

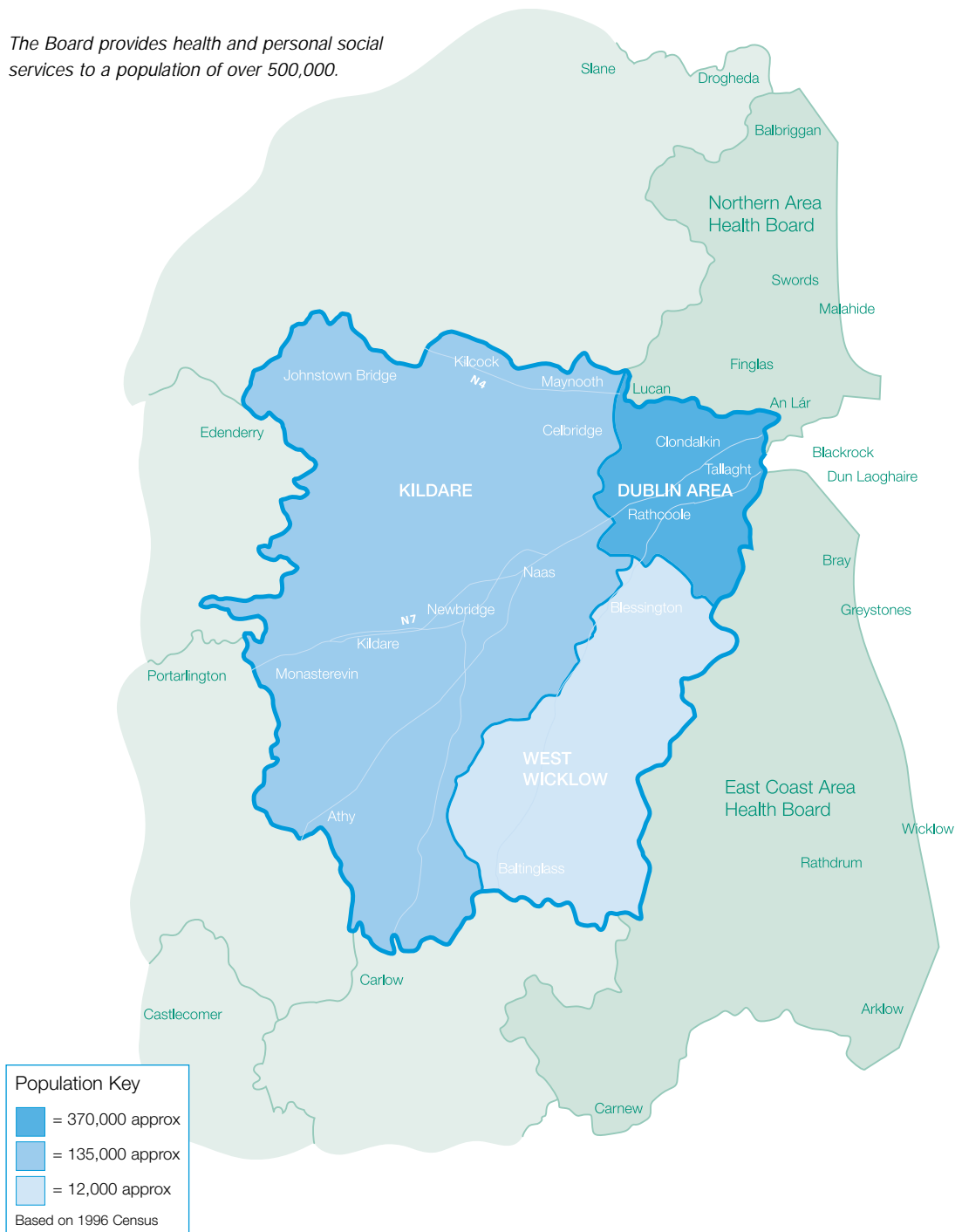
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South Western Area Health Board

South Western Area Health Board extends through Dublin South City, South County Dublin, County Kildare and West County Wicklow.

The Board provides health and personal social services to a population of over 500,000.



Chairman's Statement

On behalf of the South Western Area Health Board I am pleased to present our Annual Report for 2001. The report outlines our achievements and developments during the year and the challenges that we encountered. The Board spent a Budget of over 400million Euros that saw a range of developments and activities in our services and infrastructure. During the year we also continued the work of consolidating our new organisation, initiating new mechanisms and structures to support policy development and its implementation.

All of the Board's committees worked hard during the year to progress the work of the Board and build on the previous year's achievements. The Community Services and Continuing Care Committee chaired by Cllr. Tommy Cullen continued to steer our services monitor progress and plan new developments. The Primary Care and Acute Services Committee chaired by Cllr. Jim Reilly built on its work to advance our hospital services and initiated additional development plans. Our Protocol and Procedures Committee under the chairmanship of Cllr. Colm McGrath, did sterling work to enhance our existing protocol and procedures and devise new one's to further enhance the workings of the Board. And our Finance and Property Committee chaired by myself ensured we procured the properties we required and that our Finances were properly monitored.

During 2001 the Board continued its work of visiting our services and those provided by voluntary agencies in our area and meeting with

both clients and providers. These visits provide valuable information and insight which assists in future planning and development of services.

We carried out a review of our visits during the year and we plan to continue them as they have proven to be a valuable source of information.

We also advanced our policy agenda, which included a new action plan adopted for Mental Health Services and reports on Older Persons and the National Drugs Strategy.

Summary of Activities and Developments in 2001

2001 saw a number of developments across the range of services provided by the Board and in our infrastructure. In health promotion additional staff were recruited and a range of health promotion activities and programmes in various settings such as schools, work places and communities were developed particularly around the areas of heart disease and smoking, the two highest causes of death in Ireland. Some of the developments in the various settings included programmes on topics such as nutrition, smoking cessation, substance abuse, physical activity, oral health and mental health. The department also took part in national campaigns such as Healthy Eating Week, Europe Against Cancer Week and the National Alcohol Awareness Campaign, working with local communities and promoting these campaigns in the local areas.

The Board during the year also progressed the national cardiovascular health strategy with developments recorded in health promotion and in Naas hospital where additional staff were recruited to implement the recommendations of the strategy and the implementation of Phase 1 and Phase 2 of the cardiovascular rehabilitation programme.

The National Cancer Strategy was also advanced and included additional medical and nursing specialists in Oncology and Haematology. An Oncology Communications and Health Promotion Officer was approved and will be recruited in 2002. The symptomatic breast services recorded significant service activity during 2001 and good progress was made on Cancer Information Systems.

The Building of the new Naas Hospital continued at a good pace in 2001 and Phase 2 will be operational in late 2002. As a result of the bed capacity review, approval was received to provide 62 additional beds to the new hospital development. Additional Consultant, radiographer and nursing staff were appointed and approval for further Consultant staff was received from Comhairle na n'Ospideal and the Eastern Regional Health Authority. The biggest challenge facing the staff and management of Naas hospital in 2001 was to meet the demands on the hospital services particularly Accident and Emergency while the new hospital is being built. It's hoped that much of this pressure will be relieved when the Phase 2 of the new hospital becomes operational in late 2002. The strengthening of relationships with the other acute voluntary hospitals in our area continued during the year.

Our community services also made considerable achievements during the year. The Primary Care Unit saw a number of new initiatives which included additional developments in the primary care partnerships, a new out of hour GP co-operative service commenced in Kildare /West Wicklow, additional improvements in GP practices and an increase in the number of practice nurses.

Dental services achievements included 95% of children in target classes in primary schools being offered screening, examination and treatment as appropriate. Two additional dental teams were recruited to deliver emergency dental care to 14/15 year olds. Services to patients with special needs and homeless persons were progressed and treatment outputs increased on last years. The challenge to deal with the waiting list in orthodontic services continued in 2001. Progress was made with an additional consultant taking up post and two postgraduate students commenced training and these will treat 200 patients from the waiting list. 538 patients were assessed in the department in 2001.

Our Children and Families services also continued to expand and develop in 2001. Some of the developments include, recruitment of additional staff, establishment of Risk Assessment and Consultation service for young people, Progress on the Children First programme, advances on the Best Health for Children and Adolescents programme, improvements in the services for Children on the Autistic Spectrum and the extension of the Social Work Information System (SWIS). Voluntary agencies were grant aided to develop and provide a range of children and family support services. While progress was made it was against a background of difficulty in recruiting and retaining staff.

Particular difficulty was experienced in recruiting child-care workers, social workers and therapists for our community programmes and child care residential centres. The Board did embark on a number of innovative recruitment drives both at home and abroad for these scarce grades and did have some success the benefit of which should be seen in 2002.

However the challenge to recruit and retain the necessary staff to maintain core services and develop new ones will continue in 2002 and the Board will continue to explore every possibility to attract new staff and to consolidate our existing children and families services.

Our disability services also advanced in 2001 with the development of an Early Intervention Service for pre-school children with an intellectual disability attending mainstream pre-schools. Additional day places, respite and emergency places were provided during the year and grants were provided to voluntary agencies. 13 home care assistants were recruited to assist those with physical and sensory disabilities and the Regional database was completed. The developments in this service were also hampered by the shortage of essential grades of therapists. To assist clients the board funded private therapists to provide the service and our recruitment efforts will continue in 2002.

