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2000

EASTERN HEALTH BOARD
SERVICE PLAN FOR 2000



Table of Contents

REFERENCE
ONLY

	<u>Page No.</u>
1 <u>Introduction</u>	[1]
(1.1) 2000 Determination of Expenditure	[1]
(1.2) Report on changeover to the Euro	[3]
(1.3) Service Planning Arrangements	[4]
(1.4) Recommendation	[5]
2 <u>Mission Statement</u>	[6]
(2.1) Regulatory and Control Framework	[6]
(2.2) Health and Social Gain Focus	[7]
(2.3) Policy and Planning Documents	[8]
(2.4) Intersectoral Activities	[12]
3 <u>Citizens Entitlements</u>	[17]
4 <u>Review of 1999 Service Plan</u>	[19]
5 <u>Service Plan for 2000</u>	[21]
(5.1) Introduction	[21]
(5.2) Service Developments	[23]

EASTERN HEALTH
SHARED SERVICES

REGIONAL LIBRARY AND
INFORMATION SERVICE

6 Community Services

(6.1) Introduction/Core Service Provision	[24]
(6.2) Priority Objectives	[25]
(6.3) General Primary Care Services	[26]
(6.3.2) <i>General Practice Unit/Primary Care Partnership</i>	[28]
(6.3.3) <i>Community Drugs Section</i>	[33]
(6.3.4) <i>Dental and Orthodontic Section</i>	[34]
(6.3.5) <i>Travellers</i>	[38]
(6.3.6) <i>Health Centre and Other facilities</i>	[39]
(6.3.7) <i>Hepatitis C Services</i>	[40]
(6.4) Public Protection Services	[41]
(6.4.1) <i>Environmental Health Services</i>	[41]
(6.4.2) <i>Public Analysts Laboratory</i>	[43]
(6.5) Customer Services	[44]
(6.6) Superintendent Registrars Office	[45]

7 Services for Children and Families

Services for Children

(7.1) Introduction/Core Service Provision	[47]
(7.2) Priority Objectives	[48]
(7.3) Child Care and Family Support	[49]
(7.4) Child and Adolescent Psychiatric Services	[53]
(7.5) Womens Health	[54]
(7.6) Psychology	[56]

	<u>Page No.</u>
(7.7) Laragh Counselling Services.....	[59]
(7.8) Domestic Violence	[60]
(7.9) Child Health	[62]
8 <u>Services for Persons with Disabilities</u>	
(8.1) Introduction/Core Service Provision	[64]
(8.2) Priority Objectives	[65]
(8.3) Intellectual Disability Services	[66]
(8.4) Services for Persons with a Physical and Sensory Disability	[69]
9 <u>Health Promotion, Mental Health, Addiction and Social Development</u>	
(9.1) Introduction/Core Services Provision	[73]
(9.2) Priority Objectives	[74]
(9.3) Health Promotion	[75]
(9.4) Adult Mental Health	[80]
(9.5) Aids/Drugs	[95]
(9.6) Social Development	[104]
(9.7) Homeless People, Asylum Seekers and other special needs groups	[107]
10 <u>Acute Hospitals and Services for the Elderly</u>	
(10.1) Introduction/Core Service Provision	[110]
(10.2) Priority Objectives	[111]
(10.3) Acute Hospitals	[111]

	<u>Page No.</u>
(10.3.1) <i>James Connolly Memorial Hospital</i>	[111]
(10.3.2) <i>St. Colmcille's Hospital</i>	[115]
(10.3.3) <i>Naas General Hospital</i>	[119]
(10.3.4) <i>Cherry Orchard Hospital</i>	[122]
(10.4) <i>Services for Older Persons</i>	[123]
(10.5) <i>Ambulance and Transport Services</i>	[134]
(10.6) <i>Emergency Planning Office</i>	[136]
(10.7) <i>External Agencies/Voluntary Organisations</i>	[137]
(10.8) <i>Overseas Medical Services</i>	[138]
11 <u>Personnel Department</u>	[140]
12 <u>Materials Management</u>	[144]
13 <u>Technical Services</u>	[147]
14 <u>Estate Management</u>	[151]
15 <u>Management Services</u>	[152]
16 <u>Department of Public Health</u>	[154]
17 <u>Financial and Expenditure Control</u>	[160]
18 <u>Arrangement for management and monitoring of Service Plan</u>	[160]
19 <u>Indebtedness Level</u>	[161]

SERVICE PLAN 2000

1. Introduction

By letter dated 2nd December 1999, which was received on 6th December, the Department of Health and Children has advised us of the Ministers determination of health expenditure for our Board for the year 2000 and our Board's revised determination for 1999. Under the terms of the Health (Eastern Regional Health Authority) Act 1999, the functions of the Eastern Health Board will be transferred to the new Eastern Regional Health Authority and three area Boards with effect from 1st March 2000. To ensure continuity during and after the transition to the E.R.H.A. our Board has been asked to draw up a service plan for the whole of the year 2000. After 1st March 2000 responsibility for the service plan within the budget will transfer to the E.R.H.A. and to its Regional Chief Executive. Arrangements for this transfer will be made in advance of this date by the Department in consultation with the Regional Chief Executive of the E.R.H.A.

The annual service plan sets out the service and financial objectives of our Board and the subsequent area Boards for the forthcoming year. It is the mechanism which translates our Board's mission and objectives into an annual plan which links together all the different service components, defines the level of resources available for each service and sets out the levels of service activity which can be undertaken for the year. The plan is framed within the context of the regulatory and statutory provisions governing the control and accountability responsibilities of the Board and the E.R.H.A., and takes account of key service objectives and policies which are congruent with the overall Health Strategy. The service plan is the benchmark against which, services and expenditure, will be assessed during the year.

(1.1) **2000 Determination of Expenditure**

The 2000 level of non-capital expenditure (i.e. gross expenditure less minor income) determined for our Board is £749.910m (Euro 952.189) (a copy of the letter of determination dated 2nd December 1999, is enclosed at *Appendix 1* together with a copy of a press brief issued by the Minister on 2000 Budget announcements on funding of health service developments at *Appendix 2*) and the service plan has been prepared within the limits of this determination.

This determination, when account is taken of once-off expenditure incurred during 1999 and the transfer of funding for the agencies providing services to persons with Intellectual Disabilities previously funded directly by the Department, represents a 15.5% increase on the 1999 revised determination of expenditure. The determination for 2000 will allow for:

- The maintenance of services at the approved 1999 levels.
- The development of new and/or additional services for which additional funding has been provided.
- The continued pursuance to the maximum extent possible of value for money initiatives and also, where possible the reallocation of resources to areas of higher priority.
- Provision for contingencies to meet unanticipated cost or service demand increases based on our experience in 1999.
- The transition from the Eastern Health Board to the new Eastern Regional Health Authority and its attendant area Boards.

The 2000 determination of health expenditure has been calculated as follows:

	<i>£m</i>	<i>£m</i>
<i>1999 Revised determination of Health Expenditure</i>		<i>600.984</i>
<i>Less Once off expenditure in 1999</i>		
Once off amounts included in 1999 Original Determination	4.408	
Once off services in 1999	2.351	
Once off pay awards	11.919	
Once off payments made on behalf of the Department	2.623	
Once off cost/allowances increases	0.317	
Miscellaneous once-off expenditure	4.805	
<i>Total once-off expenditure deduction</i>		<i><26.423></i>
<i>1999 Revised Base determination of expenditure</i>		<i>£574.561</i>

	£m	£m
Additions to the determination for 2000		
Provision for increases in Demand led schemes	7.211	
Provision for Costs/Allowances increases (<i>Appendix 3</i>)	7.338	
Pay Increases	11.781	
Transfer of funding for Mental Handicap Agencies (<i>Appendix 4</i>)	85.985	
Other Miscellaneous increases (<i>Appendix 5</i>)	2.353	
2000 Service Developments (<i>Appendix 6</i>)	64.723	
Total Additions for 2000		179.391
Sub-total		753.952
Less		
Income from increased Private/Semi-Private Hospital charges	(0.211)	
Casemix adjustment	(0.431)	
Restructuring of Community Drugs Schemes	(1.295)	
Materials Management efficiencies	(2.105)	
Total deductions		<4.042>
2000 Original Determination of Health Expenditure		£749.910

In addition the Minister has also advised that a capital provision of £1.770m has been made available towards the cost of priority equipment replacement, deferred maintenance and fire prevention. Details of the Financial allocations for each Programme and function are set out in *Appendix 7*.

(1.2) Report on Changeover to the Euro

Economic and Monetary Union (EMU) is one of the most significant business, economic and social events to take place across Europe since Ireland joined the European Union in 1973.

The policy of the Health Services will be to promote and facilitate the use of the Euro. The changeover comprises of two phrases:

- Our entry into EMU (1st January 1999)
- The Introduction of notes and coins (1st January 2002)

Our Board has been planning for this change from the earliest possible date. To this end a Euro Steering Committee for the Eastern Health Board was formed in 1998.

This committee consists of 15 members representing each Programme and function. There is a further sub-committee in place to examine the detail at hospital/home level and address the business processes in these Areas.

The Eastern Health Board implemented a new Financial System in 1999 (SAP R/3). It is Euro Compliant and various tests have been carried out to ensure compliance. The Board has issued some Euro cheques during 1999 in respect of invoices expressed in Euro.

Euro notes and coins will be put into circulation on 1st January 2002. The Euro in the meantime will be useable for cashless transactions like cheques, direct debits and credit transfers until 1st January 2002. Cash transactions will continue in Irish pounds.

1 Euro = £0.787564

During 1999 payslips for the Eastern Health Board employees were amended to show the Net Pay Amount in both Euro and Irish pounds. We plan to do the same with remittance advices to all vendors during the year 2000.

(1.3) Service Planning arrangements

Our Board's service plan has been assimilated from the detailed operational service plans which have been prepared for each programme and function. The operational service plans represent the cumulative individual service sector plans which have been formulated at local area level by our managers which involved consultation with local managers including hospital consultants and general managers.

This bottom up approach enables a local service/area/individual client/sector/and community focus to be reflected in the overall service plan for our Board and creates the framework for dissemination to the most appropriate level within the organisation of our service and financial targets.

(1.4) Recommendation

The service plan has been prepared to reflect the levels of activity that can be undertaken within the limits of the determination of £749.910m (Euro 952.189). The amounts provided in respect of pay awards have been included in the overall budget and it is assumed, as in previous years, that these amounts will adequately fund the level of pay claims.

Under Section 6 of the Health (Amendment) (No. 3) Act 1996 it is a reserved function of the Board to adopt a service plan specifying the services to be provided within the financial limits determined by the Minister. I recommend that the Board adopt this Service Plan for 2000.

P McLOUGHLIN
Chief Executive Officer

2. Mission Statement

The Eastern Health Board's mission is to improve the health and social gain of the 1.3 million population in Dublin, Wicklow and Kildare. In pursuit of our mission of health and social gain, we will strive:

- In co-operation with other sectors, to identify and address the barriers to the achievement of full health and well being by individuals, their families and local communities.
- To generate a sense of ownership and responsibility for personal health and well being among the community.
- To ensure the provision of accessible treatment and care of the highest standard at the most appropriate level in response to identified need.
- To ensure the provision of comprehensive personal social services aimed at meeting the special needs of vulnerable groups for protection and support.
- To develop constructive partnership with and amongst our staff, voluntary agencies and other service providers.

(2.1) Regulatory and Control Framework

The annual service plan must be prepared within the legal and control framework which regulates the services and financial strategy to be adopted by our Board. The details are as follows:

- The Health (Eastern Regional Health Authority) Act, 1999.
- The provisions of the Health Board Accounting Standards and of the Comptroller and Auditor General (Amendment) Act 1993.
- The Health (Amendment) (No 3) Act 1996 which is the primary accountability legislation governing the Health Boards.
- The Prompt Payments of Accounts Act, 1997.
- The limited scope for supplementary estimates for health services which will be granted only on an exceptional basis and only then in relation to specified categories of expenditure i.e.
 - Demand Led Schemes
 - Superannuation
 - Medical Indemnity
 - PRSI

(2.2) Health and Social Gain Focus

The Department of Public Health published detailed Demographic and Health Status Indicators for the Eastern Health Board Region and Ireland and a commentary and analysis of major health issues in a report titled '*Public Health in the Eastern Health Board Region*' September, 1998. This data will act as a baseline for measuring changes in the years ahead and from which it will be possible to assess the improvements taking place in the health and social status of our population. The availability of this data and strategies for targeting prevention and care services of special needs groups, communities, clients/patients, will enable us to more effectively measure priority health needs in the region and to assess the outcome of our services in terms of their impact on overall health and social gain. Key demographic and health status indicators for the region and Ireland are set out in *Appendix 9*.

To ensure that our Boards objectives are fully reflected in our service planning process, our Board's service programmes were restructured to focus services around the major care groups within our five programmes. This format for both service plans and financial reports links both planning and monitoring arrangements and helps to ensure, in so far as possible, that services are focused on the individual client/patient and delivered in an integrated and seamless fashion.

The service and financial planning function structured on care groups and linked to overall programmes enables us to:

- set annual objectives linked to key strategic goals, covering both improvements in health service quality and health status.
- define manageable priorities for action with agreed outcome measures linked to each objective.
- have an overall organisational approach based on effective working relationships between professionals, management, support staff and Board members.
- shift from reliance on output and process measures only towards outcome measures.
- identify in a timely fashion variations in service and financial performance which will allow corrective action to be quickly implemented.
- give individual managers responsibility for the management and control of defined sectors of the service plan.

(2.3) Policy and Planning Documents

The annual service plan is framed to reflect overall policies and service strategies which have been adopted by the Board and is consistent with the principles and objectives of the Health Strategy. These documents outline long-term objectives relating to the planning, and commissioning of services, their changing focus and reorientation, the enhancing of alliances with the voluntary sector and facilitating intersectoral partnerships at local and National level for key public policy areas.

These documents include the following:

Community Services

National Policy Documents

The Blue Print document. 'Future of General Practice – *Department of Health and Children 1993*'.

National Cancer Strategy – *Department of Health and Children 1996*.

Dental Health Action Plan – *Department of Health and Children 1994*.

Pharmacy Regulations – *Department of Health and Children 1996*.

Oral Health in Ireland – *Department of Health and Children 1999*

Board Policy Documents

'Health Centre/Primary Care Unit Capital Development Programme 1998.

Interim Cancer Plan 1998.

10 Year Action Plan for Services for Older Persons 1999 – 2008.

GP Unit Annual Reports 1993 – 1998.

Eastern Health Board Public Health Report 1998.

Report on Dental Services 1998.

Task Force on Travelling Community – July, 1995.

South Inner City Primary Care Needs Assessment – March, 1997.

'Dental and Orthodontic Services 1999'

'Framework for a Primary Care Strategy in the EHB 1999'

Children and Families

National Policy Documents

'A Plan for Women's Health 1997 – 1999' – Department of Health and Children.

'Report of the Task Force on Violence Against Women' – Office of the Tanaiste.

'Child Abuse Guidelines 1987' – Department of Health and Children.

'Notification of Suspected Cases of Child Abuse between Health Boards and Gardai' 1995.

'Strengthening Families for Life' - Final Report of the Commission on the Family July 1997.

Second Report to the Chief Executive Officers from the Expert Group on Domiciliary Births.

'Report on the National Task Force on Suicide' - Department of Health and Children 1998'.

'Putting Children First' – Department of Health and Children 1997.

'Kelly Fitzgerald Report' – Report of the Review Group 1998.

'Kilkenny Incest Investigation' – Government Publications 1993.

'West of Ireland Case' – Report of Review Group 1998.

'Best Health for Children' – 1998 A Report to the Chief Executive Officers on behalf of the Directors of Public Health.

'Women and Crisis Pregnancy' – Department of Health and Children 1998.

Board Policy Documents

'Review of Adequacy of Child Care and Family Support Services'.

'Report of the Review Group on Family Support and Child Care Services'.

'Plan for Women's Health'

'Report of the Working Group on Children in Prostitution'

'Child Care Advisory Committee Reports' – 1993–1998.

Services for Persons with Disabilities

National Policy Documents

'Services to persons with a mental handicap/intellectual disability: an assessment of need 1997–2001' – Department of Health and Children 1997.

'A strategy for Equity' – Commission of the Status of People with disabilities.

'Needs and Abilities' – Department of Health 1990.

'Enhancing the Partnership' 'Report of the Working Group on the Implementation of the Health Strategy in relation to Persons with a Mental Handicap – *Department of Health and Children 1996.*

Board Policy Documents'

St. Joseph's Mental Handicap development plan St. Ita's Hospital.

Proposals for the future of St Ita's Hospital

The Prevalence and Causes of Intellectual Disability in Children in the EHB Region 1999.

Health Promotion, Mental Health, Addiction and Social Development

National Policy Documents

The 1st and 2nd Report of the Ministerial Task Force on Measures to reduce the demand for Drugs 1996 and 1997.

The Psychiatric Services - 'Planning for the Future 1984' – *Government Publications.*

'Working for Health and Well being' – *Department of Health and Children.*

'Report of the Task Force on Suicide' – *Department of Health and Children 1998.*

'A Health Promotion Strategy' - *Department of Health and Children 1995.*

'A Strategy for Equality' *Report of Commission on Status of People with Disabilities (1996).*

'Guidelines on Good Practice and Quality Assurance in Mental Health Services' – *Department of Health and Children 1998.*

'We Have No Beds'- *An Enquiry into the availability and use of acute psychiatric beds in the Eastern Health Board Region (1999).*

'Building Healthier Hearts'. 1999

'The National Alcohol Policy' 1999

'The Cancer Services in Ireland' 1999

'The Road to Safety'. 1999.

'Activities of Irish Psychiatric Service's 1999.

'Report of the Inspector of Mental Hospitals for 1998'. – Department of Health and Children 1999.

Board Policy Documents

St. Brendan's Hospital Development Plan.

St. Loman's Hospital Development Control Plan.

Proposals for the future of St. Ita's Hospital

Healthy Cities Plan.

Eastern Health Board Psychiatric Services – *Development Programme into the next Millennium 1995.*

'Under One Roof' – a report on the future options for the Organisation of Homeless Services in Dublin

'Health Status, Health Service Utilisation and Barriers to Health Service Utilisation among the Adult Homeless Population of Dublin'

Homeless Multidisciplinary Report 1999

Drug Rehabilitation Blueprint 1999

Eastern Health Board – Health Promotion Strategy 1999.

Evaluation of Drugs Services in the Eastern Health Board – Farrell and Bunning (1996).

Second evaluation of Drugs Services - Farrell (1999).

Social Development Policy Statement Eastern Health Board (1999).

Integrated Services Process Eastern Health Board Two Year Plan (1999).

Proposal on Accommodation provision for former inmates of Mountjoy Prison (1999)

Acute Hospital Services and the Elderly

National Policy Documents

'Report of the review group on the waiting list initiative' – *Department of Health and Children 1998.*

'Irish Hospital Architecture; A pictorial history' – *Department of Health and Children 1997.*

'Cancer services in Ireland; - a national strategy' – *Department of Health and Children 1996.*

'Kennedy Report' – *Department of Health and Children*

Board Policy Documents

'Control Plan for use of residual lands at Cherry Orchard Hospital'

10 Year Action Plan for Services for Older Persons 1999 – 2008.

Development of Oral and Maxillafacial Surgery Services for the EHB 1999.

(2.4) Intersectoral Activities

Our Board is pro-active in the development of intersectoral initiatives in order to promote a focus upon health and social gain in both public policy deliberations and at local level for social inclusion and local development.

Our Board is also actively involved with international initiatives, e.g., European Projects in Information Technology, the Dublin Healthy Cities Project and Megapoles.

A Planning & Development Group, comprising the Co-ordinator for Social Development, the Technical Services Officer and the Estate Management Officer, link our Board's plans with local authority plans. The new Development Boards, through the Directors of Community and Enterprise, also work closely with the Group. The General Managers link with the Directors of Community and Enterprise for operational purposes.

A significant proportion of services in our region are provided by voluntary agencies, which are either funded directly by the Department of Health and Children or by our Board. This significant contribution by voluntary agencies is fully recognised by our Board. The Health Strategy requires that particular attention be given towards the further developments and strengthening of links with all service providers and establishing partnerships – including explicit contracts with major providers. The major areas where voluntary agencies participate in the planning and delivery of services are:

- Acute Hospital Services
- Services for Persons with an Intellectual Disability
- Services for Children and Families
- Services for Physical and Sensory Disabilities
- Services for Older Persons
- Other Specialist Services

In addition, services are provided by a large variety of other voluntary agencies and funded by our Board under "Section 65" and "Section 10" grants.

A contract process was initiated for the larger voluntary agencies to strengthen the links, integrate the services and improve the relationship between our Board and the Voluntary Sector. This process is continuing. The values and principles governing this relationship are contained in our document *Building Capacity – Strengthening the links*. A service agreement has been developed and is being piloted with a sample of agencies providing similar or ancillary services in the community.

(2.4.1) Regional Authorities

The Local Government Act 1991 provided for the establishment of Regional authorities and the creation of three new County Councils and also highlighted the need for a co-ordinating mechanism for the Dublin region.

Dublin Regional Authority

The Dublin region experiences infrastructural, economic and social difficulties which require a co-ordinated response. The Dublin Regional Authority was established in 1993 to provide this mechanism. Our Board's representation on the Operational committee of the Dublin Regional authority ensures that issues concerning the health and social gain of much of the population of our Board's region remains to the fore of these deliberations in these areas.

Mid-East Regional Authority

Our Board's representation on the Operational Committee of the Mid-East Regional Authority also ensures that issues concerning health and social gain are included in the deliberations of this Authority.

The function of the Authority is to promote co-ordination of the provision of public services in the region and to review the overall needs and development requirements of the region. In particular, the Mid-East Regional Authority is obliged to have regard for the need for co-ordination with the Dublin metropolitan area and its hinterland.

(2.4.2) Child Care Advisory Committee

Our Board has established a Child Care Advisory Committee in accordance with the Child Care Act 1991. This intersectoral committee has representatives not only of our Board but also from the Departments of Education, Garda Síochána and the Probation and Welfare Service along with representatives from the voluntary sector.

This committee facilitates discussions and review of policy from a multi-agency perspective, while focusing on the needs of children and adolescents and their families in the region.

(2.4.3) Dublin Healthy Cities Project

Intersectoral co-operation is an important principle of the World Health Organisation's Healthy Cities Project, which is aimed at promoting health according to the principles of *Health for All*.

The Project is striving to enhance the physical, mental, social and environmental well being of the people living and working in the cities of Europe. The Health Plan is a joint initiative of our Board, Dublin Corporation, Dun Laoghaire/Rathdown County Council, Fingal County Council, South Dublin County Council and the Health Promotion Unit of the Department of Health. The eight key areas being concentrated on until the year 2000 are: nutrition, drugs, housing, accident prevention, smoking, active living, alcohol and environment. Health takes the lead in this Project until July 2000.

(2.4.4) Local Area Partnership Boards/Local Drugs Task Forces

In our region we are represented on all thirteen Local Area Partnership Boards and six Community Groups overseen by Area Development Management Limited. We are also represented on all thirteen Local Drugs Task Forces.

In addition, we have a further one hundred and twenty staff involved in sub-groups of these local organisations. They each have their own distinctive ways of operating, based on the needs identified locally by the participating statutory community/voluntary and social partner organisations.

(2.4.5) Integrated Services Process

An Taoiseach, Mr. Bertie Ahern T.D., announced, on 4th December 1998, the requirements for agencies providing services in socially disadvantaged areas to work more closely together and to deal in an integrated manner with the problems of these areas. He announced 3 pilot target projects in our Board's area, North East Inner City, Jobstown and disadvantaged areas in Dublin 8. A framework for the development of services across the statutory agencies was put in place in 1999.

The overall objective of the Integrated Services Process is *to develop new procedures to ensure a more focused and better co-ordinated response by statutory agencies to the needs of communities with the greatest levels of disadvantage, as a basis for the development of a model of best practice.*

In the Submission of the Inter-Departmental Policy Committee on Local Development to the Cabinet Committee on Social Inclusion, a series of generic recommendations regarding planning, participation, developing and delivering services through close collaboration across the statutory providers was laid out. These recommendations are at the centre of our *Social Development Policy Statement* and fundamental to our engagement in the Integrated Services Process.

Our Board has adopted a Two Year Plan for the Integrated Services Process to cover the pilot period up to March 2001. Our Board has also established a central Steering Committee for the Process, comprising three Programme Managers, four General Managers and chaired by the Co-ordinator for Social Development. The latter is the nominated person from our Board with overall responsibility for our Board's response, in particular for the generic issues.

The following are the main generic issues being addressed by our Board and other statutory agencies involved:

- Integration of services must be accepted as a normal part of, and not an add-on to the work and ethos of our Board.
- Integrated work practices must be supported and valued by our Board.
- Front-line workers must be committed to and suitable for co-operative and community interface work.
- There must be on-going training/support for staff in these new roles.
- More responsibility and freedom must be delegated to front-line staff to explore more integrated solutions and innovative practices must be recorded to inform policy. Devolution of more decision-making authority to district level should facilitate the Process.
- Joint training must be introduced for staff in different agencies on common responsibilities and with community representatives, as appropriate.
- Services are to be provided in more appropriate locations.

- Solutions must be agreed which overcome the problems of storage and retrieval of customer data and the provision of accessible, accurate, holistic service information to end-users and to staff of all agencies.
- The Process will be subjected to monitoring and evaluation. Indicators have been laid down.

Our Board has put in place the Staff Development Programme, including the following modules:

Understanding Partnership, Community Development as a Process for Change, Effective Consultation and Managing Difference.

The objectives of this Programme are:

- To develop an understanding of partnership as a complex and dynamic concept.
- To develop appropriate skills for working more effectively in partnership with other sectors.
- To develop partnership networks within our Board that will further promote an integrated, inter-disciplinary response to problems, which staff identify as a result of working in this way.

The General Managers covering the target areas have operational responsibility, along with the other statutory implementers, for implementation of the specific recommendations. These have been developed through research, consultation and agreement with the Community Forum in each target area. The Development and Monitoring Officer for each area, employed by Area Development Management Limited, has brought their Implementation Team together to focus on the priorities identified. Task Groups have been formed to address each of the following specific issues in each of the target areas.

St. Michaels Estate

St. Teresa's Gardens

Dolphin House

Fatima Mansions

North East Inner City

Jobstown

3. Citizens Entitlements

The services of this department are divided into three areas as follows:

Complaints and Appeals:

- Managing, investigating and responding to complaints and appeals from clients in relation to any aspect of the health and personal social services provided by our Board.
- Analysing complaints and appeals to identify anomalies in service provision. Implementing new policies and procedures to address these anomalies.

Freedom of Information:

- Assisting all staff and Decision Makers in processing Freedom of Information requests and monitoring compliance with the terms of the legislation.
- Assisting clients in availing of information and accessing their records.
- Ensuring our Board complies with our obligations under the Freedom of Information Act.

Customer Services:

- Working with the Training Department and the Customer Services Department to develop a framework for the development of a customer service ethos throughout all our health and personal social services.
- Working with other relevant statutory and voluntary organisations to assist clients in availing of their entitlements.

(3.1) Service Developments in 1999

Complaints and Appeals: During 1999 the number of complaints and appeals received continued to increase. To meet these challenges and ensure clients received a high quality service, workloads were reorganised. In addition savings achieved as a result of restructuring workloads during the first six months of the year were utilised to employ one additional person to assist in managing the increased workload. Statistics on complaints and appeals were analysed on a regular basis during the year which identified anomalies in service provision. Policies were developed and implemented to rectify identified areas of difficulty. Further analysis of statistics identified training need in the area of information provision to clients. A structured plan is now being developed to meet this need.

Freedom of Information: During 1999 our service continued to provide advice and assist staff in dealing with Freedom of Information requests. The major service developments, which took place, were:

- The development and implementation of the “*Policy for Health Boards on Record Retention Periods*” and the “Administrative Access Policy to Health Records.
- Assisting Voluntary Hospitals and major voluntary organisations in preparing for implementation of Freedom of Information through participation on steering groups, training courses and workshops.

(3.2) Planned Developments in 2000

The major service development, which will take place during 2000, is the establishment and development of the Departments of Customer Services, Complaints, Appeals and Freedom of Information in the three new Area Health Boards.

4. Review of 1999 Service Plan

Based on our Boards service plan performance to the end of October, and taking account of the additional financial allocations which were included in our revised determination for 1999, it is anticipated that overall our Board will achieve a breakeven position by the year end. A detailed review of the implementation of the 1999 Service Plan is included at **Appendix 8**. This satisfactory performance will have been achieved after meeting a range of service goals set out in our service plans for 1999, particularly in the face of a number of challenges.

- Difficulties in recruiting appropriately qualified staff
- Continued pressures on all services but particularly the acute hospital services
- Difficulties in securing community acceptance of services for disadvantaged groups
- Implementation of a comprehensive suite of new financial information systems based on SAP technology.
- Dealing with the transition process for the Eastern Health Board to the ERHA.
- Securing accommodation for Asylum Seekers

The satisfactory financial and service performance also entailed:

- The full application of all contingency funds held in reserve to deal with unanticipated cost/service demand increases which arose during the course of the year.
- The successful implementation of corrective budgetary measures, which were necessary in the latter part of the year to contain expenditure within approved service plan limits.
- The rephasing of some planned developments due to unavoidable delays in recruiting staff or obtaining premises which provided some once off funding to augment budget capacity in a number of services.
- In some service sectors expenditure levels incurred were greater than service plan limits. However, any unfavourable variances were offset by favourable variances in other sectors or were eliminated as a result of the rephasing of some 1999 development funds on a once off basis.

Overall our Board does not expect, on the basis of the foregoing, to provide, for any first charge in our determination for 2000 as a result of any overhanging expenditure balance which would otherwise have to be carried forward from 1999.

5. Service Plan for 2000

(5.1) Introduction

The 2000 service plan is presented in the following format and includes a section for each major service programme:

- **Community Services**
- **Children and Families**
- **Services for Persons with Disabilities**
- **Health Promotion, Mental Health, Addiction and Social Development**
- **Acute Hospital Services and the Elderly**

The programmes are supported by the following functions in the delivery of services

- **Estate Management**
- **Finance**
- **Personnel**
- **Management Services**
- **Technical Services**
- **Public Health**
- **Communications**

Detailed financial allocations have been prepared for our Board's five service programmes, central services and functions and are set out in *Appendix 7*. The total allocations have been prepared within the overall limit of **£749.910m** non-capital expenditure now determined for our Board for 2000.

The 2000 approved determination will enable our Board to maintain services at the 1999 approved level together with the development of new or additional services for which additional funding has been received. Service plans have been included for each of the five programmes which deal with:

- Priority objectives for each service having regard to the overall strategy of the Board

- A description and quantification of the core level of services to be provided in 2000 having regard to the level of resources contained in the determination
- The resources being allocated to various services in 2000 at an appropriate level of aggregation.
- The amount of developments planned in 2000, the extent of these developments, the funding arrangements and the subsequent year costs where applicable of these developments.
- The extent to which service difficulties experienced in 1999 are catered for within the service plan, and the specific effects of any corrective measures.

The arrangements for monitoring and management of the service plan on an on-going basis are set out as part of this service plan.

The operational service plans for each programme have been prepared on the following basis and understandings:

- The 1999 approved service levels will be maintained in 2000.
- Existing services will be augmented and expanded within the limits of the additional funding provided for that purpose.
- New services will be provided within the limits of the additional funding provided for that purpose.
- The additional funding provided, unless otherwise specified, represents the full year costs of new service developments. However, given the necessary lead in time to commission new services it will not be possible to have all such new services in place from the beginning of 2000. In such circumstances surplus funds in respect of these timing differences will be utilised on once off expenditure in the services in respect of which the additional funding has been provided. Such once off expenditure will ensure that the full year funding for these new services will be available in subsequent years.
- Contingency funds have been set aside where feasible from development funding however, an overall contingency reserve of £2.5m has been held in reserve for 2000. This fund is held under the provision available for central services and includes £1.5m in respect of acute hospitals and £1m in respect of services for persons with an intellectual disability. The following additional amounts have also been set aside by the programme within the limits of their own allocation.

Children and Families	£0.500m
Intellectual Disability Services	£0.500m

A special allocation of **£2.431m** has been received in respect of the demographic factors which influence demands for services in our region. This allocation has been assigned to community services for the elderly for 2000. The details of the application of this special allocation is set out in *(Para 10.4.5) (b)*.

(5.2) Service Developments 2000

Additional funding of **£64.723** (*details in Appendix 6*) has been provided for service developments in 2000. The additional services being provided in respect of this funding is detailed in the separate section for each programme as follows:

	£m
Community Services (<i>Para 6</i>)	12.575
Services for Children and Families (<i>Para 7</i>)	10.956
Services for Persons with Disabilities (<i>Para 8</i>)	17.593
Health Promotion, Mental Health, Addiction and Social Development (<i>Para 9</i>)	8.156
Acute Hospitals and Services for the Elderly (<i>Para 10</i>)	15.443
Total	£64.723

In addition a further £2.353m has been provided for in 2000 in respect of other miscellaneous developments (*Appendix 5*). These developments were dealt with in the following paragraphs of the service plan.

	£m
HIPE/Casemix (<i>Para 10</i>)	0.039
Liaison Arrangements between Boards and NDSC (<i>Para 16.2</i>)	0.091
Commission on Nursing/Cont. Nurse Education (<i>Para 11.3</i>)	0.169
Institute of Community Health Nursing (<i>Para 11</i>)	0.035
Nurse Training (Diploma) Mental Health (<i>Para 9.2.5</i>)	0.898
Intellectual Disabilities (<i>Para 8.2</i>)	0.114
General Nursing (<i>Para 10</i>)	<u>0.155</u>
Library & Information Services (<i>Para 11.3</i>)	0.102
Clinicians in Management (<i>Para 11</i>)	0.100
Health & Safety (<i>Para 11.3</i>)	0.450
Finance Management (<i>Para 17</i>)	0.200
Total	£2.353

[6] Community Services

(6.1) Introduction

The budget allocation for the Community Services Programme for 2000 is **£188.818m**. This excludes direct funding by the Department of Health and Children for the General Medical Services (GMS) Scheme through the GMS (Payments) Board.

Additional funding of £12.575m has been included in the budget allocation in respect of the following new services:

<i>Service</i>	<i>£m</i>
Renal Services (<i>Para 6.3.1</i>)	0.315
Hospital Discharges to Community Care Services (<i>Para 6.3.1</i>)	0.200
Cancer Services (<i>Para 6.3.1</i>)	1.384
Pneumococcal/Hepatitis B Vaccines/Antitoxins (<i>Para 6.3.1</i>)	0.666
Primary Childhood Immunisation Programme (<i>Para 6.3.1</i>)	0.481
School Vaccination Programme (<i>Para 6.3.1</i>)	0.300
Ophthalmic Services (<i>Para 6.3.1</i>)	0.532
Maternity and Infant Care (<i>Para 6.3.1</i>)	0.372
Domiciliary Care Allowance (<i>Para 6.3.1</i>)	0.539
General Practice Development Fund (<i>Para 6.3.2.4</i>)	0.620
Pilot General Practice Co-operatives (<i>Para 6.3.2.4</i>)	0.200
Dental Services (<i>Para 6.3.4.4</i>)	3.218
Traveller Health (<i>Para 6.3.5.4</i>)	0.243
Health (Amendment) Act 1996 (<i>Para 6.3.7.4</i>)	1.469
Environmental Health Services (<i>Para 6.4.1.4</i>)	2.036
<i>Total</i>	<i>12.575</i>

The Community Services Programme is responsible for the following:

- General Primary Care Services including general practitioner, public health nursing and pharmacy services.
- Community medical services, services provided by professionals allied to medicine and ancillary services.
- Dental and Orthodontic Services.
- Health (Amendment) Act 1996 (Hepatitis C) Services.
- Traveller Services.

- Environmental Health Services including the Public Analyst Laboratory.
- Community Welfare Services.
- Customer Services.
- Community services provided in conjunction with voluntary organisations.
- Registration of Births, Deaths and Marriages.

In the delivery of community services many of the staff within the programme are employed fully, or on a sessional basis, in the provision of services for the Children & Families, and Persons with Disabilities Programmes. These arrangements are catered for in management structures and the budget allocation. In addition, the programme provides a wide range of services for older persons which are integrated with overall services in the Acute Hospitals and Elderly Programme.

Services are delivered from health board premises including Area Headquarters, Health Centres, Community Clinics, Welfare Homes and Day Centres for the Elderly, as well as by general practitioners and community pharmacists working from their own premises as follows:

Health Centres	126
Welfare Homes	5
General Practitioners	498
Pharmacists	380
Dentists	251
Opticians	101

(6.2) Priority Objectives

- The development of an integrated approach to primary care delivery involving general practitioners, public health nurses and community health professionals.
- The development of linkages between primary care and the hospital sector in formal Primary and Secondary Care Partnerships.
- The further development and strengthening of dental services with particular emphasis on health promotion.
- The further development of oral maxillofacial surgery services.

- The promotion by environmental health officers of greater awareness of the importance of hygiene standards.
- The development of additional medical services for asylum seekers.

(6.3) General Primary Care Services

The community services programme provides a comprehensive primary care service (including general practitioner services). Services are provided directly by our Board's staff, by contract arrangements as in the General Medical Services Scheme, and by funding arrangements with voluntary organisations (provision of home help service, meals on wheels, day centres, etc.)

The Programme also administers a number of primary care related schemes for the provision of drugs and appliances to eligible clients as well as a number of welfare schemes such as infectious disease, blind welfare allowance, domiciliary care allowances.

(6.3.1) 2000 Service Developments

Renal Services

	<i>£m</i>
Support for patients undergoing CCPD treatment programmes	0.225
Improvements to secondary support for renal dialysis patients	0.090
Total	£0.315

Hospital Discharges to Community Care Services

	<i>£m</i>
Services in the community for seriously ill patients who are discharged from hospital to the care of their families	0.200
Total	£0.200

Cancer Services

	<i>£m</i>
Priority cancer services in consultation with the three Regional Directors of Cancer Services	0.600
RCSI Cytology Screening Service – this service was heretofore funded through Beamount Hospital. Funding is now transferred to our Board.	0.784
Total	£1.384

Immunisation Services

	<i>£m</i>
Pneumococcal/Hepatitis B Vaccines/Antitoxins An additional £0.357m is being provided in respect of the purchase of stocks of pneumococcal and Hepatitis B vaccines and for the payment of a fee to general practitioners for their administration. A further £0.309m is provided on a once off basis to meet the cost of replacing the stocks of Botulinum antitoxin and Diphtheria antitoxin held by your Board for national use..	0.666
Primary Childhood Immunisation Programme Increased costs of the immunisation programme and participation of public health nurses in the programme's operation.	0.481
School Vaccination Programme Additional vaccine costs as a result of changes to the schedule of immunisation	0.300
Total	£1.447

Ophthalmic Services

	<i>£m</i>
Increased uptake levels and development of a screening service for retinopathy for diabetic patients.	0.180
Sessional optometric advice	0.020
Primary eye examinations and spectacles	0.332
Total	£0.532

Maternity and Infant Care

	<i>£m</i>
Additional costs arising, including costs associated with increased uptake of the service	0.372
Total	£0.372

Domiciliary Care Allowance

	<i>£m</i>
To support the application of the Domiciliary Care Allowance Scheme to eligible children under two years of age	0.539
Total	£0.539

(6.3.2) General Practice Unit/Primary Care Partnerships

(6.3.2.1) Primary Care Partnerships

South Inner City Partnership

Wound Management Service: Following the development of protocols involving general practitioners, nurses and clinicians in St James's Hospital, a wound management service was established. This nurse-led service is supported by a vascular physician from St. James's Hospital in addition to a community dietician.

Anti-Coagulation Management: Protocols were developed by general practitioners and consultants from St. James's and Tallaght Hospitals for the monitoring and management of anti-coagulation therapy in the community by general practitioners, thus enhancing continuity of care.

Community-Based Dietetics Service: A dietetics service which is directly accessed through agreed protocols by participating general practitioners was established.

Obstetrics/Gynaecology: A management committee involving representatives from the management of the Coombe Women's Hospital met on a regular basis in 1999. A number of priority areas were identified:

- Shared ante-natal care
- Communications
- Protocol committees

Protocols were established for direct access to certain specialised ultrasound services.

Radiology Services: A sub-committee was established to address the difficulties of general practitioners in gaining access to radiology services. This committee met periodically with the management of St. James's Hospital. Arrangements have also been made for direct access to a limited radiology service in Baggot Street Hospital.

Diabetic Service: The South Inner City Partnership researched the development of a primary care diabetic service. The outcome was the development of shared care protocols with St. James's Hospital.

Counselling: Protocols were developed for counselling services within the Partnership which addressed the specific needs identified in this area.

Information Technology: A sub-committee was established to support general practitioners in the further development of Information Technology. A number of initiatives are being piloted and implemented in a phased manner.

North Inner City Partnership

This Partnership commenced consultation with general practitioners in October 1998 and 35 general practitioners have now agreed to participate in the project. A Primary Care/Secondary Care Partnership was established with the Mater Hospital. A programme of work was agreed for the following priority areas:

- O.P.D.
- Communications
- Prescribing Rationalisation
- Inappropriate use of A & E/Hospital as a Primary Care Facility
- Services for the Elderly

Dublin South West Partnership

Our Board commenced consultation in June 1999 with general practitioners in Dublin South West which covers an area from the Coombe to Lucan. It was agreed in August to establish a Partnership. Arrangements are now finalised and service developments will be pursued as soon as practicable.

