a practice nurse.

The Irish College of General Practitioners (I.C.G.P.) hosted the WONCA Conference in the R.D.S. in June 1998. This is a world conference on family practice which takes place every three years. The conference was very successful with an attendance in excess of 4,500.

The Eastern Regional General Practice Training Programme provides a three year vocational training programme for doctors who wish to enter general practice. There is an annual intake of 10 trainees per year (total of 30 doctors in training at any given time). The scheme is administered by a Course Director and two Assistant Directors.

The Palliative Care Scheme and Screening Programme for children in disadvantaged areas were administered throughout 1998.

# Dental Services

## Children's Services:

Our Board's policy of delivering primary care dental services in a planned, targeted manner continued during 1998. The school based approach is directed towards second, fourth and sixth classes and first year post primary up to 14 years. Considerable emphasis is placed on preventative measures.

- There were a total of 186,319 visits by children made to our clinics for treatment or advice during 1998. There was no waiting period for routine dental treatment during 1998.
- To this end 101,979 fissure-sealants were carried out by Board staff during 1998 on teeth considered to be clinically at risk.
- Our Board's dental staff continued their programme of talks on Oral Health Promotion in schools and to carer groups throughout the year.
- An accident and emergency service is offered in clinics to pre-school and school children up to the age of 14 years. This service may also be availed of by any parent with a specific query relating to their child's oral health.

## Services for Special Needs Groups:

Dental Services to Special Needs Groups continue to be a priority for our Board in the following areas.

1. Patients attending special schools and sheltered workshops
2. Psychiatric inpatients and outpatients
3. Travellers
4. Medically compromised adults and children
5. Drug Misusers
6. The Homeless



*An Taoiseach, Mr. Bertie Ahern, T.D., brushes up on dental hygiene with Laura O'Brien, (8), a pupil of St. Joseph's National School, Bonnybrook, Coolock, at the Annual CCA8 presentation of the EHB/Crest Special Dental care Award, which was won by the school. The award ceremony, which has been attended by Mr. Ahern for the last several years, is organised by staff at the local community care offices and teachers of the winning school.*

7. Asylum Seekers
8. Physically disabled patients
9. Elderly patients, whether at home or in residential care

These services are co-ordinated by eight Senior Clinical Dental Surgeons throughout the region. During 1998 there were 15,468 units of treatment provided to persons whose disabilities rendered them at risk from dental disease, or who were unable to access treatment conventionally through our Board's choice-of-dentist scheme (Dental Treatment Services Scheme - DTSS). Many more patients in the special needs category were able to attend for treatment by general dental practitioners under the DTSS scheme similar to other medical card holders.

Our Board's commitment to a quality focus in its services was shown by our 1998 upgrading programme which resulted in refurbishment and re equipping of clinics and surgeries to the highest possible standards.

Two customer surveys were carried out during 1998 and are being published at present.

Treatments provided to eligible patients in 1998:

	Children	Adults
Attendances with appointment	161,219	22,154
Attendances without appointment	25,100	2,930
Failed appointments	53,411	6,168
Fillings	51,869	6,306
Extractions	15,965	3,360
Fissure Sealants	101,979	
Scale and Polish	15,568	4,334
Endodontic treatments	546	361
Dentures fitted	486	2,221
Crown/bridge fit	220	
Other treatment (Xray, Specialist referral, Dressings, Orthodontic adjustments, Fluoride application, Oral Hygiene Instruction, Drugs prescribed)	90,010	9,051

Adult Services:

Treatment for medical card holders and their adult dependants was provided under the Dental Treatment Services Scheme by over 200 dental practitioners under contract to our Board and through evening sessions provided by our Board's dental staff. Routine dental treatment was restricted to those between the ages of 16-34 years and those aged 65 and over. An emergency service continued to be available to all medical card holders.

During 1998 in excess of 101,870 units of treatment were provided by dentists on contract to our Board under the Dental Treatment Services Scheme at a cost of £3.100m.

1998 Service Developments

- The 1997 Children's Oral Health Survey conducted within the EHB area in 1997 showed 67% of 5 year olds were caries-free, and the average DMFT (Decayed, Missing and Filled Teeth) for 12 year olds was 1.1. The Eastern Health Board's figures are amongst the best in the country. The figures for 5 and 12 year olds are amongst the lowest in Europe.
- In September 1998, our Board established a Restorative Dental Clinic which provides support for both our Primary Care Service and Orthodontic Service. This service is based at Baggot Street Hospital.



Dr. Brian Merry,  
Reconstruction Dentist,  
and Geraldine Heffernan,  
DSA, at Baggot Street.

# Orthodontic Statistics for 1998:

Appointments	DNA	Canc	Assessed	Review	Start treatment	On-going treatment	Debond	Discharged	Units of Treatment
35479	5008	2797	7590	968	648	71814	277	1738	75297

- The Oral and Maxillofacial (O.M.F.S.) Review Group submitted its recommendations in December 1998. The implementation of the recommendations is a service target in 1999.
- The 1998 Capital Programme supporting the up-grading of water treatment facilities by Wicklow and Kildare County Councils has enabled an optimal water fluoridation service to be delivered to their catchment populations.

## Orthodontic Services

Orthodontic treatment is provided at the Regional Orthodontic department based at St. James's Hospital and at satellite clinics at Crumlin, Ballyfermot and Wellmount Health Centres. Assessment clinics were held at the following locations during 1998:

Coolock, Roselawn, Crumlin, Wicklow, Newbridge, Ballinteer, Bray and Kilbarrack.

## Waiting Lists:

### Category 1

All patients on existing Category 1 lists and

subsequent referrals have been provided with orthodontic assessments and appropriate treatment.

Waiting time: None

All Category 1 patients were provided with immediate orthodontic assessment/opinion and treatment is provided without delay.

### Category 2

There has been a reduction in Category 2 lists:-

September 1996

Opening date of Regional  
Orthodontic Unit -11,365

December 1998 - 6,649

In total 9,021 Category 2 patients have been provided with orthodontic services.

Waiting time:

The waiting time for orthodontic assessment for Category 2 patients has been reduced to 3 years and 10 months.

### Category 3

All patients in category III have been assessed and either categorised as category II or discharged from the waiting list.

September 1996 -  
6,805

December 1998 -  
Nil

As Category 3 referrals are outside the Department of Health guidelines no further referrals have been made to the Category 3 lists since the establishment of the Regional Orthodontic Service.

Left: Dr Triona McNamara, Regional Consultant and Nurse Ann Marie O'Connor in the Sterilisation Dept of the Regional Orthodontic Unit



# Registration of Births, Marriages & Deaths

**Our** Board is responsible through our office at Joyce House, Lombard Street, Dublin, for the registration and issuing of 40% of all certificates of birth, marriage and death required every year in Ireland.

The demands on the service continued to increase during 1998. During the year the number of personal callers to the Superintendent Registrar's Office was 90,200 as compared with 83,000 in 1997. This represents a 9% increase in the number of personal callers. The number of certificates issued during 1998 was 141,242 and increase of 10% over the number issued during 1997.

On 1st August 1998, our Board assumed responsibility for the Civil Marriage Service for Dublin. Temporary accommodation was provided at Sir Patrick Dun's Hospital pending the provision of customised facilities in the hospital's former lecture theatre. The new facility was opened in mid December 1998 and has seating accommodation for 70 guests. During 1998, 539 civil marriages took place.

During the year the staffing level was increased to deal with the additional workload and to improve services to the customers by reducing the queuing/waiting time for personal callers and to reduce waiting time for postal certificates. Additional office space was procured during the year and is being fitted out and commissioned to provide private interview rooms which will be available during 1999 for clients and registrars relating to the registration of births. Additional accommodation is also being provided to enhance the reception and waiting area for the public.



The Minister for Health and Children, Mr. Brian Cowen T.D., with Cllr Michael Barrett, E.H.B., and Mr. Pat McLoughlin, EHB CEO, at the opening of the new Civil Marriages Centre at Sir Patrick Dun's Hospital



Mr. Remmy Kaz Ishola from Sierra Leone, and Ms. Melissa Adjei from North London, who were the first couple to be married at the Eastern Health Board's new Registry office Suite at Sir. Patrick Dun's Hospital, being congratulated by the Registrar Ms. Theresa Byrne.



The new Civil Marriages Centre at Sir Patrick Dun's Hospital where civil marriages are now carried out under the auspices of the EHB. The Centre provides tiered seating for up to 70 guests.