The Mental Health services continued to expand in 2001 and it is a service area that requires significant development as was identified in a major policy document adopted by the Board. Work has commenced on this plan and will be progressed in 2002. Some of the developments in 2001 included the recruitment of a mental health promotions/suicide resource officer to address this important issue in our Board's area. Additional psychologists and support staff for our residential programmes were recruited. Grants were paid to voluntary providers in our area and a primary care and mental health project was progressed and will be further developed in 2002.

Meeting the reality of drug use in the communities we serve is a constant challenge.

As we see from the introduction in this report our Board's area has some of the most disadvantaged areas in the country and this places high demand on our services including the addiction services. 2001 saw a number of new developments and activities in our addiction which helped reduce our waiting list, these included additional staff including General Practitioners, improvements in our programmes and counselling services, additional beds, a treatment centre in Inchicore, a mobile addiction service and community service in Tallaght. These developments saw an increase of 8% in capacity, however we have more to do to reduce our waiting list. In 2002 we intend to bring on two very significant sites which we believe will make major inroads into the waiting list.

The Board's services for the elderly also expanded with a new unit completed and ready to be opened in 2002. Meals on wheels grant and the hourly rate for home helps were increased and a number of new projects were piloted. Services for Travellers, the Homeless and Asylum seekers were also advanced and improved. Over 82 million Euros was paid out by the Community Welfare services for Basic Supplementary Welfare, Supplements and Exceptional Needs Payments to the most vulnerable and needy in our Board's area.

Our Environmental Health services continued to expand during 2001 with increased activity in out turn including inspections of food premises and food sampling.

The Public Health Laboratory also saw new developments and an increase in activity, with the terrorist attack of September 11 seeing the lab designated to co-ordinate the investigation of nationwide B.anthraxis alerts.

Developments in our Infrastructure under the National Development plan were developed and advanced during the year and included the completion of a new Health Centre, a 50 bedded unit for older persons and an Assessment Service for children and families. The Corporate Headquarters was completed and operational in late 2001. A number of other projects were advanced including the St. Loman's hospital development, Drogheda Memorial Hospital, Community units for the elderly in Harold's Cross, Moore Abbey, the Meath Hospital development, Cashel Rd. and Millbrook Lawns Health Centres. It is hoped that the resources will be available in 2002 to significantly advance these projects which are essential for the delivery of services to our catchment population.

Our engineering services worked hard during the year with activities including 12,800 routine maintenance tasks, 14 priority works and 17 maintenance projects. The Eastern Region Ambulance service also recorded significant developments a number of which took place in our Board's area and included a new decontamination unit, the commencement of the Emergency Response Motorcycle Unit and the purchase of new ambulances and the development of new premises. The Emergency Planning Centre was also commissioned for the region.

A key strength of our organisation is our committed and dedicated staff who work in a very challenging and sometimes difficult environment. In 2001 we continued to further our aim of fostering an environment that values and respects all of our staff who deliver the many and varied professional services. Our commitment to this aim is demonstrated by our investment in 2001 in staff development,

educational programmes and welfare and this will continue in 2002. While recruitment of staff was achieved in 2001 in some areas it still remains a challenge to recruit specialist grades such as Child Care Workers, Therapists and Radiographers. To face this challenge in 2002 the Board will be participating in a national project to recruit these grades from abroad.

As a new Board we continued the work of ensuring that we build a culture that will excel in being oriented to meeting the needs of individuals, the families and communities we serve and that continues to be enthusiastic and supportive of development and change to those ends.

As this years report shows, much was achieved in 2001 but also that there were many challenges particularly the difficulty in recruiting certain grades of staff to deliver the services and achieve all that we wanted to do. There is much to do, particularly in light of the new National Health Strategy, Quality and Fairness to deliver the service that the public need and deserve.

While the Board faces these challenges the public we serve can be assured that our dedicated and committed staff will continue to build a first class health service for our area. In this regard I would like on my own behalf and that of the Board to express our gratitude to the management and all of the 4500 staff for their hard work, commitment and dedication in delivering services to the people we serve. I also wish to acknowledge and thank our colleagues in the voluntary sector with whom we work in partnership and who play an important role in delivering health services in our area.

I want to thank the Eastern Regional Health Authority, Eastern Health Shared Services, our sister boards in the Northern Area and East Coast Area for their assistance and co-operation during the year. I would also like to thank the Minister for Health and Children, Mr. Micheál Martin, T.D. and the Ministers of State at the Department, Ms. Mary Hanafin T.D. and Dr. Tom Moffat and the officials of the Department for their continuing support of our Board.

Finally, may I say it has been an honour and a pleasure to be Chairman of our Board for a second term and I would like to thank my colleagues for re-electing me and for their on going commitment and support during 2001.



Cllr. Charlie O' Connor T.D.
Chairman

Ráiteas an Chathaoirligh

Thar ceann Bhord Sláinte an Limistéir Thiar-Theas tá áthas orm ár dTuarascáil Bhliantúil do 2001 a chur i láthair. Leagann an tuarascáil seo amach a bhfuil bainte amach againne agus ár bhforbairtí i rith na bliana chomh maith leis na

dúshlán a tháinig romhainn. Chaith an Bord Buiséad de bhreis is 400 milliún ar réimse forbairtí agus gníomhaíochtaí inár seirbhísí agus infrastruchtúr. Le linn na bliana freisin leanamar den obair ag daingniú ár n-eagraíochta nua, ag tionscnamh meicníochtaí agus struchtúir nua chun tacú le forbairt agus le feidhmiú polasaí.

D'oibrigh coistí ar fad an Bhoird crua le linn na bliana chun obair an Bhoird a chur chun cinn agus chun cur lena raibh bainte amach an bhliain roimhe sin. Lean An Coiste Seirbhísí Pobail agus Cúram Leanúnach faoi chathaoirleacht an Chomhairleora Tommy Cullen ag stiúradh ár seirbhísí, ag déanamh monatóireachta ar dhul chun cinn agus ag pleanáil forbairtí nua. Chuir an Coiste Seirbhísí Géarchúraim agus Bunchúraim faoi chathaoirleacht an Chomhairleora Jim Reilly lena chuid oibre chun ár seirbhísí ospidéal a chur chun cinn agus thionscain sé pleananna forbartha breise. Rinne ár gCoiste Prótacail agus Nósanna Imeachta faoi chathaoirleacht an Chomhairleora Colm McGrath obair mhór chun an prótacal agus na nósanna imeachta atá ann a chur chun cinn agus chun teacht ar chinn nua chun cur tuilleadh le hobair an Bhoird. Agus chinntigh ár gCoiste Airgeadais agus Maoine, ar a bhfuilim féin mar chathaoirleach, gur bhaineamar amach an mhaoine a theastaigh uainn agus raibh monatóireacht chuí á dhéanamh ar a gcuid Airgeadais.

Le linn 2001 lean an Bord dá chuid oibre ag tabhairt cuairte ar ár gcuid seirbhísí agus orthu sin a sholáthraíonn na gníomhaireachtaí deonacha inár limistéar agus ag casadh le cliant chomh maith le soláthróirí. Cuireann na cuairteanna seo eolas luachmhar agus léargas ar fáil a chuidíonn le pleanáil agus forbairt seirbhísí sa toadhcháil.

Rinneamar athbhreithniú ar a gcuid cuairteanna le linn na bliana agus tá sé beartaithe againn leanúint leo mar gur léir gur foinse luachmhar eolais iad. Chuireamar ár gclár polasaí chun cinn freisin, lena n-áirítear plean gnímh nua do Sheirbhísí Sláinte Intinne agus tuarascálacha ar Dhaoine Scothaosta agus ar an Straitéis Náisiúnta Drugaí.

Achoimre ar Ghníomhaíochtaí agus ar Fhorbairtí i 2001

Tharla roinnt forbairtí i 2001 ar fud an réimse seirbhísí a sholáthraíonn an Bord agus in infrastruchtúr. Earcaíodh foirne breise i gcur chun cinn sláinte agus forbraíodh réimse gníomhaíochtaí agus clár chur chun cinn sláinte, a bhí dírithe go háirithe ar ghalar croí agus ar chaitheamh tobac, an dá rud is mó is cúis le bás in Éirinn, i suíomhanna éagsúla mar scoileanna, láithreacha oibre agus i bpobail. Áiríodh ar na forbairtí sna suíomhanna éagsúla cláir ar ábhair mar chothú, éirí as chaitheamh tabac, mí-úsáid substaintí, gníomhaíocht fhisiciúil, sláinte béil agus intinne. Ghlac an Roinn páirt freisin i bhfeachtais náisiúnta mar Healty Eating Week, Europe Against Cancer Week agus Feachtas Náisiúnta Feasachta Alcóil ag obair le pobail áitiúla agus ag cur na bhfeachtas sin chun cinn sna ceantair áitiúla.

