

Eastern Health Board  
Bord Sláinte an Oirthir  
Annual Report 1995

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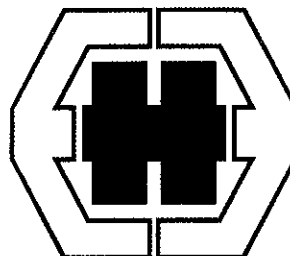
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# Eastern Health Board Bord Sláinte an Oirthir

## Annual Report 1995

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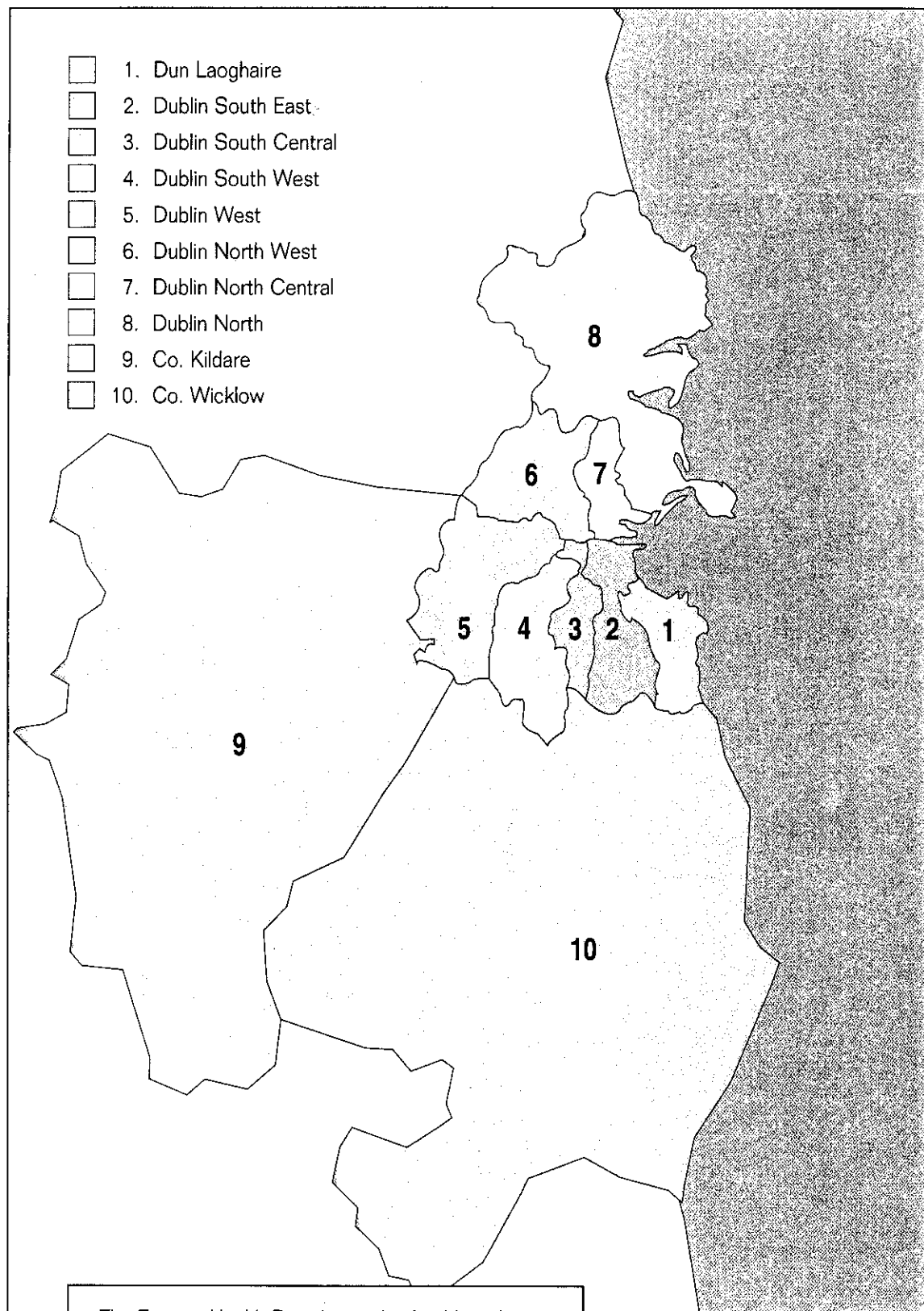
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# EHB Community Care Areas



The Eastern Health Board provides health and personal social services for 1,245,225 people in Dublin, Wicklow and Kildare.

## A challenging task

It was a great privilege and pleasure for me to serve as Chairman of the Eastern Health Board for 1995.

The Eastern Health Board is responsible for the provision of health and personal social services to the people of Counties Dublin, Wicklow and Kildare – a total population of 1.25m, which represents 35.7% of the total population of the State.

The provision of a wide and complex range of services to a population of this size is a challenging task and one which could not be successfully undertaken without the full support and co-operation of all the members of our Board and of the Chief Executive Officer and his staff.

This support and co-operation has always been forthcoming and I would like to take this opportunity to express my thanks to all concerned.

***Councillor Michael Barrett.***  
Chairman.



*Cllr. Michael Barrett,  
Chairman, Eastern Health Board*

# Board Members

## MEMBERS APPOINTED BY LOCAL AUTHORITIES:-

### *Dublin Corporation*

- Cllr. M. Barrett, Chairman,  
102 Glasnevin Ave., Dublin 11
- Cllr. B. Briscoe, T.D.,  
Dail Eireann, Dublin 2
- Cllr. E. Byrne, T.D.,  
32 Ashdale Road, Terenure,  
Dublin 6W
- Cllr. I. Callely, T.D., Dail Eireann,  
Dublin 2
- Cllr. J. Connolly,  
39 Hughes Road South, Walkinstown, Dublin 12
- Sen. J. Doyle,  
14 Simmonscourt Tce.,  
Donnybrook, Dublin 4
- Cllr. R. Shortall T.D.,  
Vice-Chairman, 12 Iveragh Road, Whitehall,  
Dublin 9

### *South Dublin County Council*

- Cllr. C. O'Connor,  
South Dublin County Council,  
P.O. Box 4122, Dublin 24
- Cllr. T. Ridge, 4, St. Patrick's Avenue, Clondalkin,  
Dublin 22
- Cllr. D. Tipping, The Dale, Kingswood Heights.,  
Dublin 24

### *Fingal County Council*

- Cllr. A. Devitt, Lispopple, Swords, Co. Dublin
- Cllr. K. Farrell, 4, The Drive, Oriynn Park, Lusk,  
Co. Dublin
- Cllr. C. Gallagher, 16 Glasmore Park, Swords, Co.  
Dublin

### *Dun Laoghaire/Rathdown County Council*

- Cllr. B. Coffey, Rere 40 Northumberland Avenue, Dun  
Laoghaire, Co. Dublin
- Cllr. O. Mitchell, 18 Ballawiey Court, Sandyford Road,  
Dublin 14
- Cllr. D. O'Callaghan, 49 Rathsallagh Park, Shankill,  
Co. Dublin

### *Kildare County Council*

- Cllr. G. Brady, 16 Clonwood Heights, Clane,  
Co. Kildare
- Cllr. J. Reilly, Ballinakill, Carbury,  
Co. Kildare
- Cllr. M. McWey, Tower View Park, Kildare,  
Co. Kildare

### *Wicklow County Council*

- Cllr. K. Ryan, Hilltop Nurseries, Carnew, Co. Wicklow
- Cllr. T. Keenan, 1 Lourdes Crescent, Aughrim, Co.  
Wicklow
- Cllr. T. Cullen, Deerpark,  
Baltinglass, Co. Wicklow

## MEMBERS ELECTED UNDER HEALTH BOARD (ELECTION OF MEMBERS) REGULATIONS, 1972:

### *Registered Medical Practitioners*

- Dr. J. Fennell, St. Columcille's Hospital,  
Loughlinstown, Co. Dublin
- Dr. C. Smith, Central Mental Hospital, Dundrum,  
Dublin 14
- Dr. R. Hawkins, 2 Duncairn Tce.,  
Bray, Co. Wicklow
- Dr. J. Reilly, Fingal House,  
Lusk, Co. Dublin
- Dr. M. Wrigley, James Connolly Memorial Hospital,  
Dublin 15

### *Registered Dentist*

- Dr. D. I. Keane,  
130 Merrion Village, Dublin 4

### *Registered Pharmaceutical Chemist*

- Mrs. B. Bonar,  
9 Leopardstown Park, Blackrock,  
Co. Dublin

### *Registered General Nurse*

- Ms. M. Nealon,  
15 Achill Road, Drumcondra,  
Dublin 9

### *Registered Psychiatric Nurse*

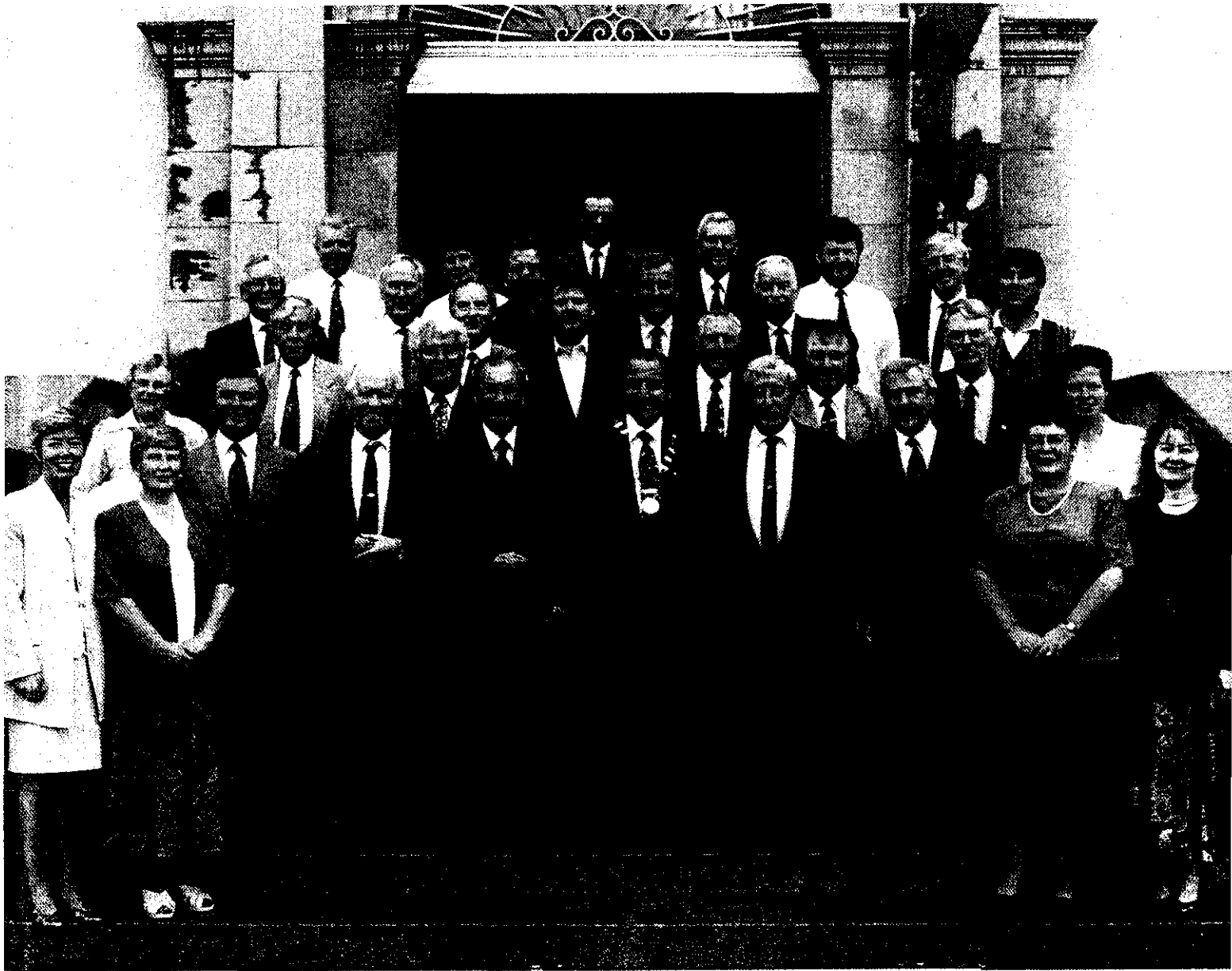
- Mr. G. McGuire, 1 The Strand,  
New Road, Donabate, Co. Dublin

## MEMBERS APPOINTED BY MINISTER FOR HEALTH:

- Cllr. L. Creaven,  
43 St. Fintan's Park, Sutton, Dublin 13
- Sen. D. Roche,  
2 Herbert Tce., Herbert Road, Bray, Co. Wicklow
- Mr. P. Aspell,  
61 College Park, Newbridge, Co. Kildare
- Cllr. Dr. W. O'Connell,  
Vale Road, Arklow, Co. Wicklow
- Cllr. M. Whitty,  
3 Coolgreany Park, Arklow, Co. Wicklow



**Board Members on the occasion of the Annual General Meeting  
July 6th, 1995.**



**1st Row Left to Right:** Cllr. O. Mitchell, Mrs. B. Bonar, Cllr. I. Callely, TD, Cllr. T. Keenan, Cllr. J. Connolly, Cllr. M. Barrett (Chairman), Cllr. K. Ryan, Cllr. E. Byrne, TD, Cllr. T. Ridge, Dr. M. Wrigley.

**2nd Row Left to Right:** Ms. M. Nealon, Cllr. M. McWey, Sen. D. Roche, Cllr. T. Cullen, Mr. P. Aspell, Cllr. D. O'Callaghan, Cllr. C. O'Connor, Cllr. M. Whitty.

**3rd Row Left to right:** Cllr. Dr. B. O'Connell, Dr. D.I. Keane, Dr. J. Fennell, Cllr. D. Tipping, Dr. C. Smith, Sen. J. Doyle, Cllr. K. Farrell

**4th Row Left to Right:** Cllr. G. Brady, Cllr. J. Reilly, Mr. G. McGuire, Cllr. C. Gallagher, Dr. J. Reilly, Cllr. L. Creaven.

# Meetings

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

In addition to the monthly meetings and the annual meeting, nine special meetings of the Board were held during 1995.

## Programme Committees

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

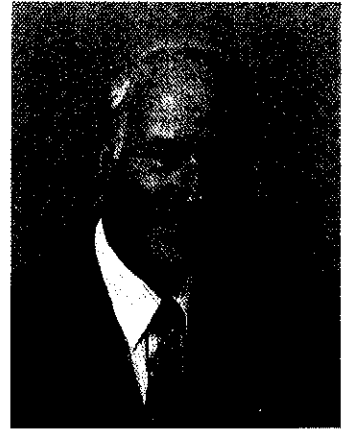
The Eastern Health Board has established three Programme Committees (General Hospitals, Special Hospitals and Community Care Programme Committees) with the following functions:

- Considering and advising on such business (mainly policy issues) as may be referred to them by the

Board, or which they may wish to refer to the Board.

- Visiting and inspecting health care facilities within the respective programmes and considering reports from the Programme Managers on the current levels and range of services being provided.

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

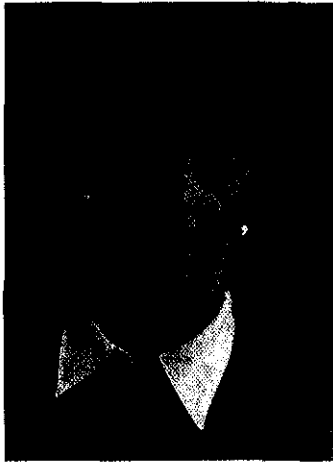


*Matt O'Connor,  
Secretary to the Board.*

## Budget Working Group

The Eastern Health Board has also established a committee to consider financial and property matters and to report to the Board thereon. This committee meets regularly, as required.

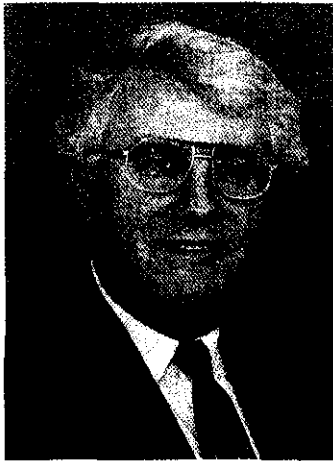
# Chairpersons



*Cllr. Róisín Shortall, T.D. Vice-Chairperson, Eastern Health Board.*



*Dr. J. Reilly, Chairman, Special Hospital Care Committee*



*Sen. D. Roche, Chairman, Community Care Committee*



*Mr. G. McGuire, Chairman, General Hospital Care Committee*

Special Hospital Care Committee	General Hospital Care Committee	Community Care Committee
---------------------------------	---------------------------------	--------------------------

Vacancy  
 Cllr. Cyril Gallagher  
 Cllr. Ken Farrell  
 Mr. Paddy Aspell  
 Cllr. Anne Devitt  
 Cllr. Ivor Callely, TD  
 Cllr. Liam Creaven  
 Cllr. Eric Byrne, TD  
 Dr. Don Keane  
 Cllr. Kevin Ryan  
 Cllr. Joseph Connolly  
 Dr. James Reilly  
 Dr. Charles Smith

Mr. Gerry McGuire  
 Cllr. Michael Barrett  
 Dr. Margo Wrigley  
 Cllr. Therese Ridge  
 Cllr. Denis O'Callaghan  
 Dr. John Fennell  
 Cllr. Gerry Brady  
 Sen. Joe Doyle  
 Cllr. Dr. Bill O'Connell  
 Cllr. Michael McWey  
 Cllr. Ben Briscoe, TD  
 Cllr. Mary Whitty

Ms. Margaret Nealon  
 Dr. Ray Hawkins  
 Mrs. Bernadette Bonar  
 Senator Dick Roche  
 Cllr. Thomas Cullen  
 Cllr. Don Tipping  
 Cllr. Tom Keenan  
 Cllr. Betty Coffey  
 Cllr. Charles O'Connor  
 Vacancy  
 Cllr. Róisín Shortall, TD  
 Cllr. Jim Reilly  
 Cllr. Olivia Mitchell

# Mission

## **The Eastern Health Board strives to enhance and maintain the health and well-being of all people in its region.**

### **Goals**

In pursuit of our mission of health and social gain, we will strive:

In co-operation with other sectors, to identify and address the barriers to the achievement of full health and well-being by individuals, their families and local communities.