	1995	1996	1997	1998
Birth Certificates issued	89,901	87,138	96,532	105,536
Death Certificates issued	13,884	14,255	14,310	17,240
Marriage Certificates issued	15,377	15,509	17,454	18,466
Totals	119,162	116,902	128,296	141,242

Income (€)	435,000	424,500	465,000	489,000
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Number of Personal Callers	76,000	78,000	83,000	90,200
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# Environmental Health Services

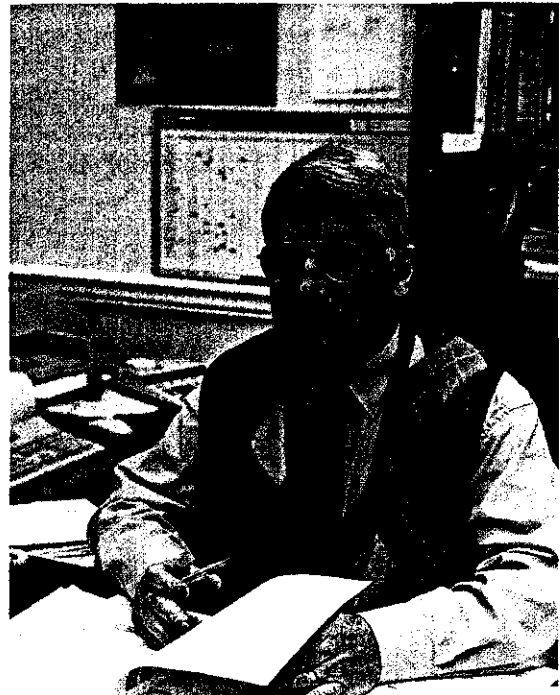
*The* environmental health service deals with prevention, detection and control of environmental hazards which affect health. These include food control, hygiene education, port health, communicable disease surveillance and pest control.

Our responsibility is:

1. To ensure food safety and to protect food from any microbiological, toxic or other contamination that can render it unfit for human consumption.
2. To ensure that when food is bought, it is of the nature substance and quality demanded.

Food control, including the registration and inspection of food premises continued to expand during the year due to:

- Changes in institutional, recreational and fast food catering over the last number of years.
- Changes in eating habits, partly due to the fact that more people work outside the home.
- Continued development of Dublin as a major tourism centre.



*Public Analyst, Kevin Moyles*

- On-going increase in the number of pre-prepared meals eaten.
- Increase in public awareness of standards overall.



*At the Public Analysts Lab – Emma Kiernan and Rachel Hewitt*



*Staff at the Public Analyst Department*

## 1998 Out Turn

The activities carried out by this service are detailed in the Table below.

1. No. of food hygiene registration applications	440
2. No. of inspections of food premises	9631
3. No. of participants completing primary food hygiene courses	544
4. No. of food samples taken	2051
5. No. of notifications of food poisoning	4424
6. No. of prosecutions taken under Food Control Legislation	24
7. No. of premises surveyed under Tobacco Legislation	2006
8. No. of ships inspected	723
9. No. of de-ratting and de-ratting exemption certificates issued	68
10. No. of pest control complaints received	7300
11. No. of pest control complaints treated	7100

### Personnel

The Environmental Health Officers also carry out a range of duties for the local authorities in our Board's area. These arrangements are formalised through service contracts with each local authority.

### Food Control

Food control legislation dealing with the catering and manufacturing sector was governed generally by the Food Hygiene Regulations 1950-1989. These regulations although now nearly fifty years old were used as the cornerstone of food law enforcement. They have now been complemented by more detailed legislation, which was introduced during 1998 for the purpose of harmonising food law throughout Europe.

The following categories of premises are registered under the Food Hygiene Regulations 1950/89:

Restaurant, hotel, holiday camp, butcher shop, pork fish and poultry shops, manufacturing  
Wholesaling, and take-away

### European Communities (Official Control of Foodstuffs) Regulations, 1998

These regulations provide for inspection by authorised officers of:

- Plant and plant surroundings.
- Transport facilities, machinery and equipment.
- Examination of finished and semi-finished products.
- Assessment of cleaning and maintenance products.
- Labelling and presentation of foodstuffs.
- Suspension of Business:

Within our Board's area there are 4,479 premises which are classified as high risk for the purposes of food control, broken down as follows:

Manufacturers	253
Wholesalers	52
Retailers	1,063
Restaurants & Other Caterers	3,111

### European Communities (Hygiene of Foodstuffs) Regulations, 1998

These regulations require food proprietors to operate their businesses in a hygienic manner. The regulations also deal with hygiene requirements for premises, rooms where food is prepared, transportation, suitability of equipment, food waste and water supply. They require proprietors to develop food safety systems within their food premises. Our Board's Environmental Health Officers, in anticipation of this stringent and onerous change in food control prepared an information pack "An Introduction to Food Safety" which highlights the requirements of the new legislation, the history of HACCP, determination of critical control points and the main building blocks necessary to implement a food safety programme. Food proprietors now have a legal obligation to ensure that food handlers are supervised and instructed in food hygiene matters commensurate with their work activity.



The EHB Pest Control Unit tackles pest infestations using a variety of up-to-date methods including spraying.



### Food Borne Infections

Gastro intestinal infections were the most frequently reported diseases in the Eastern Health Board in 1998. The following infections were reported:

Infection	Numbers
Gastro-enteritis < 2 years	1,462
Salmonella	437
Food Poisoning other than Salmonella	719

### Food Stalls

The licensing of food stalls was introduced under an amendment to the Food Hygiene Regulations 1989. The licence is renewable each year and during 1998 our Board dealt with 109 applications.

### Food Surveillance and Food sampling

During the year a Food Sampling Co-ordinating Committee was established involving Environmental Health Officers from our Board, the North Eastern Health Board, the Midland Health Board and representatives from the Public Analysts Laboratory and the Microbiological Laboratory to exchange information on food control issues and to co-ordinate sampling between the three Boards in order to maximise the use of resources.

### Concerts and Sports Events

The Environmental Health Officers liaise with the organisers of major events to ensure suitable facilities are in place to cater for the ever increasing numbers that attend.

### Hygiene Education

Our Board in conjunction with the Environmental Health Officers Association provided certified training for 544 food workers during 1998. The Environmental Health Officers also provide once off talks and short courses, the majority of which are given in-house, for staff in restaurants, licensed premises, manufacturing premises and supermarkets.

### Tobacco Health Promotion and Protection Act, 1988 & Regulations made thereunder

The Board's Environmental Health Officers carried out 2006 inspections of restaurants in the region to see the level of compliance with the legislation.

A test purchase survey to document the access of minors to cigarettes in Dublin City,

Kildare and Wicklow areas revealed that 61% of proprietors sold cigarettes to underage children.

A part of the Board's response to the sale of tobacco to minors a campaign titled "Have to Say No" was initiated. Promotional packs were delivered to retailers seeking support in preventing the sale of cigarettes to minors. Work will continue on this project during 1999.

### Advertising and Promotion of Tobacco Products

Under this legislation the Health Board has taken action against retailers selling clothing, advertising tobacco products.

### Port Health

The port health service operates the International Health Regulations at Dublin Seaport, Dun Laoghaire, Wicklow, Arklow and Dublin Airport.

The growth in tourism created further demands during the year as routine inspections of catering facilities were carried out on passenger carrying vessels, cruise liners, airport food establishments and in-flight catering facilities.

### Food Safety Authority

A close working relationship has been developed between the Authority and the Health Board. A number of Environmental Health Officers have been seconded to work in the Authority.

### Public Analyst's Laboratory

The Public Analyst's Laboratory is an Approved Laboratory under the Health (Official Control of Food) Approved Laboratories Order, 1996. It carries out an analytical service in the testing of food, drugs and water samples for our Board. Services are also provided to the Midland and North-Eastern Health Boards and for Local Authorities within that region.

The laboratory continued its work towards Accreditation which was achieved in September, 1998.

The number of samples performed during 1998 totalled 9498 broken down as follows:

Water samples	4800
Food samples	2775
Hospital samples	1502
Non-Food samples	421

# Adult Mental Health

## Mission Statement

The adult mental health services aim to achieve the best quality of life for each individual through the provision of high quality, client-centred services. The mental health services strive to provide a seamless service to all clients, measured by ease of access, appropriateness and responsiveness to the needs of the client. Our Board aims to enhance mental well-being by minimising the effects of mental illness and to promote good mental health through appropriate prevention.

## Policy

The adult mental health services in our Board are informed and guided by the National Health Strategy, Shaping a Healthier Future (1994) and the Government's national policy, The Psychiatric Services - Planning for the Future (1984).

In line with the recommendation of these reports, our board adopted and is implementing its psychiatric services policy, Development Programme into the Next Millennium (1995).

## Director of Mental Health

The new post of Director of Mental Health, was filled in June 1998. The role is a strategic one, identifying and planning future service developments.

## Customer Service Ethos

Our Board encourages user involvement to guide our service planning and delivery. A consultative document a Charter of Patients Rights has been produced and will form the basis for advising users of their rights and expectations.

## Good Practice Guidelines in Adult Mental Health

A draft document of good practice guidelines for the adult mental health services in the Eastern Health Board was produced during

1998. This draft continues to change in response to the inputs from service providers and users. In conjunction with the Inspectorate document, Guidelines on Good Practice and Quality Assurance in Mental Health Services, this document forms the framework of the planning of services by the local management team.

