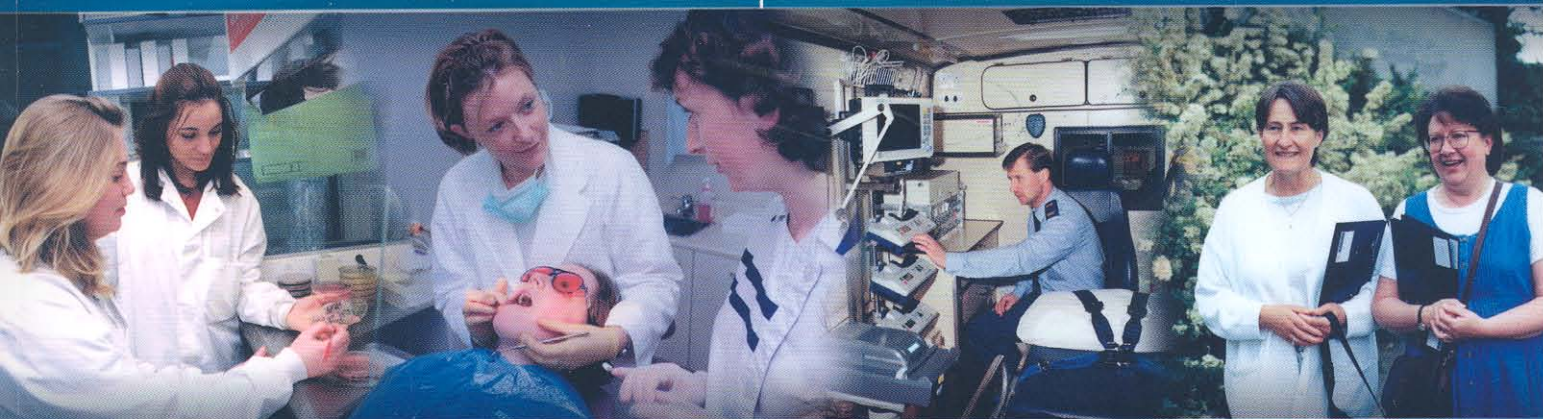
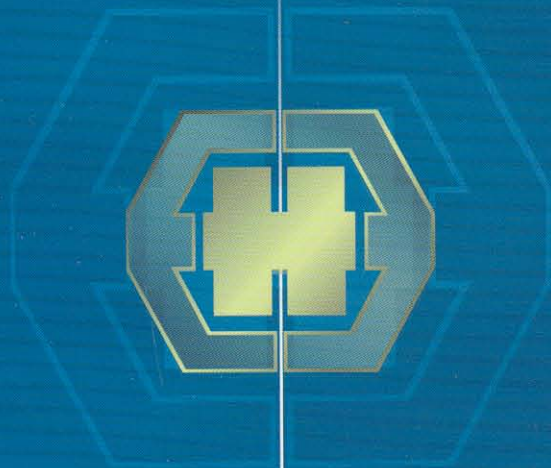


Eastern Health Board

Bord Sláinte an Oirthir

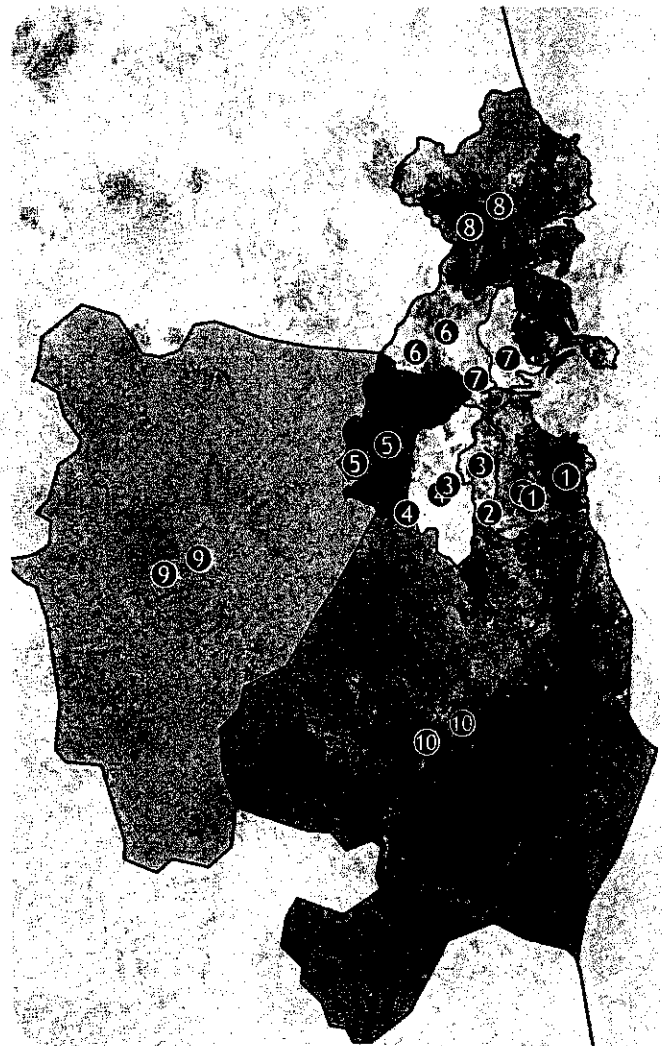


This is the final Annual Report of the Eastern Health Board. The EHB was dissolved on February 29, 2000 and replaced by three Area Health Boards, the East Coast Area Health Board, the Northern Area Health Board and the South Western Area Health Board.

Annual Report 1999-2000

Eastern Health Board COMMUNITY CARE AREAS

- 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 1.3m people in Dublin,*



CONTENTS

2	<i>Community Care Areas</i>
4	<i>Chairman's Report</i>
6	<i>Board Members</i>
8	<i>Meetings</i>
9	<i>Chairs and Programme Committees 1999-2000</i>
10	<i>Mission Statement</i>
11	<i>Demographic Profile</i>
14	<i>Management Team</i>
15	<i>Chief Executive's Report</i>
19	<i>Health Promotion</i>
22	<i>Social/Local Development</i>
25	<i>Customer Services Department</i>
26	<i>Children and Families</i>
29	<i>Complaints and Appeals Service</i>
30	<i>Services for persons with Physical and Sensory Disabilities</i>
31	<i>Services for persons with Intellectual Disabilities</i>
32	<i>Older Persons</i>
35	<i>Services for the Homeless</i>
36	<i>Services for Travellers</i>
37	<i>Women's Health</i>
39	<i>Services for Drug Misusers</i>
41	<i>Asylum Seekers</i>
42	<i>Acute Hospitals Services</i>
50	<i>Ambulance Services</i>
53	<i>Community Services</i>
55	<i>Community Welfare Services</i>
56	<i>General Practice Unit</i>
59	<i>Dental Services</i>
61	<i>Registration of Births, Marriages & Deaths</i>
62	<i>Environmental Health Services</i>
65	<i>Adult Mental Health</i>
69	<i>Personnel Department</i>
72	<i>Regional Library and Information Service</i>
74	<i>Department of Public Health</i>
80	<i>Management Services</i>
82	<i>Technical Services</i>
85	<i>Estate Management</i>
87	<i>Communications</i>
89	<i>Finance</i>
92	<i>Regional Materials Management</i>
93	<i>Subsidiary Companies</i>
94	<i>Freedom of Information</i>
97	<i>Other</i>



CHAIRMAN'S REPORT

Iwould like to thank my colleagues for honouring me by electing me as Chairman of the Eastern Health Board in 1999 - my second term to hold this prestigious office. My election was tinged with some sadness, knowing that with the dissolution of the Eastern Health Board in February 2000, I would be the last Chairman of an organisation which had served the people of Dublin, Wicklow and Kildare so well for almost 30 years.

However, I and my Fellow Board Members have appreciated for some years that the present organisational structures were no longer suitable for the vastly increased population of the Eastern region - which has increased by almost one-third since the establishment of the EHB - and the scale and complexity of the issues with which the Board must now deal.

When I was elected I stated that the development of services for older persons and the disadvantaged, particularly the homeless, would be my priorities during my term of office.

I also stated that I would be concentrating on the expansion of services for persons with disabilities, for children, for drug misusers and for marginalised groups as well as the development of the Board's acute hospitals.

The development of services for older persons is particularly necessary, because there are currently about 125,270 people aged 65 years and over, and 10,558 aged 85 and over living in our Board's area. It is estimated that by 2011 there will be 176,034 aged 65 and over living here.

Over the fourteen months covered by this report, our Board developed a wide range of services for older persons, both community and residential or hospital-based. At community level, the services provided included general practitioner services, daycare, community nursing and community paramedical services, and specialist services for elderly mentally infirm patients. At in-patient level, the range of services included assessment, welfare,

respite or intermittent care, convalescent or rehabilitation care, and long-stay care. Other services included rehabilitation and stroke services, day centres and clubs, nutritional service, continence promotion, paramedical services, support for carers, home improvement schemes, mobile day hospitals and subvention towards care in private nursing homes.

Homeless people represent a very vulnerable section of our population, and sadly the period saw a significant increase of 2,480 people and families applying to our Homeless Persons Unit for the first time.

This is due to a number of factors, but it brings the total number of children and families receiving a service from our unit to approximately 5,000.

Expenditure on Services for Persons with an Intellectual Disability in the full year 1999 totalled £47.5m, of which £30.8m was allocated to over 50 voluntary agencies providing services throughout our Board's region.

This funding included £4.871m in respect of new services, which allowed us to provide 20 additional residential places, 66 additional day places, 28 respite beds and 45 emergency residential places in 1999.

The additional places helped to reduce the waiting lists for both day and residential care. There are now approximately 700 people with intellectual disability in residential accommodation directly funded by our Board.

During 1999, work began on a bungalow complex at Oldtown, Co. Dublin, to replace unsuitable institutional buildings at St. Ita's Hospital and this is due to be completed shortly.

The programme for Persons with Physical



Ald. Ivor Callely T.D., Chairman of The Eastern Health Board

and Sensory Disabilities received an additional £3.152 million in funding. This enabled progress on a number of initiatives: new facilities were opened at the Irish Wheelchair Association in Clontarf, the Respite Centre in Shillelagh and the Community Home for the Visually Impaired at Calderwood Rd., Drumcondra; and a number of new initiatives were agreed with the voluntary agencies to support respite services. A Public Health Specialist was also assigned to work with the National Database Committee to begin compiling a database on physical and sensory disability.

During the period a policy document on standards and criteria for the Inspection of Children's Residential Centres was jointly launched by our Board and the Western Health Board, and a strategic plan for residential care in the EHB region was launched. A number of child health initiatives were launched, including a teenage health initiative, which aims to provide training in relationships and sexuality. A Mentoring Project aims to support young people at risk of early school leaving, while plans are in train for the development of a Young Persons' Health Centre where the focus will be on the promotion of sexual health and the prevention of sexually transmitted disease.

Key service developments for Children Out of Home included the appointment of a manager to develop the Crisis Intervention Service. In addition, with EHB funding, the Salvation Army opened the Night Light, a night reception centre providing 6 overnight beds; Focus Ireland opened The Loft, a 7-day reception centre; Focus Ireland also developed an after-care transitional unit for girls, and the Salvation Army developed after-care bed-sits for young women leaving care; and Don Bosco developed sheltered flats for boys leaving care. The Forum on Youth Homelessness was established, bringing the voluntary and statutory sector together to prepare an agreed strategy on the problem.

The construction of a purpose-built Special Care Unit at Ballydowd was progressed. A Director was appointed and the recruitment process is under way.

Drug misuse continued to present one of the greatest challenges to our Board. Our strategy is to promote a drug free lifestyle, develop outreach contact with drug users, and provide effective treatment locally. Services offered by our Board include a wide range of treatments, including drug-free therapeutic projects.

Methadone maintenance treatment is now provided by General Practitioners in their own surgeries, and in addiction centres, satellite clinics, mobile clinics and in specialist detoxification units. At the end of February 2000, there were 4,353 people from Dublin, Kildare and Wicklow receiving drug treatment through our Board's services, compared with 426 in 1994 and 227 in 1992.

The Acute Hospitals Service Programme, which 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, faced a number of challenges. Recruitment proved extremely difficult throughout the year. The nurses' dispute resulted in pressure on the delivery of acute services, though the co-operation of all staff ensured that disruption to service was kept to manageable proportions.

I am very pleased with the progress which our Board made in initiating and developing health and personal social services in the region and I would like to thank all my colleagues on the Board for their hard work and commitment.

In spite of all the achievements, however, there also a sense of loss because of the death of Cyril Gallagher, former EHB chairman, and a member of the Board for eight years. It was a particularly sad event because Cyril's wife, Anne, had only passed away six weeks previously. This would have been a great blow to Cyril after many happy years of marriage, and of course to their five children, Esther, Brigid, Bernie, Maria and Dessie, who were doubly bereaved by Cyril's death just a short time later. I would like to extend my deepest sympathies to them and his friends, and all who miss him. It was a year in which we also lost another valued colleague, Cllr. Pat Upton, T.D., who died at such a tragically young age. Our sympathies go to his wife Anne and family. *Ar dheis Dé go rabh a hAnamacha.*

In conclusion, I would like to thank the CEO, Mr. Pat McLoughlin, the Management Team, and all the Board's staff, for the dedicated and progressive manner in which they have implemented 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.

BOARD MEMBERS

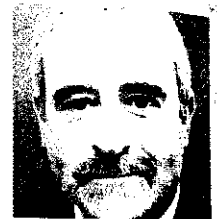
December 1999



Ald. Ivor Callely, T.D., Chairman
Eastern Health Board
Dail Eireann, Dublin 2
Appointed by Dublin
Corporation



Dr. Philip O'Connell Vice
Chairman Eastern Health Board
178 James's Street, Dublin 8
Elected by registered medical
practitioners



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



Cllr. Roisin Shortall, T.D.
Dail Eireann, Dublin 2
Appointed by Dublin
Corporation



Cllr. Dr. Dermot Fitzpatrick
80 Navan Road, Dublin 7
Appointed by Dublin
Corporation



Cllr. Deirdre Heney
12 Sion Hill Road,
Whitehall, Dublin 9
Appointed by Dublin Corporation



Ald. Sen. Joe Doyle
14 Simmons Court Terrace,
Donnybrook, Dublin 4
Appointed by Dublin Corporation



Cllr. Christy Burke
Liffey House,
Tara Street, Dublin 2
Appointed by Dublin Corporation



Cllr. Tony Fox
93 Mountain View Park,
Rathfarnham, Dublin 14
Appointed by Dun Laoghaire/
Rathdown County Council



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



Cllr. Olivia Mitchell, T.D.
18 Ballawley Court, Sandymount
Road, Dublin 14
Appointed by Dun Laoghaire/
Rathdown County Council



Cllr. Anne Devitt
Lispapple,
Swords, Co. Dublin
Appointed by Fingal County Council



Cllr. Liam Creaven
43 St. Fintan's Park,
Sutton, Dublin 13
Appointed by Fingal County Council



Cllr. Michael O'Donovan
70 Delwood Drive,
Castleknock, Dublin 15
Appointed by
Fingal County Council



Cllr. Colm McGrath
2 Moyle Park, Clondalkin, Dublin 22
Appointed by South Dublin
County Council



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



Cllr. Don Tipping



Cllr. Jack Wall, T.D.



Cllr. Sean O'Fearghail



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



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



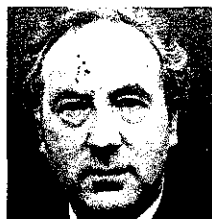
Cllr. Andrew Doyle
Lickeen, Roundwood, Co. Wicklow
Appointed by
Wicklow County Council



Cllr. Patrick Vance
Beachmount, Putland Road,
Bray, Co. Wicklow
Appointed by Wicklow County Council



Dr. Siobhan Barry
Cluain Mhuire Newtownpark
Avenue, Blackrock, Co. Dublin
Elected by registered medical
practitioners



Dr. John Fennell
"Chesapeake", 2 Kendalstown
Rise, Delgany, Co. Wicklow
Elected by registered medical
practitioners



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



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



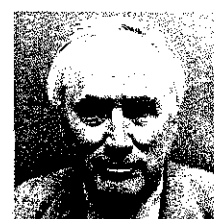
Dr. Marie Laffoy
20 Avoca Park, Blackrock, Co Dublin
Elected by registered
medical practitioners



Dr. James Reilly
The Square, Lusk, Co. Dublin
Elected by registered medical
practitioners



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



Dr. Don Keane
130 Merrioin Village
Elected by registered Dental
Surgeons



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



Mr. Gerry McGuire
1 The Strand,
Donabate, Co. Dublin,
Elected by registered
psychiatric nurses



Mrs. Bernadette Bonar
9 Leopardstown Park,
Blackrock, Co. Dublin
Elected by registered
Pharmaceutical Chemists



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



Cllr. Laurence Butler
3 Whitehall Mews,



Dr. Bill O'Connell
Vale Rd., Arklow, Co. Wicklow



Mrs. Catherine Quinn
47 Beechwood lawns,

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.

PROGRAMME COMMITTEE MEMBERS:

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:-

- Ald. Ivor Callely, T.D. (Chairperson)
- Cllr. Charles O'Connor
- Cllr. Eric Byrne
- Cllr. Larry Butler
- Cllr. Sean O'Fearghail
- Cllr. Liam Creaven



Ms. Orla Treacy Secretary to the Board

Cllr. Dr. Bill O'Connell

- Dr. Don Keane
- Dr. Jim Reilly
- Ms. Bernadette Bonar
- Ms. Catherine Quinn
- Ms. Maria Hoban
- 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. Eric Byrne (Chairperson)
- Cllr. Charles O'Connor (Vice-Chairperson)
- Cllr. Jim Reilly

Board Officers:

- Dr. Leila Thornton (Public Health Specialist)
- Ms. Sheila O'Malley (Supt. PHN)
- Ms. Dermot McMahon (Senior Social Worker)

Other Members:

- Ms. Pat Whelan (Irish Foster Care Association)
- Ms. Ann McWilliams (Adoption & Foster Care Services)
- Ms. Collette McAndrew (Residential Care)
- Ms. Hiliary Kenny (Services for Pre-school Children)
- Mr. Brendan O'Murchu (Education Services)
- Mr. Michael Bruton (Services for Homeless Children)
- Dr. Paul McCarthy (Child & Adolescent Psychiatric Services)
- Ms. Margaret Dromey (Treior)
- Mr. Owen Keenan (Barnardos)
- Mr. Noel Clear ((Probation & Welfare Service)

CHAIRS AND PROGRAMME

COMMITTEES DECEMBER 1999



Ald. Ivor Callely, T.D., Chairman
Eastern Health Board



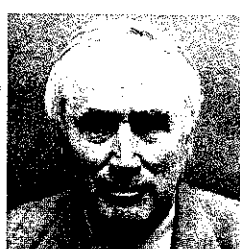
Dr. Philip O'Connell
Vice Chairman Eastern
Health Board



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



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



Dr. Don Keane
Chairperson Services for
Persons with Disabilities



Dr. James Reilly
Chairperson Community
Services and Services for
Children & Families

Health Promotion, Mental Health, Addiction & Social Development:

Cllr. Charles O'Connor
(Chairperson)

Cllr. Colm McGrath
(Vice-Chairperson)

Cllr. Don Tipping

Cllr. Sean O'Fearghail

Cllr. Anne Devitt

Cllr. Liam Creaven

Dr. Charles Smith

Dr. Kieran Harkin

Dr. John Fennell

Acute Hospitals & Services for the Elderly:

Mr. Gerry McGuire
(Chairperson)

Cllr. Deirdre Heney
(Vice-Chairperson)

Ald. Ivor Callely, T.D.

Cllr. Roisin Shortall, T.D.

Ald. Sen. Joe Doyle

Cllr. Jim Reilly

Cllr. Pat Vance

Cllr. Michael O'Donovan

Dr. Marie Laffoy

Ms. Maria Hoban

Services for Persons with Disabilities:

Dr. Don Keane
(Chairperson)

Cllr. Jack Wall, T.D.
(Vice-Chairperson)

Cllr. Olivia Mitchell, T.D.

Cllr. Larry Butler

Cllr. Eric Byrne

Cllr. Dr. Bill O'Connell

Dr. Siobhan Barry

Dr. Ray Hawkins

Mr. Paddy Aspell

Community Services & Services for Children & Families:

Dr. James Reilly
(Chairperson)

Cllr. Jane Dillon-Byrne
(Vice Chairperson)

Cllr. Christy Burke

Cllr. Thomas Cullen

Cllr. Andrew Doyle

Cllr. Tony Fox

Sen. Dr. Dermot
Fitzpatrick

Dr. Philip O'Connell

Ms. Bernadette Bonar

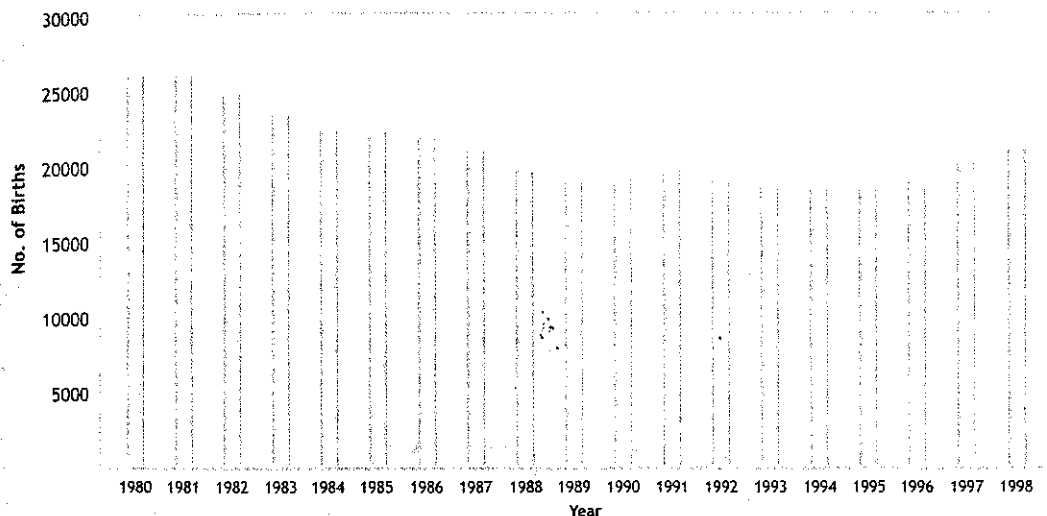
MISSION STATEMENT

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 leasa
sláinte agus sóisialta an phobail
1.3 milliún in Áth Cliath,
Cill Dara agus Cill Mhantáin.*

DEMOGRAPHIC PROFILE



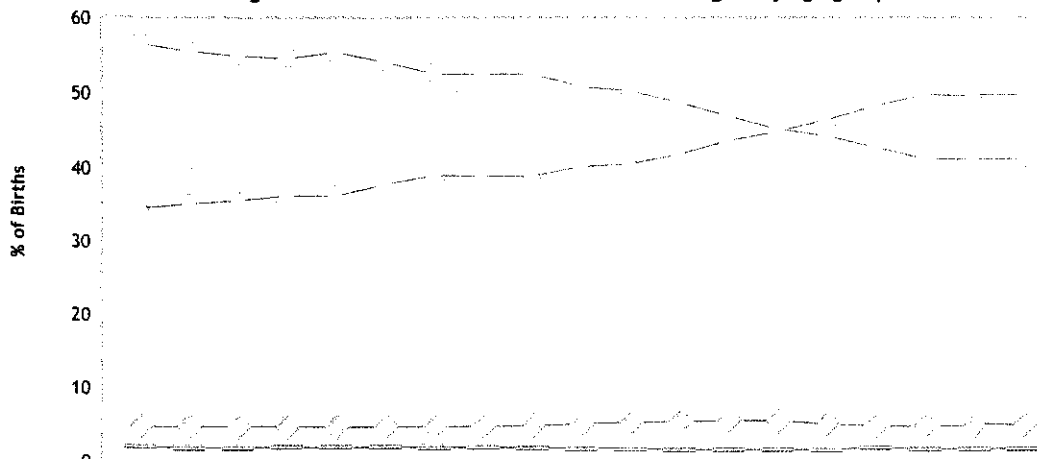
POPULATION CHANGES

The population of the region is expected to have increased since the last census in 1996, when the total population in the three counties in the region was 1,295,939. Population projections from the Health Information Unit of the EHB estimate a population of 1,361,430 for 2001, and a projected population of 1,418,345 for 2006, increases of 5.1% and 9.5% respectively on the 1996 census.

BIRTHS

The growth in the annual number of births to mothers resident in the region continued in 1998, following a decline from 1980 to 1994. There were 20,619 births in 1998 (provisional figures), a rise of 2.3% on the previous year. The crude birth rate in 1998 was 15.9 per 1,000 population. The infant mortality rate was 6.3 per 1,000 live births and the neonatal mortality was 4.4 per 1,000 births.

Percentage of births to mothers resident in the EHB region by age group 1980 -1998



Standardised death rates by main cause in EHB and Ireland from 1993-98

	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

The highest proportion of births in 1998 were to women in the 30-39 year age group, accounting for half of all births as in 1997. The proportion of births to single mothers also rose from the previous year to 32.1% of all births.

DEATHS

Circulatory disease (including coronary heart disease and stroke) continues to be the main cause of death in the region. The number of deaths is showing signs of a slight reduction over the five year period from 1994-1998, possibly reflecting a combination of lower incidence and better survival. The other main causes of death are cancer, respiratory disease and injury/poisonings, and these show no apparent trend in recent years.

Of the 9,556 deaths in our region in 1998, 82% was in Dublin, 9% in Kildare and 9% in Wicklow. Approximately one-quarter of deaths were in people under 65 years of age, showing little change during the five year period 1994-98.

CIRCULATORY DISEASE

Coronary heart disease and stroke account for the majority of deaths from circulatory disease in Ireland. In 1998, 53% of deaths in our region were as a result of coronary heart disease of which 18% were in people under the age of 65 years. Overall, there is a gender difference in the proportion of

premature deaths from coronary heart disease; 26% of male deaths are under 65 years of age compared with 9% of female deaths. It is hoped that there will be a significant reduction in the number of deaths from coronary heart disease in the coming years through more healthy lifestyles, taking account of the main risk factors such as smoking, inappropriate diet and lack of regular physical exercise. There were 820 deaths from stroke in 1998, accounting for almost 22% of circulatory deaths; 89% were in people aged 65 years or more.

CANCER

Of the 2,561 cancer deaths in 1998 among residents in the region, the most important single type was lung cancer, followed by colon cancer. As with coronary heart disease, a healthy lifestyle can reduce the occurrence of these cancers and consequently mortality. Smoking is the most important risk factor for lung cancer and research has shown that a diet rich in fruit and vegetables, as suggested by the Department of Health Promotion of the Department of Health and Children, has a strong protective effect against colon cancer. Cancer of the lung, colon and prostate were the main causes of cancer death in males while lung cancer and breast cancer were the primary cause of cancer death in females.

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 the 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 the full implementation of protocols for the control of hospital and community outbreaks of communicable diseases.