Chuir an Bord, le linn na bliana freisin straitéis náisiúnta sláinte chardashoithíoch chun cinn agus tá forbairtí le feiceáil i gcur chun cinn sláinte agus earcaíodh breis foirne in ospidéal Nás chun moltaí na straitéise a fheidhmiú agus chun Céim 1 agus Céim 2 den chlár ar athshlánúchán cardashoithíoch a fheidhmiú.

Cuireadh an Straitéis Náisiúnta Ailse chun cinn freisin lena n-áirítear breis speisialtóirí altranais

agus leighis in Oinceolaíocht agus Haemaiteolaíocht. Ceadaiódh Oifigeach Chur Chun Cinn Sláinte agus Cumarsáide Oinceolaíochta a earcófar i 2002. Bhí gníomhaíocht sheirbhíse shuntasach sna seirbhísí cíche airíach le linn 2001 agus rinneadh dul chun cinn maith ar Chórais Eolais Ailse.

Leanadh de Thógáil Ospidéal nua Nás i 2001 agus beidh Céim 2 ag feidhmiú ag deireadh 2002. Mar thoradh ar athbhreithniú ar líon na leapacha, ceadaiódh 62 leaba breise a chur ar fáil don fhorbairt ar an ospidéal nua. Ceapadh Comhairleoir, raideagrafaí agus baill foirne altranais breise agus cheadaigh Comhairle na nOspidéal agus Údarás Sláinte Réigiún an Oirthir breis Comhairleoirí. An dúshlán is mó a bhí ag foireann agus ag bainistíocht ospidéal Nás i 2001 ná freastal ar na héilimh ar sheirbhísí an ospidéil go háirithe An Roinn Timpistí agus Éigeandála fad is atá an t-ospidéal nua á thógáil. Táthar ag súil go laghdóidh go leor den bhrú seo nuair a bheidh Céim 2 den ospidéal i bhfeidhm ag deireadh 2002. Lean an caidreamh ag láidriú leis na hospidéil dheonacha géarchúraim eile sa cheantar le linn na bliana.

Baineadh go leor amach inár seirbhísí pobail freisin le linn na bliana. Tharla roinnt tionscnamh nua san Aonad Bunchúraim lena n-áirítear forbairtí breise sna comhpháirtíochtaí bunchúraim, thosaigh seirbhís chomhoibriú dochtúirí teaghlaigh eisuaire i gCill Dara/larthar Chill Mhantáin, tháinig feabhsúcháin bhreise i gcleachtais dhochtúirí teaghlaigh agus méadú ar an líon altraí i gcleachtais.

Áirítear i measc ar baineadh amach sna seirbhísí fiacla tairiscint ar scagadh, scrúdú agus cóireáil mar a bhí oiriúnach do 95% de leanaí sna sprioc-ranganna i mbunscoileanna.

Earcaíodh dhá fhoireann déidliachta breise chun cúram fiacra éigeandála a sholáthar don té a bheadh 14/15 bliain d'aois.

Cuireadh seirbhísí d'othair le riachtanais speisialta agus do dhaoine gan dídean chun cinn agus tháinig méadú ar sholáthar coireála ó anuraidh. Lean an dúshlán déileáil le liosta feithimh na seirbhísí orthadóntacha i 2001. Rinneadh dul chun cinn sa tslí is go bhfuil comhairleoir breise i mbun oibre agus chuir beirt iarchéimí tús le hoiliúint. Tabharfaidh siadsan cóireáil do 200 othar ar an liosta feithimh. Rinneadh measúnú ar 538 othar sa roinn i 2001.

Lean ár seirbhísí Ár Leanaí agus Ár dTeaghlaigh ag leathnú agus ag forbairt i 2001. Áirítear ar roinnt de na forbairtí earcú ar bhaill foirne breise, bunú na seirbhíse Measúnú Baoil agus Comhairleoireacht do dhaoine óga, Dul chun cinn ar an gclár Children First, rinneadh go maith ar an gclár Best Health for Children and Adolescents, feabhsúcháin ar na seirbhísí do Leanaí ar Speictream Uathachais agus an síneadh ar an gCóras Eolais Oibre Sóisialta.

Tugadh cúnamh deontais do ghníomhaireachtaí deonacha chun réimse seirbhísí tacaíochta do leanaí agus do theaghlaigh a fhorbairt agus a sholáthar. Cé go ndearnadh dul chun cinn ba in ainneoin na ndeacrachtaí a bhí ann é baill foirne a earcú agus a choinneáil.

Bhí deacrachtaí ar leith ag baint le hoibríthe cúraim leanaí, oibríthe sóisialta agus teiripeoirí a earcú dár gclár phobail agus d'ionaid chónaithe cúraim leanaí. Thug an Bord faoi iarrachtaí earcaíochta nuálacha sa bhaile agus thar lear i leith na ngrádanna tearca sin agus d'éirigh réasúnta maith leo agus ba cheart go mbeadh a dtoradh le feiceáil i 2002. Leanfaidh an dúshlán áfach i 2002 baill foirne riachtanacha a earcú

agus a choinneáil chun seirbhísí lárnacha a choinneáil agus cinn nua a fhorbairt agus leanfaidh an Bord air ag fáil amach faoi na féidirtheachtaí atá ann baill foirne nua a mhealladh agus chun na seirbhísí leanaí agus teaghlach atá ann a neartú.

Rinne ár seirbhísí do dhaoine faoi mhíchumas dul chun cinn freisin i 2001 le forbairt Seirbhís Luath-Idirghábhála do leanaí réamhscoile atá faoi mhíchumas intleachta agus atá ag freastal ar réamhscoileanna atá sa phríomshruth. Cuireadh áiteanna lae, áiteanna faoisimh agus éigeandála ar fáil le linn na bliana agus cuireadh deontais ar fáil do ghníomhaireachtaí deonacha. Earcaíodh 13 cúntóir cúraim bhaile chun cuidiú leo siúd atá faoi mhíchumas céadfach nó fisiciúil agus críochnaíodh an bunachar sonraí réigiúnda. Cuireadh bac ar fhorbairtí sa tseirbhís seo freisin de bharr an easpa teiripeoirí ar ghráid riachtanacha. Chun cuidiú le cliant mhaoinigh an bord teiripeoirí príobháideacha chun an tseirbhís a chuir ar fáil agus leanfaidh ár n-iarrachtaí earcaíochta i 2002.

Lean na seirbhísí Sláinte Intinne ag leathnú i 2002 agus is réimse seirbhíse é ina bhfuil forbairt shuntasach riachtanach mar a haithníodh i mórcháipéis polasáí inár ghlac an Bord leis. Tá tús curtha le hobair ar an bplean seo agus leanfar ar aghaidh leis i 2002. Áirítear ar roinnt de na forbairtí i 2001 earcú oifigeach chur chun cinn sláinte intinne/acmhainne féinmharaithe chun tabhairt faoin gceist thábhachtach seo i limistéar an Bhoird. Earcaíodh siceolaithe breise agus foireann tacaíochta dár gclár chónaithe. Íocadh deontais le soláthróirí deonacha inár limistéar agus cuireadh tionscnamh sláinte intinne agus bunchúraim chun cinn a fhorbrófar tuilleadh i 2002.

Is dúshlán síoraí a bhíonn ann tabhairt faoi mhíúsaid drugaí inár bpobail. Mar is léir ó Réamhrá na tuarascála seo tá roinnt de na ceantair is mó atá faoi mhíbhuntáiste sa tír i limistéar an Bhoird agus cuireann sé sin brú mór ar ár seirbhísí lena n-áirítear na seirbhísí andúile. Tharla forbairt agus gníomhaíochtaí nua inár seirbhísí andúile i 2001 a chuidigh leis an liosta feithimh a laghdú, lena n-áirítear breis foirne, ina measc dochtúirí teaghlaigh, feabhsúcháin ar ár gcláir agus ar ár seirbhísí comhairleoireachta, breis leapacha, ionad cóireála in Inse Chór, seirbhís andúile soghluaiste agus seirbhís pobail i dTamhlacht. Tháinig méadú de 8% ar acmhainn de bharr na bhforbairtí seo ach tá tuilleadh le déanamh áfach chun ár liostaí feithimh a laghdú. In 2002 tá sé beartaithe againn dhá shuíomh shuntasacha a thabhairt chun cinn a chreidimidne a dhéanfaidh difear mór don liosta feithimh.