To generate a sense of ownership and responsibility for personal health and well-being among the community.

To ensure the provision of accessible treatment and care of the highest standard at the most appropriate level in response to identified need.

To ensure the provision of comprehensive personal social services aimed at meeting the special needs of vulnerable groups for protection and support.

To develop constructive partnerships with and amongst our staff, voluntary agencies and other service providers.

## **The principles and values which underpin the work of our Board are:**

**Equity** – addressing inequalities in the health status of different population groups, as well as equal access to services within a reasonable time regardless of ability to pay or geographic location.

**Quality** – a constant striving for excellence through the application of the highest professional and technical standards as well as a commitment to the development of “best practice” and a culture of life-long learning within the organisation.

**Accountability** – by staff at all levels in the organisation for meeting agreed objectives in relation to the delivery of services and for the use of available resources in the most efficient and effective manner.

**Appropriateness** – ensuring that treatment and care is delivered at the lowest service level appropriate to need and in the most appropriate setting.

**Responsiveness** – being responsive to the needs of individuals and their families and reflecting this in service responses which are timely and helpful.

**Openness** – ensuring a free flow of information regarding service provision, entitlements and the establishment of a fair appeals systems.

**Respect** -for the uniqueness, dignity and potential of the individual whether service users or staff.

# Demographic and Socio-Economic Profile

## Population Profile

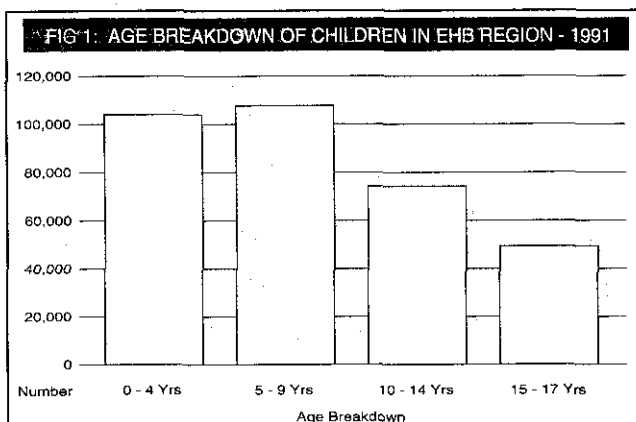
Figures from the last available census of population in 1991 show that the total population of the Eastern Health Board region was 1,245,225. The population of every health board region in the country fell between 1986 and 1991 with the exception of the Eastern Health Board where it increased by 12,987.

Preliminary results from the 1996 census of population indicate that this population growth is continuing and that the region's population grew by 48,793, an increase of almost 4%. The largest growth was centered in Co. Kildare where the population grew by 12,225 (10%).

## Children and the Elderly

Two aspects of the current demographic profile are of note and the first of these is the bulge being experienced in the adolescent population. The numbers of elderly among the population is rising and projections show that the increase in this population within the next ten years will be significant and unprecedented. This report shows the ways in which our Board is working to meet both these challenges.

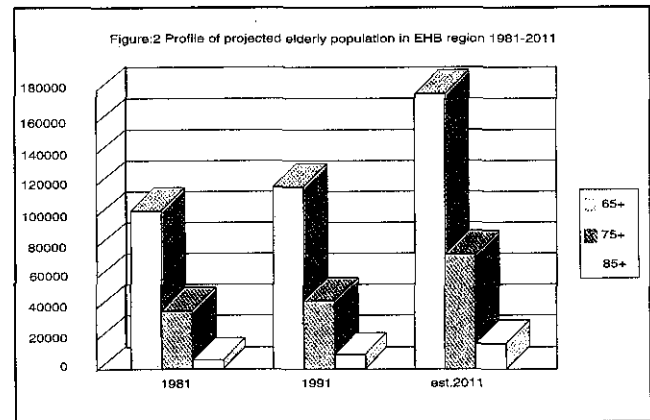
Of the total population in 1991, the number under 18 years of age was 385,493 and the region is currently experiencing a bulge in the number of children aged over ten. The age breakdown of the child population is shown in Figure 1.



Of the total population in 1991, the number of people aged 65 years and over was 117,443. This segment of the population of our Board's region increased by 15.6% between 1981 and 1991 and the rate of

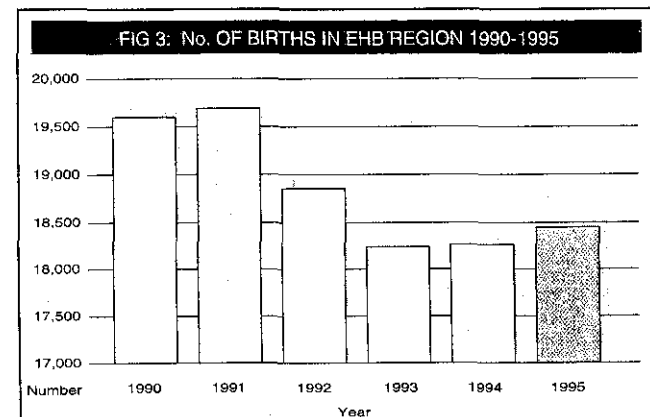
increase in the population aged 65 years and over is now expected to far outstrip an estimate made in the mid 1980s of a projected increase of 31% between 1991 and 2006.

The most recent estimates are that the number of people aged 65 years and over in our Board's region will exceed 176,000 by the year 2011 an increase of almost 50% on 1991. The projected increase in the upper age cohorts (75 years and over) by 2011 is significantly higher. The growth in the elderly population which has been experienced in our region between 1981 and 1991 along with projected numbers for the year 2011 are shown in Figure 2.



## Births

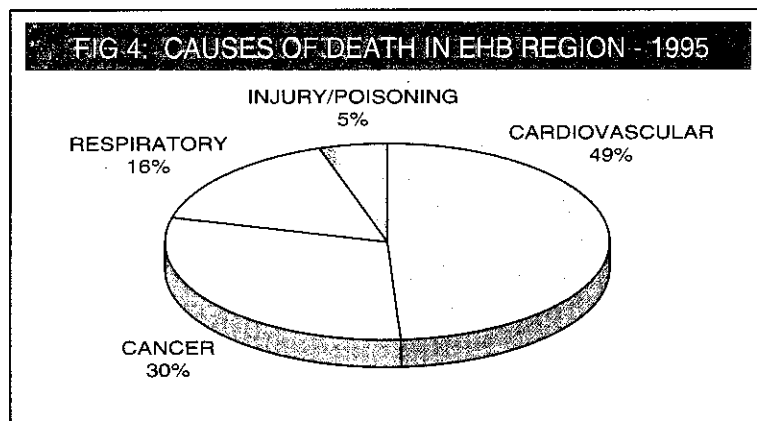
In 1995, there were 18,432 births in our Board's region and this figure represents a slight increase over the 1994 figure (251) but an overall decrease since 1991 when 19,655 births occurred. This is illustrated in Figure 3.



# Demographic and Socio-Economic Profile

## Morbidity and Mortality

The number of deaths registered during 1995 was 9,491. The principal causes of death were: cardiovascular disease (42.8%); cancer (25.9%); respiratory disease (13.4%) and injury/poisoning (4.1%).

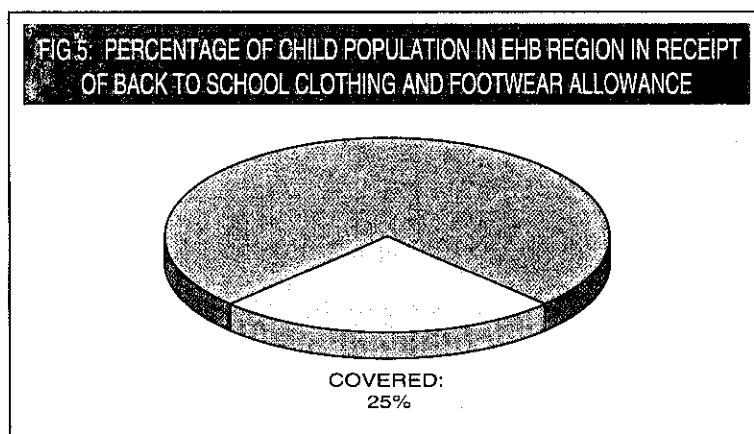


## Social Deprivation

Poverty and unemployment have well documented adverse impacts on the health and social status of individuals and communities. The indicator of health and social need in our region which is considered to be of most relevance is the percentage of the population who are holders of Medical Cards.

Over 50% of the population had a medical card at the end of 1995 in thirty two District Electoral Division (D.E.Ds.) in our Board's region. In eleven of those D.E.Ds., this figure rose to over 60% of the population and three D.E.Ds. had over 70% of their populations covered by Medical Cards. The total number of persons in our Board's region covered by Medical Cards was 372,244, representing almost 30% of the region's total population of 1.245m.

The number of children assisted by the Back to School Clothing and Footwear Scheme is another indicator of need. In five of the ten Community Care Areas, more than a quarter of the child population was so assisted in 1995. The total number of children assisted in our region was 95,340 and the proportion which they form of the total child population is shown in Figure 5.



# The Management Team



*Front row from left,  
Michael Walsh,  
Programme Manager, Special Hospital Care,  
Kieran J. Hickey, Chief Executive Officer,  
Mary Kelly, Personnel Officer.*

*Middle row,  
Martin Gallagher, Finance Officer,  
Seamus O'Brien,  
Programme Manager, General Hospital Care,  
P.J. Fitzpatrick,  
Programme Manager, Community Care,  
Philip Doyle, Estate Management Officer.*

*Back row,  
Jim Curran, Technical Services Officer,  
Maureen Browne,  
Communications Director  
Dr. Brian O'Herlihy,  
Director of Public Health.*

## Chief Executive Officer

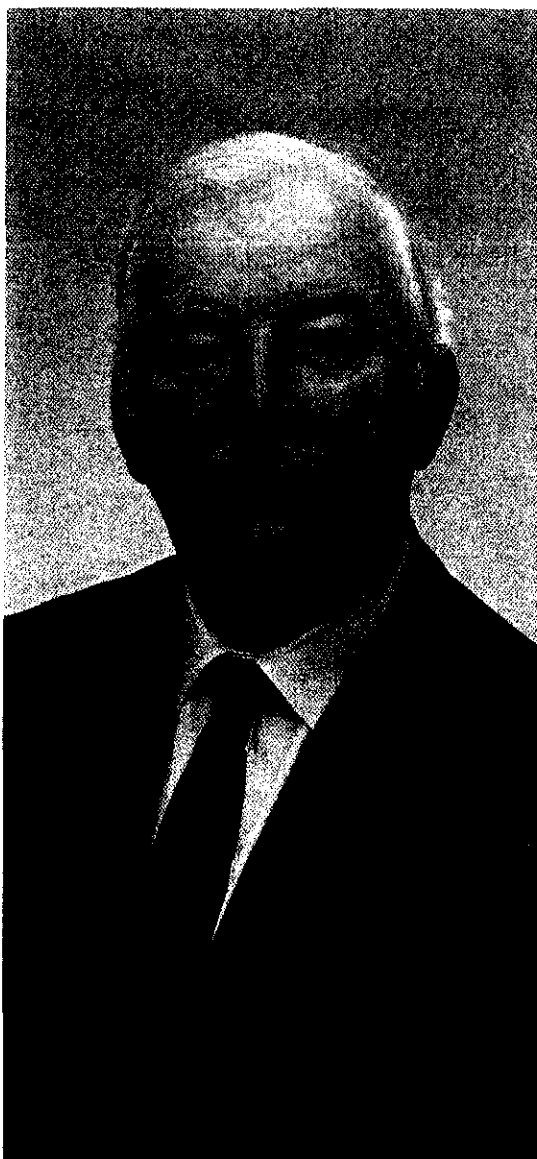
I am pleased to introduce the first Annual Report published by the Eastern Health Board. It is also the first overall report published by the Eastern Health Board since the introduction of the Government Health Strategy *Shaping a healthier future* and, as such, reflects the early stages of our Board's response to that Strategy which I am sure will become more pronounced in future reports.

This report, covering the year 1995, was drawn up against the background of a Four Year Action Plan developed by our Board in line with the Health Strategy. The 1995 Service Plan adopted by our Board in turn commenced the process of achieving the targets of that four year plan.

The achievement of health and social gain for our population must take place alongside significant social and demographic forces in the Eastern Health Board region and must address the inequalities in health and social status which result from such forces.

Because of this, our approach has been to target particular sectors for development, i.e. particular populations such as drug misusers, disadvantaged mothers and families, the homeless and travellers, or particular disadvantaged geographic areas or communities. The need to do this is borne out by the fact that the percentage of the population covered by Medical Cards - one of the most reliable indicators of need - in sectors of disadvantage and high unemployment ranges between 50% and 70% as against an average of just under 30% for the region as a whole.

The establishment in 1995 of our Board's Department of Public Health will greatly assist us to more clearly identify health and social needs in our population and to measure the effectiveness of future investment in services in terms of health and social gain.



*Kieran J. Hickey, Chief Executive Officer.*

The format of this report reflects our focus upon key care groups as well as service areas. Whilst the emphasis of the report is on key service developments, summary details of the wide range of services delivered by our Board on a day to day basis to one third of the national population, are also portrayed.

We are conscious that the enormous task which faced us in 1995 could not have been accomplished alone. For that reason, the partnerships which were consolidated or developed during the year were vital.



The Health Strategy highlighted the importance of the contribution of the voluntary sector in achieving health and social gain and during 1995 we expanded our pilot contracting process with key voluntary organisations. These safeguard the autonomy of the voluntary sector, while allowing accountability with regard to quality and cost of service. The thanks of our Board are extended to all organisations in the voluntary sector for their contribution in 1995.

Another key partnership is that which exists with the staff of our Board who between them have a variety of talents and skills which are channelled into the provision of a wide range of health and personal social services for the population we serve. Our Board is fortunate in the quality and commitment of its staff at all levels and I would like to take this opportunity to thank all of our staff for their unstinting efforts during 1995.

These partnerships allowed us to develop services for various care groups as outlined in the report amongst which are children and families, the elderly and drug misusers.

The enactment of the majority of sections of the Child Care Act during 1995 brought expanded responsibilities for the promotion of the welfare of children and for the protection of children at risk. Service developments outlined in this report are aimed at enabling our Board to meet these additional responsibilities.

This report also outlines the ways in which our Board is preparing to meet the demands which will be placed on services by the growing population of elderly people in the region. Striking statistics from population projections for the next decade and a half show an unprecedented increase in the upper age groups. It is vital that

services are in place to meet the requirements which this will place upon the health and social services.

Drug misuse is perhaps one of the most serious challenges which modern society faces because of the health and social degradation which comes in its wake. While supply issues are outside the remit of our Board, demand reduction through the treatment of drug misusers and inter-sectoral strategies to prevent drug misuse have placed demands upon our services which have had to expand rapidly in order to respond effectively.

The retention of a clear customer focus remained a key area of activity during the year. Our Board's Customer Service Department continued to be an important link with our service users and a number of initiatives were undertaken during the year to obtain consumer feedback regarding our services.

As pointed out in the Health Strategy, an important method of increasing the consumer-orientation of services is to ensure that detailed and accurate information is available when required. Communicating with consumers, staff and the wider public is the remit of our Board's Communications Department which was established in 1995 in order to improve our Board's internal and external communications.

Finally, I would like to pay tribute to the Chairman and members of the Eastern Health Board with whom the management and staff of our Board have been privileged to work during 1995, a year in which much was achieved in re-focusing our approach to service provision and development in line with the requirements of the Health Strategy.

# Community Development

**Our Board fully participates in Area Partnerships which have been established to address social and economic issues at local level.**

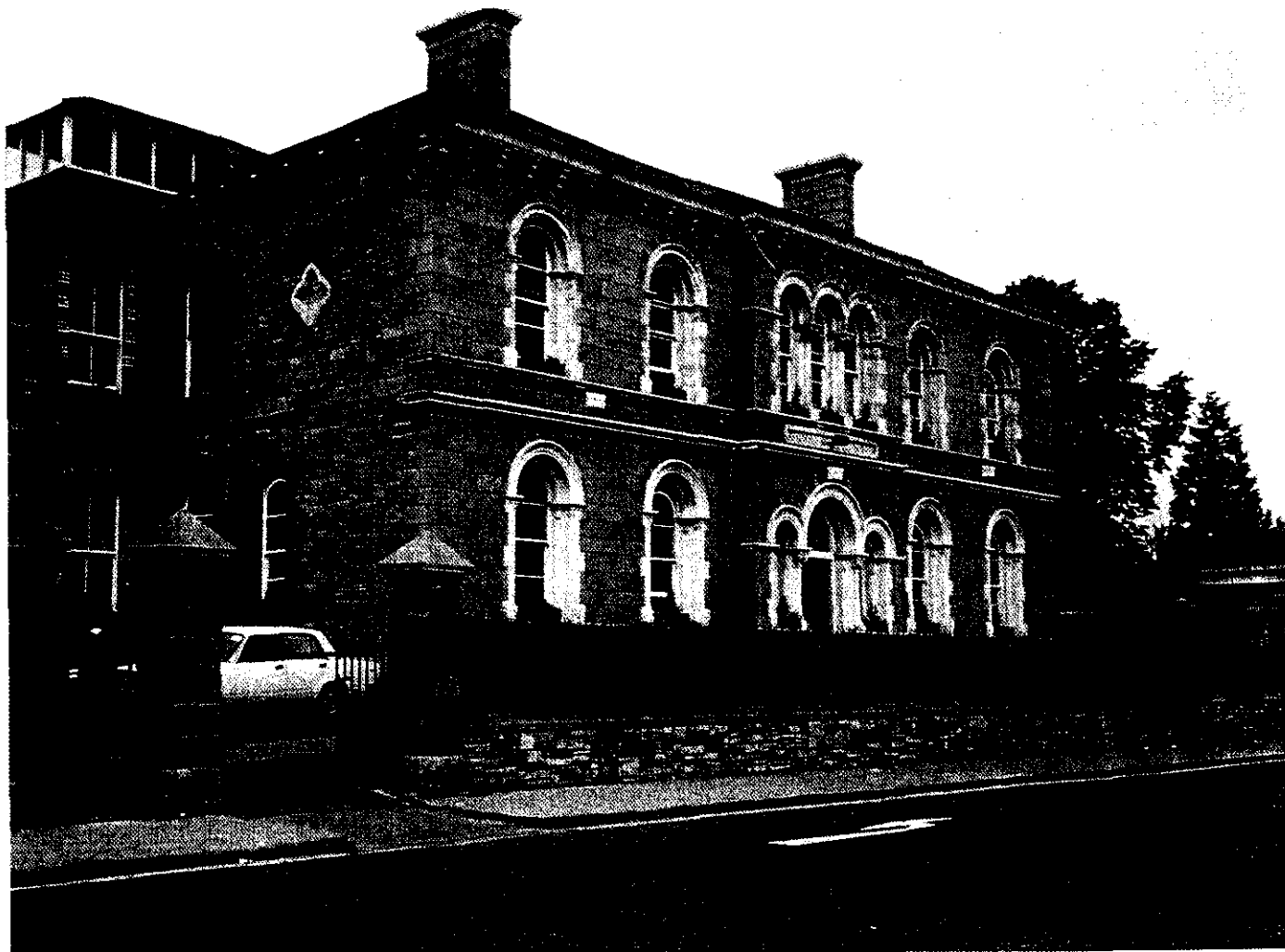
The health and well-being of a community is influenced by a congruence of health, environmental, social and economic factors. Our Board recognises the multi-sectoral impact on health of a wide range of factors which are not directly controlled by the health service.