GASTROENTERITIS

Gastroenteritis in childhood is very common 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 infection. 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. Some, if not all, of the increase in recent years, may be explained by the introduction of better laboratory diagnostic techniques. The table below shows the number of cases reported to the Health Board in 1998 and 1999

There were 5 deaths in 1998 and 4 deaths in 1999 from meningococcal disease. In the first two months of the year 2000 there were 4 deaths from meningococcal disease.

TUBERCULOSIS

The number of deaths and the number of new cases have dropped dramatically over the last few decades. There were 154 cases in 1998 and 181 (provisional) in 1999. In the first two months of the year there were 22 TB notifications. 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.

HIV/AIDS

The reduction 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.

Gastro-Intestinal Infections

The following infections were reported:

	1998	1999	Jan/Feb 2000
Gastro-enteritis <2 years	1462	981	204
Salmonella	437	388	37
Food poisoning (other than Salmonella)	719	825	74
Bacillary dysentery	48	39	

New AIDS cases Ireland

	1998	Jan 1st '99-Feb 29th 2000
Drug misusers	11	15
Homosexual	13	7
Heterosexual	5	5
Others	12	2
Total	41	29

Confirmed cases of meningitis

	1998	1999	Jan/Feb 2000
Meningococcal disease	150	232	52
Other bacterial diseases	21	24	6

The MANAGEMENT TEAM



*Pat McLoughlin,
Chief Executive Officer*



*Martin Gallagher
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*



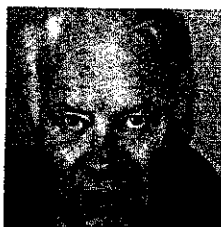
*Brid Clarke
Programme Manager
Children and Families*



*Mary Kelly
Personnel Officer*



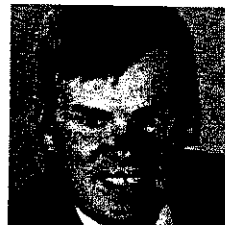
*Philip Doyle
Estate Management
Officer*



*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

This is an unusual report in that it covers fourteen months instead of the usual twelve, taking in 1999, which was the last full year of operations for the Board, and the first two months of the year 2000, the period in which the Board was preparing for momentous change in the new Millennium. It was certainly a time of transition, with its accompanying anticipation and apprehension, but it is also true to say that it was a time of achievement. Space permits me here to mention only a few of those achievements, the rest of which are detailed in the body of the report.

The very wide range of health and personal social services needs of the 1.3 million people in the Board's region were met while planning went ahead, in conjunction with the Task Force on the Eastern Regional Health Authority, to establish the framework on which they could be best provided in the future.

Our Board received a large Budget from the Department of Health and Children and I believe we used it wisely and well. Our net expenditure on health services in the period under review was in excess of £750 million, compared to £517 million in 1998. 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.

During the fourteen month period, all our policy and decision making was 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.

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.

Our Board took measures to reduce smoking, the misuse of licit and illegal drugs, and to promote mental health. In addition, our Board tackled other public health issues, including cardiovascular health.

The Board's Department of Public Health is implementing the Cardiovascular Health



*Mr. Pat McLoughlin, CEO Eastern
Health Board*

Strategy Building Healthier Hearts, which has recommended that additional resources should be provided to the health boards to increase their activities to promote heart health, particularly in relation to tobacco and nutrition.

Health Promotion in our Board is integrated into all programmes and is undertaken by a wide range of staff throughout the region. These activities also include community development for health, the provision of skills training to groups in a variety of locations, and the reorientation of our services towards disease prevention.

Our Board's Health Promotion Department provides a comprehensive information, education and advocacy service to improve the health and well being of the 1.3 million people in our region. Our Board also assisted in the use of hospitals to promote health and well-being through our co-operation with the Health Promoting Hospitals Network. Additionally, the 1999 national campaign on the appropriate use of hospital Accident & Emergency Departments was co-ordinated by our Board.

Our Board continues to participate in the Dublin Healthy Cities project, which is a collaboration between our Board, the four local authorities in Dublin and the Department of Health and Children.

Our Board's Health Promotion Department and Environmental Health Officers initiated a pilot project to promote smoke free areas in public houses.

Part of our mission is to build strong links with local area partnerships that facilitate the



The Minister for Finance Mr. Charlie McCreevey T.D., with the CEO Mr. Pat McLoughlin at the turning of the sod for the new Naas General Hospital

delivery of services of excellence. In this regard, the Social Development Policy Statement approved by our Board in June 1999 provided the concept of a very broad range of health and personal social services in the setting up of the three new Area Health Boards which were due to take over the functions of our Board in 2000.

The Board has representatives on the boards of 13 Area Partnership Companies, 6 Community Groups (under ADM), 13 Drugs Task Forces, and 6 City/County Development Boards.

Our Customer Services departments, both in Dr. Steevens' Hospital, and in the local areas, were further developed. There were over 176,000 contacts with our main Customer Services Department in Dr. Steevens' during the period under review.

Our Complaints and Appeals Service continued to manage, investigate and respond to complaints and appeals from clients in relation to all aspects of the health and personal social services provided by our Board.

Another key element of this service is close involvement with Voluntary Organisations, which act as advocates on behalf of our clients. Existing networks with Voluntary Organisations were enhanced and new networks established.

A number of public sector organisations and government departments have reviewed our Board's complaints and appeals service with a view to implementing a similar service in their own organisations.

New and expanded services were provided for people with physical and sensory disabilities. The Programme for Services for Persons with Disabilities received additional funding totalling £3.152 million in its allocation for the year 1999 for expansion and development of services. As a result of the application of this funding, and in association with voluntary groups, additional therapy, home/family support, respite and residential facilities were provided.

Expenditure on Services for Persons with an

of which £30.8m was allocated to over 50 voluntary agencies providing services throughout our Board's region. The additional funding allowed us to provide 20 additional residential places, 66 additional day places, 28 respite beds and 45 emergency residential places in 1999.

In view of the actual and projected increases in the number of older people in our Board's area, it is vital that a range of services be in place to allow older people to remain at home for as long as possible, and when this is no longer feasible, a range of quality in-patient residential facilities must be available for them.

Our Board continued to provide a wide range of services for older persons, both community and residential, or hospital based during the past fourteen months. 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 period covered by this report saw a significant increase of approximately 2,500 in the numbers of people and families presenting to our Services for the Homeless for the first time. The total number of individuals and families receiving a service from our homeless persons unit increased to approximately 5,000. There is a close working relationship between our service and the services provided by other statutory and voluntary agencies.

A new post of General Manager for Special Needs was created, with responsibility for Homeless, Asylum Seekers and Travellers. A Traveller Health Unit was established to further develop and co-ordinate services for Travellers.

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 is responsible through our offices in Joyce House, Lombard Street, for the registration of births, Roman Catholic marriages (other denominations register elsewhere), deaths and stillbirths for Dublin City and County. There were 44,000 total registrations in the period under review.

There were 207,063 visits by children to our dental clinics and there was no waiting period for routine dental care. Dental services for patients with special needs continued to be a priority.

Our Board administers the Supplementary Welfare Allowance (S.W.A.) scheme on an agency basis for the Department of Social, Community and Family Affairs from which we recoup the cost. During the period under review, a total of £141 million was expended on Supplementary Welfare claims dealt with by our Board.

The Medical Centre in Mount Street has provided a wide range of services to Asylum Seekers with the aim of increasing their health and social

availed of health screening.

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 care is provided in psychiatric hospitals and in psychiatric units in general hospitals. There are now 579 acute psychiatric beds in the region, including 54 secure beds and 16 beds for the homeless mentally ill.

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

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 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. The Eastern Health Board has opened 25 new drug service locations in the last 18 months in a major expansion of education, prevention, treatment and rehabilitation/reintegration services.

There were 4,353 people from Dublin, Kildare and Wicklow receiving drug treatment either through clinics, or from 128 GPs and 154 pharmacies participating in the methadone treatment protocols. This compares with 3,610 people on the central treatment list at the end of December in 1998.

Rehabilitation/Reintegration services have been expanded for clients, with the new services being offered in the North Inner City and Ballyfermot areas. The Rehabilitation blueprint and the accompanying human resource needs underpin this. One of the projects undertaken by the EHB's rehabilitation project Soilse is the production of a monthly newspaper, *Hyper*, which in 1999 won an international award in London, the Design Innovation of the Year Award. The awards are supported by The Guardian newspaper.

The Board recognises the complexity of the dependency process and, as such, the need to provide a continuum of service interventions through a variety of programmes, including drug-free programmes and methadone treatment programmes. The provision of direct services is complemented by partnership arrangements where we grant-aid organisations such as Coolmine, the Rutland Centre and Merchants' Quay.

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

in the co-ordination of all Accident and Emergency services in the region.

The period under review presented many challenges for our acute hospitals, James Connolly Memorial, St. Colmcille's, Loughlinston, and Naas General. The nurses' dispute resulted in pressure on the delivery of our acute services. The co-operation of all staff ensured that disruption to service was kept to manageable proportions. Accident and Emergency services continued to experience exceptional demands. Recruitment of suitably qualified staff, particularly in the nursing and care areas, proved extremely difficult.

Our Ambulance Service was further developed, the fleet was extended, and, in spite of the problems posed by increasing traffic, continued to provide an excellent service.

Our Board provided a wide range of services for the care, support and protection of children and families during the year. 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. Our services for Children with Autism continued to be developed. These include day attendance at Specialised Autism Centres, Residential and Respite care, and Special Schools.

The LARAGH Counselling service, which provides a therapeutic programme to adults who were sexually abused in childhood, received 268 new referrals.

The period saw significant growth in our Board's property portfolio with an increase in the overall valuation from £472m in 1998 to £580m, representing an increase of some 23%.

The most significant acquisition during the period was the Meath Hospital complex on Heytesbury Street for £10.75m, an acquisition which could facilitate the provision of a whole range of new services, particularly for the elderly, in the south inner city area of Dublin.

Our Technical Services Department was involved in the planning and design of a large number of capital developments, ranging from hospitals to health centres and drug treatment centres. These represent a significant investment in the Board's physical resource base and a major contribution to the improvement of overall quality.

The Board's Year 2000 IT Project was completed on schedule: it was a major success and no problems were encountered on the 1st January or subsequently. A new Medical Card System was implemented in all Community Care Areas in 1999 replacing the previous Year 2000 non-compliant system. E-mail was imple-

The Communications Department continued to expand the scope and range of its work, providing support to all Programmes and Functions, in line with our Board's commitment to openness and transparency. A 24-hours-a-day, seven-days-a-week information service was provided to the media, and a large volume of calls was processed from local, specialist and national print and broadcast media. A constant input was maintained into breaking news stories to facilitate balanced and accurate coverage of our services. Press conferences, launches and official openings were organised.

The Communications Department provided information to staff on the new shape of the health services under the restructuring proposals for the region. The Department worked closely with the Task Force on the Eastern Regional Health Authority on the transition to the Eastern Regional Health Authority and three new Area Health Boards.

Our busy Personnel Department looked after the recruitment, appointment and welfare of our very large staff, and I would like to take this opportunity to thank all of our staff for the selfless and dedicated service 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.

I would also like to pay a warm tribute to our former Chairman, the late Cllr. Cyril Gallagher, who sadly passed away only six weeks after the death of his beloved wife Anne. Cyril was warm-hearted and well-liked, and he was also dedicated and hardworking. All those who knew him throughout his eight years as a Board member, and his decades of public service, appreciated his qualities and will miss them greatly.

Now I come to the momentous changes which were initiated in 1998, and which provided the focus of much of our work over the past fourteen months, and which are due to come to fruition on March 1st 2000, the day on which the new Eastern Regional Health Authority will be formally established.

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 healthcare issues involved, it would be necessary to restructure the Board to provide for greater integration of services and to allow services to be delivered closer to clients.

This was given effect in the new Act which provides for the dissolution of the Eastern Health Board, its replacement by the Eastern Regional Health Authority and three new Area Health Boards. The ERHA 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 new structure will provide for a more streamlined delivery of services and will also provide exciting new career opportunities for staff.

Giving a practical shape to these aspirations was the remit of the Task Force on the Eastern Regional Health Authority, which, with the co-operation of all in the Board, throughout the period under review has worked untiringly to provide a framework for the new structures.

While it is perhaps a little sad to see an institution which has worked well, and which has provided good service over three decades, come to the end of its life, it is also exciting to be at the birth of new institutions and it is particularly appropriate that the new structures come into being in the first months of a new year, a new century, and a new millennium. We look forward with anticipation to what it will bring.

During the past fourteen months, our board continued to work in partnership with statutory and voluntary agencies and I am grateful to all the managements and staff of these agencies for their continued co-operation and support.

Throughout the period the two Chairpersons of our Board, Cllr Cyril Gallagher, and later his successor Ald. Ivor Callelly 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 the past fourteen months. In what was a particularly arduous period for many of them, they were always willing to put in extra time and go the extra mile which made all the difference.

Finally, I would like to thank the Minister for Health and Children Mr. Brian Cowen, T.D., the Ministers of State at the Department, Mr. Frank Fahey, T.D., and Dr. Tom Moffatt, T.D., the Secretary General of the Department, Mr. Gerry O'Dwyer, the Assistant 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, agus leo siud ar an bfoireann an bhfuair gaolta leo bas.

HEALTH PROMOTION

Health Promotion in our Board is integrated into all programmes and is undertaken by a wide range of staff throughout the region. Activities span the range of health promotion activities, including policy development and advocacy for environments which support healthy choices. These activities also include community development for health, the provision of skills training to groups in a variety of locations, and the reorientation of our services towards disease prevention.

Our Board adopted a 3-year strategy for our Health Promotion Service in February 1999. The strategy outlines the priorities for our service which include:

- Raising awareness of health promoting and health damaging behaviours,
- Working in partnership with statutory and voluntary bodies in the region,
- Reducing health inequalities
- Supporting young people in particular, in developing and maintaining healthy lifestyles.

The Board's Health Promotion Department provides a comprehensive information, education and advocacy service to improve the health and well being of the 1.3 million people in our region. Specialists within the Department co-ordinate and support innovative health promotion interventions in workplaces, schools, health facilities and in communities with the aims of increasing knowledge, developing skills and building healthy public policy.

Through our Health Promotion Resource Unit, training, information and materials are provided to support staff in delivering on their

health promotion objectives. An information system has been established which ensures that information leaflets and materials are disseminated within an agreed time period within the community, and throughout the health services and schools in the region.

A variety of new materials were developed, which promote sensible alcohol use, smoking cessation services, and healthy eating. A new educational video was produced which addresses six agreed priority health promotion topics. This new resource is available in primary care and community settings, through general practice, health centres and hospital waiting rooms.

The Health Promotion Department offered a wide range of staff training courses during the year. Over 30 courses were provided by our health promotion specialists and guest speakers nationally and internationally. We worked closely with the Health Promoting Hospitals Network to pilot a mental health promotion training and support programme with staff in our mental health services. James Connolly Memorial Hospital in Blanchardstown continues to play a leading role in the Health Promoting Hospitals Network.

We hosted a major seminar exploring the role of the health services in reducing health inequalities. The seminar was opened by Minister Frank Fahey, T.D. and attended by over 90 participants.

RACIAL EQUALITY

In response to the increasing diversity and multiculturalism in our region, our Board collaborated with Dublin Corporation to launch a joint policy to promote racial equality within our organisations. Information booklets with information on health care, social welfare and housing services in our region were produced in nine languages to assist refugees and asylum seekers to access services on their arrival in Ireland.

NATIONAL HEALTH CAMPAIGNS

Seminars and materials were provided for staff in



At Healthy Eating Week in Summerhill was 8 month old Amy O'Brien.



At Healthy Eating Week in Summerhill Health centre were Ms. Michaela...



Fundraising for Charity during Mental Health Promotion Week was Mr. Damien Doyle (centre), and members of the Mental Health Association of Ireland.

our Board and in the Local Authorities for National Healthy Eating Week (NHEW). New materials were disseminated widely through the Health Promotion Resource Unit for various national campaigns including NHEW, Irish Heart Week, Europe Week Against Cancer and Fire Safety Week.

DUBLIN HEALTHY CITIES

Our Board continues to participate in the Dublin Healthy Cities project, which is a collaboration between our Board, the four local authorities in Dublin and the Department of Health and Children. The Project works on 7 key issues including active living, tobacco control, accident prevention, sensible alcohol use, healthy eating, housing, illicit drugs, and the environment. Together with the partner agencies we worked to realise the aims and objectives on these issues as outlined in Phase 1 of the Dublin Healthy Cities Plan.

COMMUNITY PROMOTION

The Health Promotion Department worked closely with local health promotion committees at community care level. Funds were provided to sponsor pilot projects on a wide variety of topics, including promotion of physical activity, sensible alcohol use, parenting courses and life skills development with community groups. Training in Health Promotion Needs assessment was conducted in each area. A pilot needs assessment was funded in Community Care Area 9, which may provide a template for work in other areas in the future.

ALCOHOL EDUCATION

A study co-ordinator was appointed and research into the nature and extent of problematic alcohol use was initiated in June. Qualitative focus group research is being utilised to explore levels of excessive drinking and associated motives.

HEALTH BEHAVIOUR AMONG SCHOOL CHILDREN

The results of our Board's 1998 survey into health behaviours among school children were published and widely circulated to schools and

health professionals in our region. Two Assistant Health Promotion Officers were appointed in 1999 to co-ordinate our Board's support for primary and post primary schools in the region. These Officers work with teachers and students to introduce and maintain a health-promoting environment within the school community.

Needs assessments have been done among teachers in the 226 post primary schools in our region. Eighty six per cent of schools responded to the survey and a range of training courses were established for teachers in the region. These include Stress Management in Schools, an Introduction to Social, Personal and Health Education, Brief Interventions for Behavioural Change and Teenage Nutrition. A needs assessment was initiated with teachers in the 173 primary schools in our region, which are designated as disadvantaged by the Department of Education and Science. These schools will receive special support from our Health Promotion Department to assist them in introducing and maintaining a health-promoting environment.

NUTRITION AND ORAL HEALTH

Support was provided in Area 9 to introduce a nutrition and oral health programme in the primary school setting. Training in the national programme, Nutrition Education Programme for Schools (NEAPS), has been arranged and will be provided in primary schools in our region by our community nutrition service in 2000. Community Nutritionists and Oral Health Promotion staff worked closely with the Irish Dental Foundation to develop the Mighty Mouth Programme, a schools-based programme to promote oral health among young children.

In collaboration with our Board's Pre-school Officers, the Community Nutrition service in the Health Promotion Department conducted a needs assessment with creche owners and those providing full day care services in our region. A series of seminars on nutrition education among "under fives" is planned.

CONTROL TOBACCO

Tobacco control is a high priority for our health promotion service. A Health Promotion Officer for tobacco control was appointed and a consultation was initiated to develop a tobacco control strategy for our region.

The Smokebusters programme, which aims to prevent or delay the onset of smoking among young children, was provided to almost 90 schools in the region. Following a mid year review, it was found that the Walk Tall Programme, a substance misuse prevention programme offered in the majority of schools in our region satisfies the objectives of

Smokebusters. Our Board, in partnership with the Irish Cancer Society, continues to offer the Smokebusters programme in those schools who have not yet received in-service training in the Walk Tall Programme.

The Health Promotion Department collaborated with the Occupational Health and Safety Unit and our public health nursing service to provide smoking cessation materials and new information and courses to support staff and clients wishing to quit smoking. Smoking Cessation support groups are provided in most community care areas; in the period under review we initiated an effectiveness review of such support measures.

SMOKE FREE PUBLIC HOUSES

Our Board's Health Promotion Department and Environmental Health Officers initiated a pilot project to promote smoke free areas in public houses. Research has established that only 17% of licensed premises in our region operated some form of smoke free policy. Additional research shows that over 60% of pub goers favour the introduction of smoke free areas. Training in the implementation of a smoke free policy was provided in Kildare, Wicklow and Dublin and tablemats, window signage and other materials were provided to participating public houses. A customer satisfaction survey will take place shortly and the project will be evaluated in Dec. 2001.

TRAINING

Training in Brief Interventions, a World Health Organisation programme which aims to develop skills to promote behaviour change with regard to smoking, alcohol, physical activity and healthy eating, was provided to over 100 health general practitioners, public health nurses and practice nurses in our region.

Our community nutrition service developed a training programme for staff and produced new materials to support public health nurses and area medical staff in nutrition health education for young children. Courses were run with community groups in six low-income areas in a new nutrition education package called Cooking for Health. New materials were rigorously piloted and tested.

The community/clinical dietetic service was further developed with the appointment of a third dietician to co-ordinate our clinical service in general practice. Clinical nutrition services are now provided in all established primary care groups and in partnership with over 25 General Practitioners in our region.

In collaboration with community groups and relevant staff in three community care areas a review was conducted of the peer led nutrition education programme Food and Health. New materials have been developed and new courses



Members of the Ghost Riders Motor Cycle Club set off on a fundraising trip for James Connolly Memorial Hospital.

tures, in association with Dublin Healthy Cities, will be piloted in the coming year.

BREAST-FEEDING INITIATIVE

We continue to collaborate with the National Maternity Hospital, voluntary groups and general practitioners in Community Care Area 1 to develop a protocol to increase breastfeeding rates in our region. Baseline data was gathered and qualitative research to explore the obstacles to successful breastfeeding was conducted. Training has been provided to health professionals in the area. A number of pilot interventions are planned and the project will be evaluated for effectiveness in Dec. 2000.

PARENTING

Our Board hosted a one-day seminar for staff and voluntary groups in the region to develop draft guidelines on best practice in parenting education. This initiative is a partnership between our Board's Children and Families Programme, our Health Promotion Department and Barnardos. We have provided sponsorship to enable Barnardos to issue an updated database detailing the wide range of parenting education courses provided in our region. The guidelines on parenting education and the database will be available soon.

THE WORKPLACE

The workplace offers unique opportunities to promote health. In collaboration with the Dublin Healthy Cities Project guidelines to promote staff health in large workplaces were developed and published. Our staff health promotion committee is currently adopting these policies for application within our Board. A survey of our Board's staff health behaviours and attitudes was initiated in the period under review, which will provide us with baseline information against which to monitor the effectiveness of our workplace interventions.

A database of small workplaces has been produced to enable us to work more closely with and monitor our activity with this sector. We continue to work closely with the Irish Heart Foundation (IHF) on workplace initiatives: over 500 staff were recruited into the IHF

SOCIAL/LOCAL DEVELOPMENT



Our 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 for the most vulnerable and excluded people in society.

The Social Development Policy Statement passed by the Eastern Health Board in June 1999 acted as a guide to our staff in anticipation of the three new Area Health Boards in developing the broadest view of health and personal social services.

The statement stresses that the core aim of Social Development is to promote inter-sectoral and inter-disciplinary collaboration and integration to achieve the highest level of health and social gain.

The statement outlines our priority issues in relation to working with other agencies. It gives a framework within which our structures and organisational culture can become more conducive to collaborative initiatives with other sectors and agencies in addressing social exclusion.

The latest National Anti-Poverty Strategy Report defined poverty as follows: "People are living in poverty if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living which is regarded as acceptable



At the Social Development poster exhibition were Ms. Catherine Rafter, Ms. Rosemary Cooke, and Ms. Judy Thornton.

by Irish society generally. As a result of inadequate income and resources, people may be excluded and marginalised from participating in activities which are considered the norm for other people in society."

This is the definition we use when we talk about disadvantaged communities and integrating our services to cater for the needs of the most marginalised in society.

THE PRIORITY ISSUES ARE COVERED UNDER THE HEADINGS:

- Family and child care
- Community development
 - Support for drug users
 - Homelessness
 - Healthier lifestyles
 - Racial/ethnic minorities
 - Education
 - Environmental issues
 - Communication and training
- The context of the Statement is congruent with initiatives and policies at European, national and local levels.

It is opportune that it was produced at a time when Ireland moved from Objective One status in Europe and when we are renegotiating the Community Support Framework functions, our health services are being restructured, Local





Members of COLT, the project for horse loving young people, set off on a social carriage drive from Dr. Steevens' Hospital.

Government reform is imminent, National Anti-Poverty Strategy is being mainstreamed and the Integrated Services Process is being implemented. Social Inclusion is one of the four strands of the National Development Plan, published in December 1999.

Our Board has a dedicated function called Social Development, run by the Co-ordinator. The objectives for the Social Development Department are:

- To ensure effective participation on community groups, partnership boards operational sub-groups 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, Gardai, educational authorities)
- To link relevant services internally with key participants in the partnerships
- 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 development of integrated area plans with

local authority planners and regional managers

- To add value to initiatives developed locally (where they meet our overall strategy for health and social gain)

Local networks operate in each of the Districts/Community Care Areas to link our representatives engaged in Partnerships Companies, Community Groups and Drugs Task Forces to our key service managers and providers. The purpose of this is to ensure that action plans and needs identified locally by end-users are fed into our service plans. There is also co-ordination and support across the region for those engaged in inter-agency work, because of their role as "change agents". In addition, staff development and joint training modules are in place for those working on the Integrated Services Process. This has been facilitated by Community Action Network.

The Integrated Services Process is a government initiative, led by An Taoiseach and the Minister for State in the Department of Tourism, Sport and Recreation. It operationalises all of the policies and strategies in relation to social/local development.

We have suitability and support criteria for front-line staff in the pilot target areas (Jobstown, Canal Communities and North-east Inner City). More responsibility and autonomy is to be delegated to staff to explore more integrated solutions. These solutions are to be recorded to inform policy. Communication

(electronic and personal) across the statutory agencies is also to be integrated in local target areas. Our staff is leading on a number of task groups set up under this Process.

We have developed procedures and protocols in relation to selecting appropriate staff to partnership-type committees/boards, staff development and consultation processes. The policy forms a consistent, uniform framework for responding positively to the increasingly complex environment within which staff, communities, voluntary groups and end-users of services function.

We have produced two leaflets. One is an outline of our Social Development Policy and the other outlines our values and principles governing our relationship with the community and voluntary sectors. We commissioned a major piece of research into our relationship. This is being conducted by the Policy Research Centre of the National College of Ireland. The Report will be completed shortly and will hopefully inform the new Area Health Boards and the Eastern Regional Health Authority as to our existing arrangements and indicate the improvements necessary for better relationships.

We have contributed to the development of the White Paper on Supporting Voluntary Activity - the relationship between the statutory and voluntary sectors. We have participated in the formation of the new City/County Development Boards. We have contributed to the debates on the National Anti-Poverty Strategy and Partnerships for Health conferences, organised by the Institute of Public Health in Ireland.

The local development groups have initiated actions to improve training, childcare and educational opportunities for their most needy. They encourage the involvement of local people in the planning and design of services, resulting in ownership of and respect for local integrated services.

We have representatives on the boards of 13 Area Partnership Companies, 6 Community Groups (under ADM), 13 Drugs Task Forces, 6 City/County Development Boards. We have had internal staff development modules for 70 people across the region and a further 160 in the integrated services designated areas.

