



EAST COAST AREA HEALTH BOARD
Bord Sláinte Limistéar and Chósta Thoir

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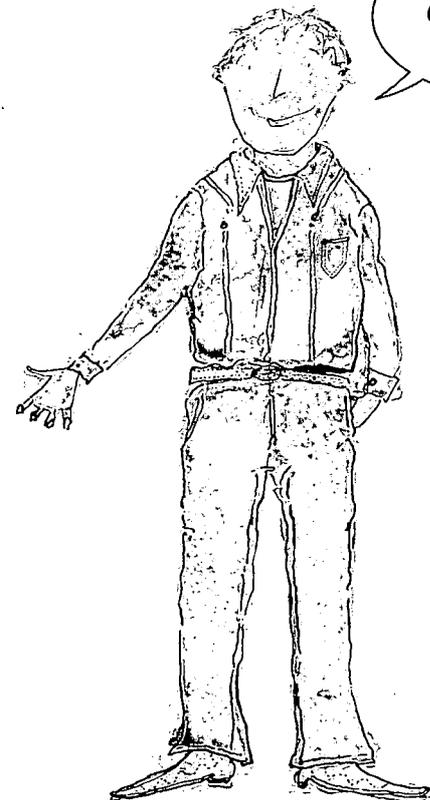
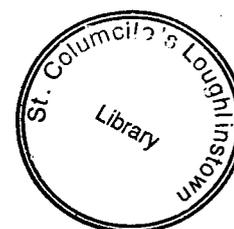
East Coast Area Health Board | Annual Report 2002

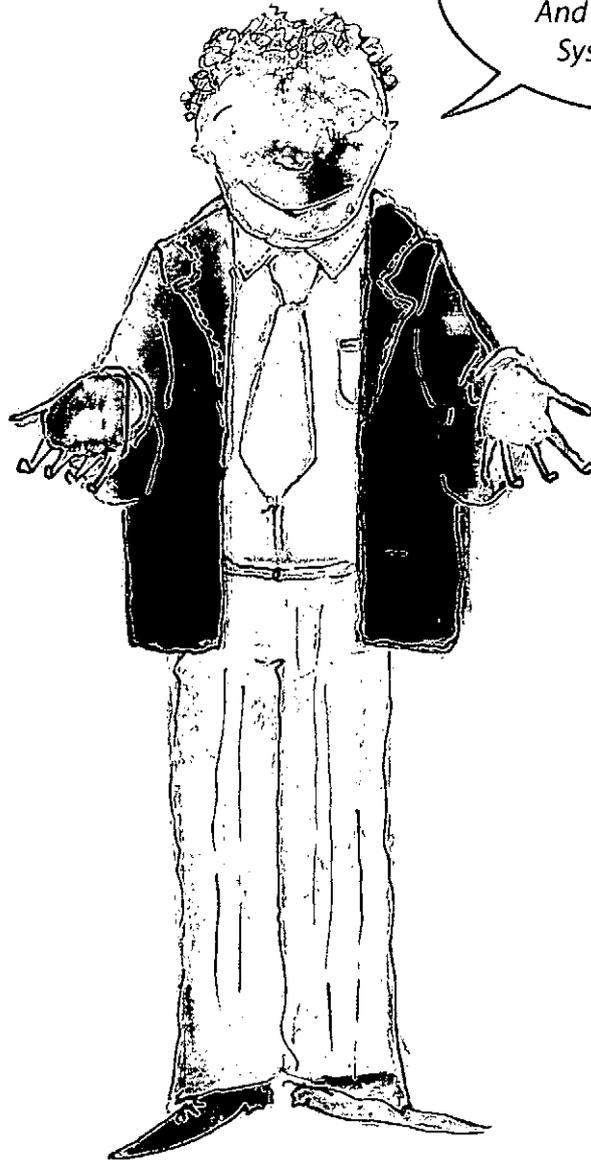
"Building Quality, Fairness and a Better Health System for you"

Our Services

Our staff

Working for
our clients





The East Coast Area
Health Board –
"Building Quality, Fairness
And A Better Health
System For You."

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Chairman's Foreword

Cllr Andrew Doyle, Chairman ECAHB

I was delighted to be elected Chairman of the East Coast Area Health Board during 2002, and in this capacity it gives me great pleasure to introduce the third Annual Report of the East Coast Area Health Board.

Since its inception, the East Coast Area Health Board has adopted a partnership approach with voluntary service providers and community groups throughout the region. This partnership approach has been central to ensuring the success and ongoing development of the board. During 2002, this approach yielded many tangible benefits to our clients across many areas including respite services for Persons with an Intellectual Disability, therapeutic facilities for improving Mental Health and improvements in Childcare.

Over the past year, I have had an opportunity to spend time with many of these service providers and community groups and I am constantly impressed at their dedication and compassion towards our clients. I would like to pay tribute to their willingness to work in partnership with the Board during 2002 and anticipate that this relationship will grow into the future.

Considerable investment was made by the board during 2002 in many services, including services for Older People, Acute/Primary care and services for Persons with Physical and Sensory Disabilities. Residents of the region benefited from a comprehensive investment in Health Promotion. The Accident and Emergency Department in St. Columille's Hospital, Loughlinstown also received considerable investment.

There is no doubt that the efforts of my fellow Board Members were instrumental in the ongoing development of the Board. Although all have other commitments and additional heavy workloads, their enthusiasm and energy has contributed significantly to ensuring that the East Coast Area Health Board delivers equitable care to all its clients. On behalf of the Board, I would also like to thank Michael Lyons, CEO of the Board until early 2003, for his contribution to the success of the Board. During his time as CEO, Michael worked closely with the Board, and gained the respect of the Board in his tireless efforts to create an effective, equitable healthcare system throughout the region.

Throughout the year I had the pleasure of meeting with many of the staff of the Board across a range of areas. I would like to compliment them on the high standard of care and professionalism provided across through many diverse services of the Board. Through providing compassionate support to the Board's clients, staff have been integral to our progress to date and have displayed a dynamic approach to the ongoing development of the Board.



Chief Executive Officer's Foreword

Martin Gallagher, CEO

The East Coast Area Health Board's 2002 Annual Report illustrates the overall activity and developments across the Board's broad remit of services during this period.

The Board experienced high levels of activity in both existing and new services during 2002, the third year of its existence.

- > **The Accident and Emergency Department in St. Columcille's Hospital, Loughlinstown received considerable funding for refurbishments.**
- > **The Regional Orthodontic Unit, located in St. Columcille's Hospital, experienced high levels of activity with over 1,000 patients commencing treatment.**
- > **An innovative new GP-Out of Hours Medical Service was opened in Dun Laoghaire - the D/L-doc service, offering a practical, effective patient-centred solution to the demands placed on GP's out of hours. The service was received favourably by residents in the area.**
- > **Services for Older People introduced a Pilot Homecare Grant, launched guidelines on Safe Drugs Administration and developed a new Meals on Wheels service in Arklow, Co Wicklow.**
- > **The Central Mental Hospital has undertaken a major Organisational Development and Change Programme aimed at developing the National Forensic Psychiatric Service at the CMH as a Centre of Excellence in the provision of Forensic Services.**
- > **Health Promotion launched the Arklow Healthy Towns Project, recruited a Resource Officer for Suicide Prevention and worked within the community and with staff of the Board across a range of Health issues.**



The Board worked in close partnership with local voluntary groups and agencies to ensure that resources were available to offer equitable care for our mutual clients.

The developments within the East Coast Area Health Board during 2002 owe no small part to the hard work and commitment of staff. Their enthusiasm and interest are vital to this organisation. The ongoing Change Management Programme enables this Board to be a dynamic organisation, adapting to the ever-changing healthcare needs of residents of the region.

The contribution of Michael Lyons, the first CEO of our Health Board, was central to the success of the Board's activities throughout 2002. Michael was responsible for the formative task of steering the Board since its establishment in March 2000 and I look forward to continuing this task throughout 2003.

Over the course of the year, the Board Members have contributed significantly to the planning and provision of services in the region, offering insights and new perspectives to issues as they arise. The Members, often with diverse viewpoints, were united in the objective of ensuring that the clients of the Board receive the care that they need.

As we go forward, I look forward to the continual development and growth of the Boards services in line with the needs of the region.

Profiles of Board Members



Cllr Andrew Doyle
Chairman
Licken, Roundwood
Co. Wicklow
(Chair from July 2002)



Dr John Fennell
Chespeake
Kendalstown Rise
Delgany
Co Wicklow



Cllr Pat Hand (November
2002)
29 Broadford Drive
Ballinteer
Dublin 16



Cllr Olivia Mitchell TD
18 Ballawley Court
Dundrum
Dublin 16



Dr Bernard Murphy
6 Kingston View
Dundrum
Dublin 16



Cllr Tony Fox
Vice-Chairman
93 Mountainview Park
Rathfarnham
(Chair until July 2002)



Ald. Sen Joe Doyle
14 Simmonscourt Terrace
Donnybrook
Dublin 4



Dr Ray Hawkins
Bray Medical Centre
Herbert Road
Bray
Co Wicklow



Cllr Pat Doran
Tomacork
Carnew
Co Wicklow



Mr Gerry McGuire
1 Strand
Donabate
Co Dublin



Dr Mick Molloy
170 Roebuck Castle
Clonskeagh
Dublin 14



Cllr Laurence Butler
3 Whitehall Mews
Westminster Road
Foxrock, Dublin 18



Cllr Jane Dillon Byrne
Silchester House
Silchester Road
Glenageary, Co Dublin



Ms Noeleen Harvey
Dargan's Pharmacy
19 Berkeley St
Dublin 7



Mr Michael Murphy
Hospitalier
Order of St John of Gods
Hospitalier House
Stillorgan, Co Dublin



Cllr Dr Bill O'Connell
Vale Road
Arklow
Co Wicklow



Mr John Dolan
Disability Federation of
Ireland, 2 Sandyford
Office Park, Blackthorn
Avenue, Dublin 18



Ms Maria Hoban
6 Ashgrove Crescent
Naas
Co Kildare

Business of the Board

Board Meetings

The East Coast Area Health Board meet on the second Thursday of each month at 6p.m. with the exception of August. Special Board meetings are also held from time to time to consider issues which merit special attention. The Annual General Meeting of the Board is held on the second Thursday in July at which the Chairperson and Vice Chairperson are elected.

Standing Committees

Section 8 of the Health Act, 1970 empowers a Health Board to establish such Committees as it thinks fit and to define the functions and procedures of such Committees and subject to any limitations specified by the Minister, may delegate specified functions to any such Committee.

The East Coast Area Health Board has established two Standing Committees:

- > Acute Services and Primary Care
- > Continuing Care

These Committees have the following functions:

To consider and advise on such business as may be referred to them by the Board or which they may wish to refer to the Board.

The Standing Committees meet on the third and fourth Thursday of each month at 2.30pm respectively. Progress Reports are considered by the Board at its monthly meeting.

Standing Committee Members

Acute Services and Primary Care Committee:

Dr. Mick Molloy (Chairman)
 Cllr. Laurence Butler (Vice Chairman)
 Cllr. Dr. Bill O'Connell
 Mr. Michael Murphy
 Ald. Sen. Joe Doyle
 Cllr. Andrew Doyle
 Mr. John Fennel

Continuing Care Committee

Cllr. Pat Hand (Chairman)
 Cllr. Jane Dillon Byrne (Vice Chairman)
 Cllr. Pat Doran
 Cllr. Olivia Mitchell
 Dr. Ray Hawkins
 Mr. Michael Murphy
 Mr. John Dolan
 Cllr. Tony Fox

Other Committees

Finance and Property Committee

The East Coast Area Health Board has also established a Committee to consider financial and property matters and to report to the Board thereon. Key roles for the Committee are:

- > *the supervision of the implementation of the Board's Provider Plan*
- > *approving the Annual Financial Statements for adoption by the Board*
- > *recommending acquisition and lease of properties.*

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

Cllr. Andrew Doyle (Chairman since July 2002)
 Cllr. Tony Fox (Chairman until July 2002, Vice Chairman thereafter)
 Mr. Michael Murphy
 Cllr. Laurence Butler
 Cllr. Jane Dillon Byrne
 Dr. Ray Hawkins
 Ald. Sen. Joe Doyle

The Protocol Committee has the following responsibilities:

- > *to agree the Standing Orders for the Board*
- > *to agree the Standing Orders for the Standing Committees of the Board including the Financial Committee*
- > *to agree protocol for attendance by Board Members at Conferences/Seminars etc.,*
- > *to agree the schedule of visits to service venues in the Board's area*

The membership of the Protocol Committee is as follows:

Cllr. Tony Fox (Chairman)
 Cllr. Andrew Doyle (Vice Chairman)
 Cllr. Laurence Butler
 Cllr. Jane Dillon Byrne
 Mr. John Dolan
 Dr. Ray Hawkins
 Mr. Gerry McGuire

Child Care Advisory Committee:

The Child Care Advisory Committee was set up in accordance with Section 7 of the Child Care Act 1991, and its role is to assist in ensuring that the provisions of this legislation are met. The Committee is made up of representatives of Child Care services, voluntary organisations and in addition, professionals working in this sector are represented on it.

The membership of the Committee is as follows:

Board Members:

Cllr. Tony Fox (Chairman)
 Cllr. Andrew Doyle

Board Officers:

Dr. Ann O'Connor,
 Senior Area Medical Officer
 Ms. Grace Fraher,
 Superintendent Public Health Nurse
 Ms. Diane McHugh, Child Care Manager

Voluntary Agencies:

Ms. Pat Whelan
 (Adoption and Fostering Service)
 Ms. Dorothy Gibney
 (Adoption and Fostering Service)
 Mr. Mark Smith (Residential Care Service)
 Ms. Irene Gunning
 (Services for Pre-School Children)
 Mr. Don Mahon (Educational Services)
 Mr. Justin O'Brien
 (Services Homeless Children)
 Mr. Pat Conroy (Child and Adolescent Psychiatric Services)
 Ms. Gráinne Burke (Support Services for Children and their families)
 Inspector J. Castles (An Garda Síochána)
 Ms. Suzanne Vella
 (Probation and Welfare Service)

St. Columcille's Hospital Development Review Committee

The Board has also established St. Columcille's Hospital Development Review Committee to:

- > review progress on the development of St. Columcille's Hospital, in relation to service and capital development.
- > facilitate the implementation of Health Board policy in relation to the hospital; in particular the integration of the hospital with other service providers, both statutory and voluntary.
- > to submit observations, if any, to the Area Health Board, on issues relating to the hospital, for consideration by the appropriate Committee of the Board.

St. Columcille's Hospital Development Review Committee Members:

Cllr. Laurence Butler (Chairman)

Cllr. Andrew Doyle

Cllr. Dr. Bill O'Connell

Cllr. Pat Doran

Cllr. Jane Dillon Byrne

Dr. John Fennel

Dr. Ray Hawkins

Cllr. Tony Fox

Management Team



Mr. Martin Gallagher
CEO



Ms. Cate Hartigan
Assistant Chief Executive
Planning & Development



Mr. Gavin Maguire
Director of Finance



Dr. Brian Redahan
Assistant Chief Executive
Childcare



Mr. Alex Connolly
Director of
Communications



Mr. John Davis
Manager of the CEO's
Office and Secretary to
the Board



Mr. Pearse Costello
Director of Human
Resources



Ms. Naomi Boland
Secretary to the
Management Team

Corporate management



Mr. Gerry McKiernan
General Manager
Community Care Offices,
Glenside Road
Wicklow



Mr. David Walsh
General Manager
Community Care Offices
Vergemount Hall
Clonskeagh, Dublin 6



Ms. Nora Cummins
General Manager
Community Care Offices
Tivoli Road,
Dun Laoghaire
Co. Dublin



Mr. Jim Ryan
Director of Mental Health
and Addiction



Ms. Mary O'Connell
Director of Primary Care
and Acute Services



Mr. John O'Sullivan
Director of Services for
Persons with Disabilities



Ms. Janet Convery
Director of Services for
Older People



Ms. Marion Quinn
Director of Childcare



Mr. John Broe
Hospital Manager
C.M.H.
Dundrum
Dublin 16



Mr. Pat Byrne
Hospital Manager
Newcastle Hospital
Newcastle
Co. Wicklow



Mr. Tom Mernagh
Hospital Manager
St. Columille's Hospital
Loughlinstown
Co. Dublin



Mr. Gerry McCarthy
Psychiatric Services
Area 2

About our Clients



Chapter 1

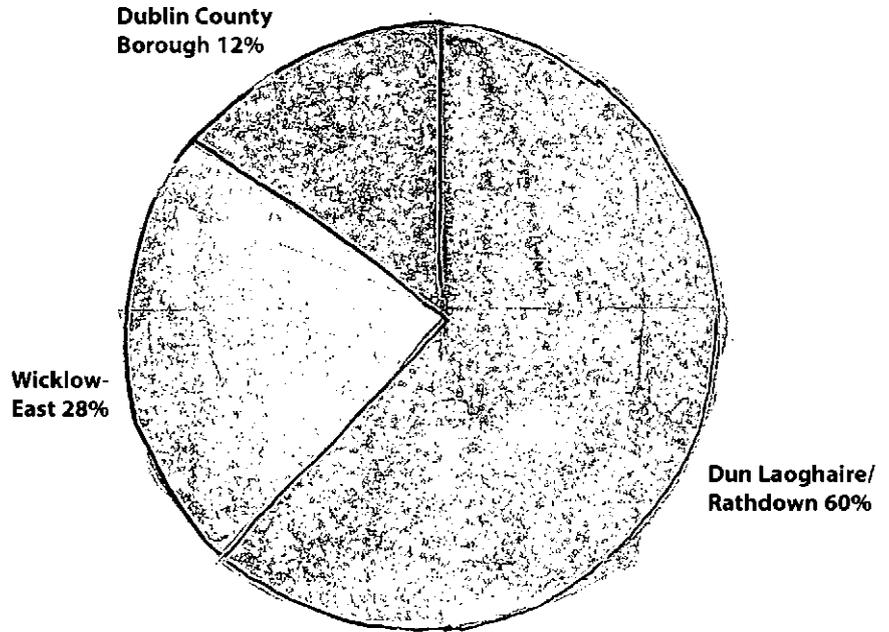
About our Clients

Geographic and Demographic Profile

According to the 2002 Census, 333,459 people lived in the East Coast Area. This represents almost one quarter of the population of the Eastern Region.

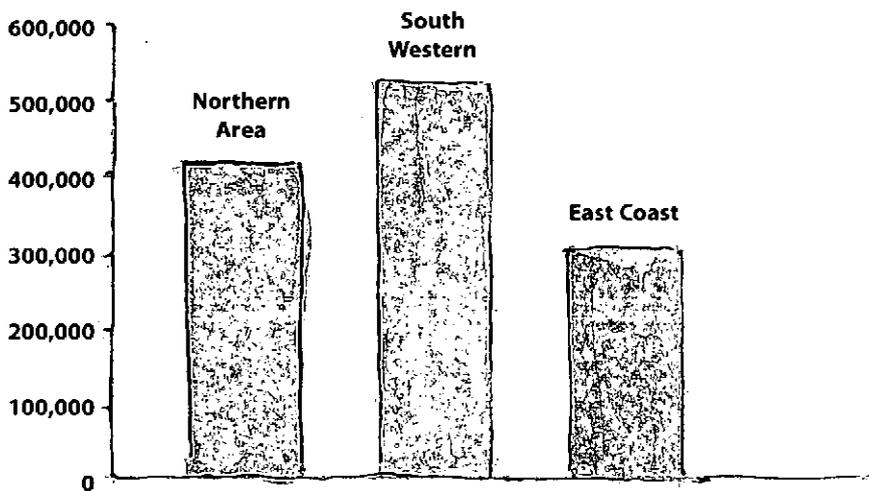
The Board serves a geographic mixture of inner city, suburban, small town, village, mountain and coastal communities, including the core of County Wicklow, which represents the greatest mountain mass in Ireland. The population distribution within the Area is also heavily imbalanced. A majority of the population are clustered in the north of the Area, while much smaller towns with many sparsely populated and relatively isolated communities a feature of the southern part.

Proportion of population by electoral area



Regional Comparisons

Almost a quarter of the population of the Eastern Region lives in the East Coast Area as can be seen in the following figure:



*Based on provisional figures from ERHA Health Information Unit

The population of the Area has a profile demonstrating a distinctly older population than the region as a whole. The following Table gives some indications of this (Fig 1.1):

Population Projections

The Brady Shipman Report (1999) Strategic Planning Guidelines for the Greater Dublin Area, which was

	<1	1-4	5-14	15-24	25-44	45-64	65+
ERHA	1.39	5.6	15.71	18.42	30.22	19.01	9.67
NAHB	1.42	5.66	15.41	18.54	29.9	19.41	9.67
SWAHB	1.45	5.73	16.76	18.85	30.82	17.84	8.57
ECAHB	1.24	5.29	14.43	17.54	29.7	20.36	11.45

It can be seen that younger age groups are under-represented in the population of the East Coast Area while older age groups are over-represented. In the Eastern region as a whole, 9.67% of the population is aged 65 or over. In the Northern Area the figure is the same, while in the South Western Area only 8.57% of the population is in the older age cohort. This is in contrast to the East Coast Area where 11.45% of the population is aged 65 or more. As older people are more likely to be service users, this demographic distinction influences demand on services within the East Coast.