## Management of Services

Adult Mental Health provides a comprehensive range of community based services. Acute psychiatric admissions are provided in psychiatric hospitals and in psychiatric units attached to general hospitals. There is also a range of community services involved in prevention, education, training facilities, treatments at home, and supported networks to rehabilitate and reduce the severity of social disablement. The move away from long term hospitalised care has seen the provision of a range of residential accommodation to support our community orientated psychiatric service.

Our Board directly provides Adult Psychiatric services in eight catchment areas while services in two areas are provided on a contract basis by the Hospitaller Order of St. John of God/Cluain Mhuire, in Dun Laoghaire and by St. Patrick's Hospital/St. James's Hospital, in Dublin South Central.

Each catchment area has a management team responsible for the ongoing monitoring and evaluation of service provision. Traditionally this team has been tripartite in nature: medical, nursing and administration. As services are developing they are supported by the various members of the multidisciplinary team and are seeking inputs in meeting service needs through voluntary and consumer groups.

The activity of these services for 1998 is outlined below.

## Bed Numbers

Acute Beds	Continuing Care Beds	Secure Beds	Liaison	Total
533	485	54	5	1077

**Community Services**

Hostels	No. of Hostels	No. of Places
High	22	305
Medium	24	283
Low	34	212
Total	80	800

**Day Services**

	No. of Locations	No. of Clinics	No. of Places	No. of Yearly attendances
Out-patient	46	6/71	N/A	19,2729
Day Centres	17	N/A	609	120,625
Day Hospitals	19	N/A	410	60,912

**Nursing Homes**

No. of Homes	No. of Patients subvented
64	143

**Service Outcomes in 1998**

The allocation of additional residential places in the community has allowed for a more appropriate treatment response and in particular, an improved quality of life for service users. This also provided for an increase in 'step-down' facilities which allows a more efficient use of acute psychiatric beds.

**Dublin South East**

Accreditation in December 1998 was achieved for Cois Ceim, Tivoli Road, Dun Laoghaire to have their unit designated as a Care Development Unit.

**St. Brendan's Hospital**

An eight place community residence was opened and the day service for the homeless mentally ill was transferred from the grounds of the hospital to a premises at Ushers Island. These developments along with the more appropriate placement of an ageing group of patients enabled a further 22 acute beds to be made available.

**Dublin West and South West**

A Medium Support Hostel at Cromwellsfort Road, Crumlin was opened providing 6 additional places, and a property at Baldonnel was purchased in October 1998, which will be commissioned in 1999, providing 12 places.

**Dublin North and North West**

The project plan for the development of the mental health services at St. Brendan's Hospital and St. Ita's Hospital was initiated

mid-year and the consultative process will continue as the planning develops over the next 3 years.

**Alcohol Services**

The community alcohol services are delivered from four local centres:

Baggot Street Hospital, Tallaght Alcohol Treatment Unit, Stanhope Street Centre, and Lincara Centre, Bray

There is also a residential unit at Barrymore House, North Circular Road providing 10 acute beds. In response to the National Alcohol Policy, our Board prepared an action plan aimed at the development of alcohol services in line with national policy.

No. of Clients on Registers	6,667
No. of New Clients in 1998	1,072
No. of Counselling Sessions	10,172
No. of Clients who commenced Barrymore Residential Programme	57

**The Forensic Service**

The Central Mental Hospital, Dundrum, provides a national forensic psychiatric services for the following categories of patients:

Guilty But Insane, Unfit to Plead, Section 207, Mental Treatment Act, 1945, Section 208, Mental Treatment Act, 1945, and Prison Transfers

1998 - Activity

Admissions	Discharges
177	125
Prison Clinics	No. of Yearly Attendances
Arbour Hill	447
Wheatfield	286
Mountrajoy	1,450
St. Patrick's Institution	1,350

**Homeless Service for Mentally Ill**  
Managed through the St. Brendan's Hospital service, the Homeless Service for Mentally Ill

provides for 16 dedicated acute beds and access to other acute services as required. Its day centre is at Ushers Island.

1998 - Activity

Hostels	Number	No. of Places	No. of Residences
High Support Hostels	1	10	10
Medium Support Hostels	1	22	22
Low Support Hostels	1	5	5

	No. of Attenders	No. of Attendances
Day Centre*	76	1,496

	No. of Contacts	No. of non-district contacts
Assessment Unit* (St. Brendan's)	127	12

\*monthly averages

	No. of Admissions	No. of Discharges
St. Brendan's Hospital	96	96
10 Bed High Support Hostel	5	6
22 Bed Rehabilitation Programme	6	5

**Voluntary Sector**

The Voluntary sector service providers are important partners of the Eastern Health Board adult mental health services. Many organisations provide counselling, training, education and support for users and trainers. This collaboration provides for a valu-

able consumer focus, and with Eastern Health Board support, service providers are ideally placed to respond flexibly to many individual needs. Input from the voluntary bodies is also vital in the planning and development of a comprehensive service based on need.



Officiating at the St. Brendan's Hospital Nurse Education Centre Graduation Day were Mr. P.J. Fitzpatrick, EHB CEO.; Mr. John Buckley, Chief Nursing Officer at St. Brendan's Hospital; Mr. Gerry Maguire, Chairman of the Board's Acute Hospitals and Services for the Elderly Programme Committee; Dr. Len Bowers, Professor of Psychiatric Nursing, London City University; and Mr. James Walsh, Principal Nurse Tutor, St. Brendan's Hospital.

# Personnel

*The* Personnel Department through the provision of effective Personnel & Human Resource Management policies, procedures and activities, facilitates the achievement of a successful implementation of our Board's mission statement and corporate strategy. The effective management of change, the involvement of staff as well as providing the most appropriate working environment and developing a wide range of skills is the key element of the function. In 1998, our Board employed in excess of 9,500 whole time equivalent staff across a wide range of professionals and grades in many locations throughout the region.

## Staff Training & Development

1998 proved a very busy year for Staff Training & Development. The number of training days organised was more than double that for the 1997 level of activity, increasing from 1790 training days in '97 to 3631 training days in '98. It was also a very important year in setting a base line for future training. A number of training companies were invited to make submissions arising out of which a number of management development, supervisory and middle management programmes were implemented. A programme of training for staff involved in community development partnerships was organised and began late in the year. Policies were developed and implemented in a number of key areas. These had the effect of clarifying issues for staff and resulted in a decrease of calls to the office to a significant level. A policy and action plan on equal opportunities was drawn up and approved in 1998 for implementation.

## Recruitment

The many service developments implemented in our Board during 1998 had a consequential knock on effect on the level of activity in our Recruitment Section. In all, over 1,000 appointments were made. Having regard to best practice and our obligations under the Freedom of Information Act, our recruitment and selection procedures were evaluated and new procedures were implemented. Specific personal and job specifications were introduced for each post. Competency based interviews were introduced and a decision was taken to let candidates, for all posts, have a



*At the Presentation of Badges and Certificates for the Nurse Education Centre of St. Brendan's Hospital were graduates Ms. Marian Barry, Co. Laois (left), and Ms. Janet Keane, Swords.*

copy of their making sheet which gives constructive comments as well as marks obtained under the various headings. This process has been very well received by interviewees. Interview boards were trained in the new techniques and have welcomed this new approach. New contracts of appointment were drawn up to reflect current legislation and the need to give detailed information to candidates on appointment.

## Superannuation

Superannuation awards for 1998 were higher than 1997 levels. Staff are now more aware of the importance of their superannuation details and the number of enquiries to the section reflects this fact.

## Employee Relations

Our main objective is to create, maintain and develop good working relationships among all staff through the adoption of a structured and professional approach to staff relations issues. The workload of the section is diverse and is driven by a number of internal and external factors, such as developments in employment legislation and developments generally in human resource management policies. During 1998, a number of key issues were finalised.

Specifically, a revised policy on Bullying/Harassment in the Work Place was developed. A number of information days and workshops were held for line managers on best practice and update on legislation. Our Employee Relations unit had a key role in addressing the Partnership initiative, which was launched nationally in 1998.

#### Health, Safety & Welfare

Our Board's Safety Management Programme was revised, the main elements of the Programme include training for key personnel, consultation with employees and inspection and auditing programmes to anticipate health and safety problems. The Programme also includes the Board's plans to deliver specific programmes aimed at improving and implementing a safe



*EHB Europital soccer team (back, L-R): Eddie Matthews, Colm Coffey; Joe Lawlor; Paul Gorman; Dave O'Brien; Conrad Cooper; Adrian Charles and Tom Mahon (front L-R): Larry Bathe; Kevin Brady; Gerry Reid; Brendan Melia; and Brian O'Conchubhair.*

and healthy work environment as possible. Safety audits were reviewed and updated. Training and information days were delivered. A total of 18 staff completed a UCD certificate in Health & Safety at Work and 10 additional staff commenced this certificate programme. Health promotion for staff was targeted during 1998 with the implementation of a life style challenge programme, a work place health promotion committee and a work place smoking policy committee. The number of attendances at our Occupational Health Service increased to approximately 1600. Existing policies on Hepatitis B, needlestick injury, and manual handling were revised and updated.