Development of Partnerships – General

Preliminary work has commenced on identifying two further Partnerships areas.

Computerisation

Our Board has initiated computerisation in over 81% of G.M.S. practices and is supporting the I.C.G.P. in the development of computer training. 75 general practitioners participated in the programme run in conjunction with the I.C.G.P. during 1999.

In addition, 54 general practitioners and practice staff attended computer training classes in Dr Steevens' Hospital. A series of talks entitled "The Technical Aspects of Computerisation" was held over three days. An average of 24 general practitioners and practice staff attended each day.

Practice Support Staff

An open day was held to encourage general practitioners to employ practice support staff, at which 27 persons attended. An increase of 24% in the number of practice nurses employed in the Eastern Health Board region was achieved. At present there are 136 practice nurses and 28 practice managers employed in our Board's area.

Enhanced Range of Services

The Unit continued to support the provision of an enhanced range of services by general practitioners including a pilot Men's Health Initiative which commenced in a group practice in January 1999. An agreed evaluation mechanism has been established.

A pilot community-based dietetics service which commenced in 1998 in conjunction with our Board's Health Promotion Department was progressed in 1999. Three dietitians are now providing services in selected general practitioners' surgeries using agreed protocols.

Capital Funding for General Practice Developments

In addition to capital development work supported by general practitioners, capital funding totalling £0.215m. was allocated to the Unit in 1999 for general practice structural developments.

Indicative Drug Budgeting

The operation of the Indicative Drug Budgeting Scheme continued throughout 1999. Funding generated under the scheme in 1998 became available for investment in general practice. Of this, £1.682m. related to the doctors' portion and £0.307m was the Health Board portion. Initiatives approved for investment from this funding included development of premises, purchase of clinical equipment and investment in information technology.

Research, Education and Training

The G.P. Unit continued to support the education of general practitioners through the provision of financial assistance to the Irish College of General Practitioners for courses in Computerisation, Immediate Trauma Care, Immediate Cardiac Care, Minor Surgery, Management in Practice, Practice Staff, Distance Learning Course in Therapeutics, Palliative Care, and Palliative Care (Distance Learning).

Other Developments

A pilot project involving the collection/disposal of healthcare risk waste from general practitioners' surgeries in the Kildare/West Wicklow area was initiated in conjunction with the Waste Management Advisor. This pilot project ran until 1st December, 1999, and is currently being reviewed.

(6.3.2.2) Attainment of 1999 Targets

G.P. Unit Doctors are now members of the management teams at Community Care Area level. This development has helped to forge linkages with community services and reduce the isolation of general practitioners.

Our Board has been working closely with general practitioners in integrating services with acute hospitals and developing services within the South Inner City and North Inner City through Primary Care Partnerships. Management teams have continued to develop initiatives as outlined in *(6.3.2.1)*

The Tallaght/Clondalkin Partnership was an integral part of the development and commissioning of Tallaght Hospital; work is continuing on the development of this partnership.

(6.3.2.3) Service Evaluation in 1999

The monitoring of rational, safe and cost-effective prescribing by general practitioners is carried out by G.P. Unit Doctors in co-operation with our Board's Health Information Unit.

During 1999, the Department of Community Health and General Practice, Trinity College, commenced a review of the South Inner City Partnership in Primary Care.

(6.3.2.4) Service Developments in 2000

General Practice Development Fund

A sum of £0.620m has been provided to fund developments in general practice in 2000. The breakdown of this funding is as follows:

General Practice Unit £0.370m - staffing and operational costs.

General Practitioner Services £0.185m – to fund initiatives in Primary Care which are in the main Pilot Projects. Projects currently being funded include: Palliative Care, Pilot Courier Services Initiatives in Bray and South Kildare.

General Practitioner I.T. Training £0.065m – including a grant of £0.050m. to the Irish College of General Practitioners for the National G.P. I.T. Training Programme.

Pilot General Practice Co-operative Initiatives

A sum of £0.200m is included in our Board's allocation for the development of pilot general practice co-operative initiatives – such initiatives to have an out-of-hours aspect to the service.

Primary Care Partnerships

South Inner City Partnership

Anti-Coagulation Management: General practitioners in the Partnership will be facilitated in the referral of patients on anti-coagulation therapy to the community clinics.

Obstetrics and Gynaecology: It is proposed that one shared care card will be used which will incorporate all patient and service provider needs. Clinical protocols will be developed for the management of infertility and incontinence.

Diabetic Service: A shared care programme for the management of diabetic patients will be piloted. A diabetic nurse specialist will be employed.

Counselling Service: A senior clinical psychologist will be appointed to provide family therapy and psychotherapy.

Information Technology: All general practitioners will be trained in the use of e-mail. Training needs of general practitioners in software usage within the Partnership will also be examined.

North Inner City Partnership

The proposed work plan for the management team involves reviewing the services as set out in (6.3.2.1). Protocol committees which have been established will undertake this work. A Project Manager will be appointed in early January.

Dublin South West Partnership

A work plan will be agreed by the management team from January 2000 onwards.

Development of Partnerships – General

Consultations will commence on the establishment of two further Partnerships. An additional 15 WTE staff will be required in 2000 to facilitate development of Primary Care Partnerships.

(6.3.2.5) Service Evaluation in 2000

The review being undertaken by the Department of Community Health and General Practice, Trinity College, as outlined in (6.3.2.3) will continue.

Monthly indicative drug budgetary statistics produced by the G.M.S. (Payments) Board and prescribing information produced by our Board's Health Information Unit will be analysed by G.P. Unit Doctors.

(6.3.3) Community Drugs Section

(6.3.3.1) 1999 Service Developments

The registration of clients under the Drugs Payment Scheme was introduced at local level in 1999. There are approximately 200,000 clients registered under this scheme in our Board's area at present.

(6.3.3.2) Attainment of 1999 Targets

The planned devolution of the Community Drug Schemes to Community Care Areas commenced in 1999. The reassignment of staff and devolution of services to Community Care Areas is in line with our policy to enhance service delivery to clients at local level.

(6.3.3.3) Service Evaluation in 1999

The introduction of the Drugs Payment Scheme at Area level was monitored by a committee nominated by the Programme Manager.

(6.3.3.4) Service Developments in 2000

Further devolution to the Community Care Areas, involving the Long Term Illness Scheme, is planned for 2000. This will not entail any extra costs but will streamline the service to the benefit of clients and will enhance our customer service ethos overall.

(6.3.3.5) Service Evaluation in 2000

A committee will be established to monitor the transfer of the Long Term Illness Scheme to Area level.

(6.3.4) Dental & Orthodontic Services

(6.3.4.1) 1999 Service Developments

Dental Treatment Services Scheme

The base for existing cohorts was strengthened in 1999. Additional DTSS support staff were employed. The proposed recruitment of Examining Dentists and the proposed extension of services to the 35-64 year age cohort was deferred pending national agreement with staff representative groups. Funding made available during 1999 for this service will be carried forward into 2000 on successful completion of these negotiations.

Contract for Epidemiology, Research and Specified Consultancy Services

Our Board, as the appointed agency for the National Consultancy Contract, has completed the allocation to most elements of the schedule.

Oral Health Promotion

The selection of 8 Oral Health Promoters to co-ordinate and further develop oral health promotion activities with patient groups was completed during 1999.

Vocational Training

In conjunction with the Post-Graduate Medical and Dental Board, our Board established a pilot scheme during 1999 for Vocational Training in Dentistry and three trainees were employed.

Continuing Dental Education

The development of a structured approach to Continuing Dental Education (CDE) has allowed our Board's staff to participate in formal post-graduate education, informal lecture programmes and Diploma courses.

Upgrading of Facilities

The quality of service to patients was enhanced by the refurbishment and re-equipping of 16 dental surgeries.

Fluoridation

Our Board continued to support local authorities in the upgrading of fluoridation plant and equipment in the region.

Special Needs Groups

Levels of service to identified Special Needs Groups in all dental areas continued to be improved. Preventive services to Special Needs Groups and eligible children have been augmented through increased use of dental hygienists.

(6.3.4.2) Attainment of 1999 Targets

- Progress continues to be made on devolution of centralised services to local Area management.
- 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. The job specifications for the Co-ordinator of Cleft Lip/Palate Services and for the Consultant Prosthodontist have been agreed.
- The Oral Surgery waiting list initiative introduced during 1999 was successful in reducing the overall waiting list. Considerable progress had to be made on the validation of the waiting list. A total of 80 cases were validated as requiring treatment. Of this a total of 42 had treatment completed by the end of September 1999.

Funding made available during 1999 to continue the waiting list initiative in oral surgery will be carried forward into 2000.

- The planned refurbishment of patient waiting areas, the purchase of toys for these areas and the introduction of audio-visual aids imparting oral health education messages to patients continued.
- Preparatory work on information packs for patients has been completed.
- In order to develop a more child-centred service, protocols to accommodate the wishes of parents/guardians to be present in the surgery have been agreed and adopted.
- A planning brief for a Regional Orthodontic Unit at Beaumont Hospital was completed and submitted to the Department of Health and Children in April 1999.

(6.3.4.3) Service Evaluation in 1999

Areas of research undertaken by dental staff during 1999 included investigation into treatment needs of Special Needs Groups, Travellers and the Homeless. The results of these research initiatives will assist our Board in its efforts to provide a more equitable dental service to these groups.

(6.3.4.4) Service Developments in 2000

The 2000 allocation will allow our Board to guarantee that services will be maintained at 1999 levels. Additional funding of £3.218m. has been allocated as follows:

Dental Treatment Services Scheme (DTSS) - £2.240m.

- This funding is allocated to provide for an increase in uptake and extension of services to the 35-64 year age group. The estimated number in this age cohort eligible for treatment is approximately 98,000.
- It is estimated that approximately 28,000 people, at an average cost of £80 per person, will be treated in 2000.
- It is intended to employ two additional administrative staff to support this service. It is further intended to employ three support staff to assist the Principal Dental Surgeons who will be responsible for regional monitoring of the DTSS.
- Some of this DTSS funding will be allocated to our Board's dental staff to further develop services for adults with special needs.

Health Board Dental Services - £0.425m.

- £0.425m. has been allocated to develop services. The overall delivery of dental services to children is being reviewed with regard to appropriate skill mix. This review will involve the employment of eight additional Senior Dental Nurses and a small number of dental surgeons. This development will give our Board sufficient clinical manpower to provide services to the 14-16 year age cohort. An audit of dental facilities is being carried out to align the new workload to physical resources not used to maximum capacity.
- The employment of the Senior Dental Nurses will require considerable consultation and realignment of teams by the Principal Dental Surgeons.
- It is proposed to extend the number of Vocational Dental Practitioners employed by the Board to five. This will involve the assigning of five Health Board Dental Surgeon Trainers (one to each trainee).
- It is planned to develop a specialised paedodontic service within our Board's region. A senior clinician will be appointed to plan this service on a pilot basis and will provide treatment at selected locations.

Contract for Consultancy Services - £0.253m.

- Our Board, as the appointed agency for the National Consultancy Contract, has completed the allocation of almost all sections of this contract. The funding allocation is a repeat of 1999 funding.
- A Consultant Prosthodontist will be recruited in April 2000. This is a joint post between our Board, St. James's Hospital and the Dublin Dental Hospital (and is one of the recommendations of the Oral Maxillofacial Review Group).

Orthodontic Service (Budget Funding) - £0.300m.

- This funding is to provide for the development of a second regional orthodontic unit in St. Columille's Hospital, Loughlinstown by June 2000.

(6.3.4.5) Service Evaluation in 2000

- DTSS: The role of our Board in the delivery of services under the DTSS will be evaluated in association with participating general dental practitioners through the Local Monitoring Committee.
- Progress on the Oral Maxillofacial waiting list initiative will be monitored by the Project Team.
- The current pilot scheme for the provision of advanced restorative services within our Board will be evaluated during 2000 on the appointment of the Consultant Prosthodontist.
- The awarding of the Contract for Epidemiology, Research and Specified Consultancy Services will assist in the evaluation of the quality of oral health services in our Board's region.
- Orthodontic treatments delivered will be subject to evaluation using the Peer Assessment Review (PAR) index. Waiting lists will be monitored on a monthly basis.

(6.3.5) Services for Travellers

(6.3.5.1) 1999 Service Developments

A Traveller Health Unit was established to further develop and co-ordinate services for Travellers. Membership of the Unit management committee included representatives from our Board; acute, maternity and paediatric hospitals; Pavee Point and the Travelling community.

An operational plan was developed in consultation with service providers, a representative from Pavee Point, 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.

(6.3.5.2) Attainment of 1999 Targets

The targets set for the establishment of the Traveller Health Unit and the finalisation of an operational plan were achieved.

(6.3.5.3) Service Evaluation in 1999

The following research projects into utilisation of health services by Travellers as set out in the operational plan 1999 were 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.

(6.3.5.4) Service Developments in 2000

The following developments will be achieved:-

- An additional £0.243m is included in our Board's allocation for 2000 to fund initiatives in relation to Traveller Health. An operational plan will be devised by the Traveller Health Unit and will be presented to the Board when finalised. The plan will be submitted to the Department of Health and Children for approval following consideration by our Board.
- Extension of the Finglas Primary Health Care Project to Blanchardstown.
- The trainers' training course as set out in the Traveller Health Unit Operational Plan will be carried out.
- The pilot Child Health record card developed by public health nurses working with Travellers in Community Care Area 6 will be completed in January 2000.
- The research projects as set out in the Traveller Health Unit Operational Plan will be completed.
- The video on Traveller Children's Health as set out in the 1999 Traveller Health Unit Operational Plan will be produced.

(6.3.5.5) Service Evaluation in 2000

The research projects set out in the Traveller Health Unit Operational Plan will be completed during 2000.

(6.3.6) Health Centres and Other Facilities

(6.3.6.1) 1999 Service Developments

- 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, Newtownmountkennedy, Bray, North Circular Road, Dalkey, Lucan and Coill Dubh.

(6.3.6.2) Attainment of 1999 Targets

Progress continued on major capital projects and minor upgrading/refurbishments. As part of the ongoing Capital Programme, the following targets were achieved in 1999:

- New health centres were commissioned and opened at Newbridge and Celbridge.
- Work commenced on the Health Centre at Oldtown which is due to be completed in 2000.
- Work on refurbishment of Health Centres at Stillorgan and South Earl Street was completed.

(6.3.6.3) Service Developments in 2000

The Health Centre developments at Oldtown and Jobstown are planned for completion in 2000.

The Newtownmountkennedy Health Centre development is planned to commence in 2000.

(6.3.7) Hepatitis C Services

(6.3.7.1) 1999 Service Developments

Services continued to be developed to meet the personal health and social needs of individual Hepatitis C patients.

(6.3.7.2) Attainment of 1999 Targets

- An education programme for all front line staff
- To develop a response to meet the needs of terminally ill Hepatitis C patients

This target was deferred following the production of a needs assessment report by the Department of Public Health.

(6.3.7.3) Service Evaluation in 1999

The Consultative Council on Hepatitis C has undertaken a major review of the health and support services available to persons who contracted Hepatitis C through the administration within the State of infected blood/blood products. The completed report will be submitted by the Consultative Council in January 2000.

(6.3.7.4) Service Developments in 2000

Services for Hepatitis C patients are demand-led with full adjustment to our Board's allocation for increased activity.

The provisional allocation for 2000 is £1.469m. of which £0.353m. is in respect of funding for the four Hepatitis C support groups - Positive Action, Transfusion Positive, Irish Kidney Association and Irish Haemophilia Society.

(6.3.7.5) Service Evaluation in 2000

No further evaluation is planned for 2000. The Community Services Customer Satisfaction Survey undertaken by our Board in 1998 and the Review of Health Services for Persons with Hepatitis C carried out by the RCSI during 1999 will continue to inform service provision during 2000.

(6.4) Public Protection Services

(6.4.1) Environmental Health Services

(6.4.1.1) 1999 Service Developments

Nineteen additional Environmental Health Officers, ten Laboratory Technicians and four Clerical Staff were recruited as part of our Board's plan to improve the level of service throughout the region.

A new computerised Food Control System was developed.

A pro-active programme of information and education was conducted for, and with the co-operation of, the retail sector.

In July 1999 our Board entered into a contract with the Food Safety Authority of Ireland for the provision of Environmental Health and Laboratory services in respect of food control.

(6.4.1.2) Attainment of 1999 Targets

Food Control: Following the launch of the Hazard Analysis Critical Control Point (HACCP) Booklet in November, over 560 food proprietors/staff attended information seminars held throughout the region. In addition, food proprietors were informed on an individual basis by their local Environmental Health Officers of the requirements of the new food legislation.

Our Board achieved the target set out in the 1999 Service Plan of increasing the number of participants in the primary food hygiene course.

During the year, priority was given to the inspection of high-risk premises within our Board's region. The rate of inspection of premises has now been revised in accordance with the new contract between our Board and the Food Safety Authority of Ireland i.e. high - once per year, medium - twice every three years, low - once every three years.

Control of Tobacco: A voluntary Code of Practice regarding designation of smoke-free areas in licensed premises was launched in November 1999. All proprietors of licensed premises in the Eastern Health Board region were invited to participate in information days on the provision of smoke-free areas in their establishments.

(6.4.1.3) Service Evaluation in 1999

During 1999 services were monitored and evaluated through the Principal Environmental Health Officer Group, Regional Food Sampling Co-ordinating Committee and Co-ordinating Committees established with Local Authorities and the Food Safety Authority of Ireland.

The following service areas were monitored:

- Compliance with minimum inspection frequencies for food premises.
- Completion of food sampling programmes.
- Completion of agreed water sampling programmes.

(6.4.1.4) Service Developments in 2000

Additional funding of £2.036m. has been included in our Board's allocation to improve food safety control. This comprises of £0.844m for specific provisions and £1.192m for general provisions for the improvement of food control services as set out below.

<i>Service</i>	<i>£m</i>
<u>Specific Provisions</u>	
Environmental Health Services	
Food Safety Audit Training	0.023
ISO 9000 Accreditation	0.016
Public Health Laboratory, Cherry Orchard	
Staffing, Equipment and I.T.	0.200
Computerisation of Public Health Laboratory	0.200
Sir Patrick Dun's Hospital	
Public Analyst's Laboratory	0.200
Food Microbiology Laboratory	0.200
National Hygiene Partnership	0.005
<i>Sub-Total</i>	<i>0.844</i>
<u>General Provisions</u>	1.192
To fund other developments in the three food control services, i.e. Environmental Health Service, Food Microbiology Laboratory and Public Analyst's Laboratory. Plans for service development will be agreed in consultation with the Department of Health and Children's Food Unit and the Food Safety Authority of Ireland	
<i>Total</i>	<i>£2.036</i>

(6.4.1.5) Service Evaluation in 2000

In accordance with the terms of our contract with the Food Safety Authority of Ireland, our Board will submit a detailed quarterly report outlining service provision with regard to inspections and food surveillance.

(6.4.2) Public Analyst's Laboratory

(6.4.2.1) 1999 Service Developments

An additional five laboratory technician posts were approved. A training officer was appointed to co-ordinate in-house and external training. New equipment was purchased in both the chemistry and microbiology sections.

(6.4.2.2) Attainment of 1999 Targets

The Irish National Accreditation Board awarded an extension of the scope of accreditation to the laboratory in March 1999.

Our Board, in conjunction with the Midland and North Eastern Health Boards, established and implemented a food sampling programme for the three board regions. The Public Analyst's Laboratory has a key role in this arrangement.

(6.4.2.3) Service Evaluation in 1999

The Irish National Accreditation Board assessed the performance of the Laboratory.

(6.4.2.4) Service Developments in 2000

Additional funding has been included in our Board's allocation to improve food safety control. Plans for further development of services will be agreed in consultation with the Department of Health and Children's Food Unit and the Food Safety Authority of Ireland.

(6.4.2.5) Service Evaluation in 2000

An audit training course has been completed and a laboratory audit programme is planned for 2000.

(6.5) Customer Services

(6.5.1) Attainment of 1999 Targets

- A number of staff in Community Care Areas 4 and 8 took part in a Customer Service Training Programme. A course evaluation was carried out.
- Customer Service training was also provided to staff of the newly-opened Customer Services Office in the Department of Health and Children.
- A multi-agency review group compiled a comprehensive information guide on all personal social services provided by our Board for families and friends of murder victims. This will form part of a multi-agency information pack produced for Victim Support which will be disseminated widely.
- A multi-disciplinary review group including service users is currently involved in producing a comprehensive information guide for older persons and their carers.

The focus group research methodology was adapted to explore the views and opinions of service users, service providers, voluntary organisations, carers and the general public.

(6.5.2) Service Evaluation in 1999

An analysis was carried out to ascertain the trend of customer queries received. Future Customer Services Department training will reflect the findings of this survey.

(6.5.3) Service Evaluation in 2000

A customer satisfaction survey is to be carried out during 2000.

(6.6) Superintendent Registrar's Office

(6.6.1) 1999 Service Developments

The following new schemes and systems were introduced and developed:

- An express postal service was introduced for personal callers at Joyce House.
- A scheme which restricted the number of certificates issued to each customer was implemented to reduce waiting times.
- The telephone system was upgraded to allow direct access to Registrars and reduce phone call traffic on the main switchboard. An information line commenced in December 1999.
- Word processing of certificates was introduced for Registrars on a phased basis. The scheme was very successful in reducing waiting times and allowing customers to request multiple copies of certificates.
- New purpose-designed accommodation was acquired for the Registration Service providing improved facilities for the public, including private interviewing rooms.
- A new PC-based system for logging and tracking correspondence was introduced in December 1999.
- A new management structure was implemented and greater emphasis placed on training and development with the result that output increased and the number of complaints from clients was considerably reduced.
- The general office/public waiting area was upgraded which included the provision of suitable lighting and security screens.

(6.6.2) Attainment of 1999 Targets

- A review of services (August 1998) by the Director of Customer Services and Appeals contained 14 recommendations, 10 of which have been implemented, thus improving customer relations.
- Reorganisation of workloads, upgraded telephone system and improved office accommodation reduced the waiting period for the service.

(6.6.3) Service Evaluation in 1999

The service was evaluated in 1998 by our Board's Director of Customer Services and Programme staff and a re-evaluation will be undertaken early in 2000.

A number of middle management team leaders were appointed during the year. Their employment ensured improved efficiency and improved customer service overall.

(6.6.4) Service Developments in 2000

- To implement computerisation of postal applications.
- To improve health and safety in the workplace with the installation of air conditioning.
- To amalgamate four Registration districts, including one operated by an agent. This amalgamation will provide a better service to the public and increase income for our Board.
- To negotiate with the Department of Social, Community and Family Affairs a means of confirming a registered entry to replace the issue of certificates which is time consuming.

(6.6.5) Service Evaluation in 2000

- The Director of Customer Services and Programme staff will be invited to re-evaluate the delivery of services.
- Internal Audit Section will be invited to audit financial procedures and systems.
- A system will be put in place to evaluate the effectiveness of computerising the tracking of postal applications.
- A survey on users' perspective will be introduced in 2000.

[7] Services for Children and Families

(7.1) Introduction/Core Service Provision

The overall budget for the programme for 2000 is £76.481m of which £10.956 is in respect of service developments.

	<i>£m</i>
Child Care and Family Support Services (<i>Para 7.3.4</i>)	8.519
Child and Adolescent Psychiatric Services (<i>Para 7.4.4</i>)	0.720
Family Planning and Pregnancy Counselling (<i>Para 7.5.5</i>)	0.627
Womens Health and Domino Project (<i>Para 7.5.6</i>)	0.220
Counselling Services for survivors of past abuse (<i>Para 7.7.4</i>)	0.570
Domestic Violence (<i>Para 7.8.4</i>)	0.300
Total	£10.956

Child Care and Family Support: a comprehensive range of safeguarding and preventative services are undertaken including: Family Support Service; day nursery provision; Community Mothers Programme; Neighbourhood Youth Projects; nurseries; family centres and after-schools programmes. Child protection is undertaken by Area teams of social workers and childcare workers. Investigations are undertaken and case conferences held. An extensive range of alternative care is also provided for children and young people.

Child and Adolescent Psychiatric Service: provides a range of activities including assessment, individual, family and group therapy, counselling, speech and language therapy. Service locations include Child and Family Centres, residential services, special schools and day treatment centres. Services are provided either directly by our Board or by voluntary agencies on our behalf.

Women's Health: health promotion activities and information services, family planning and counselling services are provided.

Psychology: services are provided by the Psychology Department at clinics and residential units for children and adolescents. Parenting courses also are held. In the area of adult mental health, psychological assessment and therapy services are provided to primary and secondary and tertiary care levels. The Department also collaborates with the provision of rehabilitation services for homeless adults.

The following care groups also receive services from the Psychology Department: traumatised asylum seekers, persons with learning disabilities; older persons and persons with AIDs/HIV.

Laragh: provides therapeutic services for adults who were sexually abused during childhood.

Domestic Violence: Support and places of refuge for women and their children who cannot live safely at home are provided by our Board directly and in partnership with voluntary agencies. The national helpline continues to operate. Outreach services for victims of domestic violence are also provided. Ongoing training and awareness programmes are provided for staff in key areas.

Child Health: child health services include: home visiting by Public Health Nurses; well-baby clinics; paediatric developmental examinations; school medical examinations, vision and hearing screening; primary immunisation programme; health services for Traveller children.

(7.1.1) 1999 Summary Out-turn Activity

Activity	1999
Number of Notifications of suspected cases of child abuse (est)	1.838
Children in Care	1.657
Number of referrals seen at child psychiatric clinics	1.419
Number of return attendances at child psychiatric clinics	16.618
Number of clients seen by psychology service	3.023
Number of counselling sessions provided by Laragh	2.807
Number of families accommodated in Refuges and Bed and Breakfast	1.157
Number of Domiciliary home birth grants	0.106
Number of calls responded to by Women's Aid Helpline	8.500
Total	37.125

(7.2) Priority Objectives

- The ongoing implementation of the board's policy and development plan in relation to services for children and young people with emotional and behavioural problems.
- The enhancement of child protection services.
- The development of health and personal social services for adolescents at risk.

- The development of a comprehensive strategy aimed at reducing the extent and impact of domestic violence in the region.

(7.3) Child Care and Family Support Services

(7.3.1) Service Developments 1999

Double cover was extended to all residential centres and after care provision was strengthened

Additional residential care was provided for sibling groups.

Family Support Services were expanded in each Community Care Area

Gallenstown Family Centre was established

A social work post was created to undertake tracing work with adopted people and birth parents

Foster care allowances were increased

The additional posts in pre-school services were not filled due to difficulties in recruitment. A working group will review this in 2000.

The Public Health Nurses posts remain vacant due to recruitment difficulties, but will be targeted for filling in 2000.

The Irish pre-school Association received funding for and appointed an adviser in 1999.

Northside Inter-Agency Project was funded and a project co-ordinator was appointed.

A Supervisor for pre-school services was appointed in Geraldstown House

A residential project managed by Arrupe Society commenced in 1999.

Good practice models

The pilot family welfare conference project was established.

A plan for a community based early intervention project was devised to be piloted in two Community Care Areas

A post was assigned to a community-based child and family project to work in conjunction with the Integrated Services Initiative

Additional funding was provided to Mater Dei to maintain community based counselling services.

Additional funding for the Marte Meo project was provided.

The Ana Liffey service was funded in 1999.

Foster Care

A pilot foster care project attached to a children's home was established and will be evaluated. Additional social work posts were assigned to fostering duties on Community Care teams

Fostering allowances were increased and substantial additional discretionary payments were made

Children who are out of home

The development of after care flatlets by the Salvation Army were further progressed.

Focus Ireland opened The Loft, a new 7-day week reception centre

A manager and secretarial support were appointed to the Crisis Intervention Centre

The Salvation Army opened the Night Light, a night reception centre, with overnight beds

A social work post was assigned to work with unaccompanied minors and vulnerable young families seeking asylum

Focus Ireland developed an after care transitional unit for girls leaving care

Don Bosco developed sheltered flats for boys leaving care

The Forum on Youth Homelessness was established, chaired by Dr Miriam Hederman O'Brien. A project director was employed.

(7.3.2) Attainment of 1999 targets

A streamlined system for fostering applications was formulated.

A manager was appointed to take charge of the Crisis Intervention Service and oversee new developments, including the development of a new residential service for younger children out of home and day and night reception facilities for homeless teenagers.

The development programme in relation to the construction of a Special Care Unit and the recruitment of staff was progressed.

(7.3.3) Service Evaluation/ Research/Quality Initiatives

An external consultant undertook a review of residential care services.

A review of the social work service by an external consultant has commenced.

The Task Force on Residential Care issued its report on the role and purpose of residential care.

To assist in targeting services to meet need, research was undertaken to identify on a small area basis the District Electoral Divisions with high child populations and high levels of deprivation.

An evaluation was undertaken on the pilot community drug addiction project for drug misusing parents in Community Care Area 5.

Research was commissioned on the effects of domestic violence on children.

Research was published by our Board on first time attenders at needle exchange programmes which highlighted the increased numbers of young people attending the programmes 1990-1997.

Outcomes for babies visited by the Community Mothers Programme were measured.

Two research projects on the Family Support Worker Service were published.

A comprehensive training audit and training needs assessment was published.

(7.3.4) Service Developments in 2000

	£m	£m
<u>Focus Ireland</u>		
Development of a residential unit for drug misusing, teenagers and young adults		0.357
<u>Irish Association of Care Workers</u>		
Further funding of research on violence in residential homes which commenced in 1999.		0.002
<u>Special Care Unit/High Support Units</u>		
Opening of Ballydowd Special Care Unit (5 staff)		
Further development of High Support Unit at Portrane (83 staff)	1.305	
Funding of current interim arrangements for children with behavioural and emotional difficulties	0.795	2.100
<u>Other Residential Services (9 staff)</u>		
Full year costs of initiatives begun in 1999	0.200	
Implementation of Residential Care Review	0.180	
Additional staff to existing centres	0.055	0.435
<u>Foster Care</u>		
Increased allowances and reorganisation of maintenance payments to include lump sum payments for additional expenses	1.045	
Research – Special Foster Care Model	0.030	1.075
<u>Pre-School Services</u>		
Recruitment of 21 additional staff to day nurseries in disadvantaged areas, which are funded by our Board, to comply with part VII of the Child Care Act 1991		0.420
<u>Pre-School Inspection/Advisory Service</u>		
Further discussion with Department of Health and Children.		0.293
<u>Intercountry Adoptions (8 staff)</u>		
Appointment of additional staff to reduce waiting lists		0.236
<u>Children's Bill</u>		
Further discussion with the Department of Health and Children		0.412
<u>Child Protection Services (23 staff)</u>		
Implementation of Children First	0.120	
Contribution for appointment of resource persons to Health Board Executive Agency	0.069	
Additional Public Health Nurses	0.150	
Additional Social Work Personnel	0.335	
Administrative Support	0.080	
Full year cost of funding Northside Interagency Project	0.015	
Pilot project in relation to access visits by families	0.090	
<i>A once off sum of £0.375m towards national commissioning of videos and health board/garda booklet will be met from this allocation</i>		0.859

	£m	£m
<u>Child Abuse Guidelines Training (4 staff)</u>		
Training Officers	0.080	
Administrative Support	0.040	
Video Production	0.050	
Training costs	0.087	0.257
<u>Family Support Services</u>		
Community After Schools Project	0.023	
Community Mothers Programme (increased expenses)	0.015	
Expansion of Family Support Services in each Community Care Area	0.185	0.223
<u>Barnardos</u>		
Additional funding to meet agreed expenditure		0.200
<u>Management and evaluation</u>		
Further discussion with the Department of Health and Children		0.100
<u>Video Recording (2 staff)</u>		
Additional staff to expand current provision of the Marte Meo Programme		0.050
<u>Homeless Initiative</u>		
To implement recommendations in the forthcoming report of the Forum on Youth Homelessness and National Youth Homeless Strategy	1.000	
Full year costs of after care initiative begun 1999	0.100	1.500
Continued implementation of services for homeless young people	0.400	
Total		£8.519*

Total in letter of allocation (£9.089m) includes allocation for counselling for survivors of past abuse (see 7.6.4)

(7.4) Child and Adolescent Psychiatric Services

(7.4.1) 1999 Service Developments

- There has been considerable progress on the development of the liaison service at Tallaght Hospital with the increased involvement of Consultant Child Psychiatrists and the recruitment of a Community Nurse
- The Northside Autistic Team is now in place
- Services available at the Castleknock Child and Family Centre expanded significantly with the appointment of an additional Social Worker, Community Nurse and Secretary
- Appointment of additional Secretary for St. James's Child and Family Centre

(7.4.2) Attainment of 1999 Targets

There was considerable success in achieving 1999 targets:-

- A multi-disciplinary team to provide an Outreach Service for children with autism in the Northside area, comprising a Senior Speech and Language Therapist and Professionally Qualified Social Worker, Senior Occupational Therapist, Staff Nurse and Secretary was recruited and commenced operation in February 1999.
- A series of training programmes for staff in Therapeutic Crisis Intervention commenced in May 1999.
- The Team providing a liaison service at Tallaght Hospital has been strengthened with the appointment of a number of additional staff

(7.4.3) Service Evaluation

There is a widespread use of feedback from clients to evaluate the effectiveness of the service provided.

(7.4.4) Service Developments in 2000 (13 staff)

<i>Item</i>	<i>Cost £m</i>
Restructuring of residential child and adolescent services at Warrenstown House	0.100
Provision of administrative/secretarial support for Child and Family Centre, Mater Hospital	0.020
Expansion of multidisciplinary team in Child and Family Centres/Child Guidance Clinics	0.100
To expand the outreach special schools service and early intervention services for children with autism	0.095
To expand the range of respite home based family support and residential respite services for families of children with autism	0.400
To establish Working Group to review services for children with Aspergers Syndrome	0.005
Total	£0.720

(7.5) Women's Health Service

(7.5.1) 1999 Service Developments

A number of research projects were commissioned. One on the information needs of women is nearing completion. Research into alcohol abuse by women is currently in train. Arrangements have been initiated on two other research projects on the counselling needs of women and women with eating disorders.

A project encouraging healthier lifestyles in a deprived area was supported by the input of health care professionals into the content, as well as by grant –aid. The Domino Pilot Project commenced operation at the National Maternity Hospital.

A poster campaign aimed at healthier sexual practices amongst young adults at risk has commenced in night-clubs and pubs.

(7.5.2) Attainment of 1999 Targets

To increase the level of family planning services of GMS patients.

There was an increase in the number of attendance's at the Family Planning clinics in Tallaght and Coolock. However the planned expansion of the GP family planning service did not take place due to staff shortage (the post of Women's Health Development Officer was vacant for nine and a half months).

To establish a domino home birth service.

The service commenced in January with six midwives. The number was later increased to eight. To the end of November 5 home deliveries and 63 hospital domino deliveries took place.

To continue to expand the teenage health service.

Planning was advanced to establish three new teenage health initiatives in deprived areas.

(7.5.3) Service Evaluation

Evaluation is an integral element in many of the initiatives promoted by Women's Health. An evaluation of the family planning clinics carried out in 1998 showed a high level of satisfaction with the service. An evaluation of the teen health initiative indicated an improvement in knowledge and attitude in sexual health and relationship matters.

(7.5.5) Service Developments in 2000

The following developments will take place in accordance with the Department of Health and Children's Letter of Determination.

Family Planning & Pregnancy Counselling (1 staff)

	<i>£m</i>
<i>Young Peoples Health Centre</i>	0.150
Extension of Teenage Health Projects	0.100
Expansion of Family Planning Projects	0.250
Awareness Campaign on Pregnancy Counselling Services	0.100
Sexual Health Poster Campaign Extension	0.027
Total	£0.627

(7.5.6) Women's Health:

	<i>£m</i>
Consultation	0.060
Healthier Lifestyles	0.050
Post Natal Depression	0.010
Total	£0.120

Domino Pilot Project on Domiciliary Births at the National Maternity Hospital:

	<i>£m</i>
Additional Funding	0.100

(7.6) Psychology Department

(7.6.1) 1999 Service Developments

The following is a list of significant service developments, which occurred during 1999.

The Needs Assessment for Psychological Service, commenced in 1998, was completed. The report has been submitted to the Programme Manager and circulated to other stakeholders. Contributors to the process have been advised of the outcome.

There has been an increase in our staff resources devoted to refugees and asylum seekers – up from 2.5 to 4.00 WTE.

The externally facilitated organisational review of Psychology Department services, was completed.

During 1999, five-year Plans for psychology services in relation to Adult Mental Health and Child and Adolescent services were developed and have been submitted to the relevant Directors of Care.

During the year our involvement with the National Ambulance Training Board in the provision of a critical incident stress management system for ambulance staff has continued. To date, ten staff drawn from a number of health boards including our own, have completed four days of training.

In conjunction with the Staff Welfare and Counselling Service, we have been substantially involved in the recruitment and training of a group of volunteer staff to act as peer supporters for colleagues involved in critical incidents. The system is now fully operational.

In addition to the deployment of further staff in our refugee service (referred to above) we have also continued our involvement in the Board's partnership with Dublin Corporation on the *Many Peoples One City* project. Developments during the year have included the recruitment of an external training consultant to undertake joint staff training for the two organisations on the implementation of our racial equality and anti-racism policies. In addition, a basic information pack for refugees and asylum seekers dealing with housing, welfare and health provision has been produced in eight major languages.

During the year agreement was reached with the management committee of the South Inner City Primary Health Care Project to provide psychological services to the project. Recruitment of staff has commenced.

Throughout the year a major effort has been made to strengthen our links with community care services. In consequence of this psychologists are now participating in many of the local management and care group committees.

Also during 1999 a Suicide Prevention Project based in a second level school was carried out. An evaluation of the intervention was completed, demonstrating its effectiveness and indicating guidelines for developments of services of this type. A report has been prepared.

(7.6.2) Attainment of 1999 Targets

Services in 1999 were maintained, proportional to the number of qualified staff, at 1998 levels.

Due to recruitment difficulties, the planned expansion of services to people with learning disabilities on the South Side of Dublin City has not been possible.

A Senior Clinical Psychologist has now been appointed to provide a psychological service to the Speech & Language Service of the Community Services Programme. The person appointed will take up duty in January 2000.

Recruitment difficulties have also hampered development of our services to the AIDS/Drugs Service. There are three approved posts at Senior Clinical Psychologist level. Just one of these posts is currently being achieved.

A major service development priority for 1999 was the proposal to introduce a pilot Early Intervention Service for 0–4 year old children, the budget for which was being drawn from our Board's allocation for "*good practice models*" contained in the 1999 Letter of Determination. Unfortunately, the performance indicator i.e. establishment of service, has not been achieved.

Due to staff shortages, developments in our Parenting Skills Unit had to be curtailed and the planned refocusing of services has not taken place to the extent which had been hoped.

Due to the very rapid change in both the nature and quantity of demand for services by refugees and asylum seekers, our plans for refocusing of that service have had to be revised.

(7.6.3) Service Evaluation

The pilot clinical audit and quality control system (including measurement of customer satisfaction) has been maintained during the year but still awaits computerisation. Consequently it has not been possible to fully exploit the system or to extend it to other sections of our service. In 2000, it is expected that funds will be available, as a result of savings elsewhere in the budget, for a commencement of computerisation.

Evaluation of the Suicide Prevention Project, referred to above, has been carried out. The results indicated, inter alia, a high level of satisfaction with the service on behalf of both the pupils and staff of the school in question.

Our system of individual performance review has been maintained. We have shared our experience in this regard with other agencies and through the medium of the Office for Health Management Newsletter.

(7.6.4) Service Developments in 2000

Provision of psychological services to people with learning disability on the Southside of Dublin City, mirroring the quantum of service provided through St. Joseph's Service (Portrane) on the Northside.

The new service to Speech & Language Services in the Community Services Programme will be initiated.

The developments in our services to the AIDS/Drugs Service planned for 1999 will be completed.

A priority development for 2000 will be the introduction of a pilot early assessment/intervention programme for infant to 4 year old children. Funding for this development was provided in the 1999 Letter of Determination.

Our services to Refugees and Asylum Seekers will be reviewed in response to recent government policy developments.

(7.7) LARAGH Counselling Service

(7.7.1) 1999 Service Developments

Co-ordinating abused in institutions was an unanticipated service development during 1999. Other initiatives included:

- Collaboration with Our Lady's Hospital for Sick Children, Crumlin in their support group for parents of sexually abused children.
- Individual and group supervision for health care staff, both in our Board and others
- Training programme for nurses working with chronically disabled adults
- Training course for Probation Service
- Inputs to training in St Vincent's Hospital, Fairview
- Participation in national committee to expand counselling services for adult survivors of childhood abuse.

(7.7.2) Attainment of 1999 Targets

The establishment of group therapy programmes in all three bases was achieved. The level of service provision was increased.

(7.7.3) Service Evaluation in 1999

Attendance levels and demographic data are computerised and regularly analysed. Qualitative feedback is received from individual clients and referring sources and has been consistently positive. Similarly positive feedback is obtained from training course participants.