The Local Area Partnerships in the Eastern Health Board Area are:

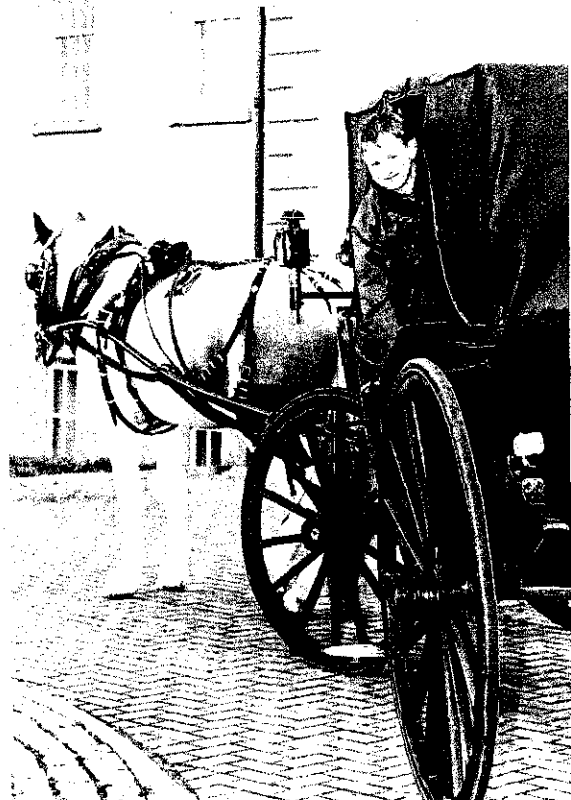
- Southside Partnership -
Dun Laoghaire-Rathdown
and Rathfarnham
- Bray Partnership
- Dublin Inner City Partnership

- Kimmage, Walkinstown, Crumlin and Drimnagh Partnership-KWCD
- Tallaght Partnership
- Clondalkin Partnership
- Ballyfermot Partnership
- Canal Communities Partnership (Rialto, Kilmainham, Inchicore, Islandbridge and Bluebell
- Oak (Offaly and North Kildare)
- Blanchardstown Area Partnership
- Ballymun Partnership Ltd.
- Northside Partnership (Coolock, Kilbarrack, Darndale & Donaghmede)
- Finglas/Cabra Partnership

There are drugs task forces in the Bray area and in the Dublin City and County areas mentioned above.

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



Another participant in the COIT carriage drive

CUSTOMER SERVICES DEPARTMENT

The Eastern Health Board's main Customer Services Department is located in the Board's Head Office at Dr. Steevens' Hospital. All the work of the Customer Services

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

INFORMATION AND ADVICE

The Department was established to provide its customers, both internally and externally, with up-to-date, clear, accurate and detailed information and advice on the full range of health and personal social service entitlements provided by our Board, i.e.

- how to access them
- 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 Freephone service (1800 520520). Calls are also received via the main switchboard and customers may call to the department in person. Information is provided in a customer-friendly environment. There is a facility for private interviewing available, when necessary.

The Customer Services office is open on Monday to Friday from 9 a.m. to 5 p.m. including lunchtime.

An afterhours Freephone answering service (1800 520520) is available whereby customers may leave a message and their call will be returned the following day.

HEALTH PROMOTION

The Department participates in exhibitions and conferences with the aim of making customers aware of services and entitlements available to them in relation to their health and social well being as well as information on how to access them.

Collaboration and Co-operation in Information Giving Partnerships Between



Serving Clients in the Customer Service Centre at Dr. Steevens' Hospital.

Statutory Bodies, Voluntary Organisations and Community Groups.

The Department

- provides information sessions on our Board's services
- provides advice and assistance to organisations in our region and to other Health Boards on setting up Customer Services Departments
- is involved in the co-ordination, production and distribution of information at local level.
- Training and Development

To strengthen the commitment to Customer Services, the Department co-ordinates and develops suitable training and development programmes to improve staff skills and knowledge and to improve the quality of service to our clients e.g. a number of staff in Community Care Areas 4 and 8 took part in a Customer Service Training Programme in 1999. Training was also provided to the newly opened Customer Service office at the Department of Health & Children.

Activity Level for	1999	2000 (Jan-Feb)
Number of Freephone Calls	35,255	7,692
Number of Switchboard Calls	81,074	8,763
Number of Personal Callers	39,101	5,125
Total Number of Contacts	155,530	21,580
Year		
Total contacts	1998	148,475
	1999	155,530
	2000	21,580

CHILDREN AND FAMILIES

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

CHILDCARE AND FAMILY SUPPORT

A range of safeguarding and preventative services was undertaken in 1999 including

- Family Support Service
- Day Nursery Provision
- Neighbourhood Youth Projects
- Family Centres
- After-Schools Programmes.

The President, Mrs. McAleese, opened Ballymun Day Nursery on October 11. The new purpose-built nursery was funded by a number of agencies including the Department of Health and Children and the Eastern Health Board. The new nursery doubled the capacity of the existing provision.

The Eastern Health Board funded advisory posts in both the NCNA and the IPPA. The Board also hosted the first National Conference for Pre-School Officers, which was opened by Mr. Frank Fahey, T.D.

Pre-school services

Number of notifications received in 1999	225
Number of full inspections	840
Number of other visits	691

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. Each unit deals with approximately 200 referrals per year. Antenatal visits, breast-feeding support and parent-and-toddler groups were also undertaken by the Programme during the year. The total number of families supported by the Programme in 1999 was 2,253. The Programme is currently being delivered by 140 Community Mothers.

MARTE MEO PROGRAMME:

The Marte Meo Communication Programme is a short-term intensive form of support through the medium of video for families and carers, and the children and young people in their care.

The Eastern Health Board hosted a National Conference in March, which was addressed by the founder of the programme, Marie Aarts. In addition to Marte Meo Therapist and Supervisors train-



At the presentation of Marte Meo Certificates to therapists and supervisors in October 1999.

ing, communication skills training courses were delivered to a variety of staff groups.

Key Service Developments for Children Out of Home in included:

- A manager was appointed to manage and develop the Crisis Intervention Service
- The Salvation Army opened the Night Light, a night reception centre providing 6 overnight beds
- Focus Ireland opened The Loft, a 7-day reception centre
- Focus Ireland also developed an after-care transitional unit for girls, and the Salvation Army developed after-care bedsits for young women leaving care
- Don Bosco developed sheltered flats for boys leaving care
- The Forum on Youth Homelessness was established, bringing the voluntary and statutory sector together to prepare and agreed strategy

ADOPTION

During 1999, 273 enquiries were received in relation to inter-country adoption and 109 applications were recommended to the Adoption Board for approval (an increase of 38 on the previous year).

CHILDREN IN CARE

Alternative care was provided for 1,524 children in 1999. Foster care was provided for 1210 children and 314 children were in residential care in the region.

A policy document in standards and criteria for the Inspection of Children's Residential Centres was launched jointly by the Eastern Health Board and Western Health Board in August 1999 and a strategic plan for residential care in the Eastern Health Board region was launched in December 1999. The construction of the purpose-built Special Care Unit at Ballydowd was progressed. A Director was appointed and the recruitment process is ongoing.



At the Conference on Relative Foster Care was the Minister for State with responsibility for Children at the Department of Health, Mr. Frank Fahy, T.D., with, from left, Dr. Valerie O'Brien, lecturer in Social Work at University College, Dublin; Ms. Brid Clarke, Programme Manager for Children and Families, Ms. Michelle Bermingham, Training and Development Officer in Child Care and Family Support, and Ms. Susan McDonnell, Relative Foster Parent.

TRAINING AND DEVELOPMENT

Therapeutic Crisis Intervention: a number of young people within residential services present symptoms of distress, including physically challenging behaviour. In recognition of the requirement for a consistent approach to the therapeutic management of these behaviours, the Children and Families Programme approved and trained staff within the service to deliver a training programme to all staff working in residential care. This continues to be delivered on an ongoing basis.

Resident In-service Core Training: in response to training and development needs highlighted by residential staff, an in-service core-training programme was piloted with very positive feedback. This will continue in the coming year.

CHILD HEALTH

Child health services provided during 1999 included:

- Home visits by Public Health Nurses
- Well Baby clinics
- Paediatric developmental examinations
- Schools medicals
- Vision and Hearing screening
- Immunisation Booster Programmes
- Health services for Traveller Children

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

Visits to children by Public Health Nurses	190,381
Babies attending developmental examinations	19,513
Pupils examined at school medical examinations	17,798
Hearing and vision tests	55,002
Number of child attendances at dental clinics	178,857
Percentage uptake of MMR	73.30%

CHILD AND ADOLESCENT PSYCHIATRIC SERVICE

The Child and Adolescent Psychiatric Service

provides a wide range of activities, which include initial assessment by the clinical team, individual therapy, group and family therapy, counselling, speech and language therapy, social skills programme, pre-school group and adolescent group programmes.

Services were provided either directly by the board, or by voluntary agencies on our behalf. There are four core components to this service:

1. Child and family centres
2. Residential Treatment
3. Special schools
4. Service for Autism.

Services available at the Castleknock Child and Family Centre expanded significantly in 1999 with the appointment of an additional Social Worker, Community Nurse, and Secretary. An additional Secretary was also appointed for St. James's Child and Family Centre.

Child and Family Centres: (EHB) 1999 Activity

Number of first visits	1,641
Number of return visits	18,873
Number in Group sessions	5,886
Total	26,400

SERVICES FOR CHILDREN WITH AUTISM

Services are provided by day attendance at Specialised Autism Centres, Residential and respite care, and Special Schools. A full range of diagnostic, clinical and educational services are offered to children in the autistic spectrum. A second multi-disciplinary team to provide an Outreach service for Autistic Children in the Northside area comprising a senior Speech and Language Therapist, a Nurse and a Secretary was recruited and commenced operation in February 1999. Services incorporating Early Services Intervention and Early Services Outreach Support were provided for 278 children drawn from 256 families as illustrated by the following table:

Outreach Team	No. of Children	No. of families
Southside, Beechpark	198	193
Northside, Malahide Road	180	167

NATIONAL CHILDREN'S HOSPITAL, TALLAGHT

Significant progress has been made in the development of the liaison service at Tallaght Hospital with the appointment of a number of additional staff.

DOMESTIC VIOLENCE

In the period under review, the Eastern Health Board provided support and places of refuge directly and in partnership with voluntary agencies. A total of 579 families stayed in refuge accommodation.

The Eastern Regional Committee on Violence

Eastern Health Board
27
Board Minute an Oirleach

Name of Refuge

EHB Women's Refuge, Rathmines
 Aoibhneas Women's Refuge, Coolock
 Bray Women's Refuge, Bray

No. of families admitted in 1999
261
212
106

Against Women commenced a research project on the mapping of services for victims of domestic violence in the Board's area. A map and directory of services will be produced shortly.

Two posts of Social Worker dedicated to victims of domestic violence were filled.

A research study on the psychological and physical health status of women and children who leave home due to domestic violence is ongoing.

Teach Termainn (the Kildare Women's Refuge Group) and the Dublin South West Women's Refuge Group have been seeking suitable sites to commence Refuge services in co-operation with the Board and the local Housing Authorities.

Women's Aid continued training for Health Service Professionals. Staff and volunteers in voluntary organisations also received training. Women's Aid launched a new resource pack to complement their training programme.

The National Helpline extended its operational hours, improving access to services. The number of calls received by the Helpline was 8,256.

Court-accompanying services provided by Women's Aid were developed

Seven voluntary organisations and groups were supported to mark the European Year of Activities Against Violence Against Women. Locally-based support groups were further encouraged and facilitated towards taking a key role in the provision of response services within their community. In Community Care Area 8, a multi-disciplinary group made substantial progress co-ordinating service responses in partnership with locally-based statutory and voluntary service providers.

PSYCHOLOGY

This department provided services at clinic and residential units for children and adolescents. Community-based Parenting Skills Training courses continued across the region. Adult mental health psychological assessment and therapy services were also provided to clients at both primary care and secondary care levels. Increased staff numbers enabled the department to respond to a very substantially increased demand for services to traumatised refugees and asylum seekers.

Total number of clients seen

Innovative working methods resulted in a very significant increase in the number of clients with a Learning Disability who were offered a service. Services to clients with autism continued to be developed.



At the Conference on Relative Foster Care were Ms. Mary Collins, left, and Ms. Pat Whelan, both of the Irish Foster Care Association

Number of Children and Adolescents	1007
Adult Services	1058
Refugees/Asylum Seekers	313
Parenting Skills Training Participants	190
Learning Disabilities	425

ond-level school was conducted. An evaluation of the intervention was carried out and this demonstrated its effectiveness. Guidelines for the future development of services of this nature have also been prepared.

The Department has continued its involvement in:

- Partnership with Dublin Corporation on the *Many Peoples, One City* project
- The critical stress management system for the Board's staff and
- The provision of a critical stress management system for ambulance staff in conjunction with the National Ambulance Training Board

THE LARAGH COUNSELLING SERVICE

The LARAGH Counselling service, which was established in 1993, provides an extensive therapeutic programme to male and female adults who have been sexually abused in their childhood or youth. In the period under review, LARAGH received 268 new referrals. Of these referrals, 193 attended for the initial appointment.

In the period under review, LARAGH widened its brief to include survivors who have experienced all kinds of childhood abuse - i.e. sexual, physical, emotional abuse, and/or neglect) in institutions. LARAGH has received over 30 referrals of institutional abuse since May 1999.

A customer focus is provided by accepting self-referrals in the same way as referrals from major referral sources, i.e., Social Services in Community Care, Mental Health Services and General Practitioners. Providing a service on Tuesday evenings in Park House as well as in Clontarf extended the facility for clients who have difficulty in arranging time off work for their counselling commitment.

In LARAGH 80% of service delivery time is dedicated to direct client contact. In line with its objectives LARAGH also provided information, training, supervision and consultancy to the public

COMPLAINTS AND APPEALS SERVICE

During the period under review, this service continued to manage, investigate and respond to complaints and appeals from clients in relation to all aspects of the health and personal social services provided by our Board. This service continued to develop an organisation-wide internal system, which enabled speedy access at local level for clients who wished to make a complaint or an appeal.

After this process, if the client was still dissatisfied, the Director of Customer Services and Appeals was empowered to adjudicate following investigation.

Complaints and appeals were analysed on an ongoing basis and feedback was provided to local managers on a regular basis to inform future service provision. Clients called to our regional complaints and appeals office based in the grounds of St. James's hospital or made their complaint or appeal in writing. When necessary meetings were arranged with the client in their own locality to assist the Director of Customer Services and Appeals and the Deputy Appeals Officers with their investigations. Meetings were also arranged at the regional office.

As well as dealing with individual cases a key factor of this service was to analyse statistics on complaints and appeals. The results of this analysis showed and identified anomalies in service provision. A number of existing policies were updated and a number of new policies were developed and implemented which rectified inconsistencies and inequities. This has helped ensure a more consistent and streamlined service to clients.

A further analysis of statistics identified training needs in the area of information provision to clients. A structured plan is being developed to meet this need.

Another key element of this service is to work closely with Voluntary Organisations who act as advocates on behalf of our clients. During the fourteen months to February 2000, existing networks with Voluntary Organisations were enhanced and new networks established.

This service has continued to be very successful during the period under review and while the number of recorded complaints and appeals remained relatively low compared to the wide range of services provided, many complaints and appeals were dealt with informally to the satisfaction of both clients and our Board.

All services provided during the year by this department focused on a client-centred service through information and client participation.

Five user advisory groups were established, which gave our clients an opportunity to be proactive in the further development of our services. Following an evaluation of these user groups key information was given to local managers to inform future service provision and to deal with existing service issues highlighted by the clients.

In the latter end of 1999 a number of public sector organisations and government departments have reviewed our Board's complaints and appeals service with a view to implementing a similar service in their own organisations.



Ms Anne McKeon, Director of Complaints and Appeals

Appeals Statistics from Jan 1st 1999-Feb 29th 2000

Appeals on hand on 1st January 1999	363
Appeals received to Feb 29th 2000	2,861
Appeals decided to Feb 29th 2000	2,909
Appeals on hand on 29th Feb 2000	315
% of Appeals allowed	27%

Complaints Statistics from Jan 1st 1999 to Feb 29th 2000

Complaints on hand on 1st January 1999	7
Complaints received	213
Complaints decided	180

SERVICES FOR PERSONS WITH PHYSICAL AND SENSORY DISABILITIES

Services for this care group were delivered and developed during the period under review by the Programme for Services for Persons with Disabilities in co-operation with the Community Services Programme and in partnership with the many voluntary service providers operating in the Board's area.

The core services provided for persons with a physical disability are:

- Community-based therapy
- Early services/therapy for children
- Personal assistants/homecare/home support
- Day activation
- Respite services (residential and home-based)
- Residential accommodation
- Training/Rehabilitation
- Financial allowances
- Miscellaneous support services

Developments:

The programme received additional funding totalling £3.152 million in its allocation for 1999 for expansion and development of services. As a result of the application of this funding, it was possible to progress a number of initiatives. These included:

- Assignment of a Public Health Specialist to work with the National Database Committee, allowing work to commence on the compilation of a comprehensive database on physical and sensory disability. The committee issued their first progress report in December 1999
- An additional 14 individuals were accommodated on the Personal Assistant Scheme, supporting independent living initiatives, while the care attendant services were extended to a further 130 families
- A number of initiatives were agreed with voluntary agencies to support respite services, both home-based and residential. Four additional respite beds were provided from development funding, and funding was provided for 200 one-week breaks for carers of persons with physical disabilities
- New facilities were opened at the Irish Wheelchair Association, Clontarf (Training Centre and new National Headquarters); Respite Centre, Adeen Cheshire Home, Shillelagh; and Community Home for the



The Young Chronic Sick Unit at Peamount Hospital

Visually Impaired, Calderwood Road, Drumcondra (St. Joseph's School for the Visually Impaired).

Service Evaluation:

As part of the Programme's commitment to ongoing service evaluation, a number of service evaluation exercises were commenced during the period under review. These included:

- Evaluation of residential services was commenced on a two-year basis in partnership with the Cheshire Foundation, with a view to developing models of best practice in relation to the residential care of persons with physical disability
- A formal evaluation of Day Services for persons with physical disabilities was undertaken and is continuing. This evaluation will be of value in determining the type and range of services to be provided in a day setting for this care group in the future
- The Community/Hospital Occupational Therapy pilot project at Beaumont Hospital was evaluated and reported on in October 1999. It is hoped to develop similar models of co-operation between community care and the general hospitals based on the successful outcomes identified through this project.

Quality Issues:

A quality initiative, in co-operation with the North Eastern Health Board and the Irish Society for Quality in Health Care, to set standards for access to early services in childhood disability commenced and will continue during 2000

SERVICES FOR PERSONS WITH INTELLECTUAL DISABILITIES

Services for Persons with intellectual disabilities are provided directly by our Board and by voluntary organisations funded by our Board and by the Department of Health and Children. 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 1999 totalled £47.5m, of which £30.8m was allocated to over 50 voluntary agencies providing services throughout our Board's region.

DEVELOPMENTS DURING 1999 - 2000 ADDITIONAL PLACES

This funding included £4.871m in respect of new services, which allowed us to provide 20 additional residential places, 66 additional day places, 28 respite beds and 45 emergency residential places in 1999.

The additional places helped to reduce the waiting lists for both day and residential care. In particular they facilitated residential admission in situations where carers became ill or when the client's condition necessitated an urgent placement. There are now 672 people with intellectual disability in residential accommodation directly funded by our Board.

To enhance respite services for persons with an Intellectual Disability, 28 additional respite places were provided through the following organisations: KARE (Kildare), Sunbeam House (Wicklow), St. Michael's House (North Dublin), St. John of God's, Islandbridge (West Dublin), Stewart's Hospital (West Dublin) and Carmona (South Dublin).

EVALUATION

The National Research Agency continued a study to monitor and improve standards in the intellectual disability services. This involves interviewing residents of a number of our community group



Admiring artwork at St. Ita's Hospital, Portrane

homes, parents, guardians and key workers regarding the quality and type of service provided in our Board's region. Formal feedback to our participants has commenced.

Our Board, in conjunction with the Irish Society for Quality Healthcare and the NEHB has participated in a study to evaluate the access to disability services for babies born with a recognised disability. This study is complete and work is almost completed on developing a set of standards relating to accessing disability services.

INTELLECTUAL DISABILITY NURSE TRAINING

The undergraduate RNMH programme continued with an intake of 14 in 1999 at St. Ita's in conjunction with the Daughters of Charity, Clonsilla.

OLDTOWN BUNGALOW COMPLEX DEVELOPMENT

Work commenced on the bungalow complex at Oldtown, Co. Dublin to replace unsuitable institutional buildings at St. Ita's Hospital and will be completed later in 2000.

FAMILY SUPPORT

A Family Support Supervisor commenced duty in June 1999 to provide support to families of the Intellectually Disabled in Kildare. An evaluation of the current services is underway.

OLDER PERSONS

There are currently about 125,270 people aged 65 years and over and 10,558 people aged 85 and over living in our Board's area as per the 1996 Census. This represents an increase of 7,828 and 1,595 respectively over the last five years.

It is further estimated that our Board's elderly population will continue to increase rapidly over the coming years and by 2011 there will be 176,034 people aged 65 and over living in our Board's area.

Our Board is conscious that in order to meet the future needs of our elderly population a range of services must be put in place, which will allow older people to remain at home for as long as possible. For those for whom this is no longer possible, the Board must provide appropriate residential alternatives.

In the period under review our Board continued to provide a wide range of services for older persons both community and residential or hospital based. At community level the services provided included general practices care, community nursing and community paramedical services including services to elderly mentally infirm patients. At in-patient level the range of services included assessment, welfare, respite or intermittent care, convalescent or rehabilitation care, long stay care, day hospital and day unit care were supplied.

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

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 three of these units opened at Cuan Ros, at Sir Patrick Dun's, and at South Circular Road in 1996, 1997 & 1998 respectively.

A further 50 bed Community Unit at St. Clare's Home opened on a phased basis in November 1999.

CONSULTANT POSTS

Two additional posts of Consultant Physician in Medicine for the Elderly were approved as follows:



At the Millennium Garden Party for older persons in St. Vincent's Hospital Fairview.

- Dublin North City and County/Eastern Health Board - 7 sessions and Beaumont Hospital - 4 sessions.
- Dublin South/ Eastern Health Board - 3 sessions and St. James's Hospital - 8 sessions.

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:-

- Care Associations
- Home Helps
- Meals on Wheels
- Day Centres
- Clubs and other groups

Our Board has also liased with partners in the business and local authorities via the Reach Out Awareness Scheme and with other agencies such as Age & Opportunity, and Age Action Ireland to further the development of services for older people.

PSYCHIATRY OF OLD AGE

Four Departments of Psychiatry of Old Age have been established in our Board's area, based in areas 1 and 2, 3 and part of 4, 5 and part of 4 and 6 & 7. Five W.T.E. staff were recruited, to staff the adapted Acute In-patient Department of Psychiatry of Old Age at St. James's Hospital. One post of medical registrar and 1 post of community nurse were recruited to the Community Psychiatry of Old Age Services - South East Dublin during 1999.



Mr. Declan Hynes, Training and Development Officer, (left) with Ms. Ger McGoldrick, (centre), Senior Continence Advisor, at the presentation of certificates for the Promotion of Continence and Management of Incontinence Course, with three of the recipients, from left, Ms. Angela Flanagan, Ms. Aideen O'Connor and Ms. Johanna Dundon

INTERNATIONAL YEAR OF OLDER PERSONS

1999 was designated the United Nations International Year of Older Persons and our Board's staff played a full part in commemorating the year. An Eastern Regional Committee was put in place to help organise the commemoration of the Year in our Board's area and the Eastern Health Board assisted by providing secretarial support and meeting room facilities. During 1999 our Board commemorated the year by:

- hosting a seminar/ workshop involving representatives of voluntary organisations funded by the Eastern Regional Committee of the International Year of Older Persons
- piloting a programme of art therapy and movement/dance in the South Circular Road Community Unit
- Hosting six performances of a play, *Who's Helen*, performed by the Pyramid Theatre Company of Wales, to commemorate the life and times of an older woman who had spent the majority of her life caring for her older mother.

In addition to these a myriad of projects and events were held throughout our Board's community and inpatient facilities to commemorate the year. Our Board's Hospitals and Homes for older persons and its Community Services also played an active part in the global walk to commemorate the Year in October 1999.

EASTERN HEALTH BOARD/ARTS COUNCIL

The forum to discuss the introduction of an Arts Policy between representatives of our Board and the Arts Council of Ireland continued. An arts programme was introduced to Cuan Ros Community Unit for Older Persons

on the Navan Road in late 1999.

SONAS COMMUNICATION PROGRAMME

In collaboration with Sonas aPc our Board continued the phased introduction of the Sonas Communication Programme for older persons suffering from dementia/Alzheimer's into five patient care settings.

The programme, which includes the training of care staff in order to maximise the communication skills of older persons with Alzheimer's/dementia between themselves, their relatives and staff, has been most successful.

QUALITY ASSURANCE

A Quality Assurance Programme under the direction of Nursing Research and Development Department continued in Clonskeagh Hospital (including the Psychiatry of Old Age and Acute Psychiatric Units), St. Brigid's Home, Crooksling, and Baltinglass District Hospital and was extended to St. Vincent's Hospital, Athy, and Bru Chaoimhin.

REACH OUT AWARENESS CAMPAIGN

Our Board, in partnership with Dublin Corporation, other statutory agencies and voluntary bodies, and with sponsorship from the business community, continued the Reach Out - Be a Good Neighbour Campaign during 1999. Our Board part-funded the Reach Out Project in 1999.

CARERS

Following agreement with the Eastern Health Board, Age Action Ireland commenced development of a Carers' Association in Dublin South, Kildare and Wicklow in late 1999. In addition a temporary position of Liaison Officer between our Board and the Carers' Association came on stream in late 1999.

ACCIDENT PREVENTION

The Risk Falls Assessment Programme, which commenced in Baltinglass District Hospital in 1998, was reported on and was evaluated in 1999. The report findings indicated a significant reduction in number of falls leading to fractures in older persons. It also found that

Activities in 1999

Private Nursing Home Places	4,468
Long Stay Care Places	1,734
Respite Care Places	146
Assessment/Rehabilitation Places (residential)	417
Welfare/Convalescent Beds	317
Day Hospital Places	230
Day Care Unit Places	278

the introduction of the Risk Falls Assessment Programme has played a significant role in achieving this reduction and led to an improved quality of life for older people in the Hospital.

PRIVATE NURSING HOME CARE

A total of 116 private and voluntary nursing homes were registered with our Board. Of these 111 were fully registered and 5 had conditional registration.

There were a total of 4,428 place available in these private or voluntary homes and our Board subvented a total of 1,652 persons.

A total of 202 additional contract private nursing home places for older people were brought on stream. These places will be retained in the system in 2000.

OTHER DEVELOPMENTS

- Nineteen additional whole-time posts were recruited in St. Mary's Hospital to meet increased staff needs at the Hospital.
- The hourly rate paid to Home Helps increased to £3.00 per hour from the 1st April 1999.

- Additional home helps were deployed as a result of an increased revenue allocation.
- Additional grant aid was paid to Care Alliance, The Carers Association, Alzheimer's Society, Age Action Ireland and Age & Opportunity.
- The Go for Life Activity Leader Workshops were held in three locations.
- Six posts were made available to improve community support services
- A quality initiative in two hospitals and homes for older persons continued and will be evaluated shortly.
- The preparation of a Directory of Services for Older Persons continued and is due to be completed soon.