Social Class Groupings

An examination of social class groupings in each electoral area within the Board indicates that significant proportions of the Board's population are in the lower income groups, with a notable disparity between the numbers of low income and high income earners particularly evident in areas.

commissioned by the Government to assist with strategic planning for the region has estimated population figures until the year 2011. While boundaries and catchment areas of the East Coast are not precisely co-terminus with those in this report, indicators of future projections can be drawn as set out in the following Table (Fig 1.2):

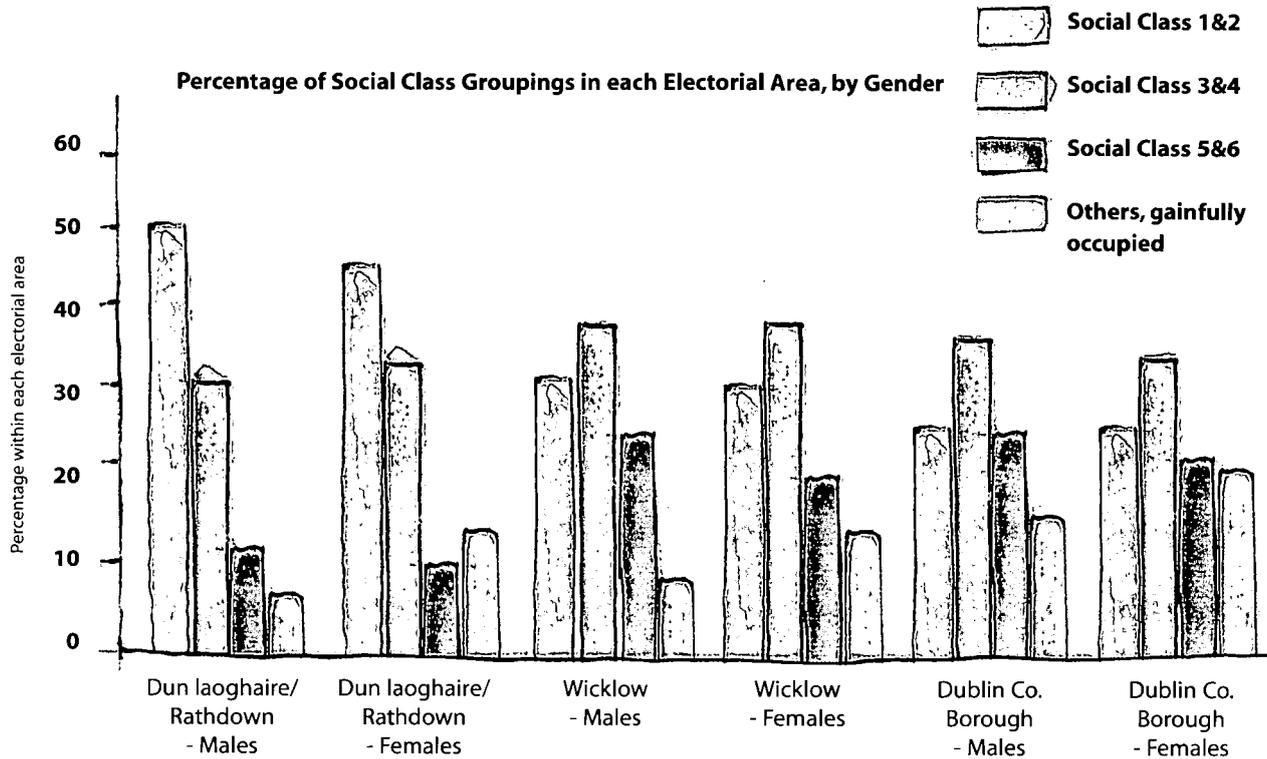
The planned extension of the M50 motorway to the N11 is predicted to attract major housing developments to the area, with villages such as Stepside and Carrickmines expanding to accommodate an additional 30,000 houses each. Furthermore, an expansion of social and affordable housing is planned in the Dun Laoghaire-Rathdown Council Housing Strategy. This is projected to provide an additional 1,750 housing units each year between 2001-2005.

The strategic plan for the greater Dublin area has designated Wicklow Town as a primary centre for development and Arklow as a secondary centre.

District	Projected Growth
N.E. Wicklow (Bray/Greystones)	24.9%
Wicklow hinterland	27.8%

Within the period 1996-2011, the Brady Shipman Report estimates that the number of households is set to rise sharply (Fig 1.3):

District	Projected Growth
Dun Laoghaire/Rathdown	33.4%
N.E. Wicklow (Bray/Greystones)	62%
Wicklow hinterland	50.5%



Although the number of households will rise, household composition will change and its size will fall in line with other European countries (Fig 1.4):

Average household size 1966-2011 (Fig 1.4)

Year	Projected Size
1966	4.1
1996	3.1
2011	2.5

Projected proportion of Older Persons 1996-2011 (% of total population)* (Fig 1.5)

	1996	2001	2006	2011
Eastern region	9.8	10.3	11.2	12.5
Dun Laoghaire	11.1	11.6	12.6	13.8
Wicklow	10.4	11.0	12.1	13.9

*National Council on Ageing and Older People Health and Social Care Implications of Population Ageing in Ireland 1991-2011

The last ten years have seen significant growth in the older age cohorts in the Eastern region as a whole. The population aged over 75 increased by 8.42% in the five year period from 1991, while the population aged over 85 increased by 17.72% in that time. Population projections which consider the ageing population show that the numbers of older persons in the Eastern region are likely to continue to rise, with particular implications for the East Coast Area (Fig 1.5):



Chapter 2

About St. Columcille's Hospital

St Columcille's Hospital, Loughlinstown, works to provide a high quality, patient-centred, equitable and effective service in accordance with the principles of the Health Strategy *Quality and Fairness : A Health System for You*.

The hospital provides in-patient and out-patient services, accident and emergency, day procedures, radiology, pathology, medical and surgical services ranging across the following specialties:

- > **General Medicine**
- > **Acute elderly assessment and rehabilitation**
- > **Intensive/ Coronary care**
- > **General Surgery**
- > **Vascular Surgery**
- > **Gynaecology**
- > **Dental Surgery**
- > **Urology**
- > **Cardiology**

While St Columcille's Hospital, Loughlinstown is directly managed by the East Coast Area Health Board, our Board also has a remit to co-ordinate acute services in the Area. This is done in partnership with voluntary providers at St Vincent's University Hospital and St Michael's Hospital, Dun Laoghaire.

The East Coast Area Health Board has traditionally enjoyed collaboration between all the hospitals in the Area in prioritising and structuring new consultant appointments through the South East Dublin Departments of Medicine and Surgery and more recently, through the newly established South East Dublin Department of Emergency Medicine.

A number of significant developments took place in 2002, notable among which were:

- > Accident and Emergency Department
- > A joint Department of Emergency Medicine incorporating St Columcille's Hospital, St Vincent's University Hospital and St Michael's Hospital was developed early in 2002.

This development coincided with the appointment of two Consultants in Emergency Medicine, additional Junior Medical Staff and a number of upgradings from Staff Nurse to CNM1 positions in order to facilitate the presence of team leaders on a 24-hour basis. In September 2002, three Patient Liaison Officers were also appointed to the A&E Department.

Capital Development

A Capital Development Project Team was appointed in early 2002 to oversee the implementation of the major (€6.35m) development at the hospital. The development will allow for:

- > Extension and reconfiguration of the Department of Emergency Medicine
- > Upgrading of mechanical and electrical services
- > Refurbishment of wards
- > Modular accommodation to provide much-needed additional clinical and administrative services

Planning permission in respect of the Department of Emergency Medicine was received and the tendering process completed in late 2002.

Cardiology Services

A Consultant Cardiologist took up duty in this new post which is shared between St Columcille's Hospital (8 sessions) and St Vincent's University Hospital (3 sessions) in May 2002.

Urology Services

A Consultant Urologist commenced employment at St Columcille's Hospital on 1st July 2002. This also is a new post shared between St Columcille's Hospital (7 sessions) and St Vincent's University Hospital (4 sessions) and will lead to significantly improved access to Urology Services for the catchment area population.

Psychiatry Services

A Consultant Psychiatrist commenced employment at St Columcille's Hospital on 1st September 2002. This too is a new post which is shared between St Columcille's Hospital (4 sessions), St Michael's Hospital (4 sessions) and St John of God's (3 sessions).

Ophthalmology Services

A Consultant Ophthalmic Surgeon, commenced employment at St Columcille's Hospital on 14th January 2002. This is a new post shared between St Columcille's Hospital (3 sessions) and the Royal Victoria Eye and Ear Hospital (8 sessions). The Consultant provides an out-patient and ward consultation service which negates the need for patients from our immediate catchment area to travel to the Royal Victoria Eye and Ear Hospital.

ST.Columcilles Hospital, Loughlinstown, Co. Dublin			(Fig. 2.1)
In Patient and out Patient activity 2002			TOTAL
Inpatient			62,253
Outpatient			26,069
A&E Department			
A&E Attendances			23,464
	New	Return	
	22,504	960	
Surgical Procedures			2,937
Other Hospital Activity			
Cardiac Rehabilitation			3,222
In-Patients			10,897
Day Hospital for Older People			699
Pathology Specimens			208,785
X-Ray Examinations			39,957
CT Scans			2,124
Physiotherapy Treatments			6,441
Occupational Therapy			1,038
Speech Therapy			3,919
Post Mortem			195
Dietician			4,356
Social Worker			4,057
Weight Management			147
Meals on Wheels			18,316



Chapter 3

About Primary Care

Primary Care Unit

A total of 235 General Practitioners operate in the East Coast Area, the majority of who work single handedly. Of these, 158 manage GMS patients while 77 are non GMS.

The Board's Primary Care Unit aims to foster collaborative arrangements between General Practitioners, for example through specific developments such as the introduction of out-of-hours co-operatives and between General Practitioners and secondary and specialist providers, for example through the development of direct access facilities for general practitioners to services in the acute sector (physiotherapy, diagnostics etc). The Unit disburses Indicative Drugs Budget payments to General Practitioners. Fees for training are also paid, as are fees in relation to vaccines and palliative care. Co-ordination of community services for certain patients with Hepatitis C is also the responsibility of the Unit.

The total GMS population in the East Coast (those with full medical cover eligibility) is 71,159.

A number of significant service developments commenced in 2002 as follows.

- > Primary Care Implementation Project in Arklow (see below).
- > A General Practitioner run minor surgery service based in Baggot Street Community Hospital commenced in March. The service accepts referrals for minor procedures from over 20 local general practitioners thus ensuring that these patients are not placed on hospital waiting lists.
- > Direct access to physiotherapy services based at St Michael's Hospitals, Dun Laoghaire for patients of over 36 local GPs commenced in May 2002. By year end over 200 patients had availed of the service, once again alleviating hospital waiting lists.

The following developments are funded by the Cardiovascular Strategy and are described more fully in that section of the Report:

- > A pilot scheme of direct access to cardiac diagnostics for patients of general practitioners at St Vincent's University Hospital also commenced in 2002.

> Heartwatch, a National Secondary Prevention Programme in general practice for Cardiovascular Disease was agreed in 2002.

> A Diabetes Shared Care Programme commenced in 2002 involving collaboration between our Board, St Vincent's University Hospital and 15 local General Practitioners.

General Practitioner Specialist Training Programme

The establishment of this Programme in July 2002 is the result of close collaboration between the Board and the Department of General Practice in UCD together with the co-operation of St Vincent's University Hospital and other service providers.

Six places are offered each year to doctors who wish to undertake specialist training in general practice. It is a five year programme leading to the award of a MSc (General Practice) on successful completion.

Primary Care Strategy

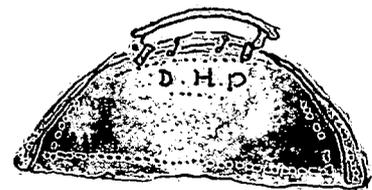
The Primary Care Strategy *Primary Care A New Direction* was launched in 2002. As part of this Strategy, ten Primary Care Implementation Projects are being established around the country.

The National Task Force on Primary Care was established by the Department of Health and Children and each Health Board was invited to submit proposals for an Implementation Project. Our Board's proposal for a project in Arklow was accepted by the Task Force. We received confirmation of acceptance and a letter of funding towards year end.

In December, an Information Day was held in Arklow which was attended by the local community, health professionals and our Board's own staff. There was a large attendance and the proposal for the Project was enthusiastically received.

Planning commenced regarding premises, staffing, equipment needs etc. Information and communications technology will be a vital component of the Project as will a proposed diagnostics service.

To expedite this work, a local Implementation Team was established along with a wider Consultative Forum. Co-ordination is undertaken by the East Coast Area Steering Group.



Out of Hours Services

In September, DL Doc, a GP out-of-hours co-operative based at St Michael's Hospital, Dun Laoghaire commenced service. The service is similar to East Doc which has been operating successfully at St Vincent's University Hospital since August 2000. There are 43 General Practitioners participating in DL Doc and 64 in East Doc. Both services operate on weekdays from 6:00 pm to 10:00 pm and weekends and public holidays from 10:00 am to 6:00 pm. There is a General Practitioner, a nurse and a receptionist on duty during these hours.

Our Board is currently examining a number of options with a view to expanding out- of-hours services to cover its entire Area.

Hepatitis C Community Service

Hepatitis C patients in the East Coast Area who contracted the virus from the receipt of contaminated blood or blood products are entitled to a full range of free primary care services, including GP, medicines, home nursing and home support, dental, ophthalmic, aural and counselling services.

During 2002 an Eastern Regional Forum was established comprising of representatives of the three Area Health Boards and representatives from each acute hospital in the region which has a Hepatology Unit. The Forum meets quarterly with the aim of fostering close working relationships between all the service providers and between the service providers and the support groups.

In addition our Board appointed a Liaison Officer to enhance services to patients through liaison with all service providers in our area.

Community Drugs Schemes

Community Drugs Schemes cover General Medical Services (Medical Card), Drugs Payment Scheme, Long Term Illness, Health Amendment and High Tech Medicines.

General Medical Services Scheme: Persons who are unable without undue hardship to arrange general practitioner, medical and surgical services for themselves and their dependents and all persons aged 70 years and over receive a free general medical service. In addition, they are covered for prescriptions for approved drugs, medicines, and appliances.

The Drugs Payment Scheme, which came into operation in 1999, is open to all non-medical card holders in the East Coast Area. Under the Scheme, no family or individual has to pay more than €70 in a calendar month for approved drugs, medicines and appliances.

Long Term Illness Scheme covers persons who suffer from one or more of a schedule of illnesses. They are entitled to obtain (without charge) drugs, medicines and appliances.

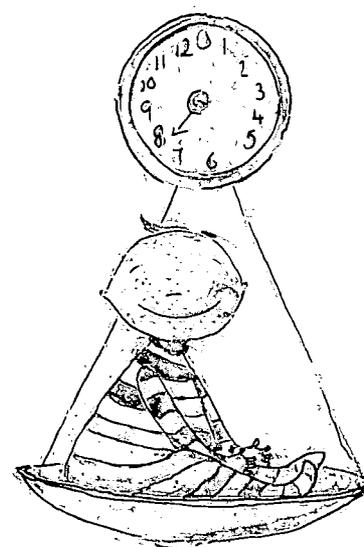
Health Amendment: Health services, including drugs, medicines and appliances are made available to persons (without charge) who have contracted Hepatitis C directly or indirectly from the use of Human Immunoglobulin – Anti-D or the receipt within the State of another blood product or blood transfusion.

High Tech Medicines: These medicines are generally initiated in hospital by a consultant and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy or growth hormones. The eligibility for this scheme would depend on whether the patient had a Medical Card, Drugs Payment Scheme Card, Long Term Illness Book or Health Amendment Card.

The Community Pharmaceutical Service

The East Coast Area Health Board Community Care Pharmacist administers the application process of the Community Pharmacy Contractor Agreements on behalf of the three Area Health Boards in the Eastern region.

New applications for Community Pharmacy Contractor Agreements are dealt with as are changes where an existing contract holder either sells their pharmacy or is a sole proprietor and changes to a limited liability company. Inspections and assessments of pharmacy premises across the Eastern Region are also carried out as part of the process.



In 2002 there were 405 Community Pharmacies who had signed Community Pharmacy Contractor Agreements – 111 in the East Coast Area Health Board, 162 in the South Western Area Health Board and 132 in the Northern Area Health Board.

Queries from patients, pharmacies and Community Care Areas are also dealt with.

The operation of the High Tech Medicines Scheme is administered in relation to the registration of patients under this Scheme.

Immunisation/Vaccination Programmes

The East Coast Area Health Board has public health responsibility for delivery of a number of vaccination programmes in its catchment area, and for ensuring that target uptake rates are met.

The immunisation programmes currently delivered are:

- > Neonatal BCG – to protect against tuberculosis (T.B.) – carried out by Area Medical Officers/Public Health Nurses.
- > Primary Childhood Vaccinations – to protect against a range of diseases: Diphtheria, Tetanus, Whooping Cough (Pertussis), Haemophilus Influenza Type B (HiB), Polio, Measles, Mumps, Rubella (German Measles), Group C Meningococcal Disease (Meningitis). These vaccinations are administered by General Practitioners, with boosters administered in school by the Health Board teams.

Other vaccinations such as Influenza, Pneumococcal and Hepatitis B are administered by General Practitioners to vulnerable persons and by Health Board staff to Health Care Workers as appropriate.

The following are the average yearly uptake statistics for 2002 in the East Coast Area Health Board:

Percentage average yearly uptake for infants reaching 24 months during 2002 for DTP, HiB, Polio & MMR: (Fig 3.1 - 3.5)

Quarter	Area 1	Area 2	Area 10	Overall
1	73.8	71.3	81.4	75.5
2	82.7	74.1	83.2	80.0
3	82.5	70.5	83.6	78.9
4	84.4	75.8	84.6	81.6
Weekly Average	80.9	72.9	83.2	79.0

Quarter	Area 1	Area 2	Area 10	Overall
1	75.3	70.7	84.3	76.8
2	83.8	74.7	85.6	81.4
3	84.4	70.8	84.8	80.0
4	84.6	77.0	86.2	82.6
Weekly Average	82.0	73.3	85.2	80.2

Quarter	Area 1	Area 2	Area 10	Overall
1	67.2	56.1	71.6	65.0
2	73.4	63.5	73.9	70.3
3	73.5	55.4	75.0	68.0
4	75.2	62.6	77.0	71.6
Weekly Average	72.3	59.4	74.4	68.7

Polio (Fig.3.4)				
Quarter	Area 1	Area 2	Area 10	Overall
1	75.8	71.7	84.5	77.3
2	82.7	74.9	86.4	81.3
3	84.1	69.8	84.1	79.3
4	84.4	76.7	85.1	82.1
Weekly Average	81.8	73.3	85.0	80.0

Percentage average yearly uptake for infants reaching 12 months during 2002 for Men C:

Men C (Meningococcal C) (Fig.3.5)				
Quarter	Area 1	Area 2	Area 10	Overall
1	76.7	68.0	74.6	73.1
2	75.7	72.2	78.6	75.5
3	75.1	76.6	76.2	76.0
4	74.9	65.2	77.8	72.6
Weekly Average	75.6	70.5	76.8	74.3

About Our Dental
and Orthodontic
Services



Chapter 4

About Our Dental and Orthodontic Services

Dental Services

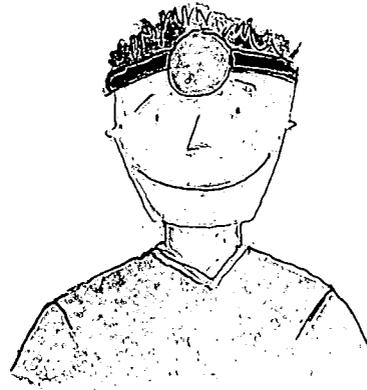
The Board promotes the dental health and improves the oral health status of the population of our Area through preventive and treatment services and promotes an environment conducive to good oral health, while maximising the efficient use of resources.

Dental Services' health and social gain focus can be seen in numerous initiatives in which they are involved e.g.

- > Targeted treatment provision for children and adults
- > Oral Health Promotion activities in National Schools
- > Oral Health Promotion activities in Special Needs Centres
- > Health through Oral Health Programme (formerly Mighty Mouth) for children in senior infant classes of socially disadvantaged schools
- > Services for specific special needs groups

The achievement of a Person-Centred focus, in line with the National Health Strategy goals, is central to the approach pursued within the Dental services. A client information leaflet has been developed. Staff in the service have attended courses on customer relations, and protocols for inclusion of parents in the planning and provision of treatment for their children are in place.

The objective of the Dental Service is to provide an efficient, effective and accessible service of high quality to all eligible children and adults in the area covered by the East Coast Area Health Board.



There are a number of core components to the service:

- > Fluoridation of public water supplies
- > Oral Health Promotion for children, and those with Special Needs
- > Education, assessment and treatment programmes for children
- > Services to patients with special needs
- > Referral to secondary-care orthodontic services using needs-based Dept of Health Guidelines
- > Dental treatment services for adult medical card holders provided through the Dental Treatment Services Scheme
- > Hospital-based provision of minor oral surgery services under general anaesthetic

Dental service developments for 2002 comprised the further progression of developments approved during 2001, including:

- > The allocation of an additional €475,000 to the Dental Treatment Services Scheme
- > The allocation of an additional €217,000 to provide for the extension of eligibility

Orthodontic Services

Orthodontic Services for the East Coast Area Health Board operate from the Regional Orthodontic Unit at St Columcille's Hospital, Loughlinstown and from the Satellite Clinic in Ballinteer Health Centre.

2002 was a very successful year for the Department. Waiting lists for assessment now consist only of very recently referred patients. During the year, the National Treatment Purchase Fund was extended to Orthodontic Services. Use of the Fund was targeted at those waiting longest and as a result of the initiative treatment commenced for 274 patients.

Overall, 1,343 assessments were completed during the year. In excess of 1,000 patients commenced treatment, including those treated under the Treatment Purchase Fund.

The Consultant Orthodontist continued his supervision and teaching of post-graduate students in St Columcille's and also continued to participate with the academic work of the Dublin Dental Hospital.

The Satellite Clinic at Ballinteer Health Centre was upgraded during the year which enabled the specialist to treat additional patients.