(7.7.4) Service Developments in 2000 (12 staff)

	<i>£m</i>
Counselling Services for survivors of past abuse. The expansion of counselling services in accordance with report of Joint Health Boards Committee	0.570

(7.8) Domestic Violence

(7.8.1) 1999 Service Development

Teach Teirmain (the Kildare Women's Refuge group) and the South West Women's Refuge group have applied for sites to Kildare County Council and South Dublin County Council respectively. The applications have been agreed in principle and suitable sites are being sought.

Court accompanying services provided by Women's Aid in the Coolock area in co-operation with our Board's child and family team continued and developed in 1999.

Further extension of the National Helpline service has resulted in improved accessibility for advice and information.

The research study on the psychological and physical health status of women is nearing completion.

An Outreach service commenced during the year and will continue to develop.

A number of projects were undertaken to mark *The European Year of Activities Against Violence Against Women*.

The Eastern Regional Committee on Violence Against Women which meets bi-monthly has undertaken a mapping exercise on the services being provided in our Board's region. A directory of service providers will be produced.

Training for health services professionals continued to be delivered during 1999. Women's Aid produced a resource pack documenting the training modules used. They also produced an information website and training library.

Staff and volunteers of a number of community organisations were assisted in undergoing training.

A number of service providers including staff in the Board's refuge in Rathmines received training from the Cork Domestic Violence Project which has developed a method of dealing with perpetrators of violence against women while still supporting the woman as its primary objective.

The structured educational/recreational service provided by Women's Aid in the Board's refuge was very well received by the women and children in the refuge.

Locally based support groups were further encouraged and facilitated to taking a key role in the provision of response services within their community. A number of newly formed groups were supported. In Community Care Area 8, a multi-disciplinary group made substantial progress in co-ordinating service response in partnership with locally based statutory and voluntary service providers.

(7.8.2) Attainment of 1999 Targets

Outreach service have been developed in the Coolock area by our Boards children and family team in co-operation with Women's Aid. Arrangements are being finalised to recruit and assign three outreach workers.

The local group planning the South West Women's Refuge in Tallaght produced a report on service needs in the area following research and consultation with service providers in the community.

Aoibhneas Women's Refuge produced a report on the 'development of a quality service model' following research and examination of models of best practice in Ireland, Europe and the USA.

A research study on the psychological and physical health status of women and children in refuges commissioned by our Board had commenced and will be completed in 2000.

(7.8.3) Service Evaluation

The review of the needs of children admitted to refuges in our Board's region identified a number of issues in the service. Making links with the area social workers when children move between areas was addressed by the appointment of two social workers for domestic violence.

(7.8.4) Service Developments 2000 (3 staff)

The following developments are planned for the year 2000;-

<i>Item</i>	<i>Cost £m</i>
Planning and development of a Refuge in Blanchardstown.	0.050
Outreach Worker, Kildare.	0.025
Secondment of hospital medical social worker and casualty nurse to Women's Aid as hospital trainers.	0.060
Training and development programmes for community groups, voluntary organisations and health service professionals, in line with the remit of the Eastern Regional Committee on Violence Against Women and the <i>Task Force Report on Violence against Women 1997</i> .	0.085
Multi agency group on Domestic Violence, Community Care Area 8.	0.005
Extension of Women's Aid's children's and mothers' art and recreation project and summer project to all Refuges in the Board's area.	0.030
The creation of a senior management post dedicated to the management and development of domestic violence services	0.040
In consultation with statutory and voluntary service providers, to review and make recommendations in relation to the management and operation of refuges, including operational policies and procedures, and appropriate staffing structures.	0.005
<i>Total</i>	<i>£0.300</i>

(7.9) Child Health

(7.9.1) Service Developments

The electronic transfer of Birth Notifications is now in place with The Coombe and the Rotunda Maternity Hospitals. Discussions took place with the National Maternity Hospital in relation to this.

Discussion continued with the Maternity Hospitals in relation to the identification of a GP for each child prior to their discharge from hospital.

(7.9.2) Attainment of 1999 Targets

Progress was not possible in relation to the establishment of Child Health Units in all areas, due to other management and organisational changes in the service.

Extra human resources were assigned to child health within the Community Care Areas.

The uptake rates are under regular review by the Primary Immunisation Committee. Among the issues being addressed are; improving the links between the Mobile Clinic and the Areas and improving the relationships between the Board and the Maternity Hospitals. A number of initiatives have been agreed.

(7.9.3) Service Evaluation

An internal evaluation took place of the RICHs system to assess both the birth notification module and the primary immunisation module of the RICHs.

Best Health for Children reviewed the screening and surveillance services for children in Ireland and made recommendations for a programme for child health surveillance in the pre-school and primary school age group, based on best available practice.

An audit took place with the Rotunda to establish the level of difference between the mother's GP and the GP nominated for the baby, as this could impact on the immunisation uptake level. The results showed that there was very little variation between mother's and baby's GP.

(7.9.4) Service Developments in 2000

A Child Health Co-Ordinator will be appointed to support the implementation and monitoring of the recommendations of Best Health for Children.

(7.10) Contingency

It is proposed to ensure that £0.500m of the programme's overall financial allocation for will be available to provide for unanticipated increases in costs or service demands during the year.

8. Services for Persons with Disabilities

(8.1) Introduction/Core Service Provision

The 2000 total direct allocation for the Programme for Services for Persons with Disabilities is **£176.719m** of which £17.593m is for new developments in 2000 as set out below.

An additional sum of £85.985m is included in respect of Intellectual disability voluntary organisations previously directly funded by the Department of Health and Children. (see table at paragraph 8.3.4)

	£m
Intellectual Disability Services (<i>Para 8.3.4</i>)	12.490
Physical and Sensory Disability Services (<i>Para 8.4.4</i>)	4.203
Hearing Aid Services	0.900
Total	£17.593

Core Services Provision

Intellectual Disability Services

The majority of intellectual disability services are provided through a range of community and day settings directly by our Board and in partnership with voluntary organisations.

The core services provided are:

- Early Childhood
- Day Care
- Rehabilitation and Vocational Training
- Employment
- Home Support
- Residential Accommodation.

Physical and Sensory Disability Services

Services for Persons with Physical and Sensory Disabilities are provided directly by our Board and in partnership with the voluntary sector.

The core services provided are:

- Community based therapy
- Therapy/Early Services

- Personal Assistant/Home Care/ Home Support
- Day Activation *
- Respite Services
- Residential Accommodation
- Training/Rehabilitation *
- Financial Allowances *
- Miscellaneous Support Services
- Provided or grant-aided through Community Services Programme

Intellectual Disability Services – Summary Chart

<i>C.C. A.</i>	<i>Day 1999</i>	<i>Residential 1999</i>	<i>Respite 1999</i>	<i>Projected Day 2000</i>	<i>Projected Residential 2000</i>	<i>Projected Respite 2000</i>
<i>Area 1</i>	517	143	11	534	160	18
<i>Area 2</i>	360	100	7	377	117	14
<i>Area 3</i>	330	90	3	352	105	7
<i>Area 4</i>	751	151	13	773	166	18
<i>Area 5</i>	1078	529	25	1110	544	29
<i>Area 6</i>	1067	502	10	1094	531	18
<i>Area 7</i>	397	42	16	424	71	24
<i>Area 8</i>	1105	534	17	1133	564	26
<i>Area 9</i>	991	425	22	1014	440	26
<i>Area 10</i>	522	129	37	540	147	37
<i>Total</i>	<i>7118</i>	<i>2645</i>	<i>161</i>	<i>7351</i>	<i>2845</i>	<i>217</i>

(8.2) Priority Objectives

- To progress the development of a database on Physical and Sensory Disability in tandem with the development of a national database.
- To continue targeting those people with no service and those people on the priority waiting list by providing additional residential places, day places respite places and home support services in 2000 in partnership with voluntary service providers.
- Continued development of respite services for children and adults.

- Continued provision of additional residential facilities for persons with physical disabilities and special needs arising from physical and sensory disability.
- To develop a specialised service for those persons with an intellectual disability who present with challenging behaviour.

(8.3) Intellectual Disability Services

(8.3.1) 1999 Service Developments

An additional resource of £4.871m was made available for the development of Intellectual Disability Services. Of this a total of £1.436m was in respect of core budget funding and £3.435m was for new service developments.

The £3.435m funding was disbursed following discussion with the Central Planning Committee as outlined below:

<i>Service Provided</i>	<i>£m</i>
45 emergency residential places	1.000
16 short term crisis places	
20 additional full time residential places	0.605
28 additional respite places	0.700
66 additional day places	0.660
29 emergency placements carried forward from 1998	0.270
Transfer of persons with a mental handicap from inappropriate placements	0.100
Service to one individual in a high support specialised environment.	0.100

(8.3.2) Service Evaluation in 1999

- The evaluation of intellectual disability services has been assisted through participation in the study carried out by the National Research Agency into the quality of Residential Care provided to persons with an intellectual disability.
- In addition, the nurse training areas of our Board's intellectual disability service have been accredited by An Bord Altranais for the academic year 1999/2000.

(8.3.3) Attainment of 1999 Targets –Intellectual Disability Services

Targets outlined in the 1999 Operational Plan relating to Intellectual Disability Services were as follows:

Target No. 1

To provide additional residential, respite and day care.

- A total of 20 full time residential places, 45 emergency places, 28 respite beds and 66 day places were commissioned in 1999 at a cost of £2.965m

Target No. 2

Provision of a village type complex service to 30 residents of St Ita's Hospital.

- Work commenced on the village complex at Oldtown in January 1999 and is almost complete. Residents will begin to transfer from St Ita's in early 2000.

Target No. 3

Provision of a Psychology Service to clients of Hawthorns and Aishling House and those persons with an intellectual disability residing in the community in Kildare.

- Despite numerous efforts it has not been possible to recruit a psychologist to fill this post. Services needs on the interim were met from the Psychology resource at St. Ita's. Our Board is currently in discussion with a voluntary service provider to consider a joint provision of this service.

Target No. 4

Improved monitoring and evaluation of Family Support Services to the intellectually disabled in Kildare.

- A Family Support Supervisor commenced duty in June 1999 and is currently carrying out an evaluation of the service.

(8.3.4) Service Developments in 2000–Intellectual Disability Services

The Letter of determination for 2000 allocates funding of £98.475 to mental handicap services of which £12.490m is additional funding. (£1.790m is in respect of core service provision and the full year costs of developments put in place in 1999, £10.700m is for the development of new services in 2000) and £85.985m is in respect of funding of those agencies previously funded directly by the Department of Health and Children.

<i>Service Provided</i>	<i>£m</i>
Full year costs of service development put in place in 1999	1.350
Base funding for our Board's service	0.120
Increase base funding in Cheeverstown, KARE, Peamount and Sunbeam House - (0.075 for each agency)	0.300
Increase base funding of the National Special Equestrian Training Centre, Bray.	0.020
Full year funding for 45 emergency placements from 1999	0.325
Contingency emergency residential places 2000	0.500
200 new residential places	5.375
280 new day service	2.800
Specialist and additional support service	0.200
56 additional respite places	1.500
Total	£12.490

The funding in respect of the previously direct funded organisations is set out as follows:

	<i>£m</i>
The service provided by the Sisters of Charity of Jesus and Mary, Moore Abbey	5.894
Service provided by the Hospitaller Order of St. John of God.	22.858
Services provided by Stewart's Hospital	16.061
Service provided by St. Michael's House	17.901
Service provided by the Daughters of Charity	21.977
Service provided by the Children's Sunshine Home	1.294
Total	£85.985

The sum of £0.114m is also included in respect of the costs arising from the continued implementation of the Intellectual Disability Nursing Registration/Diploma Programme.

(8.3.5) Service Evaluation in 2000

- Our Board, in conjunction with the Irish Society for Quality Healthcare, participated in a study to evaluate the access to disability services for babies born with a recognised disability. This study is complete and work has commenced to develop a set of standards relating to accessing disability services.
- Two working groups were also established in 1999 to evaluate and report on:

- Persons with a Dual Diagnosis (i.e. Intellectual Disability and Psychiatric Illness).
- Central Planning Committee Sub – Group on Disturbed Behaviour.

These Groups will be reporting in early 2000 and their recommendations will be used to establish policy direction in the relevant areas.

(8.4) Physical and Sensory Disabilities

(8.4.1) 1999 Service Developments

A sum of £1.080m was included in our Board's Letter of Determination for 1999 towards the development of services for persons with physical and sensory disabilities. The priorities for development as identified by the Department of Health & Children and our Board's Co-ordinating Committee for Physical & Sensory Disabilities included respite care, day care, personal assistant/home support and therapy services. Submissions were requested and received from the voluntary agencies, examined in detail and considered by the Co-ordinating Committee and the following allocation of funding was agreed:-

<i>Service Type</i>	<i>£m</i>
Community Based Therapy Services	0.090
Home Support/Personal Assistants/Care Attendant	0.500
Respite Care (Adult & Child)	0.200
Early Services	0.060
Day Activation	0.070
Residential Services	0.160
<i>Total</i>	<i>£1.080</i>

(8.4.2) Service Evaluation in 1999

A number of service evaluations commenced in 1999 as follows:

- Evaluation of Residential Services - Our Board, in partnership with the Cheshire Foundation of Ireland, embarked on a two-year evaluation of residential services with the aim of developing a "best practice" model of care. This project is being externally evaluated by the Tavistock Institute and year one of the project is almost complete.

It is anticipated that the results of this evaluation will provide valuable information for use in the future planning and development of residential services for persons with disabilities and other care groups.

- Evaluation of Day Services – An evaluation of day services for the region commenced in 1999 and will continue into 2000.
- Pilot Project - Community Occupational Therapy Liaison Post, Beaumont Hospital/Eastern Health Board, Areas 7/8.
- A Community Occupational Therapy Liaison Post was established in Beaumont Hospital in April 1999 to facilitate discharges from hospital to the community and provide a more effective, seamless and quality service. The project was evaluated during the first six months and reported on in October 1999. A number of positive outcomes arose from this service and it is planned to continue with the service in Area 7/8 and develop similar models in other Community Care Areas.

(8.4.3) Attainment of 1999 Targets–Physical and Sensory Disabilities

Target No. 1

To progress compilation of the Physical & Sensory Database.

- A Public Health Specialist within our Board was nominated to the membership of the National Database Committee, established under the auspices of the Department of Health and Children, to design and compile a National Database on Physical and Sensory Disability. The work of this Committee is progressing and a Progress Report (December 1999) has been issued.

It is anticipated that the basic standard information required for the database will be agreed in early 2000.

Target No. 2

To strengthen the Home Support Service to persons with physical and sensory disabilities, with at least eight additional participants being admitted to the Personal Assistant Scheme.

- An allocation of £0.500m from development funding was provided to a number of agencies to strengthen and increase home support services, which facilitated an additional 14 individuals on the Personal Assistance Scheme and 130 families supported through the Care Attendant Scheme.

Target No. 3

To develop Adult and Child Respite Services with one week's additional respite break being provided to 200 additional carers.

- An additional £0.200m was allocated from development funding to provide additional respite breaks during 1999. This facilitated the provision of an additional 4 respite beds.

(8.4.4) Service Developments 2000-Physical and Sensory Disabilities

As stated above, a sum of £4.203m is included in our Board's Letter of Determination towards the development of services in 2000 in accordance with the needs identified in Towards and Independent Future (£1.713m in respect of core-funding and £2.386m for new developments). This will be distributed as follows:

<i>Service</i>	<i>£m Allocated in 2000</i>
Day Care Services	0.720
Home Support Services (including Personal assistance services)	1.080
Regional Database	0.031
Peamount - Young Chronic Disabled	0.100
For allocation on priorities identified by Health Board and its Co-ordinating Committee for physical and sensory disability services	0.455
Services for People with Disabilities in Sheltered Workshops	0.104
Full year costs of 1999 development funding	1.080
Cheshire Foundation of Ireland	0.012
Irish Wheelchair Association	0.057
National Association of deaf People	0.020
National Council for the Blind of Ireland	0.020
St. Joseph's School for the Deaf, Cabra	0.130
St. Mary's Home for the Blind, Merrion	0.040
St. Joseph's Home for the Adult Deaf/Blind, Brewery Road	0.060
Provisions of enhanced Interpreter Services	0.029
Aids and Appliances	0.065
Rehab Group	0.200
Total	£4.203

The detailed allocation of development funding will be made following consideration of proposals and discussion with the Co-ordinating Committee and Programme Committee for Physical and Sensory Disability Services.

(8.4.5) *Service Evaluation in 2000*

- Evaluation of Residential Services - The evaluation of residential services within the Cheshire Homes, in partnership with our Board, will continue during 2000.
- Day Services - The evaluation of day services within the Eastern Health Board region, which commenced during 1999 is to continue and will be completed during 2000.
- This Programme, in consultation with the voluntary agencies and our Board's Community Services Programme, will identify further areas of service for evaluation in 2000.
- Involvement of the Department of Public Health in the assessment of need to undertake pilot studies to ensure validity and accuracy of expressed demand.

(8.5) Monitoring and Controlling Mechanisms

The monitoring arrangements in respect of services providing directly by our Board and by organisations grant-aided by our Board are:

- Submission of monthly progress reports to the Department of Health and Children in respect of our Board's service plan.
- Submission of a Service Plan clearly outlining levels of service provision and objectives of the service to be provided.
- Submission of a full set of audited accounts in respect of previous service reports.
- Regular meetings take place to discuss current services, financial performance and proposed service development.

(8.6) Contingency

A sum of £0.500m has been set aside to deal with emergencies cases, unanticipated cost increases and service demands during 2000. (*Para 8.3.4*)

9. Health Promotion, Mental Health, Addiction and Social Development

(9.1) Introduction\Core Service Provision

The overall budget for the Programme is **£118.261** and includes £8.156m in respect of service developments.

	<i>£m</i>
Health Promotion (<i>Para 9.3.6</i>)	0.120
* Mental Health Services (<i>Para 9.4.6</i>)	2.001
HIV/AIDS Drugs (<i>Para 9.5.4</i>)	5.325
Adult Homeless Services (<i>Para 9.7.5</i>)	0.700
Total	£8.156

(* per letter of allocation £2.279m, but £0.268m dealt with by other programmes as follows:)

	<i>£m</i>
Dementia (<i>Para 10.4.5</i>)	0.020
Nth Dublin Old Age (<i>Para 10.4.5</i>)	0.028
Child Psychiatry (<i>Para 7.4.4</i>)	0.120
Warrenstown House (<i>Para 7.4.4</i>)	0.100
Total	£0.268

There are five distinct elements to our Programme's services:

Adult Mental Health Services: Comprehensive mental health services are provided through 10 geographical catchment areas. The core services provided are: Acute Services; Residential Services; Community Services; Alcohol Services; Forensic Services

Drugs/AIDS Services: The core components of service provision are education and prevention, treatment and rehabilitation/re-integration interventions that addresses the multifaceted and heterogeneous nature of addiction. The provision of Education, Prevention and Treatment services for individuals with blood borne illnesses is a key aspect of the service.

Health Promotion: The Health Promotion Department works to maintain and promote the health of the population of the Board's Region through:

implementation of high quality health programmes; the provision of training for those involved in health promotion so as to maximise the effectiveness of their work; working with relevant statutory, voluntary and community groups; co-ordination of programmes and the exchange of information between those involved in health promotion in the region.

Social Development: The support and facilitation of service development in tandem with other statutory and voluntary providers; the provision of our regional Staff Development Programme to meet the generic recommendations under the Integrated Services Process; the provision of our local Staff Development Programme to meet the specific recommendations (through task groups) under the Integrated Services Process; the implementation of our Social Development Policy, mechanisms, framework and protocols, agreed by our Board.

Services to Homeless People, Asylum Seekers and other special needs groups: A range of health and welfare services to homeless people is provided by dedicated multidisciplinary teams. Day care services are provided to homeless people, especially women with children residing in emergency accommodation. Public Health screening service and emergency general practitioner services are provided to all asylum seekers. Income maintenance services are provided to homeless people, asylum seekers and travellers on an agency basis for the Department of Social Community and Family Affairs. Emergency accommodation is provided for homeless people, asylum seekers and travellers on an agency basis for the local authorities in our Board's region.

(9.2) Priority Objectives

- To present to our Board and to the Department of Health the five Year planning document for Mental Health Services;
- To implement the recommendations of the rehabilitation\reintegration blueprint for the Drugs\Aids Service;
- To improve awareness of what is health promoting\health damaging
- behaviour through effective community initiatives, research and
- information dissemination programmes;
- To implement the strategy contained in the Social Development policy Statement document relating to local networks;

- To establish the two multidisciplinary teams for homeless people based on the recommendations in the Report on Homelessness in the Eastern Health Board.

(9.3) Health Promotion

The Health Promotion Department works to maintain and promote the health of the population of the Board's Region through:

- Implementation of high quality health programmes;
- The provision of training for those involved in health promotion so as to maximise the effectiveness of their work;
- Working with relevant statutory, voluntary and community groups;
- Co-ordination of programmes and the exchange of information between those involved in health promotion in the region.

(9.3.2) Priority Objectives

- To improve awareness in our region of what is health promoting/health damaging behaviour through effective community initiatives, research and information dissemination programmes;
- To develop young people's ability to promote and maintain their health;
- To promote cardiovascular health through our workplace programmes, tobacco control and community nutrition service;
- To enhance our Board's health promotion capacity through an extensive staff training programme in health promotion;

(9.3.3) 1999 Service Developments

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.

New materials were developed which address alcohol consumption, tobacco control and healthy eating.

The Steering Committee on Health Promotion developed a three-year communications strategy for our Health Promotion Service.

A video has been produced focusing on six priority health promotion topics. This new resource is to be used in the primary care and the community setting, through general practice, health centres and hospital waiting rooms.

Our Health Promotion Unit provided thirty-four training courses for staff in a broad range of health promotion topics and methodologies.

Seminars and materials were provided for staff in our Board and in the Local Authorities for National Healthy Eating Week. New materials were disseminated widely through our Resource Unit for various national campaigns including National Healthy Eating Week, Europe Week against Cancer and Fire Safety Week.

A survey of staff health behaviours and attitudes was initiated which will provide us with baseline information against which to monitor the effectiveness of our workplace interventions.

Training in health promotion needs assessment was conducted with staff in each Community Care Area. Assessments were begun in a number of local areas; funding was provided to conduct a needs assessment in Community Care Area 9. The results of this assessment will be available in 2000 and will provide a template for work in other areas.

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.

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 post primary schools in our region. A similar assessment has been initiated with teachers in the 173 primary schools in our region which are designated as disadvantaged by the Department of Education and Science.

The results of our survey into health behaviours among school children were published and widely circulated to schools and health professionals in our region

In collaboration with the Children and Families programme, a one-day seminar was held to develop draft guidelines on best practice in parenting education. This initiative is a collaboration between our Board and Barnardos.

Special support was provided in Area 9 to support nutrition and oral health promotion in the primary school setting.

Training in the Nutrition Education Programme for Schools (NEAPS) has been arranged and will begin in primary schools in our region in 2000.

A health promotion officer for tobacco control was appointed and a consultation was initiated to develop a tobacco control strategy for our region.

A consultation process to draw up a Tobacco Control Strategy for our region was launched with a seminar in September which reviewed successful international tobacco control policies and action plans. Specialists from voluntary bodies, health services and private industry participated. Our Board's strategy will be published in early 2000 and will identify priority target groups for prevention and cessation support. Action plans in support of existing and new legislation in workplaces, leisure facilities and community settings will be outlined. The role of the health services in reducing tobacco use in our region will be comprehensively addressed.

Our Health Promotion Unit 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. A review of effectiveness of smoking cessation support groups was initiated.

We provided the skills for change programme to over 100 health professionals in our region. This programme develops skills which promote client behaviour change with regard to smoking, alcohol, physical activity and healthy eating.

Our community nutrition service provided training for community workers in three low income areas in a new nutrition education package called "Cooking for Health". New materials were rigorously piloted and tested successful.

In collaboration with community groups and relevant staff in three community care areas a review of the Food and Health programme was conducted. New materials have been developed and new structures will be piloted in 2000.

A breastfeeding baseline and numerous interventions have been established as a part of our pilot project to develop a protocol to increase breastfeeding rates in our region. This project will continue until end 2000.

The community nutrition service developed a training programme for staff, producing new materials and resources to support public health nurses and area medical staff in nutrition health education.

The community/clinical dietetic service was further developed with the appointment of a third dietician to co-ordinate our clinical service in general practice.

A two year strategy to promote staff health was produced by the Eastern Health Board staff health promotion committee.

In collaboration with the Dublin Healthy Cities project guidelines to promote staff health in large workplaces were developed and published. A data base of small workplaces has been produced to enable us to work more closely with and monitor our activity with this sector in 2000.

Over 450 staff were recruited into the "Happy Heart at Work" programme in 1999.

(9.3.4) Attainment of 1999 Targets

All targets as set out in the 1999 service plan were achieved as set out in 9.1.3.

(9.3.5) Service Evaluation

In 1999 a research officer was appointed to work with local and central health promotion staff to evaluate health promotion interventions for effectiveness.

An evaluation of our Board's Smoking Cessation Services was begun and will conclude in 2000. Our Community Nutritionist service has reviewed and evaluated the nutrition education programme, *Food and Health* this year and recommendations have been made to improve effectiveness.

In 1999 all training courses offered by the Health Promotion Department were subject to both short and long term evaluation. Two courses in Evaluation Methodologies were provided by the Department to build the capacity of Area staff in evaluation.

(9.3.6) Service Developments in 2000

The overall allocation for service developments to the health promotion department in year 2000 is £0.120m

- Current vacancies will be filled in line with the proposed development of local health promotion departments in each health board area within the Eastern Regional Health Authority
- Three additional staff members will be appointed to support area health promotion programmes, attaching priority to geographic areas of disadvantage and low income.
- The number of training courses offered to staff through the health promotion training programme will be increased in the year 2000;
- The number of schools reached through our schools health promotion service will be increased, with special emphasis on targeting schools designated as disadvantaged;
- The workplace health promotion programme will be developed to target small workplaces in this region;
- The Community/Clinical Dietetic Service will be developed in line with recommendations in the Cardiovascular Health Strategy with special emphasis on providing support to disadvantaged communities and primary care groups;
- Tobacco control interventions will be enhanced in collaboration with Eastern Health Board staff, health services, schools and community groups in the region;
- Increasing physical activity levels will receive special attention through the establishment of interventions in the primary care; dedicated research into the promotion of physical activity among teenage girls is planned.

(9.3.7) Service Evaluation

The Food and Health Programme and the Smoking Cessation services will be monitored and evaluated by the Health Promotion Research Officer.

As a member of the Dublin Healthy Cities Steering Committee, the Health Promotion Officer will collaborate in the review and evaluation of progress to date on meeting objectives as set out in the Dublin Healthy Cities health plan. We also collaborate with the Dept. of Public Health to monitor and evaluate interventions.

(9.3.8) Monitoring and Control Mechanisms

Monthly reviews are conducted between health promotion staff and the Health Promotion Officer. A quarterly review of progress against objectives is presented to the Programme Manager. Our Board's Steering Committee on Health Promotion also acts to monitor the service against objectives established in the service plan.

(9.4) Adult Mental Health

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

- Acute Services
- Residential Services
- Community Services
- Alcohol Services
- Forensic Services

Integration

Key to effective service delivery is that care is provided in a way that is experienced as seamless and integrated by service users. The mental health service aims to achieve this by developing close partnerships with key agencies, both statutory and voluntary. This process will be facilitated in due course by structural change to accommodate those partnerships. In addition our Board's five year development plan for mental health will seek to influence the policy framework and delivery of services or programmes administered by other agencies in a manner consistent with the objectives of our Board's plan.

Our Board's plan will also recognise the importance of fostering partnerships in collaboration with mental health clinicians and the broader health and community sector, in particular with general practitioners.

(9.4.1) Summary Activity Out-turn

The following tables summarise the service activity level for 1999 (actual activity up to 31/10/99 and estimated for last quarter) and projected for 2000 (see Appendix 10 for details)

Psychiatric Hospitals					
<i>No. of Beds</i>		<i>No of New Admissions</i>		<i>No of Re-Admissions</i>	
Closing Position 99	Projection 2000	Closing Position 99	Projection 2000	Closing Position 99	Projection 2000
388	*376	1130	1176	3584	3701

*Relocation of Unit 2a St. Brendan's Hospital to Community Residence - 12 beds in year 2000.

Acute Psychiatric Units					
<i>No. of Acute Beds</i>		<i>No of New Admissions</i>		<i>No of Re-Admissions</i>	
Closing Position 99	Projection 2000	Closing Position 99	Projection 2000	Closing Position 99	Projection 2000
190	190	521	637	1298	1667

Community Accommodation									
<i>High Support Hostels</i>		<i>Medium Support Hostels</i>		<i>Low Support Hostels</i>		<i>Totals</i>		<i>Projection 2000</i>	
No	Places	No	Places	No	Places	No	Places	No	Places
21	308	25	202	31	228	73	738	76	768

Day Hospital							
<i>No of Places Available</i>		<i>No of new referrals</i>		<i>Total Attendances for Year</i>		<i>Total No of Persons Attending</i>	
Closing Position 1999	Projected 2000	Closing Position 1999	Projected 2000	Closing Position 1999	Projected 2000	Closing Position 1999	Projected 2000
364	394	1665	1737	61492	65920	5107	5427

Day Centres					
<i>No of Places Available</i>		<i>Total No. of Attendances</i>		<i>Total No. of Persons Attending</i>	
Closing Position 99	Projection 2000	Closing Position 99	Projection 2000	Closing Position 99	Projection 2000
724	748	115033	118915	1218	1295

Our-Patients Clinics					
<i>New Attendees</i>		<i>Repeat Attenders</i>		<i>Total No. of Attendances</i>	
Closing Position 99	Projection 2000	Closing Position 99	Projection 2000	Closing Position 99	Projection 2000
5202	5629	10213	10415	114109	121438

Long Stay/Continuing Care			
<i>Number of Beds</i>		<i>Patients Treated</i>	
1999	Projected 2000	1999	Projected 2000
489	489	459	489

Forensic Service	
<i>No of Admissions</i>	<i>Discharges</i>
228	210

Forensic Service - Ushers Island Day Service		
<i>Total Attendances</i>	<i>People</i>	<i>Average No per Day</i>
1450	323	6

Alcohol Service				
<i>New Clients</i>	<i>Attendances</i>	<i>Counselling Sessions</i>	<i>Request for Detoxification</i>	<i>After care Programme</i>
1910	3975	7035	437	660

Alcohol Service - Barrymore House	
<i>No of People Treated</i>	
79	

(9.4.2) Priority Objectives

- To present to our Board and to the Department of Health the five-year planning document for mental health services.
- To further advance the development of providing acute psychiatric units in:
 - St. Vincent's Hospital

- Beaumont Hospital
- James Connolly Memorial Hospital.
- To plan for the development of a special care unit in each of the three new Area Health Boards.
- To complete the strategic review of the forensic services and identify the supports required to manage the needs of those with psychiatric conditions in prisons.
- To provide specific supports which are targeted towards vulnerable homeless people who require psychiatric intervention.
- To plan for the implementation of any changes in mental health legislation.

(9.4.3) 1999 Service Developments

- Charter of Patients rights - A draft charter of patient's rights has been completed by our Board. Voluntary organisations have been consulted. It is now intended that an agreed Charter of Patients rights will be published in early 2000, taking account of the provisions of impending mental health legislation.
- Voluntary Sector - All voluntary organisations are being met on a periodic basis and a more focused approach to service provision is being fostered. Service arrangements continue to be agreed with all voluntary agencies.

A forum for the voluntary sector was held in October 1999 as part of the planning and consultative process in relation to our Board's Five Year Development Plan for adult mental health.

- Five Year Plan - The consultative process for the five year development plan was completed. It is intended that the five Year Planning Document for Mental health will be presented to the Eastern Health Board in early 2000. The plan will indicate to the Department of Health the substantial resources required to provide the services as outlined in Planning for the Future (1984), the Inspector of Mental Hospitals reports, the recently commissioned Department of Health Planning Document "We have no Beds" and the results of the consultative process with our Board's service providers and voluntary sector.
- Acute Psychiatric Units – Moves to General Hospitals

- **Tallaght Hospital** - Move to Tallaght Unit completed on 2nd August 1999.
- **St Vincent's Hospital, Elm Park** - Overall procedures have been agreed between Chief Executive Officer, St Vincent's Hospital, Programme Manager, Eastern Health Board and The Department of Health. Staff from the psychiatric unit Vergemount Hospital and St. Vincent's Hospital (user group) are working on procedural matters in relation to the development of this unit. The psychiatric unit will form part of Phase 1 of the overall development of the hospital, commencing in April 2000.
- **Beaumont Hospital** - The local consultation process between Beaumont Hospital and St. Ita's Hospital is now completed. Approval to proceed has been given.
- **James Connolly Memorial Hospital** - A design brief has been produced for the hospital overall. It is planned that the 56 bedded psychiatric unit will be ready to move into by the year 2001. A Project Team is over-seeing the planning and development of the psychiatric unit.

Development of Psychiatric Campuses

- **St. Brendan's Hospital** - Progress was made with the commencement of work on the development plan for St. Brendan's Hospital. This was assisted by the appointment of a Project Manager in March 1999 and work commenced on development of a design brief for the new services in industrial therapy, rehabilitation, homeless and special care unit.
- **St Ita's Hospital** - Project manager is in place since April 1999. Two working groups have been established to progress the planning of a rehabilitation unit and a special care unit. Service developments and re-provision for elderly on the campus are part of the on-going discussions.

National Task Force on Suicide

- A Resource Officer was appointed in April 1999. Composition of our Board's Working Group on suicide has been agreed by the Management Team.

The focus of the work of the resource officer to date has been to collate an up-to-date body of knowledge pertaining to

suicide, to identify the services in place in the area dealing with prevention treatment and the bereavement aspects of suicide and identify research activity related to suicide in the region. Our Board 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.

- **Ashdale High Support Hostel** - Recruitment of additional staff for Ashdale High Support Hostel is now complete. 6 patients are currently in residence in Ashdale. Some renovation work is required before full complement of 10 patients can be achieved. Renovation work is ongoing and will be completed by January 2000 when the full complement of patients will take up residence.
- **Social Worker (St Brendan's Service)** - This post was advertised and the selection process is in train.
- **Mental Health Homeless Service** - The post of Occupational Therapist for the homeless service was advertised. An interview panel has been nominated and interviews will be held in early 2000.
- **NCHD Post** - The additional NCHD Post for Area 7 (Mater Sector) is now in place.
- **Clerical Staff (St Ita's Service - Area 8)** - Two administration staff have been recruited to the St. Ita's Psychiatric Service.
- **St Patrick's Hospital (Bed Dependency)** - The project to evaluate the dependency level of a number of long stay patients in St Patrick's Hospital is continuing. A report will be submitted early in year 2000.
- **High Support Hostel (Area 8)** - The recruitment of staff for the new high support hostel in Area 8 will commence in early 2000. Work on the up-grading of the hostel to meet health, safety and legal requirements will be completed in early 2000.
- **Rehabilitation Team (Area 4/5)** - Financial clearance for a Consultant post to lead the rehabilitation team in St Loman's Hospital has been received from the Department of Health and Children.

Our Board has met with Tallaght Hospital to have the post structured as a joint appointment. This matter is for discussion

by the medical board of Tallaght Hospital in January 2000. It is envisaged that a joint appointment application will be submitted to Comhairle n-Ospideal before the end of February 2000.

- **Forensic Psychiatry Services** - A Consultant Psychiatrist Post to further support the needs of prison service will be in place in early 2000 following reference clearance and acceptance.
- **Schizophrenia Ireland** - The level of funding for 1999 for Schizophrenia was agreed and a schedule of payments and accountability structures for the grant-aid are now in place.
- **Samaritans** - The additional funding provided in 1999 will allow the Samaritans undertake much needed research into suicide and therefore complement the work of our Resource Officer and our Board's Working Group. Monitoring and evaluation arrangements are also in place.
- **Part-time Chair in Biological Psychiatry/Linked to Liaison Service** - Discussions are ongoing with representatives from St Vincent's Hospital, U.C.D. and St John of God's in relation to a job description and advertisement for this post. St John of God's hope to be in a position to advertise the post in January 2000.
- **Psychiatric Nursing Registration/Diploma Programme** - The additional allocation has facilitated the further development of the Diploma Programme. The following are the numbers of students currently in the Diploma Programme.

1 st Year	59
2 nd Year	27
3 rd Year	30

(9.4.4) Attainment Of 1999 Targets

1999 Target: To develop a planning document for the mental health service.

Wide ranging consultation with all stakeholders was completed. A framework for further input by the stakeholders was identified and agreed. A five year planning document for mental health services will be presented to our Board in early 2000.

This document will identify the substantial resources required to provide a comprehensive community mental health service. It will provide a clear framework for future activity and identify additional areas that will need to be researched and resourced. The views and recommendations of those with mental illness, their carers, mental health service providers and professional bodies were sought through consultation processes and represent a major contribution to the identification of priority areas of activity.

(9.4.5) Service Evaluation

Overall Service:- The Inspector of Mental Hospitals under the Mental Treatment Act 1945 reported on the 1998 inspection of our Board's Psychiatric Services. The recommendations were incorporated into the service development proposal for 1999 and will be further addressed in our Board's five year development plan.

Accreditation of services by An Bord Altranais and the Royal College of Psychiatry continued this year.

The acute bed study in psychiatry was completed and was published in early 1999. This study was commissioned by the Department of Health in conjunction with our Board and undertaken by the Health Research Board. The publication of the report in March 1999 is providing an opportunity to plan services and target resources in a more equitable manner. It will be used to assist in prioritising developments in our Board's Five Year Plan.

Catchment Area 1 - The research unit at Cluain Mhuire continues to focus on the causes, course and treatment of schizophrenia. Evaluation of the family education programme for the carers of patients attending the services with a diagnosis of schizophrenia was carried out. Evaluation of rehabilitation and training programmes at Burton Hall was carried out.

Catchment Area 2 - A survey of patients in high support hostels has resulted in new patient care plans being put in place.

Catchment Area 3 - The service has experienced a large number of political refugees attending, particularly as outpatients. A demographic and diagnostic audit of these patients is in progress. A study of referral patterns of outpatients back to their general practitioners has been completed.

A study of remissions, relapse and recovery from first episode of severe depression is ongoing with a focus on the influence of comorbid personality disorder.

Catchment Area 8 – A clinical audit of the North County Sector Services was carried out in 1999. Statistical evaluation of service activity (number of clients, attendants etc.) was also carried out.

Catchment Area 9 - An evaluation of a music intervention group in Rathangan, Co Kildare was carried out with positive outcomes. A social and variety group was formed as part of the development of the music group. Interaction and communication between group members developed through the course of this group intervention and written comments from participants were positive. A research project into the use of special observation on Lakeview Unit was conducted in 1999. It examined the use of special observation, its cost to the service, the reasons for its prescription and its therapeutic benefits. It will be presented to the management team for consideration in year 2000.

Catchment Area 10 - Research and evaluation of community support programmes in the South Wicklow sector was carried out. Results will be published in early 2000. A schizophrenia carers support group was established and evaluation carried out. The results will be published in early 2000.

St Brendan's Hospital - An evaluation of how high support hostels meet the needs of the users was completed and presented in 1999. Satisfaction rates of 84% were recorded from the users.

(9.4.6) Service Development In 2000

The overall allocation for service developments to the mental health services in 2000 is £2.011m. This allocation is divided as follows:

		£m
Area 8	Enhancement of staffing at high support hostel	0.106
Area 4/5	Establishment of rehabilitation team (1/2 year costs)	0.100
Central Mental Hos	Development of Forensic psychiatric services	0.200
Forensic Service	2 Consultant Forensic Psychiatrists (1/2 year costs)	0.500
Beaumont Hospital	Paramedic staff for liaison services	0.100
Mental Health Association of Ireland	Enhancement of services	0.100
Schizophrenia Irel	Enhancement of services	0.050
Area 7	Day Hospital Development (1/2 year costs)	0.040
Suicide	Funding toward research projects	0.075
Area 6	Staffing of High Support Hostel	0.215
Area 6	Enhanced staffing for St. Eliz's Court	0.150
Area 8	Enhancement of Community Services (1/2 year costs)	0.065
Homeless Service	Additional Consultant post (1/2 year costs)	0.130
Area 1	Development of Liaison Psychiatry & Part-time Chair	0.180
Total		£2.011

Mental Health

Additional allocations associated with developments initiated in 1999.

Enhancement of Staffing for high-support hostel in Area 8 (half year costs) £0.106m

An additional £0.106m was allocated to bring the total allocation to £0.212m to staff high support hostel in Area 8. The allocation in 1999 is being used to up-grade premises at Inch, Balrothery, Co. Dublin. It is expected that recruitment of staff for the high support hostel will commence in early 2000. This hostel will provide nine additional places for users in an appropriate community setting.

Establishment of Rehabilitation Team – Area 4/5 (half year cost 1999/2000) £0.100m

An additional £0.100m for the establishment of rehabilitation team will bring the allocation to £0.200m, following an initial allocation of £100m in 1999. Our Board is currently in discussions with Tallaght Hospital in relation to making an application to Comhairle n-Oispideal to have the consultant rehabilitation post structured as a joint appointment. The establishment of a multi-disciplinary rehabilitation team will allow our Board to continue to provide care for patients of the catchment area on a rehabilitation and crisis intervention basis.