Whilst unemployment and poor housing lie outside the direct control of our Board, we have actively participated in a number of initiatives, mostly intersectoral, to address these problems. In addition, community development initiatives and programmes

are supported by our community workers and other staff throughout the region.

Our Board fully participates in Area Partnerships which have been established to address social and economic issues at local level. Based on a 'bottom-up' approach, these Partnerships assist local communities to articulate their own problems and help them to identify the means of addressing them. A full-time member of staff was assigned in 1995 to co-ordinate the input of members of our Board's staff who have been assigned to work with the Area Partnerships in thirteen different areas of Meath in the Eastern Health Board Region.

Our Board is also represented on Ballymun Housing Task Force in which the local community plays a leading role in partnership with Dublin Corporation. This partnership has been effective in developing the planned refurbishment programme of the Estate.



*Carmichael Centre for voluntary groups, North Brunswick Street, Dublin: Carmichael Centre for Voluntary Groups: office accommodation for over thirty voluntary groups is provided here by our Board.*

# Children and Families

Our Board provides health, welfare and social services for the 385,493 children who live in our region.

It is the policy of our Board that children should live with their own families if possible and that families should be supported where necessary. Where children cannot be cared for in their own homes, the closest approximation should be provided and supported. Our aim is that services should be organised, planned and delivered locally. They should be community based, accessible, of a high quality, appropriate, integrated and effective.

## Maternity and Infant Care Services

General practitioner services are provided free of charge to women during pregnancy and for mother and baby up to six weeks after the baby is born. In 1995, a total of 8,206 applications for the service were approved.

Maternity cash grants are paid to mothers of newborn infants if they are holders of Medical Cards and there were 1,403 grants approved in 1995.

## Child Health

A range of health and welfare services are offered to all children in the region. For infants, these include visits from Public Health Nurses and paediatric developmental examinations. Child Health Clinics are also held and 10,113 children attended these in 1995. School-going children receive school medical examinations and screening for vision and hearing



BCG Clinic run by Dr. Mary Lucey.

defects. Children are also entitled to avail of speech and language therapy. A major review of our Board's child health services was initiated during 1995.

During 1995, the Department of Health agreed a new strategy for the delivery of childhood immunisations by family doctors.

Domiciliary Care Allowance is paid in respect of children aged between two and 16 years of age who have a disability, who live at home and who require special care and attention. During 1995 our Board paid this allowance to 2,865 parents.

All children in the region receive visits from a Public Health Nurse soon after discharge from maternity hospital. These visits continue until the child is three. Public Health Nurses assist Area Medical Officers at Development Clinics and they carry out screening for hearing and vision defects in primary schools. A variety of other initiatives are also undertaken by Public Health Nurses such as breast feeding support groups; health education in schools and in the community; parenting skills training and pregnancy prevention with teenagers.

Infant health and development is a major part of the Community Mothers Programme which recruits and trains mothers to give support and encouragement to first-time parents, in their own areas, in the rearing of their children. During 1995, Community Mothers visited 1,143 families. The Community Mothers continued their development of support and information groups encompassing ante-natal care, breastfeeding, nutrition and parent-and-toddler groups. The programme was extended into the Traveller community and during 1995, Community Mothers visited 68 Traveller parents.

Visits to children by Public Health Nurses	232,075
Children attending Paediatric Developmental Clinics	17,924
Speech and Language Therapy Assessments	3,114
Hearing tests for children	32,198
Vision tests for children	39,511
Approvals for spectacles	9,206
Infants completing 3 in 1 immunisation	11,231
Infants receiving BCG vaccine	15,311

## Child Care and Family Support Services

During 1995 significant new sections of the Child Care Act 1991 were introduced. The majority of these address procedures for taking children into care and in particular introduced Supervision Orders which allow health boards to supervise children while they remain in the home. Regulations were also introduced concerning children who are in foster care, residential care or placed with relatives.

Two Directors of Child Care and Family Support Services were appointed during 1995. Their responsibilities include policy development, planning and evaluation, quality assurance, the co-ordination of services within our Board and co-ordination of services provided by our Board and other agencies.

Our Board's allocation in 1995 from the Department of Health included a sum of £1.5m. for the development of new services. This allowed for the establishment of new services, the full year cost of which will be £3.7m. including the appointment of ten additional Team Leaders, 19 additional Social Workers, six additional Child Care Workers and 11 additional clerical posts.

A total of 118 new foster carers were recruited and approved by our Board's Placement Committee during 1995.

Six new residential care units were established during the year catering for children who had been in Madonna House and for others who were in difficult circumstances and who required urgent or long-term placements.

In 1995 the High Court ruled that our Board did not have the authority to detain children or young people. However the High Court did make orders in respect of a small number of individual children whom the Court decided were out of control and who should be detained in their own interests under a regime established according to psychiatric or medical advice. Suitable arrangements for the education and therapeutic care of the children were to be provided. Plans were advanced during 1995 to provide such a service.

A Social Work Manager assigned by our Board continued to review all residential services provided by or on behalf of our Board.



*Speech therapist Finula Goggin taking a class at the Language Unit at Ballinteer Health Centre.*

A Senior Social Worker was appointed to manage the Crisis Intervention Service.

The Child Care Advisory Committee met on eight occasions during 1995. During the year, two sub-committees were established in relation to children in care and teenage pregnancy/adoption. Each submitted a report which was adopted by our Board and these were published in our Board's *Child Care and Family Support Services in 1995 - Review of Adequacy*.

Notifications of suspected cases of child abuse	2,158
Schools operating Child Abuse Prevention Programme	624
Referrals to the Crisis Intervention Service	1636
Children in Foster Care	1008
Children in Residential Care	311
Children in Supported Lodgings	64
Nursery School places funded by EHB	1,367

## Adoption

The trend toward smaller numbers of babies being placed for adoption continued in 1995. During the year seven babies were placed for adoption and seventy four applications for inter-country adoption were received.

## Child and Adolescent Psychiatry

Child and adolescent psychiatry services cater for children with a wide range of problems including psychiatric illness, psychological difficulties and inappropriate behaviour.



Staff at Social Work Department in Naas, Pat Osborne, Fergal McDonald, Roberta Mulligan and Rosemary Cooke.

Services in the Eastern Health Board region are provided directly by our Board, the Mater Child and Family Services and the Hospitaller Order of St. John of God. Services are co-ordinated through the

Child Psychiatry Co-ordinating Committee. Service development in recent years has focused on changing/priority needs and integration with primary care services and the paediatric hospitals.

In 1995, funding for the development of new child care services enabled additional staff to be deployed to the centre in Kill, Co. Kildare. A new Child and Family Centre was opened in Athy. The first permanent consultant child psychiatrist was appointed to County Kildare in 1995. Two further temporary consultant posts were filled in a permanent capacity and liaison services were further developed with the National Children's Hospital, Harcourt Street.

Premises were acquired for an adolescent unit at Ballyowen, Lucan and this unit is targeted for commissioning in 1996.

Our Board's services for autistic children including associated educational services, moved to the Beechpark complex in Stillorgan. A new residential hostel, in association with Beechpark was opened at Farmleigh, Stillorgan. A second house at the Gheel complex at Fairview was opened at the beginning of September.

## Family Planning

A review of family planning services in the region was conducted by our Board's Department of Public Health in 1995. The objective was to establish current provision and to identify areas of service which needed to be strengthened in order to ensure the availability of accessible and comprehensive services. The review recommended that services on the north side of Dublin city and county should be expanded, that there should be a greater female medical presence in general practice and that training in family planning for general practitioners should be enhanced. Access to services for medical card patients needed to be improved also.

During 1995 our Board drew up guidelines for the provision of an accessible and comprehensive family planning service in the region. This plan is aimed at giving individuals and couples the greatest possible support to decide freely the number and spacing of their children.

## Services for Victims of Family Violence

Our Board's emergency night shelter for women and women with children, Haven House, provided services for almost 2,000 women and children in 1995. In addition our Board's Refuge in Rathmines cared for about 400 women and about 316 children in 1995. A new refuge will be opened in Bray in 1996 and our Board will substantially fund its running costs. At present our Board funds Aoibhneas Women's Refuge in Ballymun. Our Board has also provided capital funding to Aoibhneas to enable them to build a custom-built refuge in Coolock in 1996.

## Parenting

Parenting skills training courses have been offered by our Board's Psychology Department since 1981. The courses are held in community-based venues, unconnected with the health services, in densely populated areas. There has been a consistent and accelerating growth in demand for these courses. Procedures for programme evaluation were built in from the start and these have consistently shown that the programme achieves significant health and social gain. During 1995, two hundred and fifty one parents participated in the courses and their attendance rate was 94%.

# Women's Health

**During 1995 our Board developed two pilot projects to ensure comprehensive, accessible and equitable women's health services.**

Following publication by the Department of Health of the discussion document *Developing a Policy for Women's Health*, our Board launched an extensive programme of consultation with women and women's groups to establish their priorities for health care. The programme took place with the co-operation of the National Women's Council of Ireland.

Meetings and workshops were held with 110 organisations and covered a wide range of issues and concerns. This has enabled our Board to identify the health and social issues most important to women and the changes or improvements which they would like to see implemented.

Our Board submitted these views to the Department of Health where they will go towards shaping the new national women's health policy which is being drawn up by the Department.

## **Pilot Projects in Women's Health**

During 1995 our Board developed two pilot projects to ensure comprehensive, accessible and equitable women's health services in two designated areas; Coolock and Tallaght/Clondalkin. Through the projects, women can avail of cervical screening, breast examination, menopause advice and family planning.

Services are provided by local general practitioners as well as by the Dublin Well Women Centre and the Irish Family Planning Association. Each general practitioner holds designated women's clinics staffed by either a female doctor and/or a female nurse.

A preliminary review of service uptake was undertaken by our Board's Department of Public Health.

## **Breast screening**

In association with the Mater Hospital a pilot regional breast screening programme for women in the age range 50-64 years was completed in 1995. All women in this age group living in North Dublin City and Fingal County were offered mammography on a personal invitation basis, with two yearly repeat screenings.

## **Counselling Services for Crisis Pregnancy**

Funding was provided by the Department of Health in 1995 to expand pregnancy counselling services in order to minimise, through counselling and other support services, the number of women seeking abortion. This funding was distributed by our Board to six national voluntary organisations working in pregnancy counselling and support.

Our Board consulted with the Irish College of General Practitioners regarding training and information needs of family doctors. We also worked towards ensuring that post abortion counselling is provided in a community setting.

## **Mental Health**

During 1995 two consultant psychiatrists were appointed who are providing a liaison service to the National Maternity Hospital and the Rotunda Hospital.

## **Health Services for Women Working in Prostitution**

Women working in prostitution are more at risk of infection from HIV and other sexually transmitted diseases. They also have a range of general health needs. It is important that these women have access to health services which are targeted to their needs and way of life.

Since 1991, our Board has managed a drop-in and outreach clinic for women working in prostitution. Services provided by this Women's Health Project include information, advice, counselling, liaison and referral, education and support and general medical services.

In 1995 there were 468 attendances at the Women's Health Project. There were 281 outreach contacts. The provision of peer education and training and the raising of awareness of the health needs of women working in prostitution continued during the year.



# Travellers

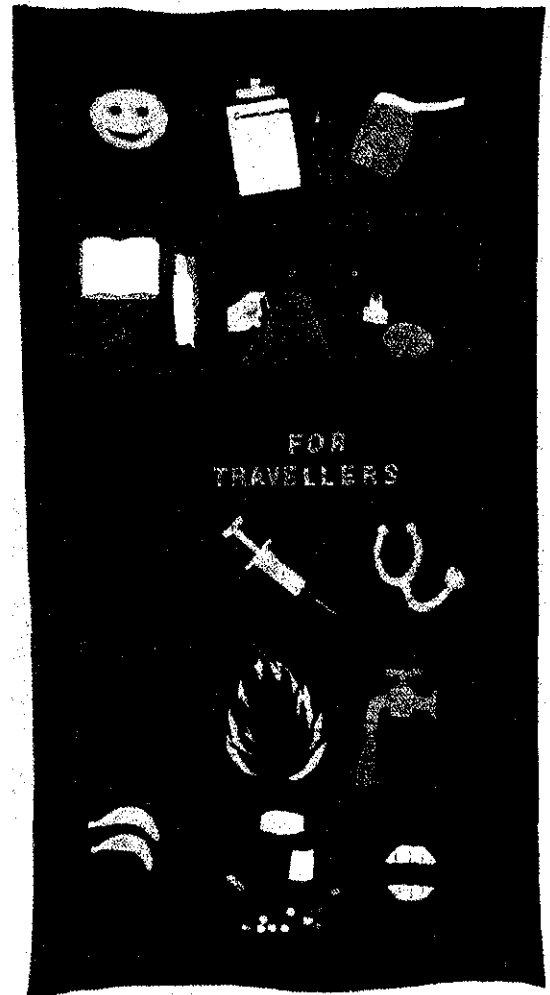
**There were over 1,000 Traveller families in our Board's area in 1995.**

The health status of Travellers is significantly lower than that of the settled population. Our Board is continuing to develop its policy of positive discrimination and special attention to the health needs of Travellers. There were over 1,000 Traveller families in our Board's area in 1995.

A mobile clinic attends 37 sites in the Dublin and north Wicklow areas and a computerised child health record system on Travellers attending the clinic has been developed.

Simplified procedures for processing medical cards were piloted during 1995. A consultative process was initiated in late 1995 between our Board and Traveller representative organisations on the future delivery of the Community Welfare Service to Travellers.

The Community Mothers Programme was extended to include Traveller families. A special programme involving the recruitment of Traveller families as foster parents was further developed in 1995. A special residential unit providing emergency care for Traveller children was opened in 1995 in West Dublin and a drop-in centre is provided.



*Quilt depicting key health issues for Travellers, crafted by women in the Travellers' Health Project.*



*Traveller Community Health Workers, Brigie and Mollie Collins.*

One of the special initiatives our Board undertook in the last year was a primary health care project for Travellers in the Finglas/Dunsink area. Developed in collaboration with Pavee Point, an organisation representing Travellers, its main objectives are to establish a model of Traveller participation in the promotion of health, to develop the skills of Traveller women in providing community-based health services and to liaise and assist in creating dialogue between Travellers and health services providers.

The primary health care project, along with other initiatives by our Board is in line with the recommendations of the Report of the Task Force on the Travelling Community which was published during 1995.

# Homeless

**Emergency accommodation was arranged for 4,000 persons and families in 1995.**

Together with Dublin Corporation and in association with the Departments of Health and Environment, our Board continued in 1995 to develop a strategy for the provision of integrated services for persons who present as homeless.

Our Board's Homeless Persons' Unit in Charles Street operates an emergency accommodation placement service as agent for the local authorities of the Dublin area. Emergency accommodation was arranged for 4,000 persons and families in 1995 pending their taking up more settled housing accommodation. This number included 335 asylum seekers, mostly from Eastern Europe and Africa.

The Unit also provides an income support service to homeless persons through the Supplementary Welfare Allowances Scheme.

The Freephone Out of Hours Service for Homeless Adults, operated on behalf of the housing authorities, has continued to develop. The service received 8,173 client calls in 1995. Liaison between the service and hostels allows for rationalisation and optimum bed use.

During 1995, officials from and Dublin Corporation and our Board prepared proposals for the Minister for Housing and Urban Renewal for the further development of an integrated service for the homeless. Following this, the Minister announced details of a major initiative which will provide a framework for a more co-operative and unified approach by the statutory authorities, working with the voluntary sector, to plan and co-ordinate the development and delivery of services for the homeless.

A new advisory board - with representatives from the Housing Authorities, our Board and the Voluntary Agencies - is to be established. The new advisory board will replace the Dublin Housing Forum.

Our Board provides a mental health service for homeless people with psychiatric illness. This service is led by a consultant psychiatrist and provides an outreach, support, consultation and liaison service to the inner city hostels and other agencies who are in contact with homeless people. A day service and support inpatient beds are available at St. Brendan's whilst a rehabilitation facility and support housing is available in the community.

The day facility for the homeless at St. Brendan's Hospital is being re-organised and will transfer to a community setting. This service was further enhanced by the deployment of outreach workers in line with additional Department of Health funding during the year.



*Granby Centre, run by the Salvation Army, which provides intermediate and long-term accommodation for the homeless.*



# The Elderly

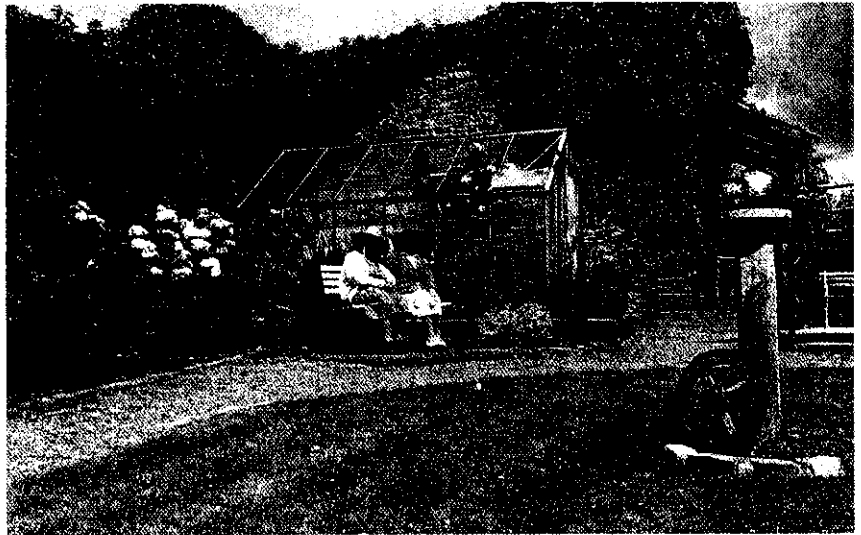
There are 117,443 people over the age of 65 in our Board's region and the most recent estimates are that this number will exceed 176,000 by the year 2011. Population projections also show that between 1991 and 2011, the numbers in the region aged 75 years and over will increase by 60%. During the same period, the numbers aged 80 and over will increase by 80%. It is in those upper age groups that the heaviest demands on the health and social services will occur.