Chapter 5

About our Cardiovascular Health Strategy

Following on from the Cardiovascular Health Strategy (Building Healthier Hearts) a Steering Committee has developed a five-year action plan to improve the heart health status of our population. The action plan will be implemented on a phased basis and in the East Coast Area initiatives include:

Health Promotion

Eight posts funded by the Cardiovascular Health Strategy have been allocated to our Board's Health Promotion Department to focus upon:

- > Physical activity
- > Tobacco control
- > Nutrition
- > Workplace health promotion

Primary Care

With funding from the Cardiovascular Health Strategy, five Primary Care staff have been funded.

Heartwatch: A National Secondary Prevention Programme for cardiovascular disease in general practice, also known as 'Heartwatch' was agreed in 2002. The aim of the programme is to implement and evaluate the first phase of a structured programme of secondary prevention in general practice.

In 2002, 42 general practitioners were chosen in our Area to participate in the Heartwatch Programme. It is expected that 630 – 1470 participating patients will be involved in the East Coast. A GP Co-ordinator has been appointed by the ICGP for each health board and a Cardiovascular Nurse Facilitator to support practice nurses in the implementation of this programme will also be appointed. The Health Promotion Department will provide smoking cessation and clinical dietetic support to the Heartwatch programme. Ambulatory Blood Pressure monitors (ABPM) were purchased in 2002. These will be used by general practitioners and practice nurses participating in the Heartwatch programme. Training courses will take place in 2003.

GP Direct Access: A GP Direct Access Cardiac Diagnostics Programme was established in the East Coast Area Health Board in 2002 with 24 General Practitioners, in association with St Vincent's University Hospital. 85 diagnostic tests were carried out during the first three months of the programme in 2002. This programme will be evaluated in 2003.

Diabetes Shared Care: A Shared Care Programme for diabetes has been established in the East Coast Area Health Board in 2002, in association with St Vincent's University Hospital and St Columcille's Hospital with 15 GPs in 11 practices in the East Coast. A clinical nurse specialist and a dietitian have been recruited in 2002 to implement this programme. Training programmes are scheduled for the general practitioners, practice nurses and pharmacists working with diabetics.

Pre-hospital care / Ambulance Services

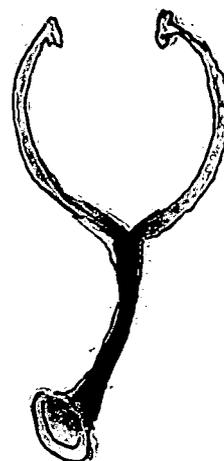
The East Coast Area Health Board has statutory responsibility for the ambulance service in the three area boards of the Eastern Region. As part of the Cardiovascular Health Strategy, the Eastern Region Ambulance Service continued training in aspirin administration for Emergency Medical Technicians in 2002.

288 members of staff were trained in cardiopulmonary resuscitation (CPR) in 2002 in 27 training courses.

Acute Hospital Services

A cardiology service has been established in St Columcille's Hospital with the recruitment of a Consultant Cardiologist in May 2002.

In 2002, St Columcille's Hospital participated in an audit of 'door to needle time' for thrombolysis and in a review of cardiac catheterisation services for the Eastern Region.



Cardiac Rehabilitation

A total of 11 staff in cardiac rehabilitation have been funded by the Cardiovascular Health Strategy. Cardiac rehabilitation services are provided for cardiac patients attending St Colmcille's or living within the catchment area, with defined referral criteria.

Phase I, II and III cardiac rehabilitation are currently in operation in St Colmcilles (**Fig.5.1**).

Cardiac Rehabilitation Participants in 2002		(Fig.5.1)
Phase 1	In patient phase	400
Phase 2	6 week outpatients education programme	120
Phase 3	10 week exercise programme	159

Six evening sessions were also held in 2002 for all cardiac patients who had undertaken cardiac rehabilitation programmes. A cardiovascular risk assessment clinic was commenced twice weekly in St Columcille's outpatients department. A heart failure education programme for inpatients also commenced in 2002.

An outreach cardiac rehabilitation programme for Arklow was developed in 2002 in order to provide greater access to cardiac rehabilitation services. An additional half-time physiotherapy post was allocated to this programme. This service will be initiated in 2003. St Columcille's is a full member of the Health Promoting Hospitals Network and has implemented a minimum smoking policy.



Chapter 6

About Our Cancer Strategy and Palliative Care

Cancer Services

Cancer services in the East Coast Area include health promotion, screening, treatment and after-care support. Our Board and its partner providers deliver these services in a number of settings including:

- > Acute Hospitals
- > Health Promotion
- > General Practitioners/Primary Care
- > Community Care Services
- > Palliative Care Home Care Teams
- > Counselling and support groups, both > local and national
- > Screening Services

Structure and Organisation

Cancer services in the East Coast Area are delivered by St. Vincent's University Hospital, St. Michael's Hospital and St. Columcille's Hospital. Links have also been established with the National Maternity Hospital, Holles Street, Royal Victoria Eye and Ear Hospital and City of Dublin Skin and Cancer Hospital, Hume Street.

In the East Coast Area there is an increasing emphasis on multidisciplinary care delivery particularly in relation to breast, lung, prostate and colorectal cancers.

The East Coast Area Regional Cancer Directorate, which has representatives from Surgery, Medicine, Nursing, Medical Oncology, Radiation Oncology, Pathology, Administration, Management, Public Health and General Practice continued in 2002 to promote a multidisciplinary approach to all patients.

National Cancer Forum

Our Board contributed to a national review of cancer services which was carried out by the National Cancer Forum on Cancer Services. A study of service development needs was undertaken in the East Coast Area in preparation for this report which was presented by our Board to the Forum in November 2002.

Service Developments in 2002

Staff

Funding was received for six new posts which were filled in 2002. These include data manager, colorectal nurse specialist, cancer nurse co-ordinator, senior laboratory technician and data manager (all based at St. Vincent's University Hospital) and project officer based at the East Coast Area Health Board. A post of advanced nurse practitioner was established at St. Luke's Hospital.

With the appointment of the Data Manager, work will commence on compilation of a cancer minimum data set with associated data definitions. Co-operation with the National Cancer Registry will continue and be built upon.

Health Promotion

Health Promotion activities in cancer prevention and education work alongside cardiovascular health services in the East Coast Area as they share similar risk factors, such as smoking and nutrition. Resources from the Cardiovascular Health Strategy have provided new posts in the areas of nutrition, tobacco control, physical activity and workplace health promotion.

A small awareness programme on skin cancer was carried out in 2002 through general practice surgeries and libraries, highlighting "sun-smart" behaviours and the importance of early detection.

Screening and early detection

The National Breast Screening Programme, 'Breastcheck' completed its first round at the end of 2002. Under the Programme, 24,165 women were screened which represents an uptake of 75% for our Area which is 5% in excess of the target uptake. The second round of screening commenced in the East Coast Area in 2002.

Cervical screening (smear tests) are available through general practice, on an opportunistic and demand-led basis.

Education and Research

Funding was allocated to the East Coast Area Health Board and St. Vincent's University Hospital/St. Michael's Hospital for nursing education. Applications approved in 2002 included conference fees, seminars, training courses in syringe drivers, reference books, subscriptions to periodicals and oncology training. Attendance at courses or conferences was funded for 46 staff.

The Irish Cancer Society received a once-off grant of €320,000 in 2002 for research into diagnosis and management of prostate cancer.

Psychosocial Care

St. Vincent's University Hospital was allocated funding in 2002 to develop psychosocial care services for cancer patients in the East Coast Area. This will be an East Coast Area Service linking with voluntary providers and the three hospitals of the Area. Funding was also provided by a charity towards the establishment of psychosocial care in the Area.

General Practice

Five Consultant Surgeons are working with general practitioners in our Area to develop joint referral protocols for cases of suspected cancer in the following clinical areas: prostate, lung, gynaecology, breast, and colorectal cancers. This initiative is being undertaken with the support of the Irish College of General Practitioners and the Board's GP Unit.

Voluntary Support Groups

Bray Cancer Support Group continued to receive annual funding towards their service of providing counselling and support to over 4,000 people, both patients and their families, in our Area. Additional funding was contributed in 2002 towards the development of their cancer support and information centre. Lottery funding for respite care was also paid to this group in 2002.

Greystones Cancer Support group received Lottery funding in 2002. These funds will be used for the provision of a "Quiet Room" for users of the Centre.

Palliative Care Services

The East Coast Area Health Board is working in close partnership with voluntary providers in the area to develop palliative care services in our Area in line with national and regional plans.

Our Board and its partner providers deliver palliative care services in the East Coast Area in a number of care settings:

- > Acute and district hospitals
- > General Practitioners/Primary Care
- > Community Care Services
- > Palliative care home care teams
- > Counselling and support groups, both local and national

A Consultative Committee on Palliative Care was established by our Board in 2002. The Committee has professional membership and also has representatives from voluntary agencies. This Committee will advise the ERHA Development Committee on Palliative Care on priorities at local level for inclusion in regional developments.

Developments in 2002

The Consultative Committee agreed to carry out a "mapping exercise" on palliative care services (both for cancer and non-malignant conditions) in our Board's Area and this has commenced.

A 12-bed hospice was planned for our Area during 2002 which is due to be completed in 2003. In-patient, home care and day care services are planned.

Needs Assessment for Palliative Care in the Eastern Region

A needs assessment for palliative care in the Eastern Region was carried out by the ERHA.

The East Coast Area participated through groups of professionals working in the field of palliative care and a number of current unmet needs and priorities were identified:

Staffing

A Project Officer was appointed in 2002 with responsibility for Cancer Strategy and Palliative Care. This appointment is in line with the recommendations of the National Advisory Committee on Palliative Care.

A Grade IV post has been approved for administrative support to the Project Officer in the areas of Cancer and Palliative Care.

Education

Nursing staff working in the area of palliative care accessed the Nurse Education funding for study days, syringe driver workshops, conferences and literature.

Voluntary Groups

The South Wicklow Hospice Group donated funds to Wicklow District Hospital in 2002 towards the refurbishment of the palliative care room and purchase of special equipment.

About our
Mental Health
Services



Chapter 7

About our Mental Health Services

The aim of the Adult Mental Health Service in the East Coast Area Health Board is to assist individuals to achieve the optimal level of mental well-being and quality of life through access to appropriate, timely and high quality services. Our services aim to respond to mental well being at community and individual level.

The main focus of the Mental Health Services in 2002 was the consolidation of existing services with some minor new developments.

In South-west construction work was almost completed on the new 54 bed Psychiatric Unit in St.Vincent's and discussions on the transfer of services had commenced with the relevant parties. Planning permission for Morehampton Lodge, a high support hostel, was prepared and lodged. It is anticipated that this facility will become operational in 2003 following the necessary Fire, Health and Safety work being completed.

The Department of Old Age Psychiatry is located in Carew House in St. Vincent's University Hospital and caters for a population of 30,000. This very busy service has seen a 60% increase in referrals over the past number of years and, given the predicted increase in the elderly population within the area, this trend is likely to continue.

The Alcohol Treatment Unit in Baggot St Hospital provides a range of excellent services including assessment, individual/group counselling, education/therapy programmes, after-care, relapse prevention and stress management courses. The service is available to individuals and families affected by alcohol abuse. Over 6,300 attendances were recorded at our community out-patient services during 2002 reflecting on the value of and need for such a valuable service.

In Wicklow a new Day Centre and Low Support Hostel were fitted-out and refurbished during the year.

The Adult Mental Health Service in South-east Dublin and part of South-west Dublin is provided by the St. John of God Cluain Mhuire Service, and cater for a population of 170,000. Some of the services main achievements in 2002 include the opening of a new Enterprise Centre called "Corves-Centre" which provides facilities for 30-50 people on a daily basis, the crannog initiative for persons with a dual diagnosis of mental illness and intellectual disability began operation. In addition to the above the appointment of a Consultant Psychiatrist and team with a special interest in liaison psychiatry provides a formal liaison service to St.Colmcille's Hospital, and St.Michael's in Dun Laoghaire.

Many services continued to experience difficulties in recruiting key staff during the year. It is to the great credit of staff in the Mental Health Services that such high standards of care have been maintained despite staff and budgetary restrictions.

Mental Health Services - Statistical Information

Acute Services					(Fig.7.1)
	Population	Admissions	1st Admissions	No. of Acute Beds	
CCA 2	99,577	333	68	29	
CCA 10	89,713	495	139	30	

Community Residenties						(Fig.7.2)
	High Support		Medium Support		Low Support	
	No of Facilities	No. of places	No of Facilities	No. of places	No of Facilities	No. of places
CCA 2	1	14	1	14	1	4
CCA 10	1	22	4	38	4	22

Day Hospitals (Fig.7.3)			
	No. of places	Total Attendances	Total no. Attending
CCA 2 – Glenmalure Day Hospital	45	2878	1249
CCA 10 - Lincara Bray	20	1987	176

Day Centres (Fig.7.4)			
	No. of places	Total Attendances	No. of persons
CCA 2 - Ringsend	32	2885	45
CCA 10 - Lincara - Bray	80	19222	92
Sonas Arklow	16	3870	22
Carnew Day centre	20	509	26
Kilmullen enterprise centre	45	8592	147

Out Patients (Fig.7.5)		
	Clinical Sessions	Total Attendances
CCA 2 - Baggot Street	297	7848
CCA 10 Bray	52	1556
Greystones	46	1607
Rathdrum	12	129
Roundwood	12	129
Arklow	47	1173
Wicklow	24	620
Carnew	22	127
Aughrim	21	163
Tinahely	22	118

The National Forensic Psychiatric Service

The National Forensic Psychiatric Service is based at the Central Mental Hospital, Dundrum. It provides a specialist Forensic Psychiatric Service to the Irish population. The service falls within the remit of the East Coast Area Health Board.

Significant Service Developments in 2002:

Multi-Disciplinary Teams

The recruitment of the Multi-Disciplinary Consultant-led teams is ongoing, with some difficulties still being experienced in sourcing candidates. However, during 2002, significant progress in recruitment included:

- > Appointment of a Principal Social Worker – this will facilitate development of the social work service
- > Appointment of additional Community Psychiatric Nurses to enhance the in-reach services provided to the Irish Prison Service

Infrastructural Developments

- > Units 1 and 1B were significantly upgraded during 2002
- > Works to upgrade the main kitchen area have commenced

Training & Development

On-going training in Control & Restraint was undertaken during 2002, with further training also provided for Instructors in this regard. Refresher courses for staff will take place in 2003.

Organisational Development & Change Programme

The hospital has commenced a major Organisational Development and Change Programme. The objective of this programme is to develop the National Forensic Psychiatric Service at the Central Mental Hospital as a Centre of Excellence in the provision of Forensic Services. The process, which is ongoing through extensive consultation with staff, will continue during 2003.

Re-Development of the Central Mental Hospital

> Service Level Agreement

During 2002, the Minister for Justice, Equality and Law Reform publicly announced the requirement to have the use of padded cells discontinued in the prison service. In this regard work is underway to develop a Service Level Agreement between the Dept. of Justice, Equality and Law Reform, the Dept. of Health & Children and the East Coast Area Health Board.

> Project to Re-Develop the Central Mental Hospital

It is anticipated that a re-development committee under the aegis of the Dept. of Health & Children will be formally established in the early part of 2003.

About Our Drug
Addiction Services



Chapter 8

Drug Addiction Services

The overall aim of the East Coast Area Health Boards Drug addiction service is to achieve and maintain a drug free outcome for individuals who misuse drugs. Our service recognises that not all individuals will achieve this outcome and therefore a variety of interventions are provided that empower an individual with a drug misuse problem to live as normal a lifestyle as possible.

The main focus of the service is opiate abuse with approximately 700 people on methadone treatment within the area. In addition to opiates, interventions are also available mainly in the form of counselling for a range of other substances including cannabis, cocaine, ecstasy and prescribed drugs.

Using a continuum of care approach the following services are provided either directly by Addiction services staff or by voluntary organisations through Section 65 arrangements:

Drug Education/Prevention

There are 2.5wte Education Officers providing a broad range of education/prevention services including:

NUI Maynooth Certificate in Addiction Studies.

Almost 60 people completed this 100 hour Certificate course located in 2 centres in Stillorgan and Wicklow during 2002. Participants came from a variety of backgrounds including Gardaí, teachers, community youthwork, Health Board and the courses have proven to be extremely rewarding.

Schools Drug Policy

One of our Education Officers has taken a lead role in assisting local schools to implement the Schools Drug Policy initiative in association with the Department of Health and Children.

Drug Education 'Short Courses'

Brief drug education courses are also provided at community level targeted at parents and community leaders.

Drug Treatment

Opiate treatment includes drug substitution (methadone), de-toxification and maintenance. Drug detoxification on an in-patient basis is available in Beaumont Hospital and Cuan Dara, Cherry Orchard with 27 beds between both centres. Detoxification on an out-patient basis is available in all our community based facilities. Methadone maintenance is provided through our 2 Addiction Centres, 6 Satellite clinics and mobile treatment unit as well as through over 20 general practitioners and 50 community pharmacists.

Rehabilitation

Counselling is available at our addiction centres and at a number of other locations. Residential rehabilitation services are provided by through service agreements with the Marists in Athlone, Aiseiri in Wexford, Aislinn in Ballyragget Co. Kilkenny, Kedron in Edenderry Co. Offally and Coolamber in Co. Longford. In addition facilities are also available to individuals from our Board in Keltoi and the Rutland Centre. A key-worker system is being developed which will greatly assist a co-ordinated approach to client care. Dun Laoghaire Rathdown Outreach Project provide a structured Day programme for recovering drug users and a close working relationship is maintained with this project.

Outreach Service

This service provides a channel of communication for drug misusers, a referral point for clients to access further health and/or relevant services and limited needle exchange programmes.

Community Addiction Team, Arklow.

This relatively new service provided a locally based advice, referral, information and counselling service for local individuals and families affected by a range of drug problems.

Drug Task Forces

The board works closely with the Dun Laoghaire-Rathdown and Bray local Drug Tasks Forces in development of services. An important addition in 2002 was the establishment of the Bray Community Addiction Team providing a range of individual and family supports throughout Bray. As part of the National Drugs Strategy 2001-2008 the Board are centrally involved in the development of the new Regional Drug Task Force expected to commence in 2003.

About our Child,

*Youth & Family
Services*



Chapter 9

Guiding Principles

The Child, Youth and Families Department of the East Coast Area Health Board aims to improve the quality of children's lives by working in partnership with children, families, communities and other providers to create a high quality, responsive service that will meet local need, thus enhancing the health, social gain and status of the children and families in the area.

The realisation of this aim requires strategies which are underpinned by guiding principals which can be summarised as follows:

- > That priority is given to the best interests of the child and young person;
- > That work with children and families is as unobtrusive as possible;
- > That a child's safety, physical and mental health is ensured at all times;
- > That parents are supported in meeting their children's practical and emotional needs.

The primary objective of the service is to provide proactive, preventive interventions, to children and families in the Boards' catchment area. This requires appropriate therapeutic interventions, a clear strategic focus and highly skilled and motivated staff. 2002 saw a number of developments and policies which progress the delivery of such a service.

complements the Regional Child Care Framework, which has provided a vehicle for considerable work across the Eastern region. The Implementation Team has been meeting monthly, whilst a number of working groups have taken up specific aspects of the framework. These include Human Resources, finance and the inter-face between voluntary and statutory agencies.

The establishment of a Policy and Procedures Committee, under the auspices of the Child Care Strategy Group, has provided a forum in which to gather, consider and evaluate existing policies as well as to identify gaps, and update or develop new policies. This is an important structure, and one which undertook considerable work in the past year.

Management and Structural Issues

As a result of a review of Senior Management within the East Coast Area Health Board, the title for this section was changed to include a reference to 'youth', which more accurately reflects the actual target group for these services.

The management structure for the Child, Youth and Family Services Team in Head Office was consolidated in 2002. The roles of the Director, Operations Manager and the Coordinator of Residential Care gained clarity as they became more established, and the benefits were experienced both locally and at Board level, as the more focussed approach enabled improved responsiveness.

Key staff changes amongst this team throughout the year required some readjustment, and whilst previous team members are missed, new personnel have brought their own strengths and energies. The appointment of a Senior Manager to the Section was welcomed, although a number of Head Office posts

were vacated during this period and have not as yet been filled.

Staff recruitment remains a considerable issue for Child, Youth and Family Services. A recruitment campaign for social work staff was carried out in Australia in late 2002, the benefits of which will shortly impact on local teams. The residential sector continues to rely on agency staff to a greater extent than is desirable, and some of these issues are now being address at regional level, under the aegis of the regional Child Care Framework.

Policy and Legislation

The anticipated implementation of aspects of the Children Act did not come to fruition during 2002, and have been deferred until 2003.

The East Coast Area Health Board Child Care Strategy, as developed with Prospectus in 2001, was reviewed during the summer of 2002, and all stakeholders were invited to consider their contribution to the implementation of this strategy. This document



Training

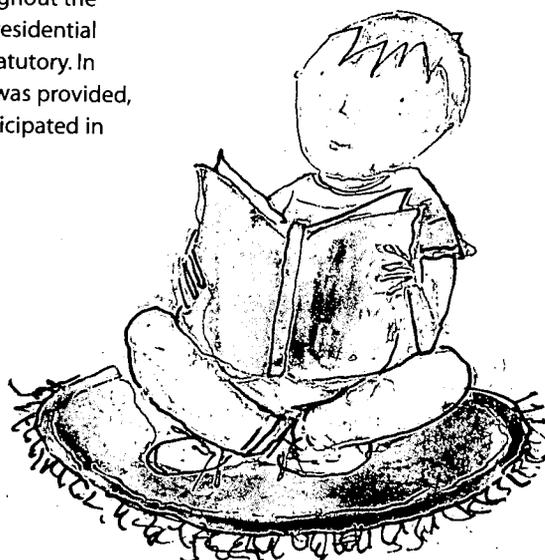
In the early part of the year, considerable work was undertaken by the Training Officer in terms of identifying training needs for specific disciplines.