#### Counselling & Information Services

The continued provision of this independent and confidential service supports staff members in taking care of themselves and raises aware-

ness of common concerns and problems. The demand for this service continues to grow with new referrals totalling 110 during the year. Group referrals and individual re-referrals continued. Guidelines on post incident response to violence were completed and a research project to enhance our policy on bullying in the work place commenced. A Critical Incident Stress Debriefing plan was also completed.

#### Nursing Research & Development

The priority for our Nursing Research & Development Unit continues to be the enhancement of the professional development of nurses and the quality of service delivery. During 1998, a number of research initiatives were undertaken, education and management programmes were implemented for senior nurse and line managers. During 1998, our Board in partnership with the Faculty of Nursing of the Royal College of Surgeons in Ireland commenced a degree programme in Nurse Practice & Development. Quality of care is enhanced through the use of knowledge based practice and this highly innovative programme will emphasise this fact. A total of 18 Eastern Health Board nursing staff commenced the programme. A new nursing development unit in Cois Ceim care of the elderly unit was accredited in addition to the continuing accreditation of the nursing development unit in St Mary's Hospital.



*Recipients of their Badges and Certificates from the EHB's James Connolly Memorial Hospital School of Nursing were, (left) Ms. Oonagh Lawlor, Co. Wicklow, and Ms. Olivia O'Rourke, Co. Carlow.*

# Regional Library and Information Service



Ms. Benmery Rickard, EHB Regional Librarian (right) and Ms. Barbara Moroney, Library Assistant in the new Regional Library and Information Unit at Dr. Steevens' Hospital.

**In 1998** the regional Library and Information Service was established by our Board.

The remit of the service is:

- to develop a co-ordinated approach to the delivery of library and information services to support the full range of the Board's activities
- to consolidate and improve existing library services to meet the needs of all service groups
- to plan and implement future library developments in the Board.

A strategy document has been drawn up which will be implemented in 1999.

There are four staffed library service points in our region: St. Brendan's Hospital, St. Ita's Hospital, James Connolly Memorial Hospital and St. Columcille's Hospital.

#### Activities in 1998

St. Ita's Hospital commissioned the refurbishment of a new library to accommodate the needs of the hospital and community based

staff and to support nurse education.

A major update of the library book collection took place at St. Columcille's Hospital.

A new library has also been commissioned for James Connolly Memorial Hospital in conjunction with the development of academic facilities at the hospital.

A number of resource sharing initiatives were introduced in 1998. A combined list of all the journal holdings in each of the libraries was made available and current awareness lists exchanged.

The Regional Library and Information Service at Dr. Steevens' Hospital conducted a Training Needs Analysis of all library staff which will provide the basis for future training programmes. In addition, training courses were provided in CINAHL and MedLine to nurse tutors and nurse managers. Through regional co-operation, services were extended to accommodate community based staff requesting information on a referral basis through the Regional Library and Information Unit.

# Public Health

*The philosophy of the Department of Public Health is driven by the goals of the national health strategy, health and social gain.*

The role/function of Public Health includes

- Determining the health status of the population
- Identifying health needs
- Contributing to the planning process
- Monitoring and evaluation of services, including determining outcomes and the measurement of health and social gain
- Developing health information systems
- Health Promotion and the encouragement of healthy lifestyles as well as healthy public policy
- Health services research
- Surveillance and control of communicable disease
- Environmental Health

Evaluation of services involves measuring health and social gain and examining outcomes in terms of structure, process and health outcomes. The criteria for both quality of health care and gain can be measured against:

Effectiveness	Appropriateness	Accessibility
Efficiency	Equity	Responsiveness

Other important aspects of the Department's work include

- Encouraging and supporting decision making having regard to the concept of evidence based health care
- Getting research into practice

The following are some of the projects that were undertaken during 1998

A Major Report on Public Health in the Eastern Health Board Region

A cancer strategy in conjunction with the regional Directors of cancer services for the EHB region

Participation in national child health review

Participation in drawing up Guidelines on Methadone prescribing

A satisfaction study among users of the Hepatitis C community services

A needs assessment in palliative care

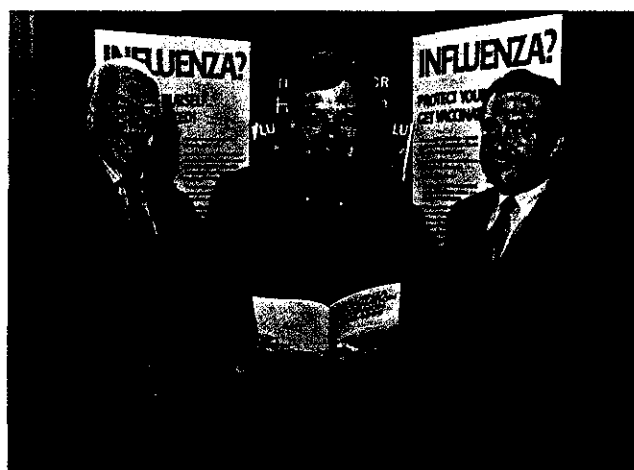
A profile of the epidemiology of HIV, Hepatitis B and C in intravenous drug users

A study on Accident reduction in the elderly in the community and in a long stay hospital

Participation in the preparation of a 10-year strategy on services for the elderly based on need

Evaluation of a direct access physiotherapy service

Ascertainment of the health status of children in the EHB region



Minister for Health and Children, Mr Brian Cowen, T.D. (centre) with Mr Kieran Hickey, Director of the office for Health Gain (left) and Dr. Liam Lynch, IMO at the launch of the national influenza vaccine campaign.



Evaluation of an intervention programme to reduce rate of teenage pregnancy in the EHB region

A needs assessment of older persons with mental handicap

Participation in the evaluation of the national dental service



*Dr. Tony Holohan, Senior Registrar, Dr. Derval Igoe, Public Health Specialist and Dr. Lelia Thornton, Public Health Specialist, Eastern Health Board.*

A review of utilisation of OPD in a general hospital

A review of the extent of implementation of the national working group's recommendations on cytology /cervical screening in the EHB region  
Participation in the development of a national coronary heart disease prevention strategy

Participation in national confidential enquiry into suicides

Development of databases re environmental hazards

Data base and needs assessment of physical and sensory disability

Harmonisation of clinical and laboratory notification systems under one uniform computerised system

Mapping of immunisation uptake by District Electoral Division (DED)

Develop and support general practitioner pilot sites for morbidity data collection  
A patient satisfaction survey in a general practice setting with physiotherapy service

An evaluation of a new Community Stroke Rehabilitation unit

A review of the orthodontic services

A review of the Oral Maxillofacial surgery services

### **Public Health in the Eastern Health Board Region 1998**

The first formal public Health report covering a range of public health issues in the EHB area was compiled during the year. It provides base line data on important health indicators that can be used for comparison purposes in future years.

The recurring theme throughout the report is potential for health and social gain. The priority now for all services must be the application of resources, to yield the greatest benefit. The public health report provides direction for service departments in setting the agenda for the future.

Trends in mortality from coronary heart disease, cancer and accidents are explored in the report. Service evaluations, information systems providing valuable data in relation to public health priorities, infectious diseases trends as well as health services research are all described in detail.

### **Public health priorities which were highlighted in the report include**

- The need for a national strategy on coronary heart disease, similar to that for cancer
- Tobacco smoking is identified as the single greatest cause of premature death.
- The health effects of passive smoking indicate the need for smoking regulations to be enforced in public places
- Coverage rates for primary childhood immunisation vaccination are disappointing
- A national standardised injury surveillance system in hospital accident and emergency departments should be developed.
- Best practice protocols for the management of cancers should be developed and implemented, and minimum clinician case-loads should be agreed.



## Cancer Strategy Implementation

During 1998, significant progress was made in implementing the Eastern Health Board interim Cancer Plan.

In the Eastern Health Board there are three regional Cancer Directors. Each Regional Cancer Director liaises closely with

all hospitals in his region through hospital cancer co-ordinators. The Regional Cancer Directors oversee the implementation of the Eastern Health Board's Cancer Strategy

- A total of 24 Cancer Nurse Co-ordinators were appointed for the Eastern Health Region. These Nurses will be based in different hospitals in the region and will be responsible for co-ordinating services for patients with cancer. The role and function of the Cancer Nurse Co-ordinators will be evaluated during 1999

A statistician has been appointed to provide regional data on cancer instance, hospital utilisation and survival for type specific cancers occurring in the Eastern Health Board. The statistician will also facilitate hospitals in developing their own data bases in relation to cancer.