CUSTOMER FOCUS

During the period under review, our Board continued to develop procedures to involve the elderly in decisions about the delivery of services though seminars and conferences, directories of services, patient information handbooks and carers' seminars. An initial meeting was held to put a Customer Forum in place.

In-Patient/Day Patient Activity (Actual) Out-Turn 2000

	No of Beds	Admissions	Discharges	Bed Days	Day Hospital Attendances	Day Care Attendances
Totals	1684	3913	3843	540,610	4,040	45,579

In-Patient/Day Patient Projected Activity 2000

	No of Beds	Admissions	Discharges	Bed Days	Day Hospital Attendances	Day Care Attendances
St. Mary's Hospital	345	972	971	115,050	4200	-
St. Clare's Home	85	64	65	28,002	-	2,946
Cuan Ros	46	244	238	15,596	-	2,920
St. Brigid's Home	150	70	72	50,508	-	3,600
Bru Chaomhin	182	96	94	61,283	-	-
South Circular Road	50	264	262	17,455	-	3,790
Clonskeagh Hospital	76	49	43	25,438	-	-
Meath Unit	60	36	36	21,455	-	-
Sir Patrick Duns	25	52	56	8,096	-	4,086
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. Colman'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, Crinken	-	-	0	0	-	3,500
Dalkey Community Unit	50	30	2	450	-	-
Total	1,734	4,311	4,225	565,299	4,200	47,886

SERVICES

FOR THE HOMELESS

The Homeless Persons Unit in Charles Street continues to

provide a comprehensive service to the Board's homeless population. Although the service is run by the Community Welfare Service, and as such much of the work centres on the provision of income support services, there is also an emergency accommodation placement service, provided on behalf of the local authorities.

Other services include advice and support to homeless persons and their families on health, welfare and housing needs. There is a close working relationship between our service and the services provided by other statutory and voluntary agencies.

The report of the multi-disciplinary group, which was convened by the Chief Executive Officer, Mr. Pat McLoughlin in February 1999, was accepted by the Board in March 1999. The group consulted with and accepted submissions from individuals and groups who have experience and expertise in the area of homelessness. The main aim of the group was to look at gaps in service provision to homeless people. As a result of their recommendations, two new multi-disciplinary outreach teams will be recruited in the year 2000, to try to provide a more direct and immediate response to the problem of homelessness in our board.

A new post of General Manager for Special Needs was created in 1999, and



At the Youth Homelessness Forum were Orla Barry of Focus Ireland with Fr. Val Collier Don Bosco House.

this position was filled in the latter part of the year. The General Manager has responsibility for Homeless, Asylum Seekers and Travellers, and will work closely with the local authorities to address the accommodation issues in our board.

1999 saw a significant increase of 2,480 in the numbers of people and families presenting to our service for the first time. The total number of individuals and families receiving a service from our homeless persons unit increased to approximately 5,000.

The Homeless Initiative, set up in 1996 to secure better co-ordination between the various service providers, was the subject of an evaluation carried out by the Institute of Public Administration in 1999. The report found that:

"the Homeless Initiative has had a positive impact at both policy and operational levels. While there are limitations to the work of the Initiative, service planning and provision for the homeless in the Dublin Region has benefited from the existence of the Homeless Initiative."

SERVICES FOR TRAVELLERS

Our Board strives to raise the health status of the Traveller 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 Traveller Community.

The particular health needs of Travellers as customers, are being developed through their involvement in focus groups and conferences, the development of health education materials and the engagement of Travellers and community health workers working alongside our Board's staff.

During the period under review Travellers accessed 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.

A Traveller Health Unit was established to



At the Launch of a booklet on Primary Healthcare Initiatives were Ms. Briget Ward, Ms. Nora Stokes, Ms. Teresa Howey and Ms. Ann O'Neil.

further develop and co-ordinate services for Travellers. Membership of the Unit management committee included representatives from our Board; acute, maternity and paediatric hospitals; Traveller organisations and the Travelling community.

An operational plan was developed in consultation with service providers, a representative from Traveller Organisation, the Chairperson of the Traveller Health Unit and the Programme Manager, Community Services.

Funding was approved for projects organised by St. Margaret's Traveller Community Group, Community Care Area 7, and the Northside Traveller Support Group, Community Care Area 8.

The following research projects into utilisation of health services by Travellers commenced:

- Research on health services in Community Care Areas 6, 7 and 8.
- Research on utilisation of hospital services in association with Tallaght Hospital.
- Review of general practitioner service provision.



Recipients of certificates in Traveller Primary Care Health.

WOMEN'S HEALTH

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

The Women's Health advisory Committee met bi-monthly. Two new members were appointed by the National Women's Council to replace the two members who resigned during the period under review. A proposal was drawn up to address consultation with women in the year 2000.

REPRODUCTIVE HEALTH

The demand continued to grow for Women's Health services (including vasectomies) which are available at IFPA (Clondalkin/Tallaght), Well Woman (Coolock) and designated GP clinics to medical card-holders. Grants were also paid to NAOMI and Accord in respect of natural family planning services.

HOME BIRTHS

A new private midwife set up practice in January 1999 bringing the number now prac-

tising in the Eastern Health Board area to five. A total of 124 grants were paid in 1999.

HOSPITAL OUTREACH/DOMINO/ HOME BIRTH SERVICE

This service which commenced on a two-year pilot basis in January 1999, operates from the National Maternity Hospital, Holles street, Dublin 2. A team of 8 experienced midwives provides the option of total maternity care to selected mothers in the adjacent Community care Areas 1 and II. The midwives see the mothers for ante-natal visits in the hospital, local clinics and in their homes. The birth of the baby may take place either in the hospital with an early discharge after delivery, or the delivery may take place at home. Under this scheme, a total of 89 hospital Domino and 8 home births have taken place to the end of February 2000. A patient audit carried out after the first year showed a very high level of satisfaction with the service.

- Two Breastfeeding Courses for Public Health Nurses were held in 1999.
- Pregnancy Counselling Organisations, namely Cherish, Cura, IFPA, Life, Pact and



The original Community Midwifery Team at Holles Street Hospital, Dublin 2

Eastern Health Board
37
Board's name an Ortho



At the EHB PreSchool Conference were Ms. Michelle Corcoran and Ms. Denise French of EHB Community Care

Well Woman, were grant-aided for services provided nationally.

- A poster campaign aimed at reducing the incidence of crisis pregnancies commenced in December 1999. The target age group is 20-24 years. Under this initiative, messages conveying information on the possibility of unwanted pregnancy and sexually transmitted infections are placed in the toilet areas of nightclubs and pubs that are frequented by young people.

INFORMATION

A number of publications were launched in May 1999. A book entitled *Women's Health: Family Planning* is designed for use by health-care professionals. It contains clinical information on Family Planning, Pregnancy, Gynaecology, and Breast Feeding and Breast Diseases. The other booklets launched are designed for the information of the public. There are *Post-Natal Depression - a guide for Mothers, Family and Friends* and *The Black and White Guide to Menopause*. A research project on the health information needs of women is nearing completion.

HEALTHIER LIFESTYLE

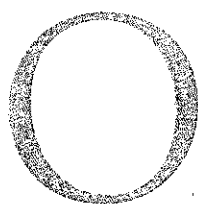
Organisations promoting healthier lifestyles, including smoking cessation, in areas of

social and economic disadvantage were grant-aided.

WOMEN WITH SPECIAL NEEDS

- Refugee Women - research is under way into the difficulties experienced by refugee women during and after their pregnancy
- Teenage Health Initiative - a group of 14 youth and resource workers were provided with training that would enable them to implement programmes in relationships and sexuality in their own organisations. This group has commenced programmes reaching approximately 50 young people. As the uptake of programmes has been higher with girls than boys, a conference on Working with Young Men was held in June 1999. The guest speaker at this conference was Trevor Lloyd who specialises in this area in the U.K.
- A Mentoring Project commenced in Clondalkin. The aim is to support young people at risk of early school leaving, as this has been found to be a significant factor in relation to teenage pregnancy.
- Negotiations have commenced on the development of a Young People's Health Centre in the city centre. It is envisaged that this service will be holistic in its approach, but its main focus will be on the promotion of sexual health and on the prevention of sexually transmitted diseases.

SERVICES FOR DRUG MISUSERS



ne 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 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 complex and multi-faceted. A wide range of treatments, including drug free therapeutic projects, are available to drug misusers which are grant-aided by the Health Board. International research has shown that 15-20% of those 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 treatment of heroin addiction. Treatment is provided by General Practitioners in their own surgeries and in Addiction centres, in Satellite clinics, Mobile Clinics or in specialist detoxification units.

The Eastern Health Board has opened 25 new drug service locations in the last 18 months in a major expansion of education, prevention, treatment and rehabilitation/reintegration services.

There were 4,353 people from Dublin, Kildare and Wicklow receiving drug treatment either through clinics, or from 128 GPs and 154 pharmacies participating in the methadone treatment protocols. There were approximately 420 people on the waiting list.

This compares with 3,610 people on the



Stephen Mulkearns, the editor of HYPER Magazine with the Award for Design Innovation of the Year which the magazine won in London.

central treatment list at the end of December in 1998.

At the beginning of 1996, there were just 15 doctors and 35 pharmacies providing treatment for individuals with drug misuse problems in the EHB area. The Annual Report for that year showed 830 clients receiving treatment for drug misuse, compared with 426 in 1994 and 227 in 1992.

Addiction Centres provide a comprehensive range of services for drug misusers and their families. This includes education, prevention, medical, nursing and counselling services. Consultant Psychiatrists lead the clinical teams. If appropriate, methadone is dispensed on a daily basis and in the majority of cases it must be consumed on the premises under supervision from a pharmacist.

Community welfare officers also provide a service from the Addiction Centres to enable clients to deal with welfare issues which may impact on their drug misuse problems.

Satellite Clinics are generally run by GPs and nurses. They are open for shorter hours, and cater for more stabilised clients.

The Mobile Treatment Clinics provide services from a number of locations throughout the city, including Dr. Steevens' Hospital, and it is planned to further expand this service in the coming year.

Also in the coming year, it is planned to provide an additional 30 detoxification centres and additional rehabilitation/reintegration places. A 20-bed 'down-stream unit' is being developed in St. Mary's Hospital, Phoenix Park, which will be complementary to existing detoxification beds.

Rehabilitation/Reintegration services have been expanded for clients, with the new services being offered in the North Inner City and Ballyfermot areas. The Rehabilitation blueprint and the accompanying human resource needs underpin this. One of the projects undertaken by the EHB's Soilse project is the production of a monthly newspaper, *Hyper*, produced by clients under a professional editor, and focusing on drug education and prevention, which was launched in March. The magazine won an international award in London in 1999. It took first place from 400 entries in Ireland and the UK to win the innovative Design Innovation of the Year Award Design Award. The awards, which are supported by The Guardian newspaper, recognise excellence in design.

The Board's education officers co-ordinated a range of educational programmes, both directly and in partnership with other professionals and with various voluntary, statutory and community groups.



Members of the staff of the Barry Satellite Centre Joan Delaney, Patrick Ryan, Terry Goode, Karen Walsh, Anne Hanney, Kevin O'Callaghan and Miriam Holland.

It is proposed to recruit additional educational officers to develop responses for a wider client group. The Board recognises the complexity of the dependency process and, as such, the need to provide a continuum of service interventions through a variety of programmes, including drug-free programmes and methadone treatment programmes.

The provision of direct services is complemented by partnership arrangements with organisations such as Coolmine, the Rutland Centre and Merchants' Quay through the grant-aided system.

The drug services' main priorities for the coming year are to continue with the implementation of the Rehabilitation Blueprint, develop a care management system, to further develop a

broad based treatment approach for a variety of drug use, to work in partnership with the prison service to introduce further drug services in the prisons, expansion of services for young people and the development of services for homeless drug misusers.



Editor Stephen Mulkearns of *HYPER* magazine with his editorial team and TV

ASYLUM SEEKERS

MEDICAL SERVICES

The Medical Centre in Mount Street has provided a wide range of services to Asylum seekers with the aim of increasing their health and social gain.

The Centre offered voluntary screening for T.B., Hepatitis B and C, and Polio. B.C.G. vaccine was offered where indicated, and Diphtheria and Tetanus vaccines were given to those arriving from high-risk countries. Over the period under review approximately 3,500 availed of health screening.

As part of the development of the screening process, access to the psychology service of St. Brendan's Hospital was made available. This is considered important in light of the high numbers who have experienced trauma in western countries.

A general practitioner attended the centre on a daily basis to provide immediate medical treatment for those who required it.

During the year, links were established with solidarity groups to introduce new arrivals to people from their own country, and information was provided on language classes in



Sister Aquinas, Principal of Scoil Bhride Naofa, Kildare, accepting a wallhanging woven by Kosovar refugee children

order to assist in establishing a framework for a new life.

In April 2000 the medical centre is due to be moved from Mount Street, and separate units established in each of the reception centres, Parnell West, Viking Lodge, and Pembroke Road. All medical and screening services will be provided in each centre.



The Chairman of the EHB Councillor Cyril Gallagher greets the first Kosovar refugees to arrive in Dublin

ACUTE HOSPITALS SERVICES

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 voluntary acute 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 the provision 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 EHB region.

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

JAMES CONNOLLY MEMORIAL HOSPITAL

The period under review presented many challenges for the hospital.

- The nurses' dispute resulted in pressure on the delivery of our acute services. The co-operation of all staff ensured that disruption to service was kept to manageable proportions.
- Accident and Emergency continued to experience exceptional demands.
- Recruitment of suitably qualified staff particularly in the nursing and care areas proved extremely difficult throughout the year.

ST. COLUMCILLE'S HOSPITAL

The Hospital encountered problems in recruiting all grades of staff, particularly nursing staff. The industrial action by nursing staff which took place in October impacted on some areas of the service plan with the cancellation of elective admissions, day procedures, day hospital for the elderly and out-patient services.

In order to cope with the backlog of out-



At the presentation of badges and certificates at JCMH were recipients Damien Farrell, Grainne Gaffney, Annette Hayes and Aine Moran.

cancelled during the industrial action, the Hospital increased attendances at out-patient clinics and increased elective procedures in theatre.

The Hospital is constantly advertising for nursing staff to fill vacant posts and recruitment is now carried out locally. The use of Care Assistants on the wards to assist nursing staff has commenced.

NAAS GENERAL HOSPITAL

The service targets for 1999 as set out in the hospitals service plans were met. In a number of areas the targets were exceeded, particularly in admissions/discharges and patient bed days. The increases are directly attributable to demands experienced from the Accident and Emergency Service. This service accounts for a high percentage of all hospital caseload.

CHERRY ORCHARD HOSPITAL

- The specific and specialised needs of young chronic disabled persons, drug misusers and persons with HIV/AIDS were met through the provision of enhanced skills training for nursing staff.
- The on-going difficulties associated with the shortage of nurses and to a lesser extent care staff, laboratory technicians and therapy staff continued to provide challenges. These challenges were met by examining and rearranging the staff skill mix, the working of overtime and the employment of agency nurses.
- The nurse's strike during October 1999 presented challenges to the hospital's ability to continue to provide essential care and treatment to patients during the strike. These challenges were met and managed as best as

James Connolly Memorial Hospital

Projected in-patient and out-patient activity 2000 (by month)

Category	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTL	Out-turn 1999	Service Plan 2000
E.C.G. Dept															
Pts. treated															
In-Patients	400	350	375	375	375	350	350	325	325	350	350	350	4275	4614	4275
Out-Patients	320	310	350	330	340	360	375	375	375	400	400	375	4310	3582	4310
G.P. Referrals	30	30	40	40	40	30	35	35	35	35	35	35	420	407	420
Physiotherapy															
Treatment Units	7500	7400	7500	7300	7500	7400	7500	7500	7400	7500	7400	7400	89300	84961	89300
Patients	2700	2600	2800	2800	2800	2800	2800	2800	2800	2800	2800	2600	33100	29836	33100
Day Services															
Endoscopies	110	110	110	110	110	110	110	130	130	130	130	130	1420	1469	1420
Bronchoscopies	20	20	20	20	20	20	20	20	20	20	20	20	240	193	240
PFT Laboratory	300	280	300	280	300	300	300	300	300	300	300	300	3540	3614	3540
Geriatric Day Hospital	360	360	360	360	360	360	360	360	360	360	360	360	4320	4234	4320
Dental Unit	10	10	10	10	10	10	10	10	10	10	10	10	120	119	120
Day Surgery	330	330	320	330	330	270	270	290	290	290	290	290	3640	3663	3640

James Connolly Memorial Hospital

Category	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTL	Out-turn 1999	Service Plan 2000
Day Beds	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27
7 Day Beds	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360
5 Day Beds	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
No. of Admissions	720	660	750	700	690	720	700	700	620	620	610	620	8110	7953	8110
Bed Days	10700	9676	10700	10360	10700	9700	10100	10100	9700	10100	9700	10100	121636	121260	121636
No. of Discharges/ Deaths	690	660	740	720	720	670	670	640	600	600	580	590	7880	7662	7880
Acute Bed Days															
IMR Report	7400	7200	8000	7900	7450	7000	6800	6900	6800	6800	7050	7200	86500	86256	86500
Other Bed Days	3300	2476	2700	2460	3250	2700	3300	3200	2900	3300	2650	2900	35136	35004	35136

James Connolly Memorial Hospital

Category	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTL	Out-turn 1999	Service Plan 2000
Prosthetic Service Pts. Treated															
In-Patients	2	2	2	2	2	2	2	2	2	2	2	2	24	26	24
Out-Patients	22	22	23	22	23	22	23	22	22	23	22	23	272	272	270
Dept. of Radiology															
No. of patients	4000	4000	4000	4000	4000	4000	4000	4000	4000	4000	4000	4000	48000	47185	48000
No. of examinations	6000	6000	6000	6000	6000	6000	6000	6000	6000	6000	6000	6000	72000	71561	72000
C.T. Scans	320	300	320	300	320	320	320	320	320	330	310	320	3800	3704	3800
Ultrasound examinations	270	270	280	280	280	280	250	250	280	280	260	260	3240	3202	3240
Occupational Therapy General															
In-Patient Treatment	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	12000	10242	12000
Patients	100	100	100	100	100	100	100	100	100	100	100	100	1200	1128	1200
Out-Patient Treatment	460	460	460	460	460	460	460	460	460	460	460	460	5520	5503	5520
Patients	50	50	50	50	50	50	50	50	50	50	50	50	600	580	600
Category	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTL	Out-turn 1999	Service Plan 2000
Occupational Therapy Geriatrics															
In-Patients Treatment	650	650	650	650	650	650	650	650	650	650	650	650	7800	7838	7800
Patients	60	60	60	60	60	50	50	50	60	60	60	60	690	671	690
Out-Patient Treatment	80	80	80	80	80	80	80	80	80	80	80	80	960	976	960
Patients	23	23	23	22	22	22	23	23	23	23	22	22	271	273	271
Pathology Tests															
Microbiology	6100	6000	6350	6900	5900	4600	5700	5050	5400	5500	5100	5100	67700	69704	67700
Serology	670	540	690	470	460	510	670	510	770	405	530	520	6745	6724	6745
Immuno-Haematology	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	18000	17200	18000
Clinical Chemistry	40300	41000	45600	44500	43000	38900	40700	60800	37700	44600	39700	39700	525500	520928	525500
Histology	3500	3500	3800	3800	3800	3400	3400	3400	3700	3100	3900	3900	43600	43018	43600
Haematology	36000	34,000	42,000	31,000	33,000	31,000	31,000	31,000	32,000	29,000	31,000	30,000	391,000	370,668	391,000
Autopsies	15	15	15	12	15	12	11	12	10	10	14	15	156	160	156

James Connolly Memorial Hospital

Category	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTL	Out-turn 1999	Service Plan 2000
Theatre															
Major Operations	160	140	160	190	180	180	170	160	170	170	160	180	2020	1942	2020
Minor Operations	380	380	380	380	380	290	290	300	300	290	290	290	3950	3951	3950
Day Cases	330	330	330	330	330	270	270	290	290	290	290	290	3640	3663	3640
Out-Patients															
No. of sessions	150	146	170	146	150	158	158	158	158	168	168	168	1898	1866	1898
New attendances	800	730	960	680	790	790	780	650	760	700	810	790	9240	9039	9240
Return attendances	3800	4050	4300	4200	4200	4250	4450	4100	3800	4200	4450	4400	50200	50935	50200
Casualty Attendances															
New	2000	2150	2300	2200	2300	2200	2200	2100	2100	2200	2050	2100	25900	25206	25900
Return	380	370	380	410	490	480	500	490	370	370	310	310	4680	4632	4680
Vascular Medicine															
Patients	300	300	300	300	300	300	300	300	300	300	300	300	3600	3600	3600
Tests	420	420	450	400	420	420	400	370	330	300	400	370	4700	4606	4700
Speech & Language Therapy															
In Patient Treatment	545	545	545	545	545	545	545	545	545	545	545	545	6500	6523	6500
Out Patient Treatment	85	85	85	85	85	85	85	85	85	85	85	85	1020	1016	1020

Colmcille's Hospital

Projected in-patient and out-patient activity 2000 (by month)

Category	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTL	Out-turn 1999
Beds Open	150	150	150	150	150	130	130	130	150	150	150	150	1740	
Beds Closed	-	-	-	-	-	20	20	20	-	-	-	-	60	
Admissions	360	354	318	340	396	374	374	380	450	464	410	380	4600	4591
Bed Days	4060	3469	3928	3724	3847	3881	3838	3865	3562	3270	3374	3592	44410	44305
Deaths/Discharges	349	349	319	347	385	371	379	367	457	409	398	380	4510	4502
Day Cases	130	159	182	161	151	161	156	171	219	150	145	115	1900	1840
Day Hospital Attendance	144	142	131	140	124	137	127	127	141	160	95	1600	1531	
Out-Patients														
No. of Sessions	69	69	79	67	70	71	69	85	72	70	74	50	845	826
New Attendances	402	366	459	435	443	606	470	457	514	486	473	378	5489	5289
Return Attendances	983	936	1225	1014	1156	867	1104	1037	1091	1121	1294	882	12710	12310
Warfarin	416	400	416	406	416	410	416	416	416	420	410	416	4958	4946
Category	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTL	Out-turn 2000
Casualty Attendance	2104	2431	2200	2273	2309	2458	2261	27700	27633					
New	1701	1581	1980	1951	2066	1804	1930	1869	1840	1829	1850	1799	22200	22121
Return	405	426	328	503	723	300	501	324	373	550	607	460	5500	5512
X-Ray Examinations	2880	2598	3047	2870	3090	2947	2690	1967	1967	4463	2721	2560	33800	33789
CT Scans	61	56	61	60	61	60	61	61	60	61	60	61	723	242
Operations														
Major	45	56	79	57	57	48	54	54	54	63	67	46	680	632
Minor	133	149	147	127	136	157	180	180	180	175	139	97	1800	1779
Dental	11	18	15	15	16	11	17	17	17	17	14	10	178	168
Physio treatments	2053	3146	2653	2714	1380	3223	3261	3148	3148	3148	3050	1226	32150	32140
Endoscopies	28	27	36	27	27	29	41	41	41	39	36	28	400	377
Occupational Therapy	1264	1399	961	1204	135	1309	1410	1308	1282	1254	1482	1092	14100	14064
Speech Therapy	142	280	138	453	457	20	45	41	378	386	120	90	2550	2544
Histology Specimens	11365	10809	12312	11755	11456	11596	11347	11325	11691	10576	10760	10258	135250	135249
Post Mortems	20	16	18	18	18	16	18	18	18	16	24	20	220	217
Wheels	1219	1272	1266	1336	1914	1335	1639	815	815	981	1569	1359	15520	15511
etician	221	234	249	259	204	249	249	249	240	219	270	187	2830	2823
IG	133	138	169	175	172	172	271	271	271	172	117	169	2230	2226
ocial Worker	113	119	130	132	135	133	116	141	136	134	116	105	1510	1504

Naas General Hospital

Projected activity 2000 and Actual out-turn January 1999 - February 2000

Category	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTL	Actual Out-turn Jan '99-Feb '00
No. of beds open	136	136	136	136	136	136	136	136	136	136	136	136	1632	1904
Admission & Discharge Unit	13	13	13	13	13	13	13	13	13	13	13	13	156	182
Admissions	480	450	470	470	470	470	470	470	470	470	470	470	5630	6239
Bed Days	4300	4100	4300	4300	4300	4200	4200	4200	4300	4300	4300	4300	51100	59415
Deaths/Discharges	470	450	470	470	470	470	470	470	470	470	470	470	5620	6172
Day Cases	78	76	78	78	78	78	78	78	78	78	78	78	934	978
Out-Patients														
No. of Sessions	28	28	28	28	28	28	28	28	28	28	28	28	336	403
New Attendances	216	216	216	216	216	216	216	216	216	216	216	224	2600	2961
Return Attendances	1225	1225	1225	1225	1225	1225	1225	1225	1225	1225	1225	1225	14700	16510
Accident & Emergency														
New	1670	1670	1670	1670	1670	1670	1670	1670	1670	1670	1670	1670	20040	20438
Reviews	456	456	456	456	456	456	456	456	456	456	456	456	5472	5288
Dressings	308	308	308	308	308	308	308	308	308	308	308	308	3696	3447
Total	2434	2434	2434	2434	2434	2434	2434	2434	2434	2434	2434	2434	29208	29173
Day Hospital														
Attendances	108	108	108	108	108	108	108	108	108	108	108	108	1296	1331
Physiotherapy														
Physio In-Patients	770	770	770	770	770	770	770	770	770	770	770	770	9240	12137
Physio Out-Patients	988	988	988	988	988	988	988	988	988	988	988	988	11856	13883
Physio Treatments	3496	3496	3496	3496	3496	3496	3496	3496	3496	3496	3496	3496	41952	49989
Radiology Department														
X-Ray In-Patients	390	390	390	390	390	390	390	390	390	390	390	390	4680	5546
X-Ray Out-Patients	2358	2358	2358	2358	2358	2358	2358	2358	2358	2358	2358	2358	28296	32179
X-Ray Examinations	3710	3710	3710	3710	3710	3710	3710	3710	3710	3710	3710	3710	44520	51064
Laboratory														
Lab Specimens	12482	12482	12482	12482	12482	12482	12482	12482	12482	12482	12482	12482	149784	174976
Theatre														
Major	14	14	14	14	14	14	14	14	14	14	14	14	168	209
Intermediate	28	28	28	28	28	28	28	28	28	28	28	28	336	367
Minor	28	28	28	28	28	28	28	28	28	28	28	28	336	372
Endoscopies	115	115	115	115	115	115	115	115	115	115	115	115	1380	1797
Total	185	185	185	185	185	185	185	185	185	185	185	185	2220	2745