The further development of Forensic Psychiatric Services at Central Mental Hospital £0.200m

The additional £0.200m allocated in the letter of determination now means that £0.400m is available for this service and will enable the Board to provide a full team in forensic psychiatric services in Year 2000. The forensic psychiatrist will be in place in January 2000. This team will provide the link between the forensic service and the prisons.

St. John of God Hospital, St. Vincent's Hospital Elm Park, St Columcilles Hospital Loughlinstown and St. Michael's Hospital Dun Laoire for development of Liaison Psychiatry and Part Time Chair (full year costs of 1999 developments) £0.180m

The extra £0.180m added to the £0.200m allocated in 1999 for the development of the part-time chair and liaison service associated with St. John of God Hospital\St. Vincent's Hospital, Elm Park\St Colmcilles Hospital Loughlinstown\St. Michaels Hospital , Dun Laoghaire means that the full team for this service can be recruited in Year 2000. The consultant for this service will be in place in early 2000.

Arrangements regarding the structure for the liaison service to St Colmcilles Hospital and St Michaels Hospital have been agreed between the respective organisations.

New developments to commence in the year 2000.

Research Project, Dementia, Alzheimer's and the Psychiatry of Old Age £0.020m

The allocation for this project will be managed by Acute Hospital Programme and our Board's Director of Services for Older Persons will comment on this development in the service plan for the elderly.

Consultant Forensic Psychiatrists (Half year costs 2000-2001) £0.500m

An additional allocation of £0.500m (half-year costs) for two further consultant forensic psychiatrists will enable our Board to provide additional resources for risk assessment and support to our own psychiatric services and bridge the gap between the prison services and the Central Mental Hospital. It is also envisaged that the two new consultants will provide a swift response to increasing demands for assessments from court referrals.

Our Board's strategic review of the forensic service will identify the appropriate structures in which all new forensic posts will operate.

Additional Staff North Dublin Psychiatry of Old Age £0.028m

The recruitment of additional staff for North Dublin Psychiatry of Old Age from the allocation of £0.028m will be managed by the Acute Hospital Programme and will be commented on in the service plan for the elderly.

Paramedic staff for liaison Beaumont Hospital Psychiatric Services (total costs 2000-2001) £0.100m

The recruitment of paramedic staff for liaison in Beaumont Hospital will enable our Board to enhance the liaison services to psychiatric patients at Beaumont Hospital.

Mental Health Association of Ireland £0.100m

The £0.100m allocation for the Mental Health Association of Ireland will allow our Board to further develop services in partnership with this voluntary organisation.

Schizophrenia Ireland £0.050m

An additional £0.050m will also allow our Board to develop services in partnership with Schizophrenia Ireland.

Staffing of high support hostel – Ard na Greine in Area 6 2000-2001 £0.215m

An allocation of £0.215m will allow our Board to staff the Ard na Greine High Support Hostel in Catchment Area 6. Area 6 was identified as the area of greatest need in the acute bed study "*We have no Beds*". This development will allow the accommodation of patients in a more appropriate community setting.

Enhanced staffing of Elizabeth's Court in Area 6 2000-2001 £0.150m

An allocation of £0.150m will provide enhanced staffing levels in St. Elizabeth's Court, North Circular Road, Dublin 7. This staffing will provide additional support to the more dependant population of this residence.

Day Hospital Development Area 7 (half year costs 2000-2001) £0.040m

£0.040m (half-year costs) will enable our Board to extend the Day Hospital Service in Catchment Area 7 beyond a 5 day model and will also provide for a crisis intervention service.

Suicide-Funding towards research projects £0.075m

The allocation of £.075m for suicide projects will allow our Board to assemble more information on suicide to respond to specific needs. In particular, our Board's involvement with a European Project will allow further development of a collaborative approach to advise on targeted response areas.

Enhancement of Community Service North County Dublin Area 8 (half year costs 2000-2001) £0.065m

An additional consultant post for the enhancement of the North Dublin Service will be provided from the additional allocation of £0.065m (half year cost). The recruitment of an additional post will augment the services provided in the North County Dublin sector.

Additional Consultant led Psychiatric Team – Homeless Sector (half year costs 2000-2001) £0.130m

The allocation of £0.130m (half year cost) will provide for a Consultant led psychiatric team for the Homeless Sector.

This team will respond to the needs identified by the inter-departmental report of March 1999. The structures surrounding the integration of this post within the overall psychiatric service will be identified and put into place.

Psychiatric Nursing Registration\Diploma Programme

An additional allocation of £0.316m is being provided to meet additional costs arising in year 2000 from the continued implementation of the nursing Registration\Diploma programme.

The number of new intakes for the term that commenced in September 1999 was 59. This shows a substantial increase over the intake in September 1998.

Additional funding of £0.338m and £0.244m has been allocated for St. John of God Hospital and St. Patrick's Hospital respectively and will be channelled through our Board.

This is in respect of the costs arising in 2000 from the continued implementation of the Registration\Diploma programme in pre registration psychiatric nursing education and training. Appropriate accountability structures will be implemented to ensure compliance with legislation.

(9.4.7) Service Evaluation

Overall Service Evaluations:

It is intended that Clinical Directors in our services will be approached to agree a medical audit to review the quality of medical casenotes, prescribing patterns and re-certification of temporary patients.

An evaluation of the implementation of the Dept. of Health's document "*Guidelines on Good Practice and quality Assurance in the Mental health service*" in the Board's area will be carried out.

Area 2

- The occupational therapy service will undertake a client satisfaction audit for in-patients in February 2000.
- A clinical audit of patients attending services in area 2 with depression will be carried out.

Area 3

- A "needs for care" study of patients with severe long-term illness should reach useful conclusions in 2000.

Area 6

- The occupational therapy service will complete a client satisfaction audit.
- A care audit on patients in hostels will commence and an individual care plan will be developed.

Area 7

- A skills audit of nursing and care staff will be carried out and offer suitable training where appropriate.
- It is intended that a care audit on patients in hostels will be carried out and an individual care plan for each resident developed.

Area 8

- An external evaluation of the Home Care Management Service - North County Dublin will be carried out in 2000.
- A needs assessment analysis of the patient population on the campus of St Ita's Hospital commenced in 1999 and will be completed in early 2000.
- A multi-disciplinary review of persons with challenging behaviour will be completed in year 2000.

St. Brendan's Hospital

- An assessment of individual patient needs using standardised instruments will be completed.
- An audit of non-district admissions will be undertaken.

Alcohol Services

- An evaluation of the developing links with St James Hospital will be carried out. It is intended that if positive outcomes from the evaluation are achieved a similar arrangement will be considered with St Vincent's Hospital, Elm Park.
- A research project will commence in January 2000 to examine the effectiveness of treatment setting in terms of impact on drinking behaviour, psychosocial functioning and family functioning.

(9.4.8) Monitoring and Control Mechanisms

The operational plan for the mental health services will be up-dated on a monthly basis and reported to our Board's management team.

The Area Management Teams are responsible for the on-going monitoring and evaluation of service provision, including financial control.

Each area team is also responsible for monitoring standards, and the quality of service provided and ensuring that best practice prevails. This is monitored annually by the Inspector of Mental Hospitals, who provides an independent audit of the mental health service.

The Director of Mental Health performs an assurer role in relation to quality and effectiveness of existing services.

It is intended in 2000 that Clinical Directors in our services will be consulted on a medical audit process to identify practices in prescribing patterns, medical note-taking and re-certification of temporary patients. The focus for this is to ensure good practices are supported and implemented.

In exercising financial control, area management teams will work closely with mental health programme support and our Board's finance department. Monthly financial reports which monitors expenditure by cost centre and cost class detail will be utilised to ensure sound financial governance.

(9.5) Drugs/AIDS Service Addiction and Community HIV Service

The core components of service provision are education and prevention, treatment and rehabilitation/re-integration interventions that address the multifaceted and heterogenous nature of addiction. The provision of education, prevention and treatment services for individuals with blood borne illnesses is a key aspect of the service.

The service through its staff is represented at a number of committees, Task Force and forum levels that promote the concept of service integration. This partnership approach includes liaison with statutory, voluntary and community agencies. The service is represented on the National Drug Strategy Team and on the thirteen Local Drug Task Forces (and their subsequent committees).

(9.5.1) Priority Objectives

- To provide treatment services in areas not already developed in order to reduce the waiting lists and waiting times of clients.
- To broaden the base of service available which includes the alliance of the Drugs and Alcohol Service.
- To implement the recommendations of the rehabilitation/re-integration blueprint.
- To work closely with voluntary and statutory agencies to develop inter agency and inter disciplinary responses which are patient centred and outcome focussed.
- To introduce a case planning system throughout the service.
- To initiate and develop further key projects, i.e. Young Persons Programme, Prisons, Probation and Welfare.

(9.5.2) 1999 Service Developments

The service established 5 new service locations this year and the number of additional clinic treatment places developed was 316 (including Trinity Court). The number of new General Practitioners to the Central Treatment List for this year was 29 and 30 new Pharmacists. The overall total of treatment places in the Eastern Health Board area was 4,163, an increase from 3,569 in January 1999.

The in-patient stabilisation unit is completed and the commissioning of its use for clients is on-going through the recruitment of staff.

The completion for the Downstream Unit is on target for late 1999 early 2000. The recruitment of staff for this facility has also begun.

Additional rehabilitation places have been provided by Soilse in North Frederick Street and the commissioning of the proposed services at Cherry Orchard and Gallanstown has begun.

Other developments include the creation of a rehabilitation/re-integration blueprint, Drug Education Strategy and establishment of a Quality Steering Group. Progress in the establishment of partnership arrangements with the Probation and Welfare and Prison Services has been continued.

An external evaluation was completed and this is hoped to be presented to the Board in early 2000.

The trainee counsellor course started in September 1999 and has been augmented by a number of management courses facilitated by this unit.

The Mobile Clinic review is on-going in conjunction with the Health Research Board.

A working group was established to develop a Five Year Development Plan for the service. This is at an advanced stage.

To meet the development of the expanded services an additional appointment at Consultant level is at an advanced stage along with a Forensic Consultant appointment to have responsibility for the Prison Service.

The Management Information System is being piloted in one of the sectors and it is expected to go live in April 2000.

The addiction residential facilities referred to in the 1999 Service Plan have been developed and the commissioning of these facilities in terms of client use is expected early next year. A new rehabilitation service has been established under the management of the existing Soilse Project and a number of partnership arrangements for further rehabilitation places have been created. The implementation of the rehabilitation/re-integration blueprint will develop this core component.

Developments in the provision of services for common clients between Drugs/HIV and Probation and Welfare services have taken place through a joint funded proposal. Also further movement on the implementation of the Draft Policy on substance misuse between the Board and the Prison Service has taken place.

The need to develop and extend specialised young persons programmes has been identified as a key priority for the coming year due to the increased number of young people presenting for services.

(9.5.3) Service Evaluation

An external evaluation was completed in 1999 which assessed the effectiveness of our Board's response to the drug problem in its region. It will also be used to direct future service development.

A small qualitative study was conducted to ascertain the perceptions of service users on the concept of Rehabilitation. The information from this study was used to develop the services rehabilitation/re-integration blueprint.

The service in conjunction with the Health Research Board is facilitating a research project on clients' views of the Mobile Clinic. This is due for completion in early 2000.

A Quality Steering Group was established and received training in 1999. From this a number of quality initiatives were identified and quality improvement teams in each area have been identified. Training for these teams will commence early next year.

Other research completed and/or in progress this year included:

- Two to three year follow-up of opiate dependent in-patients admitted to a specialist drug dependency unit.
- Participation in a Trinity College Study of prevalence of Hepatitis and HIV in Irish prisons.
- Evaluation of the first ten years of needle exchange programmes.
- Evaluation of our Board's response to the new methadone regulations.

(9.5.4) Service Developments

Projected Level of Service in 2000

The allocation for the year 2000 includes a sum of £5.325m which will allow for further service developments in 2000 and to address the specific issues raised in the letter of determination.

New service developments for 2000 will be as follows:

	<i>£m</i>
Education/Prevention	0.237
Care Plan System	0.885
Liaison Workers	0.117
Young Persons Programmes	0.385
Probation and Welfare	0.100
Psychology Service	0.061
Broader based treatment approach	0.120
Rehabilitation/re-integration	1.685
Trinity Court	0.400
Support for Voluntary & Community Organisations	0.800
Gay Mens Health Project & Womens Health	0.040
Enhanced Management Structures	0.075
Training and Development	0.100
Management Information Systems	0.250
International Conference	0.050
External Evaluation	0.020
Total	£5.325

Education/Prevention

Education

It is proposed to appoint 3 Senior Education Officers, one per sector during 2000.

This will continue the development of a co-ordinated and comprehensive education and prevention initiatives throughout our Board's region.

These appointments will offer a more integrated approach to working with our partners in educational providers, i.e. statutory, voluntary and community groups.

A further 3 Education Officers are to be appointed in order to offer a more comprehensive and broad based approach to addiction especially with the proposed alliance of the Drugs and Alcohol Services.

		Revenue Costs
Additional Staff	3 Senior Education Officers 3 Education Officers	£0.162m

Prevention: To develop a pilot project team to offer a wider health check at the syringe exchanges established by the Board.

		Revenue Costs
Additional Staff	3	£0.075m

Treatment

Addiction Centres and Satellite Clinics

It is necessary for our Board to continue to establish treatment locations in areas of need. In particular services, in Crumlin, Drimnagh, Rathfarnham, Finglas, Arklow and Loughlinstown will have to be finalised and fully commissioned. This will facilitate the objective of reducing the waiting lists and waiting times of clients.

There will be capital costs incurred in establishing these centres. The need to provide treatment services in other areas will be kept under review and proposals to establish services in particular areas will be brought before our Board.

Care Plan System

This system will be developed this year in order to monitor and implement individualised care plans which incorporate re-integration into society.

To develop this system it is proposed to create the post of case worker who will be responsible for assuring the delivery of multimodel treatment and to assess the impact of treatment against baseline measures. This system will assist in ensuring better co-ordination and integration of services.

		Revenue Costs
Additional Staff	Case Workers x 20*	£0.162m

**Based on pay costs of providing this service for nine months in 2000.*

Liaison Workers

It is proposed to create a number of liaison posts to ensure integrated service delivery. This liaison work is proposed to create linkages between our service and mental health services, child and adolescent psychiatric services, youth services, homeless services, hepatology services and the prison service.

		Revenue Costs
Additional Staff	6 (2 per sector)*	£0.117m

**Based on pay costs of providing this service for nine months.*

Young Persons Programme

It is proposed to expand and develop young persons programmes in each sector. It is suggested that the model used in Fortune House be viewed as a template in order to develop consistent protocols across the Eastern Health Board region. The programmes developed for this important cohort will be co-ordinated through a project manager.

		Revenue Costs
Additional Staff	3 Project Managers	£0.051m
	18 Additional Staff	£0.324m
Total Costs		£0.385

**Based on pay costs of providing this service for nine months.*

Probation and Welfare

A joint funded proposal for the Probation and Welfare Service/Eastern Health Board has been developed for working with individuals with substance misuse problems who are before the courts. This programme will be jointly funded by the Department of Justice, Equality and Law Reform.

		<i>Revenue Costs</i>
Additional Staff	8*	£0.100m

**Based on pay costs of providing this service for six months in 2000.*

Psychology Service

It is proposed to develop a Clinical Psychology Service to add value to the existing service provision.

		<i>Revenue Costs</i>
Additional Staff	3*	£0.061m

**Based on pay costs of providing this service for nine months in 2000.*

Broader Base Treatment Approach

There is now a need to broaden the base of services available to people with addiction problems. It is proposed to set up project teams that offer broader community based treatment programmes where the workers have a capacity to conduct assessments and provide advice and treatment for problems ranging from long term cannabis use, MDMA, cocaine and benzodiazepines as required. This approach should be provided on a larger geographical scale than current clinic provision. Such an approach could be based on a direct access system and problems of a more complex nature could be referred to more local services.

		<i>Revenue Costs</i>
Additional Staff	9*	£0.120m

**Based on pay costs of providing this service of nine months in 2000.*

Rehabilitation/Re-integration

The provision of care continuity on a continuum for individuals with drug taking problems is key to the development of our services.

The further development of Rehabilitation/Re-integration programmes through direct and indirect provision is a priority this year. The development of the Rehabilitation/Re-integration Blueprint will guide service delivery in this field. It is proposed to establish a number of integration centres that augments and complements existing provision of services. It is intended to appoint managers of the integration centres, support workers, counsellors and rehabilitation workers in order to offer pathways for all clients who wish to avail of such, irrespective of their addiction status.

		<i>Revenue Costs</i>
Additional Staff	30*	£1.685m

**Based on pay and non pay costs of providing the service for nine months.*

Trinity Court

A sum of £0.400m will be used for the development of services at the Drug Treatment Centre, Pearse Street.

		<i>Revenue Costs</i>
		£0.400m

Support for Voluntary and Community Organisations

It is proposed to set aside £0.800m in addition to this years funding of £3.50m channelled to voluntary organisations and community organisations through section 65 grants. The key priorities for funding will be residential, detoxification and re-integration programmes.

		<i>Revenue Costs</i>
		£0.800m

Gay Mens Health Project and Women's Health Project

It is intended to appoint 2 counsellors (one for each project) for the coming year.

		<i>Revenue Costs</i>
Additional Staff	2*	£0.040m

Management and Organisational Developments

Management Structures

The management structures need to be further developed in each sector. With the devolution of financial and governance control out to the sectors it is proposed to appoint 3 Grade V's to allow for co-ordination and updating of information from services.

		<i>Revenue Costs</i>
Additional Staff	3	£0.075m

Training and Development

From the recent external evaluation team development and team building was seen as an essential component for sustaining services. It is proposed to strengthen the training and development unit by appointing a further Assistant Training Officer to help implement these developmental initiatives.

		<i>Revenue Costs</i>
Additional Staff	1	£0.100m

**Based on pay and non pay costs of providing this service for 9 months in 2000.*

Management Information Systems

DAIS, the Drugs/Aids Information System is to be implemented in addiction centres and satellite clinics throughout the Eastern Health Board region. The planned date for going live is April 2000. Further development of the system is envisaged along with staff training.

		<i>Revenue Costs</i>
		£0.250m

International Conference

It is proposed to have an international conference based on the theme of young people at risk. It is hoped that this will be invaluable in the development of policy and providing guidance for service provision for this important cohort.

		<i>Revenue Costs</i>
		£0.050m

External Evaluation

In order to assess the effectiveness of our counselling and outreach services it is intended to have an external independent evaluation commissioned during 2000.

		<i>Revenue Costs</i>
		£0.020m

(9.5.5) Service Evaluation

It is proposed to establish a research co-ordinating committee in the coming year that includes representation from the community and voluntary sectors in order to co-ordinate a consistent and integrated approach to research in this field. Some of the proposed research/evaluation projects planned for the year are

- External evaluation of the counselling and outreach services.
- An econometric study of treatment provision in the Eastern Health Board region.
- A joint community impact study on satellite services.
- On going study of the mobile clinic.
- Set up a policy review committee.
- To update, submit and monitor information on an on-going basis to the Health Research Board which enables the monitoring and dissemination of information on the extent and pattern of drug misuse.

(9.5.6) Monitoring and Control Mechanisms

The devolution of financial and governance control mechanisms has been initiated and is expected to continue next year along with the full operability of the Management Information Systems. Regular reports are presented to our Board's Programme Committees. The Area Operations Managers have regular meetings with the Programme Manager to give an update on the service plan delivery and identify future needs for development.

(9.6) Social Development

(9.6.1) Core Service Provision

- The support and facilitation of service development in tandem with other statutory and voluntary providers.
- The provision of our regional Staff Development Programme to meet the generic recommendations under the Integrated Services Process.
- The provision of our local Staff Development Programme to meet the specific recommendations (through task groups) under the Integrated Services Process.
- The implementation of our Social Development Policy, mechanisms, framework and protocols, agreed by our Board.

(9.6.2) Priority Objectives

- To implement the strategy contained in the Social Development Policy Statement document relating to Local Networks.
- To develop a clear and coherent relationship with voluntary organisations through our newly developed service agreement blue print to be piloted in 2000.
- To conduct research on specific areas of difficulty arising in the Integrated Services Process (ISP) pilots, e.g. anti-social behaviour and evictions, most vulnerable families and their service needs, family support and information services.
- To increase the capacity of our staff to embrace the new culture of collaborative working.
- To ensure our participation in the new Development Boards and area committees under the new Integrated Local Government/Local Development structures.

(9.6.3) 1999 Service Developments

The Integrated Services Process was operationalised in March 1999. Structures, policies and staff development modules were planned and put in place.

(9.6.4) Attainment of 1999 Targets

- Number of areas with local networks 8
- Numbers of key staff attending staff development modules:
- Attainment: 50 also 210 staff attended seminars and information meetings
- Planning & Development:
- Attainment: 10 General Managers have linked with local authority staff for planning and development purposes in their local areas.
- Social Development Policy Statement:
- Attainment: Social Development policy statement produced in February 1999.

(9.6.5) Service Evaluation

Research took place in 1999 in relation to the following:

- Literature review of social development policy in other countries, which fed into the Social Development Policy Statement.
- The development of our service agreement blueprint was facilitated by a researcher. This formed the basis for our leaflet, Building Capacity – Strengthening the links.
- An evaluation of our first Staff Development Programme, which informed the planning of the second programme.
- An assessment of needs of young mothers and their children in St. Michael's Estate, Inchicore, which informed the ISP top priority task group.

(9.6.6) Service Developments in 2000

An amount of £0.040k has been allocated in the year 2000 to support the implementation of integrated service processes. This funding is accounted for in the Drugs/Aids programme allocation. Our Board's social development department will continue to implement our Board's social development policy in the year 2000.

(9.6.7) Service Evaluation

Research has been commissioned and is on-going in relation to the following:

- Tracking people evicted from Dublin Corporation housing for anti-social behaviour and their service needs. The results of this will be used to develop early alert systems and more appropriate responses from the local authority and health board to those at risk of eviction.
- Mapping and qualitative cross-sectional study on our relationship with voluntary agencies funded by the Eastern Health Board, which will assist with the piloting of the new service agreement with agencies receiving Section 65 and Section 10 grants.
- The staff development programme will be evaluated after the fourth module in April 2000.
- The Integrated Services Process will be evaluated by an independent agency, commissioned by Area Development Management Limited and the Inter-Departmental Committee on Local Development.

(9.6.8) Monitoring and Control Mechanisms

Our internal Steering Committee on Integrated Services Process oversees and monitors the generic recommendations, specific recommendations of the Integrated Services Process and the Two-year Plan guides the process. Our standing committee on Social Development monitors progress on our service plans, together with the Programme Manager for Health Promotion, Mental Health, Addiction and Social Development.

(9.7) Homeless People, Asylum Seekers and other special needs groups.

A range of health and welfare services to homeless people is provided by dedicated multidisciplinary teams.

Day care services are provided to homeless people, especially women with children who are residing in emergency accommodation. Public Health Screening service and Emergency General Practitioner Services are provided to all asylum seekers. (The details of these health services are included in the Operational Plan for Community Services).

Income maintenance services are provided to homeless people, asylum seekers and travellers on an agency basis for the Department of Social Community and Family Affairs.

Emergency accommodation is provided for homeless people, asylum seekers and travellers on an agency basis for the local authorities in our Board's region.

(9.7.1) Priority Objectives

To establish the two multidisciplinary teams for homeless people based on the recommendations in the Report on Homelessness in the Eastern Health Board.

Development of an action plan for homeless services and asylum seekers in conjunction with all the major stakeholders.

To improve the access of homeless people to health and welfare services.

(9.7.2) 1999 Service Developments

Appointment of General Manager with responsibility for services to homeless people, asylum seekers and other special needs groups.
A data base was established for the asylum seekers medical unit.

A booklet, outlining the entitlements of asylum seekers to medical, welfare and housing services was produced jointly by our Board and Dublin Corporation, and was printed in several languages.

(9.7.3) Attainment of 1999 targets

To develop a planning document for the delivery of health services to homeless people.

In 1999 our Board adapted the *"Report on Homelessness in the Eastern Health Board"*. On the basis of this report it is planned to establish two multidisciplinary teams, one operating North of the Liffey and the other on the South side in early 2000.

(9.7.4) Service Evaluation in 1999

A multidisciplinary group was convened in February 1999 to analyse the gaps in services provided by both the voluntary and statutory sectors and to prioritise needs in terms of immediate and long-term responses.

As a result of this group's deliberations, a report on *"Homelessness in the Eastern Health Board"* was published in March 1999 and adopted by our Board.

(9.7.5) Service developments in 2000

£0.700m has been allocated in the letter of determination for the development of services for homeless people based on the recommendation in the *Report on Homelessness in the Eastern Health Board*, (1999). This will be used to set up two multidisciplinary teams, one operating north of the Liffey and the other on the south side. Each team will consist of a nurse, doctor, community welfare officer, social worker, community psychiatric nurse, drugs outreach worker and care attendant. In addition the funding will be used to cover staff costs in new day centres, which will be catering primarily for homeless women with children, and which will be developed in conjunction with Dublin Corporation and the voluntary sector. This funding will also be utilised to provide administrative back-up to the General Manager of the service.

(9.7.6) Service Evaluation in 2000

The co-ordinating\monitoring group will be established in January 2000. Part of the remit of this group will be to initiate evaluation proposals during 2000.

(9.7.7) Monitoring and Control Mechanisms

A co-ordinating\monitoring group will be established in January 2000 which will be responsible for co-ordinating and monitoring all homeless - initiatives in the Eastern Health Board region. This group will comprise senior management from the Eastern Health Board, the Homeless Initiative, Dublin Corporation and the Department of the Environment.

The operational plan for special needs will be up-dated on a monthly basis and reported to our Board's management team. The recently appointed general manager will be responsible for the management and co-ordination of services for special needs and reports directly to the Programme Manager for Health Promotion, Mental Health, Addiction and Social Development.

10. Acute Hospitals and Services for the Elderly

(10.1) Introduction/Core Service Provision

The core services provided by the Programme are as follows:

- **Acute Hospital Services**
- **Services for Older Persons**
- **Ambulance & Patient Transport Services**
- **Funding to external agencies and voluntary organisations**
- **Overseas Medical Services**

The financial allocation for the Programme for the year 2000 amounts to £158.557m and is inclusive of £15.443m for service developments as follows:-

	<i>£m</i>
Acute Hospitals	0.843
Cardiac Infrastructure	0.100
Laboratory Accreditation	0.190
Sub Acute Services	5.509
Services for Older Persons	6.665
Pre-hospital and Ambulance Services	1.736
Palliative Care	0.400
Total	£15.443

These development funds are being allocated to individual services as follows. Details of service developments are set out in the relevant sector service plan.

	<i>£m</i>
James Connolly Memorial Hospital (<i>Para 10.3.1.5</i>)	0.823
St Colmcille's Hospital (<i>Para 10.3.2.5</i>)	0.345
Naas General Hospital (<i>Para 10.3.3.5</i>)	0.190
Services for Older Persons (<i>Para 10.4.5</i>)	11.005
Ambulance Service (<i>Para 10.5.4</i>)	1.736
Public Education Campaign For Accident & Emergency Services (<i>Para 10.5.4</i>)	0.284
St Francis Hospice (<i>Para 10.7.2</i>)	0.275
Irish Hospice Foundation (<i>Para 10.7.2</i>)	0.125
Peamount Hospital (<i>Para 10.7.2</i>)	0.660
Total	£15.443

A special allocation of £2.431m has also been received in respect of demographic factors and this special allocation has been assigned to community services for the elderly and is dealt with in *(Para 10.4.5)*
(b)

(10.2) Priority Objectives

The priorities for the Programme are:

- To ensure that quality patient care, to meet the medically assessed needs of patients, is provided at the most appropriate level, within available resources.
- Progression of James Connolly Memorial Hospital Development Plan
- Progression of Naas General Hospital Development Plan
- The development of St. Columcille's Hospital in line with the proposed development brief submitted to the Department of Health and Children
- Implementation of recommendations of our Board's *Ten Year Action Plan for Services for Older Persons*
- Continued development of the Ambulance Services in line with the report of the *Review Body on the Ambulance Service*
- Co-ordination of hospital based Accident and Emergency Services in co-operation with the major acute general hospitals in the greater Dublin area

(10.3) Acute Hospitals

(10.3.1) James Connolly Memorial Hospital

(10.3.1.1) Hospital Activity

	<i>Out turn 1999</i>	<i>Projected Out turn 2000</i>
Admissions	7,953	8,110
Discharges	7,662	7,880

(10.3.1.2) 1999 Service Developments

Funding was provided in 1999 for the following service developments:

- Pathology
- Physiotherapy

- Radiology
- Gynaecology
- Anaesthetics
- Haematology
- Cardiology
- Cardiac Rehabilitation
- Accident & Emergency

All of these service development with the exception of Haematology have been completed in accordance with the hospitals service proposals as agreed with the Department of Health and Children. Discussions to ensure the completion of haematology service developments are taking place with the Department of Health and Children.

(10.3.1 3) Attainment of 1999 Targets and Performance Indicators

- All of the service developments set out in 3.9 above with the exception of haematology have been completed in accordance with the hospital's service proposals as agreed with the Department of Health and Children. Discussions to ensure completion of the haematology service developments are taking place with the Department.
- Service activity targets as agreed in the 1999 service plan were achieved with some exceptions. Failure to achieve targets in a small number of areas e.g. number of operations, out-patients attendance's were as a direct result of the difficulties in theatres (re-wiring) and cancellations due to the Nurses Strike. All of these cancellations have been re-scheduled and the backlog is scheduled to be cleared by mid February, 2000.

(10.3.1.4) Service Evaluation in 1999

Service evaluation initiatives during 1999 included:

Quality initiatives include the application by the hospital and acceptance into the development of an Irish Hospital Accreditation Scheme by the Group 1 Major Academic Teaching Hospitals. This initiative involves the development of quality standards for the delivery of all hospital services.

The hospital also completed a number of significant projects aimed at improving the health of patients and staff by way of promoting healthier practises. The main ones include Domestic Violence and the safe use of Glutaraldehyde.

Both projects have resulted in a range of measures being introduced to improve the health status of both patients and staff.

(10.3.1.5) Service Developments in 2000

The letter of Determination made provision for the following service developments.

	<i>£m</i>
Continuation of Certain Services	0.378
Endoscopy Services	0.030
Accident & Emergency Services	0.225
Laboratory Accreditation	0.190
<i>Total</i>	<i>0.823</i>

Microbiology/Accident & Emergency Service

This service development will address service deficiencies at both the Mater and James Connolly Memorial Hospital in addition to meeting the needs of the newly established National Disease Surveillance Unit. The staffing implications for this service in respect of James Connolly Memorial Hospital are as follows:

Consultant Microbiologist	7 sessions
Medical Laboratory Technician	1 post
Staff Nurse	1 post

The target implementation date for this service development is 1st September, 2000.

Cost Year 2000	£0.378m
Projected Annual Cost	£0.565m

Accident & Emergency Services

A sum of £0.225m is being made available in 2000 to meet the costs of implementing initiatives at improving services in the Accident and Emergency Department.

An initial submission identified areas including 24 hr. triage and secretarial cover, enhancement of patient monitoring facilities etc. A final submission is now being prepared for early discussion and agreement with the Department.

Endoscopy Service

A sum of £0.030m has been made available to commence a direct General Practitioner access scheme for Endoscopy services.

Laboratory Accreditation

An overall sum of £0.190m is being provided to our Board to meet the costs involved in preparing our acute hospitals for the participation in a National scheme for the accreditation of medical laboratories.

It is noted that the Department will be in further direct contact with our Board when the scheme is finalised, in relation to its detail and the arrangements that our Board and hospitals should be making.

Casemix/HIPE

A sum of £0.008m has been provided to supplement the current staffing levels in the casemix coding area.

Cost Year 2000:	£0.008m
Projected annual cost:	£0.008m

The provision of £0.005m will enable the upgrade of computer software used in the implementation of HIPE programmes

Cost Year 2000:	£0.005m (once off)
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The adjustment of £0.214653m (reduction) in the hospitals base budget allocation will be examined with a view to identifying appropriate measures for reducing the overall expenditure by this amount during the course of the year.

Nurse Training

Additional funding of £0.155m has been made available to support the general nursing/diploma programme in Year 2000.

Cost Year 2000	£0.155m
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(10.3.1.6) Service Evaluation in 2000

The following service evaluations will be undertaken in 2000.

Hospital Accreditation

James Connolly Memorial Hospital is one of the eight Major Academic Teaching Hospitals participating in the establishment and development of an Irish Hospital Accreditation Scheme. The main objectives of this scheme is to develop an internationally comparable accreditation scheme which will allow the hospitals assess their performance against an objectively agreed standard set to incorporate provision for validation by their peers.

Patient Satisfaction Survey

It is proposed to undertake a patient survey seeking the views of patients on the quality of service they received during their hospital stay. The survey will be conducted on a randomised sample basis involving 250 recently discharged patients. The survey will seek patient's opinions on all aspects of their care and treatment.

(10.3.2) St Columcille's Hospital

(10.3.2.1) Hospital Activity

	<i>Out Turn 1999</i>	<i>Projected Out turn 2000</i>
Admissions	4,591	4,600
Discharges	4,562	4,510

(10 3.2.2) 1999 Service Developments

In addition to its core activities the following planned developments took place at the Hospital in 1999: -

- CT Scanning Service
- Endocrinology Service
- Cardiology Service
- Casemix Computer Upgrade
- Gynaecology Services

All of these service developments with the exception of Gynaecology have been completed in accordance with the Hospital's service proposals as agreed with the Department of Health and Children.

Discussions are continuing with the Department of Health and Children and the National Maternity Hospital regarding the development of Gynaecology Services at the Hospital.

(10.3.2.3) Attainment of 1999 Targets and Performance Indicators

C.T. Scanning Service

The 1999 allocation made provision of £0.115m for the development of C.T. Scanning Services at St Columcille's Hospital. The C.T. Scanner has been installed and commissioned and the necessary staff recruited. The service commenced in August 1999.

Endocrinology

The 1998 allocation made provision of £0.100m towards the further development of Endocrinology services at St Columcille's Hospital. The Consultant Endocrinologist took up duty in July 1999 and the service is now fully operational.

Casemix

The sum of £0.005m included in the 1999 allocation was used to upgrade computer software to meet the revised requirement of the Speciality Costing System.

Cardiology

The 1999 letter of determination included an amount of £0.025m for the development of Cardiology Services at the Hospital. This money is being used to employ one Senior Cardiac Technician.

Gynaecology Services

An amount of £0.060m was included in the 1999 letter of determination for the employment of one Registrar and two Staff Nurses for the development of Gynaecology Services at St Columcille's Hospital.

Medical Equipment

A special allocation of £0.130m was provided in the 1999 Budget for the purchase of medical equipment. This was used to purchase modern Theatre, Anaesthetic, Radiology and Endoscopy equipment.

(10.3.2.4) Service Evaluation in 1999

The following service evaluation/quality arrangements are in place throughout the year:

- Clinical Audit
- Primary Nursing/Care Planning
- Review of Waiting Lists
- Number of return visits/Attendance's ie A/E and O.P.D.
- IMRs

In 1999 a review of the functioning of the Accident and Emergency Department at the Hospital was conducted. The results of this review have been compiled in a report and the recommendations are being implemented.

(10.3.2.5) Service Developments in 2000

The agreed service developments for 2000 are:

	<i>£m</i>
Endocrinology Services	0.050
Gynaecology Services	0.160
CT Scanning Service	0.035
Cardiology Services	0.100
<i>Total</i>	<i>0.345</i>

Endocrinology

The 2000 Letter of Determination from the Department of Health and Children has made provision of £0.050m for the completion of the development of endocrinology services at the Hospital.

Cost Year 2000	£0.050m
Projected annual cost	£0.050m

Gynaecology

An amount of £0.160m is included in the Department of Health and Children Letter of Determination for 2000 to enable the further development of in-patient gynaecology services at the Hospital.

Cost Year 2000	£0.160m
Projected annual cost	£0.160m

C.T. Scanning Service

The provision of £0.035m will meet the additional costs in 2000 of this service development which commenced in 1999.

Cost Year 2000	£ 0.035m
Projected annual cost	£ 0.035m

Cardiology Services

The 2000 Letter of Determination included an amount of £0.100m for the development of cardiology services at the Hospital. This amount will meet additional costs arising from the development of cardiology/cardiac services from 1st May 2000.

Cost Year 2000	£ 0.100m
Projected annual cost	£ 0.150m

Casemix

The provision of £0.005m will enable the Hospital to continue to upgrade its computer software to meet the revised requirements of the speciality costing system.

Cost Year 2000	£ 0.005m (once off)
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The provision of £0.008m has been included in the Letter of Determination for upgrading of H.I.P.E. staffing in the Hospital. The money will be used to employ 0.5 W.T.E. of a H.I.P.E. coder.

Cost Year 2000	£0.008m
Projected annual cost	£0.008m

The adjustment of £0.216559m (reduction) in the Hospital's base budget allocation will be funded by reducing expenditure in Pharmacy and Medical & Surgical Costs, Office/Stationery Costs and Maintenance Costs.

Laboratory Accreditation

An overall sum of £0.190m is being provided to our Board to meet the costs involved in preparing our acute hospitals for the participation in a national scheme for the accreditation of medical laboratories.

It is noted that the Department will be in further direct contact with our Board when the scheme is finalised, in relation to its detail and the arrangements that our Board and hospitals should be making.

(10.3.2.6) Service Evaluation in 2000

Service evaluation in 2000 will include:-

- Clinical Audit
- Primary Nursing/Care Planning
- Number of return visits/Attendance's ie. A/E and OPD

(10.3.3) Naas General Hospital

(10.3.3.1) Hospital Activity

	<i>Out turn 1999</i>	<i>Projected Out turn 2000</i>
Admissions	5,230	5,630
Discharges	5,170	5,620

(10.3.3.2) 1999 Service Developments

The following developments have taken place:-

- A special allocation of £0.020m was received from the Department of Health & Children for the upgrading of our existing library facilities. Renovation and restocking of publications is currently underway.
- As part of the enabling works for the new hospital development, the A & E Department has been relocated and the previous Casualty area has been refurbished for use as the Out Patient's Department. The Day Hospital and Mortuary have also been relocated to new temporary accommodation.
- A central medical records area has been created.
- Partial introduction of the S.A.P. computer system for materials management and human resources.
- In response to the implementation of National Cancer strategy, an Oncology Nurse Co-Ordinator was appointed to the South-West Region based in Naas General Hospital.
- A 'Clinicians in Management' Project Team was established, funded by the Department of Health & Children under the auspices of the Office for Health Management.

(10.3.3.3) Attainment of 1999 Targets and Performance Indicators

- An objective of the '99 Service Plan was the retention of the Observation Unit with a modal length of stay of 48 hours per patient. While an average length of stay of 48 hours was achieved in a high percentage of admissions, a number of admissions exceeded this target due to severe pressure on beds.
- Formal approval was received from the Department of Health and Children for the following joint consultant appointments between Naas and Tallaght Hospitals:
- Consultant Physician with special interest in Gastroenterology (8 sessions)
- Consultant Orthopaedic Surgeon (3 sessions)
- Consultant General Surgeon with special interest in Breast Endocrine (6 sessions)
- Consultant General Surgeon with special interest in Colorectal (6 sessions)
- Application for approval of these posts is currently with Comhairle na nOspideal.
- Approval was received during the year for the recruitment of an Out Patient's Sister, Asthma Nurse Specialist, a Dietician, a Haemovigilance Officer and Speech & Language Therapist. Recruitment procedures have been initiated.
- A special allocation of £0.08 m. was provided in the 1999 allocation for the purchase of colonoscope for Theatre, ECG machine for I.C.U., Ultrasound machine for Physiotherapy Department and Manual handling equipment for in-house staff training courses.

(10.3.3.4) Service Evaluation in 1999

As a VFM initiative, a list of regularly purchased items were identified as being suitable for putting out to contract and submitted to the Regional Materials Manager (EHB) for consideration.

(10.3.3.5) Service Developments in 2000

The service developments for 2000 are as follows:

	<i>£m</i>
Continuing provision of services in the areas of Orthopaedics, Medicine and Surgery, X-Ray, Pathology and Occupational Therapy	0.190
<i>Total</i>	<i>£0.190</i>

Additional revenue funding of £0.190m is being provided in 2000 to meet additional costs arising from the continuing provision of services in the areas of Orthopaedics, Medicine & Surgery, X-Ray, Pathology and Occupational Therapy.

Cost Year 2000	£0.190m
Projected Annual Cost	£0.316m

An amount of £0.008m has been provided for HIPE staffing.

Cost Year 2000	£0.008m
Projected Annual Cost	£0.008m

A once-off sum of £0.005m has been provided for the upgrading of computer hardware/software used in the implementation of the HIPE programme.

Cost Year 2000	£0.005m (once-off)
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Laboratory Accreditation

An overall sum of £0.190m is being provided to our Board to meet the costs involved in preparing our acute hospitals for the participation in a national scheme for the accreditation of medical laboratories.

It is noted that the Department will be in further direct contact with our Board when the scheme is finalised, in relation to its detail and the arrangements that our Board and hospitals should be making.