- A major review of cancer support services began in July 1998 and will take approximately one year to complete. The purpose of the review is to establish and identify best practice in relation to the provision of psycho-social support services for patients and their families with cancer, to identify our health service's response to the provision of cancer support services and to make recommendations for the provision of a comprehensive support service.
- Consumer research:  
The views of patients on cancer services and patient needs is being researched by the Department of Public Health. Initially it was decided to seek the views of patients who have or had breast cancer. The aim of the research is to provide feedback to the Health Service Providers, to



*Dr. Darina O'Flanagan, Eastern Health Board, Dr. Jim Kiely, Chief Medical Officer, Department of Health and Children, Ms. Avril Ivory, Meningitis Research Foundation, Mr. P.J. Fitzpatrick, CEO, Eastern Health Board, Cllr. Cyril Gallagher, Chairman, Eastern Health Board, Ms. Anne Gallagher and Mr. Kieran Hickey, Director, Office for Health Gain at the launch by the Office for Health Gain of a video to alert people to the signs and symptoms of meningitis.*

take account of the needs of patients and to make recommendations regarding future development of services.

## 1. Accident Prevention

Prevention of accidents is a priority for the Department of Public Health and for the Eastern Health Board. Accidents are the single greatest cause of death among children and among people under the age of 45 years. Accidents also result in thousands of hospital admissions and attendance at our Accident and Emergency Department each year.

Properly targeted prevention strategies aimed at risk groups can result in reduced rates of accidental injury and therefore lead to real health and social gain.

One of the basic requirements to aid the understanding of injuries is the availability of comprehensive data and information systems. During 1998 the Department of Public Health in association with the Eastern Health Board's Management Service Department undertook to develop an injury surveillance system in departments. This is part of a comprehensive A+E computer system.

This system will be piloted June 1999 in the James Connolly Memorial Hospital. Within a short period of time, it is expected that information will be collated and disseminated through key practitioners so that priorities for prevention can be acted upon.

During 1998, the Department of Public Health in association with Community Care Area 1, undertook a community intervention trial to improve safety in the homes of older people. The aim of this project is to reduce falls among older people. The field work was conducted by Public Health Nurses in the Dun Laoghaire area and the study was rigor-

ously evaluated.

After a six month intervention period, it showed that there was a large increase in the safety behaviour among older people, loose mats and trailing flexes were removed and in general obstacles were minimised in the home. Furthermore, safety in the bathroom improved dramatically.

These results were achieved within a six-month period. It is recommended that this project be continued in order achieve the necessary reduction in falls among older people.

### Communicable Disease Control in 1998

Although infectious diseases are no longer a major cause of mortality in the region, they are still a cause of considerable morbidity. In addition emerging infectious diseases such as E coli 0157 and re-emerging infectious diseases continue to be of public health concern.

In 1998, there was an increase in the number of outbreaks of food-borne and non food-borne illnesses identified and managed.

In March/April 1998, there was a large community outbreak of salmonella typhimurium DT104b caused by consumption of contaminated ham and turkey from a butcher cum delicatessen. In July 1998, an outbreak of salmonella enteritidis PT4 was found to be associated with the consumption of egg fried rice from a Chinese restaurant. Trace back of eggs used to supply the premises identified that some of the egg laying flocks were infected with salmonella and these flocks were destroyed.

In December 1998 an outbreak of E coli 0157 occurred in children attending a creche and in this instance, person to person spread of this highly infectious agent was considered to be the cause of the outbreak. There were no deaths in any of these outbreaks.

The incidence of meningococcal disease continues to be high for the region with a crude rate of infection of 11.6/100,000 population. Ireland has a high rate of meningococcal disease compared with the rest of Europe.

Several initiatives to increase awareness of meningococcal disease amongst parents and the public were undertaken during the year, including the launch of a video on Signs and Symptoms by the Office for Health Gain, in conjunction with the Meningitis Research Foundation.

In the Autumn of 1998, a major campaign to promote flu vaccine among high risk groups and also all those over 65 years old

was undertaken. For the first time, flu vaccine was available to all those over 65 years of age free of charge. There was an increase in the uptake of flu vaccine as a result.

There is a need for rapid transfer of information regarding infectious diseases to all those with responsibility for communicable disease control and in 1998 a pilot project to evaluate Cosurv, a method of transfer of information electronically from laboratories to public health was completed. There is a need for investment in information systems that can support timely surveillance of infectious diseases.

Vaccine preventable diseases still occur in the region indicating the need to improve further uptake of primary immunisation. By the end of 1998, the uptake of DPT at 24 months was 81.3% polio 84.3% Hib 84.6% and MMR 75.1%.

### Needs Assessment for Specialist Palliative Care Services in the Eastern Health Board Area

This study was carried out by the Department of Public Health in 1998 to assess the need for specialist palliative care services in the Eastern Health Board area. It consisted of a comprehensive literature review to identify 'best practice' both nationally and internationally, the use of population projections to predict future service requirements and a description of the current services provided and their use. The views of patients, their families and service providers on the present services and how they should be developed in the future were sought.

The priorities for future development of the services identified included the expansion of home care, day care and out-patient services, the co-ordination of palliative care and community services and the provision of medium support beds. Other priority areas highlighted included waiting lists, staff education/training and communication. Finally, it was recommended that all home care services and acute hospitals in the area should have specialist palliative medical input.



# Management Services

## European Projects

The Board commenced work with other Health and Social Services organisations in Belfast and Turku, Finland on a feasibility report to develop an information technology system for sharing information among troubled young adults. The report if accepted by the European Commission could lead to funding for developing IT solutions to achieve systems integration.

Management Services Department continued its role as the project managers for the Irish site in Intercare, in partnership with a number of EU health Agencies. This project will enable the Board to develop enhanced I.T. services in particular using Internet technology to link general practitioners, hospitals and community services.

## Information Technology Resource Centre

The Information Technology Resource Centre in the basement of Dr. Steevens' Hospital, was established in 1998 to provide IT resources and facilities to Eastern Health Board staff. Facilities include Internet access and information on general aspects of computers. I.T. Resource Centre staff are available to demonstrate how to use the equipment to staff and provide expert advice on many aspects of computerisation including PC Technology, Microsoft Office products, e-mail and Internet access.

## Electronic Mail

1998 saw the rollout of electronic mail at Dr. Steevens Hospital with over 150 users now having access to mail. In March, a pilot 'Post Office' was set up at Glenside Road in Wicklow, which facilitates mail transfer to and from Dr. Steevens' Hospital and outside organ-



*Eastern Health Board staff learning their way around computer software packages in the Computer Room at Dr. Steevens' Hospital during a training session.*

isations. During December a new 'Mail Gateway' was installed at Dr. Steevens Hospital which will provide a flexible infrastructure for further expansion of our mail service to other sites and staff over the next year.

## Technology Training

Almost 500 staff members were trained in Information Technology in the early part of 1998 in our training rooms in Dr. Steevens Hospital and St. Mary's Hospitals. In the latter part of 1998, the emphasis was on training staff in preparation for the implementation of the new financial system. A total of 260 users were trained in PC and Windows skills. In addition, over 130 GPs and their secretaries were trained in PC, Windows and MS Office skills at evening courses scheduled in association with the GP Unit.

## New Systems

The SAP Enterprise Management System, which was implemented to schedule, provides

for functionality such as General Ledger, Accounts Payable, Purchasing, Inventory Control, Fixed Assets, Order Processing, Bank Reconciliation, Job Costing, Labour Distribution, and Commitments. A total of 30 locations are now using the system. It is a major advance in providing management information and will support the new area management structures.

The SAP Human Resource module was chosen to replace the existing Personnel Records system and is due for implementation in 1999. This will combine staff planning and payroll with our financial management.

A new Medical Card system was selected to replace the existing system which is not year 2000 compliant. A successful test implementation was undertaken during October 1998 in Wicklow Community Care Area. It is intended to implement the new system in all areas in 1999. This will improve the efficiency of the service to the public and will provide greater flexibility in management reporting.

A new Accident and Emergency system was selected and is due for implementation in James Connolly Memorial Hospital in 1999. This system will increase the efficiency of the A&E department and will support the nursing and medical staff in the care and management of patients.

#### **EHB Website**

In conjunction with the Communications Department, Management Services Department were technical advisors to the development of the Board's web site which was launched by the Minister for Health in the latter part of 1998. The site provides information on the Board's services and general Healthcare information for the public.

We have also developed an intranet site, which is an internal facility accessed by the staff in the Board. This site is currently a mirror image of the public site and contains all of the Freedom of Information details.

#### **Year 2000**

Substantial progress was made in 1998 in upgrading and testing the Board's major sys-

tems to ensure year 2000 compliance. Plans are now well advanced to ensure all systems, hardware and infrastructure are fully tested and year 2000 compliant before the end of the year.