Leathnaigh seirbhísí an Bhoird don aosach freisin le críochnú an aonaid nua a bhí réidh le hoscailt i 2002. Tháinig ardú ar dheontas Meals On Wheels agus ar ráta in aghaidh na huairé do chúntóirí baile agus rinneadh piolótú ar roinnt nua tionscadal. Cuireadh feabhas agus cuireadh chun cinn seirbhísí don Lucht Síúil, do Dhaoine Gan Dídean agus Lucht Iarrtha Tearmainn. Chaith seirbhísí Leasa Pobail os cionn 82 milliún ar Leas Forlíontach bunúsach agus ar Íocaíochtaí Riachtanais Ar Leith dóibh siúd is leochaillí agus is mó ar theastaigh sé uathu i limistéar an Bhoird

Lean ár seirbhísí Sláinte Comhshaoil ag leathnú le linn 2001 le méadú ar ghníomhaíocht aschuir lena n-áirítear scrúduithe ar áitrimh bia agus samplú bia

Tharla forbairtí nua sa tSaotharlann Sláinte Poiblí freisin le méadú i ngníomhaíocht de bharr an

ionsaithe sceimhlitheoireachta an 11 Meán Fómhair agus socraíodh go mbeadh an tsaotharlann freagrach as fiosrúchán ar fud na tíre a comhordú ar na foláirimh anthracis B. Forbraíodh agus cuireadh chun cinn forbairtí inár n-infrastruchtúr faoin bPlean Náisiúnta Forbartha le linn na bliana lena n-áirítear críochnú an Ionaid Sláinte nua, aonad 50 leaba do dhaoine scothaosta agus Seirbhís Measúnaithe do leanaí agus teaghlaigh. Críochnaíodh an Ceanntearthú Corparáide agus bhí sé in úsáid faoi dheireadh 2001. Rinneadh dul chun cinn ar roinnt eile tionscadal lena n-áirítear forbairt Ospidéal Naomh Loman, Ospidéal Cuimhneacháin Dhroichead Átha, aonaid phobail don aosach ag Crois Araid, Moore Abbey, forbairt Ospidéal na Mí, Bth an Chaisil agus Ionaid Sláinte Millbrook Lawns. Táthar ag súil go mbeidh foinsí ar fáil i 2002 chun na tionscadail seo, atá riachtanach chun seirbhísí a sheachadadh dár ndaonra sa cheantar, a thabhairt chun cinn.

D'oibrigh ár seirbhísí innealtóireacchta go dicheallach le linn na bliana ar ghníomhaíochtaí lena n-áirítear 12,800 gnáththasc cothabhála, 14 obair tosaíochta agus 17 tionscadal cothabhála. Tharla roinnt forbairtí suntasacha freisin sa tSeirbhís Otharcharr Réigiún an Oirthir, roinnt dóibh a tharla i limistéar an Bhoird agus lena n-áirítear aonad nua díshalaithe, tús leis an Aonad Gluaisrothair Práinnfhreagartha agus ceannach otharcharr nua agus forbairt na n-áitreabh nua. Rinneadh coimisiúnú ar Ionad Pleanála Éigeandála don limistéar freisin.

Ceann de phríomh-láidreachtaí na heagraíochta is ea an fhoireann thiomanta agus dhíograsach a bhíonn ag obair i dtimpeallacht atá dúshlánach agus uaireanta deacair.

I 2001 leanamar dár n-aidhm timpeallacht a chothú ina bhfuil meas agus luach ar an bhfoireann sin a sheachadann go leor seirbhísí éagsúla gairmiúla.

Léirítear ár dtiomantas don aidhm seo leis an infheistíocht a rinneadh i 2002 i bhforbairt, i gclár oideachasúla agus i leas foirne agus leanfaidh sé sin i 2002.

Cé gur éirigh linn earcú foirne a dhéanamh i roinnt réimsí i 2001 is dúshlán fós atá ann grádanna speisialtaoireachta mar Oibríthe Cúraim Leanaí, teiripeoirí agus Radagrafaiithe. a earcú. Chun tabhairt faoin dúshlán sin i 2002 beidh an Bord rannpháirteach i dtionscadal náisiúnta chun na grádanna sin a earcú ó thar lear.

Mar Bhord nua leanamar den obair ag cinntiú go gcothóimid cultúr a bheidh bunaithe ar freastal a dhéanamh ar riachtanais na ndaoine aonair, na dteaghlach agus na bpobail a bhfuilimid ag freastal orthu agus a leanfaimid ag tabhairt tacaíochta d'fhorbairt agus d'athruithe chun na gcríoch sin.

Mar a léiríonn tuarascáil na bliana seo baineadh go leor amach i 2001 ach bhí go leor dúshláin romhainn freisin go háirithe an deacracht a bhain le hearcú a dhéanamh ar ghrádanna ar leith chun na seirbhísí a sheachadadh agus chun gach a rabhamar ag iarraidh a dhéanamh a bhaint amach. Tá go leor le déanamh go háirithe maidir leis an Straitéis Náisiúnta Sláinte Caigndeán agus Cothroime chun an tseirbhís a theastaíonn ón bpobal agus atá tuillte ag an bpobal a sheachadadh.

Fad is atá an Bord ag tabhairt faoi na ndúshlán seo is féidir leis an bpobal a bheith cinnte de go mbeidh an fhoireann thiomanta, dhíograsach sin ag leanúint den obair chun seirbhís sláinte den scoth a chur ar fáil sa limistéar. Maidir leis sin ba mhaith liomsa, uaim féin agus thar ceann an Bhoird ár mbuíochas a ghlacadh leis an mbainistíocht agus le gach duine den 4,500 ball foirne as a n-obair chrua, a dtiomantas agus a ndúthracht agus iad ag seachadadh seirbhísí do na daoine a bhfuilimid ag freastal orthu. Ba mhaith liom buíochas freisin a ghlacadh lena gcomhghleacaithe sa earnáil dheonach lena n-oibrimid i gcomhpháirtíocht agus ag a bhfuil ról tábhachtach i seachadadh seirbhísí sláinte inár limistéar.

Ba mhaith liom buíochas a ghlacadh le hÚdarás Sláinte Réigiún an Oirthir, Comhsheirbhísí Sláinte an Oirthir, lenár gcomhbhoird i gCeantar Chósta an Oirthir, agus i gCeantar an Tuaiscirt as a gcomhoibriú agus a gcomhoibriú le linn na bliana. Ba mhaith liom buíochas a ghlacadh leis an Aire Sláinte agus Leanaí, An tUasal Micheál Máirtín TD agus le hAí Stáit na Roinne, an tUasal Mary Hanafin T.D. agus an Dr. Tom Moffat agus oifigigh na Roinne as a dtacaíocht leanúnach dár mBord.

Ar deireadh, ba mhaith liom a rá go mba mhór an onóir domsa a bheith mar Chathaoirleach ar an mBord don dara téarma agus ba mhaith liom buíochas a ghlacadh le mo chomhghleacaithe as mé a thogh in athuir agus as a dtiomantas agus a dtacaíocht i rith 2001.

An Comhairleoir Charlie O' Connor T.D.
Cathaoirleach.

Board Members at 31st December 2001



Cllr. Charlie O'Connor
Chairman

Appointed by South Dublin
County Council



Senator Therese Ridge
Vice-Chairman

Appointed by South Dublin
County Council



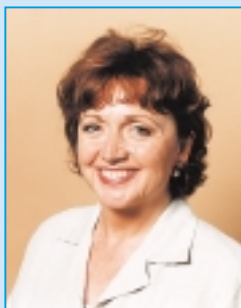
Cllr. Catherine Byrne

Appointed by Dublin
City Council



Cllr. Eric Byrne

Appointed by Dublin
City Council



Alderman Mary Mooney

Appointed by Dublin
City Council



Cllr. Colm McGrath

Appointed by South Dublin
County Council



Cllr. Don Tipping

Appointed by South Dublin
County Council



Cllr. Jim Reilly

Appointed by Kildare
County Council



Cllr. Martin Miley

Appointed by Kildare
County Council



Senator Seán Ó'Feargháil

Appointed by Kildare
County Council



Cllr. Jack Wall, T.D.

Appointed by Kildare
County Council



Cllr. Tommy Cullen

Appointed by Wicklow
County Council



Dr. Siobhán Barry

Elected by Registered
Medical Practitioners



Dr. Maurice Gueret

Elected by Registered
Medical Practitioners



Dr. Kieran Harkin

Elected by Registered
Medical Practitioners



Dr. Bernard Murphy

Elected by Registered
Dental Surgeons



Mr. Gerard Brady

Representing Voluntary
Hospitals



Ms. Maria Hoban

Elected by Registered
General Nurses



Mr. Patrick Aspell

Appointed by the Minister for
Health and Children



Ms. Anne Harris

Representing Other Voluntary
Service Providers



Mr. Michael Murphy

Representing Voluntary
Intellectual Disability Agencies



Mr. Gerry McGuire

Elected by Registered
Psychiatric Nurses



Ms. Noeleen Harvey

Elected by Registered
Pharmaceutical Chemists

Board Meetings & Committees

South Western Area Health Board meets on the first Tuesday of each month (except August) at 2.00 p.m. and holds special meetings from time to time to consider particular issues which merit special consideration. In addition the Annual General Meeting of the Board, at which the Chairman and Vice Chairman are elected, is held in July each year.

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 Board Committees were as follows:

Standing Committees

South Western Area Health Board has two Standing Committees:

- Community Services and Continuing Care Standing Committee
- Primary Care and Acute Services Standing Committee

The main function of these committees is to consider and advise 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. Each Standing Committee meets on a monthly basis and the Health Board at its monthly meeting considers progress reports from these committees. From time to time joint standing committee meetings are held to consider and discuss issues of interest to both committees.