Unfortunately, he vacated the post in July 2002, and this was not filled until early 2003, therefore progress has been limited to date, but will be followed up by his predecessor during 2003.

In terms of Children First Training, the Garda / Health Board training was completed in 2002, whilst Level One multidisciplinary inter-agency training, will continue to be rolled out to new staff. The Children First committee continues to meet regularly to oversee Children First in the East Coast Area Health Board.

The Information and Advice Person for Children First has been accredited in Keeping Safe training, which started in November 2002 with non-statutory organisations working with children and young people. This training will be delivered on a continuous basis to agencies such as community and voluntary groups, disability services, early years services, and sports groups. It is a participatory training programme enabling organisations to carry out their responsibilities as outlined in 'Children First'.

Therapeutic Crisis Intervention (TCI) training was ongoing throughout the year, and was offered to all residential units, both voluntary and statutory. In addition, refresher training was provided, and all residential units participated in the bully-proofing training.



Monitoring and Evaluation

Data collection remains an issue for practitioners and managers alike, due to the lack of adequate IT supports. However, the appointment of an Information Officer for Child, Youth and Family Services has made a significant impact on these processes, and has been seen to be hugely beneficial. During 2002, the Dataset returns were made quarterly as required, and a new national template was agreed.

The Directors' participation in the care groups has been useful, in terms of both information sharing, and improved consultation regarding identifying need and planning responses. However, given the absence of development money for the year ahead, it has been agreed that the Directors' role in relation to the care groups would benefit from a shift away from new developments towards the monitoring of core services.

Child Health

A Child Health Development Officer took up post in April 2002 and is part of the Child Youth and Family Services Management Team.

An Area-wide Committee to oversee the implementation of the three policy documents relating to Best Health for Children, Adolescents and Parents was established in 2002. This is an inter-agency committee, and the East Coast Area Health Board is proud of its innovative and inclusive approach to this structure.

A number of key areas were identified at a seminar in February 2002, which included representation from a large number of organisations working with children and families. Subsequently, four working groups were established to deliver specific actions in relation to the policy documents.

A draft gap analysis of recommendations made in the Adolescent Health Policy document has been carried out, and it is proposed that one of the established sub groups progress this further.

A Demonstration Project has been agreed in accordance with Best Health for Children recommendations. It is proposed to develop this work in 2003.

Work has been carried out to highlight the policy documents on Child Health, Adolescent Health and Positive Parenting both within the Area Board, other Health Care Agencies and voluntary and statutory organisations.

There is considerable work being carried out in the Community Care Areas that is very much in keeping with recommendations in the policy documents. There are also a number of innovative projects being developed by public health nursing staff in the community care areas, such as the palm held computer project in CCA1, the Acorn Project in CCA10, and identification and referral of women with postnatal depression.

Family Support

The need to balance preventive practice with child protection and interventions is an ongoing issue for the Board, and one which has been considerably redressed, in recent years. The allocation of significant development money to family support has been widely welcomed, and Springboard Projects are now at varying stages of establishment in Arklow, Loughlinstown and Ballybrack. In addition, a Child and Family Centre is fully operational in Wicklow Town. These innovative, community based projects are providing considerable support to families, and their accessibility appears to be a key aspect of their effectiveness.

In relation to the Family Welfare Conference Project, the extension of this service across the Eastern Region by the East Coast Area Health Board, was facilitated by the appointment of four coordinators and a project leader.

The Project hosted a seminar with Mike Doolin, Consultant Social Worker, New Zealand, for Senior Managers in November. The Project was also central to establishing the national Family Welfare Conference Committee, which reports to the CEO's group, and is chaired by the FWC Project Service Manager.

The Project anticipated that Sections of the Children Act 2002 would be implemented during 2002. This has now been deferred and is likely to take place during autumn 2003.



Child Protection

A key aspect of development for this area in 2002 was the standardisation of practice and reporting systems across the three Community Care Areas. The role of the Information Officer has been key to this process, as have the monthly meetings with the Operations Manager, which have provided an opportunity to agree policy and procedures for the Board. In addition, the participation of the Coordinator of Residential Care at these meetings has begun to address the interface between the community based services and the residential sector.

Child Protection referrals received by the Board during 2002 are as follows:

(see separate table attached Fig. 9.1-9.2)

In terms of supports for this area, the Social Work Information System, (SWIS), was minimally introduced at the end of the year. When this is fully operational, it will be a significant support to Social Work Teams.

Residential Provision

Demands on this service continued during 2002, and it is apparent that there is a small but important group of young people who exhibit complex behaviours and inter-related issues, and who provide a considerable challenge to the mainstream residential sector.

The development and expansion of the foster care service was identified as a critical need for the East Coast Area Health Board in 2002. Significant progress has been made with this regard. A Foster Care Strategy Group was established, and this has undertaken a series of audits regarding the needs of both clients and foster carers. In addition, a Foster Placement Panel was established, with representation from service users. Both are proving to be beneficial structures.

In terms of mainstream residential child care, this year saw the integration of reflective work practices and evaluation, and the beginning of a change management process, focusing on the identification of client needs and matching this to current and potential service provision. Given the resource limitations, this requires significant creativity and innovation. The Coordinator of Residential Care has built on existing structures to facilitate this process, such as monthly managers' meetings and individual supervision. The introduction of a number of new opportunities has also been very effective. In particular, the involvement of unit teams in considering the purpose and focus of each unit, and a Manager's Development Week, have been welcomed as important opportunities to learn, consult and plan collectively.

Partnership

As in previous years, The East Coast Area Health Board has been committed to working in partnership with voluntary providers and other Government agencies. Effective working relationships are now established with a number of organisations providing services to children, young people and families in the east coast area.

The effectiveness of a number of our structures is dependent on the participation of external organisations. For example:

- > Local child protection committees;
- > Fostering placement panel;
- > Best Health for Children Area Committee and sub-groups;
- > Child Care Advisory Committee.

The joint provision of services remains a significant feature of this area, and service level agreements have begun to be developed with some voluntary providers. This process has involved some important learning for all stakeholders, but has largely been experienced as supportive, positive and clarifying. A number of agencies with whom we work in partnership have expressed a desire to develop a service level agreement with the East Coast Area Health Board, and this will be an important piece of work for the coming year.



Reports to Social Work Department and Outcomes (includes Child Protection)**(Fig.9.1)****Number of Reports to the Social Work Department in the Health Board in 2002**

	A	B	C
Primary Type Report	Number of Reports	Number which had an initial assessment	Number which did not lead to initial assessment i.e. dealt with on the day
Welfare	673	510	156
Physical Abuse	105	105	0
Sexual Abuse	148	147	1
Emotional Abuse	47	47	0
Neglect	106	111	2
TOTAL	1079	920	159

Please note : 1 report = 1 child. – see explanatory note for more details

2.1 Outcome of Initial Assessment**(Fig.9.2)**

	B	D	E	F	G	H
Primary Type of Report	Number of Initial Assessments	Number notified to CPNMT/CCM	Number abuse suspected but child not at risk	Child Welfare concern	no concern / closed	on-going assessment
Welfare	510	0	3	267	125	114
Physical Abuse	105	61	20	6	4	14
Sexual Abuse	147	106	17	7	11	6
Emotional Abuse	47	17	5	13	5	7
Neglect	111	34	16	38	10	14
TOTAL	920	218	61	331	155	155

Column E refers to cases NOT notified to CPNMT but abuse suspected



About our Services

for Older People

Chapter 10

About our Services for Older People

Considerable progress was made to implement the Health Strategy with regard to older people's services in East Coast Area Health Board. Progress included the following. (the National Health Strategy Actions are referred to in brackets)

Diet and Exercise (Action 5)

A Review of Catering Services in the East Coast Area Health Board was completed and a Report on the work of the Review Committee, including recommendations, was published in late 2002. An Implementation Committee has been established to follow up on recommendations of the Report.

The Health Promotion Department worked with Age and Opportunity to offer 'Go for Life' training in physical exercise for older people to individuals from four community groups in East Coast Area Health Board in 2002. The objective is for these people to develop skills so that they can lead their own groups in physical activities. This work will continue into 2003.

Nutrition education sessions were delivered by the Senior Dietician to 233 nursing, care and catering staff in residential care settings and to 30 carers in East Coast Area Health Board in 2002.

Two booklets for older people and their carers, entitled "Eating Well on a Small Appetite" and "Meals in Minutes" were produced in conjunction with the Nutrition and Dietetic Services in Northern Area Health Board and Southwestern Area Health Board.

A visual aid for use with older people's groups, "Healthy Eating for Older People" was developed by the Senior Community Nutritionist for Older People, for use by the Public Health Nurses in ECAHB.

The Public Health Nurses in Baggot Street Hospital expanded their Well Elderly programme to include physical activities for older people, for example dance and Extend exercises.

The Public Health Nurses in Rathfarnham joined a local community group to develop a luncheon club for older people living in the Loretta Court area, with financial support from Area 2. Approximately 30 older people avail of the service three days a week.

A research project aimed at establishing the attitudes and approaches to physical activity in residential care units for older people was undertaken by researchers from Dublin City University in cooperation with the Health Promotion Department ECAHB. The study will include the perceptions of staff and residents at Baggot Street Hospital, Sir Patrick Dun's Hospital and Clonskeagh Hospital and will be completed in 2003.

Clonskeagh Hospital participated in the Health Promoting Hospitals Physical Activity Day and won a national award in their class. This demonstrates commitment to maintaining the physical well-being of residents and staff in the hospital.



Integrated approach to meeting the needs of older people; funding of community groups (Action 26)

Considerable time was given in 2002 to working with Royal Hospital Donnybrook and St. Vincent's University Hospital around the development of the Slan Abhaile project aimed at early discharge of older people from hospital with enhanced home care.

The Slan Abhaile project is consistent with the Health Strategy's priority on care management and care in the most appropriate setting and should result in more timely and better planned hospital discharges and cut down on the number of older people placed in long-term institutional care due to a lack of needed home supports. (Action 26, and Action 50)

Day Care: East Coast Area Health Board funding was allocated in 2002 to voluntary day care providers in Donnybrook, Dun Laoghaire and Carnew to consolidate services and support improvement in staff salaries and provision of additional personal care and other services to older people. Funding allocated to the Little Sisters of the Poor in Roebuck in 2002 will be used to develop a new ECAHB day care service in 2003. Funding was also allocated to the Alzheimers Society of Ireland to develop a new day care service in Taney, Dundrum and to provide additional day care places in South Wicklow for people with dementia, as well as for the purchase of 35 additional day care places in private nursing homes and in St. Joseph's, Crinken Glen. (Action 26, and Action 54)

Introduction of a Pilot Home Subvention scheme (Action 40)

A pilot Homecare Grant was developed in ECAHB in 2002 which gives families the responsibility for sourcing their own home care services, where health board services cannot meet assessed need. The scheme is targeted at older people with high dependency needs who, without additional home supports, would have to go into long-term care, typically in a private nursing home care. This scheme will be reviewed in 2003 and recipients of the Grant will participate in the Review. (Action 40 and 54)

Availability of information, updated Guide to Services (Action 44)

ECAHB allocated funds in 2002 towards the development of a comprehensive Directory of Services, in partnership with local voluntary groups in Bray, Co. Wicklow, which was launched recently.

Best practice regarding handling of complaints (Action 49)

The Private Nursing Homes Inspection Teams met as a group throughout 2002 with a view to supporting the staff who carry out inspections, and to clarifying and standardising the ECAHB approach to inspections and complaints handling. The appointment of a Complaints Coordinator in ECAHB will further support the work of this group as well as the residential care managers.

A standardised protocol for handling complaints was developed by the managers of residential care units for older people in ECAHB in 2002. The managers and some staff also attended a workshop on complaints handling offered by ERHA.

Participation of the community in decisions about the delivery of health and personal social services (Action 52)

The Health Strategy Implementation Committee: Older People's Services was set up in 2002 to do a stocktake of progress to date on implementation of the Strategy and to begin the process of developing an ECAHB strategy for older people. The Committee includes representation from the Irish Association of Older People, the Carers Association, voluntary service providers, including Schedule II, hospital staff, the private nursing sector and health board professionals.

Surveys of client satisfaction were developed and administered to older people attending day care services in Sir Patrick Dun's Hospital. An analysis of responses will yield important information that will enable us to get a more accurate profile of older people who use the service and will influence the direction of service planning. Similar surveys will be administered to other older service users in 2003.

The Manager of Services for Older People in Dun Laoghaire is participating in the Social Development Implementation Sub-Committee: Older Persons Focus Group of the Dun Laoghaire/Rathdown Co. Development Board.

Review of charges (Action 53)

An East Coast Area Health Board Home Help Organisers' group met three times in 2002 to begin the work of establishing a standardised Home Help policy regarding application, eligibility and charges for service. Progress was also made on developing an agreed curriculum for Home Help training which will provide the benchmark minimum standard for training in future. The Director and the Manager of Services for Older People in Area Ten are participating in an ERHA committee looking at future development of 'Care in the Home' services, including domestic and personal care. The work carried out in our Board has been useful to this wider exercise.

A review of respite charges was undertaken with a view to establishing better equity for clients across the Board. A report is nearing completion and a common policy will be recommended. The residential care managers developed a standard ECAHB application for respite care to be used for all respite care settings across the Board.

Support voluntary activity including informal carers and volunteers (Action 54)

Training for carers, supported by the Board, was offered by Age Action in three locations in ECAHB in 2002. On-going support groups for carers developed out of this training exercise.

Meals on Wheels providers from Area One were brought together in 2002 to focus on mutual issues and to support the volunteers who organise and deliver this critical community service. It is hoped to replicate these meetings in Area Two and Area Ten in 2003 in the context of the recent Catering Review Report.

A new Meals on Wheels service was developed in Arklow, Co. Wickow in 2002, offering meals once/week to older people in the area.

A voluntary community group in Enniskerry was funded to begin an audit of the needs of the older population in the area. The project will be carried out in partnership with the Area Occupational Therapy Department and with the assistance of the Manager of Services for Older People in Wicklow.

Lottery funding was allocated to the Friends of Clonskeagh Hospital voluntary group to establish a garden for residents of the hospital. The Friends group have raised substantial additional funds through fundraising activities.

Integration and expansion of quality systems (Action 63)

A document on Safe Drugs Administration Guidelines, the result of evidence based research in ERHA to improve the standard of service to older people in hospitals and long-stay units was published and launched in St. Colman's Hospital, Rathdrum in November 2002.

The staffing complement in St. Broc's Welfare Home, Clonskeagh and The Orchard Welfare Home in Bray was upgraded in 2002, as recommended in the 1996 Eastern Health Board Report on Welfare Homes, to enable both units to provide 24 hour nursing cover to an ageing population of residents.

Staff in ECAHB participated in drafting residential care standards for older people under direction of the Eastern Regional Health Authority.

A four week training programme was developed by the Public Health Nurses for Home Care Attendants recruited in 2002 to fill current vacancies in all three Area. The objective is to support the acquisition of knowledge and skills necessary to ensuring that services meet minimum quality standards.

Review of the Ten Year Plan 2001

Community care social workers (team leaders and professional social workers) for older people in ERHA were recruited by Eastern Health Shared Services in 2002. This is an important new service never before offered to older people and their carers in the community. Although no Team Leader was identified for the East Coast Area Health Board, a social worker was assigned to ECAHB and is expected to arrive in May 03. A Principal Social Worker post was approved for funding in 2002 and it is hoped that recruitment will be carried out in 2003 with a view to further developing this much needed service.

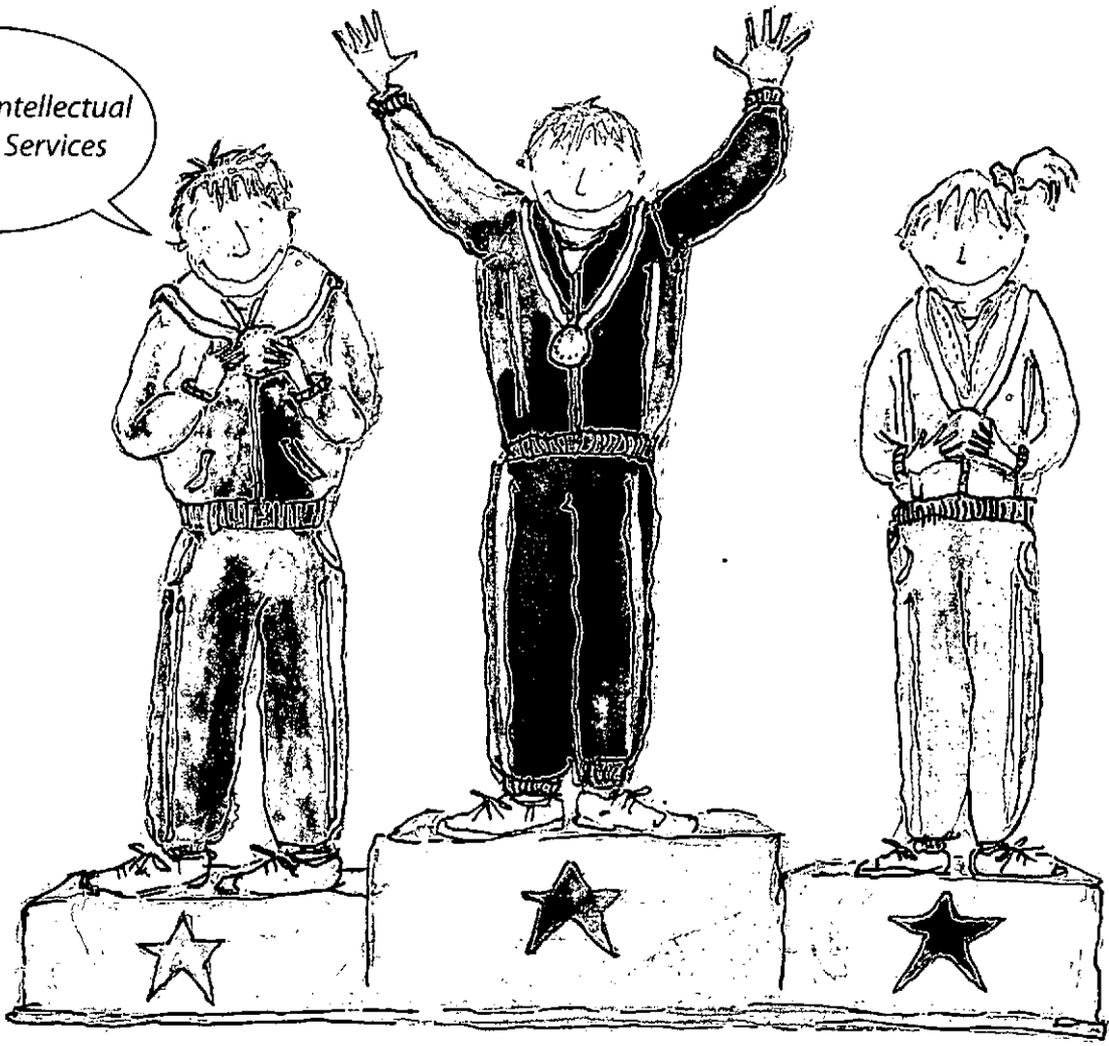
Equality Strategy for Older People 2002

A pilot computer project involving 24 older people (over age 80) in residential care in Bray was completed in 2002, and the Director gave a presentation on the project at the national conference on Older People and Technology in Limerick in November. The project engaged participants in the use of email and internet as a way of providing constructive activity and breaking down social isolation and exclusion.

The ECAHB and Bray Partnership submitted a joint application for funding from the C.A.I.T. programme in the Department of Social, Community and Family Affairs in 2002 to carry out a follow-up computer project with older people. The proposed project involves the training of active retired people in simple computer skills and then recruitment of some of the trainees as volunteers to facilitate older people in residential care to use email and internet (as in above project). Our application was successful and the project will commence in mid-2003.

Profile of Projected Activity 2003		(Fig.10.1)
Home Help	300,000 hours (including Slan Abhaile project)	
Day Care	16 centres	1360 places per week
Meals on wheels	27 organisations	362,500 meals/year
Extended Care Beds (Health Board)	411	
Registered nursing homes	57	(2280 beds)
Private Nursing Home Subventions	574	
Contract beds	352	

About our Intellectual
Disability Services



Chapter 11

About our Intellectual Disability Services

Services for persons with intellectual disabilities are provided directly by our Board in partnership with voluntary organisations operating in our Board's area. The core services provided for persons with an intellectual disability are as follows:

- > Early intervention services include assessment, information, support and advice, home support and pre-school services.
- > Residential accommodation is provided in a variety of settings such as semi-independent living, 5-7 day community group homes, 5-7 day residential homes and foster care.
- > Respite services include both residential and non-residential (e.g. summer camps and holiday breaks) and provide much needed support for service users and their carers.
- > Day services offer service users opportunities for participation in social, cultural, recreational and occupational facilities.
- > Support and outreach services.

A new eight-bedded respite unit for children with intellectual disabilities at the Brambles, Newcastle, Co. Wicklow was opened in 2002. This unit replaced the existing building, which was no longer suitable and will offer a higher quality service for children with intellectual disabilities in the Wicklow area. The new residential unit for six adults at Blake House in Greystones, which had been commissioned in our Boards 2001 development funding, also opened during 2002.

Further residential, respite and day places were established through funding to the sum of €938,338 allocated by the Eastern Regional Health Authority to the direct funded voluntary agencies that provide services in our Board's area. These include:

- > 5 new medium support residential places in North Wicklow
- > Extension of three day group homes from 4 to 7 days in Dun Laoghaire
- > 2 new residential places in South Dublin
- > 6 new respite places
- > 32 new day places
- > Additional health related supports

These developments have helped to reduce the waiting lists for residential, respite and day places in our Board's area.