#### **Communications Infrastructure**

The Board implemented a major upgrade to the communications infrastructure to support new enterprise and client systems, electronic mail and office automation. Substantial progress was also made in upgrading the network to support the continued implementation of the Department of Social Welfare system ISTS.

In voice communications a direct dial inwards facility to Dr. Steeven's Hospital was implemented, which has greatly improved public access to services.

#### **Computer Support Centre**

During 1998, the Management Services Department established a new Computer Support Centre, to replace the support roles traditionally provided by the staff of the Help Desk, Micro Support Unit and Technical Support Unit. The main objective of the Computer Support Centre is to provide a single point of contact for EHB staff requiring a service from the Management Services Department. The Computer Support Centre provides support to a user base of 2,000, and is currently dealing with an average of 270 calls per week. Calls include requests for information on how to use computer equipment and systems, requests for assistance in resolving problems with equipment and applications, and requests for information on purchasing new hardware and software.

#### **Video Conferencing / Presentation**

##### **Equipment - EHB Boardroom**

Management Services Department assisted in the implementation of the new video conferencing and audio display equipment in the Boardroom. This enables staff to give presentations across multiple venues and also to hold video conferences with other organisations around the world.

# Technical Services

## Introduction

The Technical Services Department provides support at strategic and operational levels of healthcare engineering activity to the Board's programmes and functions. This support includes advice, design, specification and supervision of the Board's buildings, capital projects, maintenance activity, energy management, waste management and fire safety.

The Department is involved in design team selection for major capital works being developed by the Board and at Project Team level to project concept, brief development, design, specification and linkage to existing engineering services and structures. All payments in respect of Design Team fees and major capital construction works are certified and processed by the Technical Services Department.

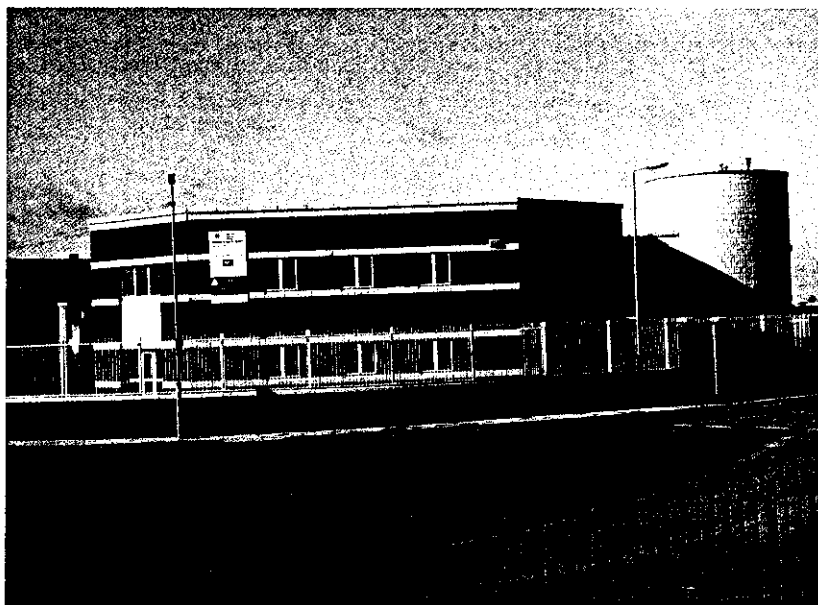
The Technical Services Department provides engineering design, specification and planning services for minor capital works. The Department undertakes site inspection, contract control and cost management procedures during the construction period.

It also provides engineering advice, design, guidance and direction to the Board's Maintenance Staff on-going maintenance activity throughout the Board's area.

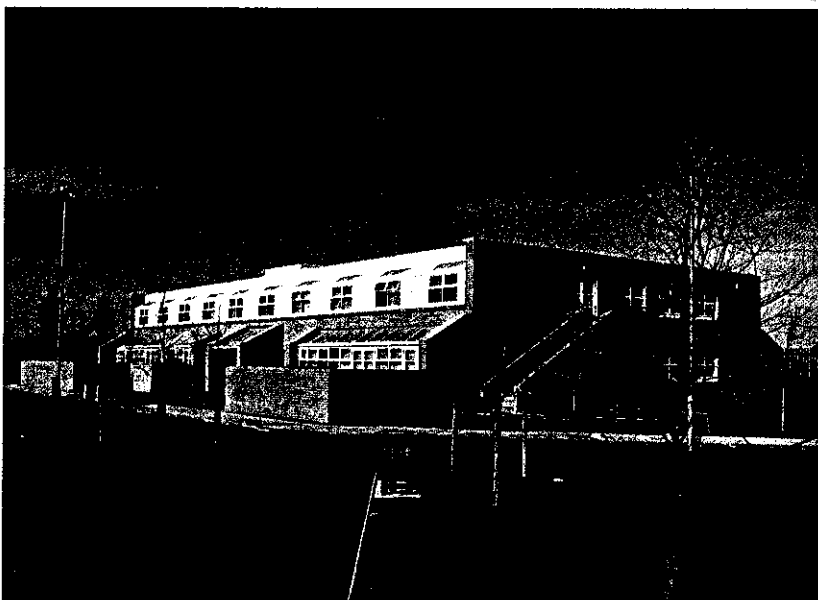
The Department deals with the promotion of energy awareness throughout the Board and the evaluation of new technology in relation to the efficient production and distribution of energy. This work includes the monitoring, evaluation and compilation of data in relation to energy consumption in the Board's buildings and the provision of engineering advice in relation to improvements and conservation schemes.

The Technical Services Department deals with fire safety matters, including assessment and advice on compliance with statutory obligations under fire safety precautions legislation throughout the Board. It deals with staff edu-

cation, inspection of premises and preventative measures. The Department also provides technical advice in relation to new construction, refurbishment and/or change of use of premises and the evaluation and specification of automatic fire alarm and detection systems.



*The new Health Centre at Gallinstown, Cherry Orchard*



*The Athy Health Centre*

A substantial amount of the Department's time is devoted to the provision of engineering advice in relation to procurement, conversion, refurbishment, alteration and disposal of Eastern Health Board property and specialist services of a technical nature.

### Capital Developments

During 1998, a number of significant advances took place in relation to capital projects, both major and minor. These represent a significant investment in the Board's physical resource base and a major contribution to the improvement of quality in the overall service.

<u>Naas General Hospital</u>	-	The D.C.P. for the project was finalised and agreed, planning permission for Phase II was received and the detailed design is in progress with the target of inviting tenders in April 1999.
<u>J.C.M. Hospital Development</u>	-	The project brief was finalised and the Development Control Plan is being prepared.
<u>St. Columba's Hospital</u>	-	The extension to the Radiology Department to accommodate the C.T. Scan was designed and constructed during 1998.
<u>Community Units for the Elderly</u>	-	The construction of the new Community Unit at St. Clare's was completed during 1998. Planning permission for the Unit in Dalkey was received and construction will commence in early 1999. The planning and design of Units in Lusk, Maynooth and a second Unit at St. Clare's were advanced during 1998.
<u>Health Centres</u>	-	New Health Centres in Athy, Kiltegan, Castledermot and Cherry Orchard were completed in 1998. Health Centres in Baltinglass, Lusk, Coolock and Dun Laoghaire (Centenary House) were refurbished and/or extended.
	-	Construction work began on the development of new Health Centres in Celbridge, Newbridge and Fortunestown and on the refurbishment of existing Health Centres at Stillorgan and South Earl Street.
	-	Planning and design of new Health Centres at Bray, Darndale and Derrinturn were advanced in 1998.
<u>Special Care Units for Children</u>	-	The planning and design of the Special Care Unit for Children at Ballydowd and Portrane were completed and planning permission received in 1998. Tenders were received for the Unit at Ballydowd and work will begin early in 1999.
<u>Children Services</u>	-	The refurbishment of a building in Peamount Hospital for an Emergency Admissions Unit was completed in 1998.
<u>Mentally Handicapped Developments</u>	-	The planning and design of the Unit in Oldtown, Co. Dublin was completed in 1998. Tenders were received and building will begin in early 1999.
	-	The adoption of Unit G, St. Ita's Hospital for use as School of Nursing, Mental Handicap Services.
<u>Mental Health</u>	-	Reconstruction of Gallen House (15/17, Howth Road) began in 1998.
	-	Refurbishment of the Weir Home continued during 1998.
	-	The building of a new Drug Treatment Clinic at

#### Community Welfare Service

#### Priority Maintenance Projects

#### Others

Cork Street was completed during 1998.

- The planning and design for the new Downstream Unit in St. Mary's Hospital was completed in 1998.
- The planning and design of the Drug Treatment Unit at Belcamp Lane, Coolock was completed.
- New offices were provided at Ellis Quay and work began on offices in Townsend Street and Charlemont Street.
- Advised and assisted EVE Holdings and Voluntary Agencies on their capital projects and monitored progress on same.
- The old lecture theatre in Sir Patrick Dun's Hospital was refurbished and reopened as the Civil Marriages Office for Dublin.