Our Board is conscious that adequate planning and service provision must be in place in order to be prepared to meet the demands which this changed demographic profile will bring. This will be done through the implementation of a series of rolling plans, the first of which, *Review of Services for the Elderly – A Four Year Action Plan 1995-1998*, adopted in 1995, sets out a strategy for the development of services for the elderly in the region in light of the above demographic information.

This plan, which encompasses all three programmes of our Board, is based on providing a spectrum of services which aim to maintain older people with dignity and independence, at home where possible and to provide high quality residential care when this becomes necessary.

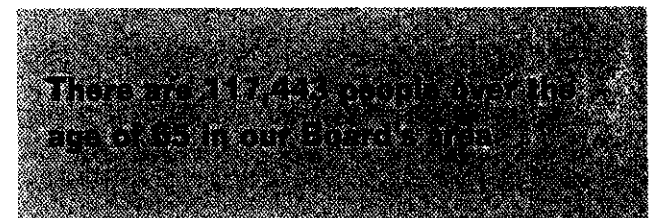
A central feature of our Board's Four Year Action Plan is the provision of 14 Community Ward Teams providing outreach and nursing services, occupational therapy, physiotherapy, home care attendants and home help for the elderly in their own homes together with nine Community Units for the Elderly, including Day Units strategically located in our Board's area.

Each of the three service programmes has responsibility for specific services for the elderly. However, a unified, cross-programme approach is taken in the delivery of services to ensure an integrated and comprehensive response to meet the varying needs of elderly persons and their carers and to ensure ease of access to the level of services most appropriate to individual needs.



Within our Board's region, there is an extensive range of services for the elderly which are provided directly by our Board and by voluntary agencies which are financially assisted by our Board.

Our Board has a valuable partnership with over 130 voluntary organisations which provide a wide range of support services, including home help, meals on wheels, day centres and clubs.



A wide range of community based nursing and paramedical care services are also provided directly by our Board, while an extensive variety of in-patient and day-based services are available in our Board's hospitals and homes for the elderly. Other services include day centres and clubs; nutritional advice; continence promotion; support for carers and subvention towards care in private nursing homes.

The 1990 Nursing Homes Legislation which came into operation in September 1993 has been fully implemented. At 31st December, 1995 a total of 118 nursing homes were registered with a total of 4,905 places available. Seventy nine of these nursing homes were fully registered with the remaining thirty nine conditionally registered. A total of 4,326 applications have been received since the implementation of the Act.



*Dr. Margot Wrigley, EHB Consultant in the Psychiatry of Old Age pictured outside the new Day Hospital and Clinical Headquarters for the Dublin North Central Psychiatry of Old Age Service – a joint EHB and Mater Hospital Project.*

Our Board, under the Special Housing Aid for the Elderly Scheme, makes a significant contribution to the improvement of housing conditions and the quality of life of elderly people with the assistance of FÁS community employment schemes. Three hundred and sixty nine elderly people were assisted in this way during 1995.

The Psychiatry of Old Age is a newly developing speciality and our Board has already established three services in this field, the third such service having been commissioned in 1995 in Dublin South East involving a partnership between our Board, St. Vincent's Hospital, Elm Park and the St. John of God Order.

### **Key Service Developments in 1995**

- The construction of the first of nine planned community units for the elderly commenced in 1995 at the Navan Road with a completion date of early 1996.
- Planning for the development of a Community Unit for the Elderly, at Sir Patrick Dun's Hospital was finalised in 1995. The Unit is due for completion in September, 1996.
- A consultant led Department of Medicine for the Elderly was established at Naas General Hospital.
- A third Department of Psychiatry of Old Age

commenced in Dublin South East in December 1995, with the appointment of an additional Consultant Psychiatrist.

- The Old Age Psychiatry service for Dublin South Central, which is based at St. James's/St. Patrick's Hospitals was extended to cover Crumlin, Drimnagh and Walkinstown.
- The North Dublin Old Age Psychiatry service, which operates in conjunction with James Connolly Memorial Hospital, Mater Hospital and St. Vincent's Fairview moved into a new headquarters in Eccles Street. This centre will also incorporate a day hospital for the area.
- A 25 bed long stay unit for the elderly was opened in Peamount Hospital in late 1995.
- A 22 bed long stay unit for the elderly was opened in Cherry Orchard Hospital.
- A Nutritional Advice Service for the Elderly was initiated.
- Our Board's hospitals and homes for the elderly were re-equipped with the aid of a grant from the Department of Health. New equipment was also provided for the elderly in long stay psychiatric wards.
- Two units for the elderly were linked at Cherry Orchard Hospital to provide additional care facilities and services for the elderly residents.

### **Activities in 1995**

Domiciliary visits to elderly by Public Health Nurses	130,124
Number assisted by Home Help Service	4,900
Meals provided by Meals on Wheels	892,000
Number of voluntary Day Care Centres & Clubs	94
Numbers provided with Chiropody Service	17,933
Private Nursing Home places	4,105
Long Stay Care Places (incl. Psychiatry of Old Age)	2,279
Respite Care places	104
Assessment/Rehabilitation places (residential)	410
Welfare beds	263
Day Hospital and Day Care Unit places	378

# Mental Handicap

**There are 1,191 residential places and 1,446 day places for mentally handicapped persons provided in the EHB region.**

Mental Handicap services are provided directly by our Board, by voluntary organisations funded by our Board and by six voluntary organisations funded directly by the Department of Health. The services of all organisations are co-ordinated through the Central Planning Committee which is chaired by the Programme Manager, Special Hospital Care. This allows for a fully integrated annual development plan to meet day and respite and other needs in the region in line with funding allocated by the Department of Health.

Our Board has adopted a policy on its mental handicap services at St Ita's Hospital which will involve the development of additional community services as an alternative to the residential accommodation at the hospital. This involves the reorganisation of programmes within the hospital, the assessment of individual patient needs, the resettling of patients within the hospital in units with programmes appropriate to particular group needs and changes in staff training and development. These developments have given our Board an opportunity to match the needs of residents to appropriate accommodation.

An additional £400,000 was allocated by the Department of Health for the transfer of patients from St. Ita's Hospital, together with £100,000 for upgrading facilities at the hospital.

Additional funding of £1.8 million was made available by the Department of Health in 1995 to provide an additional 73 residential places, 155 day places and funding to care for clients who display challenging behaviour. Our Board is continuing to develop the provision of flexible home support services to help families with mentally handicapped members care for them at home. Twenty three home help organisations have been provided with training and support and over 200 families were supported in 1995.

There are now 1,191 residential places and 1,446 day places for mentally handicapped persons provided in the Eastern Health Board region.

Two pilot projects, providing a family-type environment for 12 people were initiated by our Board in conjunction with Fingal and Walkinstown Associations.

The Co. Wicklow Association bought a respite home in Newcastle to replace the services at "Kish", Delgany; there will be five additional respite places available for children in the new centre.

A unit for deaf/blind mentally handicapped children was opened by the Anne Sullivan Foundation at Leopardstown, with funding support from our Board.



**Members of the Eastern Health Board Central Planning Committee on Mental Handicap.**

*Front row: Sr. Angela Magee, Daughters of Charity, Mr. Michael Walsh, EHB Programme Manager, Special Hospital Care, Dr. Michael Mulcahy, Stewart's Hospital, Back row: Mr. John Giles, Sunbeam House, Mr. David Dunne, EHB, Mr. Tony Harmon, Director Mental Handicap Services, EHB, Mr. Brendan Sutton, Cheeverstown and Mr. David Devine, Stewart's Hospital.*

## Care for the terminally ill

**A 12 bed in-patient facility for terminally ill patients was provided in St. Francis' Hospice, Raheny in association with our Board.**

It is the policy of our Board that the terminally ill should be supported at home with their families where possible and that back-up residential and day care should be available, when required.

The domiciliary care service provided by St Francis Hospice, Raheny was expanded by the opening of a twelve bed in-patient facility for terminally ill patients in association with our Board. A special allocation was provided by the Department of Health in 1995 for this development, part of which involved a joint appointment of a consultant in palliative care with Beaumont Hospital. This service began in October 1995.

Domiciliary care services are provided by our Board in association with the Irish Cancer Society in Kildare/West Wicklow, with back-up beds in Drogheda Memorial Hospital in the Curragh, St Vincent's Hospital, Athy and Naas Hospital. A similar scheme exists in Wicklow with back-up beds being provided in St Colman's Hospital, Rathdrum, Baltinglass Hospital and at the District Hospital, Wicklow. In Dublin, Our Lady's Hospice, Harold's Cross provides domiciliary and in-patient care in south Dublin.

A Palliative Care Scheme was introduced in 1993 to improve palliative care provided by general practitioners for terminally ill patients in the community. Under this scheme, a once-off fee per patient is payable to general practitioners following application approval. During 1995 there were 498 claims by general practitioners received by our Board.

The Health Strategy emphasised the role of general practitioners in developing appropriate palliative care services and in line with this, special equipment to deliver palliative medicine care to the terminally ill were acquired by our Board's General Practice Unit during 1995 with general practitioners in our Board's region.



*St. Francis's Hospice, Raheny, Dublin.*

## Alcoholism Treatment Services

**In 1995 there were 1,400 new referrals to our Board's Community Alcoholism Services**

In 1995 there were 1,400 new referrals to our Board's Community Alcoholism Services which are provided in four centres: Baggot Street, Stanhope Street, Tallaght and Bray. There were over 100 admissions to the residential service at Barrymore House.

Educational and preventive programmes are provided in addition to detoxification and counselling services. The service works with personnel management in the private and public sector to create an awareness of problems associated with alcohol abuse in the workforce.

Clients on register	3,379
Total no. of attendances	14,236

# People with Physical and Sensory Disabilities

In 1995, our Board further developed services for people with physical and sensory disability in partnership with over fifty voluntary organisations. Services provided include income maintenance, residential, day and respite care; vocational training, placement and employment, home help, meals on wheels, social work, psychological support and special library, information and interpreting services.

Occupational therapy and physiotherapy services are also provided by our Board. Referrals to these services during 1995 were 9,348 and 4,893 respectively.

**Our Board further developed services for people with physical and sensory disability in partnership with over fifty voluntary organisations.**

The number of persons in receipt of Disabled Persons' Maintenance Allowance at the end of 1995 was 9,046, while those in receipt of Mobility Allowance totalled 736. The number of people in receipt of Blind Welfare Allowance at the end of 1995 was 404.

Fees were paid to training centres in respect of 646 people with disabilities who were considered suitable for employment training.

There were 67 residential places for the physically disabled in five of our Board's hospitals and homes in 1995. This number will be expanded by the new 24 bed facility for young chronic disabled persons at Cherry Orchard Hospital on which work commenced in 1995. Our Board also grant aided voluntary organisations which provided 122 residential places for the physically disabled during the year. Respite and day care were also provided.

Special funding was received to develop day activity centres in the Dublin west and north-west areas and to increase the provision of appliances and aids to daily living. The Headway organisation was grant

aided to provide a day care and rehabilitation service for 19 people with severe head injuries.

A new day activity and therapeutic centre at Firhouse, was opened in December 1995 in partnership with the Central Remedial Clinic. Services will be provided for up to 80 people.

Funding was provided to ensure additional places at Day Activity Centres in Athy, Clane, Stillorgan and Coolock.

Arrangements were made during 1995 to continue the personal assistance and ancillary support services which were originally established by the Centre for Independent Living. Representatives of our Board participated in the Special Advisory Group established by the Department of Health to examine the options for future provision of personal assistance services to people with significant disabilities.

Medical and surgical appliances were provided for an additional 2,000 people, bringing the number of persons assisted in 1995 to 22,293. Eleven children were provided with high-tech communication aids.

Facilities and services in residential homes for persons with visual and hearing impairments were upgraded. Funding was provided in 1995 to improve speech and language therapy and support services at St Joseph's, Cabra and increased funding was given to the National Council for the Blind's social and community work service.



Sheila Flynn and Margaret Darrian at the Day Activity Centre in Firhouse.

# Health promotion

## Health promotion initiatives in our Board's area were organised to ensure optimum focus and effectiveness

During 1995 the Department of Health launched its Strategy on Health Promotion which charts the course for health promotion at national and health board level.

In 1995, health promotion initiatives in our Board's area were organised to ensure optimum focus and effectiveness by their delivery through particular settings such as schools, hospitals, community and workplace settings. Some of the initiatives which took place during 1995 were:

- Inter-sectoral co-operation between our Board and the Dublin local authorities and community groups in the Dublin Healthy Cities Project continued in 1995. Work commenced on drafting a health plan for Dublin. The plan will address the principal areas set out in the Health Strategy including those which

contribute significantly to premature mortality: cancer, cardiovascular disease and accidents.

- Multi-disciplinary health promotion committees were established at local area level to co-ordinate health promotion initiatives.
- A primary health care and health promotion project for Travellers was established in 1995 in collaboration with Pavee Point. Its main objectives are to establish a model of Traveller participation in the promotion of health and to develop the skills of Traveller women in providing community-based health services.
- The Health Strategy established targets for increasing the rate of breastfeeding and the Department of Health published a national breastfeeding policy for Ireland in 1994. An action plan to achieve the targets was drawn up by our Board in 1995 and is being implemented on a phased basis.
- The Community Mothers Programme harnesses the skills of experienced volunteer mothers to give support and encouragement to first time parents in



*Celebrating the opening of Ballymun Healthy Cities Office*

rearing their children. Evaluation of the Programme has shown health gain for participating children including greater uptake of immunisation and improvements in the children's diet. In 1995, 960 first and second time parents were visited by 160 Community Mothers and the Programme was extended in two Community Care Areas.

- A peer-led nutrition intervention project in the Blanchardstown area, where local women were recruited and trained to deliver a food and health course to the local community was evaluated during 1995 and positive initial outcomes were demonstrated.
- A nutrition adviser for the elderly has been appointed by our Board.
- The Nutrition Education at Primary School Project continued in 1995 and the materials are being piloted in 3rd and 4th classes in schools in our Board's region. The programme is being evaluated.
- Smokebusters is a schools smoking cessation programme pioneered by our Board which aims to delay or stop the onset of cigarette smoking in young people. Its objectives also include increasing knowledge of the health hazards of cigarettes and to encourage the promotion of non-smoking as the norm. The programme was broadened in 1995 and the Second and Fifth Classes of 67 schools are participating. Evaluation of the programme is being undertaken.
- Our Board played an active role in the national

retailer programme which commenced in 1995 to combat the sale of cigarettes to young persons under the age of sixteen.

- A smoking cessation programme for pregnant women attending the public antenatal clinic of the Rotunda Hospital was established in 1995 and will be evaluated in late 1996. This programme is co-ordinated by our Board and is funded jointly by Europe Against Cancer, the Health Promotion Unit of the Department of Health and our Board
- Following a very successful pilot initiative by the James Connolly Memorial Hospital, it was decided to develop a National Health Promoting Hospitals Network in 1995. A very successful national conference was held in April 1995 which was opened by Mr Brian O'Shea, T.D., Minister for State at the Department of Health. The Network was launched at an inaugural meeting in September, which was attended by delegates from hospitals around the country and the Department of Health pledged strategic and financial support towards the development of the Network project. Prof. Risteard Mulcahy was elected as the Network's first Chairperson and it was agreed that James Connolly Memorial hospital would act as the interim National Co-ordinating Centre.
- It was decided in 1995 to review our Board's future policy and organisation relating to Health Promotion in the light of the new requirements of the Health Strategy and following the establishment of the new Department of Public Health. Firm decisions will be taken in this regard in 1996.



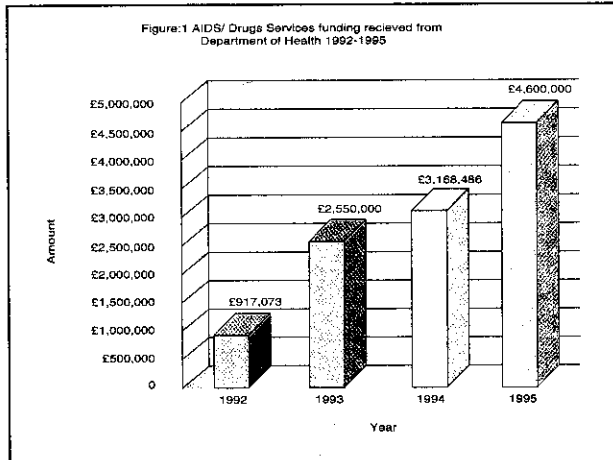
*Nutrition adviser for the elderly, Sheena Rafferty.*

# AIDS/Drug Service

**The Government's Strategy to Prevent Drug Misuse emphasizes that no single approach to drug treatment will work for all drug users**

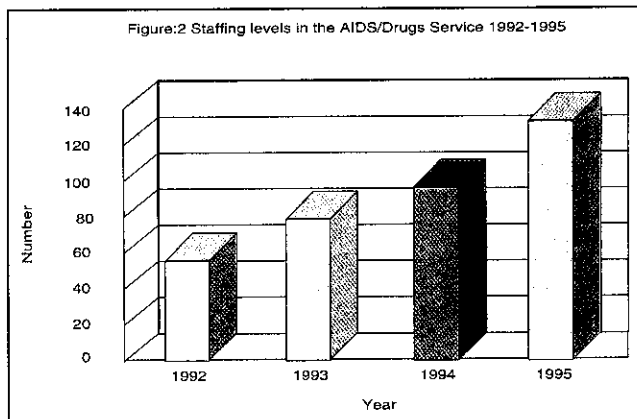
## Drugs Service

The Government's Strategy to Prevent Drug Misuse emphasises that no single approach to drug treatment will work for all drug users and that a wider range of accessible treatment options should be put in place. The Eastern Health Board has taken a leading role in implementing this change in policy and our subsequent service development has been carried out against this background through a range of directly provided services and services funded through voluntary agencies. Funding received from the Department of Health to implement the changed policy has increased since 1992 as shown in Figure 1:

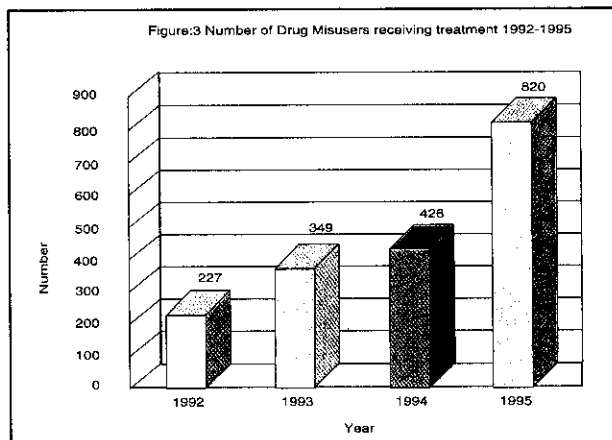


In common with other capital cities, parts of our region are experiencing high levels of drug misuse, particularly in areas of social deprivation. Associated with this is morbidity, mortality, high crime rates and social degradation. This has placed great demands on many aspects of our services ranging from Child Care and Family Support to the health services and on the AIDS/Drugs service particularly. Increased staffing has been required to meet the increased demand and the growth in staff numbers in the AIDS/Drugs Service since 1992 is shown in Figure 2:

Our approach has been to develop outreach contact with the greatest possible number of drug users, to



decide with them on the appropriate treatment following first contact and to encourage all drug users to move from a chaotic lifestyle to a more normal lifestyle. Throughout the treatment process, support is given by our medical, counselling and welfare staff. The treatment options have the effect of improving personal health of drug users; improving the health of the communities in which most drug users live; reducing chaotic and anti-social behaviour and limiting HIV transmission. The growth in the numbers of drug misusers receiving treatment since 1992 is shown in Figure 3:



A major component of our efforts has been to persuade communities and the general public, local representatives and other health professionals, from both the statutory and voluntary sector, of the need for accessible and timely services and treatment.