Annual Report 1999 - 2000

Cherry Orchard Hospital

Projected in-patient and out-patient activity 2000 (by month) APPENDIX 1

Category	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL	Out-turn 1999
<u>Infectious Diseases</u>														
no. of beds open	47	47	47	47	47	47	47	47	47	47	47	47	47	47
admissions	146	178	210	199	181	173	150	137	127	131	150	154	1936	2273
no. of discharges	183	116	205	199	176	176	154	132	130	134	141	138	1884	2290
bed days	964	814	957	685	800	747	700	705	713	733	742	740	9,300	9,055
<u>Elderly</u>														
no. of beds open	86	86	86	86	86	86	86	86	86	86	86	86	86	86
admissions	4	6	3	2	2	2	1	2	2	2	1	2	29	15
no. of discharges	3	6	5	3	1	3	2	1	1	3	2	1	31	24
bed days	3382	2753	2905	2792	2849	2774	3194	2814	2778	2808	2725	2726	34,500	23,770
<u>AIDS/HIV</u>														
no. of beds open	18	18	18	18	18	18	18	18	18	18	18	18	18	18
admissions	31	27	25	27	25	22	30	23	24	12	24	22	292	269
no. of discharges	30	26	28	23	28	20	30	22	23	20	18	20	288	264
bed days	345	343	350	361	355	358	363	380	361	250	360	374	4,200	4813
<u>Sean Dara</u>														
no. of beds open	17	17	17	17	17	17	17	17	17	17	17	17	17	
admissions	13	12	13	14	13	15	14	13	19	10	15	15	166	174
no. of discharges	10	13	13	12	15	13	16	17	15	16	12	12	164	169
bed days	360	345	389	360	354	380	367	369	411	416	383	366	4,500	4,002
<u>Young Chronic Sick</u>														
no. of beds open	24	24	24	24	24	24	24	24	24	24	24	24	24	
admissions	2	2	3	2	2	2	2	2	1	2	3	2	25	22
no. of discharges	2	2	2	2	2	2	1	1	2	2	3	2	23	22
bed days	736	660	737	709	738	696	728	717	699	721	724	735	8,600	8,530
<u>Physiotherapy Patients</u>	135	139	98	130	131	128	118	119	114	124	150	114	1,500	1,493
<u>Chiropody Treatments</u>	30	22	10	27	28	26	21	52	54	40	50	40	400	390
<u>Recreational Therapy</u>	142	275	317	521	242	264	317	336	231	229	309	217	3,400	3,350
<u>Social Worker</u>	17	16	19	19	17	18	20	14	17	18	19	16	210	200
<u>Laboratory Tests</u>	9385	9235	10104	10378	9621	9284	5334	12183	13608	11,859	10201	8808	120,000	110,300
<u>Wheels on</u>	1098	1071	1203	1044	1130	910	951	939	1178	1032	1326	1118	12,997	12,991

Acute Hospital Out-turn January - February 2000

	Jan 2000	Feb 2000		Jan 2000	Feb 2000	Total
Naas General Hospital			Cherry Orchard			
Casualty			Infectious Diseases			
New	990	925	Beds open	47	47	47
Return	267	149	Admissions	147	195	342
Total	1257	1074	No of Discharges	142	199	341
			Bed Days	778	856	1634
Outpatients			Elderly			
New	184	250	Beds open	68	68	68
Return	929	1119	Admissions	Nil	Nil	nil
Total	1109	1369	Discharges	2	4	6
			Bed days	1866	1683	3549
Admissions	495	426	AIDS/HIV			
Beds open	136	136	Beds open	18	18	18
Bed Days	4638	4056	Admissions	21	17	38
Discharges	459	447	Discharges	21	22	43
Day cases	13	92	Bed Days	493	419	912
St. Colmcille's Hospital			Cuan Dara			
Casualty			Beds open	17	17	17
New	1765	1614	Admissions	17	13	30
Return	260	314	Discharges	12	14	26
Total	2025	1928	Bed days	324	320	644
Outpatients			Young Chronic Sick			
New	395	442	Beds Open	24	24	24
Return	1058	936	Admissions	Nil	Nil	Nil
Total	1453	1378	Discharges	Nil	Nil	Nil
Admissions	415	385	Bed Days	713	667	1380
Beds open	138	138	Physiotherapy Patients	115	118	233
Bed Days	3676	3360				
Discharges	407	395				
Day cases	163	223				
James Connolly Memorial Hospital						
Casualty						
New	2026	1919				
Return	171	175				
Total	2197	2094				
Outpatients						
New	727	798				
Return	3740	3983				
Total	4467	4781				
Admissions	644	636				
Beds open	242	242				
Bed Days	7865	7227				
Discharges	595	631				
Day cases	333	403				

Eastern Health Board
49
Bord Sante an Oirthir

AMBULANCE SERVICES

The Ambulance Service aims to provide an equitable emergency ambulance and patient transport service for all patients and clients in the Eastern Health Board region and to enhance the health and social gain for the people of the region attending hospitals and clinics, ensuring that the quality of care provided is to the highest possible standards. It serves a population of 1.3 million, covering 1,792 square miles, and includes the counties of Dublin, Kildare and Wicklow.

Among the service's secondary objectives are:

- To provide a central communications facility for the Ambulance Service and other Health Board agencies
- To provide a transport management service to all Health Board vehicles
- To co-ordinate major events such as concerts, G.A.A., Rugby and Soccer matches, major golfing events, and all other sporting and entertainment events within the Eastern Health Board region
- To co-ordinate the Health Board response to major incidents in its area

During the period under review, Mr. Pat McCreanor was appointed Chief Ambulance Officer in November, having worked for the Eastern Health Board as Assistant Chief Ambulance Officer since 1996. The period was a very busy one for the Ambulance ser-

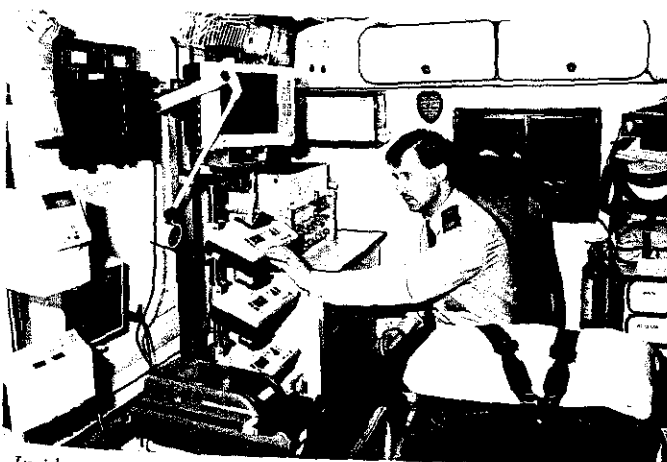


Some of the EHB's fleet of ambulances which was extended in 1999/2000.

vice, who showed commitment, dedication and diligence in coping with ever-increasing demands. At no time was this commitment more evident than during the Millennium period when there was a requirement of extra resources to be deployed to ensure preparedness for the both Millennium celebrations and the Year 2000 implications.

In addition to core service provision, a number of service developments took place during the year. These included:

- A new temporary ambulance station was opened on the campus of the Meath and Adelaide Hospital, incorporating the National Children's Hospital in Tallaght
- 11 new emergency ambulances were purchased, together with 2 multi-purpose vehicles for patient and client transport
- One 4x4-wheel drive vehicle was converted to an emergency ambulance for rough terrain, off and on road use, and 3 rapid response motor cycles were also purchased
- 16 Emergency Medical Technicians (E.M.T.) completed conversion training
- 9 Emergency Medical Technicians commenced E.M.T training
- 8 staff completed induction training courses
- 9 EMT staff completed Stress Awareness Facilitators' Course
- 3 EMT staff completed Peer Counsellors' Programme
- Communication links were provided between Kildare, Wicklow and Townsend



Inside one of today's hi-tech ambulance vehicles.

- 3 additional EMT staff were assigned to Baltinglass Ambulance Station in June
- 3 Minibuses were completely refurbished
- Automated Vehicle location tracking was fitted to all new vehicles
- 4 defibrillators, 30 child safety harnesses and 30 sets of vacuum splints were purchased
- Waste oil storage and new vehicle lifts were installed at Naas and James's Street Ambulance bases
- Clinical audit continued throughout the Board's area
- New computer equipment was purchased for Central Control, Townsend Street.

During the period under review, there was a change in the management structure when the Ambulance Supervisors were upgraded to Ambulance Officers. This development enhances the management of the service at a local level, creating a more co-ordinated approach to the delivery of services. The former Chief Ambulance Officer, Mr. Joe Byrne, took up the position of Chief Emergency Planning Officer with the Board in November.

TRAINING

Mr. Lawrence Kenna returned in February as in-service instructor. In-service training has been provided in traction splints, vacuum splints, glucometers, and paediatric harnesses. Training was also provided in the new "easy-load" stretchers which were introduced in 1999 and in the new semi-automatic defibrillators which are being phased in and will gradually replace the defibrillators currently in use.

Two Patient Transport Service courses were held. These included elements on occupational first aid, manual handling, caring for the mentally handicapped, care of the elderly, infection control, radio procedures, and mapping.

Nine Emergency Medical Technicians completed a course for Stress Awareness Facilitators. The object of the course is to train facilitators who will then be proficient in delivering a Stress Awareness Session to the EMTs within the stations.

Training was also provided for three personnel to complete a Peer Counsellors Programme. The Peer Counsellors are available in the event of personnel requiring

debriefing in the immediate aftermath of critical incidents.

Sixteen EMTs completed the EMT Conversion Programme in the National Ambulance Training School, and 9 new entrants completed the EMT New Entrant Programme.

SAFETY, HEALTH AND WELFARE AT WORK

A number of initiatives were undertaken which will improve safety, health and welfare for staff. These include:

- New lifts in the garages in James's Street and Naas
- New sluice facilities in Wicklow and Baltinglass

COMMUNICATIONS

The process of the integration of central command and control continued. The Centre is jointly staffed by the Eastern Health Board and Dublin Fire Brigade. In the coming year, it is planned that the integration process will be completed.

Communication links between Dublin, Kildare and Wicklow were networked through the provision of appropriate telecommunications lines.

New computer-aided dispatch and patient transport systems were installed to replace the old systems, which were not Y2K compliant. The new CAD system has integrated mapping which can identify the location of emergency calls and the location of ambulances on duty. The latter will be complemented by the parallel development of the automated vehicle location system which was extended during 1999.

New voice call loggers were installed in Kildare and Wicklow control centres in line with the requirement to retain essential information on both emergency and urgent calls.

EVALUATION OF SERVICES

Formal evaluation of the effectiveness of the pre-hospital care service is achieved by use of a clinical audit process. The clinical audit model in operation is still in its developmental stage and will be further enhanced during 2000.

AMBULANCE AND TRANSPORT FLEET

The fleet replacement and refurbishment pro-

Eastern Health Board
51
Board's since an Ortho

gramme continued during 1999. Eleven new emergency ambulances, two multi-purpose patient transport vehicles, one 4 x 4 wheel drive and three motor cycles were purchased during the year. The motor cycles will be used as *rapid response vehicles*. Three patient transport vehicles were completely refurbished and external refurbishments were carried out on a further 12 vehicles. The current fleet is

Ambulances	50
Minibuses	53
General Purpose Vehicles	51
Tractors	11
Emergency Control Vehicles	3
Cars	26
Mobile clinics	5
Motor Cycles	3
Total:	192

The replacement and refurbishment programme will continue in the future in order that the increasing demands for services can be met and to ensure that the fleet can respond. There were no breakdowns of emergency ambulances during the year. A measure of the fleet activity during 1999 is reflected in the amount of miles travelled:

Ambulances	944,732
Minibuses	434,658
Transport for patients with mental health and learning disability issues	230,010
Transport for children in care	208,136
Commercial transport	420,182
Total miles	2,237,718

14 ambulances, 14 patient transport vehicles, 6 general purpose vehicles and 1 car. There were no serious injuries as a result and only minor damage to vehicles. Two vehicles were stolen and a further two vandalised in the Dublin area.

AMBULANCE SERVICE PROVIDED BY DUBLIN FIRE BRIGADE

Dublin Corporation's Fire Brigade Service provides an emergency ambulance service on behalf of the Eastern Health Board from ten stations as follows:

Blanchardstown
Dolphins Barn
Donnybrook
Finglas
Kilbarrack
North Strand

Phibsboro'
Rathfarnham
Tallaght
Tara Street.

The 11 frontline ambulances available for use are located at the ten stations, with two at Tara Street. In addition, three spare ambulances are used to replace frontline ambulances taken out of use for routine maintenance or repair work.

An additional £100,000 was made available by the EHB in 1999 to replace/upgrade equipment and for training in line with the recommendations contained in the Report of the Review Group on the Ambulance Service in 1993.

The Chief Ambulance Officer and the Chief Fire Officer together with their staff, meet at regular intervals to plan, monitor, and review the services provided. As part of this process it is the intention that the integrated approach will lead to a better quality and more efficient and effective service.

PROPOSED SERVICE DEVELOPMENTS FOR THE FULL YEAR 2000

As part of the ongoing implementation of the report of the Review Group on the Ambulance service, a special allocation of £1,736 million has been provided. £440,000 will be used to continue developments that commenced during 1998 and 1999. The remaining £1.296 million will be used as follows

- Critical Incident Stress Debriefing Programme to be delivered for all health boards via the National Ambulance Training School
- Initiatives to develop partnership - programme to be developed by H.S.E.A
- Training
- Emergency Planning Service
- Filling of Assistant Chief Ambulance Officer post
- Upgrading of posts - L.A.P.
- Administration post - James's Street
- Upgrade of Athy Station
- Construction of Tallaght sub-station
- Buildings upgrading
- Upgrade of hygiene standards
- Purchase of 5 A&E ambulances
- Purchase of 2 Patient Transport Service vehicles
- Communications vehicle
- Communications equipment
- Emergency Ambulance equipment
- Computer equipment.

COMMUNITY SERVICES

The Community Care Programme has responsibility for the provision and maintenance of health centres and other premises.

The Programme seeks to ensure that community services are delivered through a network of premises which are accessible to the communities they serve, suitably designed and equipped for the services they accommodate and provide a pleasant and therapeutic environment for clients and staff.

During the period under review services were delivered from over 150 premises which include Area Headquarters, Health Centres, Community Clinics and facilities, Welfare Homes and Day Centres for the Elderly.

- New Health Centres in Newbridge and Celbridge were fully commissioned in 1999.
- Development of Health Centres at Jobstown and Oldtown was progressed.
- Refurbishment of Health Centres at Stillorgan and South Earl Street was completed.
- In addition, progress was made in the planning and design of Health Centres in Derrinturn, Darndale, Newtownmountkenedy, Bray, North Circular Road, Dalkey, Coill Dubh and Lucan.

Primary Care Partnerships involving general practitioners, community pharmacists, public health nurses, health board professionals, hospital professionals, respective managers and support personnel as well as other service providers were developed as part of a recognition of the need for involvement of the community in developing and promoting their own health through multi-sectoral and multi-agency involvement

The South Inner City Partnership in Primary Care, which was established in June 1998, continued to provide and develop a range of services.

The main developments included:

- A phlebotomy service
- A wound management service
- A community based physiotherapy service and a community based dietetic service
- A counselling service
- Shared care protocols for a diabetic service were also developed. Arrangements were made for direct access to a limited radiology service in Baggot Street Hospital
- A number of initiatives are being piloted to further develop information technology
- Protocols have also been established for direct access to specialised ultra sound services in the Coombe Hospital and a number of other priorities have been identified with this hospital

Consultations with general practitioners in the North Inner City Area began in October 1998, which led to the establishment of the North Inner City Partnership in July 1999. Thirty-five general practitioners are participating in this partnership. A Primary/Secondary Care Partnership has been successfully established with the Mater



The Chairman of the EHB Ald. Callely T.D., turning the sod for the new Health Centre at Derrinturn Co. Kildare.



Staff Nurse Ms. Margaret McMahon Fogarty tries out the Snoezelan Room in the Multi-Sensory Therapy Centre in James Connolly Memorial Hospital.



The Chairman of the EHB Counsellor Cyril Gallagher officiating as Chairman for the last time before the end of his term of office opens the new Health Centre in Athy Co. Kildare.

Hospital and priority areas have been agreed:

- Out-patient Department
- Communications
- Prescribing rationalisation
- Inappropriate use of A&E/Hospital as a Primary Care Facility
- Services for the Elderly.

A project manager has been appointed to manage this partnership and service developments will be pursued in 2000.

In June 1999 consultations with general practitioners in the Dublin South West Area began and in December 1999 it was agreed that a partnership would be established in that area. A project manager will be appointed to that partnership and priori-

COMMUNITY WELFARE SERVICES

The mission of the Eastern Health Board's Community Welfare Service is to relieve social distress and prevent its recurrence. Its primary means of achieving this is through administering the Supplementary Welfare Allowance (S.W.A.) scheme on an agency basis for the Department of Social, Community and Family Affairs. The Board's Community Welfare Officers and their Superintendents augment this role by providing:

- 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

These services are provided in a client-centred manner and as part of a locally-based, multi-disciplinary community services team.

A breakdown of the number of claims and the cost of the S.W.A. Scheme in the Board's area for the period under review is given below.

SUPPLEMENTARY WELFARE ALLOWANCE

Category	Expenditure
Basic Payments	£43,100,000.00
Rent & Mortgage and other Supplements	£65,300,000.00
Exceptional Needs Payments	£12,200,000.00
Total S.W.A.	£141,600,000.00

The cost of the scheme is recouped from the Department of Social, Community, and Family Affairs. In addition, payments in respect of emergency accommodation for asylum seekers



At the opening of Lusk Health Centre are Cllr. Cyril Gallagher Chairman EHB and the CEO Mr. Pat McLoughlin.

and indigenous homeless people amounted to £18.3 million. The cost of this is recouped from the local authorities.

The Back to School Clothing and Footwear Scheme is also administered by the Community Welfare service on an emergency basis for the Department of Social, Community and Family Affairs. Some £2.7 million was issued in respect of some 56,000 children under the Scheme.

At the end of the period under review in February 2000, some 10,000 people were in receipt of basic Supplementary Welfare Allowance, of whom some 5,000 were asylum seekers; and some 28,000 were in receipt of supplements, some 20,000 of whom were claiming either rent or mortgage supplements.

The Community Welfare Service operates from 111 local centres throughout the Board's ten Community Care Areas. Additionally, there are centralised special units for Homeless Persons, Travellers and Asylum Seekers. A Specialised Housing Unit

is piloting the centralised administration and payment of rent supplements in the north inner city in order to ascertain if this method of service delivery offers greater customer satisfaction and improved efficiency and effectiveness.

GENERAL PRACTICE UNIT

The role of the General Practice Unit has been to support, facilitate and develop general

practice and primary care services so as to raise the standards of service delivery and improve the organisation of general practice. This has been achieved through improving the interface between general practice, hospital services and other health services, and assisting general practitioners to review their prescribing patterns.

During the period to February 2000 the GP Unit doctors continued to be a member of the management team in each of their respective Community Care areas, resulting in an improved interface between the GP Unit, general managers, professionals, service providers and support personnel in each area. This has also led to improved communication with general practitioners and the service providers at community level.

In addition the GP Unit together with the management of the Eastern Health Board and the Department of Public Health has worked closely with general practitioners, acute hospitals and the community sector in further developing the Primary Care Partnerships in the South Inner City, North Inner City and the Dublin South West areas.

The aim of these Primary Care Partnerships is to improve people's health by fostering and developing an integrated approach to patient care involving general practitioners, community pharmacists, public health nurses, practice nurses, Health Board and hospital professionals, their respective managers and support personnel. The principles underpinning this development is that Primary Care is viewed as the cornerstone of our health services and as a result should receive particular emphasis in regard to development over the next five years.

As a result the "Framework for the



Members of the GP Unit Eastern Health Board.

Development of a Primary Care Strategy in the Eastern Health Board" was developed during the period under review and adopted by the Board in January 2000. This Strategy is in line with the Health Strategy Document "Shaping of General Practice in Ireland" which emphasises the need to produce best quality health and social services to the population in the Eastern Health Board area.

This Strategy was informed by the experience in the South Inner City, North Inner City and Dublin South West. This was developed through consultation with the GP Unit Doctors, General Managers, Directors of the Irish College of General Practitioners, Professors of General Practice, Public Health Nursing Professionals, Mental Health Professionals, and Community Service Providers. These all made very valuable contributions.

The need for a three pronged approach is outlined and described in the Strategy.

- The need to develop and invest in Primary Care in order to deliver a more efficient, effective and integrated service.
- The need to develop primary care partnerships involving general practitioners, community pharmacists, public health nurses, health board professionals, hospital professionals, respective managers and support personnel as well as other service providers.
- The need for involvement of the communi-

ty in developing and promoting their own health through multi-sectoral and multi-agency involvement.

The South Inner City Partnership in Primary Care, continued to provide and develop a range of services. All services were supported by protocols, which were developed with the involvement of general practitioner representation and other professionals as appropriate.

The main developments included:

- Phlebotomy service.
- Wound management service.
- Community based physiotherapy service and a community based dietetic service.
- Counselling service.
- Shared care protocols for a diabetic service were also developed.
- Arrangements were made for direct access to a limited radiology service in Baggot Street Hospital.
- A number of initiatives are being piloted to further develop information technology.
- Protocols have also been established for direct access to specialised ultra sound services in the Coombe Hospital and a number of other priorities have been identified with this hospital.

Consultations with general practitioners in the North Inner City Area began in October 1998, which led to the establishment of the North Inner City Partnership in July 1999. Forty general practitioners are participating in this partnership. A Primary/Secondary Care Partnership has been successfully established with the Mater Hospital and priority areas have been agreed:

- Out-patient Department.
- Communications.
- Prescribing rationalisation.
- Inappropriate use of A&E/Hospital as a Primary Care Facility.
- Services for the Elderly.

A project manager was appointed to manage this partnership in January 2000 and has begun to address these priority areas.

In June 1999 consultations with general practitioners in the Dublin South West Area began and in December 1999 it was agreed that a partnership would be established in that area. A project manager will be appointed to that partnership at which time priority areas will be agreed and addressed.

Preliminary work also commenced on



At the launch of the Food Safety Authority's report on nutrition for older people were Ms. Sheena Rafferty, Chairperson of the working group, Dr. Patrick Wall Chief Executive of the Food Safety Authority and, front, Dr. Tom Moffatt T.D., Minister of State at the Dept. of Health and Children with Mrs. Lena O'Reilly.

identifying and developing two further partnerships.

The GP Unit allocation for 1999 from the Department of Health was £0.648m for ongoing and once-off developments in general practice. This funding was invested in:

- General practice
- Improving the interface between hospitals and general practitioners
- Vocational training
- General practice trainees
- GP Services development.
- Pilot projects
- Screening of children
- Palliative care
- Physiotherapy services
- Information systems and administrative costs

A pilot Men's Health Initiative began in a group practice in January 1999 in the Tallaght area. Agreed evaluation mechanisms were incorporated into this initiative. Results of this initiative were presented in February 2000.

A pilot community based dietetics service which commenced in 1998, in conjunction with our Boards Health Promotion

Department, continued to develop during the period under review. This dietetics service is providing services to approximately 30 general practitioners' surgeries using agreed referral protocols. Evaluation of this project is now near completion.

Capital funding totalling £0.215m for general practice developments was allocated at the end of 1999 for general structural developments.

A total of £1.682m (Doctors portion) and £0.308m (Health Board portion) became available from Indicative Drug Budget's generated by general practice in 1998 for investment in approved practice developments in 1999. Areas covered included premise developments, purchasing clinical equipment, investing in information technology and other approved developments.

Monitoring of prescribing was given a high priority by the GP Unit Doctors in co-operation with the Boards Health Information Unit. The monthly indicative drug budgeting statistics provided by the GMS (Payments) Board and prescribing information provided by our Health Information Unit was analysed by the GP Unit doctors on an ongoing basis.

The promotion of practice management and practice nursing continued during this period through the organisation of an open day which was attended by 27 people. Practice support subsidies and practice-nurs-

ing grants of £2,500 were made available to general practitioners who employed a nurse for the first time in 1999. Practice nursing grants were increased to £3000 from January 2000. Up to February 2000 there are 237 practice nurses and 52 practice managers employed in our Board's area.

The GP Unit has initiated computerisation in over 81% of general practices and supports the Irish College of General Practice in the development of computer training. During the period under review 75 general practitioners participated in this programme. 54 general practitioners and practice staff also attended computer training in Dr. Steevens' Hospital. A series of talks entitled "The Technical Aspects of Computerisation" were held over three days and an average of 24 general practitioners and practice staff attended each day.

The GP Unit also supported the education of general practitioners through the provision of financial assistance to the Irish College of General Practitioners for courses in immediate trauma care, immediate cardiac care, minor surgery, managing practices, practice staff and distance learning course in therapeutics and palliative care.

The GP Unit continued to support the 3 year Eastern Regional General Practice Training Programme for doctors who wish to enter general practice. There was a further intake of 10 trainees in 1999. This programme is funded by the Department of Health through the GP Unit. It is administered through the Vocational Training Committee which is comprised of representatives of the Irish College of General Practitioners, Trinity College Dublin, Irish Medical Organisation, Eastern Health Board, University College Dublin, Faculty of Public Health Medicine, Royal College of Surgeons in Ireland, trainers and trainees, thus ensuring the support of all the medical schools and major teaching hospitals in the city of Dublin.

The Course Director and the Assistant Directors organise the educational programme and day-to-day administration of the programme. The training programme is fully accredited by the Irish College of General Practitioners and the Royal College of General Practitioners.



At the presentation of certificates in Developing Excellence in Nursing Practice were recipients Ms. Frances Campbell and Ms. Phill Sharkey.

DENTAL SERVICES

CHILDREN'S SERVICES:

Our board's policy of delivering primary care dental services in a planned, targeted manner continued during the period under review.

The thrust of all Dental Services for children was preventive:

- A total of 207,063 visits were made by children to our clinics
- Dental staff carried out 109,350 fissure sealants on teeth that were considered to be vulnerable to dental caries.
- An accident and emergency service was available for all eligible children on demand.
- More schools were targeted for Dental Health Education & Promotion.
- Continuation of Fluoride mouth rinses in schools in areas not on fluoridated water.
- A policy of upgrading existing fluoride plants



At the presentation of the EHB/Crest Dental Care Programme Shield to Our Lady Immaculate Senior National School, Darndale, was An Taoiseach, Mr. Bertie Aherne, T.D., surrounded by children from the school.

On February 29th 2000 there was no waiting list for routine dental care.

SERVICES FOR SPECIAL NEEDS GROUPS:

The provision of dental services to Special Needs Groups continues to be a priority for our Board in the following areas:

- Patients attending Special Schools and Sheltered Workshops
- Psychiatric Patients
- Travellers
- Medically Compromised Patients
- Drug mis-users
- Homeless Persons
- Asylum seekers
- Physically Disabled Persons
- Elderly patients
- Oral Health Promotion programmes, including daily personal oral care, were developed with the staff in many special schools and sheltered workshops

A total of 17,466 units of treatment were provided to Special Needs patients during 1999.

A specific dental team to provide care in institutions is also envisaged. Appropriate oral care ranging from routine to comprehensive was given for Special needs Patients - a total of 17,466 units of treatment were provided.



Dr. Anne McKeon, Senior Clinical Dental Surgeon at the Orthodontic Unit in St. James' Hospital with a patient

ADULT SERVICES:

Medical cardholders aged 16-34 years and those aged 65 years and over were entitled to routine dental treatment under the Dental Treatment Services Scheme. An emergency service was available to all medical cardholders.