Membership of Standing Committees from July 2001 – July 2002

Community Services & Continuing Care
O'Connor, Cllr. Charlie (<i>Board Chairman</i>) - <i>ex-officio</i>
Ridge, Senator Therese (<i>Board Vice Chairman</i>)
Cullen, Cllr. Tommy (<i>Committee Chairman</i>)
McGrath, Cllr. Colm (<i>Committee Vice-Chairman</i>)
Aspell, Mr. Patrick
Barry, Dr. Siobhán
Byrne, Cllr. Eric
Harkin, Dr. Kieran
Harris, Ms. Anne
Miley, Cllr. Martin Reilly
Ó Fearghail, Sen. Seán

Disabilities, Mental Health & Addiction and Acute Services
O'Connor, Cllr. Charlie (<i>Board Chairman</i>) - <i>ex-officio</i>
Reilly, Cllr. Jim (<i>Committee Chairman</i>)
Tipping, Cllr. Don (<i>Committee Vice-Chairman</i>)
Brady, Mr. Gerard
Byrne, Cllr. Catherine
Gueret, Dr. Maurice
Hoban, Ms. Maria
Mooney, Ald. Mary
Murphy, Dr. Bernard
Murphy, Mr. Michael
Wall, T.D., Cllr Jack

Finance and Property Committee

This committee meets every quarter and considers financial and property matters. Its reports are considered at Board meetings. The membership of the committee was as follows:

Finance and Property Committee
Cllr. Charlie O'Connor (<i>Committee Chairman</i>)
Sen. Therese Ridge (<i>Board Vice-Chairman</i>)
Cllr. Jim Reilly (<i>Committee Vice-Chairman</i>)
Mr. Paddy Aspell
Dr. Siobhan Barry
Ald. Mary Mooney
Mr. Michael Murphy
Cllr. Jack Wall, T.D.
Cllr. Catherine Byrne
Cllr. Colm McGrath
Cllr. Martin Miley
Cllr. Eric Byrne

Protocol and Procedures Committee

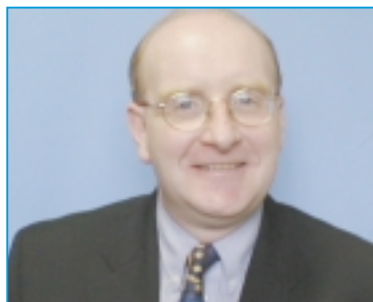
This committee was established to examine and devise protocols and procedures to regulate the conduct and business of the Board. It meets on a regular basis. Its reports are also considered at Board meetings. Membership was as follows:

Protocol and Procedures Committee
Cllr Charlie O'Connor (<i>Board Chairman</i>)
Senator Therese Ridge (<i>Board Vice-Chairman</i>)
Cllr Colm McGrath (<i>Committee Chairman</i>)
Cllr Don Tipping (<i>Committee Vice-Chairman</i>)
Mr Gerard Brady
Dr Maurice Gueret
Cllr Charlie O'Connor
Senator Sean O Fearghail
Cllr Jim Reilly

Child Care Advisory Committee

A Child Care Advisory Committee was set up in accordance with Section 7 of the Child Care Act 1991. Its role is to assist in ensuring the provisions of the Act are met. The committee is made up of Board members; representatives of child care services and voluntary organisations. Professionals working in this sector are also represented on this committee. The Board is represented by three of its members:

Child Care Advisory Committee
Senator Seán Ó Fearghail (<i>Committee Chairman</i>)
Senator Therese Ridge (<i>Committee Vice-Chairman</i>)
Cllr. Eric Byrne (<i>Other Board Member</i>)



Mr. Roger Healy, Secretary to South Western Area Health Board

Chief Executive's Report

This is the second Annual Report for the South Western Area Health Board and it records the many activities, developments and challenges which occurred during 2001. As you will note from reading through the Report there was significant activities and developments in all of our services including Health Promotion, Primary Care Services, Mental Health & Addiction, Dental Services, Services for Older Persons, Services for Intellectual, Physical and Sensory Disabilities and in our Acute Hospital Services. The report also highlights a number of achievements in our infrastructure and a range of projects that we have planned and hope will be funded in 2002.

The year was also a challenging year and we experienced particularly difficulties in the area of recruitment of staff which prevented us from developing all that we had planned and would have liked to do, particularly in the areas of Social Work, Child Care and Therapy Services. We did embark on a number of initiatives to recruit these scarce grades and had some success, however, in 2002 we will be taking part in a national project to recruit these scarce grades from abroad. As part of our ongoing planning and development process the lessons learnt from our achievements and challenges in 2001 will be applied in our planning process for 2002.

One of the significant developments for the Health Services nationally was the launch of the

new National Health Strategy, *Quality and Fairness - A Health System for You*, in November 2001. This strategy sets out a range of Goals, Actions and Frameworks for change for the health system over the next 7 to 10 years. What this will mean for us is that everything we do from now on whether it be delivering services, planning, evaluation and monitoring, will have to be done in the context of this new National Health Strategy.

In order to meet this challenge we as a Board undertook a review of our own organisational structures and processes at the beginning of 2001 and as you will note from the introduction to this report we have set out a Vision, Goals and Principles for our Organisation. During the year we began a process to identify objectives and actions for all of our services and functions, with over 400 staff involved in the process. Arising from the launch of the new National Health Strategy we commenced the process of reviewing our plans in the context of the new strategy and ensuring that our Organisational Strategy plan is fully aligned with the new National Health Strategy. This process of organisational development will continue in 2002 and we hope to have it completed for implementation by the autumn.

During 2001 we also progressed a number of policy documents for our Board which included a major policy document to advance our Mental Health Services. In 2002 we hope to bring a number of other significant policy documents before the Board to improve and build on our other services, in particular our services for Older Persons where there is a growing demand from an ageing population.

The Chairman has already acknowledged the significant contribution that staff make to the delivery and development of services in our Boards' area and the importance of assisting and supporting them in their task. I too want to add my thanks to all of the 4,500 staff that work in the South Western Area Health Board for their dedication, commitment and enthusiasm during 2001, particularly where staff shortages in some areas placed heavy demands on existing resources.

I also want to acknowledge the contribution of our Chairman and Board Members and their continuous support of management and staff. In particular I would like to thank our Chairman, Cllr. Charlie O'Connor TD who always chaired the meetings of the Board fairly and in the interest of the work of the Board.

I would like to add my thanks to the Regional Chief Executive, Eastern Regional Health Authority and all of the staff, the Chief Officer and staff of Eastern Health Shared Services, our sister Boards, the East Coast Area and Northern Area and the voluntary agencies for their collaboration and support in 2001.

On behalf of the management team and all the staff I would like to extend our thanks to the Minister for Health and Children, Mr. Micheál

Martin TD, and the Ministers of State at the Department, Ms. Mary Hanafin TD and Dr. Tom Moffat TD, the Secretary General Mr. Michael Kelly, the Assistant Secretaries and their colleagues for their on going support.

The challenge for the Health Services continues, no more so than with the launch of the new National Health Strategy, which will direct and shape all that we do in the future. I have no doubt that with the commitment and enthusiasm of our Board and staff we will face this challenge together and that we will work hard to plan and deliver the highest standard of health care services to the public that we serve.



Pat Donnelly
Chief Executive Officer

Tuairisc an Phríomhfheidhmeannaigh

Seo é an dara Tuarascáil Bhliantúil de chuid Bhord Sláinte an Limistéir Thiar-Theas agus tá taifead ann ar go leor gníomhaíochtaí, forbairtí agus dúshláin a tharla le linn 2001. Mar is léir ó léamh na Tuarascála tharla gníomhaíochtaí agus forbairtí suntasacha in ár gcuid seirbhísí ar fad lena n-áirítear Cur Chun Cinn Sláinte, Seirbhísí Bunchúraim, Sláinte Intinne agus Andúillíocht, Seirbhísí Fiacla, Seirbhísí do Dhaoine Scothaosta, Seirbhísí do Dhaoine faoi Mhíchumais Chéadfacha, Fhisiciúla, agus Intleachtúla. Tugann an tuarascáil seo chun solais freisin roinnt rudaí a baineadh amach ó thaobh infrastruchtúir agus an réimse tionscadal atá beartaithe againn agus atá siúl againn a gheobhaidh maoiniú i 2002.

Ba bhliain dhúshlánach a bhí inti freisin agus bhí deacrachtaí againn go háirithe sa réimse earcaíochta foirne a chuir cosc orainn forbairt mar ba mhaith linn agus mar a bhí beartaithe againn go háirithe i réimsí Obair Shóisialta, Chúram Leanaí agus Seirbhísí Teiripe. Thugamar faoi roinnt tionscnamh chun grádanna tearca a earcú agus d'éirigh réasúnta maith linn ach in 2002, áfach, beimid ag tabhairt faoi thionscadal náisiúnta chun na grádanna tearca sin a earcú ó thar lear. Mar chuid dár bpróiseas forbartha agus pleanála leanúnach bainfear leas as na ceachtanna a foghlaimíodh agus na dúshláin a tháinig romhainn i 2001 dár bpróiseas pleanála do 2002.