(10.3.3.6) Service Evaluation in 2000

Monitoring of quality control initiatives will continue during the year in relation to the operation of outpatient clinics, with particular regard to patient waiting times and a reduction in the number of review visits.

Incidence and types of complaints are analysed and appropriate action is taken where found to be necessary.

(10.3.4) Cherry Orchard Hospital

(10.3.4.1) Hospital Activity *

	<i>Out turn 1999</i>	<i>Projected Out turn 2000</i>
Admissions	2,273	1,936
Discharges	2,290	1,884

****Infectious diseases only***

(10.3.4.2) 1999 Service Developments

- A sum of £0.129m was allocated to the Public Health Laboratory during 1999 from a total sum of £0.929m identified in the 1999 Letter of Determination for food safety controls. This funding was utilised as follows:-

	<i>£m</i>
Additional staffing	0.060
Equipment	0.054
Training Total	0.015
<i>Total</i>	<i>£0.129</i>

- Medical equipment was replaced in the hospital during 1999 by way of funding of £0.025m provided in the 1999 Letter of Determination.
- Nursing skills were enhanced by provision of appropriate training in CPR Instruction, Manual Handling and Non Violent Crisis Intervention in particular.

(10.3.4.3) Attainment of 1999 Targets and Performance Indicators

A comprehensive analysis of the needs of long stay patients was conducted during 1999 and an action plan to address these needs was implemented.

(10.3.4.4) Service Evaluation in 1999

- The role of the Hospital Attendant was examined and reviewed during 1999 with a view to developing the patient care role and aspect of the post. Discussions with staff and staff representatives have, to date, been positive and consultation is continuing with a view to reaching a formal agreement on the role of this grade.
- The findings of a patient questionnaire were assessed during 1999 and a programme to address any shortcomings was implemented.

(10.3.4.5) Service Developments in 2000

The following service developments will be undertaken in 2000:-

- Public Health Laboratory- laboratory services for food control and food safety will be developed from within a sum of £2.036m identified in the Department of Health and Children letter of determination for our Board.

The service plan for the programme for Community Services sets out the detail of this allocation.

(10.3.4.6) Service Evaluation in 2000

The establishment of a Food Quality Review System in the laboratory will facilitate the evaluation of the food control services in 2000.

(10.3.5) Monitoring and Control Mechanisms

- Bed utilisation and hospital average lengths of stay are monitored on a monthly basis by hospital Bed Management Committees.
- Casemix performance/out-turns are monitored throughout the year by the hospital casemix Committees.
- Complaints are analysed and consumer satisfaction surveys are conducted.
- Service plans are monitored having regard to average lengths of
- stay; projected out-turns and actual out-turns; monthly I.M.R.,
- clinical audit, patient waiting times, and financial and staff
- census reports.

(10.4) Services for Older Persons

(10.4.1) Service Activity

	<i>Out turn 1999</i>	<i>Projected Out turn 2000</i>
Admissions	3,913	4,311
Discharges	3,843	4,225

Detailed in (Appendix 11)

(10.4.2) 1999 Service Developments

A 50 bed Community Unit including a Day Unit opened at St. Clare's on a phased basis in November 1999. The target opening date of March 1999 could not be met due staff recruitment difficulties.

Thirty additional nursing home places were contracted in January 1999 and retained throughout the year

Part revenue funding was made available to retain 65 contact nursing home beds taken out in November 1998.

Five WTE 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 one post of Community Nurse were recruited to the Community Psychiatry of Old Age Service in South East Dublin. One additional post of Community Nurse remains to be recruited.

Additional posts of Consultant Physician in Medicine for the Elderly as follows:

- Dublin North City/County: Eastern Health Board seven sessions and Beaumont Hospital four sessions. Interviews for this post were held in November 1999 and the new post holder will take up duty early in 2000.
- Dublin South: Eastern Health Board three sessions and St. James's Hospital eight sessions. Interviews for this post were held in early December 1999 and the new post holder will take up duty early in 2000.

The Sonas Communication Programme for Alzheimer's patients was extended into three additional Hospitals / Homes for Older Persons and two Community Care Areas on a pilot basis in 1999.

Nineteen additional WTE posts were recruited in St. Mary's Hospital to meet increased staff needs as a result of the continued implementation of Registration / Diploma Programme in pre-registration general nurse education.

The hourly rate paid to home helps was increased to £3.00 per hour from 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 during 1999.

Following agreement with our Board, Age Action Ireland commenced the development of Carers Association in Dublin South, Kildare and Wicklow in 1999. A temporary position of Liaison Officer between our Board and voluntary / carers organisations came on stream in 1999.

Our Board received additional revenue funding in 1999 to improve community support services. A decision was made to deploy six WTE staff as follows:-

- Manager of Services for the Elderly: 6 X .5 WTE posts
- Nurse/Care Attendant, CCA 8: 1.5 WTE post
- Occupational Therapist/Care Attendant, CCA 7: 1.5 WTE posts

Approval for these posts is awaited.

A conference on Alzheimer's Disease under the auspices of the European Institute of Women's Health was held in 1999.

An initiative to free acute hospital beds in our Board's region commenced in August 1999 and involved the provision of an additional 140 contract private nursing home places by year end. This target was achieved.

(10.4.3) Attainment of 1999 Targets and Performance Indicators

The 50 bed Community Unit at St. Clare's which was targeted to open in March subsequently opened in November 1999 due to recruitment difficulties.

The Sonas Communication was extended on target into three further hospital sites with a parallel project on one site. The programme also commenced in two Community Care Areas.

(10.4.4) Service Evaluation in 1999

Service quality initiatives in 1999 included:-

- The Risk Falls Assessment programme was evaluated and a report issued. The programme will be expanded to selected other hospitals / homes in 2000.
- The quality improvement initiative under the direction of the Nursing Research and Development Department continued in 1999.
- The external quality initiative in two hospitals / homes for older persons continued and will be evaluated in 2000
- A programme of Art Therapy/Teaching and Movement/Dance commenced in the South Circular Road Community Unit in 1999.
- The Sonas Communication Programme for Alzheimer's patients continued in hospitals / homes for older persons and was piloted in two Community Care Areas in 1999. The in-patient module was evaluated.
- The pilot advocacy project continued in St. Mary's Hospital in 1999.
- A seminar workshop involving 45 representatives of voluntary organisations funded by the Eastern Regional Committee of the International Year of Older Persons was held in December 1999 to elicit their views on the year will be reported on
- The preparation of a Directory of Services for Older Persons continued in 1999 and involved workshops with service providers/carers / voluntary organisations. The Directory will be completed in early 2000 and reviewed and evaluated based on customer feedback.

(10.4.5)(a) Service Developments in 2000

The Service Developments for 2000 are as follows:

	<i>£m</i>
Provision of sub-acute/convalescent places and contract nursing home places	4.340
Nursing Home Subventions	1.014
Home Help Pay	2.885
Shortfall on earlier developments (SCL etc)	0.200
St Clare's, Ballymun (final moiety to be provided in 2001)	0.100
Contract Beds	0.300
Funding for new unit at Dalkey	0.400
Lourdes Day Care Centre	0.034
Skerries Day Care Centre	0.034

	<i>£m</i>
St Mary's Park (Infection Control Nurse)	0.035
Baldoyle Development	0.040
Grants to Voluntary Groups	0.574
Home Help Development	0.200
Support to Carers	0.225
Improvements to Community Support Structures	0.200
Additional staffing in long-stay hospitals	0.100
Alzheimer Society of Ireland Services	0.276
Research project, dementia, Alzheimers & Psychiatry of Old Age	0.020
North Dublin Psychiatry of Old Age	0.028
<i>Total</i>	<i>£11.005</i>

Additional year 2000 revenue costs of 140 new contract nursing home beds taken out in 1999 and the additional revenue costs in year 2000 of contracting a further 105 beds is estimated at £4.822m. However, only additional revenue of £2.500m has been made available in 2000. The provision of these additional beds will be contingent on the full revenue cost being made available and is constantly being discussed with Department of Health and Children.

Revenue funding of £1.840m has been made available in year 2000 for full year costs of aspects of the initiative to free up the acute Dublin hospital resources over the 1999/2000 winter i.e. sub-acute beds at James Connolly Memorial Hospital, St James Hospital and Tallaght Hospital. These monies will be managed in the appropriate hospital.

Cost Year 2000	£4.340m
Projected annual Cost	£8.053m

Revenue money has been made available which will allow our Board meet the demands for increased numbers of nursing home subventions, increased cost of care in private nursing homes and enhanced subventions – Revenue cost of £1.014m in 2000.

Cost Year 2000	£1.014m
Projected annual Cost	£1.014m

Funding has been made available to increase the hourly rate paid to Home Helps to a minimum of £4.40 per hour from 1st April 2000 – Revenue Cost of £2.885m in 2000.

Cost Year 2000	£2.885m
Projected annual Cost	£3.847m

Additional revenue monies have been made available to meet ongoing cost of developments which came on stream in 1999. Revenue cost of £0.200m in 2000.

Cost Year 2000	£0.200m
Projected annual cost	£0.350m

Additional revenue funding has been made available to meet the ongoing costs of the St Clares Community Unit which came on stream in 1999. Revenue costs of £0.100m in 2000.

Cost Year 2000	£0.100m
Projected annual cost	£1.5m

Additional money has been made available to meet the full year costs of 65 contract nursing home places taken out in late 1998 – Revenue Cost of £0.300m in 2000.

Cost Year 2000	£0.300m
Projected annual Cost	£0.307m

The Community Unit including Day Unit at Dalkey is scheduled for completion at the end of March 2000. Revenue monies have been made available in Year 2000 which will only allow the Unit open from 1st October 2000. This contingent on staff being sourced – WTE staff 45 and revenue cost in 2000 of £0.400m. Discussions are ongoing with the Department of Health and Children regarding the sourcing of additional revenue monies to allow this Unit open on target.

Cost Year 2000 -	£0.400m
Projected annual Cost:	£1.600m

The service at the Lourdes Day Centre will be enhanced by the employment of additional support staff for 1st January 2000 – WTE staff 2.5 from 1st January 2000 with a revenue cost of £0.034m in 2000.

Cost required Year 2000	£0.034m
Projected annual cost	£0.034m

A Day Care Centre in Skerries will be developed for early 2000. This will involve the employment of WTE staff 1.5 and revenue costs of £0.034m in 2000.

Cost required Year 2000	£0.034m
Projected annual cost	£0.034m

Funding has been made available for the provision of an Infection Control Nurse for North Dublin City and County. The post holder will be based at St Marys Hospital- WTE staff 1 and Revenue Cost of £0.035m in 2000.

Cost Year 2000	£ 0.035m
Projected annual Cost	£ 0.035m

A Day Centre and a four-bed Convalescent/Respite/Infirmary facility at Baldoyle will be developed in co-operation with Respond. It is targeted to commence this service on 1st October 2000 – WTE staff 7 and revenue cost of £0.040m in 2000.

Cost Year 2000	£0.040m
Projected annual Cost	£0.160m

Additional grant aid has been made available to a number of agencies: Carers Association, Alzheimer's Society of Ireland, Age & Opportunity, Age Action Ireland, Federation of Active Retirement Association and the Work Research Centre. Revenue Cost of £0.574m in 2000.

Cost Year 2000	£0.574m
Projected annual cost	£0.574m

Additional revenue funding has been made available to increase the level of home helps and increase the number of hours worked by existing home helps. Revenue cost £0.200m.

Cost Year 2000	£ 0.200m
Projected annual cost	£ 0.200m

Additional revenue funding has been made available towards the support of carers of older persons in our Boards area. This will be utilised in areas such as respite care, assistance in living, twilight services, night waking service etc. Revenue cost £0.225m in 2000.

Cost Year 2000	£ 0.225m
Projected annual Cost	£ 0.225m

Additional revenue money has been allocated to improve community support structures in our Board's region. This will be utilised to strengthen the management structure in each area.- WTE Staff 6 and revenue cost of £ .200m in 2000

Cost Year 2000	£ 0.200m
Projected annual Cost	£ 0.200m

Additional resources were allocated to improve staff/patient ratios in our Board's long stay hospitals/homes. The optimum areas to utilise this additional resource will be examined in conjunction with the appropriate hospital management. WTE staff 5 and revenue cost of £0.100m in 2000.

Cost Year 2000	£0.100m
Projected annual Cost	£0.100m

Funding has been made available which will allow for the structured development of Day Care/Respite at Home services for older persons with Alzheimer's/dementia in five Community Care Areas in our boards region in association with the Alzheimer's Society of Ireland. Discussion will take place with General Managers and the Alzheimer's Society as to how to progress this development. Revenue cost of £0.276m in 2000.

Cost Year 2000	£ 0.276m
Projected annual Cost	£ 0.276m

Additional money has been allocated to fund a research project in pre-senile dementia. This project will be managed by the Department of Psychiatry of Old Age at St. James's and St. Patrick's Hospitals. WTE staff 1 and revenue cost of £0.020m in 2000.

Cost Year 2000	£0.020m
Projected annual cost	£0.020m

Additional staff revenue money has been allocated to augment the Department of Psychiatry of Old Age Service in North Dublin (Eccles St) from 1st March 2000. WTE staff 1.5 and revenue cost of £0.028m in 2000.

Cost Year 2000	£ 0.028m
Projected annual cost	£0.033m

(10.4.5)(b) Demographic Changes

In addition a sum of £2.431m has been provided in respect of demographic factors, particularly the ageing of our Boards population which influences the level of demand for particular services in our region. This allocation has been applied as follows:

	<i>£m</i>
Upgrading of Welfare Home Services	0.500
Primary Care Partnerships	0.060
Day Care & Nursing Homes Initiative	0.450
Liaison Sister Post	0.085
Senior Health Promotion Officer	0.036
Community Care Support	1.200
Administrative Support Staff	0.100
Total	£2.431

- **Upgrading of welfare home services:-** our Board carried out a review of our welfare homes in 1998. The report focused on the future role of our welfare homes and deals with problems that have been identified for some years regarding 24 hour nursing supervision in the homes, capital funding to upgrade the homes to meet the dependency levels of their residents and some additional equipment. This development will require a capital allocation of £0.230m together with additional revenue in the sum of £0.270m per annum. Overall, four additional nurses will be required together with four care staff (8 WTE). It is also necessary to upgrade the post of Supervisor and Assistant Supervisor.
- **Primary Care Partnerships:-** our Board has developed three primary care partnerships, i.e. South Inner City, North Inner City and Dublin South West.

In 1999 protocols were developed by general practitioners and Consultants from St. James's and Tallaght hospitals for the monitoring and management of anti-coagulated therapy in the community by general practitioners thus enhancing continuity of care. It is now proposed to replicate the initiative in both the North Inner City and Dublin South West partnerships in 2000. A significant cost factor in operating the service is the transport of blood specimens. The full year cost is estimated as:

Dublin City Partnerships:	£0.030m
Dublin South West Partnership:	£0.030m
Total:	£0.060m

- **Day Care & Nursing Homes Initiative:-** our Board has acknowledged in the Ten Year Action Plan for Services for Older Persons the urgent need to develop day care as a service to the older person and as a support to the carer. General Managers propose to explore the potential in the nursing home sector for the provision of day care services. The estimated cost per place is £90 per week and it is proposed to pilot a scheme of ten places in each Community Care Area at a cost of £0.450m in 2000.
- **Liaison Sister Post:-** there is a need to improve the liaison arrangements between our Board's acute hospitals and community and continuing care services. It is proposed to create three Liaison Sister posts for older persons in the Boards three acute general hospitals.

Revenue Cost:	£0.085m
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- **Senior Health Promotion Officer:-** it is proposed to appoint a Senior Health Promotion Officer to co-ordinate activities directed at maintaining good health and active living for older persons. It is proposed to appoint one Senior Health Promotion Officer with a cost of £0.036m in 2000.
- **Community Care Support:-** to enable older persons to live at home with support it is important to improve the potential of community services to provide a range of support services to the older person. It is proposed to create additional community care support staff to augment services in the community.

It is proposed to appoint 12 general nurses, 24 care assistants, 8 occupational therapists, 8 physiotherapists, 2 continence advisors, 2 nutritionists, 2 speech and language therapists. The cost in year 2000 is £1.200m.

- **Administrative Support Staff:-** in recent years significant progress has been made in regards the development of services for older persons throughout our Community Care Areas. Additional staff, particularly in the paramedical disciplines, have been recruited, however, the number of administrative support staff has not been adjusted accordingly. This has resulted in occupational therapists, physiotherapists and nursing staff spending an inordinate amount of time on administrative duties. In our Board's Service Plan for 2000 it is proposed to establish a post of Manager of Services for Older Persons in each Community Care Area and administrative support of one Grade III will be required for each new district. The full cost of eight Grade III's is £0.100m.

(10.4.6) Service Evaluation in 2000

Quality initiatives and evaluation will be commenced in 2000 as follows:-

- The arts initiative programme at Cuan Ros, Navan Road will be evaluated
- The quality initiative under the auspices of the Nursing Research and Development Unit will continue in five hospitals/homes for older persons in 2000
- A quality initiative programme will also be evaluated in South Circular Road Community Unit and Cherry Orchard Hospital in 2000.
- An extensive customer research project involving older people in a community setting will be undertaken in association with the National Council on Ageing and Older People and the Western Health Board in 2000.
- The Charter of Rights for Older People will be completed and published.
- The Department of Nutrition will undertake a training programme for carers regarding the special nutritional needs for older persons with dementia for Older Persons in 2000.

An evaluation of the meals on wheels service in Community Care Area 3 will be undertaken by the Department of Nutrition for Older Persons in conjunction with the Public Health Nursing staff

(10.4.7) Monitoring and Control Mechanisms

Communication and liason is maintained by the Services for Older persons Department with Acute Hospitals to ensure that older persons who have been medically assessed as requiring sub-acute or long stay care can access these services as quickly as possible.

(10.5) Ambulance and Transport Service

(10.5.1) 1999 Service Developments

The following were significant developments during 1999.

- Temporary sub-station opened at Tallaght Hospital
- 14 new vehicles acquired
- 16 staff completed the E.M.T. Conversion Training Programme and 9 completed the New Entrants Programme
- Back-up communications system installed between Townsend Street Central Control and vehicles in Kildare and Wicklow.
- Hygiene facilities upgraded at three stations
- 3 additional E.M.T. staff assigned to Baltinglass to provide crews for ambulances formerly staffed by nurses.
- 3 vehicles refurbished.
- Automated vehicle location tracking installed on 13 vehicles as part of the on-going programme.
- Defibrillators, vacuum splints, child safety harnesses and stretchers were placed on a number of vehicles as part of the programme to bring the quality of equipment up to the appropriate standards.
- A new telephone system was installed in Naas Station and an anti-intruder alarm system at Headquarters.
- Motorcycles were acquired to provide rapid response service.
- Computers were replaced in Central Control to meet current needs.

(10.5.2) Attainment of 1999 Targets and Performance Indicators

All the targets set for 1999 were achieved. These targets were:

- An improvement in average response times which are measured for one week each quarter within the categories of > 8 minutes, > 14 minutes, > 19 minutes and > 26 minutes.
- The establishment of a new sub-station at Tallaght.
- The acquisition of rapid response vehicles.
- The extension of the automated vehicle location tracking into the Kildare and Wicklow areas.

(10.5.3) Service Evaluation in 1999

Monitoring and evaluation of response time data during 1999 shows that a reduction has been achieved in the average response time. Patient reports were assessed through the clinical audit process and appropriate adjustments in service delivery were made as a result.

(10.5.4) Service Developments in 2000

The service developments for 2000 are as follows:-

Special Allocation £1.736m

	<i>£m</i>
The roll-over costs from 1998, 1999 into 2000 comprises of staff for Baltinglass, Maynooth, Athy and Swords Ambulance Stations	0.160
Clinical Audit, A & E Liaison Officer, Dublin Fire Brigade, Irish Heart Foundation and staff for Rapid Response Vehicles	0.280
	£0.440

	<i>£m</i>
Ambulance Training School (C.I.S.D)	£0.040
H.S.E.a (partnership initiatives)	£0.030
Athy upgrade	£0.060
Emergency Planning (<i>Para 10.6.4</i>)	£0.119
Purchase of 5 A&E Ambulances	£0.275
Construction of Tallaght Sub-station	£0.160
Purchase of 2 P.T.S. Vehicles	£0.070
Training	£0.255
Communications Equipment	£0.080

	<i>£m</i>
Communications Equipment	£0.080
Emergency Ambulance Equipment	£0.055
Base Upgradings	£0.030
Grade III- James Street	£0.020
Assistant Chief Ambulance Officer	£0.028
Upgrading- L.A.P. positions	£0.030
Upgrade Hygiene Standards	£0.020
Computer Equipment	£0.019
Communications Vehicle	£0.005
Total	£1.736

Cost Year 2000	£1.736m
Projected annual cost	£1.736m

Public Education Campaign

A sum of 0.284 is provided to encourage appropriate attendances at Accident and Emergency Departments.

Cost Year 2000	£0.284m
Projected annual cost	£0.284m

(10.5.5) Service Evaluation in 2000

- The clinical audit programme will continue and adjustments in service provision will be carried out as appropriate.
- Response times will be measured on a quarterly basis.
- The Liaison Officer will carry out user satisfaction surveys and investigate complaints as part of the process to evaluate the effectiveness of the patient transport system.

(10.6) Emergency Planning Office

(10.6.1) 1999 Service Developments

- A dedicated office for emergency planning was developed in November 1999.
- A combined major emergency plan was developed for the region.
- Millennium contingency plans were prepared

(10.6.2) Attainment of 1999 Targets and Performance Indicators

The target of establishment of a dedicated Emergency Planning Office was reached during 1999.

(10.6.3) Service Evaluation in 1999

No evaluation carried out. Office established during 1999.

(10.6.4) Service Developments in 2000 (Para 10.5.4)

	<i>£m</i>
Administration Support Staff	0.040
Major Emergency Planning Conference	0.030
Contingency Planning Workshops	0.010
Table Top Exercises	0.010
Major Incident & Medical Management & Support Courses	0.010
Equipment	0.012
Library	0.007
<i>Total</i>	<i>£0.119</i>

Cost Year 2000

£ 0.119m (once off)

(10.6.5) Service Evaluation in 2000

The ability to respond to major emergencies will be evaluated through the tabletop exercises. Those exercises in turn will be used to evaluate the adequacy of the contingency plans.

(10.7) External Agencies / Voluntary Organisations

(10.7.1) Service Provision

The Programme assists and works in partnership with voluntary agencies in the delivery of acute services, palliative care services and services for older persons.

The Health Strategy recognises the integral role played by the voluntary sector in the provision of health and social services.

(10.7.2) Planned Developments in 2000

The service developments for 2000 are as follows:

	<i>£m</i>
Full year cost of 25 bed young chronic disabled unit at Peamount Hospital	0.660
Development of Palliative Care Services at St Francis Hospice	0.275
Development of Palliative Care Service under Irish Hospice Foundation	0.125
Total	£1.060

(10.7.3) Peamount Hospital

The 2000 letter of determination provides for the following additional funding for Peamount Hospital:-

- £660,000 additional revenue funding for the full year cost of the 25 bed young chronic disabled unit brought on stream in 1999.

(10.7.4) Palliative Care/St. Francis Hospice

The 2000 letter of determination provides for the following additional funding for Palliative Care / St. Francis Hospice:-

St Francis Hospice

- £0.125m for the provision of a second post of Consultant in Palliative Care Medicine.
- £0.150m for the development of homecare and support services

Irish Hospice Foundation

- £0.125m (once-off) for the development of palliative care services.

(10.8) Overseas Medical Services

(10.8.1) Service Provision

Under European Community Regulations our Board may, subject to certain conditions, refer a person, residing within our Boards administrative area, to another European Economic Area Member State for medical treatment which is not available in Ireland. A small number of cases may be referred to non-EEA member countries for treatment where such treatment is not available in EEA Member States.

Each application for financial assistance towards the cost of medical treatment abroad is critically examined to ensure that it conforms with the criteria of the scheme.

Each approved application is monitored on an ongoing basis to ensure that treatment provided and cost of treatment conforms with the terms of the agreed arrangement.

(10.8.2) Service Developments in 1999

A total of 88 applications for overseas medical services were received in 1999. The total cost of these cases including continuing treatment costs, is £1.6m (estimated).

(10.8.3) Planned Developments in 2000

The allocation for Overseas Medical Treatment in 2000 is £0.900m. It is anticipated that this level of funding will allow the same level of overseas medical services provided in 1999 to be provided in 2000.

(10.8) Contingency

An amount of £1.5m has been provisionally set aside under the Boards Central Services budget in respect of costs involved for unanticipated cost increases or service pressures that may arise during the course of 2000.

11. Personnel Department

(11.1) Employment Control Policy and Pay Management

Employment Control

The 2000 determination allows for the continuation of employment at the level approved for 1999. Our approved whole time equivalent employment ceiling is 10,188.33. The table below sets out our current employment position.

<i>Grade</i>	<i>Total</i>
Management/Administration	1,762.78
Medical/Dental	630.68
Nursing	3,252.19
Paramedical	1,153.83
Support Services	3,283.72
Maintenance	264.91
<i>Total</i>	<i>10,348.11</i>

On foot of approved service developments in the 1999 Service Plan application is with the Department of Health and Children for adjustment to our employment control ceiling. Discussions are on-going with the Department of Health and Children in this regard.

The employment of 619.5 additional whole time equivalent staff is required for service developments in 2000.

<i>Additional Posts Required for 2000</i>	<i>Total</i>
Acute Hospitals and Services for Older Persons	98.0
Demographic Factors	78.0
Children and Families	163.0
Health Promotion, Mental Health, Addiction and Social Development	175.0
Disabilities	5.0
Community Services	74.5
Personnel	8.0
Public Health	3.0
Finance	15.0
<i>Total</i>	<i>619.5</i>

Service Provision

Through the provision of strategic human resource policies, procedures and activities the Personnel Department aims to provide the core skills and support necessary to enable all staff deliver an effective service. The services provided include: Industrial Relations, Recruitment, Training and Development, Health, Safety and Welfare, Nursing Research and Development, Library and Information, Superannuation, General Administration and Staff Counselling.

(11.2) Service Developments in 1999

Two professional librarians were appointed to the Library and Information Service.

The Library Management System was implemented on a pilot basis in Dr. Steevens' Hospital.

The medical library service in James Connolly Memorial Hospital was established.

The Staff Handbook was revised and improved.

Intake for the academic year 1999/2000 in the General Nursing Registration / Diploma Programme was finalised.

Intake for the academic year 1999/2000 in the Psychiatric Nursing Registration / Diploma Programme was finalised

Intake for the academic year 1999/2000 in the Mental Handicap Nursing Registration / Diploma Programme was finalised.

A policy on manual handling was adopted.

The competency based interview system was consolidated.

The major development of St. Brendan's Hospital was progressed under the Partnership model.

The Bullying and Harassment policy was brought into operation.

A Critical Incident Stress Debriefing service was implemented and debriefers trained.

Baseline quality audit in nursing was completed in Crooksling, Clonskeagh, Baltinglass, St. Colman's and St. Vincent's Hospitals.

(11.3) Planned Developments in 2000

The Personnel Department plans to further develop the services it provides by:

- ensuring open communication lines with the staff unions and associations in advance of March 1st 2000.
- reviewing the *Recruitment Policy*.
- continuing to explore opportunities to develop the partnership model in the development of services.
- the production and circulation of a procedural document for managers to deal with bullying/harassment.
- the implementation of our Board's Equal Opportunities Policy.
- providing access to training projects tailored to meet the needs of staff working with specific care groups.
- the continuation of the strategy to commission and provide post-registration programmes to meet the nurse education needs detailed in the *Report of The Commission on Nursing - A Blueprint for the Future*. An amount of £0.169m has been provided in this regard.
- carrying out a comprehensive review of the work of the Superannuation Section.
- developing training packages on significant risk issues such as manual handling and managing aggression
- the implementation of the main elements of the Safety Management Programme
- the continued implementation of the SAP-HR system and ensuring users receive basic IT training.
- A grant of £0.035m has been provided for the Institute of Community Health nursing
- A training resource of £0.100m has been made available for Clinicians in management training.

The Department of Health and Children's Letter of Determination sets out the following:

- Additional funding of £450,000 for Health, Safety and Welfare to be allocated as follows:
-

	<i>£m</i>
Additional staffing	0.060
Health and Safety Training Programmes	0.080
Occupational Health	0.017
Manual Handling Equipment	0.085
Improvements to Buildings and Equipment	0.121
Compliance with Enforcement Notices	0.035
Smoke Free Policy Implementation	0.012
Glutaraldehyde Monitoring and Equipment	0.012
Health and Safety Information	0.018
Critical Incident Stress Debriefing	0.010
Total	£0.450

- Additional funding of £100,000 for the continual roll-out of SAP-HR.
- Provision of £0.102m will allow for development of the Library and Information services as follows:

	<i>£m</i>
Library Management System	0.027
Regional Library Service Developments	0.040
Naas Library Development	0.003
Systems Librarian	0.020
Library Assistant	0.012
Total	£0.102

12. MATERIALS MANAGEMENT

(12.1) Core Service Provision

The Materials Management Department is responsible for the management and control of goods, services and equipment from acquisition to disposition.

In addition, our Board participates in the development of Materials Management with other Regional Materials Managers to standardise relevant policies and procedures in conjunction with the Healthcare Materials Management Board.

(12.2) Priority Objective

To achieve saving target of £2.105m through improved central contracts, purchasing arrangements, inventory management and customer services.

(12.3) 1999 Service Developments

The Materials Management Department achieved savings of £1.037m which was £0.403m in excess of the savings target as set out in the Service Plan, through the following:

- Efficiencies and economies of scale from central contracts.
- Direct delivery programmes for Inventory Management was implemented.
- The installation of the SAP system.
- Standardised coding vocabulary to 11 locations.
- Improved communications with unit managers.
- Completed training programmes in computerisation/generic management.

(12.4) Attainment of 1999 Targets

Achieved a saving and cost avoidance of £1.037m.

(12.5) Service Evaluation

Savings reports were submitted to Healthcare Materials Management Board. Monthly meetings were held with senior staff from Central Purchasing, Warehouse & Distribution and Customer Service to review progress on target attainment for 1999.

(12.6) Service Developments in 2000

To achieve the savings target of £2.105m as per letter of allocation through the following:

- Improved and new central contracts.
- The implementation of inventory policy for stock holding arrangement.
- The monitoring of performance and cost reduction through the element of materials management with unit manager.
- The implementation of SAP to additional locations in conjunction with the Project Team.
- The development of Material Management with other Regional Material Managers through Healthcare Materials Management Board initiatives.

(12.7) Service Evaluation

Monthly meetings are held with senior staff in Central Purchasing, Warehouse & Distribution Customer Service. Monthly reports are submitted to Finance Director and CEO. The following are monitored: contract performance, stockholding policy/procedures through Warehouse & Distribution, Central Purchasing, Customer Service Departments, user group meetings and Unit Manager.

(12.8) Monitoring and Control Mechanisms

Monthly meetings with senior staff to review and report to CEO. The following performance indicators have been identified for Materials Management for 2000. Financial governance – incorporated with Finance Section.

Priority Performance Indicators – Materials Management

Procurement

[1] Total value of Non-Pay Expenditure Managed

The total value of non-pay expenditure managed by Materials Management including national contract is £40.6m

[2] Value of the non-pay expenditure subject to formal contract

£36.485m

[3] Value of contracts of 2 years or greater

£3m

Inventory Management

[1] Stock turn rate:

There is a total of 17 stores in the Eastern Health Board. On average stock turn is between 12 and 26 depending on the category of products. This will be analysed in greater detail in 2000

[2] Percentage value of stock held

10% approximately

[3] Percentage value of non-stock handled:

Central Stores - £0.700m

(12.9) Target Savings and Efficiencies

	<i>£m</i>
General Services	0.300
Hotel Services	0.350
Medical & Surgical Supplies	1.350
Inventory Management	0.105
<i>Total</i>	<i>£2.105</i>

13 Technical Services

(13.1) Service Provision

The Technical Services Department provides professional technical advice and support to our Board's Programmes and Functions on matters relating to building, plant and equipment.

The following are the main areas of operation of the Department:

- Capital Works Programme
- Planned Maintenance Programme
- Fire Safety Management
- Energy Management
- Waste Management
- Property Appraisal

(13.2) Service Developments in 1999.

Capital Works Programme

In 1999 significant progress was made in the implementation of the Capital Works Programme. Construction commenced on the following major projects during 1999:

- Special Care Unit for Children – Ballydowd **£6.10m**
- Community Unit for Older People & Health Centre, Dalkey **£3.68m**
- Community Development for persons with Intellectual Disabilities, Oldtown, Co. Dublin **£3.95m**
- Community Health Centre, Fortunestown, Tallaght **£2.29m**
- Naas General Hospital Development **£41.7m**
- Downstream Unit for Drug Addiction, St. Mary's Hospital, Phoenix Park **£1.5m**
- Admission/Assessment Unit in St. Ita's Hospital, Portrane. **£0.6m**

The following developments were completed and commissioned during 1999

- Health Centres in Newbridge, Celbridge and South Earl Street **£3.2m**
- High Support Hostel for Mental Health at 15/17, Howth Road, Dublin 3 **£0.470m**

- C.T. Scan Extension in St. Columcille's Hospital, Loughlinstown
£0.890m

In addition progress was made in the planning and design of the James Connolly Memorial Hospital Development, Community Units for Older People in Lusk, Maynooth and Beaumont, Residential development for persons with Intellectual Disabilities in St. Ita's Hospital, High Support Unit for Children in Portrane and Health Centres in Derrinturn, Darndale, Newtownmountkennedy, Bray and Coill Dubh.

Planned Maintenance Programme

In 1999 the Eastern Health Board received an allocation of **£0.400m** for backlog of maintenance. This allocation was used to fund the following projects:-

- Refurbishment of lifts throughout the Eastern Health Board
- Rewiring Operating Theatres in James Connolly Memorial Hospital
- Rewiring Verville Retreat
- Replacement of windows in St. Columcille's Hospital and Newcastle Hospital
- Re-roofing works in St. Mary's Hospital and St. Vincent's Hospital
- Asbestos removal in various locations
- Boiler replacement in various locations

Fire Safety Management

In 1999 the Eastern Health Board received an allocation of **£0.400m** for Fire Safety works. This allocation was used to fund Fire Safety Works in St. Ita's Hospital, Verville Retreat, Central Mental Hospital, St. Columcille's Hospital, James Connolly Memorial Hospital and various Hostels throughout the Eastern Health Board.

(13.3) Planned Developments in 2000

Capital Works Programme

In 2000 progress will continue in the implementation of the Capital Works Programme.

Construction work will commence on the major development at James Connolly Memorial Hospital, new Community Units for Older People in Lusk, Maynooth and St. Clare's, Residential developments for persons with Intellectual Disabilities in St. Ita's Hospital, High Support Unit for children in Portrane and Health Centres at Derrinturn, Darndale, Coill Dubh, Newtownmountkennedy and Bray.

Planned Maintenance Programme

For 2000 the Eastern Health Board has received an allocation of **£0.870m** for backlog of maintenance of which £0.470m is allocated to Voluntary Hospitals. This allocation will be used to fund the following Priority Maintenance Works:-

- Replacement of hot water and heating distribution system, St. Vincent's Hospital, Athy (Phase 5)
- Upgrade and refurbishment of kitchen in James Connolly Memorial Hospital
- Roof replacement at Rathcoole Health Centre and St. Mary's Hospital
- Upgrade and refurbish Morning Star/Regina Coeli Hostels
- Upgrade and refurbish reception area – St. Ita's Hospital
- Replacement of windows at St. Columcille's Hospital and Newcastle Hospital
- Upgrade of electrical services – Clonskeagh Hospital
- Upgrade heating system – Newcastle Hospital
- Backlog of maintenance allocation to voluntary hospitals funded by the Eastern Health Board as outlined in the letter of determination.

Fire Safety Management

The Eastern Health Board has received an allocation of **£0.900m** for Fire Safety Works in 2000 of which £0.500m is allocated to Voluntary Hospitals. This allocation will be used to fund Fire Safety Works in St. Columcille's Hospital, St. Ita's Hospital, Clonskeagh Hospital, Cherry Orchard Hospital, St. Brigid's Home, hostel accommodation, Children's Residential Homes and in the Voluntary Hospitals/Organisations as outlined in the letter of determination.

Energy Management

A detailed survey and testing of all large boiler equipment will take place in 2000.

Waste Management

The National Waste Treatment contract for Health Care Risk Waste will be implemented in 2000

14. Estate Management

“Estate Management is the process which optimises the value of an organisations physical assets within appropriate timescales, creating and sustaining an efficient and safe quality environment at acceptable cost.”

The Estate Management Department is responsible for the strategic management of the Boards properties and lands.

The current property portfolio comprises some 400 properties with a reinstatement value of just under £600m.

The Estate Management Department has additional responsibility for the general management of Dr. Steevens’ Hospital and for all the Boards Insurances and Risk Management data collection and analysis.

(14.1) Service Developments 1999

Following the production and adoption by the Board in mid 1998 of Development Plans for St. Brendan’s, St. Ita’s and St. Loman’s Hospitals, project teams were established in each location. Work on some new facilities briefs were completed during 1999 with all three site plans scheduled for completion during 2000.

(14.2) Planned Developments 2000

In addition to the scheduled completion of the development briefs mentioned earlier it is planned to undertake a complete review of the buildings and lands at the Central Mental Hospital, Dundrum and also provide a development control plan for its future use within the Health Services.

Another significant development during 2000 will be our Boards use of the recently acquired Meath Hospital. A working group has been established and a draft plan is expected here in the early part of the year.

The above and the reorganisation within the Eastern Regional Health Authority will require some additional resources during the year.

It is planned to appoint a permanent Insurance/Risk Manager, an additional Research Surveyor and two additional support staff in administration. Additional budgetary requirements are reflected in the Central Services Budget.

15. Management Services Department

(15.1) Service Provision

The following are the main services provided by Management Services Department:-

- In consultation with the service areas, the ongoing development our Board's Information Systems Strategy to meet the changing needs of the organisation and to support the transition to the ERHA and the three Area Health Boards
- In consultation with our Board's various business areas, the procurement, development and implementation of corporate and enterprise IT systems to support the business objectives of our Board's service areas.
- Support and availability of a modern network and hardware infrastructure.
- System maintenance and upgrades.
- Provision of IT training, resource centre and end-user computing.
- Implementation of office automation applications, e.g. e-mail.

(15.2) Service Developments in 1999

In 1999 the following developments were achieved:

The Healthcare Services Information Systems Strategy was completed in November 1999. The report was approved by the ERHA Management Team and the Eastern Health Board Management Team in November. The IS applications identified in the Report are designed to address the key information and IS support needs of the primary care group services.

SAP Financials was implemented in the Board's Finance Department and a number of other locations in January 1999. Since then it has also been implemented in the Central Pharmacy and five Community Care Areas.

Phase II of the upgrade of our Board's Data Communications Network was completed in 1999.

Our Board's Year 2000 IT Project was completed.

A new Medical Card System was implemented in all Community Care Areas in 1999 replacing the previous non-compliant system.

A Year 2000 compliant Accident and Emergency System was implemented in James Connolly Memorial Hospital, Blanchardstown.

The Social Work Information System was completely restructured and implemented in Community Care Areas 6 and 9.

Significant development of the Drugs and Aids Information Systems was completed. This system will be ready to roll out in the Year 2000.

(15.3) Planned Developments for 2000

The Healthcare Services Information Systems Strategy has produced a detailed programme of work for the years 2000 to 2004 classifying the projects into current operational projects, enterprise/strategic projects and care group service projects.

A new organisational structure for this department has been proposed in a separate report detailing the staffing implications and the proposed implementation arrangements.

The main effort in 2000 will be the roll out of a number of client systems, i.e. the Social Worker Information System, Accident and Emergency System and the Drugs and Aids Information System.

It is also planned to continue with the roll out of the SAP Financial System

Further improvements will also be made to our data communications network infrastructure which will facilitate the roll out of our major Corporate systems.

16. Department of Public Health 2000

The role of the Department of Public Health includes

- Determining and monitoring the health status of the population and
 - Identifying health needs
 - Contributing to and participating in the planning process
 - Monitoring and Evaluation of health services
 - Developing health information systems and undertaking health services research
 - Health Promotion and preventive medicine
 - Surveillance and control of communicable diseases
 - Environmental Health

Some of the activities of the Department of Public Health are covered in the service plans of the service programmes particularly in relation to needs assessment, planning, evaluation and patient satisfaction studies.

(16.1) Projects Completed in 1999

A wide range of projects were undertaken and completed during 1999 which contributed to the work of each of the five Programmes within our Board.

- 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
- 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
- Participated 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
- A patient satisfaction survey in a general practice setting with physiotherapy service

An identifiable core of staff within the department are dedicated to the role of surveillance and control of communicable diseases and participate, as appropriate, in the investigation of significant episodes of food borne disease and environmental incidences. This latter function usually involves participation in multidisciplinary outbreak control teams.

To date, the Department of Public Health has been notified of 20 significant outbreaks of food borne illness during 1999 involving a total of 463 people becoming ill.

A number of environmental incidents occurred which were usually identified by indicator coliforms in which the department were involved in. Also there was one episode of chemical contamination, which was confined to one premise.

The Model Plan for the management of communicable disease outbreaks was revised by a multidisciplinary group, which was chaired by a specialist in Public health medicine.