The service was provided by 280 general dental practitioners under contract to our Board and by Health Board Dental Surgeons at evening sessions. Over 102,588 units of treatment were provided at a cost of £3.105m in 1999. On Jan 1st 2000 the scheme was extended to include all age groups. At the end of February, 14,201 units of treatment had been provided at a cost of £875,411 to our Board,

SERVICE DEVELOPMENT

- The upgrading programme continued and 16 dental surgeries were refurbished and re-equipped.
- A special dental surgery was developed at St. Ita's Portrane for Special Need patients.
- New health centres at Athy, Celbridge, Kilcock & Newbridge facilitated the upgrading and expansion of dental care in these areas.
- The Dental Treatment Services Scheme employed additional support staff. The 30-day target turnaround of DTSS applications was met.
- Eight Oral Health Promoters were selected to co-ordinate and further develop oral health promotion activities.
- Continuing Dental Education
Staff participated in formal postgraduate education, informal lecture programmes & diploma courses. This was developed in a structured manner.
- Vocational Training

In conjunction with the post graduate Medical & Dental Board the Eastern Health Board established a pilot scheme during 1999 for Vocational Training in dentistry and three trainees were employed.

- Oral Surgery
Considerable progress was made in reducing the overall waiting list.
- Protocols to accommodate the wishes of parents to be present in the surgery were agreed and adopted.
- Our Board continued to support local authorities in the upgrading of Fluoridation Plant and Equipment in the region.
- A multi-agency project team has been established to oversee the implementation of the recommendations of the Oral Maxillofacial Review Group. An estimate of revenue and capital costs for the new Oral Maxillofacial Surgery Unit has been submitted to the Department of Health and Children.

ORTHODONTIC SERVICES

Orthodontic treatment is provided at the Regional Orthodontic Department based at St. James's Hospital and at satellite clinics throughout our Board's area

	Children	Adults
Attendances with appointment	177,919	24,562
Attendances without appointment	29,144	2,672
Failed appointments	57,590	8,048
Fillings	54,845	7,102
Extractions	26,049	3,816
Fissure Sealants	109,350	
Scale & Polish	16,090	4,962
Endodontic Treatment	672	313
Dentures Fitted	432	2,052
Crowns/Bridges Fit	145	217
Other Treatment	100,772	12,394
(X-ray, Specialist referral, Dressings, Orthodontic Adjustments, Fluoride Applications, Oral Hygiene Instructions, Drugs Prescribed)		

REGISTRATION OF BIRTHS, MARRIAGES & DEATHS

Our Board is responsible through our offices in Joyce House, Lombard St. for:

- (a) Registration of Births, Marriages (R.C.)*, Deaths & Stillbirths for Dublin City & Co., in which there were 44,330 such events in the fourteen months from January 1st 1999 to February 29th 2000.
- (b) Issuing certificates, the demand for which increases yearly. In the period to the end of February there were 187,200 certificates issued.



At the registration office in Joyce House, Lombard St.

Our Board also conducts civil marriages through our customised offices in Sir Patrick Dun's Hospital, where 1,535 marriages took place in the fourteen month period.

During the year purpose-designed private interview rooms were acquired for clients and Registrars for the registration of births and deaths. Four registration districts were amalgamated, reducing the number of districts from 23 to 19. An express postal service was introduced for personal callers. The telephone system was upgraded and security mea-

sures improved. A new PC-based system for logging and tracking correspondence will be in operation shortly and air conditioning will be installed during 2000.

- Under existing regulations, marriages solemnised in other churches are registered directly with the Registrar General of the Department of Health.

Statistics:

Certificates issued to February 2000		1998
Birth	136,942	105,536
Death	27,551	17,240
Marriages R.C.*	22,577	18,466
Still Births	113	
Total	187,183	141,242

Events Registered To February 2000		1998
Births	28,730	22,157
Deaths	11,287	7,867
Marriages (R.C.)	4,107	4,976
Still Births	213	195
Total	44,337	35,195
Civil Marriages	1,535	515 (5 months)
Income	£746,690	£489,000

- See note re solemnisation of marriages in other churches above.



Minister for Health & Children, Mr Brian Cowen, T.D. with EHB CEO Mr Pat McLoughlin and Acting Chairman Cllr. Michael Barrett, at the unveiling of a plaque commemorating the opening of the Civil Marriages Centre

Eastern Health Board
67
Board's Annual Report 2000

ENVIRONMENTAL HEALTH SERVICES

The Environmental Health Department provides food control services throughout the Eastern Health Board and also provides an agency service for the Local Authorities.

The Environmental Health Officers are one of the main food law enforcement services within the country. They are Authorised Officers for the purposes of food control, which involves inspection of establishments and observations of the level of activity therein.

To support the general food control service a number of specialist services operate in the Eastern Health Board namely:

- The Communicable Diseases Unit which deals with the management of sporadic cases and identification of outbreaks.
- The Hygiene Education Unit organises training courses for food businesses
- The Food Standards Unit co-ordinates safety activities.
- The Port Health Unit is also a specialised service with responsibility for document verification and imported foodstuffs and visual inspection referrals.

FOOD SAFETY AUTHORITY OF IRELAND

The enactment of the Food Safety Authority of Ireland Act 1998 transfers the responsibility for the enforcement of food safety and hygiene legislation from official agencies to the Food



In the laboratory at the Public Analyst's Department.

Safety Authority of Ireland.

To carry out enforcement of food safety and hygiene legislation, service contracts have been entered into between official agencies and the Authority.

The Eastern Health Board service contract covers the three-year period from 1st July

Service Contract - Frequency of inspection to be achieved

Risk Categorisation	Year 2000	Year 2002
High	Once a year	Three times a year
Medium	Twice in three years	Twice a year
Low	Once in three years	Once a year

1999 to 31st December 2002. The contract specifies the objectives, targets, time frames and other matters relating to food inspection.

During the period under review additional Environmental Health Officers, Laboratory Technicians and clerical staff were recruited as part of our Board's plan to improve the level of service throughout the region.

In addition a new computerised food control system was developed. The new system will combine a complete database of all food premises with diary functions, and will also aid in the generation of statistics for all forms of reporting.

IMPACT OF NEW FOOD CONTROL LEGISLATION

The impact of the implementation of the legislation (i.e. EC Hygiene of Foodstuffs



Regulations) 1998 and the (Official Control of Foodstuffs Regulations 1998), means the replacement of the traditional methods of inspection with a much more detailed, comprehensive system of inspection and auditing, which will include operational, structural, and personal hygiene, auditing risk assessment methods in place (HACCP); front line education of new recruits; assessment of relevant documentation and detailed notice/letter writing; etc.

Furthermore, all food premises, whether for profit or not, or whether public or private, are now subject to inspection under the above legislation. All Health Board premises and voluntary institutions are subject to the same inspection frequency as other food establishments as indicated in the service contract with the Food Safety Authority.

Food Poisoning incidents and complaints:

The number of alleged food poisoning incidents being investigated within the Board has increased by an average of 100% per annum over the last three years. In the period under review, the number of cases reported to the Board were:

* Gastroenteritis	981
* Salmonella	388
* Food Poisoning	825
* Dysentery	39

This has been due in the main to a better notification system, both from the medical profession and the general public, and a continual increase in the number of people consuming food outside the home.

All food complaints received by the Board are investigated. There has been a noted increase in the number of complaints being reported and investigated by officers within the Board area. The increase is due in the main to the large number of complaints being directed to our service by the Food Safety Authority of Ireland and an increased awareness among the public of their rights as consumers.

HYGIENE EDUCATION

In 1999, 915 participants completed primary food hygiene courses. This represented almost 100% increase of the number of participants in 1998. During this year we hope to achieve a further increase in the number of proprietors and food workers attending



One of the de-infestation Team at work.

the course. It is also planned to deliver eight courses designed for non-national food workers whose first language is not English.

FOOD CONTROL

Following the launch of the Hazard Analysis Critical Control Point booklet in November 1999 invitations were issued to over 1500 food outlet proprietors throughout the Eastern Health Board region to attend information seminars.

During the fourteen months to February 2000 priority was given to the inspection of high-risk premises within the Board's area. The inspection of high-risk premises has now been revised in accordance with the new contract between our board and the Food Safety Authority of Ireland.

ADVERTISING AND PROMOTION OF TOBACCO PRODUCTS

A voluntary code of practice in regard to the designation of smoke free areas in licensed premises was launched in November 1999.

All proprietors of licensed premises in the Eastern Health Board area were invited to participate at the information days on the provision of smoke free areas in their establishment.

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 Board and to Local Authorities within that region

SUMMARY ACTIVITY OUT-TURN

In July 1999 the Eastern Health Board and the Food Safety Authority of Ireland agreed a service contract which included the provision of a food analysis service by the Public Analyst's laboratory.

As a result of a surveillance unit by the National Accreditation Board in March

1999 an extension of the scope of accreditation was awarded to the laboratory.

An EU foodstuffs assessment team visited the Laboratory in January 1999 resulting in a favourable report.

An audit training course has been completed and increased auditing of the whole laboratory is planned for year 2000.

In 1999 new equipment was purchased in both the chemistry and microbiology sections. A training officer was appointed to co-ordinate in house and external training. The members of staff attended the various training programmes in Finland and Denmark.

1. No. of food hygiene registration applications	440
2. No of inspections of food premises	8609
3. No of participants completing primary food hygiene courses	915
4. No of food samples taken	2125
5. No. of notifications of food poisoning	2309
6.No. of prosecutions taken under Food Control Legislation	24
7. No. of premises surveyed under Tobacco Legislation	2028
8. No. of ships inspected	562
9. No. of de-ratting and exemption certificates issued	68
10. No. of pest control complains received	8800
11. No. of pest control complaints treated	7000

ADULT MENTAL HEALTH

MISSION STATEMENT

The Adult Mental Health Service aims to achieve the optimum level of mental health, well being and quality of life for each individual within the region. It aims to enhance mental well being by minimising the effect of mental illness, by promoting good mental health and illness prevention strategies, and by further integrating with broader public health promotion activity. These aims are to be achieved through the provision of appropriate high-quality, patient-centred services.



Mr Joe McFadden, CNO at the Central Mental Hospital with two members of the local Gardai, who helped to supervise the draw for this foal, Progeny of the Hospital's thoroughbred mare, Sentimental, raffled in aid of the Hospital's Patients' Fund

CORE SERVICE PROVISION

Comprehensive mental health services are provided through 10 geographical catchment areas. The core services provided are:

- Acute Services
- Residential Services
- Community Services
- Alcohol Services
- National Forensic Service

Acute psychiatric admissions are provided in psychiatric hospitals and in psychiatric units attached to general hospitals. Comprehensive community services include a range of 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 hospitalisation 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 (Catchment Area

1) and by St. Patrick's Hospital/St. James Hospital (Catchment Area 3).

GENERAL REVIEW/OVERVIEW OF MAIN SERVICE DEVELOPMENTS

Development of Acute Units in General Hospitals

- The new 56-bed acute unit in Tallaght Hospital opened in August 1999 to provide for the acute in-patient needs of Dublin West and Dublin South West.
- Overall procedures have been agreed between the Chief Executive Officer, St. Vincent's Hospital, Elm Park; the Programme Manager, Eastern Health Board; and the Department of Health for the development of the new acute unit at St. Vincent's Hospital. The psychiatric unit will form part of Phase 1 of the overall development of St. Vincent's Hospital, commencing in September 2000.
- The local consultation process between Beaumont Hospital and St. Ita's Hospital, for the development of the new unit at Beaumont is now completed. The Minister for Health announced in

December 1999 that he has given approval to Beaumont Hospital to proceed with the appointment of a design team for the acute psychiatric unit at the hospital. The new unit, which will cost over £5m to build, will have bed accommodation for 60 patients including one ward of six beds for Psychiatry of Old Age. It is expected that construction work will be completed in the first half of 2003.



Ms. Riuth Power (left), Occupational Therapist, Tara House, and Ms. Kathryn Scanlan social work student, Coolock Day Hospital.

- A design brief has been produced for James Connolly Memorial Hospital. It is planned that the 56-bed psychiatric unit, which forms part of the overall development, will be ready by 2001.

REVIEW OF ACTIVITIES

- There are 579 acute psychiatric beds in the region, including 54 secure beds and 16 beds for the homeless mentally ill. Following the move to the new acute unit in Tallaght Hospital, 191 acute psychiatric beds are provided in acute units attached to general hospitals.
- Overall there are 724 places in day centres in the mental health services in the region. There are over 1,000 people attending our Board's psychiatric day centres.
- The total number of hostel places in the mental health services is 733.
- Over 3,000 people attended day hospitals in the mental health services with over 60,000 attendances in the year.
- There were 5,222 new attendees to out-patient clinics
- The intake to the Nursing Registration/Diploma programme increased by over 100% from 27 to 59 students in 1999.

OTHER DEVELOPMENTS

- Project teams for the development of the campuses at St. Brendan's, St. Ita's and St. Loman's Hospitals were established.

- An enhanced mental health promotion focus was introduced into the care group, with a range of projects identified for completion in 2000 by service providers.

- There continues to be on going development of partnership arrangements with voluntary providers, including large general hospitals.
- Development of community residential services continued. Ashdale High Support Hostel in Catchment Area 3 and Gallen House Hostel in Catchment Area 7 were opened. Gallen House is a new high support hostel with a rehabilitation emphasis. Rehabilitation services will be a major focus in the coming years.
- A draft Charter of Patients' Rights has been completed. Voluntary organisations have been consulted. It is now intended that an agreed Charter will be published later in 2000, taking account of the provisions of impending mental health legislation.
- Extensive refurbishment and up grading of the admission/assessment unit in St. Ita's Hospital was carried out in 1999. This is being continued throughout 2000.

NATIONAL TASK FORCE ON SUICIDE

- A resource officer was appointed in April 1999. The focus of the work of the resource officer to date has been to collate an up-to-date body of knowledge pertain-

ing to suicide. The Task Force has been involved with other regions in Europe in the preparation of a submission to the European commission for funding for a suicide prevention project.

5 YEAR PLANNING DOCUMENT FOR ADULT MENTAL HEALTH SERVICES

- The consultative process for the Five-Year Development Plan for Adult Mental Health Services was completed.

MENTAL HEALTH BILL 1999

A new Mental Health Bill was published on 14th December 1999. The object of the Bill is to reform existing legislation concerning involuntary detention of persons for psychiatric care and treatment, to provide for automatic, independent review of each decision to detain, and to establish mechanisms by which the standards of care and treatment provided in psychiatric in-patient facilities can be supervised and regulated.

In 2000, our Board will embark on a consultative process involving nominated providers of services, representatives of users and our legal representatives to study the implications of the bill and to identify the process and resources required in order to comply fully with new mental health legislation.

SPECIALIST SERVICES - COMMUNITY ALCOHOL SERVICES

The community alcohol services are delivered from four local centres:

Baggot Street Hospital covering Areas 1,2 and 3

Tallaght Alcohol Treatment Unit covering Areas 4,5 & 9

Stanhope Street Centre covering Areas 6, 7 and 8 (now under the direct control of our Board since 1998)

Lincara Centre, Bray, covering Area 10.

There is also a residential unit at Barrymore House, North Circular Road. The service provides educational and preventative programmes in addition to detoxification and counselling services. In response to the National Alcohol Policy, our Board prepared an action plan aimed at the development of alcohol services in line with nation-

al policy.

SPECIALIST SERVICES - FORENSIC SERVICE - CENTRAL MENTAL HOSPITAL

The Forensic Service is based at the Central Mental Hospital which has a current bed complement of 85 providing services for the following categories of patients as a national service:

Guilty but Insane

Unfit to Plead

Section 207, Mental Treatment Act

Section 208, Mental Treatment Act

Prison Transfers

There is a service for patients provided at Usher's Island, while outpatient and liaison services are provided to the prison services. A liaison advice service is also provided to the regional health boards on the management of patients presenting with significant challenging behaviour. A specialist day programme is provided for perpetrators of abuse on a national basis.

In December 1999 our Board agreed to undertake a strategic review of the Forensic Services by an independent consultant.

IN-PATIENT PROVISION SPECIALIST SERVICES - HOME- LESS SERVICE.

Our Board's community services and specialist psychiatric services continue to work together in developing policies and procedures.

The psychiatric service component is provided by the specialist homeless programme operating at St. Brendan's Hospital. There are acute beds dedicated to the homeless service in St. Brendan's Hospital. The day programme and outreach service for the homeless transferred to a more suitable location in Usher's Island in 1997. The specialist service also provides support to persons placed in sheltered housing with the Salvation Army in Granby Row and Focus Housing, Stanhope Street. There are three community residences dedicated to the Homeless Psychiatric Service.

Eastern Health Board
5
Board Minute an Oirthir

ACTIVITIES 1999

The following tables summarise the service activity level for 1999.

Alcohol Service

New Clients	Attendances	Counselling Sessions	Request for Detoxification	After care Programme
1910	3975	7035	437	660

Alcohol Service - Barrymore House

No of People Treated 79

Psychiatric Hospitals

No. of Beds	No. of New Admissions	No of Re-Admissions
Closing Position 99 388	Closing Position 99 1130	Closing Position 99 3584

Out Patients Clinics

New Attendees	Repeat Attendees	Total No of Attendances
Closing Position 1999 5222	Closing Position 1999 10213	Closing Position 1999 114109

Community Accommodation

High Support		Medium Support		Low Support		Totals	
Hostels		Hostels		Hostels			
No	Places	No	Places	No	Places	No	Places
21	304	25	201	31	228	73	733

Day Hospitals

No of Places Available	No of new referrals	Total Attendance for Year	Total No of Persons Attending
384	1665	60161	2995

Acute Beds

	No of places available		Total No of Attendances		Total No of persons attending	
	Closing Position 1999	Projected 2000	Closing Position 1999	Projected 2000	Closing Position 1999	Projected 2000
N.F.A.	16	16	18	20	44	50

Day Centres

	No of places available		Total No of Attendances		Total No of persons attending	
	Closing Position 1999	Projected 2000	Closing Position 1999	Projected 2000	Closing Position 1999	Projected 2000
Usher's Island	125	125	12,641	15,200	103	110

Day Centres

No of Places Available	Total No of Attendances	Total No of Persons Attending
Closing Position 1999	Closing Position 1999	Closing Position 1999
724	115033	1218

Hostels	Number	No. of places
High Support Hostels	1	20
Medium Support Hostels	1	22
Low Support Hostels	1	5

Long Stay/Continuing Care

Number of Beds	Patients Treated
1999	1999
489	459

No. of Beds	No. of Admissions	Discharges
85	228	210

Forensic Service - Usher's Island Day Service		
Total Attendances	People	Average No per Day
1450	323	6

Acute Psychiatric Units

No. of Acute Beds	No of New Admissions	No of Re-Admissions
Closing Position 1999	Closing Position 1999	Closing Position 1999
191	521	1298

PERSONNEL

The Personnel Department, through the provision of strategic human resource policies, procedures and activities, aims to provide the core skills and support necessary to enable all staff deliver an effective service.

The Personnel Department provides the following core services to managers and staff: Industrial Relations, Recruitment, Training and Development, Health and Safety Co-Ordination, Nursing Research and Development, Library and Information, Superannuation, Counselling and Information, General Administration and Occupational Health.

INDUSTRIAL RELATIONS

January 1999 - February 2000 Summary Activity

Number of Staff Training Days provided	3734
Number of applications for assistance with the cost of private study	255
Number of staff in receipt of sponsorships	58
Recruitment competitions	319
Job applications	6540
Appointments made	1418
Career breaks applications	333
Job-sharing applications	644
Resignations	555
Workplace safety audits	269
Numbers undertaking Health and safety Training	209
Nurses completing study programmes	733
Counselling referrals	220
Retirements, Lump Sums, Pensions, Annuities	210
Refund of Superannuation contributions	276

The aim of the Industrial relations section is to ensure the effective management of change, the management of conflict and the adoption of best practice industrial relations policies.

Following extensive consultation with all unions, agreement was reached on the transition to the three Area Health Boards, and the establishment of the Eastern Health Shared Services in advance of the target deadline. This unprecedented agreement, which was designed to ensure the success of the restructuring has major benefits for staff.

Other key initiatives in the period under review included the updating and revision of our Employee Handbook and the formalisation and circulation to all staff of our Board's policy



At the staff development final module in 1999 were Ms. Mary Sheehan, Mr. James Conway, Ms. Carmel Dunne, Ms. Vivienne Byers, Dr. Brian Redihan, Ms. Marian Greene and Mr. Eddie Mathews Director of Services for Older Persons.

on bullying/harassment in the workplace.

Pro-forma contracts of employment were produced and circulated for use by local managers to ensure compliance with good practice and relevant legislation.

As part of the department's ongoing strategy, training sessions were held for line managers on employment policy, employee entitlements, grievance handling and conflict management. Assistance was further provided to managers to implement national and local productivity agreements.

Another key area which required a major industrial relations input involved assisting the movement of Acute Psychiatric Services from St. Loman's to The Adelaide and Meath, incorporating the National Children's Hospital at Tallaght. In addition, the department had co-ordinating responsibility for reporting on service levels to the Department of Health and Children on behalf of all service providers in the eastern region for the duration of the nurses' strike.

TRAINING AND DEVELOPMENT

Developments in the period under review in many ways were attributable to the successful

launching and implementation of our Board's Training and Development Policy and the 1999 Training Programme. A customer service training strategy was formulated according to regional requirements and a pilot customer service training initiative was established in a hospital-based context.

Also in the fourteen-month period, tender applications for an assistant director of nursing programme and materials management programme were initiated. The effectiveness of these initiatives will lead to similar schemes being organised in 2000.

In-service training programmes were devised and organised for a wide variety of staff throughout our board. The management of sponsorship schemes and assistance with the cost of private study continued to be expanded. In addition, advice and assistance on training and development matters continued to be provided to senior management and the video-based training scheme was utilised in several areas of our Board.

RECRUITMENT

The Recruitment Section advertises for permanent posts, prepares interview documentation, provides training for interview boards, processes competition results, prepares documentation for the appointment of permanent staff, and issues contracts of employment.

During the period under review, the main challenges met were the consolidation of the competency-based interview system, and the introduction of the computerised human resources system (SAP HR) which had implications for the staff in all three sections. The competency-based interview system is now widely used throughout our Board, and training for all interview boards is provided.

The shortage of some grades of staff, most

notably nurses, childcare workers, and clerical officers, has necessitated greater efforts in recruiting these grades.

In addition, our Board's Recruitment Policy document was finalised and circulated in May 1999. An internal review of the operation of the recruitment section was undertaken in 1999 resulting in improved statistical generation and reporting. Recruitment was devolved to five local Area Managers and a recruitment drive for permanent nurses in London and Dublin resulted in a panel of an additional 113 nurses.

GENERAL PERSONNEL ADMINISTRATION

The General Administration section processes increments, probations, special leave, secondments, long-term appointments, maternity leave, adoptive leave, medical indemnity, retirements, resignations, employment controls, service for incremental credit, and provided support to line managers for all general administrative procedures.

SUPERANNUATION

The Superannuation Section verifies reckonable service for pension purposes and provides a comprehensive range of services to our Board's employees concerning their entitlements, benefits and options. Departmental regulations concerning the granting of incremental credit to temporary nurses were implemented.

STAFF HEALTH, SAFETY AND WELFARE

Training programmes in manual handling, managing aggression, and health and safety management all continued to be provided.

Funding was allocated towards improvements to safety-critical aspects of buildings and equipment, and the procurement of manual handling lifting devices. Key initiatives in the period under review included the revision of our Board's Safety Statement to reflect changes in legislation and practice. Safety Representatives and Deputies were selected in 60% of the designated areas.

A five-day foundation course in Health and safety for all recently nominated Safety



Representatives was designed in line with the Health and safety Authority's guidelines on training.

In line with our Board's continued commitment to the promotion of good health, a policy for a smoke-free workplace was introduced early in 1999.

Our Board's policy on manual handling was revised and a new risk assessment strategy was designed in line with Health and Safety Authority guidelines. In March 1999 the revised Safety Management Programme for 1999 to 2001 was launched and a number of one-day 'Managing Safely' courses were provided.

A preventive strategy on violence within our Board was established. The strategy is developmental and will continue to be monitored and reviewed in the year 2000.

An additional part-time occupational health nurse was appointed and the regionalisation of the Occupational Health Service to the north side of the city was undertaken.

NURSING RESEARCH AND DEVELOPMENT

The nursing research and development needs of our Board continued to be identified, and programmes were commissioned to address these needs.

Baseline quality audit was completed in Crooksling, Clonskeagh, Baltinglass, St. Colman's and St. Vincent's Hospitals. The Royal College of Surgeons in Ireland accredited a part-time Bachelor's Degree in Nursing Studies and a Developing Excellence course. A part-time Return to Practice Programme was completed, resulting in new nursing staff being recruited to the service.

Also in the period under review, a Nursing Development Unit, among the first of its kind in Ireland, was established in Millmount Health Centre. The Public Health Nursing team surveyed service users regarding their perceptions of the quality of the service provided, which led to the development of an information booklet, the implementation of an appointment system, and the planning of a regular system of surveying client needs.

A literature review was undertaken into the use of non-pharmacological approaches to the management of pain in older people and a pain-assessment scale was developed and implemented. Pain assessment in cognitively impaired people was initiated and a

falls risk assessment programme was implemented in the District General Hospital, Baltinglass. This led to changes in patient-care management and a reduction in the number of falls.

STAFF COUNSELLING

The service provides independent and confidential counselling and information for all Eastern Health Board employees, and has a more general brief to identify issues and concerns affecting staff well-being, to raise awareness of such issues, and address them where possible.

Individual referrals for counselling overall remained at a high level. The decrease in numbers of new individual referrals over the previous two years was reversed following an increased awareness by staff of the services provided.

A Critical Incident Stress Debriefing service, to support staff following violence or other traumatic incidents, was established in 1999. In addition, processing of the survey on workplace bullying was completed.

Also in 1999, the Staff Counsellor facilitated the attendance of a total of 107 staff members at ten workshops on stress and a preliminary report on stress was completed. A working group is to be set up to examine the issue further.



At the launch of the Staff Development Forum 5 Year Plan were Mr. B Duffy, CPN Kilbarrack Health Centre and Ms. T. Kiernan, Balbriggan Home Care Team.

REGIONAL LIBRARY AND INFORMATION SERVICE

The Regional Library and Information Service is committed to the delivery and maintenance of a high quality health information service to satisfy the needs of service providers, administrators and consumers in the region. The regional co-ordination of library service in the Board began in 1998 and is a developing service. Many library service developments were implemented over this period. Now in its second year, the Regional Library and Information Service has established itself as a centre for the co-ordination of library activities in the Board. The service has implemented a number of library developments over a fourteen-month period. Developments include the commissioning of new library services and the enhancement of existing services through the allocation of development funding.

ACTIVITIES 1999 - MARCH 2000

The Regional Library & Information Unit opened for business in January 1999. The Unit contains a book collection, journals, healthcare databases, official publications and an extensive collection of Board publications. The services provided include:

- Access to CDROM databases including Medline, CINAHL, Evidence Based Medicine etc.
- Inter-library loans and document supply service
- Book lending
- Photocopying service
- Internet access
- Information/inquiry service

(A professional librarian was appointed to the Unit in March 1999).