Ceann de na forbairtí suntasacha sna Seirbhísí Sláinte go náisiúnta ab ea seoladh Straitéis Sláinte Náisiúnta, Caighdeán agus Cothroime-Córas Sláinte Duitse i Samhain 2001. Leagann an straitéis amach réimse Spriocanna,

Gníomhartha agus Creat Oibre i leith athruithe sa chóras sláinte thar na 7 go 10 mbliana atá le teacht. Is éard is brí leis seo dúinne ná go gcaithfidimid gach rud a dhéanfaimid as seo amach, cibé seirbhísí a sheachadadh, pleanáil, luacháil nó monatóireacht atá i gceist, a dhéanamh i gcomthéacs na Straitéise Náisiúnta Sláinte.

Chun tabhairt faoin dúshlán seo, thugamar, mar Bhord, faoi athbhreithniú a dhéanamh ar ár struchtúir eagraíochtúla agus ar ár bpróisis féin ag tús 2001 agus mar is léir ó réamhrá na tuarascála seo tá Fis, Spriocanna, agus Prionsabail leagtha amach againn dár n-eagraíocht. Le linn na bliana chuireamar tús le próiseas chun cuspóirí, gníomhartha agus feidhmeanna a aithint dár seirbhísí ar fad le breis is 400 baill dár bhfoireann páirteach sa phróiseas. Ag eascairt ó sheoladh na Straitéise Náisiúnta Sláinte nua chuireamar tús leis an bpróiseas athbhreithniú a dhéanamh ar ár bpleananna i gcomhthéacs na straitéise nua ag cinntiú go bhfuil ár bplean Straitéise Eagraíochtúla go hiomlán de réir na Straitéise Náisiúnta Sláinte. Leanfaidh an próiseas seo i leith fhorbairt eagraíochtúil i 2002 agus tá súil againn é a bheith ullamh le feidhmiú faoin bhFómhar.

Le linn 2001 chuireamar roinnt cáipéisí polasaí chun cinn dár mBord lena n-áirítear mórcháipéis polasaí chun dul chun cinn a dhéanamh inár Seirbhísí Sláinte Intinne. I 2002 tá súil againn roinnt cáipéisí polasaí suntasacha eile a thabhairt os comhair an Bhoird chun cur lenár seirbhísí eile agus iad a fheabhsú go háirithe ár seirbhísí do Dhaoine Scothaosta, ar a bhfuil méadú ar a n-éileamh ónár ndaonra aosta.

Tá aitheantas tugtha cheana ag an gCathaoirleach don chúnamh suntasach a thugann an fhoireann chun seirbhísí a sheachadadh agus a fhorbairt i limistéar an Bhoird agus an tábhacht atá le cuidiú agus tacaíocht a thabhairt dóibh ina dtasc. Ba mhaith liomsa buíochas a ghlacadh freisin leis an 4,500 duine atá ag obair i mBord Sláinte an Limistéir Thiar-Theas as a dtiomantas, agus a ndíogras le linn 2001 agus go háirithe leo siúd i gceantair a raibh brú mór ar acmhainní iontu de bharr easpa foirne.

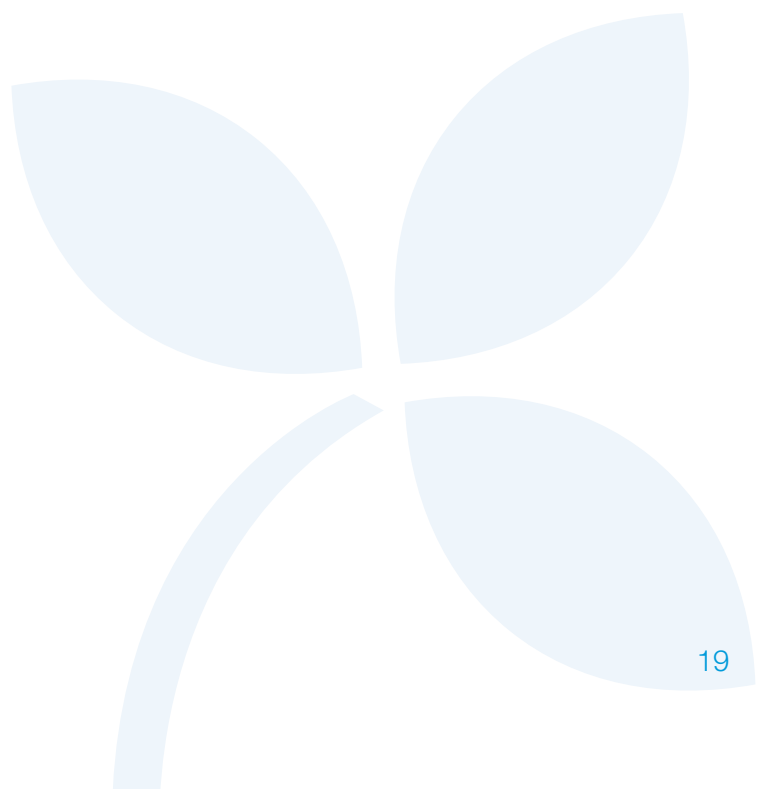
Ba mhaith liom aitheantas freisin a thabhairt don obair a rinne ár gCathaoirleach agus Comhaltaí an Bhoird agus dá dtacaíocht leanúnach don bhainistíocht agus don fhoireann. Ba mhaith liom buíochas ach go háirithe a ghlacadh lenár gCathaoirleach An Comhairleoir Charlie O'Connor TD a rinne cathaoirleacht chothrom i gcónaí ar chruinnithe an bhoird agus de réir leasa obair an Bhoird.

Ba mhaith liom buíochas a ghlacadh freisin le hÚdarás Sláinte Réigiún an Oirthir, Comhsheirbhísí Sláinte an Oirthir, ár gcomhbhoird, Ceantar Chósta an Oirthir, agus Ceantar an Tuaiscirt as a gcomhoibriú agus a dtacaíocht i 2001

Thar ceann na foirne bainistíochta agus na foirne ar fad ba mhaith liom buíochas a ghlacadh leis an Aire Sláinte agus Leanaí, an An tUasal Micheál Máirtín TD, agus na hAiri Stáit, An tUasal Mary Hanafin TD agus an Dr Tom Moffat TD, an Rúnaí Ginearálta an tUasal Michael Kelly, na Rúnaithe Cúnta agus a gcomhghleacaithe as a dtacaíocht leanúnach.

Leanann an dúshlán do na Seirbhísí Sláinte, go háirithe anois le seoladh na Straitéise Náisiúnta Sláinte nua, a threoróidh agus a mhúnlóidh cad a dhéanfaimid sa toadhchá. Níl aon amhras orm ach le tiomantas agus le díogras ár mBoird agus ár bhfoirne go dtabharfaimid faoin dúshlán seo le chéile agus go n-oibreoimid go dicheallach chun an caighdeán is airde seirbhísí cúraim sláinte a phleanáil agus a sheachadadh don phobal ar a bhfuilimid ag freastal.

Pat Donnelly
Príomhfheidhmeannach



The Management Team



Mr. Pat Donnelly
Chief Executive Officer



Mr. Séamus O'Brien
Assistant Chief Executive,
Special Projects



Ms. Bríd Clarke
Assistant Chief Executive,
Operations



Mr. Pat Bennett
Assistant Chief Executive,
Planning & Development



Mr. Hugh Kane
Assistant Chief Executive,
Operations



Mr. Tony McMahon
Director of Human Resources



Mr. Declan Lyons
Director of Finance



Mr. Ray Mitchell
Director of Communications

Eastern Health Shared Services

The Eastern Health Shared Services based in Dr. Steevens' Hospital provides a wide range of professional, technical and information support to the Eastern Regional Health Authority and the three Area Health Boards. The services provided include, Financial Processing Services, Regional Materials Management, Employee Services, Information Technology, Estate and Facilities Management and Architectural Services.

Introduction

The South Western Area Health Board is one of the three new area Health Boards, established in March 2000 under the Eastern Regional Health Authority Act 1999.

The Board serves a population of 517,592 (1996 Census) and employs over 4,500 staff, which includes Medical, Nursing, Paramedical and Administrative Personnel.

The Board's Vision is

Providing a responsive network of quality care for people. Building healthy and supportive communities for all.

The Goals are

- To bring about the greatest possible improvement in the Health and Social well being of the people in our area.
- Proactively involve people in the planning, delivery, and evaluation of services.
- Delivery quality integrated services to meet the identified needs of the service users.
- Build an environment which recognises staff value and encourages their continual development throughout their career
- Develop and strengthen relationships with our stakeholders.

The Underlying Principles Are

- | | |
|-------------------|------------------|
| • Equity | • Transparency |
| • Confidentiality | • Accountability |
| • Responsiveness | • Trust |
| • Accessibility | • Respect |
| • Appropriateness | • Quality |
| • Efficiency | • Effectiveness |
| • Value for money | |

All of our services are planned, developed and delivered, monitored and evaluated in accordance with the above vision, objectives and underlying principles.