Community development, intersectoral projects such as Area Partnerships and prevention and early intervention are seen by our Board as key endeavours. Early intervention is undertaken through initiatives such as a recently established programme for adolescent drug



misusers, in the inner city. The programme is aimed at adolescents who are either dependent or at high risk of dependency on opiates. Participants must commit themselves to involvement in follow-up, further training or education when their participation in the programme is completed. The programme's mix of occupational, recreational, educational therapeutic and medical input will be of sufficient variety, challenge and interest to engage the young people. Clear expectations of participants and rules will be elaborated. The programme will be evaluated to assess its effectiveness and may become a prototype for other such developments.

### **Planning, Development, Monitoring and Co-ordination of Services**

An Eastern Region Co-ordinating Committee was established and held its first meeting in May 1995 with the following terms of reference:

#### **General**

The Regional Co-Ordinating Committee will be primarily concerned with the demand aspects of drug misuse and

will consider supply side issues only in so far as they may impact on specific demand side issues.

The Committee will be concerned with strategies for the prevention, intervention, treatment of drug misuse and with rehabilitation.

In general terms, the Regional Co-ordinating Committee will monitor the effectiveness of current policies and advise on any policy changes considered necessary.

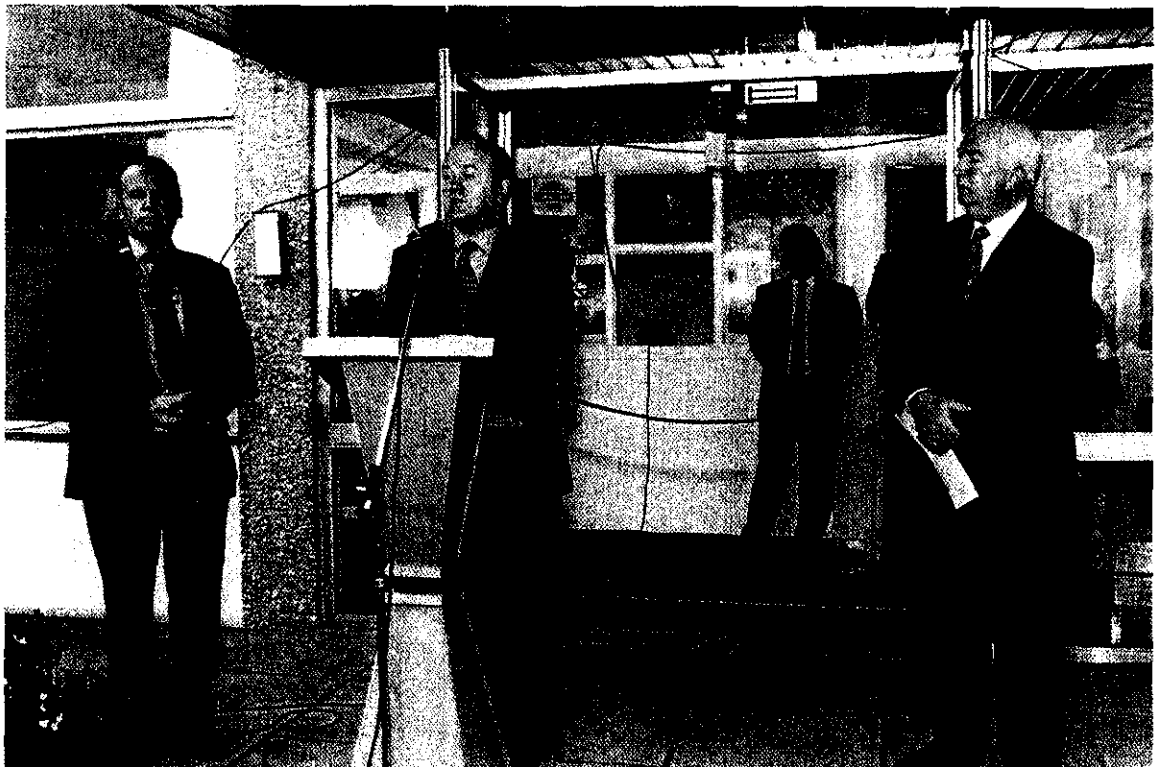
#### **Particular**

To monitor trends in substance misuse and to develop and maintain an up-to-date information data base.

To review the effectiveness of existing responses of statutory and voluntary agencies.

To ensure that a co-ordinated action plan is in place and that its aims and objectives are continuously reviewed in line with changing needs.

To identify appropriate areas of research aimed at improving effectiveness of existing responses.



*The Minister for Health, Mr. Michael Noonan officially opens Cuan Dara Detoxification Unit.*



*Freedom From Addiction by Liz. W. (Soilse)*

Membership of the Committee, which is chaired by our Board's Chief Executive Officer includes representatives from the Departments of Justice and Education, Garda Síochána, Prison Service, Probation Service, FÁS, Voluntary Services, Community Organisations, Dublin Healthy Cities Project, Youth Council, the Drug Treatment Centre at Trinity Court, National and the Eastern Health Board services.

Sub-committees on prevention/ education and treatment respectively reviewed current needs and produced detailed recommendations in September 1995 which made an important contribution to planning of future services.

A new Strategy and Development Group was established within our Board's drugs service in 1995. Further strengthening of the management structure for the service was planned in 1995 and two additional consultant psychiatrist posts were also approved for the service.

### **1995 Service Developments and activities**

Our Board spent £1.27m on additional service developments during 1995 made up of £0.7m. capital and £0.57m. revenue and the following developments took place in 1995:

### **Detoxification**

A ten-bed Detoxification Unit, Cuan Dara, was opened at Cherry Orchard Hospital. This is the first unit operated directly by the Eastern Health Board's addiction services. This detoxification service enables young people at risk to be given sheltered inpatient treatment as part of their detoxification programme.

### **Community Drug Centres**

Two additional centres were partially opened and staffed at Ballymun and Blanchardstown, bringing the total of such centres to five. Existing centres were upgraded and their opening hours extended.

### **Community Drug Teams**

Two additional community drug teams were established at Tallaght and Coolock. Additional addiction counsellors and outreach workers were appointed. These will provide support in the community and enable the referral of a number of stable drug users to general practitioners for methadone maintenance.

### **General Practitioners**

Initiatives were taken to involve general practitioners in

# Aids/Drug Service

treatment and prescribing. Contact has been established with twenty general practitioners who are prescribing methadone in the community with a view to developing collaboration between them and our Board. These doctors are prescribing for 500 drug users. During October 1995, agreement was reached with five general practitioners in an inner city area to take on a number of patients for treatment.

## Waiting Lists for Treatment

Waiting lists for treatment at the end of September 1995 totalled 511. A service plan preparing for 1996 addressed the elimination of this waiting list and the anticipated treatment of a further 500 drug users in 1996.

## Rehabilitation

The capacity of Soilse programme was increased from 15 trainees to 60 per annum and the 'SAOL' programme for 15 female drug users was established.

## Talbot Centre

In Dublin's north inner city, the Centre provides individual counselling for young drug misusers and their families. During 1995, 105 young people were in on-going contact with the service and 79 families, involving 340 family members received family therapy. Literacy and numeracy skills were also taught and recreational, health education and art and drama therapy were also provided.

## Mobile Service

A vehicle was purchased for commissioning in 1996.

## Partnership with Voluntary Organisations

Eleven voluntary organisations working in the field were grant aided by sums totalling £697,000 during 1995.

## AIDS/HIV Service

Our Board's policy in relation to AIDS and HIV is to maximise contact between health services and drug

users who are the prime transmission category for HIV infection and to provide a range of harm reduction and treatment services. This is seen as the optimum public health policy for limiting the transmission of HIV in the region. There is also a range of preventive initiatives in relation to gay men, women working in prostitution and sexually active young people where HIV testing and counselling, prevention advice and support is given. Primary health care for HIV is available in our Board's satellite clinics. Our Board also funds a range of voluntary organisations to provide HIV education/prevention within the community and support for those infected.

During 1995 our Board made a significant input into the National AIDS Surveillance Committee. This is a sub-committee of the National AIDS Strategy Committee and its terms of reference are to consider the development of a sero-surveillance programme to determine as accurately as possible the spread of HIV by category of person and by region. The provision of information by the Virus Reference Laboratory, with a view to identifying the regional spread of the disease is also being considered.

## Needle Exchange

Since drug users who share infected needles are at risk of transmission for HIV infection our Board has needle exchange facilities in place at eight centres in the region. During 1995, 251 new attenders availed of this facility.

## Gay Men's Health Project

During the year, the Gay Men's Health Project continued to operate both its drop-in clinic and outreach service to the gay and bisexual community.

One hundred and three clinical sessions were held at which there were 554 visits. Of these, 174 were new; 177 availed of the HIV test and 133 availed of the Hepatitis B test. Over 300 people received the Hepatitis B vaccine and 285 men received counselling.

Outreach work and workshops continued, promoting safe sex, safer drug use, self development and esteem; safer sex packs were distributed. Workshops were held on safer sex for gay and bisexual men as were training workshops for community groups.

**Poems by some of the  
women from Saol**

## *See the Light*

The sun it shone so brightly  
the day I left behind  
a life so full of misery  
that had trapped me in time

It's amazing to see the colours  
that shine so very bright  
for all I knew was greys and blues  
as if each day was night

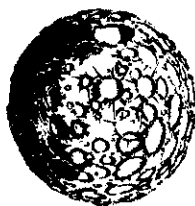
But now I'm like a butterfly  
who's shed its outer skin  
'cos now I let the sunlight  
flow very gently in

Gone are all my darkest fears  
my days of misery  
'cos now I hear the humming bird  
Sing sweetly in the tree

So let me tell you one and all  
don't ever close your door  
Don't sink into the darkness  
When you can see the light once more

## *My Family*

My Family, I put you through a lot.  
My children, I put you through the mill.  
My father, I'm trying to make amends.  
Now I'm on the right road.  
My life is looking good.  
I'm doing my best to make it right.  
For him, for them, for me.  
My family is always there for me.  
They help, love and care for me.  
I cheated and lied  
they never strayed.  
I owe them a lot.



## *The Moon*

The moon was shining all night  
the stars all a glitter  
throwing out light.  
Not a sound is heard  
as  
People sleep out of sight  
when  
looking from my window bright  
and  
not a single soul in sight.

# General Hospital Care

## Hospital Accident & Emergency Services

Our Board has co-ordinating responsibility for the provision of Accident and Emergency services by the six major Dublin Hospitals. On-going meetings of the A&E Steering Group were held during the year under the chairmanship of the Programme Manager, General Hospital Care, to review progress and ensure the efficient and effective provision of hospital A&E services at all times. Activity in each of the hospitals is monitored on a daily basis with a more detailed report being compiled each week by our Board.

In mid-1995 the Steering Group drafted a contingency plan setting out a number of initiatives which could be taken and which would relieve pressure on the overall hospital system in the Dublin region over the winter period.

Initiatives proposed included the provision of additional facilities to enable patients, who had completed the acute phase of their medical treatment to be treated at an appropriate level of care consistent with their medical needs. The 'contingency plan' also proposed a hospital bed utilisation study to be carried out in the six Dublin A&E hospitals. This study was undertaken by our Board in November 1995. In addition a public education campaign on the appropriate use of hospital

**Our Board has co-ordinating responsibility for the provision of Accident and Emergency services by the six major Dublin Hospitals.**

A&E departments was prepared by our Board for launch in early 1996.

## James Connolly Memorial Hospital

The Health Strategy has reiterated that James Connolly Memorial Hospital will be developed as one of the six acute general hospitals to serve Dublin. In 1995, the Minister for Health, Mr. Michael Noonan announced an £8 million Phase 1 Development plan for the Hospital.

The current development involves structural improvements and the re-location of outlying acute units adjacent to the main block. A design team will be appointed during 1996.

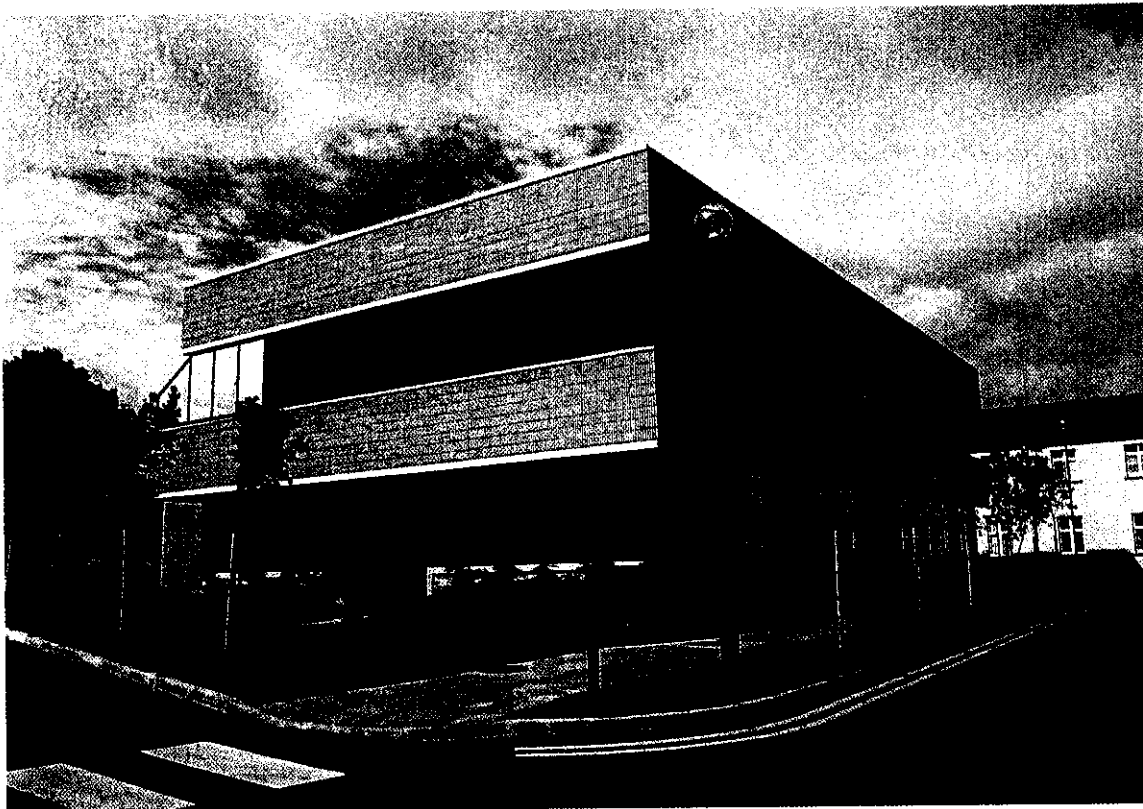
The development will also include an extensive programme of equipment replacement, particularly in the fields of radiology, coronary care, intensive care and anaesthesia.

A comprehensive rheumatology service is currently being developed in the hospital and this is due to become operational in 1996.

A CT scanning service has been identified as one of the priority needs of



*The James Connolly Memorial Hospital*



*St. Columcille's Hospital*

the hospital and plans are at an advanced stage for the development of this service.

Staffing requirements are also being reviewed and a number of needs have been identified in medical and ancillary services. Proposals for additional consultant staff in orthopaedic surgery and radiology have been made to the Department of Health prior to application for approval to Comhairle na nOspideal.

A Patients' Services Officer was appointed in the hospital during 1995 and the hospital is developing comprehensive patient services including quality control measures. Regular feedback is being sought from patients in relation to their assessment of the services.

James Connolly Memorial Hospital is actively involved in health promotion and is one of 20 pilot members of the European Network of Health Promoting Hospitals. An Irish national network of Health Promoting Hospitals was established late in 1995 with James Connolly Memorial Hospital as the interim co-ordinating centre.

In November 1995 a research team from the

Department of Respiratory Medicine in James Connolly Memorial Hospital was successful in a competition involving 900 international groups from Europe, the USA, Canada and Asia and was awarded the top research prize at the AGM of the American College of Chest Physicians. This was the first time that the *Cecil Lehman Meyer Prize* – which is for the best original scientific research presented at the meeting – was awarded to Ireland. In addition another member of the hospital team won the Young Investigator Award, one of ten awards given for the best presentations by doctors under the age of 40.

The prize winning projects were on asthma research and were carried out in collaboration with the Royal Free Hospital School of Medicine in London.

### **St. Columcille's Hospital**

Our Health Board and the Department of Health are in discussion regarding the Phase 11 Development of St. Columcille's Hospital, Loughlinstown, Co. Dublin.