The East Coast Area Health Board Consultative Committee continued its role providing a forum for exchange of information and ideas on all matters pertaining to intellectual disability and identifying strategies to maximise co-operation between consumers, families, statutory and voluntary service providers.

Developments:

In 2002, funding in the sum of €1,180,033 was received from the Eastern Regional Health Authority for further development of services. The following additional services were established with this funding:

- > 10 new low and medium support residential places for adults in Deansgrange and Bray
- > 2 new respite places for adults in Donnybrook
- > 2 new respite places for children in Newcastle, Co. Wicklow
- > 4 new day places for children in Newcastle, Co. Wicklow
- > 13 new day places for adults in Bray
- > 1 WTE Senior Clinical Psychologist at St. Catherine's E.D.C.
- > The transfer of a service user from St. Ita's Hospital to a more appropriate setting.

A further 6 residential places were established through emergency funding to meet unexpected needs which arose during 2002. Also two residential and day places were established for service users with Autistic Spectrum Disorders. €1,215,000 capital funding was provided for the purchase and renovation of premises.

A significant service development in 2002 was the establishment of a dedicated service for three service users with Prader Willi Syndrome. This syndrome is a condition characterised by an altered pattern of growth and development coupled with a unique compulsion to eat which, without intervention, causes extreme obesity and premature death. Individuals with this condition would usually have an intellectual disability.

The East Coast Area Health Board Development Committee continued in its role in recommending to the Chief Executive Officer the allocation of all statutory resources, the preparation of a development plan and the monitoring the implementation of the plan. In 2002 the committee oversaw the allocation of once-off funding for Once-off holidays/respice breaks. Work continued on the development of a strategy for the provision and commissioning of services in the East Coast Area Health Board in future years. This work will be completed in 2003. Service developments for 2002 were reviewed. The committee also completed a development plan for 2003 and this was submitted to the Eastern Regional Health Authority for consideration.

External Reviews

In partnership with the Eastern Regional Health Authority and the voluntary sector, our Board participated in the following regional reviews, which were completed and published in 2002

- > Review of services for persons with Autistic Spectrum Disorder in the Eastern Region.
- > Proposed Specialist Services for Service users with Intellectual Disabilities presenting with severe Challenging Behaviour and/or Psychiatric Illness.

Work commenced on the implementation of these reports and this will continue in 2003.

Intellectual Disability Database

The National Intellectual Disability Database provides information on the service needs of people with an intellectual disability. It also plays a crucial role in the planning, developing and the funding of services of people who have an intellectual disability and has been very successful in the allocation of funding of intellectual disability services. A Database Manager for the East Coast Area Health Board was appointed during 2002. Our Board also continued in its work with the Authority in ensuring the timely collection and validation of data.

About our Sensory
Disability Services



Chapter 12

About our Sensory Disability Services

Services for people with Physical and Sensory disabilities were delivered and developed during 2002 through our Board's community based services in partnership with voluntary service providers who operate in our Board's area. The core services provided for persons with a physical or sensory disability are:

- > Community based therapy services to promoting user friendly, efficient access to quality care.
- > Early services include assessment, information, support, advice and referral to appropriate therapy and related services.
- > Personal assistants/Home care/Home support services aimed at facilitating a disabled person to live as independently as possible in their own homes.
- > Day activity services offer service users opportunities for participation in social, cultural and recreational facilities and any necessary therapeutic interventions
- > Respite services, both residential and home based, offer consumers and their carers much needed support.
- > Residential accommodation services range from comprehensive hospital care through to independent living accommodation.
- > Financial allowances payable to the disabled person or his/her carer, which are intended to alleviate some of the burden of disability. These allowances include Mobility allowance, Domiciliary Care Allowance, Blind Welfare Allowance and Respite Care Grant.
- > Miscellaneous support services

Developments:

Our Board received additional funding totalling €438,074 for 2002 for expansion and development of services. The following initiatives were implemented in 2002:

- > Additional Home Care Attendant services.
- > Additional Home Based Respite services.
- > Family support services for service users with Neurofibromatosis.
- > Peer counselling service for service users with Spinal Injuries
- > Enhancement of outreach, liaison and residential services through the recruitment of an additional 12 WTE posts.
- > Work commenced in October on a new supported living accommodation service for 2-4 adolescent service users with an Acquired Brain Injury. The work will be undertaken in two phases to be completed in 2003 and 2004 respectively.
- > Further expansion of the adult respite centre in Arklow, which had been commissioned in 2001.

A further 3 residential places were established through emergency funding to meet unexpected needs which arose during 2002.

During 2002 the new assisted living service in Dun Laoghaire for 3 adults with acquired brain injury was formally opened. This service has proved to be very successful and further funding was made available for the development of an additional unit for 4 adolescents with acquired brain injury. The property was purchased and refurbished in 2002 and two service users are scheduled to take up residence in the house in early 2003. The remaining two service users will take up residence following the completion of an extension to the property. This work will be completed in early 2004.

The East Coast Area Health Board Regional Co-ordinating Committee:

This committee continued its role of considering issues relating to client need and the quality and effectiveness of service, prioritising programmes for the allocation of funding and pursuing opportunities for flexibility and co-operation among service providers, ensuring best utilisation of resources. The committee also completed the development plan for 2003 and this was submitted to the Eastern Regional Health Authority for consideration.

External Reviews

In partnership with the Eastern Regional Health Authority and the voluntary sector, our Board participated in the commencement of a regional Rehabilitation Strategy. Work on the Strategy will continue in 2003 when it is anticipated that a report will be produced.

National Physical and Sensory Disability Database

The National Physical & Sensory Disability Database plays a crucial role in the planning, developing and the funding of services of people who currently access specialist services or will require specialist services within the next 5 years. The ECAHB Physical & Sensory Disability Database Committee, which is representative of the Health Board and Voluntary Agencies in the region, continued to meet in 2002 on a regular basis to oversee the development of the database. A successful awareness campaign was carried out in the Board's area, which involved the dissemination of leaflets, posters and the publication of articles in local papers and Voluntary Agency newsletters.

Key Database personnel were recruited in 2002 including an Administrator with regional responsibility and Resource Officers assigned to each Community Care Area. Following a period of induction, the team delivered a number of information sessions for Community Care and Voluntary Agency staff. Keyworkers and Data Collectors, who would collect the relevant information were recruited and trained. Data collection commenced in late 2002 and it is envisaged that this exercise will be completed by end 2003. The database will be reviewed annually thereafter.



Chapter 13

About Building on our Rehabilitation Training Services

During 2002 the Board's Rehabilitative Guidance Service continued to develop and provided advice and information on training and work options to over 75 individuals with disabilities. This service provides individuals with the necessary support and guidance to link with the training or work option most appropriate to their individual needs. Ongoing support is provided to individuals to ensure that their rehabilitative needs are met and they achieve optimum participation in the community.

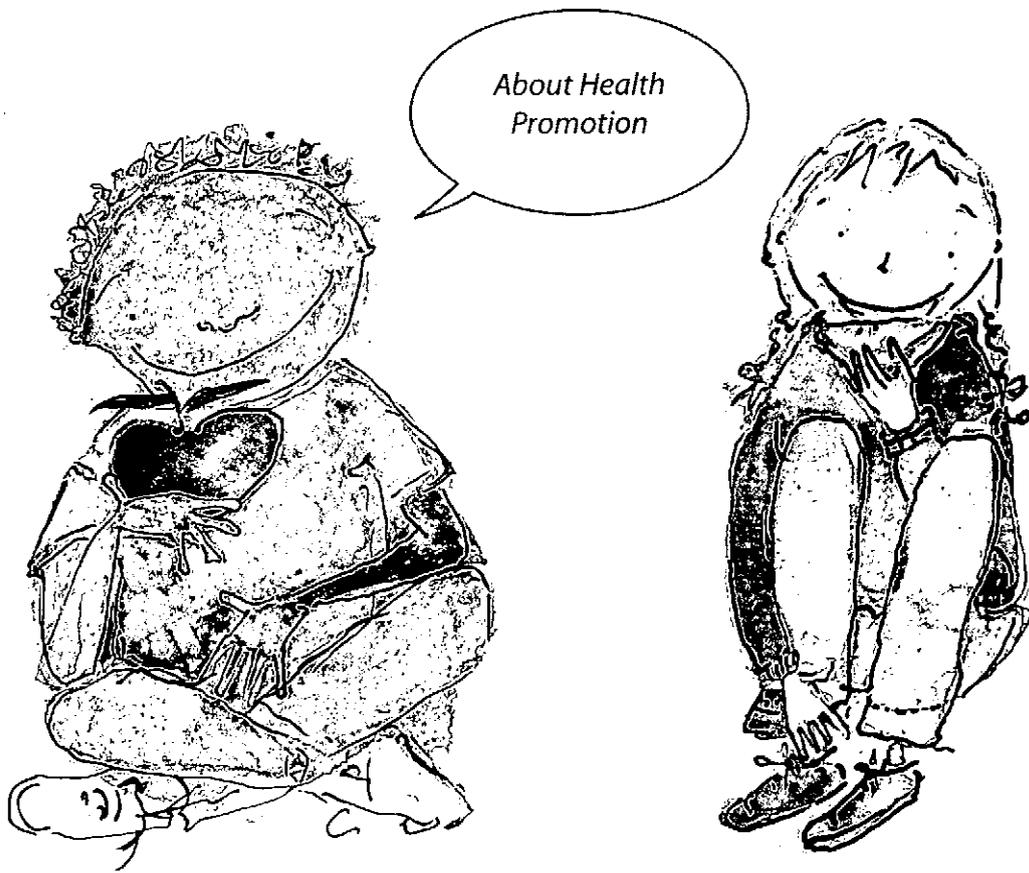
The Board worked in close partnership with seven voluntary bodies in the delivery of the Rehabilitative Training Programmes. The Rehabilitative Training Programmes provide foundation level personal, social and work related skills that enable participants to progress to greater levels of independence and integration in the community.

Programmes are specifically designed to meet the needs of people with Asperger's Syndrome, Learning Disabilities, Mental Health, Brain Injury and those with Physical Disabilities. During the year 181 individuals participated in 10 different training programmes. Many of those completing the programmes progressed to further Training and Education, Supported Employment and Sheltered Work. In 2002, additional funding was received for the development of 50 new training places. These places have further reduced the waiting lists for services in the Board's area.

The Rehabilitative Training Services staff of the Board supported the training providers in the ongoing achievement of Accreditation against the Standard for Vocational Training Programmes. Achieving successful Accreditation means that the Programmes provided in the Board's area meet the highest quality and standard of training delivery. All programmes funded by the Board's have successfully achieved Accreditation.

The staff in Rehabilitative Training Services participated in a number of national forums, such as the Costs of Disability Working Group and the Disability Specialist Support Agency. The Board staff also actively participated in the development of a new National Database for Rehabilitative Training and Sheltered Work Services. During the year preparatory work was undertaken in anticipation of the introduction of the Standard for Occupational Services by the Department of Health and Children.

The Rehabilitative Training Services team made considerable progress on the development of a new location on the grounds of the National Rehabilitation Hospital in Dun Laoghaire. It is anticipated that staff will move into the new accommodation early in 2003.



Chapter 14

About Health Promotion

The East Coast Area Health Board's Health Promotion Programmes and Services for 2002 were based on relevant actions from the National Health Strategy "Quality and Fairness" (2001), strategic aims and objectives from the "National Health Promotion Strategy 2000 – 2005" (2000), recommendations from complementary strategies and reports such as "Building Healthier Hearts" (1999) and priorities identified by the Board.

The Health Promotion Department continued to support the implementation of the recommendations from "Building Healthier Hearts" specifically related to three topic areas i.e. eating well, being more active and being smoke free and via the workplace setting.

The World Health Organisation's (WHO) 1986 "Ottawa Charter for Health Promotion" continued to guide and structure the delivery of health promotion initiatives in the East Coast Area Health Board. Five action fronts underpin the charter:

- 1. Building healthier public policies**
- 2. Reorientation of health services**
- 3. Creating supportive environments**
- 4. Strengthening community actions**
- 5. Developing personal skills**

The following values continued to underpin the work of the Health Promotion Department:

- > A focus on consumer and staff involvement
- > A focus on the development of sustainable partnerships
- > A commitment to tackle the broader determinants of health
- > A commitment to build community capacity and to empower individuals
- > A commitment to support health promotion initiatives within care groups and
- > A commitment to using evidence based practice to inform initiatives

The long-term goal for the Health Promotion Department is to develop a regional health promotion strategy based on a consultative process whereby the health sector and non-health sector of the East Coast work in partnership to prioritise the social, economic and environmental factors that currently impact on the physical, mental and social well-being of the Board's staff and population. The Board's appointment in 2002 of a 'Resource Officer for Suicide Prevention' will facilitate the development of a strategy to promote mental health and co-ordinate actions in the area of suicide prevention.

In its second year of development, the Health Promotion Department identified six main areas or "functions" of work. These include:-

- 1. Health Promoting Settings**
- 2. Training**
- 3. Partnerships and Networks**
- 4. Communication**
- 5. Research and Evaluation**
- 6. Community and Primary Care Services**

The main achievements for 2002 for the Health Promotion Department are presented under the six main functions.

1. Health Promoting Settings:

The "settings" approach to health promotion provided an opportunity to deliver programmes (related to topics e.g. eating well and population groups e.g. older persons) in a defined environment where people live, work, learn and play. Within the settings approach health promotion programmes were tailored at the Board's staff and the community and were delivered within a supportive environment. The main settings included schools, the community, the workplace and the health service itself. The Health Promotion Department's main achievements are summarised under these four settings.

Schools	(Fig14.1)
<i>Pre-schools and Primary Schools ('Eating Well' guidelines).</i>	Contributed to the development of national guidelines on food and nutrition for preschools and for primary schools
<i>Social, Personal and Health Education in Primary Schools</i>	> Supported programme implementation in the ECAHB region > Developed resource packs for teachers
<i>Substance Misuse Policy in Schools</i>	Supported schools and partners in engaging in the process and drawing up of school policies on Substance Misuse
Community	
<i>Arklow Healthy Towns Project</i>	> Network established > Recruited Project Co-ordinator > Completed extensive community consultation > Briefed General Practitioners > Published report in December
<i>Community Healthy Eating Programmes for Travellers</i>	> Adapted the healthy eating programme for the Traveller Community > Delivered 2 x 4 week "Healthy Food Made Easy" programmes to 2 Traveller Groups
<i>Health Eating sessions with other Community Groups</i>	Tusincint Training Centre Mounttown Resource Centre Bray Cancer Support
<i>Bray Homeless Initiative</i>	Action plan agreed with partners Information cards designed and printed
Workplace	
<i>Workplace Health Promotion Programme for Central Mental Hospital (C.M.H.)</i>	Established network within the CMH Planned and distributed the Slí na Sláinte signage to promote walking within the CMH location
<i>Slí na Sláinte workplace signage developed within 3 ECAHB workplaces</i>	Phase 1 – Indoor signage in: St. Colmcilles Hospital and Dr. Steevens' Hospital completed Phase 2 – Outdoor signage in: Central Mental Hospital, Dundrum
<i>Staff Quit Smoking Competition</i>	Designed, supported and evaluated the staff quit smoking incentive for 3 months
<i>Health Information Days</i>	Co-ordination of health information days for ECAHB staff
Health Service	
<i>National Maternity Hospital: Smoking Cessation Policy Development</i>	Provided information and support to Holles St. Staff re the implementation of a no-smoking policy
<i>Mental Health: Smoking Cessation Programme for long-stay psychiatric patients</i>	Researched and designed a programme to meet the needs of long-stay psychiatric patients

2. Training:

The department's training function facilitated the development of personal skills and the reorientation of the health services. Training programmes were aimed at the Board's staff and the community and were delivered within a supportive environment. The main training programmes are presented under each of the four health promoting settings in (schools, the community, the workplace and the health service) and include the following:-

In Schools	(Fig14.2)
<i>Social Personal and Health Education (SPHE) training for Post Primary Teachers</i>	<ul style="list-style-type: none"> > Planned and co-facilitated in-service training for teachers > Researched availability of appropriate resource material and provided same
<i>SPHE Teenage Nutrition training for Post Primary Teachers</i>	Delivered module on nutrition to 35 post primary teachers as part of SPHE in-service training
In the Community	
<i>'Eating Well' training for Community Mothers</i>	Delivered a review nutrition session to Community Mothers who had taken part in nutrition programme in 2001
<i>'Senior Help Care'</i>	Identified resources required to implement a Senior Helpline
<i>Nutrition and Older People</i>	Nutrition education to 'meals on wheels' providers, day centre providers, day centre attendees and carers
In the Workplace	
<i>'Stress handling' training for ECAHB staff</i>	Recruited participants and facilitated the Irish Heart Foundation in the delivery of the training programme
<i>'Workplace Health Promotion Programme: Central Mental Hospital'</i>	<ul style="list-style-type: none"> > Liaised with Central Mental Hospital Management to establish baseline data/needs of the location > Planned and distributed Slí na Sláinte workplace signage to promote physical activity on site
In the Health Service	
<i>'Eating Well for Older People' training for Nursing Staff, Care Attendants and Catering staff</i>	Delivered nutrition education sessions on topics relating to the nutritional status of Older People
<i>'Activity in Care Settings' training for nursing staff</i>	Recruited 3 locations. Co-ordinated the delivery of the training programme by Waterford Institute of Technology

3. Partnerships and Networks:

Partnerships and networks supported the Health Promotion Department's inter-sectoral and multi-disciplinary approach required to address the broader determinants of health. This function was pivotal in placing "health promotion" on the agenda of relevant partners, including co-workers. The main partnerships and networks are presented and include:-

	(Fig14.3)
<i>ECAHB Smoking Cessation Network (Partners included the Irish Cancer Society, St. Vincent's University Hospital, Irish Heart Foundation, Bray Cancer and the ECAHB)</i>	Designed terms of reference and co-ordinated network's activities re: information sharing including evidence based practice

<i>ECAHB Breastfeeding Committee</i>	Completed "Report on the Pilot Project to Promote Breastfeeding in CCA 1". Establishment of Breastfeeding Steering Group in ECAHB
<i>National Suicide Review Group</i>	Supported a group in advancing the implementation of the national recommendations

4. Communication:

This involved the research, development and dissemination of health promoting information both internally and externally to the Board. The support and co-ordination of media campaigns at a local, regional and national level was aimed to raise public awareness about lifestyle factors and their positive or negative impact on health. The Health Promotion Department provided general health promoting information to the Board's staff and population. The main achievements within this area of work include:-

Resource Material (research & development)	(Fig14.4)
<i>Being more Active</i>	Published Resource Directory for the ECAHB staff on being more active
<i>Community Nutrition and Dietetic Service</i>	Appointment cards and record cards for the community nutrition and dietetic service Resources for health professionals and clients: 'Eating Well With a Small Appetite' 'Meals in Minutes' 'Food For Young Children' 'Quit Smoking Without Weight Gain' Development of osteoporosis activity pack, in association with other area boards for teenagers
<i>Directory of Local Services</i>	Organised the ECAHB input into the directory of local services in Bray-Greystones re health services
<i>Resource Material (dissemination)</i>	> Packaged and distributed 800 units of resource material to staff and the community > Provision of display stands to Health Centres to house health literature
Media Campaigns	
<i>National Healthy Eating Week</i>	> Distributed 12,000 National Healthy Eating Week magazines and leaflets to the community and staff > Activity packs provided to schools and workplaces > Co-ordinated media coverage to raise awareness with the general public
<i>General health promoting information</i>	Attended to approximately 2 000 enquiries from staff and the general public

5. Research and Evaluation:

This function continued to inform the direction of health promotion within the East Coast by collecting and collating baseline data, identifying evidence based practice and evaluating programme implementation to ascertain effectiveness and "value for money". The main initiatives that contributed to research and evaluation for 2002 include:-

Research	(Fig14.5)
<i>"Tai Chi with Older People: Are there any benefits?"</i>	Recruited location and participants. Liaised with Dublin City University to collate information on the benefits of Tai Chi with Older People
<i>'Residential Care Research' on Being More Active</i>	<ul style="list-style-type: none"> > Liaised with Dublin City University research staff re: project > Supported the research process and co-ordinated the research steering group
<i>'Health promotion needs of people with a physical and sensory disability and people with an intellectual disability'</i>	<ul style="list-style-type: none"> > Co-ordinated the research process with University College Dublin > Established steering group and facilitated meetings
Data collection	
<i>'Issues related to food intake in primary schools' (In association with dental services)</i>	Data collection completed on survey that investigated issues related to food intake in Primary Schools
<i>Analysis of North/South Ireland Food Consumption survey for Eastern Region</i>	Analysis completed by Trinity College Dublin and University College Cork
<i>'Catering For All' Report</i>	Participation in review of catering services in ECAHB – Report completed
Evaluation	
<i>'A pilot project of the Marian Pre-School and Family Centre Bray Breakfast Club'</i>	Evaluation funded by ECAHB – Report published

6. Community and Primary Care Services:

The department had the responsibility of supporting the development, implementation and evaluation of three community-based services, namely the "Community Nutrition and Dietetic Service" (including the Clinical Dietetic Service for Older Persons), the "Shared Care Diabetes Programme" and the "Smoking Cessation Service".

Community and Primary Care Services	(Fig 14.6)
<i>Community Smoking Cessation Service</i>	Co-ordinated, facilitated and evaluated the 7-week smoking cessation programme, group work and 'one to one' counselling
<i>Community Nutrition and Dietetic Service (including the Clinical Dietetic Service for Older Persons)</i>	<ul style="list-style-type: none"> > Recruited Primary Care Dietitian > Developed framework for Primary Care Dietetic Service > Contributed to the development of a client database > Clinical dietetic service to 8 Community Hospitals including liaison with nursing, care attendant and catering staff
<i>Shared Care Diabetes Programme</i>	<ul style="list-style-type: none"> > Provided training for General Practitioners and Practice Nurses > Updated the Irish College of General Practitioners Distance Learning Course in Diabetes > Updated the "Eat Well, Be Well" resource material > Developed patient record card



Chapter 15

About Social Inclusion

Homeless

The Social Inclusion Service for the homeless commenced in 2001 as a Winter Initiative. Managed on our Board's behalf by Crosscare, a shelter for rough sleepers is provided for an average of 20 people each night.