Demographic & Health Status Profile

The key demographic and health status indicators for the region are the baseline for strategic planning in South Western Area Health Board. The 1999 report Strategic Planning Guidelines for the Greater Dublin Area found that the population in the Eastern Region (including Meath) will be 1.65m by the year 2011, even with growth slow down during 2001. Demand for housing will continue with implications for planning of transport, sanitary and infrastructural developments by local authorities, Department of the Environment and local government. The 2002 census will also be an important indicator of how and where services should be developed in the Board's area in the coming years.

In 2001, serving a population of 517,592 people, South Western Area Health Board provided health and personal social services to the largest population among the three Area Health Boards in the Eastern Regional Health Authority (ERHA), and the second largest nationally.

Dublin and Kildare have the most rapidly growing areas in terms of population, with Kildare the fastest growing county in Ireland. This continuing population expansion has brought much social change and a marked environmental impact on both urban and rural areas.

Development Needs

Disadvantaged Areas

South Western Area has 47% of the Eastern Region's most deprived population. Seven localities in South Western Area have been classified by the Government as disadvantaged, with three of them targeted for action under the National Integrated Services Process and four under the Revised Areas for Planning, Investment and Development Programme.

Children

South Western Area is home to 42% of the total child population in the Eastern Region, the highest in the region. The population aged 5 to 9 years rises slightly, to 43%, indicating that the increase in the teenage population will impact most heavily here. Combining these high numbers of children with the levels of deprivation in the area, it is likely that child poverty will be significant within South Western Area.

Travellers

South Western Area has a large population of the Eastern Region's Traveller population, a community that has particular needs in health-care, housing, education and occupation. The poor health status of Travellers as reported in Task Force Report 1995 must be taken as an indicator of the range of barriers and gaps to accessing existing services. While the Board already has a number of very successful projects and initiatives aimed at addressing the needs of the Travelling community we recognise that continued resources and investment is essential.

Older Persons

South Western Area has a growing elderly population with the over 65 age group comprising 35% of the Eastern Region's total elderly population.

The current high numbers of middle-aged people in the area is the highest in the Eastern Region. Population and other projections for both age groups will continue to inform our strategic planning.

Learning Disability

South Western Area Health Board provides for the health and personal social service needs of 3,887 people who have intellectual disability. This is equivalent to 47% of all intellectually disabled people in Eastern Region and constitutes its largest such population. Consistent with this fact, South Western Area has the greatest number of intellectual disability service providers in the region and a high percentage of residential care places that give home to 73% of the Eastern Region's population of persons with a profound learning disability.

Mental Health

The profile of projected activity for 2001 (based on 2001 figures) indicates that there will be an increasing demand for community services (including day hospital, day-centre, out-patient clinics and hostels). We hope that enhanced community treatment and support options will reduce the demand for inpatient treatment. The Board at the end of 2001 agreed a policy report for the development of mental health services, over the next 3-5 years in the South Western Area.

Addiction

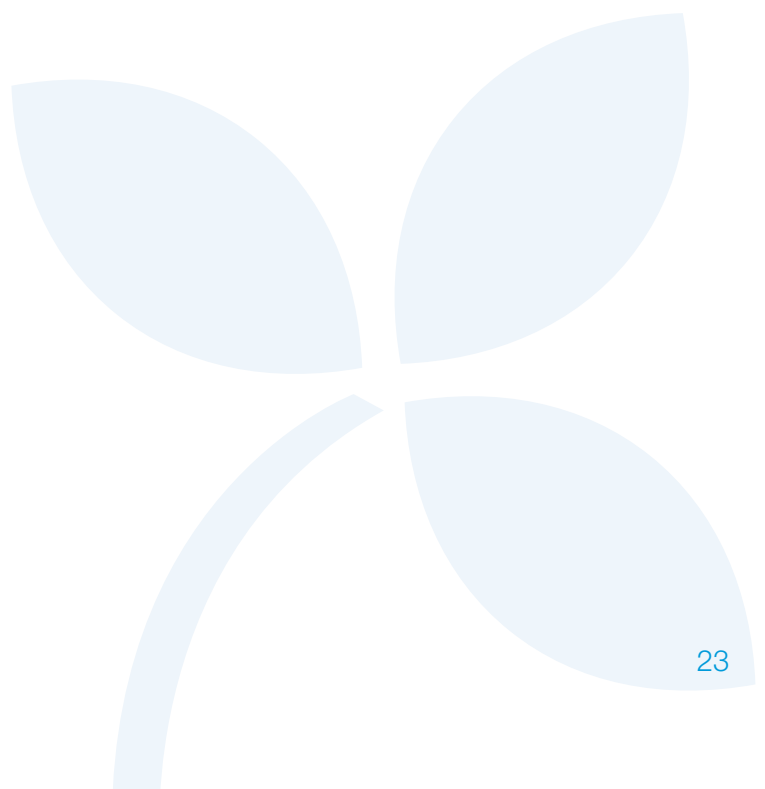
Over half of those presenting for treatment in the Eastern Region are resident in South Western Area. Research shows that we have a large and growing number of drug misusers with a high percentage of them being young. The high proportion of addiction centres in our Board's area and the Services were extended in 2001.

Acute Hospital Service

Naas General Hospital serves the catchment area of Kildare and west Wicklow, an area with rapidly growing population. The hospital provides in-patient services, outpatient services, accident and emergency services, day procedures, radiology, pathology and physical medicine. Medical, surgical, nursing, paramedical and ancillary staff provide these services.

Infrastructure

The population growth and profile of South Western Area Health Board requires a coherent planning framework in relation to provision of employment opportunities, education, training and healthcare. The Strategic Planning Guidelines for the Greater Dublin Area and the next census will give updated information on demographics to inform future planning.



Communicable Diseases

Communicable diseases are no longer a major cause of death as they were at the turn of the century in Ireland. However, with new emerging organisms e.g. E. coli O157 and the development of anti-microbial resistant organisms e.g. methacillen resistant staphylococcus aureas (MRSA), they still remain a public health priority.

Since the introduction of immunisation programmes, the incidence of many diseases has decreased, including the dramatic decrease in deaths from Haemophilis B influenza meningitis with the introduction of Hib vaccine in the past five years. Nonetheless, the need for continuous efforts to promote and maintain a high level of childhood vaccination is highlighted by the occurrence of a measles outbreak in the Eastern Region in 2000. The full implementation of protocols for the control of hospital and community outbreaks of communicable disease is also a priority.

Gastroenteritis

Gastroenteritis in childhood is very common and is usually viral in nature. The number of cases of salmonella and other food-borne infections has increased e.g. campylobacter. The following table outlines the number of gastroenteritis reported from between January and December 2001.

Table 1

Gastrointestinal Infections Reported in South Western Area Health Board, January-December 2001:

Type of Infection	Dublin South City	Dublin South West	South County Dublin	Kildare & West Wicklow	Total
Gastroenteritis/Food Poisoning Under 2 Years of Age*	47	120	149	97	413

*This includes E.coli O157, Cryptosporidium, giardia, shigella and salmonella

Table 2

Gastrointestinal Infections in South Western Area Health Board, January-December 2001:

Type of Infection	Total
Gastroenteritis/Food Poisoning/E.coli/Cryptosporidium/Giardia/Shigella/Salmonella (Under 2 Years)	413
Salmonella	64
Campylobacter	200
E.coli O157	12
Bacillary Dysentery (Shigella)	6

Meningitis

Meningococcal Disease either in the form of meningitis or septicaemia (blood poisoning) accounts for the majority of cases of meningitis. Table 3 outlines the number of cases reported to South-Western Area health Board between January and December 2001.

Table 3

Confirmed cases of meningitis in South Western Area Health Board, January-December 2001:

Type of Infection	Number	%
Meningococcal Disease	58	85.3
Streptococcal Pneumonia	4	6.9
Staphylococcus Aureus	0	0.0
Group B Streptococcus	1	1.5
Bacterial Meningitis (organism unidentified)	5	7.3
Total Bacterial Cases	68	100.0

Table 4

Meningococcal Disease by Sub-group:

Subgroup	Number	%
B	41	70.7
C	5	8.6
No Group	12	20.7
Total	58	100.0

In the South Western Area Health Board, there were 58 cases of meningococcal meningitis in 2001 compared to 90 cases in 2000 showing a 24% reduction. It is notable that in 2001, there was a 78% reduction in Group C cases indicating the impact of the meningococcal C vaccine campaign. There was a 21% decrease in Group B cases in 2001 compared to 2000.

There were no deaths from meningococcal disease in the South Western Area Health Board in 2001. However, there was one death from pneumococcal meningitis.

Measles

Table 5 outlines the number of cases of measles occurring in the South Western Area Health Board from January to December 2001.

Table 5

Measles Cases in South Western Area Health Board, January to December 2001

Community Care Area	Number of Cases	% of Cases
Dublin South City	11	19.3
Dublin South West	9	15.8
Dublin South City	14	24.6
Kildare / West Wicklow	23	40.3
Total	57	100.0

Table 6

Number of cases of measles reported in 2001 compared with previous years: summary

Community Care Area	1999	2000	2001
Number of Cases	14	346	57

Tuberculosis

There were (78) cases of TB in the SWAHB in 2001. In 2000, there were (45) cases. All children in the area are offered BCG and a national standardised data collection system (“NTBSS”) is being used to monitor trends of tuberculosis. Tables 8 and 9 outline figures for 2000 and 2001 respectively.