This development will include upgrading and extending the Radiology Department, providing a dedicated day procedure facility and upgrading the hospital's mechanical and electrical services.

A programme of structural upgrading, re-equipping, and computerisation was carried out in St. Columcille's during 1995. Laboratory, accounts and stores systems were computerised in 1995. The Lourdes Surgical Ward was upgraded and the mortuary and post-mortem facilities were extended and upgraded.

New equipment purchased included a mobile X-ray unit, monitoring equipment for the theatre, a defibrillator, and an ECG machine.

Two replacement posts of consultant obstetrician/gynaecologist were filled jointly with the National Maternity Hospital. A new consultant anaesthetist was appointed on a joint basis with St Vincent's and a third post of consultant physician in geriatric medicine was approved by Comhairle na nOspideal. This is a joint appointment between St Columcille's, St Michael's and St Vincent's Hospitals.

St. Columcille's was accepted as a member of the Irish National Health Promoting Hospitals Network during 1995.

## **Naas General Hospital**

Proposals for Phase 11 of the Development of Naas General Hospital were submitted for approval to the Department of Health in October, 1995.

In 1995, the hospital continued its programme of replacement of medical equipment and beds. A special grant of £45,000 was received from the Department of Health in 1995 for equipment for the hospital.

Staffing levels were improved by the appointment of an additional consultant radiologist, an additional medical registrar, a pharmaceutical technician and a senior occupational therapist.

A system of clinical audit in both the medical and surgical departments was initiated in 1995.

A working group has been set up to examine the quality of the service in the hospital's Accident and Emergency and Outpatient Departments.

Naas General Hospital is a member of the BIOMED quality assurance in hospitals initiative and in addition to its own work in the A & E and OPD area, has access to quality initiative developments in other hospitals throughout the country.

The hospital is a member of the national Network of Health Promoting Hospitals.



*The Lakeview Unit, Naas General Hospital.*

## General Hospital Activity in 1995

	James Connolly	St Columcille's	Naas	Total
In patient:				
Admissions	7,760	5,831	4,454	18,045
Bed days	114,032	45,081	37,310	196,423
Discharges/ Deaths	7,724	5,806	4,466	17,996
Day cases	2,022	1,547	1,347	4,916
Out-patients:				
No of sessions	1,526	656	267	2,449
New attendances	8,620	5,036	2,605	16,261
Return attendances	42,162	13,007	12,426	67,595
Accident & Emergency:				
New	24,490	23,236	17,442	65,168
Return	8,352	10,348	7,751	26,451

### Cherry Orchard Hospital

Work has started on a new 25 bed facility for young chronic disabled persons. The new facility, which will cost approximately £500,000, will provide residential and respite places and will also facilitate day attenders.

Twenty two elderly patients were admitted to a new unit which was re-furbished and re-opened in January, 1995.

A ten-bed detoxification unit was opened in July, 1995.

### The Ambulance Service

The Eastern Health Board Ambulance Service provides emergency and pre-planned patient transport from seven bases – James's Street, Loughlinstown, Wicklow, Naas, Maynooth, Athy and Baltinglass.

During 1995, 14 new ambulances along with a Mobile Intensive Care Unit were commissioned.

The Cardiac Ambulance Service was extended to Kildare and Wicklow.

A pilot project to evaluate the use of defibrillation in a general practice commenced in Arklow in early 1995.

A planning application was lodged for development of a new Ambulance Base in Arklow. A temporary Ambulance Base in North Dublin was identified and refurbished and service from this base will begin in 1996 pending construction of a permanent base on the same site.



Eastern Health Board Chairman, Cllr. Michael Barrett takes the wheel.

Number of ambulance bases 7

#### Fleet

Ambulances 55  
Minibuses 50  
General purpose vehicles 66

#### 1995 Activities

Responses to emergency calls 32,054  
Responses to urgent calls 35,401  
Preplanned patient journeys 91,235

### Overseas Medical Service

Our Board provides assistance to people in our area towards the cost of medical services or treatment abroad. This assistance is payable when it is certified by the referring consultant that the required treatment is not available in this country, that there is an urgent necessity for the treatment and that there is a reasonable prognosis. The treatment for which the patient is referred must be proven and must take place in a recognised institution or hospital. During 1995, the number of applications received totalled 92, of which 69 were approved, at a total cost of £722,615.



# Community Care

**At the end of 1995, there were 372,244 persons covered by a Medical Card in our Board's region**

Services under this heading can be sub-divided as follows:-

The community protection programme, including child health examinations, immunisation, food hygiene and food standards, drug controls, health education and other preventive services.

The community health services programme, covering general practitioner services (including the supply of drugs and medicines), scheme for subsidising drug purchases, home nursing services, domiciliary



*Children enjoying the summer project at the North inner city Neighbourhood Project.*

maternity services, family planning, and dental, ophthalmic and aural services.

The community welfare programme including cash payments to disabled persons and to persons with certain infectious diseases, home helps and meals-on-wheels services, grants to voluntary welfare agencies, maintenance of deprived children, welfare homes and other accommodation for the aged.

## **Food and Medicine Control**

An internal scientific and technical working group was established by our Board in 1995 to report on the key areas of food and medicine control as highlighted in the Health Strategy. The implications of the introduction of EU Directives in the area were also examined by the working group.

Our Board's Public Analyst's Laboratory tested 1,137 food samples submitted by our Board's Environmental Health Service and 275 samples submitted by members of the public.

## **Environmental Health**

Our Board employs 100 Environmental Health Officers. The EHOs are responsible for monitoring privately rented houses, camping and caravan sites, measuring and controlling air and noise pollution, inspecting places where food is handled and investigating complaints about poor food, hygiene conditions or contaminated food. The EHOs carry out health checks and inspections at ports and airports and provide public education on hygiene.

Our Board's environmental health services operate a pest control service for the Dublin area.

## **General Medical Services**

### **Medical Cards**

At the end of 1995, there were 372,244 persons covered by a Medical Card in our Board's region and 52,420 first-time applications for Medical Cards were received during that year. There were 528 general practitioners and 382 pharmacists participating in the scheme. Payments to general practitioners in 1995 totalled £23.4m. while payments to pharmacists totalled £47.4m.



*Dr. Michael Joyce demonstrating an accredited Software package at a computer open day for GPs in Dr. Steevens' Hospital, watched by from left, Dr. Rory O'Driscoll, Mr. Adrian Charles and Dr. Sean McCarthy, EHB GP Unit.*

### **General Practice Unit**

Our Board's General Practice Unit continued to facilitate, support and develop general practice in line with the principles of the Health Strategy and the blueprint document *The Future of General Practice in Ireland* by raising standards in general practice, facilitating an improvement in the interface between general practice and other health services and assisting general practitioners to prescribe appropriately and cost-effectively.

Our Board invested up to £1.5 million in 1995 in the development of general practices in Dublin, Wicklow and Kildare. In addition up to 220 general practitioners received a total of £750,000 to upgrade their practices under the Indicative Drug Budget Scheme.

Our Board has provided up to half the finance required for six pilot general practice developments in Tallaght, Clondalkin, the South Inner City, Dun Laoghaire and Bray. In return for this investment, general practitioners are significantly expanding their range of services, improving their cross-cover and providing our Board with key epidemiological data.

In conjunction with two groups of general practitioners

in West Tallaght, the Unit is developing two centres of general practice on green field sites. The centres will have comprehensive general practice facilities and space to provide an enhanced level of service. Our Board will have accommodation for its own clinics within the two developments.

Computerisation was a key feature of developments in general practice during 1995. A target of computerisation of 80% of general

practices by 1998 has been established and 33 practices, representing 61 General Practitioners, received a total of £256,000 during 1995. Our Board's Management Services Department established a computer resource centre for general practitioners in our Board's area during 1995. A number of computer training and open days for general practitioners and their staff was also held during the year. The Department of Public Health evaluated the computerisation of two group practices along with the evaluation of the employment of managerial and para-medical staff in those practices.

A Joint Working Group was set up representing the local general practitioners, our Board and the hospitals which are moving to the new Tallaght Hospital to examine how best primary health care services and general hospital services can be developed in a integrated setting.

An ambulatory blood pressure monitoring scheme was developed during the year. The scheme was evaluated jointly by Beaumont Hospital, our Board's Department of Public Health and the General Practice Unit.

In 1995 a pilot cardiac response project involving local general practitioners and linked with the ambulance

and hospital services was initiated in Arklow. Palliative care services were also developed. Equipment for shared use by rural practices was bought and direct access by general practitioners to additional physiotherapy services in Athy, was implemented and was evaluated by our Board's Department of Public Health.

### **Community Drug Schemes**

People whose expenditure on prescribed drugs and medicines exceeds £90 per quarter are entitled to claim a refund of expenditure in excess of that amount. During 1995 our Board processed 54,577 claims involving £8.7m. expenditure.

People with specific long-term illnesses and conditions, who are not already Medical Card holders, may obtain without charge, the drugs and medicines for the treatment of that condition. At the end of 1995 there were 29,718 persons on the Long Term Illness Scheme and payments to pharmacists totalled £7m.

The Drug Cost Subsidisation Scheme is available to persons who do not have a Medical Card or Long Term Illness Book but who have a long-term medical

condition requiring drugs costing in excess of £32 per month. At the end of 1995 there were 23,629 persons eligible for the service in our Board's region and payments to pharmacists totalled £10m. during the year.

### **Health Centre Development**

Substantial progress has been made with the programme of health centre development during 1995. The extension to Carnew Health Centre was completed and planning application stage was reached for the Swords Centre. Preliminary designs were produced for Athy, Celbridge and Bray and a unit was acquired in Deansrath for conversion to health centre use. Site transfers were being finalised for the Fortunestown, West Tallaght and Howth developments, while agreement was reached on the joint Eastern Health Board/General Practice Units at Rossfield and Killinarden in West Tallaght. In addition to these major developments, a programme of upgrading and refurbishment of our existing centres was implemented.



*Committee members at the Sancta Maria Day Care Centre, Cabra, from left, Anne Grogan (Manager), Kathleen Scully, Catherine Smithers and Teresa Smith.*

## Dental and Orthodontic Services

During 1995 our Board concentrated on the development of preventive services, dental treatment and orthodontic services within the context of the national Dental Health Action Plan.

Additional funding was provided in 1995 which enabled our Board to refurbish many of its surgeries and to provide the additional facilities required for the implementation of the various elements of the Action Plan. A number of mobile dental units were also purchased for domiciliary visits.

During the latter part of 1995 our Board appointed eight dental hygienists. These new posts will play a vital role in the planning and implementation of preventive programmes, i.e. dental health education and fissure sealants in addition to providing oral health services for persons with special needs.

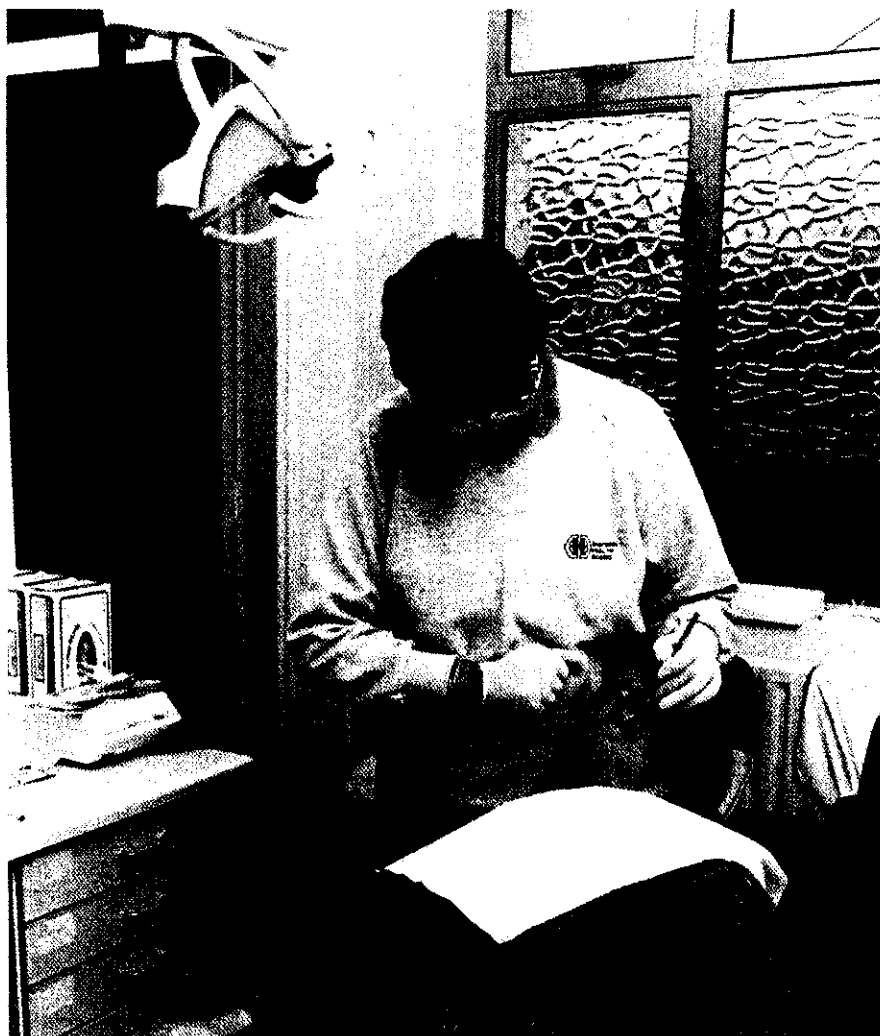
Mouth-rinsing programmes were extended in the Kildare area to all schools where the water supply is less than optimally fluoridated. Fluoridation plants were upgraded and/or refurbished in Kildare and Wicklow.

During 1995, our Board continued to provide systematic screening of children in 2nd, 4th and 6th classes. Eligibility was extended to 14 years of age and this resulted in an increase of 20,000 children being treated by our service in 1995. There was no waiting list for services for children in 1995 and an emergency service was available on demand.

The Adult Dental Treatment Services Scheme, which was introduced in November 1994, continued successfully during 1995. The scheme is being introduced for adults on a phased basis over four years by way of age cohorts. The first age cohort to whom the scheme was made available were those 65 years of age and over. Emergency treatment for the relief of pain is available to all adults over 16 years of age. During 1995 the number of people availing of this scheme was 29,627. A total of 200 private dental practitioners have contracted with our Board to provide services under the scheme.

By mid 1995, our Board had cleared its waiting list for persons over 65 years of age. Routine treatment is available on demand for people in this age cohort.

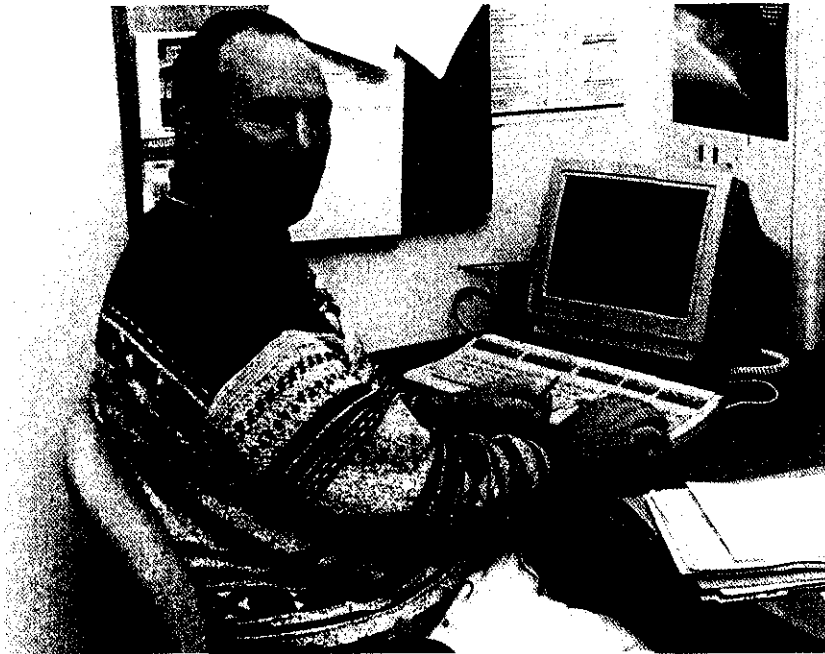
During 1995, our Board increased the number of orthodontists from two to five whole-time equivalents.



*Dental Surgeon, Gillian Boucher-Hayes with a patient at the dental clinic in the Crumlin Health Centre.*

Our Board also employed seven private orthodontists on a sessional basis. The sessions worked by the private orthodontists equate to two whole-time equivalent posts. Capital funding was received to build orthodontic units at Beaumont and St. James's Hospitals in Dublin. These will each be headed by a consultant orthodontist. Our Board now employs five dentists with M. Orth. qualification in the community to

Expenditure on Supplementary Welfare Allowances totalled £67.6m. and the number of beneficiaries was 96,703. Payment of basic allowances accounted for £11.8m, while exceptional needs payments amounted to £9.1m. Rent and mortgage supplements accounted for £37.7m, while other items of expenditure included heating supplements and the Back to School Clothing and Footwear Scheme amounted to £9m.



*Community Welfare Officer, Pat Sweeney, at the new Tallaght Offices.*

provide orthodontics to children on a full-time basis. The number of completed orthodontic cases during 1995 was 2,099.

### **Community Welfare Service**

The Supplementary Welfare Allowance scheme is operated by our Board's Community Welfare service under Department of Social Welfare legislation and the expenditure under the scheme is fully recouped to our Board by that Department.

Demand for the service continued to grow during 1995.,

The demand for and expenditure on rent and mortgage supplements, which has been increasing sharply since 1989, continued to grow significantly in 1995 – reaching a total of 44,883 cases with expenditure. The Review Group on the Role of S.W.A. in Housing, set up in late 1994 by the Minister for Social Welfare, examined this matter throughout 1995 and reported to the Minister in December 1995. One of the principal recommendations of that report is that all aspects of housing policy and supports, including rent and mortgage supplements should be administered by the Local Authorities.

An appeals system is in place for those dissatisfied with decisions made in relation to Supplementary Welfare Allowances. During 1995 there were 2,372 appeals finalised. Eleven percent of these were upheld.

A strategic management initiative was developed in the service in 1995. This review examined the service in terms of its ability to provide a high quality customer-responsive service.

Our Board is actively involved with the Department of Social Welfare's Integrated Short-Term Schemes (ISTS) – a computer system through which all short-term social welfare payments, including Supplementary Welfare Allowance will be made in future.