Surveillance systems are being developed within the department. Weekly feedback on infectious disease notifications is being provided to microbiologists, public health doctors, general practitioners and others.

(16.2) Service Developments in 2000

Funding of £0.091m is being provided in 2000 to assist in the development of liaison arrangements between the Department of Public health, the hospital laboratories and the National Disease Surveillance Centre. This funding will be utilised as follows:-

- Appointment of Grade V1 Officer to undertake information technology support in particular to the Infectious Disease Surveillance section of the Department and to act as Project Manager responsible for development of computerised real-time infectious disease reporting systems between the Department, the hospitals and the National Disease Surveillance Centre.
- Appointment of a Grade V1 statistician to support the Health Information Unit and the Infectious Disease Surveillance and Control Section
- Appointment of one Grade 111 Officer as a shared appointment between the two hospital laboratories
- Purchase of equipment

Full year cost of the above appointments is estimated at £0.060m. The remainder of the funds will be used for computer equipment.

Due to the nature of the Department's work, some projects may cover a period of one to three years depending on their nature and complexity. However, because of staff movement a greater number of projects are continuing on into next year.

It is expected that the Department of Public Health will function at ERHA level when reorganisation occurs in March 2000. The future level of the Department's role in surveillance and control of communicable disease remains to be determined.

(16.3) Projects Continuing into Year 2000

- Analysis and dissemination of cancer statistics for the three regions of the EHB. Preliminary report from initial analysis by end of 1999
- Development of databases re environmental hazards; Ongoing
- Data base and needs assessment of physical and sensory disability. Database is still ongoing. Needs assessment has not yet commenced.
- Harmonisation of clinical and laboratory notification systems under one uniform computerised system; Still under review
- Mapping of immunisation uptake by District Electoral Division (DED) Ongoing

- The development and support of general practitioner pilot sites for morbidity data collection ;Ongoing
- Participating in the Consultancy Contract in Epidemiology, Oral Health services research and specified consultancy services for the dental services in the 8 health boards; Ongoing
- A survey of patients and healthcare professionals' perceptions of breast cancer treatment and services; Report expected early 2000
- A survey of health behaviours among staff in EHB; Under way. Target date for completion is autumn 2000
- A study to establish vaccine status post splenectomy; Ongoing
- Develop and plan a regional workshop on health promoting hospitals in practice; Awaiting EU funding
- Review of STD Services in the Eastern Health Board region; Due for completion early 2000
- Development of surveillance system for management of sporadic cases of food borne illness; Pilot undertaken. Project proposal submitted for 2000
- Review of epidemiology, current practice regarding vaccination, case and contact management in groups at high risk of Hepatitis B infection; Due to be completed by the end of 1999
- Evaluation of South Inner City Primary Care Group; Ongoing to 2001
- Development and Implementation of North Inner City Primary Care group and process of evaluation; Initiated and ongoing to 2000
- Development and Implementation of Tallaght Primary Care group and process of evaluation; Still ongoing
- National survey of MRSA; Preliminary report early 2000
- A Review of trends in prescribing of drugs within the GMS; On hold
- Review of Day hospital activity in Naas General Hospital; On hold
- Development of an IT strategy for the Department of Public Health (subject to resources being made available); Ongoing

- Five year follow up of cohort of injecting drug users who entered methadone treatment in 1993; Analysis currently underway. Report will be ready in the near future.
- Evaluation of Eastern Health Board's response to new methadone regulations; Data is currently being analysed. Report by end of 1999.

(16.4) New Projects for Year 2000

- A Study of indicators of hospital efficiency in an acute general hospital *Outcome: Report*
- A study of appropriateness of admission and days of care in an acute general hospital; *Outcome: Report*
- Population projection of the catchment area to 2006; *Outcome: Report*
- Participation in a review of Campylobacter in the eastern region - *Outcome: Report*
- Undertake a bed modelling study (in association with TCD) - *Outcome: Report*
- Participation on the national Haemovigilance steering group which is drawing up a structure for the reporting of adverse events following the giving of blood or blood products ; *Outcome: Recommendations*
- A review of haemovigilance practice in smaller hospitals and residential units; *Outcome: Report*
- Review the need for and value of a Health Impact Assessment; *Outcome: Report*
- The regional implementation of the recommendations of the child health surveillance of the national Review; *Outcome: Changes in delivery of community child health services*
- Participation in the national committee of child health indicators; *Outcome: Child health indicators*
- Development of multidisciplinary outbreak team through use of outbreak exercises; *Outcome: Programme of team exercises*
- Determine the contribution of drug related deaths to overall mortality - *Outcome: Valid data on the extent of this problem*
- Evaluation of projects funded under the National Drugs Strategy Team - *Outcome: Recommendations on future funding*

- Determine the prevalence of hepatitis B, C and HIV as well as Hepatitis B immunisation status in methadone attenders since the new methadone regulations; *Outcome* Surveillance system for blood borne viral infection
- Document cancer trends and survival in the ERHA region; *Outcome*: Report
- Smoking cessation programme during pregnancy; *Outcome*: Programme
- Review of smoking policies in acute hospitals; *Outcome*: Report
- Implementation of a fall prevention programme for older people in long stay units; *Outcome*: Programme

17. Financial and Expenditure Control

Our Board will be required to manage our finances strictly within the limit of the 2000 determination. From the 1st March 2000 responsibility for this service plan will be taken over by the E.R.H.A. At present new coding and reporting structures are being developed to ensure that the plans will continue to be implemented and monitored. A transition group has been established and the detailed arrangements for transfer of service and budget responsibility are being finalised.

During 1999 new account coding structures were implemented and work was finalised on replacing our existing financial management systems. The new systems based on SAP software went live from 4th January, 1999. With the introduction of the new systems the process of devolving the budget and financial reporting arrangements to local managers and budget holders can be further accelerated. The new systems have significantly improved financial and service management reporting facilities within the Board.

A provision of £0.200m has been included in our determination for 2000 to provide for support costs in respect of the financial systems implementation (£0.100m) and for replacing our Personnel/Payroll system (£0.100m)

18. Arrangements for monitoring and management of the service plan on an on-going basis

The Health (Amendment) (No. 3) Act 1996 sets out the responsibilities of the Board in relation to the approval and monitoring of the service plan. The Board discharges its governance functions in this regard, through regular reports from the Chief Executive Officer to the Finance and Property Committee on service plan performance. The chairman in turn brings a report on these matters to the full Board.

A detailed Integrated Management Report (IMR) in relation to financial information and hospital activity levels is submitted on a monthly basis to Department of Health and Children, including a commentary by the Chief Executive Officer interpreting performance to date and advising as appropriate, on the corrective strategy for the remaining period. This commentary, for 2000, includes specific matters relating to preparations for the changeover to the Euro.

The IMR must also include reports based on performance indicators for 2000.

The Minister has requested that close attention be given to monitoring and reporting on all programmes, particular acute hospital activity in the first three months of the year.

The detailed operational service plans developed for each care group for 2000 will form a significant element in the management control arrangements for monitoring the implementation of the service plan targets.

19. Indebtedness Level

Based on our determination for 1999 a limit of **£60m** has been specified in respect of the maximum indebtedness which we can have outstanding during the year. The level of indebtedness represents the net difference between the amounts due to Board and the amounts due by the Board, including bank overdraft at any particular point in time.

Appendix 1

2 December 1999

Mr Pat McLoughlin
Chief Executive Officer
Eastern Health Board
Dr. Steeven's Hospital
Dublin 8.

Determination of Health Expenditure for 2000.

Dear Mr McLoughlin

1. Introduction

I am writing to advise you of the Minister's determination of health expenditure for your Board for 2000 and your Board's revised determination for 1999 under the terms of the Health (Amendment) (No. 3) Act, 1996 (referred to in this letter as the Act).

2. Estimates and Budget Procedures

This letter of determination incorporates the provisions in the Estimates as they relate to health agencies, and the 2000 Budget Day adjustments announced in the Financial Statement by the Minister for Finance and the full year effect of the 1999 Supplementary Estimate. A separate letter will issue shortly regarding the 1999 Supplementary Estimate when this is passed by the Dáil

I wish to again draw the specific attention of health boards to the policy which is applied to supplementary funding. Having regard to the overall expenditure planning framework, and the need to adhere strictly to agreed budgetary criteria, it has been agreed with the Minister for Finance that supplementary estimates for the health services will be granted only on an exceptional basis and only then in relation to specific categories of expenditure.

In the case of 2000, the areas which may qualify for additional funding are : Community Drug Schemes; Superannuation; Medical Indemnity; and PRSI.

Other categories of expenditure which have been the subject of supplementary funding in previous years must be provided for by your Board in its service plan. The amount of contingency provision to be made for 2000 should be based on your recent experience and an assessment of your Board's ability to avoid exposure in these and similar areas.

3. Approved Expenditure level for 2000

The level of non-capital expenditure for 2000 (i.e. gross expenditure less minor income) determined for your Board is **£749.910m.**

When comparing this figure with your Board's net expenditure in 1999, account should be taken of the once-off expenditure in 1999 and for the developments of services incorporated in this determination.

Your Board's revised level of non-capital expenditure for 1999 is **£566.416m.** (excluding the 1999 Supplementary Estimate).

Outline details of the funding for the development of services are set out at Appendix One. The approved expenditure level for 2000 notified to you above includes provision for the final phase of Partnership 2000 of 1% from 1st April 2000, the full cost of 1.5% Partnership Phase III of July 1999, 2% local bargaining partnership (Clause IV) and the full year cost of all special pay settlements notified to you.

The Minister is pleased to be in a position to make a capital provision towards the cost of priority replacement of medical equipment, deferred maintenance and fire precaution having regard to the difficulties which have been experienced in funding these items of expenditure. In formulating the programme of works in respect of these items for 2000, the urgent priorities of the voluntary agencies, other than acute hospitals, funded through your Board should be taken into account, and adequate provision should be made to have these priorities addressed and funded from the overall capital funding made available for the year.

As outlined previously, this funding will be a feature of future determinations and expenditure may be planned on this basis. In the case of your Board, the amount of this funding in respect of 2000 is **£1.770m.** The normal arrangements will apply in relation to the recoupment of this expenditure from the Department.

Your Board's service plan should be drawn up for the whole of the year 2000. On the 1st March 2000, in accordance with the Health (Eastern Regional Health Authority) Act, 1999, responsibility for the service plan within the budget will transfer to the ERHA and to its Regional Chief Executive. Under the terms of this legislation, 'The Authority shall provide in writing for such of its reserved functions in relation to the provision of services which, immediately before the establishment day, were performed by the Eastern Health Board, to be exercisable on its behalf, in relation to the functional area of an Area Health Board, by that Area Health Board' (Section 9{1}).

Arrangements for this transfer will be made in advance of this date by the Department in consultation with the Regional Chief Executive of the ERHA.

4. Indebtedness level

Section 8 of the Act requires the notification of the approved level of indebtedness, arising from the notification of this determination. This figure is **£60m.** for your Board in 2000. A more detailed letter on indebtedness and working capital requirements will issue shortly. The provisions of the Prompt Payment of Accounts Act, 1997 should be strictly adhered to.

5. Service Plans

Under the provisions of Section 6 of the Act, each health board must adopt and submit a service plan to the Minister. The service plan is the benchmark against which your board's expenditure, output and progress will be assessed during the year. In accordance with sub-section (6) of this section of the Act, health boards are required to take account of the policies and objectives of the Minister, and of the Government.

It will be necessary to complete all matters relating to your Board's service plan as a matter of urgency and, in any event, not later than 42 days after receipt of this letter. Please do whatever is necessary to comply with this requirement.

The service plan should reflect the breakdown of services by programme, in line with the Annual Financial Statements. Each board is requested to provide this programme breakdown of data for its entire range of services. It is desirable that there be, as much as possible, a common approach by all boards in addressing the core issues which must be contained in each service plan. In addition, boards may provide information on a care group basis, if so desired. [We would welcome a loose-leaf copy and an electronic copy of the service plan at the e-mail address: info@doh.ie.]

Boards should include sufficient detail from their operational plans to accompany the service plans submitted to the Minister. This will allow the Department to assess the service plans effectively and to advise the Minister in relation to section 6 of the Act. Having regard to the provisions of the Act, and experience to date of its operation, service plans for 2000 and subsequent years should (at a minimum) have the following characteristics:

- a clear and succinct statement of priority objectives, having regard to the overall strategy of the Board;
- a description and appropriate quantification of the core level of services to be provided in the coming year, having regard to the level of resources contained in this determination;
- the shifts in services being brought about in the coming year, as compared to current and previous years;

- the resources (pay, non-pay and income) being allocated to various services in the coming year, at an appropriate level of aggregation;
- the service developments planned in 2000, their extent and the projected future yearly costs of these developments;
- the extent to which significant issues which arose in 1999 are catered for within the service plan, and the specific effects of any corrective measures;
- the performance measures and performance indicators used by your Board (see also Sections 6 and 7 below);
- the arrangements for monitoring and management of the service plan on an on-going basis;
- the reporting arrangements to the CEO, the Board and the Department;
- the arrangements for value-for-money, the methodology to measure the impact of services and to improve customer service.

I would welcome your Board's initiatives in response to the Minister's address of 16 November 1999, particularly in regard to measuring outcomes, customer satisfaction and performance measurement, in the context of the service plan. The Minister wishes to make further progress in the development of service planning during 2000. He will arrange for discussions with the Chief Executive Officers of the health boards, early in the new year, to outline his thinking on the development of new initiatives, including the evaluation and assessment of service planning to-date.

It is suggested that particular attention be given to the involvement of, and consultation with, the relevant senior professional staff in your Board in the development of service plans and the agreement of target service outputs for 2000. Under section 9 (1)(a) of the Act it is the responsibility of the Chief Executive Officer to ensure that the amount of net expenditure of the Board does not exceed the amount of the determination. Section 9 (2)(a) requires the Chief Executive Officer to keep the Minister and the Board advised as to decisions, or proposed decisions, which in his or her opinion, might negatively impact on the financial situation.

In accordance with section 10 of the Act, if your Board anticipates, on the basis of the information now available, incurring any excess or credit on expenditure in 1999, your Board's service plan must clearly include provision for charging the full amount of such excess or credit to the service plan for 2000. An excess expenditure in 1999 must be a first charge on the resources available for 2000. In the case of an excess your Board should detail, as part of its service plan, how it proposes to recover the excess expenditure in full and bring current expenditure back into line. Any significant excess being brought to account at this stage will, inter alia, raise questions regarding the reliability of your Board's regulatory and reporting systems.

6. Development of performance indicators

Last year's letter of determination emphasised the importance of measuring both efficiency and effectiveness, so as to ensure that maximum benefit would be achieved across the full range of health and personal services. Agencies were requested to include, in so far as is possible, in their service plan for 1999 a set of performance indicators reflecting:

- improving the health of the population;
- equitable access to services;
- patient-carer experience (quality);
- the outcome of health care.

When submitting service plans for the year 2000 health boards are requested to include a written report on progress in 1999 in relation to the performance indicators they specified in their 1999 service plans.

As a step towards improved monitoring and evaluation of performance in relation to service plans, the Department and Health Boards Service Plans Group have jointly produced a set of performance indicators for services. A copy of these will be sent to you shortly. The Department wishes to see these performance indicators used in monitoring and evaluating progress against the year 2000 service plans. Health boards are requested to include, with their service plan submitted to the Department, details of the structures and processes they will put in place to enable them to:

- measure their position and progress against these performance indicators;
- use these performance indicators for monitoring and evaluation of service delivery over the course of the year;
- report to the Department their Board's progress, in relation to their service plan targets and objectives, as they relate to these performance indicators during 2000.

All boards should be aware that the specification and improvement of performance indicators is a continuous process. Work will continue to extend and develop further common sets of performance indicators for each care group area. Co-operation between the groups set up by the Chief Executive Officer's to extend the definitions of performance indicators, and the Department and Health Board Service Planning Groups, is essential in this regard. Work should continue as quickly as possible in 2000 in this area and should extend into:

- specifying the data requirements to support the required performance indicators, and
- developing a common set of definitions for each data item concerned.

In implementing IT and other systems, boards must ensure that the data requirements underlying the performance indicators are catered for in those systems to make monitoring and evaluation through performance indicator returns as easy and efficient as possible.

7. Reporting on the Management of the Service Plan

As part of the service plan to be submitted for 2000, your Board should develop a monthly expenditure budget and statement of cash flow requirement, reconciled to expenditure in line with the service plan. Both the expenditure budget and the cash flow profile should be weighted to take account of pay and non pay timing issues (e.g. pay increases) and seasonal factors encompassed in your Board's service plan.

These must be updated as appropriate, to reflect any approved changes which may be made by the Minister to the determination now being notified and to take account of unavoidable changes in the timing of expenditure and/or income, or necessary re-shaping of the service plan.

The budget should be developed on a consistent basis for pay and non-pay to reflect accurately the Board's on-going performance against actual expenditure. A monthly pay budget, projecting staff numbers, whole time equivalents and pay costs, should be included as an integral part of the service plan. It will form the basis for monitoring payroll management, in terms of average numbers employed throughout the year.

It is an essential condition for an appropriate delivery of health services by your Board that it manages all its finances strictly within the limit of this determination. It is vital that there be no easing of the effort expended in recent years in controlling expenditure. Any failure to comply with the legislative requirements in relation to these matters will necessarily result in reduction of the net resources available in 2001 and will be regarded by the Minister as a hindrance in the orderly development of priority services in your Board's functional area.

The provision of additional funding in 2000 for new developments across the full range of health and personal social services should be explicitly identified in your Board's service plan in such a way as to allow for continuous monitoring and assessment of progress during 2000. Such reports should be incorporated in the Chief Executive Officer's commentary accompanying the monthly IMR.

The detailed Integrated Management Report (IMR) in relation to the financial information should be returned in hard copy to Finance Unit on a monthly basis, before 25th of each month. Full IMRs should be forwarded electronically to the Information Management Unit before this date. **It must be stressed again, that the monthly commentary by the CEO, interpreting performance to date and advising, as appropriate, on the corrective strategy for the remaining period, is an integral part of the IMR.**

During 2000, this commentary must include an accurate assessment of your Board's state of readiness in relation to the introduction of the single currency. With regard to the performance indicators referred to in section 6 of this letter, reports based on these should be included with the IMRs as soon as is possible during 2000.

The Minister again requests that close attention be given to monitoring and reporting on all programmes throughout the year, particularly acute hospital activity in the first three months of the year.

8. Employment Control Policy

The Department is concerned to ensure that employment levels at individual agency level, and consequently at national level, do not exceed the levels set by Government and this Department.

Boards will continue to have delegated sanction for the filling of non-consultant replacement posts. The continuation of this autonomy is on the strict understanding that the control of numbers is a central element of strict budgetary control of expenditure within the determination. The filling of both new and replacement consultant posts and the employment of additional non-consultant posts will continue to require the approval of the Department.

Your Board should make adequate provision for pay costs in 2000 having regard to:

- the present numbers employed;
- the projected additional numbers to be employed in 2000; and
- the appropriate balance between pay and non-pay costs.

“Claims” for posts associated with the service development funding provided in the approved level of expenditure for 2000 should be discussed, in the usual way, with the relevant service divisions in the Department at the earliest possible time. Where possible, appropriate posts should be identified in your service plan. In this way consideration can be given to your requirements and your employment control ceiling adjusted accordingly. This will ensure that your employment control ceiling keeps pace with the development funding provided.

I would also take this opportunity to ask you to ensure that the personnel census return for your Board will be returned to the Department within the stipulated deadline. A further letter in this regard will be sent to you in the near future.

9. Attainment of value-for-money

The attainment of better value-for-money through effective and efficient use of resources remains a critical objective for all health agencies. I would again request that your Board look at its capacity to meet the Government's requirements in relation to effectiveness and efficiency, in order to ensure that maximum benefit is being achieved across the full range of services.

The outcome of these efforts is likely to be enhanced by the extent to which health agencies work together to share best practice, to maximise joint procurement and materials management.

The determination for 2000 requires your Board to generate increased efficiency from its value for money programme in line with Government directions to achieve higher savings in this area in 2000.

The work of the Health Care Materials Management Implementation Board, through its General Manager, has brought a new focus and increased levels of co-operation across the health services in relation to materials management. It is critical that the health agencies use the structures now in place as a vehicle through which to maximise co-operation and actively pursue value-for-money, particularly in the development of national protocols and contracts. A return should be made to the Department by each Board with the annual service plan of the position in relation to the six performance indicators as presented to the Regional Materials Managers in 1999. Thereafter this return should be made on 30 June, as well as with the service plan.

10. Health Services *EURO* Changeover Preparations.

As you are aware, the single currency, namely the *EURO*, was introduced in a cashless form from 1 January, 1999. You are again reminded of your responsibility to ensure that your Board will be in a position to comply with the requirements as set out in the National Changeover Plans and in the Health Services Changeover Plan. It is vital that health boards facilitate the smooth transition to the *EURO*.

Please include in your service plan a statement of your Board's readiness in this regard and include a formal *EURO* changeover plan, identifying the issues that need to be tackled, detailing who is responsible for dealing with them and setting out a timetable for action.

The service plan should indicate the extent to which your systems are currently *euro* compliant, if not, the arrangements being put in place and the timetable to achieve the required compliance, and the arrangements to inform the Department during 2000 of progress in this regard.

In addition the following information should be included with the monthly IMRs: the number of payments in *EURO*; the total value of *EURO* payments; the number of *EURO* invoices; and the number of suppliers providing full dual display invoices.

11. Increase in Charges for Health Services

I wish to advise you that the charges in respect of private and semi-private accommodation in public hospitals have been revised with effect from 1 January 2000. The revised rates, which represent a 7% increase, will be issued shortly, together with details of increases in statutory charges.

With effect from 1 January 2000, the public hospital statutory in-patient charge is being increased from £25 to £26 in respect of each day during which a person is being maintained in hospital. The maximum payment in any twelve consecutive months is being increased from £250 to £260. In addition, the charge for services in respect of attendance at accident and emergency or casualty departments is being increased from £20 to £25.

Conclusion

In order to assist your Board to complete the matters addressed in this letter quickly, senior officers of the Department will be available if there are any matters requiring clarification. These queries should, in the first instance, be referred to the Finance Unit, (01-6354254, 6354247 or 6354273) who will co-ordinate the Department's response to all health boards.

The Minister would like to thank you, your Board, and all your Board's staff, for your contribution to the delivery of health care in Ireland during 1999. He also asked me to acknowledge your co-operation and that of your management team in working closely with the Department, other health boards and other agencies in providing improved health and personal social services. The Minister looks forward to the further progress which will be made in developing the health services during 2000.

Yours sincerely

Jerry O'Dwyer
Secretary-General

Eastern Health Board

Revised 1999 Determination(excluding 1999 Supplementary Estimate)

The revised non-capital determination for your Board for 1999 is

£566.416m
E 719.200

2000 Non-Capital Determination

The non-capital determination approved for your Board for 2000 is

£749.910m
E 952.189

Renal Services

As part of a structured programme of investment in the development of renal dialysis services nationally, a sum of **£0.315m** is being made available to your board in 2000.

Cancer Services.

A provision of £0.600m is being made available for the development of priority cancer services in the Eastern Health Board area. The exact allocation of this money should be determined by the Board in conjunction with the three Regional Directors of Cancer Services in the Eastern Health Board area.

Sub-Acute Services

Additional revenue funding of £5.509m is being made available in 2000as follows:

- ♦ **£5.000m** in respect of costs associated with the provision of sub-acute/ convalescent/chronic sick places on the campuses of acute hospitals and long stay contract nursing home places.
- ♦ **£0.284m** towards the cost of a national public education campaign to encourage appropriate attendance at Accident & Emergency Departments and the continuing provision of alternative care places.
- ♦ **£0.225m** for James Connolly Memorial Hospital, to meet the costs of implementing initiatives aimed at improving services in the Accident & Emergency Department.

Pre-Hospital and Ambulance Services

A total of **£1.736m** is being made available to your Board this year as follows:

- ♦ £1.666m to continue implementation of the recommendations of the Review Group on the Ambulance Service.
- ♦ £0.070m in respect of costs incurred by the National Ambulance Training School (£0.040m for Critical Incident Stress Debriefing and £0.030m to the HSEA in respect of partnership initiatives in the ambulance service.

Hospital & Lab. Accreditation

A national scheme for the accreditation of medical laboratories is now at an advanced stage of development. A sum of **£0.190m** is being provided to your board, including £0.060m to facilitate the preparations for accreditation applications in the public acute hospitals within your board's area and £0.130m to meet start-up costs associated with the establishment of the scheme.

Acute Hospital Services.

Total additional revenue funding of **£0.843m** is being made available in 2000 in respect of developments in your Board's acute hospitals as follows :

Naas General Hospital

Additional revenue funding of **£0.190m** is being provided in 2000 to meet additional costs arising from the continuing provision of services in the areas of Orthopaedics Medicine & Surgery, X-ray, Pathology and Occupational Therapy.

James Connolly Memorial Hospital

Additional revenue funding of £0.408m is being provided in 2000 to meet additional costs arising from the continuing provision of services in the areas of Pathology, Physiotherapy, Radiology, Anaesthetic, Haematology and Microbiology. Included in this amount is £0.030m towards the cost of developments in Endoscopic services.

St Columcille's Hospital, Loughlinstown.

Additional revenue funding of £0.245m is being provided in 2000 to support approved developments in the provision of endocrinology and gynaecology services. Included in this amount is £0.035m to meet additional costs arising from the commissioning of the CT scanning service.

Minor Capital Works

A sum of **£0.870m** is being included for backlog of maintenance and a sum of £0.900m in included for fire precaution works.

Included in your Board's allocation are the following sums for Mental Handicap Centres.

Agency	Maintenance	Fire
Eastern Health Board	0.400	0.400
Peamount	0.040	0.050
Stewarts Hospital	0.080	0.050
St. John of God	0.080	0.050
Daughters of Charity	0.080	0.050
Sunshine Home	0.040	0.050
St. Michael's House	0.70	0.050
Moore Abbey	0.080	0.200
Total	0.870	0.900

Casemix Adjustments

Casemix analysis of costs and activity relating to the hospitals in your Board's area, which are participating in the National Casemix Programme, has resulted in the overall adjustment indicated below (£431,212).

Adjustments should be applied to the hospitals from which the adjustment arises and these details should be clearly identified in your year 2000 Service Plan.

The Casemix Unit of the department will be writing directly to you shortly with full details of how the figures were calculated. Figures will be made available in hard-copy and on disk, along with the Shared Information System.

HIPE/Casemix adjustments

A once-off sum of **£0.015m** is included in your allocation for the upgrading of computer hardware/software used in the implementation of HIPE programmes.

Agency	Amount £m
James Connolly Memorial Hospital	0.005
St. Colmcille's Hospital, Loughlinstown	0.005
Naas General Hospital	0.005
Total	0.015

H.I.P.E. Staffing

Funding, to the value of **£24,000**, has been included for upgrading of the H.I.P.E. staffing function in some of your Board's hospitals. The HIPE/Casemix Unit of the Department will be writing directly to you shortly with exact details of the funding, the hospital (s) to which it is to be applied, and staffing implications, if applicable.

Cardiac Infrastructure

Funding of **£0.100** is being made available to St. Columcille's Hospital, Loughlinstown, to meet additional costs arising from the development of cardiology/cardiac services.

Cardiovascular Health Strategy report - *Building Healthier Hearts*

Additional funding has been secured to enable a phased implementation of the recommendations contained in the report of the Cardiovascular Health Strategy Group - Building Healthier Hearts. It is proposed to allocate this funding no later than the 1 March 2000 and you are requested therefore to make the necessary arrangements to co-ordinate the preparation of a package of measures aimed at implementation of the report's recommendations no later than **31st January 2000**. This submission should cover all current or potential providers of cardiovascular services in the Eastern Region. Guidelines in relation to the structure of your submission will issue in the near future.

Health (Amendment) Act, 1996.

A sum of **£1.469m** is being made available to your Board in 2000 as follows:

- ◆ The allocation includes **£1.116m** in respect of the cost in 2000 of providing primary healthcare services to those persons who hold a health service card under the Health (Amendment) Act, 1996. This funding has the following elements:
 - ◆ **£1.009m** of which £0.225m is allocated on a once-off basis, for primary healthcare services, including provision for increased activity and costs;
 - ◆ **£0.107m** on a once-off basis for Hepatitis A & B screening and vaccinations for persons who hold a health service card under the Health (Amendment) Act, 1996.
- ◆ Your allocation also includes an amount of **£0.353m** for funding the four Hepatitis C support groups (Positive Action, Transfusion Positive, the Irish Haemophilia Society and the Irish Kidney Association).

Services for Older People.

A sum of **£6.617.m** is being provided as follows:

Service	Amount £000
Nursing Home Subventions	1.014
Home Help Pay	2.885
Shortfall on earlier developments (S.C.I etc.)	0.200
St. Clare's. Ballymun (final moiety to be provided in 2001)	0.100
Contract Beds	0.300
Funding for New Unit in Dalkey	0.400
Lourdes Day Care Centre	0.034
Skerries Day Care Centre	0.034
St. Mary's Park (Infection Control Nurse)	0.035
Baldoyle Development	0.040
Grants to Voluntary Groups	0.574
Home Help Development	0.200
Support to Carers	0.225
Improvements to Community Support Structures	0.200
Additional staffing in long-stay hospitals	0.100
Alzheimer Society of Ireland Services	0.276
Total	6.617

Mental Health Services

A sum of **£2.279m** is being allocated to continue on-going initiatives and for new developments as follows:

Service	Amount
Enhancement of staffing at high-support hostel in Area 8	0.106
Establishment of Rehabilitation Team - Area 4/5	0.100
The further development of forensic psychiatric services at the Central Mental Hospital	0.200

Research project, dementia, Alzheimer's and the Psychiatry of Old Age	0.020
2 Consultant Forensic Psychiatrists	0.500
Additional Staff North Dublin Psychiatry of Old Age	0.028
Paramedic staff for liaison Beaumont Hospital Psychiatric Services	0.100
Mental Health Association	0.100
Schizophrenia Ireland	0.050
Day Hospital Development Area 7	0.040
Suicide -funding towards EU project, directory, Youth Homeless & Child & Adolescent parasuicide	0.075
Child and Adolescent Psychiatry services - Mater Child Guidance Clinic	0.120
Restructuring of Child and Adolescent services provided at Warrenstown House	0.100
Staffing of High Support Hostel - Ard na Greine in Area 6	0.215
Enhanced staffing for Elizabeth's Court in Area 6	0.150
Enhancement of Community Service North County Dublin Area 8	0.065
Additional Consultant Led Psychiatric Team -Homeless sector	0.130
St. John of God/St Vincent's Elm Pk/Loughlinstown/St. Michael's, Dun Laoghaire for development of Liaison psychiatry and part-time chair (full year costs of 1999 developments.	0.180
Total	2.279

Palliative Care

A sum of **£0.400m** is being made available to your Board in 2000 as follows:

St. Francis Hospice Raheny

- ◆ **£0.125m** for the provision of a second post of Consultant in Palliative Care Medicine.
- ◆ **£0.150m** for the development of homecare and support services.

Irish Hospice Foundation

£0.125m for the development of palliative care services (once-off).

Services for People with Physical/Sensory Disabilities.

A sum of **£1.713m** is being made available to your Board in 2000 as follows:

- ◆ A sum of **£1.513m** is being provided towards core funding of these services in partnership with the care providers in this sector, including the voluntary services.

Agency/Service	Amount (£m)
Full year cost of 1999 development funding	1.080
Cheshire Foundation of Ireland	0.012
Irish Wheelchair Association	0.057
National Association of Deaf People	0.020
National Council for the Blind of Ireland	0.020
St. Joseph's School for the Deaf, Cabra	0.130
St. Mary's Home for the Blind, Merrion	0.040

St Joseph's Home for Adult Deaf/Blind, Brewery Road	0.060
Provision of enhanced Interpreter Services	0.029
Aids and Appliances	0.065
Rehab Group	0.200
Total	1.713

Community Workshops

A further sum of **£0.104m** is to be made available towards the provision of services for people with disabilities in sheltered workshops.

Domiciliary Care Allowance

Additional funding of **£0.539m** is to be made available to support the application of the Domiciliary Care Allowance scheme to eligible children under two year of age.

Services for People with Physical/Sensory Disabilities - Additional Funding 2000.

A sum of **£2.386m** is being allocated to your Board for the development of services in accordance with needs identified in *"Towards an Independent Future"* as follows:

Service	Amount (£m)
Day Care Services	0.720
Home Support Services (including personal assistance services)	1.080
Regional Database	0.031
Peamount - YCS	0.100
For allocation on priorities identified by health board and its co-ordinating committee for physical and sensory disability services	0.455
Total	2.386

Adult Homeless

An additional **£0.700m** has been included in your Board's allocation for the year 2000 to enable the board to implement its proposals for the development of services to homeless people.

Health Services for the Travelling Community.

An additional **£0.243m** has been included in your Board's allocation for 2000 to cover the costs of travellers health initiatives.

Child Care Services

Additional funding of **£9.089m** is being provided for Child Care Services. The details are outlined in the table below:

	£m
Focus Ireland Crash Pad	0.357
Irish Association of Care Workers	0.002
High Support Units	2.100
Other Residential Services	0.435
Foster Care	1.075
Pre-school services	0.420
Pre-school inspections/advisory service	0.293
Counselling for Victims of Past Abuse	0.570
Inter-Country Adoptions	0.236
Children Bill	0.412
Child Protection services	0.859
Child Abuse Guidelines Training	0.257
Family Support	0.223
Barnardos	0.200
Management and Evaluation	0.100
Video Recording	0.050
Homelessness Initiative	1.500
Total	9.089

Intellectual ~ Disability Services

The following additional funding of **£1.790m** has been included in the Board's 2000 Determination in respect of services to persons with an intellectual disability:

- ♦ **£1.350m** in respect of the full year costs of service developments put in place in 1999.
- ♦ **£0.120m** to increase base funding for the Board's services;
- ♦ **£0.300m** to increase base funding in Cheeverstown, KARE, Peamount and Sunbeam House (£0.075m for each agency);
- ♦ **£0.020m** to increase base funding to the National Special Equestrian Training Centre, Bray;

Transfer of Responsibility to the Eastern Health Board/Eastern Regional Health Authority for the Direct Funded Voluntary Intellectual Disability Agencies;

The report of the Working Group on the Implementation of the Health Strategy in relation to Services to Persons with a Mental Handicap "Enhancing the Partnership" sets out the recommendations for a national framework within which the transfer of responsibility for the direct funded voluntary intellectual disability agencies will take place. The transfer of responsibility for these agencies in your Board's region will take place with effect from 1st January, 2000. You will be aware that the new Eastern Regional Health Authority will be formally established on 1st March, 2000. The Authority will, on that date, assume responsibility for the commissioning and funding of all services in the Eastern region. As a consequence, the reporting and planning arrangements which have been agreed with your Board will become the responsibility of the new Authority.

In line with the agreements reached between the Department, your Board and the agencies concerned, the funding for these agencies has been included as follows in your Board's 2000 Determination;

- ♦ **£5.894m** in respect of the services provided by the Sisters of Charity of Jesus and Mary, Moore Abbey. This Determination includes £0.200m in respect of the existing service issues which were agreed with the agency as part of the transfer process.
- ♦ **£22.858m** in respect of the services provided by the Hospitaller Order of St John of God. This Determination includes £0.500m in respect of the existing service issues which were agreed with the agency as part of the transfer process.
- ♦ **£16.061m** in respect of the services provided by Stewart's Hospital Services. This Determination includes £0.360m in respect of the existing service issues which were agreed with the agency as part of the transfer process.
- ♦ **£17.901m** in respect of the services provided by St Michael's House. This Determination includes £0.500m in respect of the existing service issues which were agreed with the agency as part of the transfer process.
- ♦ **£21.977m** in respect of the services provided by the Daughters of Charity Services. This Determination includes £0.350m in respect of the existing service issues which were agreed with the agency as part of the transfer process.
- ♦ **£1.294m** in respect of the services provided by the Children's Sunshine Home. This Determination includes £0.090m in respect of the existing service issues which were agreed with the agency as part of the transfer process

Intellectual Disability Services - Additional Funding in 2000

Additional funding of **£11.200m** as outlined below is being made available in 1999 for the further development of services to persons with an intellectual disability.

Service	Amount
Residential	6.200
Respite	1.500
Day	2.800
Autism Children's Health/Related Services	0.500
Specialist & Additional support services	0.200
Total	£11.200m

Pneumococcal/Hepatitis B Vaccines/Antitoxins

A sum of **£0.666m** is provided as follows:

- **£0.357m** in respect of the purchase of stocks of pneumococcal and Hepatitis B vaccines and for the payment of a fee to general practitioners.

- ◆ **£0.309m** on a once-off basis to meet the cost of replacing the stocks of Botulinum antitoxin and Diphtheria antitoxin held by your board for national use.

Ophthalmic Services.

A sum of **£0.532m** is being provided as follows:

- ♦ **£0.332m** on a on-going basis towards the implementation of the agreement between the health boards and the Association of Optometrists Ireland for the provision of eye examinations and spectacles to eligible adults by private practitioners.
- ♦ **£0.200m** on a on-going basis to cater for the anticipated increase in uptake levels for these services and to allow your Board to contract sessional Optometric advice. The sum of £0.020m is included specifically for this purpose.

Department of Public Health/Hospital Laboratories and the National Disease Surveillance Centre

A sum of **£0.091m** is being provided to assist in the development of liaison arrangements between Departments of Public Health/Hospital Laboratories and the National Disease Surveillance Centre.

Maternity and Infant Care Scheme

A sum of **£0.372m** is being provided to your Board in respect of the implementation of the recommendation of the Report of the Maternity and Infant Care Scheme Review Group.

Maternity and Infant Pilot Project

Additional funding of **£0.100m** is provided in 2000 to meet additional costs associated with this project based at the National Maternity Hospital, Holles St.

Primary Childhood Immunisation Programme

A sum of **£0.481m** is being provided to meet additional costs in the Primary Childhood Immunisation Programme.

School Vaccination Programme

Your allocation includes a sum of £0.300m to meet additional vaccine costs as a result of changes to the recommended schedule of immunisations for school children, which it is anticipated will be contained in the revised immunisation guidelines shortly to be published by the Royal College of Physicians of Ireland.

Cervical Screening/RCSI

A total sum of **£0.784m** is included in your board's allocation in respect of funding of the service provided by the RCSI, which heretofore was funded by Beaumont Hospital. The allocation included an increase of £0.140m to enable them to increase the service to 30,000 tests.

Family Planning and Pregnancy Counselling

A sum of **£0.627m** is being provided for the continued development of family planning and pregnancy counselling services.

Hospital Discharges to Community Care Services

A sum of **£0.200m** is being made available on an on-going basis to fund costs related to services in the community for seriously ill patients who are discharged from hospital to the care of their families.

Institute of Community Health Nursing

A sum of **£0.035m** is being made available to fund the post of Professional Development Officer for the Institute.

Development of Dental Services

A total of **£3.218m** is included in your Board's allocation as follows:

- ◆ DTSS - £2.240m to provide for increase in uptake, extension of services to the 35-64 age group and services to special needs adults.
- ◆ Health Board Dental Services - £0.425m to provide in particular for extension of services to the 14-16 age group, development of services to special needs groups, vocational training & improvement in the ratio of dental nurses to dentists.
- ◆ Epidemiology Contract - £0.253m. This is a repeat of once-off funding.
- ◆ Orthodontic Service (Budget Funding) -£0.300m to provide for the development of a second regional orthodontic unit in the Loughlinstown area.

Hearing Aid Service

A total of **£0.900m** is included in your Board's allocation to assist the Board with the take over of responsibility for this service from the National Rehabilitation Board.

HIV/AIDS and STD services

A sum of **£0.085m** is being provided for HIV/AIDS services as follows:

- ◆ **£0.030m** is being provided for the extension of Gay Prevention Strategies Project.
- ◆ **Virus Reference Laboratory - £0.055m** for services in the Virus Reference Laboratory to provide viral load and resistance testing for HIV on a national basis.

Drugs Services

A sum of **£5.240m** is being allocated to your board for the further development of its drugs services.

- ◆ **£0.400m** of this sum is for the development of services at the Drug Treatment Centre, Pearse St.
- ◆ **£0.040m** of this sum is being provided to ensure that full participation in the Integrated Services Process is undertaken as a priority.

The further details of this allocation will be the subject of further discussion with the Department's Community Health Division.

Food Controls

A sum of **£2.036m** has been included in your Board's determination to improve food safety controls. The Department's Food Unit will issue a separate letter on this matter within the next few days.

General Practice Development Fund/Pilot Co-Operatives

A total of **£0.820m** is included in your Board's allocation as follows:

- ◆ A sum of **£0.620m** in respect of the full year costs of ongoing and once-off developments in general practice. A separate letter will issue shortly detailing the breakdown of the figure.
- ◆ A sum of **£0.200m** in respect of pilot GP Co-operatives. A separate letter will issue shortly detailing the breakdown of the figure.

Commission on Nursing

A total of **£0.169m** is included in your Board's allocation as follows:

- ◆ Ongoing funding of **£0.163m** is being made available in respect of the provision of new technology and, where appropriate, clerical support for Public Health Nurses.
- ◆ Once-off funding of **£0.006m** is being provided in respect of the secondment of Ms. Carol O'Connell, Grade III to the Nursing Policy Division, Department of Health and Children.