#### **Fire Safety**

The Technical Services Department is responsible for ensuring that adequate fire prevention and safety standards are implemented and maintained in our Board's premises. In 1998, the Fire and Safety Officer continued to co-ordinate and maintain an efficient fire safety and prevention service. This was achieved by providing training and instruction for staff by talks, videos and on-site demonstrations throughout our Board's region.

Fire safety standards in our Board's premises are being upgraded with the aid of special capital funding from the Department of Health. During 1998 fire safety works were carried out in St. Ita's Hospital, Weir Home, Central Mental Hospital, St. Columille's Hospital and in a large number of hostels.

#### **Planned Maintenance Programme**

The Technical Services Department advises on Priority Maintenance Works and assists in the implementation of the Planned Maintenance Programme.

Major works undertaken during the year include:-

- Phase 3 of the replacement of the heating system in St. Vincent's Hospital, Athy.
- Refurbishment of Units M & N in St. Ita's Hospital.
- Insulating and relaying the flat roof to Old County Road Health Centre.
- Reslating sections of the roof to St. Mary's Hospital.

#### **Energy Management**

The Technical Services Department increased the monitoring of energy consumption in our Board's buildings.

Energy consumption in over thirty of the Board's hospitals and homes are now monitored on a monthly basis. These buildings account for approximately 75% of our Board's total energy consumption of over £3m. per annum and are a good indicator of overall trends.

Although 1998 was colder than 1997 and the activity in the Board's buildings increased in 1998, energy consumption remained relatively static in 1998.

#### **Waste Management**

During 1998 the Waste Management Advisor was assigned to the Technical Services Department. The principal waste management projects undertaken were:-

- Monitoring and supervising the Healthcare Risk Waste Treatment Contract.
- Preparation for the implementation of the National Waste Treatment Centre.
- Advising on waste reduction methods including recycling and the proper segregation of the various waste streams.
- Review and office advice when requested on waste management systems and advising on the introduction of new systems.
- Review and expand the Board's Waste Management Policy to provide guidelines for the safe disposal of the various waste streams generated by the Board's activities.

#### **Property Appraisal**

During 1998 all properties being bought were inspected by this Department prior to their acquisition by our Board and a report prepared giving technical advice and recommendations on fire safety issues, the building's condition and the cost of adaptation.



# Estate Management



**1998** was a year of significant growth and development for the Estate Management Department.

The reinstatement value of the entire estate rose to c. £472m, representing an increase of around 8% on the previous year.

Property acquisitions for the various services required lengthy and sensitive negotiations but resulted in some excellent value purchases for our Board.

On the Mental Health side, houses were purchased at Bramble Lodge, Newbridge; Inch, Balrothery; Woodlands, Inchicore and Cooligmartin, Baldonnell, all for residential accommodation.

In the Disabilities area, a house was purchased at Moyville, Rathfarnham, to help extend services in this area.

Within the Children and Families Programme properties acquired included the former Presbytery at Killinarden, Tallaght; 1 & 2 Pottery Lane, Kill'O'The Grange and An Grianan, Collins Avenue.

One further house was purchased at Millstead in Blanchardstown for the Acute Hospitals Programme to facilitate the new developments at James Connolly Memorial Hospital.

One very important temporary acquisition in 1998 was taking over part of the Meath Hospital, which immediately provided 60 beds for the elderly from the South Inner City area. Our Board's arrangement is by way of a temporary licence but discussions are continuing regarding our plans to purchase the entire Meath Complex.

It is expected that signifi-



*Suzanne Creaven, Acting Risk and Insurance Manager*

Draft Master Plan for  
St. Brendan's  
Hospital,  
Grangegorman



*Minister for health and Children, Mr. Brian Cowen, T.D., (left) browsing the EHB website, watched by Dr. Javad Ahmed, Internet Consultant, and EHB Chairman Cllr. Cyril Gallagher, at the official launch of the Board's Internet Website.*

# Communications

*The* Communications Department continued to expand the scope and range of its work in 1998.

## The EHB Internet

One of our major projects was the design and development of an internet site for our Board. The site, which was hailed by a number of commentators as one of the best sites to come on stream in 1998, provides a wealth of detail on all the health and personal social services which our Board provides.

It also provides information on Board membership, structure, policies, decisions and entitlement to services.

It has a large health promotion and education bank and provides a demographic and socio-economic profile of our area as well as statistics on morbidity and mortality, which are of value to researchers and health service planners.

The site is also used for staff recruitment.

The Management Services Department provided valuable advice and assistance in the development of the site.

## Communications and Media Service

The Department continued to provide support on communications to all Programmes and Functions in line with our Board's commitment to openness and transparency.

A 24 hours a day information service was provided to the media, press conferences and launches were organised and a large volume of calls were processed from local regional and national print and broadcast media. A constant input was maintained into breaking news stories to ensure balanced coverage of our services.

## Eastern Health News

The Department edited and published our staff newspaper, the Eastern Health News providing information for staff on Board policies and developments, staff appointments, health promotion campaigns and partnership projects with local communities.

A special edition of the paper was published detailing the provisions of the new Bill which provides for the dissolution of the Eastern Health Board and its replacement by

*The Minister for Health and Children, Mr. Brian Cowen, T.D. with Ella O'Doherty (left) and Alannah Burke at the launch of the Campaign to Prevent Accidental Childhood Poisoning.*



an Eastern Regional Health Authority and three new Area Health Boards.

#### **Hyper**

We assisted with preparations for the launch of Hyper, a new magazine being produced by the EHB drug rehabilitation Soilse, in association with ESF Youthstart.

#### **Public Education Campaigns**

We co-operated with the development of a number of public education campaigns.

The public education campaigns against the use of heroin and ecstasy took the No 1 bronze award at the 1998 Institute of Creative Advertising and Design awards.

The 1998 national campaign on the appropriate use of hospital Accident & Emergency Departments was coordinated through the Department.

Assistance was provided to the Office for Health Gain in two campaigns – a medicines safety campaign to reduce the incidence of childhood poisoning in Ireland and a video produced in conjunction with the Meningitis Research Foundation to alert people to the signs and symptoms of meningitis.

A number of campaigns were organised using our ambulances and other transport vehicles to advertise health and safety messages.

#### **Recruitment**

We assisted with the production of a video to promote recruitment of psychiatric nurse trainees which is being launched in 1999.

#### **New Initiatives**

A number of initiatives such as our Board's new Complaints & Appeals Procedures, the lifestyle changes required to improve the health and quality of life of people living in our area, our teenage health and women's health projects and our continence promotion services were publicised.

#### **Freedom of Information**

Our Department played a key role in the implementation of the new Freedom of Information Act.

#### **Arts policy**

The Communications Department played a lead role in a joint EHB/Arts Council project which is piloting a number of arts practice projects in the health sector and developing a code of practice for arts practice in health environments

#### **Seminars and Conferences**

An input was provided into a number of seminars and conferences.

# Finance

## Department

*The* finance department is responsible for providing financial information to support the planning, management and delivery of services and to evaluate the ongoing financial performance of the Board. It also ensures that suppliers, employees and contracted services are paid on time and that income due is received. In addition the finance function ensures that accounting standards and controls are applied consistently throughout the Board and that statutory reporting responsibilities are complied with in particular the provisions of the Health (Amendment) (No 3) Act 1996 and the provisions of the Comptroller and Auditor General (Amendment) Act, 1993.

During 1998 work has continued on

improved accounting, management and control arrangements. A new financial coding system was developed to facilitate cross boundary reporting for all services. Planning has almost completed with regard to upgrading all financial systems to deal with the changes necessary for the year 2000, EMU and to implement new versions of the General Ledger and other accounting support systems. New financial systems based on SAP technology were introduced from January 1st 1999.

The Board's Central Purchasing function dealt with contracts valued at approximately £35m during the year.

The net expenditure of the Board on health services amounted to over £517.7m in 1998 (£468m in 1997).