The Community Welfare Service continues to be actively involved in the growing number of money advice projects. This involves money and debt management and restructuring of existing debt.

*Demolition of the Lower House at St. Brendan's Hospital, Dublin.*



# Special Hospital Care

**The Eastern Health Board, in partnership with the voluntary sector, is moving towards the final stages of completing a ten year major reorganisation of its psychiatric services from an institutional to a community model**

Special Hospital Care is responsible for the provision of services for the mentally ill and mentally handicapped, alcoholism services, child psychiatry services and forensic services.

These services are provided either directly by our Board or by arrangement with other agencies, including voluntary organisations.

## Psychiatric Services

The Eastern Health Board in partnership with the voluntary sector is moving towards the final stages of completing a ten year major reorganisation of its psychiatric services from an institutional to a community model as provided for in the 1984 Government policy document *Planning for the Future*.

Our Board has been engaged, following detailed assessment in transferring the majority of long stay patients from outdated hospital accommodation to houses and community-based services more appropriate to their needs.

It has also been decided to develop our Board's range of community-based services to meet new long-stay and rehabilitation needs in the region. These will be provided in purpose-built domestic style units designed in such a way as to allow flexible use in treating a wide variety of patient needs.

It is also recognised that a number of patients are so disturbed by their illness that they require a highly staffed, specially designed area which can contain and manage difficult and dangerous behaviours safely and quickly. Our Board was involved in 1995 with the Department of Health in a review of future requirements to meet this special requirements to meet this special accommodation need.

The number of patients in psychiatric hospitals in our region has dropped by 1,058 in the last ten years and 1,300 alternative beds/accommodation are now provided in the community.

Our Board's region is divided into 10 catchment areas with the Board providing services directly in 8 areas. Services in two areas are provided on a contract basis by the Hospitaller Order of St. John of God and by St. Patrick's Hospital/St. James's Hospital. The combined activity for our Board's region in 1995 is as follows:

No. of out-patient clinics	4,969
Attendances	105,006
No. of community residences	97
No. of residents	589
In-patient admissions during 1995	7,078
Discharges/deaths during 1995	7,113
Attendances at day hospitals/day care centres	1,800



*Sonas Community Residence in Arklow*



*Dr. Brian McCaffrey, consultant psychiatrist, EHB.*

### **Acute Psychiatric Units in General Hospitals**

The Health Strategy reiterated the policy of transferring the provision of acute psychiatric in-patient care from the traditional psychiatric institutions to acute units in general hospitals.

The first such unit in our Board's region was opened in St. James's Hospital. Further units have been commissioned in James Connolly Memorial Hospital, Naas General Hospital and the Mater Hospital.

Progress was made during 1995 on the commissioning of the acute psychiatric unit at Beaumont Hospital. Joint posts, of Clinical Director, Professor of Psychiatry and Liaison Consultant Psychiatrist, involving our Board, the Board of Beaumont Hospital and the Royal College of Surgeons in Ireland, were approved by Comhairle na nOspideal.

Continued progress was made on the planning of a new acute unit at St. Vincent's Hospital, Elm Park.

A 56 bed acute admission unit (6 Beds for Psychiatry of Old Age) is being provided as part of the new Tallaght Hospital to accommodate all acute admissions from a reorganised St. Loman's area. Discussions have been progressing satisfactorily on this development

### **Community Units**

A high support group home with nine places was opened in Terenure in July 1995 and a high support group home in Tallaght was acquired during the year. Funding was also provided by the Department of Health for a second house for the St. Loman's services.

### **Day Hospitals**

Funding has been provided by the Department of Health to provide a day hospital in Terenure. Premises for a day centre were acquired in Balbriggan and Coolock, to provide day hospital/day care services.

### **Vocational Training & Employment**

Eve Holdings provides a vocational training and a sheltered employment service in support of the psychiatric and mental handicap services in our Board's area. It also provides a resource service for persons assessed as not yet ready for training and for persons who have completed training and for whom placement in open or sheltered employment is not an option.

In 1995 there were 813 vocational training and sheltered employment or resource centre places. Of these, 248 whole-time equivalent places qualified for funding from EU Social Funds. In recent years EVE Holdings has embarked on the development of enterprise based sheltered employment projects.

The assessment and training/sheltered employment places for the St. Loman's service were further developed with the acquisition of an additional centre at Broomhill Close, Tallaght with ERDF funding. This building will replace inappropriate facilities at Armagh Road, Crumlin and Belgard Road, Tallaght.

### **St. Brendan's Hospital**

A major re-organisation of the special care units at St. Brendan's was finalised in 1995 with an overall review of admission policies and the deployment of a full-time consultant psychiatrist, assistant chief nursing officer and psychologist. With the assistance of a grant of £150,000 from the Department of Health, upgrading work was finalised on two units.



### **St. Ita's Psychiatric Hospital**

In 1995 the Department of Health provided a special allocation of £145,000 for upgrading furnishing and equipping the long stay psychiatric units. Upgrading work on the Admission Unit was completed in early 1995.

### **Kildare Developments**

Services were further developed in Kildare with the recruitment of an additional consultant psychiatrist and support staff.

### **Forensic Services Central Mental Hospital**

The Forensic Service is based at the Central Mental Hospital, Dundrum. Our Board has adopted the report *The Forensic Service – changing the ethos from custodial to a more therapeutic environment*. Our Board continued the implementation of this plan in 1995 with ongoing recruitment and training. The upgrading programme of the hospital continued with two further units being upgraded following receipt of Department of Health funding. Phase II of the new purpose built unit opened as the Admission Unit, staffed with registered psychiatric nurses.



*Grosvenor Road Community Residence in Rathgar, Dublin.*

### **Laragh Counselling Service (Adult Victims of Sexual Abuse)**

This specialist service for adult victims of sexual abuse was strengthened in 1995 with an additional allocation which facilitated the employment of a further counsellor. The service continues to operate on a partnership basis with the Rape Crisis Centre. The Laragh service concentrated on North Dublin, Tallaght, Clondalkin and Kildare. The Rape Crisis Centre continued to provide a 24 hour crisis service and a volunteer telephone counselling service. During the year 115 clients were seen and 92 case/programmes were closed.

During the latter part of 1995 the service experienced a fall-off in clients proceeding with counselling. This was due to the necessity of informing them that information concerning any allegation of abuse had to be reported to the Garda Síochána.



*Abbeyview Community Residence in Castledermot, Co. Kildare*



*Community Residence, Grove House, Celbridge, Co. Kildare.*



*Vocational Training Centre, Goirtin, North Circular Road, Dublin.*

# FUNCTIONAL DEPARTMENTS

## Department of Public Health

**Accidental injury is the greatest cause of premature death in Ireland.**

A new functional Department of Public Health was established during 1995. The functions of this department will include studies to determine the health status of the population, contributing to the identification of service needs, contributing to the planning process, participating in the prevention, surveillance and control of diseases including infectious diseases, developing new health information systems and participating in evaluation, including determining outcomes and the measurement of health and social gain.

A Director of Public Health was appointed in March, 1995, and the new Department was going through its formative process during 1995.

A number of projects were undertaken nonetheless. The Department advised and facilitated the establishment of groups to evaluate psychiatric out-patient services, the community ward scheme for the elderly and the child health services. In addition, reports produced by the Department during the year included:

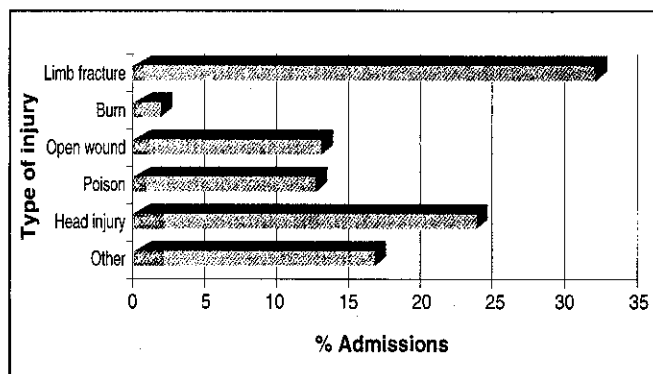


*Dr. Brian O'Herlihy, Director of Public Health, EHB, Mr. Brian O'Shea, Minister of State at the Department of Health and Mr. Kieran Hickey, Chairman, Office for Health Gain, at the launch of the report on Accidental Injury in Ireland: Priorities for Prevention.*

### **Accidental Injury in Ireland: Priorities for Prevention**

A study to determine the impact of unintentional injury on health and the health services in Ireland was undertaken by the Department on behalf of the Office for Health Gain. The study highlighted accidental injury as the greatest cause of premature death and a significant cause of disability in Ireland and recommended a multi-disciplinary approach to injury prevention. As a result of the study, a National Accident Prevention Forum was established and priorities have also been identified for the prevention of unintentional injury.

### **Main Injuries Requiring Admission**



### **The Functioning & Effectiveness of Outpatient Departments**

A study to determine the functioning and effectiveness of Outpatient Departments was undertaken. The pilot study compared the functioning of two cardiology Outpatient Departments in different Dublin hospitals. It recommended the development of information systems to enable the measurement of outcomes of care, the appointment of an Outpatient Department director, greater availability of senior medical staff in Outpatient Departments and greater instruction of NCHD's attending Outpatient Departments. It also recommended an expanded role for general practitioners and routine measurement of patients' views.

### **Hospital Utilisation Study**

A study was undertaken to evaluate the appropriateness of admissions to and length of stay in acute hospitals and to identify factors associated with inappropriate use of acute hospital facilities.

## On the set of the Michael Collins film



The Michael Collins film, starring Liam Neeson and Julia Roberts, was shot on location on the campus of St. Brendan's Hospital in August 1995.



# Estate Management Department

**The Board's property extends over three counties and consists of 320 units, with a total re-instatement value of c. £400m.**

The Estate Management Department advises on a strategy to manage and utilise the estate as a resource. This includes the maximisation of potential for disposing of surplus lands and properties.

The Department completed a total revaluation of the Board's property portfolio in 1995. This took account of inflationary factors together with new acquisitions and disposals that had taken place over the previous few years.

Our Board's property extends over three counties and consists of 320 units, including hospitals, houses, health centres, ambulance bases, community welfare offices, day care centres and outreach team centres. Its total reinstatement value is now c. £400m.

There was significant progress on many aspects of Estate Management in 1995, resulting in our Board's 1994-1997 Capital Development Programme getting

well under way. Our Board is committed to providing £7 million from the Estate to this £16 million Capital Development Programme.

In 1995, plans were completed for the restoration and refurbishment of Sir Patrick Dun's Hospital, which our Board purchased in 1994. A 26 bed community unit for the elderly, day care facilities and a new Central Public Analyst's Laboratory will be provided there. This project is scheduled for completion by September 1996.

Building commenced in late August of a 46 bed unit for the elderly – Cuan Ros – on the Navan Road. Part of the funding for this project was created by disposing of a small portion of land at the site to a housing development company, which in turn agreed to build the unit for the elderly as part of an overall construction project.

Work on refurbishing the Carnegie Building in Lord Edward Street was completed in October as part of a joint venture with a development company, involving disposal of part of the estate at this location. The restoration work has significantly improved the architectural facade and the facilities for our customers and staff at this location.



*Sir Patrick Dun's Hospital*

The rapid development of Child Care and Family Support Services required the acquisition of residential properties at Rathfarnham, Mulhuddart and Drumcondra.

Community Residences for our Special Hospital Care Services were acquired in Palmerstown, Tallaght, Stillorgan and Firhouse, while centres for Outreach Teams were acquired in Tallaght and Ballymun.

The Estate Management Department also manages our Board's insurance requirements and 1995 saw significant progress in this area.

Fire premiums remained static in 1995 as a result of fewer claims. Our policy of dealing with claims directly and immediately has cut down on the need for third party engineering and assessment fees.

Public and Employer Liability claims were down on previous years as a result of our closely monitored Risk Management System and our policy of adopting an accessible help-line approach in dealing with minor claims and difficulties. Since the change in the claims limit, which has been increased in the Circuit Court in particular, successful claims appear to be attracting significantly higher awards.

Developments in Risk Management and Safety Monitoring are continually evolving and we continued to keep abreast of these during the year.

Overall 1995 was a busy year for the Estate Management Department and the role it plays in the delivery of health and social services.



The Carnegie Building, Lord Edward Street, Dublin

WILKINSON  
WILKINSON  
WILKINSON

# Technical Services Department

## Planning Briefs, Fire Safety Officers and Energy Consumption

The Capital Works for our Board are managed by the Technical Services Department, in some instances jointly with the Estate Management Department. Planning Briefs were completed and/or approved for ten Health Centres during the year and work on the redevelopment of Sir Patrick Dun's Hospital as a Community Unit for the Elderly and Public Analysts Laboratory commenced.

The Department has responsibility for fire safety throughout our Board's services. The Fire and Safety Officer carried out 93 training sessions with staff at various locations in 1995.

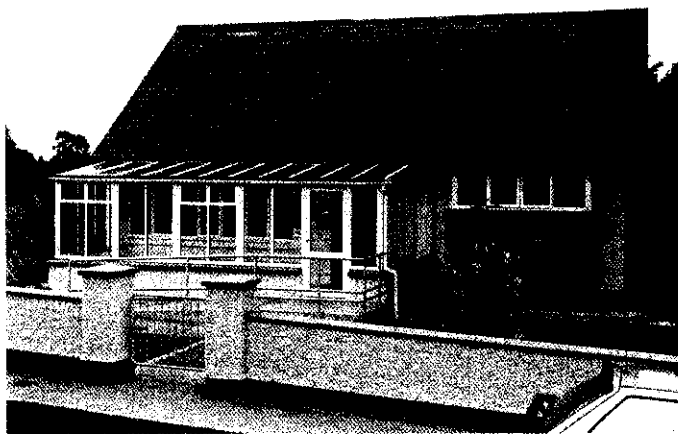
Our Board received a special allocation of £250,000 from the Department of Health in 1995 for fire safety and fire safety works were completed in five locations throughout our Board in 1995.

The Department advises on priority maintenance works and assists in the implementation of the planned maintenance programme. These works include roof replacement, upgrading of building services, window replacement, refurbishment of ward units, hostels and health centres as well as routine painting and replacement of floor covering. The total amount expended on these works in 1995 amounted to £1,073,000.

Energy consumption in twenty five of our Board's hospitals, homes and office buildings is now being monitored on a monthly basis. These buildings account for approximately 65% of our Board's total energy consumption costing around £3m per annum and are therefore a very good indicator of overall trends.

There was an overall reduction of 10.5% in 1995 in energy consumption in the buildings under review. This consisted of a 2.7% reduction in electrical consumption and an 11.8% reduction in heating energy (i.e. natural gas and gas oil). This decrease in energy consumption resulted in an overall reduction in total energy costs of 6.6% in these buildings.

The Technical Services Department also provided advice and assistance in relation to waste management and implementation of the Nursing Home Regulations with regard to accommodation standards.



*Carnew Health Centre, Co. Wicklow.*



# Personnel Department

**In 1995 our Board employed over 8,800 (WTE) staff spanning a wide range of professions and grades in varying locations throughout the Board.**

The role of the Personnel Department is to develop our Board's personnel strategy, devise appropriate personnel policies and procedures and carry out selected personnel activities. Support, advice and a wide range of services encompassing industrial relations, staff training and development, recruitment, manpower planning and staff health and safety are offered to both senior and line management within our Board.

In 1995 our Board employed over 8,800 (WTE) staff spanning a wide range of professions and grades in varying locations throughout the Board.

## Staff Training and Development

Training and development plays an important role in enabling staff to carry out their duties satisfactorily and ongoing training for our staff is provided. Our Board encourages staff to pursue third level courses of study through financial assistance schemes, paid study and examination leave and sponsorship schemes. Access to these schemes was standardised during the year to ensure equity.

Fifteen hundred staff members participated in staff development and training programmes such as management development, career and personal development, computer training, retirement planning and training of instructors in manual handling. Funding was received in 1995 from the Department of Health to provide continuing education for nurses and 596 nurses in our Board's area participated.

## Employee/Industrial Relations

In the area of employee relations our Board strives to develop good relations amongst our staff which complements other development initiatives already in place. We assist line managers in handling grievance

and disciplinary procedures and always approach these issues in a positive vein.

1995 saw the introduction of new Industrial Relations Procedures agreed between our Board and IMPACT Union.

The objective of the new procedures is to foster the promotion of harmonious industrial relations and to eliminate the danger of industrial action by determining issues which have not been resolved through direct discussion. The scheme consists of a Joint Council with an independent chairperson. There is also a provision for referral to a Tribunal with an independent adjudicator.

## Selection and Recruitment

In 1995, a total of 6,730 job applications were processed and 675 appointments were made. There were also 379 job sharing contracts concluded between staff.

## Staff Health Safety And Welfare

During 1995, our Board's Safety Management Programme continued to develop and promote a high level of awareness of health and safety issues among employees, line managers and senior managers in our Board. Safety audits and safety statements were updated and specific funding from the Department of Health enabled our Board to target three key areas, i.e. training and prevention, manual handling, violence and aggression and slips, trips and falls.

The Occupational Health Unit continued to provide services such as pre-employment medical examinations, referrals for medical review, monitoring the Hepatitis B immunisation programme, health promotion, training, and medical/nursing advice on job related areas.

As an extra precaution to ensure their safety, certain categories of staff working with radiation e.g. radiologists, radiographers, dentists and dental surgery assistants, can now avail of special medical check-ups.

**Staff Counsellor:** In 1995, a total of 135 referrals were made to the Staff Counsellor. Of these, 60% were self-referrals with 22% referred by supervisors, 6% referred by the Occupational Health Unit and the

remainder by family or other sources. The Staff Counsellor also met with groups of staff to discuss specific issues or problems.

### **Nursing Research and Development**

In 1995, as part of the implementation of the Health Strategy, a new Department of Nursing Research and Development was established by our Board. The Research and Development Team have been given a remit which emphasises the following key areas: quality assurance programmes; cost-benefit analyses of innovative approaches; promotion of clinical excellence and facilitating nursing staff in developing skills and knowledge. A number of special projects in

the nursing area have been established and several more are at the planning stage.

### **Bi-lingualism: An Dá Theangachas**

Tá Bainistíocht Bhoird Shláinte an Oirthir tugtha do fhorbairt an dá theangachais.