Since its establishment, there is anecdotal evidence that the numbers of rough sleepers in the Dun Laoghaire area has reduced considerably.

In order to ensure the delivery of health care in the most appropriate setting and to reduce the reliance of homeless people on A & E Departments, a general practitioner service was introduced in the shelter in 2002. A nursing clinic is planned for 2003. Bathing and laundry facilities are also available at the shelter.

During 2002, an outreach worker was appointed by Dun Laoghaire Rathdown County Council to support the clients of the service.

Dun Laoghaire Rathdown County Council is working to provide an alternative premises which will allow for a 24 hour service to obviate the need for clients to be on the streets during the day.

Gay Men's Health Project (GMHP)

The Gay Men's Health Project (GMHP) established in 1992 provides Outreach, Counselling and Drop-in sexual health services to gay bisexual men and other men who have sex with men. It covers the three Area Health Boards in the Eastern Region and the East Coast Area Health Board is responsible for the administration of GMHP.

The STI clinic at Baggot St Hospital, remains the only specific service in all of Ireland for gay and bisexual men. With two clinics per week and with an average of 75 men attending, it has one of the largest client bases in the Eastern Region.

The Outreach team, based at Outhouse Community Centre, Capel St., Dublin 1 provides a full time service promoting HIV prevention safer sex and sexual health awareness, through individual contacts with gay and bisexual men at social venues and public sites. They co-facilitate and support and produced the following;

- > Personal Development Courses, (the 9th took place during 2002),
- > The mental health group IRIS
- > Gay Health Network (GHN),
- > Johnny (gay peer group)
- > Run training courses on homophobia and heterosexism for groups and agencies;
- > Design and publish leaflets and research reports along with other groups.
- > Carried out the Survey on Syphilis awareness Knowledge and Action(SAKA)
- > Promoted on-site syphilis testing at Dublin Pride 2002.

There is one fulltime counsellor based at Outhouse with a full complement of clients attending for services. Clients present with needs such as relationships, safer sex issues, sexuality, addiction or substance abuse, sexual abuse and so on.

During 2002 three important publications were launched by the project and GHN with support of the ECAHB, though Mr Michael Lyons CEO, Mr Martin Gallagher ACEO and Mr Graham O'Brien, namely:

- > The Report of the Personal Development Courses for gay and bisexual men.
- > Vital Statistics Ireland -the findings of the all-Ireland gay sex survey 2000-of 1410 men (700 lived in the Eastern region) published by GHN and Sigma.
- > The comprehensive GMHP annual report for 2001.

The GMHP staff has also presented at national and international conferences, it is actively involved with the Irish Network and European Network Male Prostitution and with Gay Health Network, Johnny and the Interagency Youth Project. The East Coast Area Health Board though GMHP fund some relevant community groups such as Outhouse Gay Health Network and Johnny (gay peer group).

As part of it's 10th Anniversary Year (October 2002) the Gay Men's Health Project will over the Year hold a series of events to celebrate its ongoing commitment to providing a comprehensive quality service to gay and bisexual men, to continue to highlight relevant issues. Hopefully encouraging and supporting other Health Boards in adopting similar approaches to working with gay and bisexual men.

The Women's Health Project

- > The WHP was established in '91 by the then EHB for women working in prostitution as part of its HIV/ Aids prevention strategy, since then, the services available in the Project have expanded to meet the needs of it's service users.
- > It covers the 3 area Health Boards of the Eastern Region while being administered by the ECAHB.
- > The aim of the WHP is to promote the health and well being of women in prostitution by providing a non-judgmental confidential service.
- > The service is available for women working indoor and outdoors. Clinic times are tailored to suit the lifestyle of the women.
- > It is the only project providing this specialist service in Ireland.

Services include:

- > A Drop In Clinic is Open afternoon and late night, no appointment needed. There were 509 attendances in 2002.
- > Sexual Health Screening – with contraception, cervical smear screening, STI screening, Hep B, C, and HIV testing with pre test counselling, and vaccinations. There is also an on site lab for some STI screenings.
- > Addiction Service – providing a nightly harm reduction methadone programme in an area where many drug using women in prostitution work. A psychiatrist in the Project carries out assessments and suitable clients can start immediately as there is no waiting list.
- > Community Welfare Advice by Community Welfare Officer.
- > The Outreach service provides Specialist Advice and Referral for the women. They carry out streetwork, day and late at night meeting women in their place of work in order to carry out Health Promotion. 850 contacts were made on Streetwork in 2002, almost double that of 2001. Outreach is also carried out to parlours.
- > Liaison and referral to relevant agencies in Ireland and Europe.
- > Training and education to statutory voluntary and community agencies on the Project, prostitution, sexuality and safer sex.

New developments in 2002 were:

- > The Methadone provided on the Harm Reduction Service increased to 40mls, which resulted in a tripling of the numbers attending.
- > There was a large increase in the numbers availing of the WHP Harm Reduction Services.
- > Staff availed of specialist training in the area of sexuality.
- > Contact with indoor workers, which directly resulted in an increase in indoor workers attending the clinic.

There were increases in the following area's:

- > Awareness of the possibility of meeting women who had been trafficked into Ireland for prostitution.
- > Emphasis on Garda Liaison, with a number of Garda in relevant stations being assigned as specialist liaison for women in prostitution.
- > The number of non-national women meeting and therefore there was an increase in the use of interpreters.

About Our Services for
Children Seeking
Asylum



Chapter 16

About Our Services for Children Seeking Asylum

This service is for children under the age of 18 years who are identified in the Eastern Region as being unaccompanied by their parents/guardians or customary caregivers when they arrive to seek asylum. Referrals are received from Immigration Officials at Ports of Entry, and from the Office of the Refugee Applications Commissioner. The East Coast Area Health Board is at present providing a service on behalf of the three Area Boards in the Eastern Regional Authority area.

The Board is responsible for the total care needs of these children involving appropriate immediate and ongoing care placements, social, medical and psychological services, liaison with educational and youth services as well as tracing of their immediate or extended families, assessment and reunification where it is safe and possible to do so.

The Board is also responsible for the decision to make application for asylum if this is considered to be in child's best interests and to support the child through the asylum process.

These responsibilities, and the standards for the provision of these services, are laid down in the Child Care Act, 1991, (including the Child Care Regulations, 1995), the Refugee Act, 1996, (Amended 1999). The UN Convention on the Rights of the Child (1989) and the Statement of Good Practice published by the Separated Children in Europe Programme in 2000.

Referrals

A total of 863 children were referred during 2002. (This represented a decrease of 21% from 2001 when 1085 referrals were received.) They ranged in age from 17 years to less than 1 year, and came from over 60 different countries. See attached Appendix for further breakdown of figures. Identified trends within the referral rates include the following:

- > There was a continuing increase in the numbers of children under the age of 15 years remaining unaccompanied and in care.
- > A greater percentage of children came to join family members here. Family reunifications were arranged for 506 children (416 in 2001). Of these, 224 were placed with family members living in the Eastern Regional Health Authority Area while the remaining 282 joined families living in the other six Health Board areas throughout the country.

> An increase in referrals from the Garda National Immigration Bureau in relation to suspected trafficking of children for exploitation or unknown purposes.

Staffing

The team, located in Baggot Street Hospital, consists of one Principal Social Worker, 12 Social Workers, 9 Project Workers and 2 clerical/administrative staff. However, all of these posts were not filled throughout the year.

A part-time Area Medical Officer and Public Health Nurse, attached to Community Care Area 2, also provide a sessional service in Baggot Street Hospital.

A Psychologist is assigned to work with separated children from the Refugee and Asylum Seekers Psychology service attached to the Northern Area Health Board, but the second Psychology post approved in late 2001 was not filled this year.

Community Welfare Officers attached to the Asylum Seekers Unit in the Northern Area Health Board provided a service to the children in hostels but the two specifically designated posts for separated children approved in 2001 were also not filled.

Training

Children First Training was attended by members of the Social and Project Workers team. Training on Refugee and Asylum-seeker issues, as well as the Asylum process in Ireland, was coordinated by the UNHCR Dublin office for the team in Baggot Street, and some members also attended inter-agency training in relation to facilitating very young children (under 12 years) in the asylum process. Members of the team also contributed to training for the Office of the Refugee Applications Commissioner and the Refugee Appeals Tribunal in relation to the specific needs of separated children.

Presentations on the work of the team were made to 5 Social Work teams in the East Coast and South Western Area Boards, as well as an Information Seminar for Health Boards co-hosted by the Department of Health and Children and the East Coast Area Health Board.

Services Provided

A **social work assessment** is carried out with each child on day of referral.

If possible, arrangements are made for **reunification with family members** following interviews with the child and family, documentation review and consultation with other professional services. A gap in current service provision is follow-up of these family placements to safeguard the welfare of the children and to provide appropriate support to the caregivers. Proposals have been made for the development of such a service.

If family reunification is not possible, the **child is received into care**. There is an aim to provide younger children with placements in care families or children's residential homes. A welcome development during the year was the opening, in partnership with Clann Housing Association, of a residential home specifically for 6 separated children. However, there still remains a serious shortfall in the provision of foster placements for younger children and appropriate care placements for the teenagers. The majority of these children continue to be placed in hostel accommodation designed for adults. Proposals for further development of these services have been made.

Ongoing **social care and support**, as well as assistance with the Asylum process, is provided by the team of social workers and project workers in close liaison with personnel in statutory and voluntary organisations. Only the youngest of the children and the most vulnerable of the teenagers have an allocated social worker. Each hostel has an assigned project worker who assists the youngsters in linking with medical care, language classes and schools as well as sport and social activities in the area in which they are living. The numbers of youngsters involved, as well as the absence of appropriate support and care services within the hostels, make it impossible to provide the level of service that each youngster requires. Financial support and information about social welfare entitlements are provided by the Community Welfare Officers.

The **Psychology** service is available to those who are referred although there is a waiting list.

A **Befriending Project** to support a small number of youngsters living in hostels was developed during the year through the work of a social work volunteer and the support of the Unite project in Dun laoghaire area. This project involves recruiting and assessing adults/families in the community to befriend a particular young person to

supplement their social supports provided through statutory and non-governmental services. Training was provided for the volunteers and the project is monitored by the social work and project worker team and the voluntary social worker. It has proved to be very effective and is being further developed this year.

Medical examinations for reception into care, as well as screening for infectious diseases and immunisations, are provided for all children under 16 years, and offered to those of 16 and 17 years. Each child is entitled to a Medical Card giving access to General Practitioner and hospital services, although in some areas there are considerable administrative delays in the issuing of medical cards. Separated children need additional supports in accessing and attending medical services, particularly in the absence of appropriate care placements.

Family Tracing, in countries of origin or in third countries, is a necessary part of making sustainable plans for the long-term care and welfare of these children. This involves developing a knowledge of, and a structure for communicating with, a network of agencies who can gather information about and, sometimes, contact family members without putting at risk either the family members or the children who are here. We have developed some informal contacts with some countries and also avail of the services of the International Organisation of Migration and the Red Cross Messaging services. Notwithstanding this interagency co-operation, there still remains a gap in both structures and resources to effectively trace family members on behalf of the children in our care.

Asylum Process

Supporting separated children in the asylum process involves attending with them when they make their initial application for recognition as a Refugee, (Sec.8), ensuring that they are registered with the Refugee Legal Service and attending each legal consultation with them, attending with them for their substantive interview, (Sec. 11), and in the event of refusal, attending the Appeal Hearing and, for some, subsequent involvement in their application for Temporary Leave to Remain.

At the start of 2002, there was a considerable backlog in the scheduling of Sec. 11 interviews. In addition to facilitating the applications and legal registration of the 335 children received into care, 580 young people were accompanied to their Section 11 interviews during the year. The backlog is now cleared. Negative decisions were received initially by 231, (some decisions still awaited) which has implications for the provision of supports to those attending Appeal Hearings in 2003.

Inter-Agency Networking

The social issue of separated children arriving in Ireland to seek asylum is still relatively new, and one, which was not anticipated by service planners or providers. There is a steep learning curve involved and this process is assisted by inter-agency networking. In addition to contact with agencies to support service provision to individual clients, there is a need for ongoing communication with a range of organisations, both statutory and non-governmental, in relation to operational issues and emerging training needs. These organisations include:

- > UNHCR, the Office of the Refugee Applications Commissioner, the Refugee Appeals Tribunal, and the Refugee Legal Service in relation to the asylum process,

- > the International Organisation for Migration in relation to Voluntary Return Home and Human Trafficking,
- > the Reception and Integration Agency in relation to accommodation provision as well as health and education issues,
- > the Garda National Immigration Bureau in relation to Trafficking and exploitation of children.
- > Non-Governmental organisations such as Spirasi, the Vincention Centre, the Dunlaoire Refugee Support Group, Ruhama, etc.

Summary

This client group continues to present in very significant numbers. While the number of new referrals shows some decrease during 2002, the range of needs being identified in those newly arriving and those remaining in our care from previous years is becoming increasingly complex. The staff and care resources allocated to meet the needs of these children neither reflects this complexity of need nor bears any comparison to that provided for children in care whose families live in Ireland even though they are entitled to the same standard of services under the Child Care Act, 1991. In addition, the services of the Social Work and Project Worker team are provided from accommodation, which has been identified as unsuitable and unsafe for service provision and over-crowded as office accommodation. The level of existing service provision is achieved simply because of the total commitment and dedication of every member of the team to these children, involving working extended hours on a very regular basis and for considerable periods of time. The level of stress caused by excessive working hours in addition to the knowledge that the services are not of the required standard is totally unacceptable and service delivery cannot be sustained in these circumstances. These issues must be addressed as a matter of urgency during 2003.

Country of Origin for referrals under 18 years for 2002

(Fig.16.1)

Nigeria	453	China	1
South Africa	29	Eritrea	1
Lithuania	18	Somalia	15
Congo	35	Liberia	2
Cameroon	14	Guinea	2
Ghana	7	Iraq	3
Romania	90	Malawi	2
Moldova	27	India	2
Sierra Leone	15	Togo	3
Kenya	12	Latvia	2
Ukraine	4	Kosovo	1
Angola	20	Sudan	2
Albania	11	Chechnya	3
Russia	15	Uganda	6
Zimbabwe	24	Palestine	1
Columbia	1	Ivory Coast	3
Burundi	3	Iran	1
Estonia	3	Burkino Faso	1
Georgia	20	Yugoslavia	1
Belarus	3	Mauritania	1

Total = 858

Breakdown of Referrals of those under 18 years by Age and Gender for 2002

Age	Male	Female
17	111	94
16	69	80
15	40	35
14	21	29
13	17	14
12	12	10
11	14	17
10	15	14
9	17	11
8	12	15
7	26	15
6	7	15
5	10	19
4	11	20
3	21	16
2	9	15
1	4	4
5 mth	0	2
4 mth	1	0
Total	417	425

Overall Total 842



About the
AVOCA counselling
Service

Chapter 17

About the AVOCA Counselling Service

Avoca Counselling has continued to develop its counselling and psychotherapy services within the ECAHB Region during 2002. Our first location in Baggot Street Community Hospital has provided counselling and psychotherapy for people living throughout the ECAHB Region. Our primary client group is adults who have experienced abuse whilst resident in institutions as children. In addition, we are now offering counselling and psychotherapy to adults who experienced abuse in other settings such as within their family or the community.

The service has expanded to include some counselling rooms in Dun Laoghaire so that some of our clients can access counselling outside of the city and closer to home. People living within commuting distance of Dun Laoghaire have welcomed this development.

In order to facilitate this development additional counsellor/therapists have been employed and we now have four full time counsellor/therapists working in the service. The Director of the Service also has a caseload of clients. We are currently offering 70 counselling hours per week between both centres.

Another aspect of our development this year has been to include evening sessions on one evening per week at our Dun Laoghaire Centre. We felt it was important to try to make our service accessible to people who are not available during daytime working hours and this facility is currently being used to full capacity.

Our staff team are involved in ECAHB initiatives such as the Change Management Programme, the Partnership Forum and the Steering Group on Suicide.

As part of the National Counselling Service, which is a Conjoint HeBe Project, we are also fully involved in the development of counselling and psychotherapy within the public healthcare arena. The Director of Service meets on a monthly basis with the other nine Directors throughout the country. Together they work together to review the service and plan ahead, taking into account the feedback received from service users. The First Report of the National Counselling Service was published in January 2002 and provides full details of the setting up of the service nationwide as well as statistics and general information.

The Counsellor/Therapists have a national forum that meets on a regular basis and the national Directors Group takes on board their input into service development.

Administrators (Grade III and IV) within the National Counselling Service have an annual national training event and are encouraged to network on a regular basis so that they can share their experiences and support one another.

As a HeBe Project the National Counselling Service has as its Chair, Pat Donnelly who is CEO of the South Western Area Health Board. There is a National Steering Group, which meets on a quarterly basis and comprises of Pat Donnelly in the Chair along with the ten Directors of Counselling, the Manager of the National Office for Victims of Abuse (NOVA) and a permanent representative from the Department of Health and Children. Working together we can ensure that the National Counselling Service provides a consistent counselling and psychotherapy service throughout the ten health board areas. Our service design sits really well within the new Health Strategy where equity, people-centeredness, quality and accountability underpin the work we do.

The principle of partnership is one that the National Counselling Service and Avoca Counselling Service holds dear.

We have been able to help clients to get assistance with other needs by linking them into the National Office For Victims of Abuse, which is located in Ormond Quay. In addition, we offer counselling and psychotherapy on site one day per week so that people who prefer to be seen in the NOVA Office can be accommodated. We work in partnership with the South Western Area Health Board and the Northern Area Health Board in this joint venture. We have also worked together to provide a Helpline during the Christmas period when many other services were not available, for example on Christmas Day and New Years Eve and New Years Day. Those times of year can be particularly difficult and lonely for our client group. In response to feedback from our clients and survivor groups, we have submitted a National Proposal for a Helpline to support our clients outside of our usual service hours and are optimistic that the Department of Health and Children will accept this.

Services available from Avoca Counselling include:

- > Individual Counselling and Psychotherapy
- > Couple Counselling
- > Telephone Counselling via free phone
- > Debriefing for people attending the Commission To Inquire Into Child Abuse
- > Evening sessions in Dun Laoghaire
- > Counselling and psychotherapy on site on day per week at the National Office For Victims of Abuse

Contact details:

Free phone: 1800 234 111
(9.30am – 5pm Monday – Friday)
Baggot Street Hospital:
(01) 668 1740/42
Dun Laoghaire: (01) 236 5974

Director of Counselling
5 Sussex Street
Dun Laoghaire
Co Dublin
avoca.counselling@erha.ie

About Human Resources



Chapter 18

About Human Resources

As we moved into 2002 the Human Resources Department faced a range of issues particularly in the area of nurse shortages in the psychiatric services area as well as the scarcity of therapy grades across our services. 2002 also saw a greater emphasis being placed on stricter employment control due in the main to the changing national environment towards the latter end of year. Notwithstanding that, the Board began to bear the fruits of initiatives undertaken in late 2001 as well as engaging in new projects throughout 2002.

Overseas Recruitment of Registered General Nurses (Care of the Elderly Sector)

In the first half of 2002 over 60 Registered General Nurses arrived on a phased basis following our overseas recruitment initiative to the Philippines in late 2001. These nurse were located across our Care of the Elderly locations which include Clonskeagh Hospital, Baggot Street Hospital, St Colmans Hospital, Wicklow District Hospital, Sir Patrick Dun's Community Unit, Dalkey Community Unit and St Broc's Welfare Home. This recruitment initiative assisted in the filling of all nurse vacancies in the Care of the Elderly sector across our Board.

Following a tendering process, Beresford Blake Thomas Ltd (BBT Ltd) recruitment agency were awarded the contract for a period of six months (April to October) to source suitably qualified therapists from overseas who were eligible for registration with the relevant professional association and in due course secure employment on a contract basis with the various Boards.

The sourcing of adequate numbers of suitably qualified therapists proved difficult, however the table below sets out the number of candidates from each profession who has taken up duty in 2002 or is due to commence employment in early 2003 with our Board (**Fig.18.1**)

Overseas Recruitment of Registered Psychiatric and Registered Mental Handicapped Nurses

Following on from the success of a number of overseas recruitment initiatives to the Philippines in 2001 for Registered General Nurses and in response to vacancies identified in the area of Registered Psychiatric Nurses, it was decided that a con-joint approach to this problem should be taken.

The three Area Boards joined forces and engaged the services NurseonCall Recruitment agency following a tendering process to assist in the recruitment of Registered Psychiatric and Registered Mental Handicapped Nurses from both India and South Africa.

Representatives from the Area Boards travelled to both countries in the latter end of 2002 to commence the interview and selection process. It is envisaged that the successful nurses will begin to arrive early in 2003 on a phased basis throughout the year. They will be located in our three psychiatric locations namely Vergemount, Newcastle and the Central Mental Hospital.

Therapists	(Fig.18.1)	
	Basic	Senior
Speech and Language Therapists	2	-
Occupational Therapist	2	2
Physiotherapists	-	1
Diagnostic Radiographers	1	-

Coupling this con – joint recruitment initiative with East Coast Area Health Board only recruitment drives to Trinidad and Tobago and India which has seen a number of qualified Registered Psychiatric Nurses enter our services in 2002 with further groups expected on a phased basis in 2003, we envisage a very significant number of psychiatric nurse vacancies being filled throughout 2003.