Nurse Training/Diploma

- ◆ A sum of **£1.167m** is being made available for the continued implementation of the
- ◆ General Nursing Registration/Diploma Programme in James Connolly Memorial Hospital (£0.155m);
- ◆ Psychiatric Nursing Registration/Diploma Programme (£0.316m);
- ◆ Mental Handicap Nursing Registration/Diploma Programme (£0.114m);
- ◆ Psychiatric Nursing Registration/Diploma in St. John of God (£0.338m) and St. Patrick's Psychiatric Hospital (£0.244m).

Clinicians in Management

A provision of **£0.100m** is being provided in respect of the clinicians in management initiative. This allocation will be the subject of further discussions with the Department's Personnel Management and Development Division. In the case of your Board it is expected that further progress can be made in Naas General Hospital and James Connolly Memorial Hospital. Agreement will be necessary before any of this funding is used. No expenditure should be undertaken without the prior agreement on the structures to be put in place from the Personnel Management and Development Division.

Medical Indemnity

A provision of **£0.093m** is being made to your Board in 2000 in respect of medical indemnity.

Health & Safety.

An additional **£0.450m** is being made available in 2000. This sum includes £0.060m which is being added to your agency's base determination to cater for the 2000 pay costs of an additional 2 posts in 2000 and once of funding of £0.390m.

Library and Information Services

A provision of **£0.102m** is being made to your Board in 2000 to allow for further developments in the library and information services.

Health Promotion

A sum of **£0.120m** is included in your 2000 determination for Health Promotion activities. Officials of the Health Promotion Unit will be in discussion with you shortly in this regard.

Women's Health

A sum of **£0.120m** is included in your 2000 determination for developments in the area of Women's Health.

Violence Against Women

A sum of **£0.300m** is included in your 2000 determination for services for women victims of violence.

Finance Management

A provision of **£0.200m** is included in your Board's Determination for 2000 as follows:

- ◆ **S.A.P Financial Systems Implementation** - an additional provision of £0.100m is in respect of the full year costs associated with systems implementation. This brings the overall funding for the project to £0.500m.
- ◆ **P.P.A.R.S. Implementation** - a provision of £0.100m is included to support the full year cost of implementing this system. This brings the overall funding for this project to £0.329m.

The provision is once-off for the duration of the project and will be reviewed on completion.

Demographic Factors

A sum of **£2.431m** is being provided as a contribution towards costs associated with demographic change within your Board's population. This allocation has been based on the numbers of older people presently in your Health Board area, and in particular on the increase in the numbers of older people in your area between the 1991 and 1996 census.

Demographic pressures are a factor across a broad range of services including hospitals, community services, long-term care, etc. Your Service Plan should, in so far as is possible, take account of the influence of your Board's demography on the demand for different services. Your Service Plan should, in particular, state specifically how you intend to utilise the funding being provided under this heading.

Increase in Private/Semi-Private Hospital Charges

I wish to advise you that the charges in respect of private and semi-private accommodation in public hospitals have been revised with effect from 1 January 2000. The revised rates, which represent a 7% increase, are being issued to Finance Officers.

Statutory Charges

With effect from 1 January 2000, the public hospital statutory in-patient charge is being increased from £25 to £26 in respect of each day during which a person is being maintained in hospital. The maximum payment in any twelve consecutive months is being increased from £250 to £260. In addition, the charge for services in respect of attendance at accident and emergency or casualty departments is being increased from £20 to £25.

Materials Management

There is a continuing need to achieve value for money across the whole of the health sector. In 2000 the total savings to be achieved by the health sector amount to £12.5m. In this regard a non-pay saving of **£2.105.m** is to be achieved by your Health Board in 2000.

Technical Inflation

A sum of **£0.294m** is being provided as a contribution towards cost pressures specific to the health sector. While this is the limit of what is available in respect of such costs, it is hoped to further review this issue in future years. In the meantime, agencies are encouraged to target this funding at the management of increased costs which, on the basis of experience, are likely to emerge during the year.

December, 1999.

**Mr Pat McLoughlin
Chief Executive Officer.
Eastern Health Board
Dr Steevens' Hospital
Dublin 8.**

Dear Sir,

I am directed by the Minister for Health and Children to inform you that your Board's 1999 Revised Determination of Expenditure, as notified to you in the 2000 Letter of Determination, has been increased from **£566.416m to £600.984m following the passing of the 1999 Supplementary Estimate by the Oireachtas.**

Your Board's 2000 Determination is unaffected.

Yours Sincerely

**Dermot Smyth
A/Assistant Secretary**

**Press Brief on 2000 Budget
announcements of
health service developments**

**Cowen announces substantially increased funding for
services for the intellectually disabled**

Summary

- ◆ Total spending on health services in 2000 will be £4,221 million with increases of 14%.
- ◆ Capital increase will allow major projects to proceed both in construction and planning

Budget Day Package

- ◆ Additional investment in services for the intellectually disabled will total about £69 million next year;
- ◆ There will be an overall increase in 2000 for people with disabilities (intellectual physical and sensory) of about £95 million; this represents an increase of 116% for the disabled over 1999;
- ◆ The Cardiovascular Strategy will be funded by £12 million in 2000 with a full year effect of £24 million in the following year; the funding for this initiative will come from tax on cigarettes;
- ◆ In the area of mental health there will be substantial improvements in the forensic psychiatry services and new consultant appointments will liaise with

the prison services regarding the provision of appropriate services in prisons. Funding is also being provided towards a new suicide prevention programme;

- ◆ In palliative care there will be 6 new consultant posts and 80 additional nurses for the services;
- ◆ Under the Dental Treatment Services Scheme routine dental treatment will be available to all medical card holders from the 1st January 2000;
- ◆ In childcare a range of initiatives including pre-school services, initiatives on teenage services and homelessness will be undertaken in 2000.

1. Overall increase in spending on health services

The total allocation to the health services in 2000 will be approximately £4,221 million. The £4,221 million provision incorporates revenue spending of £3,990 million and a Capital Programme of £231 million. The increased resources, both revenue and capital, devoted to Health are unprecedented. The revenue figure includes a special Budget Day Package of £63 million (with a full year implication of £97 million) which is described in the appendix. When the exceptional items of Hepatitis C Compensation Payments and once-off expenditure in the General Medical Service in 1999 are excluded from the figures the true underlying year on year overall increase is 14%.

The capital allocation for 2000 for the health services is £231m or 35% over the outturn of £170m for 1999. This will be the first year of the National Development Plan which has committed £2 billion for the period 2000-2006 in respect of the capital programme for health; **this is almost a trebling of the capital funding compared to 1993-1999**. Projects in construction during 2000 will include St James's, St Vincent's, Galway, Naas, Tullamore and other major projects such as the Mater, Crumlin and the psychiatric unit in Sligo General will be in the planning stage. The very significant increase in funding will benefit all programmes and the Minister wishes to underline the strong commitment the Government are making towards an enhanced capital programme for the intellectually disabled (see paragraph 3).

As part of the National Development Programme the Minister will be continuing his initiative in regard to an equipping programme for general hospitals. A sum of £10m is being made available again by him for 2000 in regard to such equipping and a total of £8m (an increase of £2m) will be provided towards the maintenance of health facilities and various other projects relating to fire precautions and physical safety issues.

2. Budget Day Package

The table set out in the appendix describes the headings under which money has been approved by Government in key areas within the health services. Also set out are the full year effects in 2001. The other amounts indicated on the table refer to funding provided in the Abridged Book of Estimates published last month.

3. Intellectual Disability Services

The Government recognises the needs of people with an intellectual disability and is committed to meeting those needs within a defined timeframe of 3 years, starting with a major acceleration of investment - both capital and revenue - in 2000.

The ongoing development of services to meet the identified needs of this group has been a top priority for the Minister since he came to office. Despite the allocation by him of significant additional funding totalling **£53m** up to the end of 1999, there is still a backlog of need in relation to residential, respite and day services. The Government is committed to clearing this backlog over the next three years. This commitment was recently outlined by the Minister to the national representative bodies in the field of intellectual disability, the Federation of Voluntary Bodies Providing Services to People with Mental Handicap, the National Association for the Mentally Handicapped of Ireland and the National Parents and Siblings Alliance, together with a commitment to involve them in a more inclusive manner in the monitoring of this development programme.

The health boards now have mechanisms in place to assist them to manage crisis cases, which is particularly helpful in keeping respite places available. Planned access to residential care is also being facilitated as a result of this strategy and this will be even more apparent next year as the additional residential places come on stream.

The additional revenue funding being allocated in 2000 is designed to support the opening of additional services with an annual cost of **£35m**. Because of the timeframe involved in bringing all of the new services planned for 2000 on stream, the actual cost of these services in 2000 will be **£28m**. This funding is in addition to the **£10.7m** already allocated to the services in 2000 to meet the full year costs of the 1999 developments and identified needs in existing services. This brings the total additional revenue funding provided in 2000 for the services to **£38.7m**, increasing to **£45.7m** on 1st January 2001.

The additional revenue funding of **£35m** will provide, at a minimum;

- 555 new residential places
- 185 new respite places
- 700 new day places
- health related support services for persons with autism
- the continuation of the programme to transfer persons with an intellectual disability from psychiatric hospitals and other inappropriate placements
- additional specialist and other support services.

This is the largest single new revenue investment ever made in the services and is further evidence of both the Minister's commitment and that of the Government, to address the needs which have been identified for this population group. For example, the comparative figure for new developments provided by the previous Government in 1997 was **£10m**.

There is also a need for capital investment in the infrastructure required to support these services. The absence of a rolling capital programme for the Department was a major impediment to the implementation of a planned and timely capital investment in both new facilities and the ongoing maintenance or replacement of existing facilities and was one of the first areas which the Minister tackled when he came to the Department. In doing so, he **£30m** for the period 1998 to 2001 and a further **£5m** capital allocation in 1998 for a maintenance and refurbishment programme for existing services.

The National Development Plan now provides the framework within which unprecedented capital investment will be made in the health services in the period 2000 to 2006. In the case of the intellectual disability services, investment will focus on three main areas;

- the provision of new facilities from which a broad range of support services, including residential, respite and day services, can be delivered;
- the renovation of existing facilities;
- the provision of alternative or up-graded accommodation for persons with an intellectual disability currently accommodated in inappropriate settings.

The Minister has now decided that additional capital funding amounting to **£80m** is to be made available over the next three years to accelerate the process of putting in place the necessary infrastructure to support these services. A total of **£30m** will be made available in 2000, **£40m** in 2001 and the remaining **£10m** in 2002. In accordance with normal practice, a revenue allocation commensurate with the capital investment in the services will also be made over this period.

Officials from his Department will be meeting with the health boards over the coming weeks to discuss with them in more detail the new services and the structure necessary to ensure that the groundwork required to put them

in place in 2000 and over the following two years, is facilitated. As already stated, officials will also shortly be meeting with the national representative bodies in the field of intellectual disability regarding their involvement in the monitoring of this programme.

In all therefore there will be a total additional investment of £68.7m, increasing to £75.7m in January 2001, in the services as a result of the funding which the Minister is making available next year.

The Minister said that in announcing this unprecedented programme of investment in the services to persons with an intellectual disability, he is giving a clear and unambiguous commitment both to individuals with an intellectual disability and their families that this Government will continue to deliver on the commitment which it made to them.

4. Physical and Sensory Disabilities

Additional revenue funding of £14 million, with £7 million being provided in 2000 and the balance of £7 million coming on stream in 2001, is being provided for these services. This is in addition to the £10.8 million already provided for the services in 2000 to meet the full year costs of 1999 developments (£3 million) and identified needs in existing services (£7.8 million).

This brings the total revenue being invested in these services in 2000 to £17.8 million, increasing to £24.8 million full year cost on 1st January, 2001. Again this is the largest ever single revenue investment by the Department in these services. It represents an increase of 133% in the additional funds provided next year compared to the increased resources made available in 1999.

The additional funding of £7 million, rising to £14 million full year cost in 2001, will be targeted at the provision of additional day care places and home supports. An additional 400 day care places will be provided. Additional home support services, which includes personal assistance, to cost £3 million in 2000, increasing to £6 million in 2001, will be made available. These additional services will enable a substantial number of

people with severe physical disabilities to live independently in the community and will provide relief to a significant number of carers.

The Intellectual Disability Database is now well established as an important planning tool and the development of a similar database for physical and sensory disabilities is proceeding apace. The extra funding announced by the Minister today provides for the additional staffing which health boards will require to establish and maintain this new database at local level.

The development of the new database will enable the Department to enhance services in a planned and co-ordinated manner. This has already been achieved in the case of the intellectual disability services and the Government's commitment to those services sets a precedent for the physical and sensory disability sector, facilitating the setting of similar targets as the statutory/voluntary partnership develops in this area and is consolidated over the next few years.

The Minister proposes to invest additional capital funding amounting to **£19.98** million in these services over the next three years. **£6** million of this money will be made available in 2000, **£6.48** million in 2001 and **£7.5** million in 2002. As further needs are identified as a result of service planning based on the database, further investment will be made over the remaining years of the National Development Plan.

In all therefore there will be a total additional investment by the Minister of £23.8 million in physical and sensory disability services, increasing to £30.8 million in January, 2001, as a result of the funding which is being made available next year.

Aids and Appliances for Physically Disabled

Finally, the Minister has secured an agreement with the Minister for Social, Community and Family Affairs, for an **additional £5 million**, derived from savings in Minister Ahern's Estimate, to fund this year the provision of appliances to the physically disabled. This will be included in the Health Supplementary Estimate 1999 to be taken shortly.

Payment of Respite Care grant (£300) to All DCA Recipients

In addition to the extra funding already announced and provided for in the Department's Estimates for 2000 to support the application of the Domiciliary Care Allowance Scheme to eligible children under two years of age, the Respite Care Grant, which has been increased to **£300**, is being extended to all recipients of the Domiciliary Care Allowance and will be paid in June 2000. The full year cost of this additional provision is estimated to be **£2.25 million**.

Summary of Extra Provision for People with Disabilities

In relation to the additional measures outlined above in respect of people with intellectual, physical or sensory disabilities, the Minister has allocated a total revenue and capital package of £94.75 million in 2000, increasing to £108.75 million in January, 2001.

The Minister also pointed out that this major acceleration in funding by his Department is just one element of the Government's overall commitment to improving services in the disability sector, as evidenced by a wide range of additional commitments being provided by the various Government departments involved with different facets of the lives of people with disabilities, their families and carers.

5. Cardiovascular Strategy

In July of this year the Taoiseach, Mr Bertie Ahern TD, launched the Cardiovascular Health Strategy Group Report - ***Building Healthier Hearts***. The report is very comprehensive and its recommendations are far reaching. The Department of Health and Children have set a medium term objective to bring our levels of premature deaths from cardiovascular disease in line with the EU average at a minimum.

This Strategy document is designed to achieve these goals in a systematic and sustained manner. It is also radical in its recommendations and

challenging in the response it demands. Department officials are currently drafting an Action Plan which will identify key recommendations which can be implemented in a planned and structured manner. While it is felt that it will take 5 years to implement the 211 recommendations the Minister is pleased to announce that £12 million pounds will be available in the year 2000 for the first year of this programme. This will be used to fund a range of initiatives during the year which will have a full year cost of some £24 million. This additional funding will be the foundation for the implementation process of some of the more immediate recommendations across the health services. Progress will be achieved next year in health promotion, primary care, pre-hospital care, hospital care and in the area of audit and evaluation. Among the initiatives this money will fund are

- ◆ specific focused strategies for groups requiring special attention, particularly young people and the economically disadvantaged through Health Promotion initiatives.
- ◆ Secondary prevention, staff training and additional practice nurses are among the developments being planned for the primary care setting. The Minister intends to provide nicotine replacement therapy to GMS patients as well as smoking cessation interventions.
- ◆ In pre-hospital care, cardiopulmonary resuscitation (CPR) training will be expanded, the National Ambulance Advisory Council will be established on a statutory basis.
- ◆ Additional staff will be appointed in a number of hospitals and the current level of cardiac rehabilitation will be expanded.
- ◆ An information system will be established in coronary care units to measure cardiovascular disease.

The Minister would like to take this opportunity to welcome the decision of his colleague, Charlie McCreevy to substantially increase the tax on tobacco products. This will act to deter young people who are not already committed smokers and smokers alike. It will also provide additional funding for the implementation of this strategy and marks an important principle in relating additional revenues from tobacco to the cost of providing the relevant services. The full implementation of the Cardiovascular Health Strategy will cost upwards of **£150** million with an investment of **£70** million required over the next 3 years. Tobacco

revenues will also assist in providing for further investment in cardiac infrastructure (£3.6 million extra provided next year), cancer services (£8.3 million extra next year), breast screening (£2.4 million extra next year), palliative care (£3.3 million extra next year), cervical screening (£3.6 million extra next year) and the prevention and treatment of other smoking related illnesses.

6. Mental Health

A further £2m is being allocated to mental health in this year's budget. Of this, £1m will be allocated towards substantial improvements in the forensic psychiatry services in Dublin, Cork and Limerick. £750,000 will go towards new suicide prevention programmes in the health boards and towards research aimed at improving our understanding of this disturbing social problem, and £250,000 will be allocated to a special rehabilitation project for long-stay patients of psychiatric hospitals in the Western Health Board area. Over half the patient population in St Brigid's Hospital, are over sixty five years of age and have been long term patients at the hospital. The purpose of this rehabilitation initiative is to allow these older long term patients the opportunity, to return to community living where possible.

The funds allocated to forensic psychiatry will enable the appointment of four additional consultant forensic psychiatric and associated support staff - two teams to be based in Dublin and one each in Cork and Limerick. These teams will liaise with the Director of Prison Medical Services and the Department of Justice, Equality and Law Reform regarding the provision of appropriate psychiatric services in our prisons.

7. Palliative Care

The Minister for Health has taken a particular interest in the provision of palliative care services and has provided approximately £6.5M. towards the development of these services since 1997, as part of the National Cancer Strategy Action Plan. The Minister is happy to announce that a further £3M will be made available for developments in palliative care services nationally next year. The central focus of this investment will be

the establishment of six new consultant posts in Palliative Care Medicine, one each in the Southern, North Western, North Eastern, and Midland health board regions and two in the Eastern Health Board region (at St. Francis Hospice, Raheny and Our Lady's Hospice, Harold's Cross). These posts in the Southern, North Western and North Eastern health board areas honour the outstanding commitments made in the Action Plan under the National Cancer Strategy for the appointment of new consultant posts in palliative care medicine. The provision of a new consultant post in the Midland Health Board area means that there will now be a consultant-led service in each health board region. The balance of the £3M is being targeted specifically at the further development of homecare and day-care services in each health board area. There will be an additional 80 nursing posts in palliative care provided in 2000.

The Minister is anxious to strengthen the working relationship between the statutory and voluntary agencies in the palliative care area in order to provide the best possible level and quality of services to patients and their families. It was for that reason that he recently established the National Advisory Committee on Palliative Care. The Committee's function will be to recommend a comprehensive national policy for the strategic planning and development of palliative care services. The Minister looks forward to receiving the Committee's Report next year.

8. Dental Services

£2m is provided in the Budget for the development of the Dental Treatment Services Scheme (DTSS) under which adult medical card holders receive dental treatment. This is on top of the additional £6m provided in the Estimates making a total additional funding of £8m for the Scheme in the year 2000.

This additional funding enables the completion of the phasing in of the Scheme in accordance with the Dental Health Action Plan by extending routine dental treatment to the 355,000 adults in the 35-64 age group.

Subject to an agreed settlement with the Irish Dental Association on some outstanding issues in relation to the D.T.S.S., the Minister intends to extend

routine dental treatment to the 35-64 age group as from the 1st January 2000. Accordingly, subject to a final settlement being reached, routine dental treatment will be available to all medical card holders under the Scheme as from 1st January 2000.

9. Childcare

The Minister is pleased to announce developments in the child care area as part of this Government's policy to strengthen family and child support services. The following additional developments have been announced in the Budget:-

Pre-School Services - £1.4m

Funding will be allocated to further enhance the health boards inspection and advisory role in the provision of pre-school services. The advisory service is provided by the boards to help people providing or intending to provide pre-school services advice about the requirements under the Pre-School Regulations on such matters as space requirements, adult/child ratios, hygiene and play facilities and any other requirements under the regulations. This is part of the policy to assist providers to meet the standards and provide the best possible pre-school child care service. This represents just one aspect of the overall package on pre-school childcare, the full detail of which will be spelt out by the Minister for Justice, Equality and Law Reform and Minister of State Fahey on Friday next. The Department and the health boards will be closely involved in the planning and implementation of that package.

Children Bill - £1m

The Children Bill 1999 was recently published. The Bill deals mainly with juvenile offenders. However it also imposes obligations on health boards to provide services for non-offending children with behavioural difficulties. It will also increase the age of criminal responsibility to twelve, which will have major implications for the health board child care services. It will also provide for the establishment of family welfare conferences on a statutory basis. Additional funding has already been provided in the estimate to

further develop the services which will need to be in place when the Bill is enacted and a further £1m is being provided for these services in the Budget. These services will range from therapeutic and community services to special fostering arrangements to use of secure/high support units as a last resort.

Teenage Pregnancy; Initiatives on services and counselling £2.5m

As part of the policy of strengthening family support services additional funding is being provided to significantly expand the programme, which identifies teenage mothers whose babies are deemed at risk to each maternity hospital. Under this programme the health boards in co-operation with other agencies provide an interagency care plan for these mothers and babies and provide counselling. In addition it is planned to develop the teenage health initiatives and the Pregnancy Prevention Programme for vulnerable teenagers run at present by the Eastern Health Board.

Youth Homelessness Initiative £2m

A strategy is being prepared to develop a partnership with the private sector to address the critical issue of youth homelessness. A major initiative will be launched early next year.

The key elements of the strategy are;

- identifying those at risk of becoming homeless;
- putting in place prevention strategies;
- assessing current responses and providing services to reintegrate young people back into their families and communities.

10. Conclusion:

The above funding package demonstrates again the Governments commitment to investment in the health services both in the capital and non-capital areas. The increase of 14% on revenue spending for 2000 and the trebling of capital spending in the period 2000-2006 is a clear indication that this Government is determined to address once and for all issues such as services for the intellectually and physically disabled. Aspirational

statements of intent by previous administrations in such areas have now been translated into tangible actions and the investment described above will help to achieve a brighter and more secure future for some of the most vulnerable people in our society.

Appendix

Revenue Funding

	Budget £m	Full year cost of Budget £m	Total 2000 (inc. Estimates) £m	Increase over 1999 £m	Increase over 1999%
Intellectual Disability	28	35	38.7	21	117%
Physical and Sensory Disability	9.25	16.25	20	10.6	113%
Cardiovascular Strategy	12	24	12	n/a	n/a
Mental Health	2	4	9.7	4.9	102%
Palliative Care	3	6	3.3	1.5	83%
Dental	2	3	12	5.2	77%
Childcare	6.9	8.9	31.8	18.8	145%
Total revenue	63.15	97.15	127.5	62	116%

Appendix 3

Other Cost/Allowances Increases

	<i>£m</i>
Cash Allowances (Carryover)	0.178
Non-pay inflation	3.842
Demographics	2.431
General Cost Pressures	0.294
Medical Indemnity	0.093
	£7.338

Appendix 4

Transfer of funding for Mental Handicap Agencies

	<i>£m</i>
Stewart's Hospital	16.061
St John of God	22.858
Daughter of Charity	21.977
Sister of Charity	5.894
Children's Sunshine Home	1.294
St Michael's Home	17.901
	<i>£85.985</i>

Appendix 5

Miscellaneous Additions

	<i>£m</i>
HIPE/Casemix	0.039
Liaison Arrangements between Boards and NDSC	0.091
Commission on Nursing/Cont. Nurse Education	0.169
Institute of Community Health Nursing	0.035
Nurse Training (Diploma)	1.167
Library & Information Service	0.102
Clinicians in Management	0.100
Health & Safety	0.450
Finance Management	0.200
	£2.353

Appendix 6

Service Developments for the Year 2000

	<i>£m</i>
Renal Services	0.315
Cancer Services	0.600
Sub-Acute Services	5.509
Pre-Hospital & Ambulance Service	1.736
Acute Hospitals	0.843
Cardiovascular Infrastructure	0.100
Health Amendment Act 1996	10469
Services for Older Persons	2.718
Nursing Home Subventions	1.014
Palliative Care Services	0.400
Mental Health Services	2.279
Services for People with Disabilities	4.742
Adult Homeless Service	0.700
Travellers Health Service	0.243
Child Care Services	9.089
Intellectual Disabilities Services	12.990
Ophthalmic Service	0.532
Maternity & Infant Care Scheme/Pilot Project	0.472
Primary Childhood Immunisation Programme	0.481
School Vaccination Programme	0.300
Cervical Screening & Cytology Service	0.784
Family Planning & Pregnancy Counselling	0.627
Hospital Discharge to Community Care	0.200
Dental Service	3.218
HIV/AIDS/Drugs	5.325
Food Control	2.036
GP Development Fund	0.620
Pilot GP Co-operatives	0.200
Hearing Aid Service	0.900
Health Promotion	0.120
Women's Health	0.120
Violence Against Women	0.300
Pneumococall and Hep B Vaccine	0.666
Home Help Pay increase	2.885
Laboratory Accreditation	0.190
Total	£64.723

Appendix 7

<i>Determination 2000</i>						
<i>Revised Determination 1999</i>				<i>Original Determination 2000</i>		
<i>Pay</i>	<i>Non Pay</i>	<i>Total</i>		<i>Pay</i>	<i>Non Pay</i>	<i>Total</i>
<i>£000</i>	<i>£000</i>	<i>£000</i>		<i>£000</i>	<i>£000</i>	<i>£000</i>
<i>Summary</i>						
41,367	22,193	63,560	<i>Central Services</i>	40,870	21,400	62,270
47,018	119,588	166,606	<i>Community Services</i>	47,702	141,116	188,818
72,598	38,968	111,566	<i>Health Promotion, Mental Health, Addiction & Social Development</i>	72,027	46,234	118,261
90,060	61,019	151,079	<i>Acute Hospitals & Elderly Services</i>	89,799	68,758	158,557
27,147	37,722	64,869	<i>Children, Family & Child Care</i>	27,697	48,784	76,481
16,982	57,009	73,991	<i>Services for People with Disabilities</i>	16,433	160,286	176,719
295,171	336,499	631,670	<i>Gross Total</i>	294,527	486,578	781,105
10,730	20,262	30,992	<i>Income</i>	10,710	20,485	31,195
284,441	316,237	600,678	<i>Net Total</i>	283,817	466,093	749,910

Revised Determination 1999				Original Determination 2000		
Pay	Non Pay	Total		Pay	Non Pay	Total
£000	£000	£000		£000	£000	£000
			<i>Central Services</i>			
24,466	-	24,466	<i>Pensions</i>	24,631	-	24,631
4,065	6,744	10,809	<i>Support Services Costs</i>	2,964	8,393	11,357
130	670	800	<i>Re - org. Task Force / ERHA</i>	176	670	846
-	2,181	2,181	<i>Legal Fees</i>	-	2,181	2,181
-	3,120	3,120	<i>Payments on behalf of Dept. of Health and Children</i>	-	497	497
-	1,565	1,565	<i>Insurance</i>	-	1,565	1,565
3,922	665	4,587	<i>Finance</i>	4,036	867	4,903
1,032	1,569	2,601	<i>Management Services</i>	1,077	1,569	2,646
1,414	1,586	3,000	<i>Personnel</i>	1,515	1,565	3,080
95	16	111	<i>Estate Management</i>	98	16	114
4,966	2,967	7,933	<i>Maintenance</i>	5,039	2,967	8,006
292	53	345	<i>Technical Services</i>	321	53	374
40,382	21,136	61,518	<i>Total</i>	39,856	20,343	60,199
985	1,057		<i>Department of Public Health</i>	1,014	1,057	2,071
41,367	22,193		<i>Total</i>	40,870	21,400	62,270

Revised Determination 1999				Original Determination 2000		
Pay	Non Pay	Total		Pay	Non Pay	Total
£000	£000	£000		£000	£000	£000
			Community Services			
154	8	162	Customer Services	156	8	164
8	3,887	3,895	Primary Care Child	8	4,668	4,676
3,990	3,916	7,906	Primary Care Adult	4,046	5,039	9,085
-	6,445	6,445	Demand Led Scheme - Allowances	-	6,995	6,995
226	75,925	76,151	Demand Led Scheme - Medical	229	82,306	82,535
196	6,683	6,879	Home Helps Elderly	72	9,568	9,640
-	935	935	Meals on Wheels	-	935	935
443	65	508	Palliative Care	449	687	1,136
35	2,671	2,706	Public Health Service	36	3,628	3,664
12,365	474	12,839	Public Health Nurses	12,542	678	13,220
1,033	296	1,329	Welfare Homes	1,048	296	1,344
2,350	1,013	3,363	District Care Units	2,383	1,013	3,396
3,170	222	3,392	Paramedic Services	3,215	222	3,437
4,380	1,889	6,269	Enviromental Health	4,585	3,925	8,510
7,066	2,070	9,136	Dental - Children	7,167	2,495	9,662
613	5,527	6,140	Dental - Adult	622	7,577	8,199
810	78	888	Reg of Births Deaths & Mariages	822	78	900
2,133	2,494	4,627	Elderly Services Community	2,163	6,508	8,671
45	223	268	Special Medical Services for Refugees	45	223	268
58	363	421	Traveller Services	60	606	666
7,943	4,404	12,347	Clinic Support - Community Services	8,053	3,661	11,714
47,018	119,588	166,606	Total	47,702	141,116	188,818

<i>Revised Determination 1999</i>				<i>Original Determination 2000</i>		
<i>Pay</i>	<i>Non Pay</i>	<i>Total</i>		<i>Pay</i>	<i>Non Pay</i>	<i>Total</i>
<i>£000</i>	<i>£000</i>	<i>£000</i>		<i>£000</i>	<i>£000</i>	<i>£000</i>
			<i>Health Promotion, Mental Health, Addiction & Social Development</i>			
12,032	3,307	15,339	<i>St Ita's (Area 8)</i>	11,884	3,374	15,258
2,328	1,032	3,360	<i>St Lawences Rd (Area 7)</i>	2,360	1,074	3,434
16,500	4,239	20,739	<i>St Brendans (Area 6)</i>	16,368	4,261	20,629
4,996	935	5,931	<i>Clonskeagh (Area 2)</i>	4,870	887	5,757
-	4,973	4,973	<i>St. Patricks (Area 3)</i>	-	5,376	5,376
-	5,605	5,605	<i>St John of Gods (Area 1)</i>	-	6,126	6,126
10,486	2,526	13,012	<i>St Lomans (Area 4/5)</i>	10,150	2,628	12,778
3,644	1,431	5,075	<i>Wicklow (Area 10)</i>	3,592	1,433	5,025
3,257	1,262	4,519	<i>Kildare (Area 9)</i>	2,765	824	3,589
711	648	1,359	<i>Homeless Service</i>	834	1,350	2,184
10,373	9,181	19,554	<i>A.I.D.S./Drugs</i>	10,391	14,487	24,878
5,727	843	6,570	<i>Forensic Services</i>	6,141	1,044	7,185
1,606	1,709	3,315	<i>Misc. Reg. Services</i>	1,611	2,226	3,837
939	1,277	2,216	<i>Clinic & Programme Support</i>	1,060	1,144	2,204
72,598	38,968	111,566	<i>Total</i>	72,027	46,234	118,261

Revised Determination 1999				Original Determination 2000		
<i>Pay</i>	<i>Non Pay</i>	<i>Total</i>		<i>Pay</i>	<i>Non Pay</i>	<i>Total</i>
£000	£000	£000		£000	£000	£000
			<i>Acute Hospitals & Elderly Services</i>			
6,878	7,978	14,856	<i>Amb./Transport</i>	6,675	6,846	13,521
78	11,354	11,432	<i>External Agencies</i>	78	11,619	11,697
100	16,071	16,171	<i>Homes for Elderly</i>	103	23,441	23,544
7,654	2,126	9,780	<i>Cherry Orchard</i>	7,654	2,126	9,780
23,678	7,317	30,995	<i>J.C.M.</i>	23,537	7,940	31,477
9,129	2,693	11,822	<i>Naas</i>	9,104	2,933	12,037
4,195	636	4,831	<i>Athy</i>	4,214	636	4,850
1,481	248	1,729	<i>Baltinglass</i>	1,491	248	1,739
1,363	1,933	3,296	<i>Clinic & Prog Support</i>	1,326	1,927	3,253
98	533	631	<i>Orthodontic Services</i>	101	833	934
8,471	1,732	10,203	<i>St. Mary's</i>	8,528	1,732	10,260
2,264	234	2,498	<i>Vergemount</i>	2,278	234	2,512
3,011	588	3,599	<i>St. Bridgid's</i>	3,026	588	3,614
3,449	487	3,936	<i>Bru Chaomhin</i>	3,451	487	3,938
1,459	200	1,659	<i>St. Clare's</i>	1,462	200	1,662
829	171	1,000	<i>Navan Road</i>	830	171	1,001
600	148	748	<i>Sir Patrick Duns</i>	603	148	751
9,720	3,716	13,436	<i>St. Columcille's</i>	9,646	3,795	13,441
2,766	356	3,122	<i>St. Colman's</i>	2,839	356	3,195
800	136	936	<i>Wicklow</i>	805	136	941
1,101	246	1,347	<i>South Circular Road</i>	1,108	246	1,354
900	900	1,800	<i>Meath Hosp. Unit</i>	905	900	1,805
35	1,216	1,251	<i>St Clares</i>	35	1,216	1,251
90,060	61,019	151,079	<i>Total</i>	89,799	68,758	158,557

Revised Determination 1999				Original Determination 2000		
Pay	Non Pay	Total		Pay	Non Pay	Total
£000	£000	£000		£000	£000	£000
			Children, Family & Child Care			
34	10	44	Psychology	35	10	45
7,048	10,301	17,349	Res. Childcare	7,138	10,736	17,874
1,911	384	2,295	Child Behav Diff	1,955	2,841	4,796
10,594	11,378	21,972	Family Support Services	10,922	14,111	25,033
-	6,629	6,629	Fostering	-	7,546	7,546
1,094	114	1,208	Child Psychology	1,130	114	1,244
3,577	3,704	7,281	Child Psychiatry/Child Autism	3,523	4,444	7,967
363	2,731	3,094	Women's Health	375	4,932	5,307
574	1,109	1,683	Victim Dom Violence	590	1,409	1,999
1,952	1,362	3,314	Clinic & Programme Support	2,028	2,641	4,669
27,147	37,722	64,869	Total	27,697	48,784	76,481

Revised Determination 1999				Original Determination 2000		
<i>Pay</i>	<i>Non Pay</i>	<i>Total</i>		<i>Pay</i>	<i>Non Pay</i>	<i>Total</i>
£000	£000	£000		£000	£000	£000
			<i>Services for People with Disabilities</i>			
10,584	562	11,146	Hospital Mental Handicap Services	10,457	385	10,842
4,422	31,159	35,581	Comm Mental Handicap Services	4,488	130,498	134,986
-	20,699	20,699	Physical & Sensory Disability	-	23,682	23,682
234	3,872	4,106	Vocational Training	240	4,108	4,348
1,632	535	2,167	Clinic & Programme Support -Disabilities	1,230	535	1,765
110	182	292	Clinic & Programme Support - Mental Handicap	18	1,078	1,096
16,982	57,009	73,991	<i>Total</i>	16,433	160,286	176,719

Appendix 8

REPORT OF THE UPDATED POSITION AT 31ST OCTOBER, 1999 IN RELATION TO SERVICE DEVELOPMENTS

ACUTE HOSPITALS AND SERVICES FOR THE ELDERLY PROGRAMME

James Connolly Memorial Hospital

- *Speech and Language Therapist:* - Service Developments have been completed.
- *Pathology Services:* - Formal job offers have been made.
- *Physiotherapy Services:* - Formal job offers have been made.
- *Radiology Services:* - The recruitment of a Consultant Radiologist is to be undertaken by the Local Appointments Commission.
- *Gynaecology Services:* - Interviews are being arranged in respect of the additional Consultant Gynaecology sessions.
- *Anaesthesia Services:* - Interviews in respect of the Consultant Anaesthetist (in conjunction with Cappagh Hospital) have been arranged.
- *Haematology Services:* - A revised post has been submitted to the Department of Health and Children to enable the establishment of a Consultant led haematology service.
- *Cardiology Services:* - The post has been approved by Comhairle na nOspideal. Arrangements are being made to advertise the post.
- *Cardiac Rehabilitation:* - Specialist equipment to develop the cardiac rehabilitation programme has been received.
- *Accident and Emergency Services:* - Interviews have been arranged in respect of the three emergency nurse practitioner posts.
- *Information Science:* - The Information Technology equipment has been delivered.
- *Provision of Additional Beds to reduce pressures on A&E Department:* - Admissions to the twenty additional beds in place since January, 1999 to reduce the pressures on the A&E Department have been discontinued.
- *Casemix:* - Software has been installed to meet the revised requirements of the specially costing system.

St. Columcille's Hospital

- *Cardiovascular Services:* - The post of Senior Cardiac Technician was re-advertised on the 10th October, 1999. The closing date was 27th October, 1999.
- *CT Scanning Services:* - CT scanning services commenced on the 16th August, 1999.
- *Gynaecology Services:* - Staffing implications have been clarified with the Department of Health and Children and approval for additional staff is in the process of being issued.
- *Endocrinology Services:* - Permanent Consultant Endocrinologist took up duty on 26th July, 1999.
- *Casemix:* - New computer software package is in the process of being designed to meet the revised requirements of the speciality costing system.

Naas General Hospital

- *Observation Unit:* - The observation unit is fully operational and staffed. The role and function of this area is under review in light of the current operational difficulties.
- *Surgery and Medicine:* - Verbal acceptance has been received from the Department of Health and Children on proposals to develop departments of surgery and medicine. Comhairle na nOspideal applications have been prepared and are ready for submission and formal financial clearance from the Department of Health and Children is awaited.
- *Outpatients Department/Nurse Manager:* - Approval has been received for the appointment of a Nurse Manager from the Department of Health & Children. The recruitment process is to be commenced in the short-term.
- *Speech and Language Therapy Services:* - Approval has been received from the Department of Health and Children in relation to the appointment of one additional Speech & Language Therapist. The recruitment process will be commenced in the near future.
- *Asthma Service:* - Approval has been received from the Department of Health & Children for one WTE post.
- *Diabetic Services:* - Approval has been received from the Department of Health & Children for the recruitment of a 0.5 WTE post.
- *Endoscopy Equipment:* - Orders have been placed following re-prioritisation exercise.
- *Casemix:* - Discussions are on-going with Management Services Department with a view to upgrading computer software to meet the revised requirements of the speciality costing system.

External Agencies/Voluntary Organisations

Peamount Hospital

- *Services for Older People:* - £0.160m received in 1999 to support continuation of services for older people development in recent years.
- *Long Stay Beds:* - £0.100m received in 1999 to support on-going provision of long stay beds.
- *Charges for Blood Components and Blood Products:* - Funding received in 1999 will take account of increased charges for blood components and blood products.
- *Nurse Training:* - Funding received in 1999 will ensure that the nurse training/education programme is continuing.
- *Administration of Cytotoxic Drugs:* - Arrangements are being pursued to enable one nurse to participate in a nursing course on safe handling and administration of cytotoxic drug.

St. Francis Hospice

- *Palliative Care Services:* - Services are continuing by way of funding of £0.049m received in 1999 to support services initiated in 1998.
- *Bereavement Counselling:* - Bereavement counselling services have been put in place on foot of funding of £0.050m received in 1999.

Services for Older Persons

- St. Clare's Community Unit for Older Persons: - *This unit is fully equipped and ready for operation.*
- *Private Nursing Home Places:* - The contracting of thirty additional private nursing home places has been completed.
- *Contract Nursing Homes Places – November, 1998:* - The revenue money received to part fund the full year cost of the 65 contract private nursing home places taken out in November, 1998 has been used to retain these places in 1999.
- *Old Age Psychiatry Services – St. James's Hospital/Eastern Health Board:* - All five whole time equivalent posts have now been filled following interviews.
- *Old Age Psychiatry Services – St. Vincent's Hospital, Elm Park:* - Interviews held on the 14th June, 1999 for two Community Staff Nurses; but there was only one successful candidate. A Registrar has been recruited and took up duty from 1st July, 1999.
- *Consultant Physicians in Medicine for the Elderly:* -

Post 1 – Dublin North City/County, Eastern Health Board - 7 sessions, Beaumont Hospital – 4 sessions.

This post has been approved by Comhairle na nOspideal and the post was advertised in July, 1999 with a closing date of 3rd September, 1999.

Post 2 – Dublin South, Eastern Health Board – 3 sessions, St. James's Hospital – 8 sessions.

This post has been approved by Comhairle na nOspideal and the post was advertised in July, 1999 with a closing date of 31st August, 1999.