Moltar don fhoireann an fón a fhreagairt i nGaeilge agus i mBéarla agus an roinn a fhógairt as Gaeilge. Tá leagan Gaeilge de gach fhoirm agus comhartha ar fáil. Fógraítear scéim Scoláireacht Gaeltachta i mí na Márta gach bliain agus mealltar don fhoireann cur isteach air.



*The EHB soccer team which travelled to Europital '95 in Melsungen Germany. Front row from left: Brian Callaghan, Johnny Broe, Derek Hall, Adrian Donohue, John Donovan, John Kerlake and Derek Bauer. Back row from left: Tom Mahon, Gerry Reid, Dave Quigley, Alan O'Malley, Kevin Brady, Eddie Matthews, Colm Coffey, Paul Gorman, John Lynch, Larry Bathe and Philip Doyle.*

# Customer Services

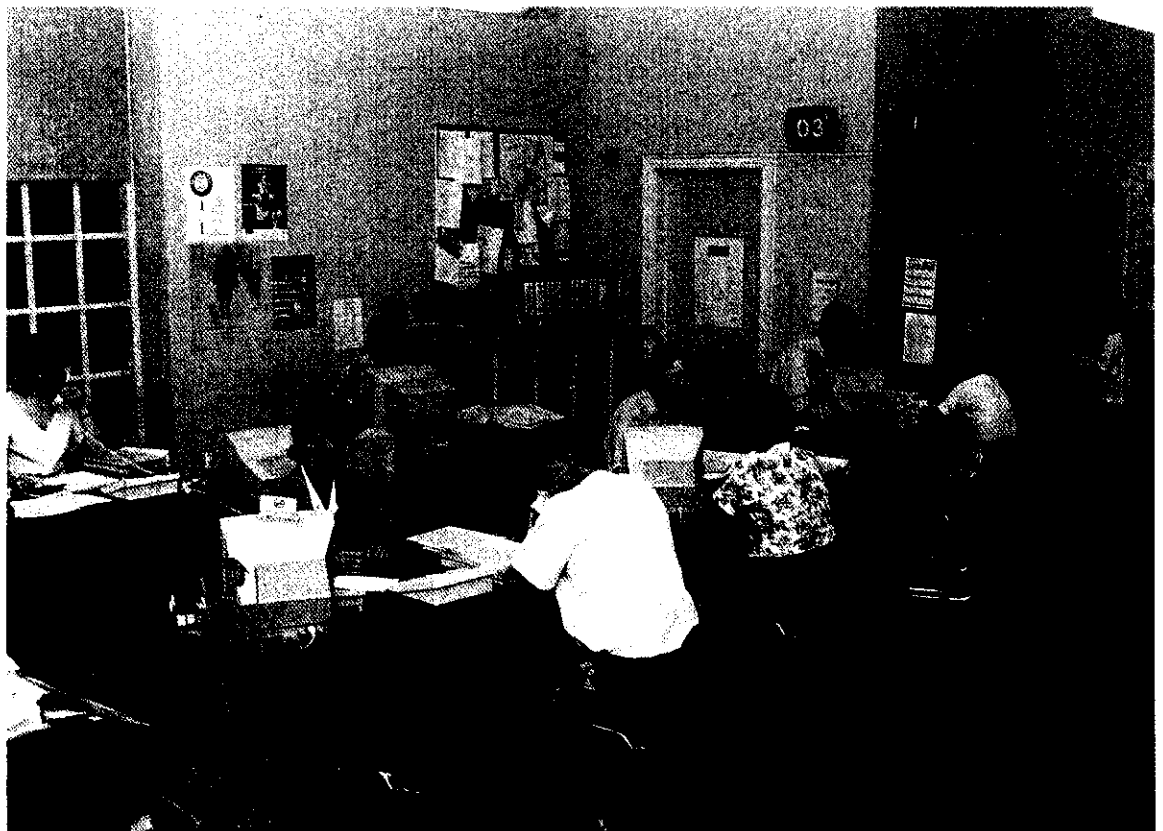
**We believe customer services is not just about one department or service, but should reflect the importance we attach to all users of our health services.**

Our Board's Customer Service Department continued to develop in 1995. Emphasis is placed on dealing with the needs of individual service users in the most efficient, effective, equitable and user friendly way.

Training and advice in customer service quality improvement is provided to staff in other departments of our Board and, when requested, to local and voluntary groups in the community.

We also now include a module on customer services and its ethos in all staff development and training courses.

We believe customer services is not just about one department or service, but should reflect the importance we attach to all users of our health services.



*The Eastern Health Board's busy Customer Services Department.*

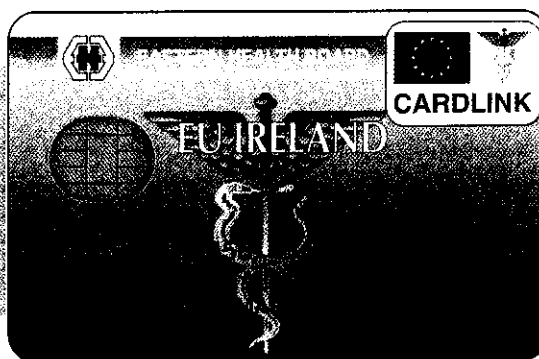
The following table shows the activity level during 1995 compared with 1994.

This has been achieved firstly by providing a dedicated department – the Customer Service Department – where accurate and up-to-date information and quality advice is provided to enable service users to avail of their entitlements. This is done in conjunction and co-operation with other departments of our Board and other related agencies and organisations.

	1995	1994	% increase
Telephone Calls	90,675	76,477	18.5
Callers	26,000	15,854	64.0

# Management Services Department

**A personal electronic medical record card has been developed in conjunction with nine European partners, led by the Eastern Health Board.**



Four hundred new computer users from all functional and service areas throughout the area went live during 1995. The communications network was extended by the addition of microwave links to new sites and by extra Telecom facilities and a series of local area networks.

## ***Social Work Information System***

A child care social work information system has been developed by our Board. The system has been implemented in one Community Care Area and the expansion of this system to the other Community Care areas is planned.

## ***Client Index***

Work on the development of a centralised Client Index has advanced significantly in 1995. This application is interfaced to all other client or patient based systems and will provide a co-ordinating mechanism to link information on clients held in different services.

## ***Cardlink***

A personal electronic medical record card has been developed in conjunction with nine European partners, led by the Eastern Health Board. The smart-card system is being piloted in the Bray area and will be used by patients when attending their General Practitioner, while attending St. Columcille's Hospital, Loughlinstown and in order to have prescriptions filled at local pharmacies.

## ***Hospital Patient Administration Systems.***

Various modules of the patient administration system are now running in ten of our Board's facilities. Further development and expansion will continue over the next year.

A Clinical Audit system has been implemented at Naas Hospital, a Geriatric Day Hospital system has been implemented at Loughlinstown Hospital. An Out-patient scheduling system has also been implemented for a particular speciality.

## ***Community Speech and Language Therapy System***

A Community Speech and Language Therapy System was developed during 1995 and will be implemented in all Community Care areas in 1996.

## ***Laboratory System***

A number of the laboratory systems are now live at our Board's general hospitals.

## ***Ambulance System***

The development of a new Fleet Maintenance system commenced in 1995, with a view to implementation in 1996.

## ***Telephone Cost Management***

A Telephone Cost Management System has been implemented in twelve of the Board's larger telephone usage locations.

## ***Maintenance Management Resource System***

During 1995 this system went live at Cherry Orchard, Clonskeagh and Naas Engineering Centres.

## ***Environmental Health***

An Environmental Health System is live in Kildare and Wicklow. Data collection to initiate the system in the Dublin area is complete.

## ***Healthlink***

Our Board is party to a project to link general practitioners to general hospitals for the purpose of procuring appointments, test results, discharge letters and e.mail.

## ***General Practitioners***

A considerable amount of support is being provided to the General Practitioner Unit to help in the computerisation of practices.

# Communications Department



Improving communications with the public is an important part of the Health Strategy. The Communications Department is part of our Board's strategy to fully develop both internal and external communications in a large public service organisation which has statutory responsibility for providing health care for one third of the national population.

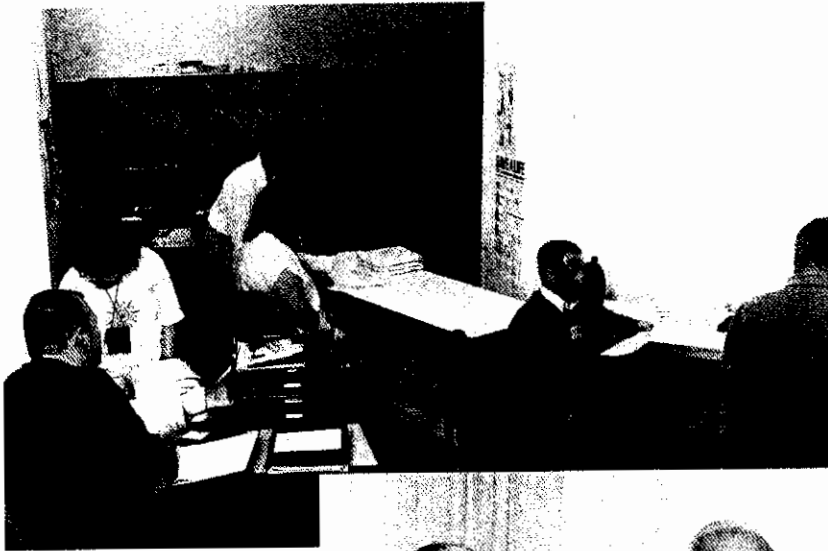
During 1995 the newly-formed Communications Department set about establishing structures for liaison between our Board and the print and broadcast media.

These were aimed at providing a steady flow of

information regarding our services and prompt replies to media queries as well as giving our Board an input into breaking news stories which would ensure balanced coverage of our services. The Communications Department also participated in a number of public education campaigns and initiatives designed to improve internal communications.

Plans were finalised for a major seminar on communications and the media which our Board's Communication Department organised for the public service generally.





*Staff of The Bureau in Dr. Steevens' Hospital*

*Prof. Brendan O'Donnell, Dublin Medical Officer of Health and Mr. G. Brennan, Technical Services Officer pictured on their retirement with Mr. Kieran Hickey, CEO.*

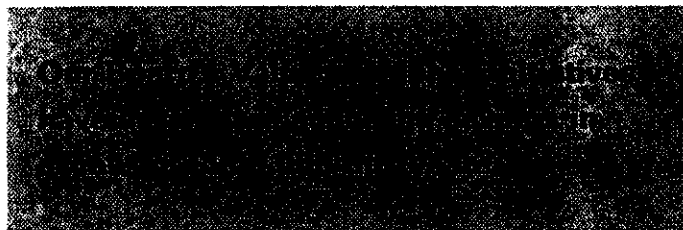


*Mr. Brian O'Shea, Minister of State at the Department of Health, Ms. Regina Buckley, Continence Promotion Adviser, EHB and Cllr Michael Barrett, Chairman EHB at the launch of the Board's educational programme on "A Modern Approach to Continence"*

*Public Health Nurses, Maura Colgan and Maura Mannion at the Eastern Health Board stand at the Aontas Adult Learning Exhibition in the RDS.*



# Finance Department



During the year, further progress was achieved in enhancing the effectiveness of management information and control systems through upgrading our Board's computer based accounting system. The process of decentralising these systems to local control was continued and three new sites came on line in 1995. It is proposed for 1996 that further system enhancements will be implemented, in particular in relation to accounting for fixed assets, pharmacies and our Board's General Ledger.

A major review of accounting procedures and policies was concluded during 1995 to gear up for the impact of new audit and accounting guidelines.

A new computerised Activity Model was developed for St Columcille's Hospital. Through this, hospital statistical data was merged with financial data to provide current on-line information for staff and to monitor performance of the hospital in terms of case mix.

## Value for Money

Our Board's Central Purchasing Department is responsible for product sourcing and conclusion of all significant contracts for supplies and services within our Board.

In 1995 our Board's Purchasing Department sourced pre-filled syringe vaccine which save on doctors time, reduce costs to our Board and prevent unnecessary waste of vaccine.

Preliminary work to achieve the Quality Hygiene Mark began in the provisions area which will result in lower prices being achieved.

Our Board's Value for Money initiatives have assisted in achieving savings in excess of £900,000 in 1995.

## Value for Money Purchasing Group

The Value for Money Purchasing Group deals with contracting and purchasing for all health boards in the country. Management, facilities and support services for this group are provided by our Board.

<i>Eastern Health Board Health Services Expenditure 1995</i>	<i>Gross Expenditure</i>	<i>Income</i>	<i>Net Expenditure</i>
General Hospital Care	111,173,528	12,143,670	99,029,858
Special Hospital Care	111,047,926	5,640,459	105,407,467
Community Care	156,496,715	5,487,217	151,009,498
AIDS/Drugs Services	4,600,000		4,600,000
Central Services	16,137,820	4,998,265	11,139,555
	<u>399,455,989</u>	<u>28,269,611</u>	<u>371,186,378</u>

### Summary Financial Data 1995

Health Services Expenditure	371,186,377
General Medical Services Expenditure (GP Scheme)	70,800,000
Supplementary Welfare Allowance Scheme	85,151,168
	<u>527,137,545</u>

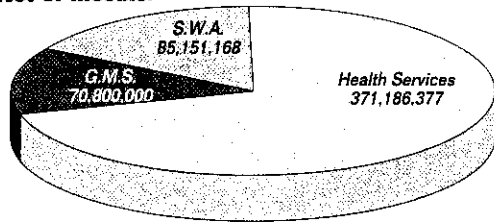
# Balance Sheet of the Eastern Health Board

**AS AT 31ST DECEMBER 1995**

	1995 £	1994 £
<b>Fixed Assets</b>		
Tangible Assets	445,858,513	427,238,384
<b>Current Assets</b>		
Stock	3,534,734	3,119,498
Deferred Income	202,987	221,217
Debtors	43,336,157	36,309,491
Cash at bank or in hand	322,910	197,028
	47,396,788	39,847,234
<b>Current Liabilities</b>		
Bank Loans and Overdrafts	14,967,525	12,020,356
Other Creditors	39,820,088	35,789,664
Lease Creditors	370,447	486,563
	55,158,060	48,296,583
<b>Net Assets</b>	<b>438,097,241</b>	<b>418,789,035</b>
<b>Represented by: Capital and Reserves</b>		
Income and Expenditure A/C	(1,020,275)	(1,388,335)
Capital Fund	438,914,529	419,956,153
Deferred Income Account	202,987	221,217
	<b>£438,097,241</b>	<b>£418,789,035</b>

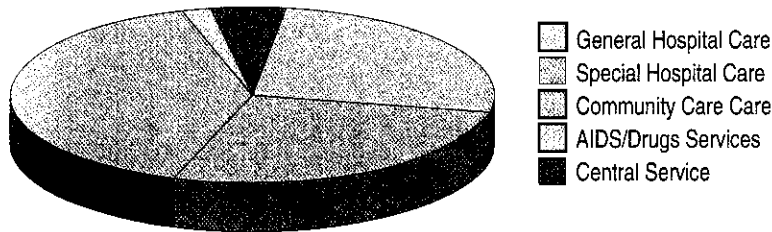


**Eastern Health Board  
Summary Financial Data 1995  
(Net of Income)**



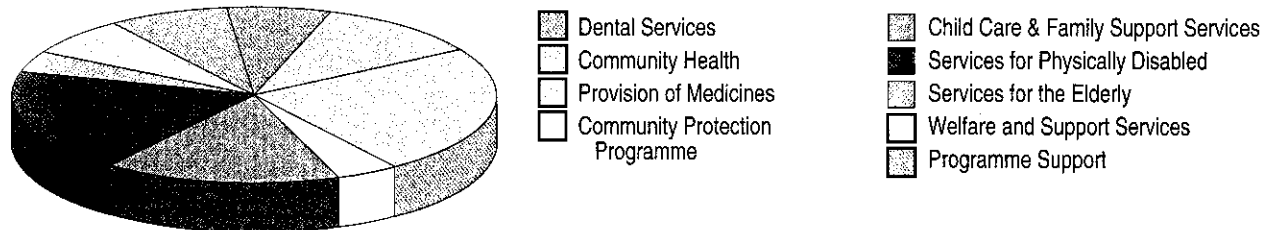
Total Net Expenditure = £527,137,545

**Eastern Health Board Gross Expenditure - Service Programmes 1995**



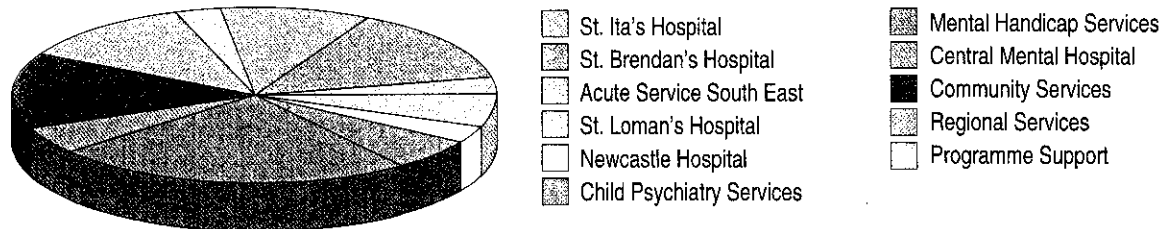
Total Gross Expenditure = £399,455,989

**Community Care - Gross Expenditure 1995**



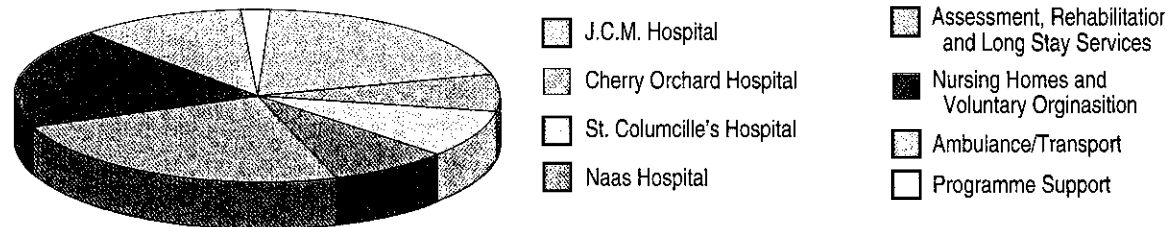
Total Gross Expenditure = £156,496,715

**Special Hospitals Care - Gross Expenditure 1995**



Total Expenditure = £111,047,926

**General Hospitals Care - Gross Expenditure 1995**



Total Expenditure = £111,173,528