A Current Awareness Service was established whereby the content pages of journals held in the library were distributed to key personnel in the Board. This service has proved a very popular way of keeping up to date and is circulated to 120 line managers on a quarterly basis. There have been four issues of the Current Awareness Bulletin to date. Similar services are available at each of the Board's hospital libraries.



Ms. Marie O'Toole, Library Manager at St. Ita's Hospital, Cllr. Cyril Gallagher Chairman EHB and Ms. Bennary Rickard, Regional Librarian, EHB at the opening of the new library in St. Ita's.

All Board staff regardless of location are entitled and encouraged to use the Regional Library & Information Unit. The Unit, based at Dr Steeven's Hospital, provides library services to a variety of healthcare professionals both community and hospital based.

LIBRARY MANAGEMENT SYSTEM

The Regional Library and Information Service embarked on a project to select a library management system for the purpose of supporting the effective delivery of a quality library service to staff and clients in the region. The library system when implemented will enable staff to access the library catalogue from the desktop. The implementation will take place on a phased basis over the coming year.

HOSPITAL LIBRARIES

Hospital library services based in the following locations continued to provide an extensive range of services particularly in support of Nurse Education in the Board.

- Library, St Brendan's Hospital, Dublin 7
- Library, St Columcilles Hospital, Loughlinstown, Co Dublin
- Library, St Ita's Hospital, Portrane, Co Dublin

The Regional Library & Information Unit



In the library at St. Ita's.

The new library at St Ita's Hospital was officially opened in May 1999. The enhanced library facilities support both hospital and community based healthcare professionals and the schools of Psychiatric and Learning Disability.

- St Vincent's Hospital, Athy
- St Brigid's Hospital, Crooksling
- St Colman's Hospital, Rathdrum
- District Hospital Baltinglass
- St Ita's Hospital Library
- James Connolly Memorial Nursing Library, Blanchardstown
- St Brendan's Hospital Library, Portrane

provided development funding to support these libraries ongoing development. The commissioning of the new Medical Library at James Connolly Memorial Hospital was completed and opened to students and staff in September 1999. The new post of Hospital Librarian was filled in March 1999. The Nursing Library at the Nurse Education Centre of James Connolly Memorial Hospital was further developed with the installation of a computer network providing access to the CINAHL database. Both library services provide comprehensive access to healthcare knowledge for hospital staff and nursing and medical students.

A new library service was also established at Naas General Hospital. Major refurbishment was carried out to the reading rooms and a Library Assistant was appointed to manage the service. New books were purchased and journals centralised and the library. Access to CINAHL and Medline are also being provided.

The Regional Library & Information Unit also developed the Nursing Collection with the acquisition of some additional journals and books.

OUT TURN

The collection of library statistics began in April 1999. This activity is co-ordinated by the Regional Library & Information Unit. The following statistics cover the period April 1999 to March 2000. The Statistics of the seven staffed library service points are combined to give a regional picture of the use of library services in our Board.

Use of Libraries 1999 - 2000

	Information Queries	Loans	Inter-Library Loans	Items Catalogued
Regional Library & Information Unit	586	394	1,002	1,312
St Brendan's	546	315	103	501
	180	300	543	251
St Columcille's	254	315	207	132
J.C.M. Nursing	1,038	805	712	293
J.C.M. Medical	297	544	498	231
Naas Hospital	219	22	5	34
Total	3,120	2,695	3,070	2,754

PUBLIC HEALTH

THE ROLE/FUNCTION OF PUBLIC HEALTH INCLUDES

- Determining and monitoring the health status of the population
- Identifying health needs
- Contributing to and participating in the planning process
- Monitoring and Evaluation of health services evaluation, including determining outcomes and the measurement of health and social gain
- Developing health information systems
- Health Promotion and the encouragement of healthy lifestyles and health oriented public policies
- Preventive medicine
- Health services research
- Surveillance and control of communicable diseases
- 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

Some of the activities of the Department of Public Health relate to planning and evaluation services, particularly in relation to needs assessment, planning, evaluation and patient satisfaction studies.

The following are examples of some of the projects that were undertaken and completed:

- Participation in national confidential enquiry into suicides - EHB component completed
- A review of the Oral Maxillofacial surgery services

- Dublin EUROCAT Registry Report 1980-1996
- Review of A&E service in a general hospital
- Evaluation of procedures for tracing blood products in EHB region
- Development of injury surveillance in A & E department of an acute general hospital
- First quarterly report in December 1999
- A survey of health behaviour of school children.
- Review of cancer support services
- Participation in a Trinity College study of the Prevalence of Hepatitis and HIV infection in Irish Prisons
- Participation in a review of the orthodontic services
- Evaluation of first ten years of needle exchange programme
- Quantitative and qualitative assessment of health and health beliefs of a cohort of traveller women who gave birth in 1987

CARDIOVASCULAR HEALTH STRATEGY

The Cardiovascular Health Strategy Group was appointed by the Minister for Health and Children in March 1998 to engage in a consultation process and to make recommendations on an integrated strategic approach to improve cardiovascular health. It was agreed that a Specialist in Public Health Medicine with the Eastern Health Board (Dr. Emer Shelley) would support the Strategy Group in drafting its report.

As in many developed countries, there have been substantial declines in mortality rates from coronary heart disease and from stroke in Ireland in recent years. However, coronary heart disease deaths in Ireland are still substantially higher than the European Union average. Cerebrovascular disease deaths have been declining since the 1960s and are now close to the European Union average.

The Cardiovascular Health Strategy *Building Healthier Hearts* recommended that additional resources should be provided to the health boards to increase their activities to promote heart health, particularly in relation to tobacco and nutrition. It is also recommended that a pilot project should be undertaken to study the systematic assessment of risk of cardiovascular disease in general practice. A more structured approach is required in general practice for secondary prevention in those who have already developed cardiac disease.

The National Ambulance Advisory Council should be established on a statutory basis and there should be monitoring of response times for emergency calls. Recommendations are made in relation to the prompt provision of aspirin and "clot busting" medication for patients having a heart attack. Other recommendations relate to the availability of appropriate staff and facilities for the diagnosis and treatment of cardiac conditions and the co-ordination of services at national and regional levels. Multidisciplinary cardiac rehabilitation services should be accessible for all patients who would benefit.

The health boards are represented on the Task Force and on the Advisory Forum established by the Department of Health and Children to support the implementation of the Strategy. In the East, the Department of Public Health will co-ordinate the development of strategic plans for the implementation of the Strategy at regional level.

PREVENTING FALLS IN OLDER PEOPLE

A fall-prevention programme was piloted in the Eastern Health Board. This focused on older people living in Baltinglass district hospital. The main aim of the intervention was to reduce the number of environmental and personal risk factors which contribute to falling and ultimately to reduce the number of falls.

Baltinglass district hospital has 96 beds and provides in-patient services for older long stay residents. A fall prevention programme began in October 1998 and evaluated after one year. Baseline data on falls and injuries to residents were obtained for the year prior to the commencement of the

programme.

Initially all staff received training in safety promotion and their views were sought on practical changes that could be implemented to improve safety and reduce falls in the hospital. An occupational therapist conducted an environmental audit of the hospital and changes were made to improve the environment e.g. installation of hand rails and removing obstructive furniture. Each patient's risk for falling was assessed and corrective action was taken, as appropriate e.g. correcting vision and ensuring rational prescribing. Patients who were at very high risk of falling wore hip protector pads.

KEY FINDINGS

In the year prior to the commencement of the Programme, 71 falls were reported in patients who were residents of the hospital. These resulted in 23 minor injuries (cuts and bruises) and nine fractures (eight hip). In the year after commencing the Programme 59 falls were reported. These resulted in 15 minor injuries and one fracture (pelvis).

Data for longer periods are required to assess the effectiveness of this programme and its sustainability. Nevertheless it is very encouraging that there was a 17% reduction in falls, a 34% reduction in minor injuries and over 80% reduction in fractures.

DEVELOPMENT OF ORAL & MAXILLOFACIAL SURGERY SERVICES IN THE EASTERN HEALTH BOARD REGION

Following consultation with the Chief Executive Officers of the voluntary hospitals and the Dublin Dental Hospital, the Chief Executive Officer of the Eastern Health Board established a Review Group to examine the delivery of the oral and maxillofacial surgical (OMFS) services in the Board's region. The group was facilitated by the Department of Public Health in undertaking a review of the current and anticipated needs of the population.

RECOMMENDATIONS

- Existing OMFS day surgery resources should be incorporated into or realigned with a dedicated Regional Day Surgery Unit on the campus of St. James's Hospital.

- The provision of OMFS services at the Dublin Dental Hospital should be fully integrated with the Regional OMFS Service.
- Cleft care should be provided in line with agreed best practice guidelines, by a fully integrated and truly multidisciplinary regional team.
- A regional Cleft Co-ordinator should be appointed to the National Cleft Lip and Palate Centre immediately.
- Existing information systems relevant to OMFS in the region should be reviewed, and, based on a minimum common data set, an integrated system should be developed.

CANCER SUPPORT SERVICES IN IRELAND

A national review of support services for patients with cancer was commissioned by the Department of Health and Children and conducted by our Public Health Department.

The main aim was to describe the psychosocial impact of a cancer diagnosis on patients and families and make recommendations for the provision of multi-disciplinary cancer support services.

MAIN FINDINGS:

- Patients suffer distress at many stages of their illness especially at the time of diagnosis, during difficult treatments, in coping with family life, in accessing services and if relapse occurs
- Formal psycho-social services for patients with cancer are not generally available
- Psycho-social problems are under-recognised and under-treated
- The needs of families are not being addressed
- Only limited information on disease and services are available
- Services are poorly integrated and patients complain of poor communication between different services.

RECOMMENDATIONS:

1. All health boards should recognise the importance of psychological ill health due to cancer and develop plans to provide multi-disciplinary psycho-social support services as part of each patient's cancer care.
2. Comprehensive, high quality information on diagnosis, treatments and service entitlements should be available in health centres, hospitals and GP surgeries.

3. Strict criteria for providing counselling to patients with cancer should be developed including training and accreditation for counsellors.
4. Voluntary support and self-help groups can be of benefit. They should subscribe to a "Declaration of Good Practice" and show they help patients. In such cases health boards should collaborate. They should be accountable if in receipt of public funds.
5. Complementary therapies e.g. massage and aromatherapy, can be beneficial. All therapists should be registered and accredited with a professional organisation.
6. Unproven therapies are to be strongly discouraged. Patients should always be aware of their dangers and protected, if necessary through legislation.
7. Some patients experience practical difficulties in accessing care especially those travelling long distances for tertiary care. In special circumstances assistance should be provided towards transport and accommodation costs.

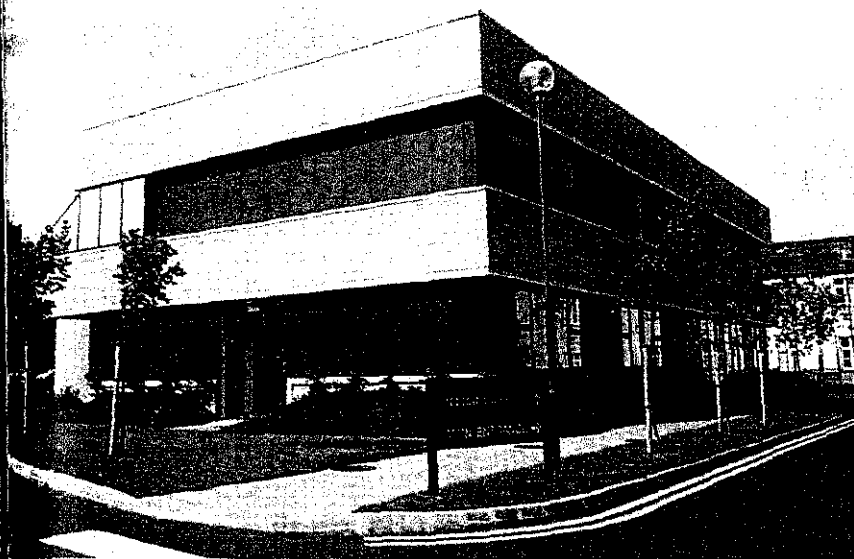
REVIEW OF THE ACCIDENT AND EMERGENCY DEPARTMENT AT ST COLUMCILLE'S HOSPITAL, LOUGHLINSTOWN

A review of the functioning of the A&E department was undertaken by surveying the attenders during one week in March 1999.

KEY FINDINGS

The A&E department at St Columcille's Hospital is small and busy, with 23,085 new and 10,793 return attendances having being recorded in 1997. Triage facilities are not available in the department. Compared with most other A&E departments in Dublin the rate of return attenders was high (23% in 1998). Staff morale was good.

Twenty per cent of patients arrived by ambulance and overall 35% had symptoms for more than 48 hours. Sixty nine per cent



Columcille's Hospital

were self referred. Thirty two per cent were considered to be inappropriate attenders. Inappropriate attenders were more likely to be return patients.

Ninety per cent of patients were satisfied with the care they received in the A&E Department. The main reasons for dissatisfaction were long waiting delays, not receiving enough information on delays, and poor facilities for children in the waiting area.

MAIN CONCLUSIONS

- A comprehensive computerised A&E system is required and performance targets should be introduced;
- Staffing levels need to be reviewed and the A&E department requires the services of an A&E consultant.
- Triage arrangements should be set up;
- Paediatric care should only be delivered in the A&E department if specialist paediatric services are available;
- Patients with minor conditions do not need to be treated in a busy A&E department.

HEPATITIS B, HEPATITIS C, AND HIV IN IRISH PRISONERS: PREVALENCE AND RISK

Prisons are recognised as high-risk environments for the spread of blood-borne viral infections. A survey of the prevalence of blood-borne infection and associate risk

behaviour in Irish prisoners was carried out and completed in 1999.

A total of 1,205 prisoners took part in the study; they were based in Mountjoy (both male and female), in St. Patrick's, Wheatfield, Cork, Limerick, Portlaoise, and Shelton Abbey. Overall the prevalence of infection with hepatitis B among prisoners was 9%, the prevalence of infection with hepatitis C was 37% and prevalence of HIV was 2%. Infection rates in women prisoners were slightly higher. All infection rates were considerably higher among drug users (where the prevalence of hepatitis B was 19%,

hepatitis C was 81% and HIV was 4%).

Hepatitis B prevalence was higher in those over thirty years whereas hepatitis C rates were higher in those under thirty years.

Only 29% had completed a three-dose course of the hepatitis B vaccination although a further 19% had received one or two doses.

Of 630 respondents (52%) reported opiate use and 514 (43%) reported ever injecting drugs. One in five injectors first started injecting in prison and just over one-third (37%) shared drug injecting equipment before committal to prison. Of those who injected in prison, 58% had shared drug-injecting equipment. The frequency of drug using practices and prevalence of the three infections were all significantly greater in the Dublin prisons. Numerically hepatitis C was by far the most important of the three infections. The fact that hepatitis C was more common in young prisoners implies health problems of major proportions in the next ten to twenty years. The survey findings raise serious questions about how best to manage the current and future health and safety of both prisoners and staff.

FIRST ATTENDANCE AT NEEDLE EXCHANGE, DUBLIN 1990 - 1997

A review of the first eight years of needle exchange data, from 1990-1997 inclusive, was carried out in 1999. Ireland has the youngest mean age of treated drug use in Europe.

Injecting drug users are at higher risk of HIV infection. The Eastern Health Board Needle Exchange Programme encourages a reduction or cessation of the sharing of injecting equipment and unsafe sexual practice, together with referral on to treatment services.

A total of 6,025 persons were first attenders at needle exchange in the years 1990 to 1997, of whom 80% were male. In the age range 15 to 19 years there were 1,226 first attenders, of whom 923 (75%) were male. The gender differential between young attenders has narrowed as time has passed so that by 1997 almost one third of all teenage first attenders were female.

Young persons are more sexually active and needle sharing is most prevalent in the 20 to 24 year age band. There has been some decrease in needle sharing at first attendance in the 1990s: in 1992 it was just over 50% and by 1997 it was just under 40%. There was also some increase in condom use by young injectors.

PALLIATIVE CARE NEEDS ASSESSMENT

A health needs assessment for the provision of specialist palliative care within the Eastern Health Board region was completed by the Department of Public Health Medicine in 1999.

The study examined information on diseases which require specialist palliative care services; looked at existing services and their utilisation, sought the views of consumers and providers on satisfaction with services, and examined priority areas for development.

THE STUDY FOUND:

- Up to 65% of adults die in hospital. A busy hospital ward may not be the most suitable place for a dying patient.
- Palliative care patients and their relatives considered communication to be better in hospices than in hospitals, staff were judged to be less busy and patients suffered less pain and distress.
- Patients availing of palliative care services are more likely to die at home. Death at home is often considered a good outcome measure for palliative care.

- Evaluation of home care teams show them to be successful. Patients can stay at home until a later stage in their illness and the time they spend in hospital is reduced.
- Estimates of the number of hospice beds required per head of population vary, but 5 beds per 100,000 is regarded as a reasonable figure.

Malignant disease accounts for one quarter of all deaths in the EHB, 2,500 per year. The leading causes of cancer death include: cancer of the lung, colon, rectum, breast, prostate and stomach. The majority of patients who avail of specialist palliative care services suffer from some form of malignant disease. Admission to the specialist palliative care services in the region is restrictive for non-malignant disease.

The most dramatic change in the population up to the year 2011 will be in elderly (40% increase anticipated), particularly in those over 80 years. This will have an implication for specialist palliative care services as the majority of users of the present services are over 65.

DESCRIPTION OF SERVICES

There are two hospice services in the Dublin area:

- Our Lady's Hospice was founded in 1879. It provides in-hospice care for 36 patients including those with malignant disease or AIDS. It also provides home care services, mainly for patients living on the south side of the city. Day care services are provided two days a week and there is one out patient session per week. There is also a telephone on-call service seven days a week.
- St Francis' Hospice is an in-patient unit based in Raheny. It accommodates 19 patients with malignant disease or motor neurone disease. The day care service operates four days a week. The home care service sees patients from the north side of the city and county and provides an on-call service.

Specialist palliative care services are provided

and Beaumont Hospital. There is also a limited service in St Luke's Hospital.

Palliative care services are provided in Wicklow by The Wicklow Home Care Service, that is, by public health nurses in association with local general practitioners. There are palliative care beds in Rathdrum District Hospital, Wicklow District Hospital and Baltinglass District Hospital but they do not have specialist palliative medical input.

The St Bridget's Home Care Service in Kildare is provided by public health nurses and a local general practitioner who is the medical director of the service. There is a 4-bed unit in the Drogheda Memorial Hospital in the Curragh, but no specialist medical input.

UTILISATION OF SERVICES

Bed occupancy in Our Lady's and St Francis Hospices in 1997 was 81% and 89% respectively. There were 415 admissions to Our Lady's Hospice and 216 to St Francis Hospice. The average length of stay in the hospices were 26 and 22 days respectively. A large proportion of residents from the East Coast Area Health Board region receives services from Our Lady's Hospice: one-quarter of all admissions, one-third of all referrals to day care and one-fifth of home care patients.

The main finding of the study is that there is a high degree of satisfaction with current specialist palliative care services, where they exist.

Priorities for development identified by stakeholders include:

- Equity of access for services, especially the provision of specialist palliative care services in all acute hospitals and the reduction of waiting lists for home care
- Improved collaboration between various professions and agencies involved in the delivery of palliative care services
- On-going education and training for personnel
- Medium support facilities for patients so that the use of acute hospital beds can be minimised

- Support for home care nurses, providing care in Kildare and Wicklow.
- Greater role for GPs in the provision of palliative care.

RECOMMENDATIONS

1. A co-ordinating committee is required in each of the three health board areas in the region to facilitate the co-ordination of palliative care services and the implementation of best practice universally
2. A clinical director for specialist palliative care should be appointed to each Area Health Board
3. Access to the service should be equitable:
 - All acute hospitals in the region should have access to specialist palliative care
 - Day care and home care should be expanded so that waiting lists are minimised and all areas of the Eastern region are served
 - There should be one point of entry to the service and subsequent fast tracking.
4. All home care services should be specialist-led, including those in Kildare and Wicklow.
5. There should be an increased role for GPs in providing palliative care
6. Facilities for education, training and research should be provided in each of the three Area Health Boards.
7. A minimum of fifteen extra palliative care beds are required in the Eastern region to meet present demand and anticipated changes in demand over the next ten years.
8. Dedicated comprehensive palliative care services in the East Coast Area Health Board are required i.e. a home care service, day care service, out-patient service, specialist palliative care beds, a facility for education and research.

Eastern Health Board
6. Beds should be an orthir

MANAGEMENT SERVICES

SAP FINANCIAL IMPLEMENTATION

The SAP Financial System was implemented in the board's Finance Department, Community Care Areas 5 and 7, Central Supplies Cherry Orchard, and Supplies Departments in St. Brendan's and St. Ita's in January 1999. Since then, it has also been implemented in the central Pharmacy based in St. Mary's Hospital and a further three Community Care Areas.

The modules implemented are as follows:

General Ledger, Accounts Payable, Asset Accounting, Cost and Revenue Element Accounting, Purchasing, Inventory Management, and Warehouse Management, and elements which support the maintenance function in planning and processing maintenance tasks. The rollout of SAP Financials will continue during 2000.

SAP HUMAN RESOURCES

The first phase of the SAP Human Resources system was implemented in the Board's Personnel Department and Payroll section. SAP HR replaced the Cyborg system, which was not Year 200 compliant. SAP HR went live in October 1999 and was the first implementation under the National PPARS project. The current implementation supports the Board's organisational structure and staff records.

PHASE II OF CORPORATE NETWORK INFRASTRUCTURE

Phase 2 of the network infrastructure project was completed. The Board's Network can now support the roll-out of most corporate applications. The 1999 infrastructure project will facilitate the rollout of SAP Financials, Medical Cards, Social Work Information System and Drugs and AIDS Information System.

There are now a total of 80 locations in the Board's area capable of supporting these systems.

YEAR 2000 PROJECT

The Board's Year 2000 IT Project was completed

on schedule. All systems were upgraded to Year 2000 compliant status, together with the testing, fixing and replacement of central and end-user hardware and communications equipment. Upgrades to operating systems, database systems, and support software were also carried out.

There were a total of over 100 IT systems involved in the year 2000 project. These systems were either replaced, fixed or upgraded as appropriate; 75 servers were upgraded and tested; 250 PCs were replaced and over 2,500 PCs were upgraded.

MEDICAL CARD SYSTEM

A new Medical Card System was implemented in all Community Care Areas in 1999 replacing the previous Year 2000 non-compliant system. This system has assisted in improving the efficiency of the medical card service to the public, and will provide greater flexibility in management reporting.

ACCIDENT AND EMERGENCY SYSTEM

A new Accident and Emergency System was implemented in James Connolly Hospital. The system will assist in improving the provision of and A&E service to the public, and will provide more complete information to measure the quality of the service. It will also support medical and nursing staff in the care and management of patients.

SOCIAL WORK INFORMATION SYSTEM

This system was completely restructured and implemented in Community Care Areas 6 and 9 replacing the previous Year 2000 non-compliant version.

DRUGS AND AIDS INFORMATION SYSTEM

The further development of this system continued during the period under review and will be ready to be implemented shortly.

E-MAIL

E-mail was implemented in all the Board's major locations in 1999.

ENVIRONMENTAL HEALTH SYSTEM

This system was developed and successfully implemented in Ormond House.

The system will be implemented in all other Environmental Health sites in the coming year.

HEALTHCARE SERVICES IS STRATEGY

A Healthcare Services IS Strategy project was completed under the second phase of the Information Systems strategy. The primary objective of the project was to develop a strategy for the implementation of a suite of IS applications to support the delivery of a range of healthcare services in the eastern region. These services were predominantly, but not exclusively, community-based. The projects identified will facilitate delivery of quantitative and qualitative benefits to the ERHA, Area Health Boards, their clients and staff, and to address the key information and IS support needs of the Primary Care Group Services in an integrated and seamless manner.

EUROPEAN PROJECTS SITYA

A feasibility study on sharing information between different agencies was completed and forwarded to the European Commission for consideration. The Eastern Health Board collaborated with the South and East Belfast Trust and Turku, Finland, on this project.

In the Dublin area the Board worked with the Gardai, Department of Justice and the Department of Education.

A proposal to share information electronically using Internet technology was agreed and forwarded to the EU for consideration. The Board will now work with the South and East Belfast Trust and other EU healthcare organisations in preparing a submission for funding under the Fifth Framework to continue work on this project.

INTERCARE

A group led by this Board and comprising of the North Eastern Health Board, North

Western Health Board, St. James's Hospital, Tallaght Hospital and EU partners have developed a prototype of a Portal for Health in Ireland.

(A Portal is a gateway to the Internet which may be a search engine, directory web page or a web page which is a starting point for web surfing.)

The project is currently under consideration by the Information Society for funding.

INTERNET/INTRANET

An intranet site was developed and is being implemented in the year 2000. The site comprises mirrored internet site, internal phone directory with e-mail addresses, logging service for computer support calls, staff forum for internal ads, etc., SAP Human Resource business process documents and other Board documents, and internal job advertisements.

PRIMARY CARE COMPUTERISATION

The main focus in the period under review has been on the development of a strategy for a secure communications framework for GPs to access information in secondary care. This strategy has been developed with the 5 voluntary hospitals. The project is currently under consideration by the Information Society for funding.

LIBRARY MANAGEMENT SYSTEM

A library management system has been selected for the regional library and information service in the Board. This will be put into production shortly.

SUPPORT CENTRE/RESOURCE CENTRE/TRAINING

We continued to support over 2,700 users and dealt with numerous requests for information on IT solutions. In conjunction with the Personnel Department, we trained over 1,000 staff in office products. We provided tutors for the National GP IT Training Programme and conducted an in-house training workshop with the Management Team

TECHNICAL SERVICES



At the launch of the Regeneration of Urban North Dublin Plan for Ballymun, Darndale and Finglas, were The Minister for the Environment Dr. Michael Woods T.D., and The Chairman of the EHB Ald. Ivor Callely T.D.

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 in relation to the Board's physical resources, capital projects, maintenance activity, energy management, waste management and fire safety.

The Department is involved in major capital works being developed by the Board in relation to Design team selection and involvement at Project Team level in relation 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.

In respect of minor capital works, the Technical Services Department provides engineering design, specification, and plan-

ning services. The Department also undertakes site inspection, contract control and cost management procedures during the construction period.

The Department also provides engineering advice, design, guidance and direction to the Board's Maintenance Staff in relation to ongoing maintenance activity throughout the Board's area.

Energy management is an activity with which this Department has been involved since its inception. 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 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.

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's institutions.

It deals with the process of staff education,

Rehabilitation Unit and Secure Unit at St. Ita's Hospital.

DRUG SERVICES

Planning permission was procured for a new Drug Treatment Unit in Ballymun in 1999. The Downstream Unit, St. Mary's Hospital, was completed in 1999.

Construction work for a Drug Treatment Unit at Belcamp Lane, Coolock, commenced in 1999. This is due for completion in May 2000.