Overseas Recruitment of Therapy Grades

As part of a national initiative to recruit Physiotherapist, Occupational Therapists, Speech and Language Therapists and Diagnostic Radiographers, East Coast Area Health Board joined with the other Area Board and Health Boards nationally to address the shortages of these grades at national level.

Recruitment Advertising Contract

In early 2002 the Eastern Regional Health Authority, Eastern Health Shared Services and the three Area Boards through their respective Human Resource representatives formed a project team which was charged with responsibility for the drafting a tender document and co-ordinating the awarding of a contract to the successful agency for the provision of recruitment advertising services in the Eastern Region.

TMP Monster Advertising Agency were ultimately successful from this process and were awarded the contract for a period of one year commencing 1st July 2002.

An important component of the contract was for TMP to carry out an employer branding exercise for each of the five agencies involved. The purpose of this branding exercise would not only impact on recruitment advertising but will serve as an opportunity to assist in the internal branding of our Board amongst existing staff and the way in which we communicate with each other as a Board.

To facilitate this process, the Human Resource Department set up a series of focus groups to ascertain the views which would be representative of staff of various grades and levels across our Board. The findings from these sessions will play a major part in forming a unique identifiable employer branding for East Coast Area Health Board.

It is anticipated that the significant results of this work will come into effect early in 2003.

Recruitment of Australian Social Workers

Due to increasing pressures in the area of Childcare due to vacancies within the social work profession, representatives from our Childcare Department travelled to Australia towards the end of 2002 and with the assistance of Healthstaff Recruitment Agency sought to recruit a number of qualified Social Workers to work on a contract basis in our Boards services.

This campaign was a great success and it is expected that the first group of Social Workers will arrive in Ireland ready to take up duty in early 2003.

Numbers in Employment (WTE) - ECAHB

(Fig.18.2)

Category	Number Employed	Percentage of Total
Medical Dental	169.38	6%
Psychiatric Nursing	141.15	5%
General Nursing	705.18	25%
Health & Social Care Professionals	424.20	15%
Support Services	763.56	27%
Management/ Administrative	619.57	22%
of which (estimate):		
Frontline	405.02	14%
Admin Support	59.00	2%
Service Managers	18.45	1%
Others	137.10	5%
Total	2,823.04	

Clerical Panels – Grade IV – VII – Assignments 2002

Grade IV	17
Grade V	17
Grade VI	15
Grade VII	12

About the
Eastern Regional
Ambulance Service and
Emergency Planning
Services



Chapter 19

Eastern Region Ambulance Service

2002 presented its share of challenges for the Eastern Region Ambulance and Patient Transport Services, as was the case in previous years. Nevertheless, there were some very positive developments during 2002, including:

- > introduction of a new fleet management system,
- > purchase of seven A & E Ambulances,
- > purchase of one 4x4 WD vehicle,
- > some refurbishment work in a number of Ambulance Bases,
- > continuation of the training and development programme for Ambulance Service Personnel,
- > upgrade of the neo-natal vehicle,
- > development of the partnership process,
- > re-establishment of the Safety, Health & Welfare – joint Consultation Council,
- > re-evaluation of the absentee management programme,
- > enhancement of inter-agency co-operation and training programmes,
- > filling of vacancies at Command & Control, Townsend St. – following resolution of issues.

A further challenge that became evident during 2002 is the increase in the volume of calls, particularly patient transport numbers. Clearly, this will have an impact on costs and will have to be closely monitored in the coming years.

There are a number of explanations for the increase in patient transport numbers;

- > increase in life expectancy,
- > developments in medical and clinical processes,
- > more efficient hospital practices where patients are being brought back to out-patient services compared to the traditional longer in-patient stays,
- > older people are more independent with less family and community support and hence are more dependant on our Services.

The task of meeting the challenges during 2002 was very much assisted by the partnership process that evolved during the year. This includes the Shop Stewards forum, the Uniform Specification & Quality forum, the Safety Health & Welfare – joint Consultation Council and the local Ambulance Officer/Shop Stewards forum. Obviously, the progression of the partnership process would not have been possible without the support of SIPTU and IMPACT and both parties provided valuable input and the Ambulance Service looks forward to similar co-operation in the coming year.

The acknowledgement of the contribution of staff to the Ambulance Service was marked at the end of November 2002 by the presentation of Long Service Medals to staff with more than twenty years service. The Chief Ambulance Officer, Pat McCreanor introduced the concept of Long Service Medals into the Ambulance Service for the first time in Ireland. The service being provided by Ambulance Service personnel is very important to the

people that they serve and can often prove to be lifesaving. It was not before time that this valuable contribution to society was marked in some small way. The Board's Chairman, Cllr. Andrew Doyle, attended the awards ceremony and presented the Long Service Medals.

Future Direction of the Ambulance Service

In 2002 the Strategic Review of the Ambulance Service (2001) was published. The Review contains the following eight main objectives;

- > to improve the national co-ordination and direction of the Service,
- > to separate patient transport from the emergency medical service,
- > to eliminate on-call and implement other measures to improve response times,
- > reduce the number of Control Centres and standardise dispatch systems throughout the country,
- > develop an integrated Service in the Eastern Region,
- > strengthen clinical direction and audit
- > continue emphasis on staff training & development,
- > complete work currently in progress.

Clearly, some of these objectives cannot be achieved without significant funding, but others can and will be progressed within the present financial allocation. Either way, the Review provides the framework for moving forward and although it will take time to implement all of its visions, the service anticipates exciting challenges in the coming years.

Emergency Planning Office

This is a Regional Service under the administrative control of the Chief Executive Officer of the East Coast Area Health Board. The service is operated from the Emergency Planning Centre at Phoenix Hall, St. Mary's Hospital, Phoenix Park, Dublin 20.

Situated in the Emergency Planning Office is the Regional Command Centre for Major Incidents which may occur within the Eastern Region. The Purpose of the Service is to ensure that up to date and functional procedures are in place with all relevant areas of the Health Service within the Eastern Region. To ensure that there are appropriate response and recovery plans in place for the management of Incidents.

Activities

Emergency Plans

The office throughout 2002 worked with a number of agencies within the Authorities Area to ensure that appropriate response plans to Major Incidents are in place. This planning Process also includes the development of Services Business continuity plans. This type of planning will insure that normal Services for Clients are maintained while an incident is being managed.

Integrated Planning

While each individual section of the services have a requirement to have a Plan in place the Emergency Planning Office ensures that there is coordination and an integrated approach adopted by Services thorough the region, this is achieved by facilitating integrated planning groups.

The Emergency planning Office has adopted this integrated approach or planning with other Statutory Services i.e. Gardai and Local Authorities, to ensure that Health Service Plans are integrated with these other services. To this end the Emergency Planning Office in conjunction with these Agencies within the Region have begun a review of the Dublin Metropolitan Region Plan.

Training

Training has been carried out with relevant staff members of the Health Service in Plan Development to ensure that there is a common approach adopted within the area. Integrated Training has been organised by this office for Health Service Staff, Gardai and Local Authorities.

Events

The Emergency Planning Office coordinates the Health Service approach to large crown events ranging from Pop Concerts to Sporting Events ensuring that adequate facilities are in place for the patrons of the events. The aim of this is to ensure that there is a structured interface between these events and the Health Service, this allows for the appropriate resources and management to be put in place from a Health Service perspective for these events. The Office also insures that the guidelines laid down by the relevant codes of practice are adhered to.

During 2002 these type of events generated approximate attendances of 2,600,000 within the Eastern Region.

Special Olympics

The Emergency Planning Office has been working closely with the Operations Management section of the Special Olympics World Summer Games 2003. Since early 2001 it has been involved in assisting this section with their emergency plans and operational structures for the Games.

In 2002 Special Olympics held its National Games in the Dublin and north Kildare Areas and used these games as a dry run for the World Summer Games which are planned for 2003. During these Games in 2002 the Emergency Planning Office assisted the Special Olympics with the provision of facilities and staff expertise, this level of support will be maintained with the Special Olympics before and during the 2003 World Games.

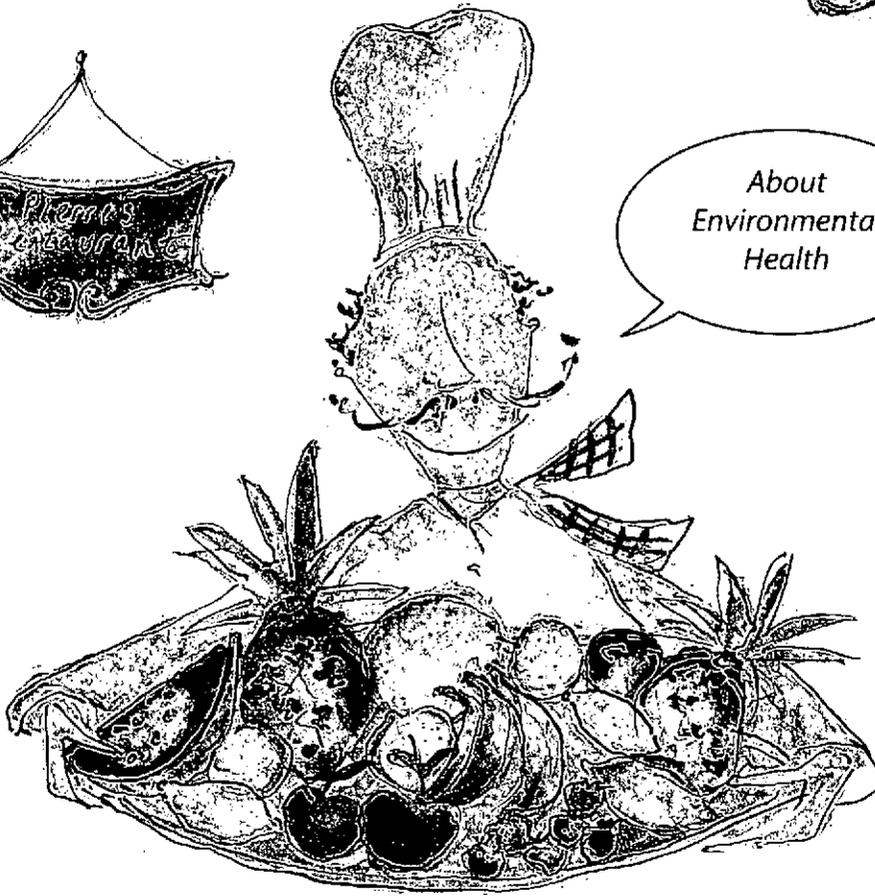
Retirement.

The end of 2002 marked the retirement of Mr. Joe Byrne Chief Emergency Planning Officer for the region. Mr. Byrne had previously been the Chief Ambulance Officer for the Mid- Western Health Board and subsequently for the Eastern Health Board. On the establishment of the Emergency Planning Office in 1999 Mr. Byrne was appointed to Chief of the Emergency Planning Service. His efforts contributed greatly to the Services development over the past three years.

On Mr. Byrne's retirement Mr. Brendan Lawlor who held the post of Emergency Planning Officer has been appointed to the post Chief Emergency Planning Officer.



About
Environmental
Health



Chapter 20

About Environmental Health

Mission statement

The aim is to provide a comprehensive, cohesive and integrated food control service in the East Coast Area Health Board region. The Environmental Health Departments will strive to provide an effective service for the protection of health in the community by monitoring environmental factors, which affect the health of the general population. The Department will continue to maintain and improve its existing partnerships in order to facilitate the development of environmental standards and the dissemination of hygiene education to the food industry. To this end the service should meet the highest standard with respect to both statutory and non-statutory functions by using existing resources in the most effective way.

Best practice in service delivery will be achieved through the adherence to relevant codes of practice and implementation of quality management systems. Compliance with service contract obligations will ensure that responsibilities to clients and members of the public are met in a timely and consistent manner.

Service Provision 2002

The strategic objective is the prevention and containment of health risks through a managed programme of surveillance by way of investigation, inspection of food outlets, food sampling and analysis. The Environmental Health Departments provide food control services throughout the Health Board and also provide an agency service for the Local Authorities.

The Environmental Health Officers are the main food law enforcement officers for the hospitality and catering sectors. The main objective of the Environmental Health Departments is to enforce existing food control legislation through:

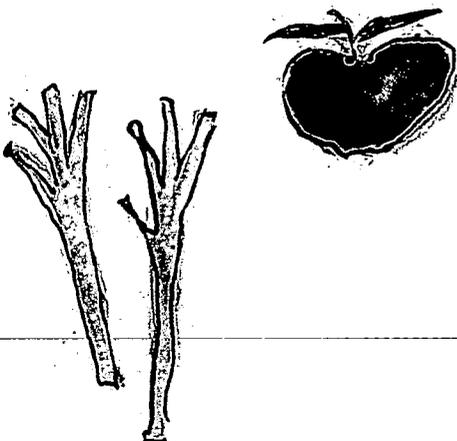
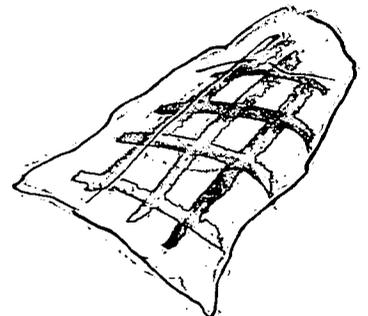
- > Programmed and follow up inspection of establishments and observation of the level of compliance and hygiene controls therein.
- > Registration of premises and licensing of food stalls
- > Implementation of co-ordinated food sampling programmes
- > Investigation of food poisoning incidents and food complaints
- > Education of food handlers
- > Port health control
- > Advice to food proprietors and developers regarding proposed developments

At present the Environmental Health Departments are operating a service contract with the Food Safety Authority of Ireland on behalf of the ECAHB. The majority of environmental health employed on Health Board functions is dedicated to complying with this service contract. Both Dun laoghaire/Rathdown and Wicklow also provide an agency service for the Local Authorities, which includes housing, planning, public health and water sampling programmes. Separate staff is provided to undertake these activities. The aim of the Environmental Health Department is to comply with service contracts with the F.S.A.I.

The key areas for compliance are:

- > Programmed inspections
- > Micro and Chemical Food Sampling – both routine and survey
- > Hygiene education
- > Implementation of QMS
- > Computerisation of food control
- > Management of outbreaks
- > Implementation of current food legislation
- > Inter-agency working and zoonoses committees

The services of communicable disease, port health, hygiene and pest control are provided by the NAHB for Dun laoghaire.



Food Premises Profile 2002

(Fig. 20.1)

Food Premises Risk Type	Total No. of Premises	Total No. of Premises	Total No. of Programmed Inspections carried out
High Risk	1409	Inspected	1865
Medium Risk	187	1314	377
Low Risk	597	199	280
Total	2193	222	2525
		1735	

Legal Action

(Fig. 20.2)

Action	No. within FSAI Act 1998
No. of improvement notices	37
No. of improvement orders	3
No. of closure orders	1
No of prohibition orders	nil

Legal action relating to food safety outside of FSAI Act 1998 (as amended).

(Fig. 20.3)

Action	No. outside FSAI Act 1998
No. of Prosecutions	6
No. of incidents of seizure, removal and detention	0
No. of Incidents of Destruction of Food	0
Voluntary Closures	7

Activities 2002

(Fig. 20.4)

Activity	Outturn
Complaints Received	455
Food	254
Food Poisoning	99
Food Business	102

Inspections

No. of Food Stall Licence Applications Received	19
No. of Food Stall Licence Applications Granted	19
No. of Food Stall Licence Applications Refused	-
No. of Food Premises Registration Applications Received	69
No. of Food Premises Registration Applications Granted	63
No. of Food Premises Registration Applications Refused	12
No. of Occasional Food Permit Applications Received	6
No. of Occasional Food Permit Applications Granted	6
No. of Occasional Food Permit Applications Refused	-
No. of Food Stall Inspections	19

Hygiene Education

No of Attendees Primary Course in Food hygiene	120
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Outdoor Events

No. of Outdoor Food Events Monitored	16
No. of Inspections	16

Food Poisoning	No. of Incidents
No. of Sporadic cases	9
No. of Outbreaks	1





Chapter 21

About Freedom of Information

A new Freedom of Information Department was established in our Board in September 2002. It began dealing with all matters relating to Freedom of Information that were previously handled by the Central Freedom of Information Office. This Department has been involved since its establishment in providing the following services:

- > Co-ordinating, managing and processing of FOI Requests
- > Monitoring decision making in terms of timescales and quality and ensuring compliance with the legislation
- > Providing advice, assistance and support to local resource staff, Decision Makers and Internal Reviewers
- > Collation of statistics
- > Staff training and development
- > Circulation of Information and Legal Opinion to Decision Makers and Internal Reviewers from the Information Commissioner and the Central Policy Unit
- > Liaison role with the Office of the Information Commissioner
- > Liaising with staff in the preparation of information required for the Section 15 and Section 16 Publications.

Following establishment, the first months were characteristic of a newly established Department, with a considerable level of increased FOI activity in all areas. The Department focussed on promoting an awareness of FOI to staff members and endeavoured to improve quality of responses and overall compliance with the legislation. The FOI Department provided assistance and advice to requesters of records under the Act. Support and advice was also given to Decision Makers and Internal Reviewers. It is the policy of the FOI Department of our Board, as far as possible, to deal with all FOI Requests in the full spirit of the Act. Overall FOI activity during the last quarter of 2002 is set out in Table below:

The Section 16 Manual

This Manual published under Section 16 of the Act, covers in detail the criteria for access to all of the Board's services, information regarding the rules, procedures, practices, guidelines, interpretations and indexes of precedents used by our Board to determine eligibility for such services. Work has commenced and is in progress.

Training for Decision Makers and Internal Reviewers

Arrangements are being made to provide training opportunities for staff, to improve decision-making skills and the quality of decision-making generally in line with the Information Commission. Places on Advanced FOI Training courses have been booked, this is being organised by the Central Policy Unit, Department of Finance.

Table 1: FOI activity within the East Coast Area Health Board during the quarter October to December 2002*: (Fig. 21.1)

Requests Received	Requests Granted	Requests Part-granted	Requests Refused	Requests Transferred	Requests Withdrawn	Requests Outstanding
29	23	14	4	0	3	78

* These figures include EHSS

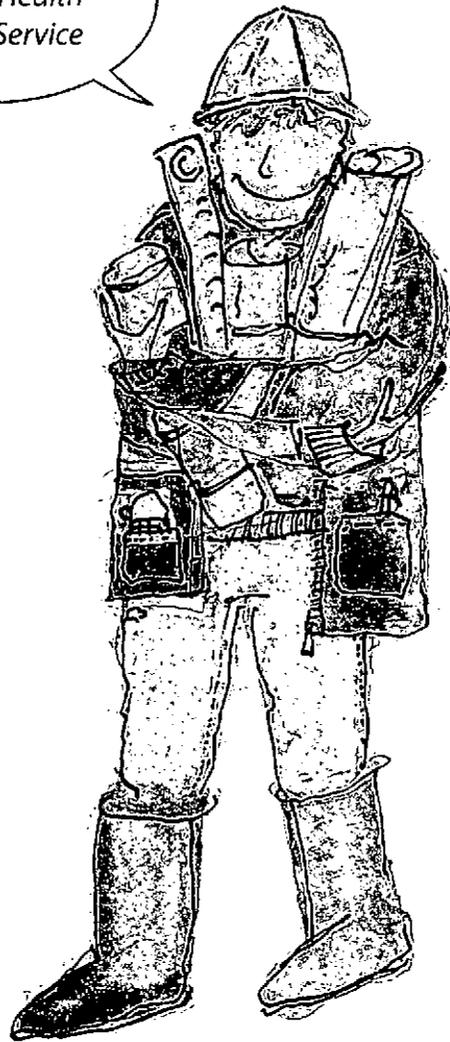
The Section 15 Manual

In accordance with Section 15 of the FOI Act, our Board is obliged to provide a general overview of the Board's structure and organisation, functions, powers and duties, services provided and the procedures by which those services may be accessed by the public. It should also

contain a general description of the classes of records held by our Board, giving particulars, within reason, as to how the public can access these records.

In this regard initial contacts were made, work is in progress and it is envisaged that it will be published during 2003 on the Board's Intranet site and some in hard copy format.

About
Eastern Health
Shared Service



Chapter 22

About Eastern Health Shared Service

Uniquely, among the Area Health Boards, the East Coast Area Health Board has budgetary responsibility for the EHSS, an innovative new structure in our health services.

Eastern Health Shared Services was formed as a result of the establishment of the Eastern Regional Health Authority and the three Area Health Boards. The purpose in Eastern Health Shared Services is to provide a wide range of professional, technical and information support services to the ERHA and the three Area Health Boards enabling them to focus on their core business. Eastern Health Shared Services organisationally is part of the East Coast Area Health Board but operates as a standalone business unit. Services provided to the ERHA and the three Area Health Boards include:

- Employee Services
- Financial Services
- Procurement and Materials Management Services
- Information and Communications Technology Services
- Architectural Services
- Property Services

Eastern Health Shared Services is located at several key locations in central Dublin, they are; Dr. Steevens Hospital, Parkgate Street Business Centre, Cherry Orchard Hospital, St. Mary's Hospital and Old Kilmainham.

What is Shared Services?

Shared Services as an organisational model began to be adopted internationally in the late 1980's when large commercial companies sought to increase the cost effectiveness of value chain activities supporting the delivery of core services. The Shared Services concept is centred on and driven by, the need to simplify organisational arrangements and achieve value for money and is based upon best practice internationally.

The key reasons for establishing Shared Services organisations are to;

- Take advantage of economies of scale by centralising volume activities in one unit
- Make the cost and value of support services transparent to the provider and the user

- Provide centre of knowledge and expertise ensuring consistency and avoidance of duplication

- Provide centre of expertise enabling the provision of advisory services
- Enable client organisations to concentrate on their core business.