### SERVICES ANALYSIS OF EXPENDITURE 1998

Services	Expenditure 1998 (Net)
	£
Acute Hospitals and Elderly Services	128,947,530
Mental Health Addiction and Social Development	101,681,930
Community Care Services	140,691,538
Children, Family and Child Care	55,338,412
Persons with Disabilities	67,565,269
Central Services	23,477,774
<b>Total</b>	<b>517,702,453</b>

In addition almost £55m was spent on providing Supplementary Welfare services which are analysed as follows:

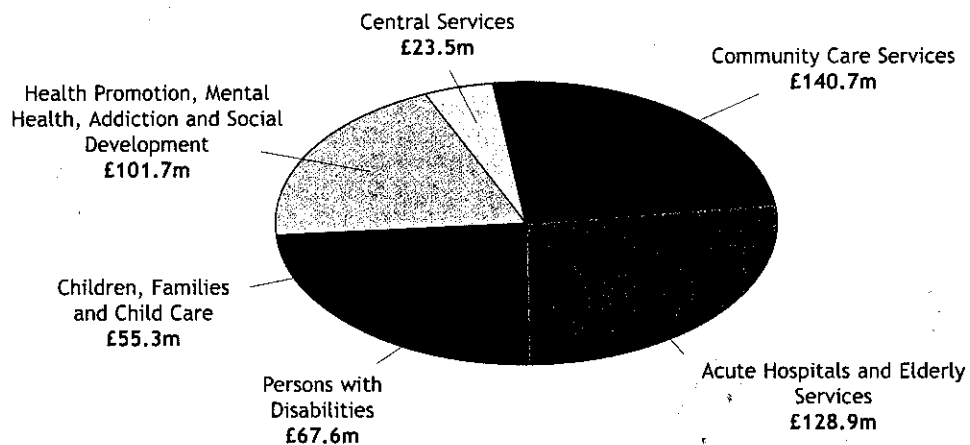
### SUPPLEMENTARY WELFARE ALLOWANCES

	£m
Allowances	43.3
Back to School Clothing and footwear allowances	03.3
<b>Total allowances</b>	<b>46.6</b>
Service Management costs	8.2
<b>Total</b>	<b>154.8</b>

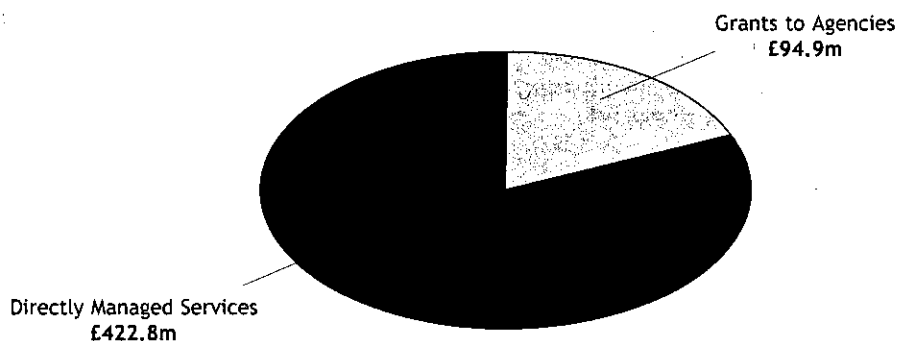
**BALANCE SHEET OF THE EASTERN HEALTH BOARD AS AT 31st DECEMBER, 1998**

	1998	1997
	£	£
<b>Fixed Assets</b>		
Tangible Assets	£157,723,246	£146,863,307
<b>Current Assets</b>		
Stocks	4,150,884	4,281,127
Deferred Income	3,612,252	430,000
Debtors	55,801,286	48,740,186
Cash at bank or in hand	12,398,313	409,857
<b>Total Current Assets</b>	<b>£75,962,735</b>	<b>£53,861,171</b>
<b>Current Liabilities</b>		
Bank Loans & Overdrafts	23,758,143	14,224,294
Other Creditors	62,621,307	57,137,757
Lease Creditors	0	45,047
<b>Total Current Liabilities</b>	<b>£86,379,450</b>	<b>£71,407,098</b>
<b>Total Assets Less Current Liabilities</b>	<b>£147,306,531</b>	<b>£129,317,380</b>
<b>Represented by Capital and Reserves</b>		
<b>Revenue Reserves</b>		
Non-Capital Income & Expenditure Account	(4,783,329)	(3,928,923)
<b>Capital Reserves</b>		
<b>Capital Fund:-</b>		
Capitalisation Account	£157,723,246	
Less Deficit on Capital Income &		
Expenditure Account	(£9,245,638)	148,477,608
Other Reserves	3,612,252	430,000
<b>Total Capital and Reserves</b>	<b>£147,306,531</b>	<b>£129,317,380</b>

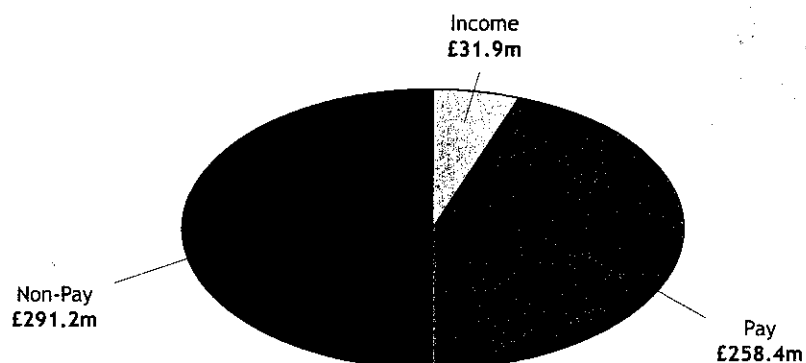
## HEALTH EXPENDITURE ANALYSIS PROGRAMME EXPENDITURE



## HEALTH EXPENDITURE ANALYSIS DIRECT AND INDIRECT EXPENDITURE



## HEALTH EXPENDITURE ANALYSIS PAY, NON-PAY AND INCOME



# Materials Management

**In 1998** a Regional Materials Manager was appointed to head up the Board's materials management function. The primary function of the office is to ensure that the combined elements of Materials Management Procurement, Customer Services, Warehouse and Distribution will deliver a customer-oriented service and provide the optimum value for money within the allocated budget.

It will provide end users with an effective value-added service of a high quality, responsive to user needs at the most economically advantageous costs. A fully-integrated Materials Management function will reduce the total costs associated with the acquisition and management of products and services while a managed supply chain will ensure that users' requirements are met and that goods are stored and distributed efficiently and effective-

ly in line with service needs throughout the Board.

The Materials Management Function is responsible for purchasing, warehousing, distribution and ensuring that the tendering and award of contracts complies with the various Government and EU procedures, directives and legislation. In addition, Regional Materials Manager, Mr. John Swords, has a collaborative responsibility with colleagues from other health boards to deliver the recommendations of the Materials Management Advisory Group Report and to ensure that policies and procedures are in line with best practice.



*Mr John Swords,  
Regional Materials  
Manager*

## Subsidiary Companies

### EVE Holdings

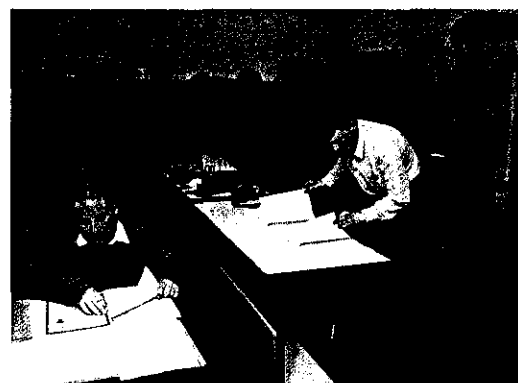
**EVE** Holdings Ltd. is a limited company established by the Eastern Health Board to train and employ people attending its rehabilitation services. In 1998, the company's operations were reviewed, and following consultations with staff, management, and the directors of the company, a review on the future of EVE Holdings was published. The report signals the start of a new momentum within the company, the introduction of a partnership approach. The report includes comprehensive recommendations which are now the subject of dialogue between management and unions, and while there are many challenges ahead for everyone, there is clearly a consensus that the way forward must be forged together.

EVE Holdings has 23 centres which include resource, training and enterprise centres, attended by about 868 people. The core client group are individuals with mental health difficulties – about 85% of the total. People with intellectual difficulties comprise 13%, with a further 2% having physical difficulties.

In 1998, EVE Holdings focused on three principal activities

- development of training services in accordance with national accreditation requirements
- development of the commercial potential of the enterprise centres
- developing two new projects for individuals awaiting service, ASPIRE and Clubhouse

The ASPIRE training service focuses on individuals with Asperger's Syndrome, who have traditionally been unable to access training course. This initiative is new and unique – there is no other service in the country for this group. The Clubhouse project is a pilot initiative which has been funded by the National Rehabilitation Board (under TOPS) as a member-driven service.



*Staff of the  
Bureau at  
Dr. Steevens'  
Hospital*

### Eastern Community Works Limited

**Our** Board operates the Home Improvement Scheme for the Elderly on behalf of the department of the Environment and Local Government. The Scheme is operated in our Board's area by Eastern Community Works Limited. In 1998, our Board received £900,000 to fund the scheme. Repairs or improvements were carried out on the houses of

299 elderly people during 1998 to improve their living conditions. The repairs are carried out either by private contractors or by FAS. The Board of Eastern Community Works was restructured during 1998; in addition proposals were adopted to strengthen the management of the service with the appointment of a full-time manager and an increase in the number of area foremen.