DENTAL SERVICES

Planning permission was procured and construction of a new dental surgery for Naas commenced in 1999. This is due for completion in May 2000.

FIRE SAFETY

The responsibility for ensuring that adequate fire prevention and safety standards are implemented and maintained in our Board's premises rests with the Technical Services Department. 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 area. Fire Safety standards in our Board's premises are being upgraded with the aid of special capital funding from the Department of Health & Children. During the 14 month period fire safety works were undertaken in St. Ita's Hospital, Central Mental Hospital, St. Columcille's Hospital and numerous 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
- Installation of lifts throughout various premises

- Refurbishment of the kitchen in James Connolly Memorial Hospital
- Replacement of windows in St. Columcille's and Clonskeagh Hospitals
- Purchase of boilers and stand-by generators
- Re-roofing of St. Mary's Hospital

ENERGY MANAGEMENT

The Technical Services Department continued the monitoring of energy consumption in our Board's buildings.

Energy consumption in over 30 of the Board's hospitals and homes is now monitored on a monthly basis. These buildings account for approximately 75% of our Board's total energy consumption of over £3.5m per annum and are a good indicator of overall trends.

WASTE MANAGEMENT

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
- To review and offer 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 the period under review all properties being purchased were surveyed by this Department prior to their acquisition by our Board and a report prepared giving technical advice and recommendations on fire safety issues, the buildings' condition and the cost of adaptation.

ESTATE MANAGEMENT

The services of the Estate Management Department continued to grow during the period under review. This is reflected in an increase in the overall valuation of the Board's property from £472m in 1998 to

£580m, representing an increase of some 23%. This is not because of any major acquisitions, although there were some, but is due more to the revaluation of the Board's estate throughout the year.

The most significant acquisition during the year was the Meath Hospital complex on Heytesbury Street. The hospital, dating from the mid-19th century, was purchased by our Board for £10.75m.

This is a very significant acquisition from a service point of view in that it can facilitate the provision of a whole range of new services, particularly for the elderly, in the south inner city area of Dublin.

A project team has been put together and discussions have also taken place with the Local Authority, Dublin Corporation, with a view to the provision of some housing for the elderly on the site.

MEATH HOSPITAL BAGGOT STREET HOSPITAL

Properties were also acquired at Unit 1 Phoenix Industrial Estate, to replace the occupational therapy unit at St. Brendan's Hospital, which is part of the redevelopment plan for St. Brendan's.

Our Board also made an arrangement to take a lease on a house at Harold's Cross Road for Child Care Services, along with a house at Lusk, also for Child Care Services.

Disposals during the year were confined to the remainder of the staff houses at Grangegorman, as had been agreed some time previously. In addition, the first phase of the land at James Connolly Hospital was handed over to the developer in November this year.

Negotiations are also under way to purchase the freehold of Baggot Street Hospital, which our Board has rented for the past ten years. It is expected that significant develop-



Baggot St. Hospital

ments will take place here in the New Year and that these negotiations will be successfully concluded.

The Estate Management Department has been working very closely with the Eastern Regional Health Authority Task Force in the selection and development of the three Area Health Board locations.

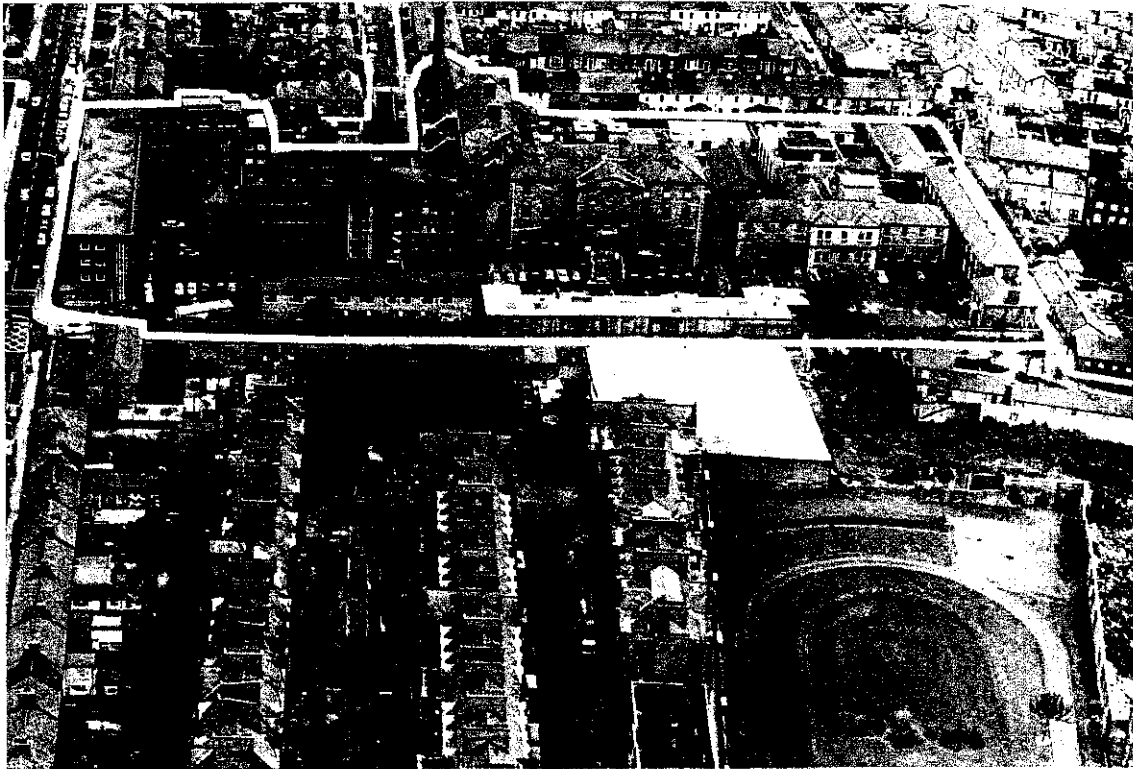
Preliminary work has been done in researching and valuing locations on which decisions will be made in the year 2000.

The Area Health Boards come into effect from the 1st March 2000 and it is very important that each Board creates a profile as soon as possible within its own area.

To that end the Estate Management Department will be working very closely with the Eastern Regional Health Authority Task Force and the Executives of the three Area Health Boards to achieve those aims.

RISK MANAGEMENT/INSURANCE

A comprehensive Risk Management and Insurance Review for 1998 was completed



The area covered by the Meath Hospital seen from the air.

during this year.

The most significant aspect of this review highlighted those occupations most at risk and the most common cause of all incidents.

OCCUPATIONS OF STAFF CAUSES OF INCIDENTS TO STAFF

Incidents involving staff accounted for some 78% of all incidents reported in 1998.

The review also carried out a three-year analysis of the most common causes of incidents involving staff as shown in the chart below.

The good news in this analysis showed a decrease in manual handling incidents during the years and a decrease in assaults last year, although there was a small increase in needle-stick injuries in 1998.

3 YEAR ANALYSIS OF MOST COMMON CAUSE OF INCIDENTS INVOLVING EMPLOYEES

This needs constant monitoring in order to continue to highlight the most 'at risk' areas. This Department, together with the Health & Safety Department, will continue to try to reduce the number of incidents occurring throughout the Board's area.

In relation to insurance claims, our Board continued to adopt a strong stance.

We monitored claims, and completed a major review of outstanding claims with our Insurers earlier in the year.

Our Board successfully defended a number of claims during the year in which the various courts highlighted a number of measures which our Board has put in place as being of significant importance. These included staff training; warning notices; provision of sharps bins; provision of protective clothing and levels of supervision as factors of significant importance put in place by our Board.

Work has commenced on a risk management/insurance handbook for Managers/ Administrators, particularly in view of the wide change in personnel responsible for handling Risk Management and Insurance matters in the various locations.

With the establishment of the Eastern Regional Health Authority and the three Area Health Boards, new demands will be placed in the area of Risk Management/ Insurance.

It is intended during next year to develop computer on-line analytical systems so that local management may monitor and manage this important portfolio within their own areas.

COMMUNICATIONS

The Communications Department continued to expand the scope and range of its work in the period under review.

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, seven-days-a-week information service was provided to the media, and a large volume of calls was processed from local, specialist and national print and broadcast media. A constant input was maintained into breaking news stories to facilitate balanced and accurate coverage of our services. Press conferences, launches and official openings were organised.

INTERNAL COMMUNICATIONS

A major focus of the work of the Communications Department during the year was providing information to staff on the new shape of the health services under the restructuring proposals for the region. The Department worked closely with the Task Force on the Eastern Regional Health Authority on the transition to the Eastern Regional Health Authority and three new Area Health Boards. Information booklets and a video were compiled, an Information Line established for staff and a series of staff briefings held.

BRIEFINGS FOR THE PUBLIC

An information booklet and briefings were also provided for key external parties, including members of the legislature and the media.

WEBSITE

The EHB web-site continued to develop in



At the launch of a video on Psychiatric Nursing as A Career were CEO Mr. Pat McLoughlin, Chairman Cllr. Cyril Gallagher and Board Member Cllr. Charles O'Connor.

1999, providing a wealth of detail on all the Board's health and personal social services. The Website 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 a useful recruitment tool.

The Department also consulted on the setting up of the Task Force web-site for the ERHA, which aims to inform the public about the new structures for health and personal social services in the region.

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.

Special supplements were published in several editions of the paper detailing devel-



Enjoying the Barbecue Party in Dr Steeven's Hospital were: Ms Rita White, Ms Sinead O'Grady and Mr David O'Neill

opments leading to the dissolution of the Eastern Health Board and its replacement by the Eastern Regional Health Authority and the three new Area Health Boards.

HYPER

The Department was delighted when Hyper, the magazine produced by the EHB drug rehabilitation agency Soilse won a major journalism award during the year. The Department had collaborated with Soilse on its launch and work. The magazine won the prestigious Design Innovation of the Year Award in London. The magazine is produced by young people in recovery from drug addiction under the guidance of professional editor Stephen Mulkearn. It was selected from over 400 magazines from Britain and Ireland entered in the awards. The awards, which are supported by The Guardian newspaper, recognise excellence in magazine design.

PUBLIC EDUCATION CAMPAIGNS

The Department co-operated with the development of a number of public education campaigns, including 'no smoking' campaigns, moderation in the use of alcohol, anti-drugs campaigns and the use of hospitals to promote health and well-being

THROUGH THE HEALTH PROMOTING HOSPITALS NETWORK

The 1999 national campaign on the appropriate use of hospital Accident & Emergency Departments was co-ordinated through the Department.

Health and safety messages were organised via our ambulance and other transport vehicles.

Assistance was provided to the Office for

Health Gain in the launch by the Minister of Health & Children, Mr. Brian Cowen, T.D. of a new countrywide Senior Helpline providing a voluntary listening service by older people for isolated and lonely older people.

RECRUITMENT

The Department assisted in the production of and organised the launch of a video to promote recruitment of psychiatric nurse trainees

YEAR 2000

The implications of the Year 2000 for staff and the public were publicised.

INITIATIVES

Important initiatives such as the programme to reduce teenage pregnancies, information booklets and racial equality policies for immigrants and asylum seekers and infection control programmes were also publicised.

ARTS POLICY

The Communications Department continued its involvement with a number of joint EHB/Arts Council projects in the health sector, including the development of a code of practice for arts practice in health environments.

SEMINARS AND CONFERENCES

An input was provided into a number of seminars and conferences



At the launch of the report on the Gay Men's Health Project were, from left, Mr David Carroll, Ms Leoni Masterson, Mr Ronan Watters, Ms Tracy Gill, and Dr Shay Keating. In front are: Dr Nuala Kilcoyne, Mr Mick Quinlan and Mr David Wise.

FINANCE

DEPARTMENT

OVERVIEW

Gross expenditure for the fourteen months ending February 29th 2000, amounted to £729 million. The services were delivered in line with the Service Plan and within Budget. The Finance Function ensures that the accounting standards are applied consistently throughout the Board and that the statutory reporting responsibilities are fully 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.

FINANCIAL SYSTEMS

Our Board implemented a new suite of Financial Systems on 4th January 1999,

SAP/R3 including Financial and Management Accounting Materials and Plant Maintenance Management and Asset Accounting. This system was rolled out to many of the community care headquarters during 1999, which enables purchase orders and invoice payments to take place locally. Further benefits will accrue in 2000 when the system is rolled out to further locations.

In October 1999, the Board introduced a new system for Payroll/Personnel SAP/HR on a phased basis, and further benefits will be seen when this is fully implemented throughout 2000 and beyond.

In addition, £21 million was expended on providing Supplementary Welfare which is analysed as follows:

SERVICES ANALYSIS OF EXPENDITURE

Services	1999/2000	1998
Acute Hospitals and Elderly Services	176,494	128,947
Mental Health, Addiction and Social Development	139,306	101,682
Community Care Services	206,536	140,692
Children, Family and Child Care	75,204	55,338
Persons with Disabilities	102,965	67,565
Central Services	28,389	23,478
Total	728,894	517,702

SUPPLEMENTARY WELFARE ALLOWANCES

Em Allowances	8.7
Back to School Clothing and Footwear allowance	2.7
Total allowances	11.4
Service Management costs	9.8
Total	21.2

BALANCE SHEET OF THE EASTERN HEALTH BOARD AS AT FEBRUARY 29TH 2000

	29/02/2000	1998
Fixed Assets		
Tangible Assets	208,302,162	170,252,621
Current Assets		
Stocks	4,176,010	4,150,884
Property Purchase Deposits	2,400,000	3,600,000
Debtors	59,778,043	54,275,158
Cash at Bank or in Hand	23,612,945	12,041,846
Total Current Assets	89,966,998	74,067,888
Current Liabilities		
Bank Loans and Overdrafts	20,069,192	19,391,040
Other Creditors	89,344,672	65,174,416
Total Current Liabilities	109,413,864	84,565,456
Total assets less current Liabilities	188,855,296	159,755,053
Represented by Capital and Reserves		
Revenue Reserves		
Non-Capital Income and Expenditure Account	(12,674,606)	(4,787,295)
Capital Reserves		
Capital Fund:-		
Capitalisation Account	208,302,162	
Less deficit on Capital Income & Expenditure Account	(7,446,924)	200,855,238
	160,931,418	
Other Reserves	2,400,000	3,612,252
Special Income and Expenditure Account	(1,172,336)	(1,322)
Total Capital and Reserves	188,855,296	159,755,053

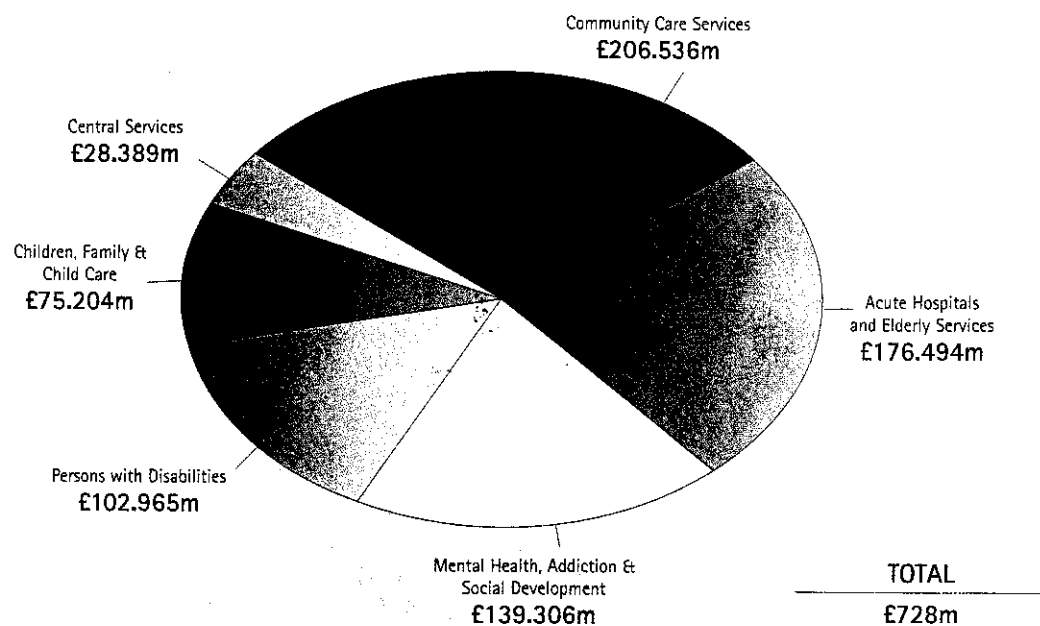
PROMPT PAYMENT LEGISLATION

The Board's payment practice is one of ensuring that properly completed and agreed invoices for goods and services supplied to the Board are discharged within the prescribed payment period. Appropriate systems and procedures have been put in place to provide reasonable assurance that

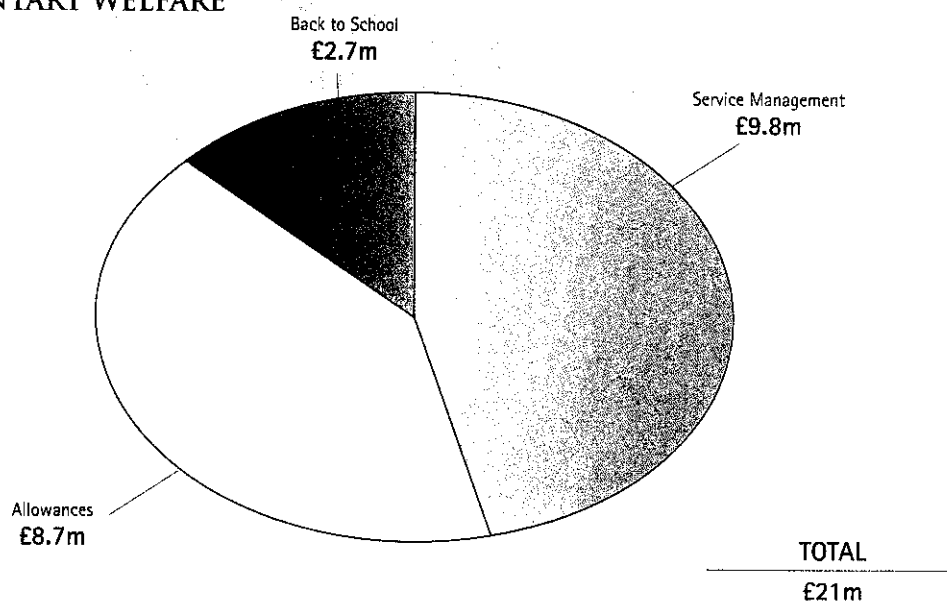
the Act is fully complied with.

Interest payments of £82,474 were paid in the fourteen month period ending 29th February 2000 to suppliers where payments could not be made within the timeframe. The Board fully complied with the provisions of the Act in all other cases.

HEALTH EXPENDITURE ANALYSIS PROGRAMME EXPENDITURE - 14 MONTHS



SUPPLEMENTARY WELFARE



REGIONAL MATERIALS MANAGEMENT

The primary objective of the Regional Materials Management function is to ensure that the combined elements of procurement, customer service, warehouse and distribution will deliver a customer-orientated 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. A managed supply chain will ensure that users' requirements are met and that goods are stored and distributed efficiently and effectively in line with the 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.

STRUCTURE

Warehouse & Distribution

Our Central Warehouse is based in Cherry Orchard Industrial Estate, Ballyfermot, Dublin 10. It provides services to approximately 140 locations biweekly and is also responsible for the warehousing and distribution of the National Vaccine Programme.

Central Purchasing

The throughput of contracts for 1999 was

£40m.

This includes the management and implementation of National Contracts.

Customer Service

This division is located in Cherry Orchard Hospital.

This sector of Materials Management is responsible for synchronising the product procurement needs of health service providers with the Board's product purchasing, storage and distribution arrangements.

The emphasis of this department is to liaise with Unit Managers on stock items and where possible transfer surplus stock to the Central Stores for re-distribution.

Systems/Logistics

The S.A.P. system was introduced to 11 locations within the Board during the period under review. The Materials Management staff played a significant role in achieving the target dates set out by the project steering group.

ACHIEVEMENT

Savings set out in the service plan were achieved by a more effective approach to our purchasing arrangements, increasing the number of contracts issued, exploiting economies of scale and achieving value for money across the various disciplines through better contractual arrangements and improved stock management.



Mr. John Swords Regional Materials Manager.

SUBSIDIARIES

EVE HOLDINGS

Eastern Vocational Enterprises Limited is a limited company established by the Eastern Health Board to provide rehabilitative training, work and employment services for people with a range of disabilities.

In 1998 a review took place on the future of Eastern Vocational Enterprises Limited. This review signalled the start of a new momentum within the company based on the development of a partnership approach. The recommendations arising from this process have been 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.

Eastern Vocational Enterprises Limited has 25 centres, which include resource, training and enterprise centres, attended by about 900 people. The core client group are individuals with mental health difficulties comprising 85% of the total. People with intellectual disabilities comprise 13%, with a further 2% having physical difficulties.

In the period under review, Eastern Vocational Enterprises Limited focused on three principal activities:

- Development of training services in accordance with national accreditation requirements.
- Development of the commercial potential of the enterprise centres with a view to expanding support work opportunities in Eastern Vocational Enterprises Limited.
- Developing two new projects for individuals awaiting service, Tuiscint, Ranelagh and Platinum Clubhouse, Newbridge, Co. Kildare.

The Tuiscint training programme focuses on individuals with Asperger's Syndrome, who have traditionally been unable to access training courses. This initiative is new and unique - there is no other service in the country for this group - and was established following identification of the needs of this group by the voluntary representative body ASPIRE.

The Clubhouse project is a pilot initiative, which has been funded by the National Rehabilitation Board (under TOPS), and is designed to meet the needs of individuals with Mental Health difficulties. It is a member-driven service, which seeks to provide opportunities for members to address their needs in the context of a work-ordered day.

Both initiatives will be the subject of ongoing service evaluation, which will measure service outcome including Quality of Life.



The clients and staff of the Good Counsel Centre at the presentation of a mini-bus to Eve Holdings Workshop Ballyboden bought with the proceeds of the Motorola Golf Classic.

FREEDOM OF INFORMATION

Although the Freedom of Information Act was first implemented in October 1998 in the Eastern Health Board, 1999 represented the first complete year of operation in the board. During the year considerable focus was placed on developing FOI decision-maker expertise as well as ensuring that members of the medical profession were sufficiently briefed on the implications of the Act.

The Central FOI Unit also undertook a review of training provided to staff members to-date and this information is currently being used to structure new training programmes for the future.

In addition to providing advice to local decision makers, staff of the central unit provided support and training for new public bodies in the voluntary hospital and voluntary organisation sector which were scheduled in accordance with the legislation in October, 1999.

NUMBER OF REQUESTS RECEIVED IN 1999 AND UP TO THE DISSOLUTION OF THE EASTERN HEALTH BOARD IN MARCH 2000

The total number of requests received during 1999 was 328. Of these, 73% were requests for access to information of a personal nature. For the first two months of the year 2000 54 requests were received, 52% of which were of a personal nature. The following is a breakdown of requests received per Health Board area:

OUTCOME

Of these, 137 were granted in full, 65 were partially granted, 90 were refused, 3 were transferred, 12 were withdrawn, and requests pending for the establishment of the ERHA bodies numbered 65.

NUMBER OF REQUESTS REFERRED FOR REVIEW

The FOI Act provides for a review process for applicants in the event that they are dissatisfied with an initial decision. The first stage of this process is internal review, which is the review of an FOI decision by a more senior manager in the Board: 54 requests for internal review were received during the period under review.

The Central FOI Office liaises with the Office of the Information Commissioner in relation to requests referred for his independent review. The functions of this role include ensuring that enquiries from the Commissioner's office are dealt with and that actions required

to implement decisions of the Commissioner are taken. During the time 26 cases were referred to the Information Commissioner for his independent review.

PUBLICATION OF INFORMATION

The Central FOI Unit was involved in producing the following publications:

Public Information Leaflet

An Irish version of an information leaflet for members of the public was published in April, 1999.

Records Management and Retention Policy

The National FOI Liaison Group, at the request of local management, examined the issue of record retention with the objective of producing a policy on retention periods for key record categories identified in health boards. Following extensive research on the matter, a Policy for Health Boards on Record Retention Periods was published in the autumn of 1999. This document has since been circulated throughout the Board.

As a follow-on from this publication, the Central Unit plans to publish a document on guidelines and best practices in relation to creation and storing of manual and computer based documents.

'ONE YEAR ON' REPORT

The One Year On Report published by the Central Freedom of Information Office contains information on the sources and type of FOI requests. Formal decisions made by the Information Commissioner in relation to the health sector are also examined.

Importance of informal access to information

While the introduction of the Freedom of Information Act is a major step forward in making information available to members of the public, the Central FOI Unit encourages less formal routes for access to information. The provision of clear and comprehensive information to clients when accessing services has to be acknowledged as a vital component of quality service delivery.

Area	No. of Requests 1999	No. of Requests Jan/Feb 2000
Community Services	119	12
Acute Hospitals and Services for the Elderly	46	9
Mental Health, Addiction and Social Development	46	6
Children & Families	46	6
CEO's Office	9	1
Complaints & Appeals	12	2
Finance	7	2
Personnel	20	7
Estate Management	4	1
Public Health	14	0
Communications	1	0
Technical Services	1	0

OBITUARY

*An appreciation of Cllr. Cyril Gallagher,
former Eastern Health Board Chairman
and Vice-Chairman, who died at the beginning
of the year 2000, by Eastern Health Board Chairman
Ald. Ivor Callely, T.D.*

It was with great sadness that I learned of the death of Cyril Gallagher, former EHB chairman, and a member of the Board for

eight years, particularly in view of the fact that his wife, Anne, had only passed away six weeks previously. This would have been a great blow to Cyril after many happy years of marriage, and of course to their five children, Esther, Brigid, Bernie, Maria and Dessie, who were doubly bereaved by Cyril's death just a short time later.

I think it is true to say that Cyril, who retired prior to last June's local elections after 20 years as a councillor, will be missed by everyone who knew him. He was one of those people who was as well liked by members of other political parties as he was by those of his own. He had the gift of sincerity and he established a warm-hearted rapport with everyone he came into contact with.

His quiet, easy-going manner disguised a hard-working diligence and intelligence, however. He was both able and profoundly interested in what he was doing. His reward was the knowledge that he was



looking after the interests of the area he served so long and so ably as a local public representative, North County Dublin, an area very close to his heart.

It was entirely fitting that, coming to the end of his long career as a local public representative, he was afforded the opportunity of filling high office

both as Cathaoirleach of Fingal County Council, in 1997/98; and later as Vice-Chairman and then Chairman of the Eastern Health Board. These offices were of the utmost importance to Cyril and he filled them with pride and with the hard-working spirit which characterised everything he undertook.

I was very struck, when I succeeded him as Chairman of the Eastern Health Board, by the esteem with which Cyril was obviously regarded by everyone there. He had established warm relationships with the staff and with the other Members of the Board. His term of office was a happy period, both for him, and for those with whom he worked.

I would like to extend my deepest sympathies to his family, his friends, and all who miss him. Ar dheis De go raibh a hAnam.

Eastern Health Board
6
Bord Sláinte an Oirthir