Procurement and Materials Management

Procurement and Materials Management involves the management and control of products and services from acquisition to distribution. Procurement and Materials Management's most important function is to deliver a quality service and provide optimum value for money within the financial resource provided within the budget of the three Area Boards and the Eastern Regional Health Authority.

Through the central purchasing of goods and services Eastern Health Shared Services can leverage its purchasing power to secure cost advantage and quality supply processes.

Key Achievements during 2002

The Procurement function of Procurement and Materials Management maintained 108 current contracts, and 445 tenders were received. Cold storage products have now been delivered to 65 locations in compliance with Food Regulations (HACCP). 1,285 Purchase Orders were raised with is equivalent to €1.245m and the number of Purchase Order values processed in the 1st quarter was: €1.32m. Advice was provided to Area Board locations on an ongoing basis including policies/procedures and practical advice on best practices in running of stores. SAP Logistics have successfully implemented S.A.P. in over fifteen locations.

How can Shared Services deliver value in the Irish Health System?

Based on these shared services principles, Eastern Health Shared Services enables expertise and overheads to be shared, encourages innovation and development. This allows the ERHA and the Area Health Boards to concentrate on their core business thereby improving the efficiency and effectiveness of health and social services. The Deloitte and Touche Value for Money Report 2001 recommended that the concept of Shared Services should be pursued in the Irish Health Services.

Architectural Services

The Architectural Services Department of Eastern Health Shared Services manages the delivery of capital building projects for the Eastern Regional Health Authority and the three Area Health Boards from project inception to commissioning, including briefing stage planning permission, fire certification compliance, sketch & detail design development, contract negotiation and administration, design team engagement, general project management and compliance with the building regulations. The focus of the Department in this respect is on the delivery of high quality projects on a cost-effective basis.

In addition to capital project management, the department provides services in the areas of fire safety, waste management and energy efficiency management and actively supports the three Area Boards through the provision of expert advice and inspection services, as well as the procurement of contracts.

Key Achievements during 2002

During 2002 Architectural Services handled approximately 58 construction projects across the region on behalf of the three Area Health Boards. A process mapping and improvement exercise began during 2002 to identify where improvements could be made to project delivery. As a result a project coding system was introduced for easier tracking and management of projects for the Area Board, involving an integrated Project Numbering System. Tender package documentation was standardised to ensure consistency and quality at contract stage. In addition a project 'Scoping Report' template was developed and introduced to streamline the front end of project requests.

Further streamlining opportunities were identified with Construction Project Reports being introduced and distributed to each Area Health Board. Other initiatives included the introduction of a standard form for ERHA Group of Craft Unions and the a Certificate for Consultants fees.

Employee Services

Employee Services provides a comprehensive range of services, to support the employee individually and the organisation's HR and line managers in ensuring that all employees are able, equipped and motivated to contribute to the very best of their own talents and ability, in order to optimise the quality of care delivered to the client.

Employee Services provided include Recruitment, Payroll, Staff Development and Training, Health, Safety and Welfare, Staff Counselling and Information Service, Regional Library Service and PPARS (SAP Personnel Payroll Attendance & Recruitment System), General Administration and Superannuation.

Key Achievements during 2002

Payroll Services during 2002 developed a training programme for both the Payroll Team and Returning Officers which proved very beneficial in the increased efficiency of processes. The payroll helpdesk continued to develop, increasingly providing information needed by employees, as opposed to pay queries. The helpdesk receives some 50,000 calls annually.

The role of HR Systems Department is primarily to implement PPARS SAP HR. This project was established to develop and implement a human resources system to enhance the operations and strategic planning capabilities of the Area Boards, the ERHA and Eastern Health Shared Services. During 2002 PPARS developed a portfolio of management reports, implemented a Training and Event Management Module, created a new Company Code for EHSS and established a Key User Group.

During 2002 Recruitment services worked to agree a recruitment plan with the Directors of HR in the three Area Health Boards. This will set out target dates for recruitment campaigns which are in line with service developments in each Area. Recruitment has developed a great deal over the past year and recognition was received with the presentation of the Irish Times Cedar Award for Creativity and Innovation in Recruitment Advertising at the end of 2002. This was the first time that a public sector healthcare agency has either won or been nominated for such an award. Recruitment volumes continued to be high in 2002, with over 3,000 appointments processed by the team.

The Regional Library and Information Service implemented a new Library Management System last year. A Library Service in the ERHA Corporate Headquarters in Palmerstown was developed also. In addition the Library were able to extend their accessibility with the provision of Remote Access to Databases via the Internet, a number of forms may now be filled in online and sent directly to the library electronically.

The Staff Development and Training department expanded its in-house capability with the addition of a new focused Staff Development Team. The objective of this team was to develop facilitators who would train staff with purpose built courses for our client organisations. Their training was completed and courses rolled out in September 2002. The training unit at St. Mary's Hospital, Phoenix Park last year was designed to facilitate in-service training programmes.

The Staff Health, Safety and Welfare Department lead and support health and safety management within the three Area Health Boards, ensuring the health, safety and welfare of all employees and others, who may be affected by the Area Health Board's activities. In 2002 the Staff Health, Safety and Welfare issued its training brochure which outlined the full range of courses available to staff. In compliance with Section 12 of the Safety Health & Welfare at Work Act 1989, a safety statement for Eastern Health Shared Services was developed during 2002 and launched in October 2002. Health and Safety completed 340 workplace audits for 2001 during 2002. To facilitate greater links with the Area Board the department set up the designation of a dedicated Health & Safety Advisor to each Area Health Board. Finally Health and Safety engaged in the ongoing review and design of safe work practice standards, safety audits and risk assessments.

Financial Services

The Financial Services Function in Eastern Health Shared Services provides a key support to the ERHA and the Area Health Boards in all main aspects of Financial, Management and Systems Accounting. Financial Services Function is committed to achieving "best in class" service provision based on the principles of value for money, continuous improvement and innovation.

Services Provided include Financial Accounting which includes the following services, Receipts Processing, Verification of Balance Sheets/Production of Annual Financial Statements, Accounts Payable, Fixed Asset Accounting, Payments Processing, General Ledger Accounting, Inter-company reconciliations, Payroll Accounting and Bank Control.

Management Accounting supports Area Health Boards in and; production of monthly expenditure and Integrated Management Reports (IMRs), providing advice on correct coding practices, costing unit, budget preparation and capital funding submissions.

Financial Systems Development/Support provides operational support for over 900 SAP Financial users together with project management for development of Financial systems.

Key Achievements during 2002

During 2002 Financial Services achieved significant progress. Highlights were:-

Annual Financial Statements were produced within 6 weeks of year end and delivered at a significantly lower cost.

A detailed review of debtors was carried out and identified areas for improvement.

New GL coding was introduced and individual Area Board Bank accounts have operated since 1 Jan 2002.

Deadlines for all material Balance Sheet reconciliations, were implemented during 2002 and made available on-line to all Area Health Boards on a monthly basis.

New Service Quality section established in Oct 2002 within existing resources. The main areas of responsibility include:-
Implementation of Internal Audit Recommendations, Implementation of C & AG Audit Recommendations, Integration of Service Delivery,

Interpretation of Key Performance Indicators and Continuous evaluation of service quality.

Management Accounting launched a new database for Area Health Boards to track Form A submissions, which has been highly beneficial for queries on Capital funding/expenditure.

A major business process review was completed in 2002 in the Account Payable department to review all processes and procedures. More streamlined processes were identified and implemented. All policies and procedures were fully documented.

Electronic Funds Transfer: A successful pilot of the Electronic Funds Transfer system was completed in March 2002.

iBusiness Banking Financial Services in EHSS initiated the application of IBB which is an on-line facility provided by our Bankers, AIB Bank. The three Area Health Boards are registering with AIB to use this service.

Information and Communications Technology

The Information and Communications Technology (ICT) Department provides information technology services to the Eastern Regional Health Authority (ERHA) and the three Area Health Boards. It also provides strategic advice and leadership to the ERHA in setting future ICT directions for all the Health and Personal Social Care service delivery Agencies with whom it contracts.

There are approximately 80 business applications supported and a number of these deploy the latest technologies including thin client, warehousing, relational databases, and web technologies across large-scale communications networks. The ICT department is currently structured into four units: Corporate Systems, Office Systems Technology, Corporate Data Centre and Business Unit.

ICT Services is committed to the delivery of quality Information & Communications Technology solutions and services to support the business aims and objectives of our extensive customer base which includes the Area Boards, ERHA Corporate Services, Voluntary and Statutory Agencies, Clients, our EHSS partners, end users and service providers.

Key Achievements during 2002

A number of key service improvements have been achieved in 2002. These include the following

ICT Business Unit

In July 2002 ICT established an ICT Project Office to promote the use of a standard, cost effective and consistent approach to the way in which ICT projects are managed. Delivery of Project Management courses and enhanced ECDL rollout to Clients EHSS was presented with an International ECDL Foundation Award for Excellence and Innovation for the delivery of the ECDL Programme throughout the Region at the Annual European ECDL Foundation Conference in Cork on 14th March 2002. During 2002 ICT Services began leading a pan European project which is aimed at educating citizens regarding best practice in health information. Entitled eCHIP or Citizens Health Information Passport, the pilot phase was approved for funding by the Information Society.

Corporate Applications Division

Implementation of systems and services such as network and desktop devices, Payroll and PAS and rollout of SAP to St Josephs Hospital, Raheny Rollout of Aggresso ERP/Financials system to Agencies such as National Rehab, Cheeverstown, Daughters of Charity, Donnybrook Hospital Researched and developed pilot applications in e-portals and e-procurement.

Corporate Data Centre Division

ICT conducted a major review of Data Centre and Disaster Recovery Operations. Significant infrastructural developments in Data Centre with the acquisition of a Storage Area Network and upgrade of the network backbone in Dr Steevens ICT upgraded ERHA WAN and associated services to identify the most heavily used and plan the upgrade of these links with a resultant improvement in quality of service for the users.

Healthcare Division

Procurement and implementation of Dental, Orthodontic, Radiology and other departmental systems. Completion of strategic alliance with IMS on behalf of HeBE for the significant development DoH&C Patient Administration System. ICTS led the submission for funding to the Information Society Fund on behalf of all the Health Boards for the GMS CCEI Project resulting in the allocation of funding to all the Health Boards to progress this work. EHSS ICT managed the procurement phase on behalf of the Area Boards and ERHA in the project management of SEHB/HeBE HIS Project. ICT project managed the National Enterprise Liability Procurement in 2002 from analysis, tender preparation, procurement and selection phases through to the final selection on behalf of the DoH&C.

Office Systems Technology

ICT Services commissioned an eServices Strategy with Accenture with the objective of improving the delivery of services in a more efficient and automated way.

In parallel with the eServices Strategy a number of mCommerce pilot applications have commenced – Social Worker Guardian Angel, PHN Mobile Application, Pharmacy SMS. ICT have also been actively involved on the HeBE e-Government and ERHA e-Government Committees to ensure compliance with National and EU initiatives such as EU Benchmarking and Information Society Funded projects. During 2002 ICT implemented a Data Warehouse architecture to provide a delivery platform for Management Information and Decision Support Systems to meet the recommendations of the National Health Information Strategy.

Increased implementation for end user desktop applications to support operational requirements in all AHBs.

Planning and Operations

The Planning and Operations function was established during 2001 to provide core business support within EHSS in support of :

- > Financial planning and control, and activity based costing
- > Human Resource Management, and development
- > Service (Client Relationship) Management,
- > Business process improvement techniques
- > Internal/External Communications.

Some selected highlights during 2002;**Service Management**

Progress continues to be made in developing a 'best in class' service management framework that will include quality feedback information to and from customers, contractually based agreements describing the details of each service, sound follow through procedures and clarity of cost and value for money from the resources used to deliver EHSS services. Key customer representative now meet with EHSS in order to progress these service development initiative ("functional families") on a regular basis. This participative approach will ensure that both customers and service providers will deliver value for money and maximise the quality of service.

Human Resources

The development of skills remains a key priority. It is our people that will make the difference in EHSS. Particular effort was made in 2002 to improve lines of communications internally and externally to highlight the issues, objectives and progress of EHSS. The internet, quarterly newsletter and staff/management working groups have been noteworthy successes. Progress is also being made to develop e-working in partnership with Eircom and the Department of Finance sponsored by the National Framework Committee/Department of Trade, Enterprise and Employment under the *Programme for Prosperity and Fairness*.

Finance

In an environment in which there has been an increased emphasis on financial constraint there has been notable progress made on financial matters by EHSS with cost-effectiveness continually moving forward. While the source, extent and control of EHSS funds continues to dominate discussions with our customers, there has been a shift in the perceptions and tradition that EHSS services could be provided free of charge to an understanding that EHSS provides contracted services on an "inside outsourcing" basis. A far greater cost consciousness has been encouraged (and is now more apparent) when dealing with matters relating to EHSS services. Despite significant challenges, EHSS delivered within the target budget in 2002.

An agreement has also been reached on financial arrangements for 2003.

Process Reviews;

Improvement projects are ongoing throughout EHSS. These are initiated and lead by EHSS staff actually providing the services being improved. This underlines the appetite to continually improve and develop EHSS. Changes have been introduced across a range of different services; recruitment, accounts payable, payroll and technology support services (to name but a few). These improvements have been well received and provide concrete evidence of the dedication and quality approach of EHSS staff. The Process Improvement function operates as an internal consultancy, learning from experience and facilitating the development and transfer of key skills to other teams.

2002 has been a successful year.

Developments in the healthcare structures will bring challenges in 2003 and in the following years. Based on both the evidence and progress of EHSS over the past few years, we are well positioned and equipped to make a positive contribution to any changes proposed for public healthcare in Ireland.

Property Services

The Property Services department provides professional advice to the Eastern Regional Health Authority and the three Area Health Boards on all aspects of strategic property management. Services include valuation, negotiation and contract implementation, risk analysis, and insurance provision.

In 2002 the ERHA and Area Boards property portfolio comprised approximately 500 properties with a reinstatement valuation of circa £730 m.

The functions of property services include the day to day management of the Regional and Area Boards insurance portfolio, in partnership with our customers protecting their current asset base and planning and providing for the provision of new and enhanced facilities and services throughout the Eastern Region.

Key Achievements during 2002

Property transactions with a value of €4.08m were completed during 2002, of these for the East Coast Area Health Board two were freehold and three leasehold. In the Northern Area Health Board four leasehold transactions were completed and in the South Western Area Health Board one leasehold was completed.

In addition Property Services dealt with the disposals of properties for the ERHA and three Area Boards including the following properties; 28 acres at Cherry Orchard Hospital to Dublin City Council, Charles Street H.C. to Dublin City Council.

Special Project that occupied the Property Services section in 2002 were the introduction of a Digitised Property Register for the three Area Boards.

Transfer of sites from Dublin City Council at Brookfield and Killinarden and proposed transfer of land at former St. Patrick's Home, Navan Road, Proposed purchase of Riversdale House, Palmerstown.

Insurance

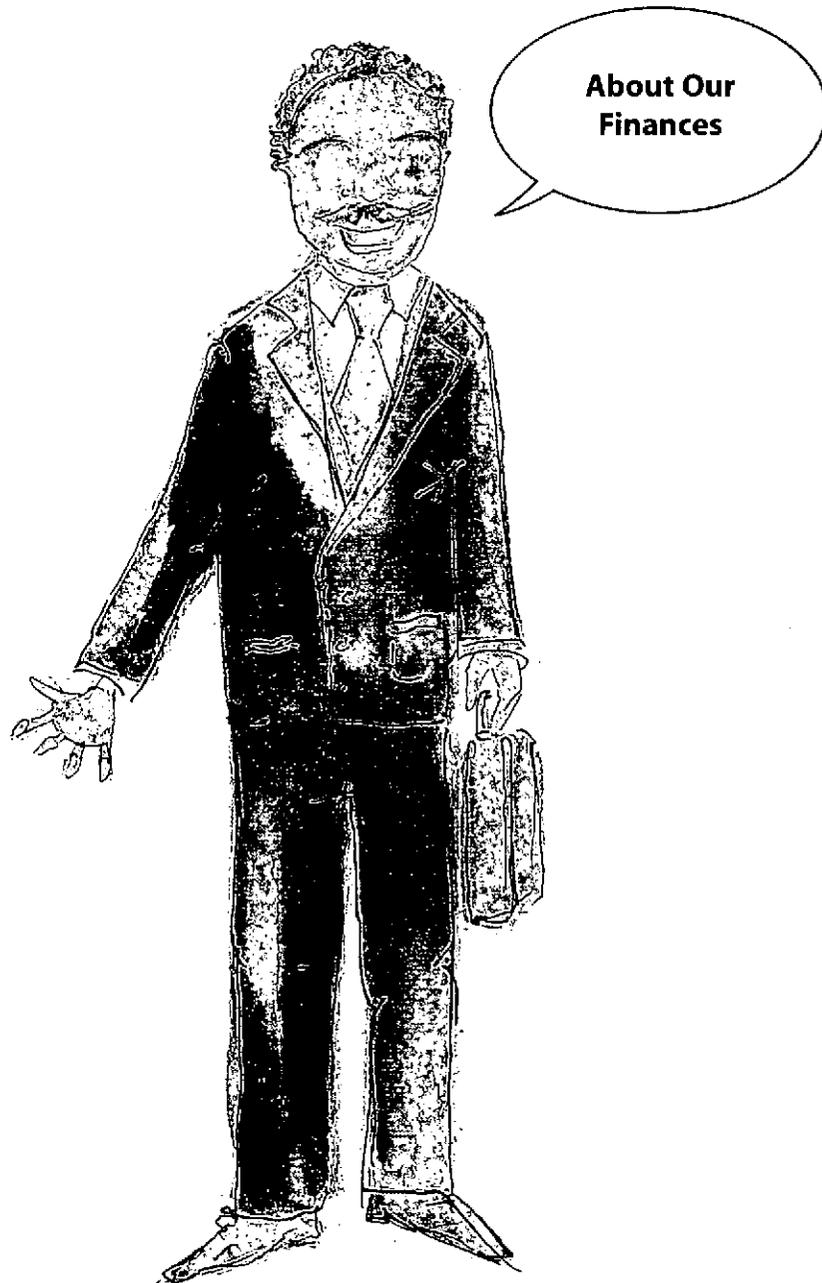
During 2002 Property Services provided ongoing insurance advice to Area Health Board personnel for some 600 telephone queries. All approved premiums were checked for payment and advised to Finance to the cost of €4m. In addition a suggested Area Health Board percentage breakdown was submitted to Finance department for all premiums. Clarification was sought from Insurers in relation to premiums sought for EL & PL and subsequent examination of 61 claims to which the premiums are related. Insurance cover was arranged for all newly acquired and constructed properties.

Claims

Property Services attended the First Insurance Claims Co-ordinators Conference in Tullamore on 14th May 2002. They also handled the notification of 25 claims and 13 claims for which ERHA were incorrectly named. Claims involved the handling of Child Care Abuse cases and the settlement of 10 minor claims for reimbursement to staff without recourse to legal action. A fire damage claim was settled in respect of a fire at St. Colman's Hospital and a flood damage claim for East Wall Road Health Centre.

Risk Management

In the area of risk management regional statistics were provided to the Health & Safety Manager and statistics were provided on request to SWAHB; Community Services Area 8; Ballydowd Special Unit; and the Chief Executive Officer, NAHB. There were 17 locations set up under the Risk Management Incident Reporting System.



Chapter 23

About Our Finances

Financial Report

The Finance Department is responsible for providing financial information to support the planning, management and delivery of services and to evaluate the ongoing financial performance of the Board. In addition, it ensures that accounting standards and controls are applied consistently throughout the Board and that statutory reporting responsibilities are complied with.

Financial Results 2002

(Fig.23.1)

The net expenditure of the Board on health services amounted to €344.7m in 2002.

Service Analysis of Expenditure

	€000's
Acute Hospital and Elderly Services	99,910
Mental Health and Social Exclusion	45,705
Community Services	95,311
Child, Youth and Family Services	33,091
Persons with Disabilities	22,839
Central Services including Shared Services	47,888

Prompt Payments

The Board's payment practice is one of ensuring that properly completed and agreed invoices for goods and services supplied to the Board are discharged within the prescribed period.

Appropriate systems and procedures have been put in place to provide reasonable assurance that the Act is complied with. The following detail refers to the cases where the Prompt Payments Act 1997 was not complied with. The Board fully complied with the provisions of the Act in all other cases.

Prompt Payments

(Fig.23.2)

Number of late payment for which interest was paid	8812
Number of late payments as a % of total non-pay items	8.07%
Value of late payments for which interest was paid	€3,708,143
Value of late payments as a % of total non-pay expenditure	1.75%
Amount of interest paid in respect of late payments	€20,000
Number of late payments of > €317.43 for which interest was paid	331
Amount of interest paid in respect of payments of > €317.43	€8,819

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EAST COAST AREA HEALTH BOARD
Bord Sláinte Limistéar and Chósta Thoir



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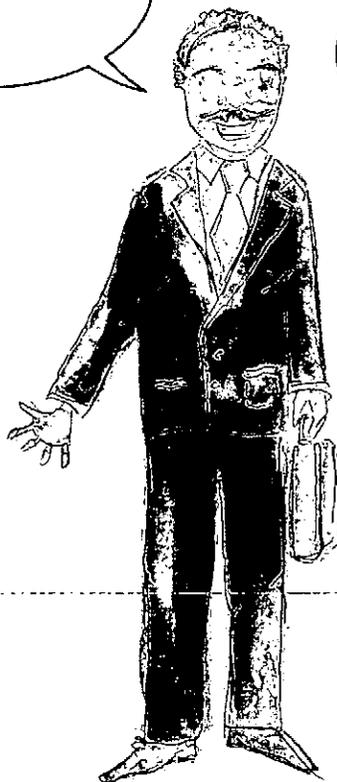
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About our Finances



About our Social Inclusion