- *Sonos Communication Programme:* - It is planned to extend the Sonas Programme into three hospitals for older persons in 1999 and into two community care areas. Staff training is in hand and is on target.
- *St. Mary's Hospital:* - Progress is on-going on foot of revenue funding received to enable St. Mary's Hospital to meet the additional costs this year from the continued implementation of the Registration/Diploma Programme in Pre-Registration General Nurse Education.
- *Home Help Services:* - The additional funding for the home help services have been distributed to the ten General Managers by the Programme Manager, Community Services on the basis of the percentage of older population in each areas and their current budget base.
- *Grant Aid to Various Organisations:* - Community Care Services are arranging payment of funding to Care Alliance, The Carers' Association, Alzheimer's Society, Age Action Ireland and Age & Opportunity subject to the receipt of the required documentation.
- *Carer's Association:* - The Programme Manager, Community Services has accepted a submission from Age Action Ireland and phased introduction of Carers Association commenced in October 1999. A liaison person has been engaged on a temporary basis. Approval has been received from the Department of Health & Children to fill the post of liaison person in a permanent capacity.
- *Community Support Services:* - The Programme Manager, Community Services decided on the allocation of the staff resource as follows:

- (a) 6 X 0.5 WTE posts of Manager of Services for the Elderly.

These posts will supplement the existing part-time Co-ordinator of Services for the Elderly posts in order to create six full time posts of Manager of Services for the Elderly

- (b) 1.5 WTE post of Occupational Therapist/Care Attendant, Day Services, Area 7.
- (c) 1.5 WTE Nurse/Care Attendant, Skerries Day Service

- *Alzheimer's Disease – Conference:* - The Programme Manager, Children and Families is arranging payment in respect of a conference on Alzheimer's Disease under the auspicious of the European Institute of Women's Health in 1999.

Ambulance and Transport Service

- *Developments of New Ambulance Stations; Balbriggan:* - The Chief Ambulance Officer has identified a suitable sight in Balbriggan for the new temporary sub-base. The Tallaght site as been secured.
- *Purchase of New Vehicles:* - 2 multi-purpose vehicles have been purchased. 11 vehicles have been ordered and 6 have been delivered. One four wheel drive has also been received.
- *Provision of EMT Training:* - EMT training is continuing.
- *Communications:* - Installation of equipment has commenced.
- *Hygiene/Cleaning:* - Upgrading of cleaning facilities at Naas and Wicklow have been completed.
- *Baltinglass Ambulance Service:* - Three additional EMT staff have been assigned to Baltinglass Ambulance base with effect from 6th June, 1999.
- *Upgrade of Athy Ambulance Base:* - Fire certificate and planning permission is required.
- *Vehicles Refurbishment Costs:* - Two mini buses have been completely refurbished. Six leaded petrol vehicles have been identified.
- *Automated Vehicles Location Tracking:* - AVL has been fitted to new units.
- *Ambulance Equipment:* - Four defibrillators and thirty child safety harnesses have been purchased. Ambulance training equipment have been received and an order has been placed for thirty separate vacuum splints.
- *Upgrade of Existing Ambulance Stations:* - Work has been completed in Naas and James's Street bases on waste oil storage and lift facilities.
- *Clinical Audit:* - Continuation of 1998 Service Development is on-going.
- *Rapid Response Vehicle:* - Orders have been placed for vehicles.
- *Swords Ambulance Base:* - The Aer Rianta site has been ruled out.
- *Maynooth Ambulance Station:* - Continuation of 1998 Service Development is on-going.
- *Accident and Emergency Liaison:* - Continuation of 1998 Service Development is on-going.
- *Computer Equipment in the Control Centre:* - The upgrading of computer equipment is on-going.
- *Equipment and Training for DFB:* - A meeting has been held with our finance department, a further meeting has been requested with Dublin Fire Brigade.
- *Funding Irish Heart Foundation:* - Payment of £75,000 to the Irish Heart Foundation has been issued.

Orthodontic Services

- *Regional Orthodontic Department:* - Following discussion with the Department of Health and Children officials it was agreed to defer further development at St. James's Hospital and to develop a regional orthodontic unit in Dublin South East. A Capital Grant of £1.065m has been approved by the Department of Health & Children. A site at St. Columille's Hospital has been identified. A planning brief has been completed and a design team has been selected.

- *Regional Orthodontic Unit – Beaumont Hospital (for information only – not included in 1999 Service Plan):* - A planning brief has been submitted to the Department of Health and Children for consideration and approval. Capital funding for the project has been sought. A verbal report received from the Department of Health and Children is receiving favourable consideration.

COMMUNITY SERVICES

Cancer Strategy

- *Cancer Liaison Nurses:* - Two vacancies have recently occurred and will be advertised. A monitoring committee has been agreed.
- *Irish Hospice Foundation:* - The grant of £0.100m has been paid.
- *Health Information Systems:* - A Statistician has been recruited following interviews. A work plan has been developed and production of database has been completed.
- *Palliative Care:* - Instructions are awaited from the Department of Health and Children re schedule of payment of funds to a Consultative Council on Palliative Care.
- *Seminar – Cancer Services:* - Arrangements are on-going in relation to Cancer Services Seminar scheduled for October, 1999.
- *Review of Cancer Support Services:* - The review commissioned by the Department of Health and Children of Cancer Support Services have been completed. The review report was submitted to the Cancer directorate.
- *Patient Research, St. Vincent's Hospital:* - The Breast Cancer Research Project is ongoing.
- *Stoma Services Review:* - The Stoma Services review has been completed with the Board Stoma Care Nurses and a committee has been set up comprising of representations from voluntary hospitals, the Cancer Directorate and our Board's community staff to develop protocol on Best Practice Guidelines for Stoma Care in the Eastern Health Board region.
- *Palliative Care Needs Assessment:* - The Palliative Care Needs Assessment has been completed and submitted to the Department of Health and Children. Mr Michael Murphy, Mr Nicholas Jermyn and Dr Marie Laffoy are currently working on the production of the business plans.

Food and Environmental Health Service

- *Computerised Food Control System:* - The publication of a National Environmental Health Action Plan is awaited.
- *Staffing:* - Approval has been received from the Department of Health and Children to the employment of Environmental Health Officers, Laboratory Technicians and Administrative staff, all of whom have been recruited and are currently being assigned.
- *National Environmental Health Action Plan:* - Publications of the National Environmental Health Action Plan is due for completion. Application has been made and approval has been received from the Department of Health and Children to approve one administrator at senior level to facilitate the implementation of the National Environmental Health action plan.
- *Tabacco Products Legislation:* - A meeting was held with the two Vintners Associations. Following circulation of information regarding the proposal in conjunction with the VFI a number of pubs have requested the promotional material. A further meeting was held with the LVA which has now circulated its members. Information days were held in Wicklow and Blessington and the Royal Dublin Hotel.

Services for Travellers

- *Traveller Health Unit:* - A Traveller Health Service Plan for 1999 has been agreed. The main activities of the plan in 1999 will be centred around education and research. The estimated cost of developments in 1999 is £160,000

Ophthalmic Services

- *Eye Examinations and Spectacles – Private Practitioners:* - The Ophthalmology Review Group in its examination to date had identified that the Children's Scheme operates in a disjointed manner as between the Community and the Hospital Sectors. All surveys, common literature review and data gathering has been completed. The report is currently being written and will be available in early November. It will contain recommendations for a fully integrated service between the Community and Hospital Sector, including recommendations in relation to access procedures and screening policy.

Dental Services

- *DTSS cohorts:* - £0.754m to cover increase in update of current cohort has been absorbed into the budget base.
- *DTSS 35 – 64 Age Group:* - Having examined the operation of the DTSS we are satisfied that the current administration of the scheme for the Dublin City and County area from Dr. Steevens' Hospital lacks adequate control in that administrative staff are dealing with the Private Dentist on clinical matters without professional advice and guidance. This deficiency will be corrected when the DTSS is devolved to the areas and administrative staff are liaising with the Principal Dental Surgeon as is the case in both Kildare and Wicklow. Also one additional Grade IV officer has been recruited and is currently assigned to the Pilot Project in Roselawn Health Centre.

Maternity and Infant Care Scheme

- *Primary Childhood Immunisation Programme:* - The Department of Health and Children has confirmed that additional funding of £0.253m in the 1999 allocation is to cover the cost of bonus payments under the scheme in the current year. Work has been completed on the enhancement of the RICHS system to facilitate the circulation and payment of fees and bonuses.

CHILDREN AND FAMILIES PROGRAMME

Child Care and Family Support Services

- *Pre-School – Notification Inspection Teams:* - All existing teams are up to complement however there are on-going difficulties in relation to the availability of staff for recruitment.
- *Funding to Irish Pre-School Playgroup Association - Advisory Post:* Issue finalised.
- *Double Cover in Residential Child Care Centres:* - Issue finalised.
- *Family Support Services:* - Issue finalised.
- *Gallenstown Family Centre:* - Issue finalised.
- *Public Health Nurses (Child Health and Welfare):* - No new developments since last report.
- *Tracing:* - Interviews have been held for Social Workers and a panel is being processed.
- *Northside Inter Agency Project:* - Issue finalised.
- *Administrative Support:* - Issue finalised.
- *Care Arrangements for North Dublin Families:* - Issue finalised.
- *Geraldstown House Family Resource Centre (Supervisor for Crèche):* - Appointment has been made.
- *Newbridge FRC:* - Application for use as FRC, rejected by An Bord Pleanála
- *Arrupe Society:* - Issue finalised.

Good Practice Models

- *Pilot Early Intervention/Assessments Service for Infants and Young Children in Community Care Areas 4 and 5:* - A job description has been drawn up but no agreement on reporting relationship as yet.
- *Child and Adolescent Psychiatry:* - Awaiting Negotiations with IMPACT.
- *Community Mothers Programme (Family Development Nurse):* - Not able to proceed with expansion of programme due to industrial relations problems.
- *Parenting Programme:* - Issue finalised.
- *Mater Dei Counselling Services:* Allocation of £0.060m has been made.
- *Marte Meo:* - Discussions re grading of post are ongoing.
- *Research:* - Issue finalised.
- *Family Resource Centre:* - Discussions are on-going with General Manager, and Childcare Manager, Community Care area 3 with regard to this proposal.
- *Ana Liffey – Childcare Project for Drug Using Families:* - Issue finalised.

Foster Care Development

- *Pilot Project:* - Issue finalised.
- *Additional Fostering Posts:* - The Social Work panel is being processed.

Children before the Courts

- *Special Care Unit, Ballydowd:* - Staff have been recruited.

- *Crossfields*: - A meeting has been held with Technical Services Department re design and planning permission for high support unit. The services are managed by Community Care Area 5 in the interim.
- *Person with Special Behavioural Difficulties*: - Arrangements are being made for individual cases.

Homeless Children

- *Salvation Army Aftercare Service*: - Issue finalised.
- *Focus Ireland Extension - Day Programme*: - Issue finalised.
- *Crisis Intervention and Support Services*: - Issue finalised.
- *Salvation Army*: - The centre is to open in December, 1999.
- *Refugees*: - Issue finalised.
- *Homeless Forum*: - Meetings continue to be held monthly.
- *Focus Ireland (new developments)*: - This service is now operational.

Development of Women's Health

- *National Women's Council*: - The proposal submitted to the Programme Manager re a study of "Women's Friendly Health Service" has been agreed.
- *Women and Alcohol*: - A joint project with the Health Promotion Unit is under way.
- *Women and Eating Disorders*: - Programme of work has been finalised.
- *Health Information Needs*: - A research project is on-going.
- *Healthier Lifestyle Projects*: - One project has been completed following the appointment of the Women's Health Development Officer on 13th September, 1999.
- *Domiciliary Birth Grants*: - Progress here is on-going (demand led).
- *Research – Adult Victims of Child Sexual Abuse*: - A Researcher has been appointed and research on services for adult victims of child sexual abuse has commenced.
- *Travellers – Health Workers*: - The work in this area is on-going.
- *Consultation*: - An analysis of the consultation process recently undertaken by our Board is being completed.
- *Additional G.P's Pilot Project – IFPA Providing Vasectomy Services*: - Additional funding has been provided.
- *Teenage Health Initiative Programme for Women in Prison and Young Peoples Health Centre*: - The draft report has been prepared.
- *Training and Research regarding unwanted pregnancies*: - The proposal by Convenience Advertising to supply educational messages at locus of risk for 20-24/20-30 year olds (Pubs and Night-clubs) has been installed.
- *Women's Health Development Officer*: - Issue finalised.
- *GP Pilot Projects/Vasectomy Services*: - Issue finalised.

Psychology Services

- *Sudden Infant Death*: - Funding of £0.160m has been allocated.

Domestic Violence

- *Refuges:* - There are on-going discussions with community groups in Tallaght and Kildare and Blanchardstown. The Programme Manager has written to the County Manager in this regard. A building has been provided by Fingal Co. Council for the Blanchardstown area.
- *Outreach Workers:* - Proposals regarding the deployment for Outreach worker posts are being finalised.
- *Women's Aid:* - Issue finalised.
- *Women's Aid – Research Study:* - The research study proposal on the Psychological and Physical Health Status of Mothers and Children in the refuges in the region has been presented.

HEALTH PROMOTION, MENTAL HEALTH, ADDICTION & SOCIAL DEVELOPMENT

Adult Mental Health Service

- *Ashdale High Support Hostel* - Recruitment of additional staff for Ashdale High Support Hostel is now complete. 6 patients currently in residence in Ashdale. Some renovation work required before full complement of 10 patients can be achieved. Renovation work is on-going and will be completed by January 2000 when the full complement of patients will take up residence.
- *Social Worker (St Brendan's Service)* - Approval received on the 24th May 1999 from the Department of Health and Children to increase staff numbers by one to facilitate the recruitment of a social worker for the St Brendan's Hospital service. Post advertised, interview panel being formed and interviews will be held shortly.
- *Mental Health Homeless Service* - Approval received on the 24th May 1999 from the Department of Health and Children to increase staff numbers by one to facilitate the recruitment of an Occupational Therapist for the Homeless Service. Post advertised, interview panel has been nominated and interviews will be held shortly.
- *NCHD Post* - The additional NCHD Post for Area 7 (Mater Sector) has been filled.
- *Clerical Staff (St Ita's Service - Area 8)* - Approval received on the 24th May 1999 from the Department of Health and Children to increase staff numbers by two to facilitate the recruitment of Clerical Staff for the St Ita's Psychiatric Service. Two administration staff have been recruited.
- *St Patrick's Hospital (Bed Dependency)* - The project to evaluate the dependency level of a number of long stay patients in St Patrick's Hospital is continuing. A report will now be available at the end of November 1999.
- *High Support Hostel (Area 8)* - The half year cost of staffing a new high support hostel in catchment area 8 will be met from the allocation of £0.106m. Work on the up grading of the hostel to meet health, safety and legal requirements is in progress and will be completed in early 2000.
- *Rehabilitation Team (Area 4/5)* - Financial clearance for a Consultant post to lead the rehabilitation team in St Loman's Hospital has been received from the Department of Health and Children. The Eastern Health Board has approached Tallaght Hospital to have the post structured as a joint appointment. This matter is for discussion by the medical board of Tallaght Hospital in December 1999.

It is envisaged that the joint appointment application will be with Comhairle na nOspideal before the end of 1999.

- *Forensic Psychiatry Services* - A Consultant Psychiatrist Post to further support the needs of prison service is with the LAC for recruitment. Interviews were held on Wednesday, 27th October 1999. A person has been nominated by the interview board and it is envisaged that this person will be in place in early 2000 following reference clearance and acceptance.

NOTE: In discussions with the management team at Central Mental hospital emphasis was placed on the integration of this post within the psychiatric service. Unmet need at the prison service will be a focus for this new service. Consequently there will also be a requirement for access to beds at Central Mental Hospital. In developing a five-year plan for Central Mental Hospital cognisance will be taken of the requirement to create new places for long term stable patients presently within the service.

- *Schizophrenia Ireland* - Audited accounts for 1999 have been received and a budget meeting with Schizophrenia Ireland was held in early June 1999. Level of funding for 1999 was agreed and a schedule of payments for the grant aid is now in place.
- *Samaritans* - A meeting was held on 5th May 1999 and a schedule of payments was agreed, together with monitoring and evaluation arrangements. The additional funding provided in 1999 will allow the Samaritans undertake much needed research into suicide and therefore compliment the work of our Resource Officer and our Working Group.
- *Part-time Chair in Biological Psychiatry/Linked to Liaison Service* - Department of Health funding approval received. Discussions are on going with representatives from St Vincent's Hospital, U.C.D. and St John of Gods in relation to job description and advertisement for same. St John of Gods hope to be in a position to advertise post in January 2000.

NOTE: Clarification around this post has been sought to ensure continuity and equitable arrangement between the three services (Loughlinstown Hospital, St Michael's Hospital, Cluain Mhuire) will continue to ensure a named Consultant is in this position with clear support structures identified for each service.

- *Psychiatric Nursing Registration/Diploma Programme;* - The additional allocation has facilitated the further development of the Diploma Programme. The following are the numbers of students currently in the Diploma Programme.

1 st Year	29
2 nd Year	30

AIDS/Drugs Service

- *Downstream Detoxification Unit* - From recent discussions with the building contractors the completion date for the end of the year is still on target.
- *Stabilisation Unit* - The recruitment process is on-going. Difficulty in nurse recruitment.
- *Education Officers* - Four new education officers have taken up post. Another education officer is in the process of commencing.
- *Treatment Services* - Finglas: A number of possible sites have been viewed. A previous identified site is no longer a possibility.
 - *Blanchardstown:* Services are on-going from the locations highlighted previously.
 - *Tallaght:* The Programme Manager is reviewing a number of potential sites.
 - *Crumlin:* The previous date was not achieved. Further consultation is envisaged after a decision by the planning board due for December 1999.
 - *Ringsend/Irishtown:* Has been functioning as a community based service since early 1999.
 - *Loughlinstown:* The consultation process is on-going and the proposal being pursued is to use the Hospital, Health Centre and a location in Shankill in order to address the need in the Loughlinstown/Ballybrack and Shankill areas.
 - *Drimnagh:* Will commence shortly after the establishment of the Crumlin service.
 - *Inchicore:* Further discussion and consultation with the Local Authority is envisaged for 8th December 1999.

- *Cabra: Services have commenced at the Tolco site.*
- *Arklow: At a meeting with the board members from Wicklow it was decided that a letter would be sent to Arklow Urban District Council requesting a meeting to discuss the issue of service provision in the town.*
- *James's Street: Services are on going and developing.*
- *Rehabilitation Co-ordinators* - Short listing to take place on November 18th 1999.
- *Soilse* - North Frederick Street is operational and the recruitment process is on-going.
- *Cherry Orchard Avenue* - In conjunction with the Bridge House Rehabilitation Project an individual has been appointed in order to commission both projects.
- *Bridge House* - In conjunction with Cherry Orchard Avenue an individual has been appointed in order to commission both projects.
- *Training & Development Unit* - The trainee counsellor programme has commenced successfully. Further developmental and induction work with various staff groups is on-going.
- *Support Workers* - Recent submissions are being processed.
- *Consultant* - Application awaiting clarification from Tallaght Hospital on the joint appointment.
- *External Evaluation* - The Programme Manager will be in receipt of draft copy for week beginning 22nd November 1999.
- *Mobile Clinic Review:* - The Health Research Board researcher has commenced the proposed research.
- *Rehabilitation Strategy* - Consultation on the implementation with key players is on going.
- *5 Year Development Plan* - A small write up group is at present starting the write up phase.
- *Education Strategy* - The target date for completion is due at the end of November early December 1999.
- *Merging of Alcohol and Drug/HIV Services* - The process has begun with the commissioning of an external consultant and a working group is to be reconstituted.
- *Gay Mens/Women's Health* - The methadone dispensing service is being provided through the mobile clinic in Dr Steevens' Hospital. The new outreach workers are in post. The successful launch of the Gay Mens Health Project review has taken place.
- *Client Data Base* - The date for the system going live is April 2000.
- *Quality Focus Committee* - A Quality Steering Group has been established and has received training. Projects for three sectoral quality improvement teams has been established. Further training of staff is to be undertaken before the end of the year. Two task oriented groups have been established to develop a clients user group/clients charter of rights and to review and standardise language used in the service, title and logo of the service and marketing our service.
- *Probation & Welfare:* - A proposal has been adopted and sent to the various governmental departments for their attention.
- *Childcare Services* - The Director of Addiction Services and Director of Childcare are preparing a document for the Department of Health and Children on childcare services for individuals with drug misuse.
- *Tendering of Methadone Provision* - Tenders have been received by the Regional Materials Manager. A review group is to meet shortly on said process.

Evaluation of Services

- A preliminary data on the in-patient detoxification programme in Cuan Dara following up on clients is available.
- A thirty page summary report on the evaluation of needle exchange data has been submitted to the Chief Executive Officer.
- An evaluation of AIDS epidemiology data is completed and will be submitted to the Chief Executive Officer.
- A preliminary report of the first five years of methadone prescribing protocol will be available next month.
- A report on the review of the STD services is almost complete and a preliminary report will be available shortly.

SERVICES FOR PERSONS WITH DISABILITIES

Mental Handicap

- *Outstanding Emergency:* - The allocated amount of £0.250m has been distributed to the relevant agencies.
- *Base Budget Funding Section 65 Funded Agencies:* - The £0.250m has been fully distributed to agencies following discussion at the Central Planning Committee and Programme Committee meetings and approval by the Board at its meeting in February, 1999.
- *Research and Ongoing Training:* - £0.010m has been paid to the Downs Syndrome Association.
- *Sheltered Workshops:* - £0.850m is being allocated over twelve months as part of on-going grant aid.
- *Base Budget Camphill Communities:* - The base budget of Camphill Communities has been increased by £0.061m in respect of services provided for clients from our Board's region.
- *Residential Places:* - The additional funding of £1.875m provided for seventy five residential places has been broken down as follows: 49 for planned places which have been fully implemented and 26 allocated for provision of emergency places of which 24 have been utilised.
- *Respite Places:* - The twenty eight respite places have been fully implemented with the relevant agencies.
- *Day Places:* - The provisions of sixty-six additional places on foot of the allocation of £0.660m has been fully implemented.
- *Transfers:* - Transfers from inappropriate placements in relation to Hawthorns, Ballyboden and Pink House are completed.
- *Specialist and Additional Support Services:* - Funding of £0.100m under specialist and additional support services was made in respect of two named cases and is being paid as part of an annual grant allocation.
- *Grant to Irish Society of Autism:* - A review of service with the Irish Society for Autism service is being undertaken and payment of £0.015m grant will be arranged on completion of same.

Physical & Sensory Disabilities

- ♦ *Additional Core Funding:* - *Additional core funding of £1.596m was provided in the letter of allocation for a number of organisations and the Programme has now adjusted the annual grant aid for the following agencies to take account of these arrangements:*
 - ♦ Cheshire Foundation (Residential & Respite Services)
 - ♦ Ardeen Cheshire Home (Residential & Respite Services)
 - ♦ Irish Wheelchair Association (Day Activation, Home Support, Respite Services)
 - ♦ Cerebral Palsy Ireland (Early Services, Home Support, Respite Services)
 - ♦ National Association for Deaf People (Home Support, Social Work Services)

- ◆ National Council of the Blind
- ◆ Motor Neurone Disease Association (Respite Services)
- ◆ Independent Living Community Services (Home Support Services)
- ◆ E.H.B/I.W.A Personal Assistant Services (Personal Assistant Services)
- ◆ E.H.B/C.R.C Day Activity Services (Day Activation Services)
- ◆ Rehab Group (Training and Rehabilitation Services)

Funding for specialised services for a number of named individuals were also included in the above amount.

- *Superannuation Scheme: - Additional funding totalling £0.304m was included in the Programme's allocation for 1999 to cover the cost of introducing a Superannuation Scheme in a number of residential homes. The annual grants of the following service providers have now been adjusted to take account of these arrangements:*
 - St. Joseph's Home & School for the Visually Impaired, Drumcondra.
 - St. Mary's Home for the Blind, Merrion.
 - Cheshire Foundation & Associated Homes.
 - St. Joseph's House for Adult Deaf and Blind, Stillorgan.
 - St. Joseph's Residential School for Hearing-Impaired Children, Cabra.
 - St. Mary's Residential School for Hearing Impaired Children, Cabra
- *New Developments: - The Programme Committee and Board have approved the schedule of developments to be funded from the additional allocation of £1.080m. Funds have been allocated to appropriate voluntary organisations and new service arrangements have been agreed.*

PERSONNEL FUNCTION

- *Clinicians in Management Initiative* – Action plan for implementation completed and now proceeding in James's Connolly Memorial Hospital.
- *Regional Nursing & Midwifery Planning & Development Unit* – No progress due to national discussion.
- *General Nursing Registration / Diploma Programme* – Intake 1999/2000 has been finalised.
- *Psychiatric Nursing Registration / Diploma Programme* – Intake 1999/2000 has been finalised.
- *Mental Handicap Nursing Registration / Diploma Programme* – Intake 1999/2000 has been finalised.
- *Psychiatric Nursing Registration / Diploma Programme* – funding for the psychiatric nursing registration / diploma programme in St. John of Gods Hospital and St. Patrick's Psychiatric Hospital has been received.
- *Critical Incident Stress Debriefing*: - Training of de-briefers has been completed and the Critical Incident Stress Debriefing has been implemented.
- *Health and Safety Issues*: - Approval has been received from the Department of Health and Children to increase employed ceiling by two whole time equivalent posts advertised. Interviews October/November, 1999. In the interim one post has been filled in a temporary capacity.
- *Patient Handling*: - Policy on Manual Handling completed.
- *Occupational Health Issues*: - Accommodation and equipment in place, start dates are being considered.
- *Nurse Training and Development*: - Training/Development programmes are on-going.
- *Partnership Models/Facilitation and Training*: - Major developments at St. Brendan's Hospital are progressing in partnership mode.
- *Policy re Bullying in the Workplace*: - This policy has been brought into operation and has been circulated widely. Research survey is nearing completion to provide information for assessing progress.

Regional Library and Information Service

- *Library Service* – two new Librarians commenced duty in March 1999. One has been assigned to James Connolly Memorial Hospital.
- *Library Management Information System* –Tenders have been assessed – decision due in two weeks.
- *Central Catalogue of all E.H.B. library holdings* – Some cataloguing is underway. Will develop more in line with the library management information systems.
- *Library Service at JCMH* – Library service is in place.

1st December, 1999

P. McLoughlin

Chief Executive Officer

Appendix 9

Key demographic and health status indicators for the Eastern Health Board region and Ireland

Indicator	Eastern Health Board		Ireland	
Population – Census 1996, Central Statistics Office (C.S.O.)				
Total population	1,295,939	100.0%	3,626,097	100.0%
Population estimate for Ireland 2001 – CSO 1999.			3,836,400	
Total Persons 0-14 year of age	294,051	22.7%	859,424	23.7%
Total persons > 65 years	125,271	9.7%	413,882	11.4%
Total persons > 75 years	50,363	3.8%	174,531	4.8%
Increase in total population 1966 - 1996	374,060	40.6%	742,095	25.7%
Births – Vital Statistics, 1998 CSO				
Total births	20,619		53,551	
Crude birth rate/1,000	14.5		14.8	
Teenage births – Census 1996	1,052	5.6%	3,138	5.8%
Number of births outside marriage – Public Health Information System 1997	6,562	32.7%	13,892	26.6%
Mortality – Public Health Information System, Dep of Health, 1997 (P.H.I.S.)				
Overall number & % per year for all ages				
All causes of mortality	9,451	100.0%	31,605	100.0%
All circulatory system diseases	3,872	41.0%	13,541	42.8%
All malignant neoplasms	2,503	26.5%	7,528	23.8%
All respiratory system diseases	1,243	13.2%	4,870	15.4%
All injuries and poisonings	0,411	4.3%	1,406	4.4%
Average years of potential life lost from premature mortality (ages 0-64) per year				
All causes of mortality	44,494	100.0%	118,141	100.0%
All injuries and poisonings	10,038	22.6%	31,993	27.1%
All malignant neoplasms	8,996	20.2%	25,106	21.3%
All circulatory system diseases	6,585	14.8%	19,242	16.3%
All respiratory system diseases	1,858	4.2%	4,834	4.1%
Directly standardised death rates per 100.000 for all ages				
All causes of mortality	846.3		865.8	
All circulatory system diseases	361.9		379.3	
All malignant neoplasms	228.4		213.3	
All respiratory system diseases	89.5		98.7	
All injuries and poisonings	31.4		38.6	
Infant mortality – Vital Statistics, 1998, CSO				
Number of deaths	130		330	
Infant mortality rate	6.3		6.2	

<i>Health Status Indicator (continued)</i>	<i>Eastern Health Board</i>	<i>Ireland</i>
Number of male lung cancer deaths (all ages)	319	884
Number of male lung cancer deaths (<65 years)	91	236
Number of female lung cancer deaths (all ages)	216	506
Number of female lung cancer deaths (<65 years)	59	113
Number of colon cancer deaths (all ages)	228	726
Number of colon cancer deaths (<65 years)	64	187
Number of breast cancer deaths (all ages)	216	641
Number of breast cancer deaths (<65 years)	117	306
Number of prostate cancer deaths (all ages)	137	540
Number of prostate cancer deaths (<65 years)	11	36
Number of cervical cancer deaths (all ages)	28	86
Number of cervical cancer deaths (<65 years)	17	56

Hospital discharges – HIPE 1998 (for lengths of stay 0-30 days, by Health Board Residence), ESRI.				
All causes of hospitalisation	208, 438	100.0%	677, 179	100.0%
All circulatory system diseases	18, 309	8.8%	63, 326	9.4%
All injuries and poisonings	18, 025	8.6%	63, 439	9.4%
All respiratory system diseases	16, 170	7.8%	59, 130	8.7%
All malignant neoplasms	13, 489	6.5%	37, 566	5.5%
Total number of bed days due to all conditions	707, 796	100.0%	2, 387, 953	100.0%
Bed days due to all circulatory system diseases	122, 566	17.3%	388, 411	16.3%
Bed days due to all respiratory system diseases	89, 067	12.6%	295, 226	12.4%
Bed days due to all injuries and poisonings	70, 010	9.9%	238, 058	10.0%
Bed days due to all malignant neoplasms	64, 630	9.1%	205, 169	8.6%

Number of suicides Central Statistics Office, 1997	126 Total		433 Total	
	Male	Female	Male	Female
	103	23	355	78
Road traffic accidents (RTA) – National Roads Authority (NRA), 1997, and HIPE 1997, ESRI.				
Number of road traffic fatalities (NRA)	107		472	
Number of hospital discharges (HIPE, RTA source of admission)	1, 366		6,124	
Number of hospital bed days (HIPE, RTA source of admission)	7, 886		28, 082	

Indicator (continued)	E.H.B		Ireland	
Indicators of disadvantage				
Unemployed population (age 15+, including first job seekers) and unemployment rate - CSO Quarterly National Household Survey May 99	32, 900 *Note includes Dublin, Kildare, Wicklow and Meath	4.7%	96, 900	5.7%
Population in social class 5-6 - Census 1996	240, 841	18.6%	774, 007	21.3%
Eligible persons under the GMS, December 1998 GMS (General Medical Services) Payments Board, 1998	333, 989	25.7%	1,183, 554	31.9%

Elderly living alone - Census 1996, CSO.				
Population aged 70+ years	84, 386		287, 073	
Population aged 70+ years in private households	74, 516	88.3%	256, 657	89.4 %
Population aged 70+ years living alone in private households	24,485	32.9%	81,121	31.6 %

Trends in life expectancy-Eurostat Demographic Statistics 1997	Ireland	European Union
<i>Females (year)</i>		
1980-82	75.6	77.1
1990	77.6	79.4
1995-97	78.7	80.5
<i>Males (year)</i>		
1980-82	70.1	70.5
1990	72.1	72.8
1995-97	73.2	74.0

Infectious diseases and vaccine coverage, 1998 (Cosurv and Laboratory Surveillance System 1998)	Eastern Health Board	
Notifications of vaccine preventable disease	343	
Meningococcal disease notifications	150	
Meningococcal disease notification rate/100,000	11.6	
Tuberculosis notifications	154	
Tuberculosis notification rate /100,000	11.9	
Vaccine coverage (first 9 months of 1999)	Aged 12 months	Aged 24 months
DPT(Diphtheria/pertussis/tetanus)	69.6%	81.0%
DT(Diphtheria/tetanus)	2.4%	3.5%
Hib (Haemophilus influenza b)	72.0%	84.0%
Oral polio vaccine	71.3%	84.2%
MMR (measles/mumps/rubella) vaccine coverage at 24 months	73.3%	

ICD-9-CM codes used for the above	Range
All circulatory system diseases	390-459
All respiratory system diseases	460-519
All malignant neoplasms	140-208
All injuries and poisonings	800-999

Appendix 10

Psychiatric Hospitals						
Area/Hospital	No. of Beds		No. of New Admissions		No. of Re-Admissions	
	Closing Position 1999	Projection 2000	Closing Position 1999	Projection 2000	Closing Position 1999	Projection 2000
Cluain Mhuire	42	42	124	130	340	350
2	29	29	77	87	414	425
4/5	0	0	172	164	594	516
St. Brendan's	188	176	222	248	590	668
St. Vincent's	46	46	211	217	652	672
8	48	48	175	180	579	640
10	35	35	149	150	415	430
Totals	388	376	1130	1176	3584	3701

Acute Psychiatric Units

<i>Area/Hospital</i>	<i>No. of Beds</i>		<i>No. of New Admissions</i>		<i>No. of Re-Admissions</i>	
	<i>Closing Position 1999</i>	<i>Projection 2000</i>	<i>Closing Position 1999</i>	<i>Projection 2000</i>	<i>Closing Position 1999</i>	<i>Projection 2000</i>
3	51	51	153	160	273	280
4/5	50	50	59	141	215	516
6	22	22	0	0	0	0
Unit 9 JCMH	22	22	60	63	230	236
7	15	15	70	73	180	185
9	30	30	179	200	400	450
<i>Totals</i>	<i>190</i>	<i>190</i>	<i>521</i>	<i>637</i>	<i>1298</i>	<i>1667</i>

Community Accommodation											
	High Support Hostels		Medium Support Hostels		Low Support Hostels		Totals		Projection 1999		
Area	No.	Places	No.	Places	No.	Places	No.	Places	No.	Places	Places
1	1	20	1	15	3	15	5	50	5	50	50
2	1	14	1	14	2	10	4	38	5	52	52
3 St Patrick's Hospital	2	20	1	10	5	18	8	48	8	43	43
4/5	3	44	3	37	6	38	12	119	12	119	119
St. Brendan's Hospital	7	96	4	0	1	10	8	106	9	118	118
6	3	41	4	37	3	58	10	136	10	136	136
7	2	32	2	14	3	27	7	73	7	73	73
8	1	19	4	31	2	17	7	67	8	76	76
9 Kildare	0	0	1	6	2	12	3	18	3	18	18
10	1	22	4	38	4	23	9	83	9	83	83
Total	21	308	25	202	31	228	73	738	76	768	768

Day Hospitals									
Area	No. of Places Available		No. of New Referrals		Total Attendance for the year		Total No. of Persons Attending		
	Closing Position 1999	Projected 2000	Closing Position 1999	Projected 2000	Closing Position 1999	Projected 2000	Closing Position 1999	Projected 2000	
1	46	46	324	300	11408	12000	368	370	
2	25	25	241	250	2958	3200	81	90	
3	30	30	0	0	6850	6900	2112	2150	
4/5	58	58	268	291	13676	14918	623	765	
6	30	30	244	252	3705	3817	446	460	
7	50	50	52	54	7461	7685	1041	1072	
8	85	100	282	320	12898	14200	315	350	
9	20	20	210	210	1236	1600	31	40	
10	20	35	44	60	1300	1600	90	130	
Total	364	394	1665	1737	61492	65920	5107	5427	

Day Centre

<i>Area</i>	<i>No of Places Available</i>		<i>Total No. of Attendances</i>		<i>Total No. of Persons Attending</i>	
	<i>Closing Position 1999</i>	<i>Projected 2000</i>	<i>Closing Position 1999</i>	<i>Projected 2000</i>	<i>Closing Position 1999</i>	<i>Projected 2000</i>
Cluain Mhuire	188	193	30099	30640	330	340
2	23	23	3230	3400	45	45
3	40	40	5786	5900	70	70
4/5	55	55	9874	10771	80	88
6	102	102	13348	13747	193	200
7	120	120	20833	21457	160	180
8	25	25	4553	4600	33	35
9	10	10	1310	1400	37	47
10	161	180	26000	27000	270	290
<i>Total</i>	<i>724</i>	<i>748</i>	<i>115033</i>	<i>118915</i>	<i>1218</i>	<i>1295</i>

Out Patients Clinics						
Area	New Attendees		Repeat Attendees		Total No. of Attendances	
	Closing Position 1999	Projected 2000	Closing Position 1999	Projected 2000	Closing Position 1999	Projected 2000
1	585	600	1182	1200	6198	6300
2	157	200	865	935	9677	9950
3	439	450	500	510	6200	6400
4/5	657	716	2170	2200	26046	28413
6	540	556	1386	1400	16641	17142
7	655	672	973	1000	11683	11863
8	849	940	1792	1800	21514	23665
9	1020	1145	870	890	10450	11705
10	300	350	475	480	5700	6000
Total	5202	5629	10213	10415	114109	121438

Long Stay/Continuing Care					
Area/Hospital/Unit	Number of Beds		Patients Treated		
	1999	Projected 2000	1999	Projected 2000	Projected 2000
1	20	20	20		20
2	91	91	75		91
3	33	33	33		33
4/5	55	55	55		55
St. Brendan's	42	42	42		42
7	43	43	43		43
8	170	156	156		156
9	0	14	0		14
10	35	35	35		35
Total	489	489	459		489

Staff

W.T.E.

Discipline	Area 1 Cluain Mhuire	Area 2	Area 3 St Patrick's	Area 4/5	Area 6	St Brendan's	Area 7	Area 8	Area 9	Area 10	Alcohol Service	Central Mental Hospital	Drugs/ AIDS	Social Development	Health Promotion	Homeless	Total
Clinical Directors	1	1					1										3
Consultants	4	4	4		4	6.5	7		4	4		2					39.5
Senior Reg	1		1.5						1								3.5
N.C.H.D's/reg	7	8	5		9.5	12.5	15		8	7		4					76
C.N.O.		1			0.5		1			1		1					4.5
A.C.N.O.		2			2		3		2	4		2					15
C.P.N.					12		15		2								29
Occupational Therapy	2	4	7		4		5		4								26
Social Worker	4	2	4						4	2		1					17
Counsellor											20						20
Psychologists	4		2		0.4				3.5	1		0.5					11.4
Psychiatrist		1										1					2
Director of Nursing	1																1
Medical				24				19.5									43.5
Nursing Officers	1				10				1	6		4					22
Deputy Nursing Officers	1				3					8							12
Staff Nurses	17	77	27.5	149.5	20	325		230	20	56		34					956
Domestics			4					87.5									91.5
Behavioural Therapists			1		1.5												2.5
Paramedical				11.5		6		5									22.5
Dentist																	1
Non-Nursing Support Staff	8	48.5		43.5	17.5	120											303.5
Administration	14	9.5	4	28.5	10	15.5		14.5	5	9	3	6.5	369	2	6	1	497.5
Catering Staff	9.23					27		26.5		14							76.73
Other	8.57					19		37		24		24.5					113.07
Total	82.8	158	60	257	94.4	531.5	47	420	54.5	136	23	147.5	369	2	6	1	2389.7

Appendix 11

LONG STAY & COMMUNITY HOSPITALS

Area/Hospital	Number of Beds		Patients Admitted	
	1999	Projected 2000	1999	Projected 2000
St. Mary's Hospital	354	345	816	972
St. Clare's Home	85	85	54	64
Cuan Ros	46	46	226	244
St. Brigid's Home	150	150	71	70
Bru Chaoimhin	182	182	134	96
South Circular Road	50	50	224	264
Clonskeagh Hospital	76	76	46	49
Meath Unit	60	60	50	36
Sir Patrick Duns	25	25	61	52
Baggot Street Hospital	84	84	1025	1025
St. Vincent's Hospital, Athy	224	224	391	422
Baltinglass Hospital	95	95	166	193
Wicklow Hospital	30	30	81	71
St. Colman's Hospital	142	142	539	509
St. Clare's Community Unit	50	50	5	190
St. Monica's Home	40	40	24	24
Dalkey Community Unit	Nil	50	Nil	50
	1684	1734	3913	4231

COMMUNITY SERVICES (OLDER PERSON)

<i>Area/Hospital</i>	Day Hospital				Day Centres			
	Numbers	Places	<i>Projection 2000</i>		Numbers	Places	<i>Projection 2000</i>	
			Numbers	Places			Numbers	Places
St. Mary's Hospital	4040	25	4200	25				
St. Clare's Home					2339	25	2946	25
Cuan Ros					2818	20	2920	20
St. Brigid's Home					3600	20	3600	20
South Circular Road					2730	20	3790	20
Sir Patrick Duns					3216	20	4086	20
Baggot Street Hospital					2140	13	2140	13
St. Vincent's Hospital, Athy					6150	25	5788	25
Baltinglass Hospital					4590	20	5685	20
Wicklow Hospital					7000	25	5546	25
St. Colman's Hospital					7013	45	6885	45
St. Joseph's, Crinken Lane					3983	20	3500	20
St. Clare's Community Unit					-	-	1000	20
	4040	25	4200	25	45579	248	47886	268