Table 8

TB Cases in South Western Area Health Board, January to December 2000-2001

Community Care Area	Number of Cases in 2000	% of Cases in 2000	Number of Cases in 2001	% of Cases in 2001
Dublin South City	10	22.22	36	46.15
Dublin West	11	24.44	14	17.95
Dublin South West	15	33.33	18	23.08
Kildare / West Wicklow	9	20.00	10	12.82
Total	45	100.0	78	100.0

Health Promotion

The ultimate goal of our Board's health promotion service is to enhance the well being of individuals and communities in our region through the development of personal skills, and the creation of supportive environments and the development of healthy public policy. All activities of the Health Promotion Department are carried out on the basis of an understanding of health and Health Promotion, on evidence of best practise from research in Ireland and abroad, and on guidelines articulated in the Ottawa Charter for health promotion (WHO 1980). Health is viewed in the broadest terms to include: physical, mental and social well-being and health promotion activity is integrated into all programmes and undertaken by a wide range of staff throughout the region.

The Health Promotion Department works in partnership with all programmes and functions in our board to integrate health promotion into all services. We work to a three-year strategy, adopted by our Board in Feb. 1999. This strategy identifies the promotion of well-being and the prevention of cancer, cardiovascular disease and morbidity and mortality from accidents as priorities in our region. In line with National strategies a settings approach is adopted and in this way a comprehensive approach to tackling a variety of topics and at risk population groups is possible.

Activities and Developments in 2001

The first priority for 2001 was to establish a comprehensive multidisciplinary health

promotion team to empower individuals, staff and communities to improve their health by providing equitable, sustainable and evidence based health promotion programmes based on the needs of clients in our region. During 2001 a total of 12 staff were in place and a further 10 were interviewed and are due to commence in early 2002.

Due to the expansion of the health promotion team the permanent accommodation requirement has also increased. During 2001 a property in Broomhill in Tallaght was identified, and will be ready to occupy in early 2002.

Community Setting

Health Promotion action takes place where people live, work and play. Therefore Health Promotion at local level must be supported. Our aim is to develop appropriate infrastructure at local level, effectively balanced by continuing leadership and quality standard setting activity.

Needs assessment

A community needs assessment was completed in Fatima Mansions. This needs assessment was conducted by local people with the guidance and support of the health promotion department, U.C.D, and Fatima Development Group. Following this needs assessment a proposal was submitted to Department of Health & Children for funding for a health care community development project in Fatima Mansions. Two year funding was granted and the needs assessment will now be used to inform future developments.

Development of Infrastructure for Health Promotion

The Health Promotion team during 2001 worked with General Managers and with local Health Promotion Committees in order to support the development of local health promotion initiatives and to ensure integration of a health promotion ethos in all planning and delivery of services through collaboration with all care groups and disciplines at local and Area Board level. Health Promotion committees are established in each Community Care Area.

All community care areas were involved in activities locally for National Healthy Eating Week. In collaboration with management in Dublin South West and the Cardiology Department of the Adelaide, Meath incorporating National Children's Hospital, progress was made on the development of a Happy Heart Club in Tallaght. Membership of the Steering Committee was agreed and it is expected that the development of 'Happy Heart Club in Tallaght' will be launched in early 2002

Smoking

Europe Against Cancer Week

The theme of the campaign for 2001 was "Tobacco Free – It's a Beautiful Thing". The campaign had a focus on women and tobacco and specifically targeted women in the 20 – 35 year age group. This campaign was launched by the Irish Cancer Society. Leaflets were developed for this week, with an ongoing theme and were distributed through out the Boards' area.

Cinema Advertising

The Board continued in 2001 the Cinema No Smoking Advertising Campaign. The key target audience is to young girls who have a high smoking rate.

This campaign was repeated over a six-week period from January to December 2001.

Smoke Free Pubs Project

Developments have been initiated with a view to providing supportive training and signage for those pubs that engage with the project. During 2001 support was provided to eleven public houses in the South Western Area Health Board who participated in our pilot project to introduce smoke-free areas into licensed premises. We will continue to develop and evaluate this programme.

The Tobacco Control Advisor facilitated ongoing collaboration with the Smoking Target Action Group (STAG). Through this groups links were developed with the Irish College for General Practitioners (I.C.G.P) to offer GP's in our region training in the brief interventions and motivational interviewing methodology.

We have joined up as a partner to the European Action on Smoking Cessation in Pregnancy (Euroscip) Project to explore further opportunities for providing information and support to clients, their partners and staff in maternity hospitals through research and development of resources.

Physical Activity

The Health Promotion Department has continued to work with Local Authorities and the Irish Heart Foundation and other voluntary organisations to promote physical activity through innovative programmes such as "Go for Life" (aimed at older people). We also aim to develop and promote the walking programme such as Sli Na Sláinte, which is an initiative of the Irish Heart Foundation. P.A.L. (Physical Activity Leadership) training was offered by Age and Opportunity as part of the Go For Life Campaign.

Go For Life aim to promote physical activity in older people.

Kildare Local Sports Partnership

In 2001 the Health Promotion Department was successful in a bid for funding from the National Sports Council for the Kildare Local Sports Partnership. The Kildare Sports Partnership (KSP) was formed in January 2001. The work on this project completed during 2001 included:

- The development of County Kildare Walking Plan
- The audit of sports facilities

Other Sports Partnerships

Dublin City and South Dublin County Council are in the process of drafting a proposal for Local Sports Partnerships. The South Western Area Health Board continues to be key players in these developments.

Nutrition

Healthy Food Made Easy Project

This is a peer led nutrition project based in the Clondalkin Women's Network and is run in partnership with Dublin Healthy Cities. The project was developed from the Food and Health Project, which was established in the Board in 1994. It is currently being piloted over a two-year period. 7 courses were run in the Boards area. A total of 70 people participated in this 6-week healthy eating cookery course.



The Chairman, Board members and staff at the launch of Healthy Eating Week

Alcohol

Research into the nature and extent of alcohol use has been conducted in the region and was published in 2001. This report entitled 'Towards Moderation' will support developments in the region and will be launched in 2002. We endeavour to make the healthier choice the easier choice by working with local publicans and drinks industry and their staff to address the problem of underage drinking and to promote sensible drinking guidelines.

Mental Health

During 2001 the Boards' work involved partnership with the Out and About Association to produce and distribute leaflets on Social Anxiety Disorder, Specific Phobia Anxiety, Agoraphobia and Panic Attacks. These were distributed to professionals within the Board i.e. hospital staff, Public Health Nurse, GP's and also to others outside the organisation such as pharmacies, community and voluntary groups.

Sexual Health and Reproduction Health

We worked in partnership with the Sexual Health Advisor from St James Hospital to explore opportunities to promote sexual health in the school and community setting. In partnership with St James we submitted a proposal for funding of a project worker. We have also worked with the Woman's Health Unit to promote the "Black and White Guides to Sexual Health" and with the student health centre in Trinity College.

Older Persons

During 2001 the Health Promotion Dept continued to provide support to campaigns such as 'Reach Out and be a Good Neighbour' and to build strategic alliances with groups such as Age and Opportunity and the National Safety Council.

It is hoped that the extent and range of health promotion activities for the Older Persons next year will be increased with the appointment of a specific Health Promotion officer for the Older Person.

A Nutrition Advisor for Older Persons was appointed to South Western Area Health Board in September 2001.

A booklet entitled "Have You Got A Small Appetite?" was developed by the Nutrition Advisors to Older People, in the East Coast and South Western Area Health Boards and hospital dieticians. It will be published in 2002.

Homeless People

The Health Promotion needs of homeless people have been identified in a number of strategic documents. The Health Promotion Team during 2001 began work with General Manager of Services for Homeless People in the South Western Area Health Board and an inter agency committee in order to identify actions that can be taken specifically targeted at homeless people.

Refugees and Asylum Seekers

Staff from the Health Promotion Department were involved during the year in a multi-agency committee considering the health promotion needs of refugees and asylum seekers.

- This group aims to address the Education and Training needs of health board staff.
- Oversee the task of adapting health promotion materials to make them accessible and culturally appropriate and to develop new materials where necessary.
- Examine the feasibility of developing a programme of Peer-Led Health Education.

Young People /Schools

We aim to develop the capacity of young people in our region to develop and maintain healthy lifestyles and life skills, which protect and promote health and to support whole school communities to develop the health promoting capacity of schools in our Area.

Infrastructure to support Health Promotion within School Setting

A Senior Health Promotion Officer for Schools and Young People was appointed to support school health promotion initiatives and training. The health promotion department collaborated with the Regional Development Officer appointed by the Dept. of Education and Science to offer support, materials and training to all secondary schools in the Area in the implementation of the new social, personal and health education curriculum. (SPHE).

Of the 83 Post-primary schools in the South Western Area Health Board 62 have made contact with and used the support service. This includes school visitation, completion of needs assessments, parent information evenings, school staff seminars, training for teachers new to SPHE and for those who have had previous training in SPHE.

Smoking

Co-ordinated planning with the Schools Health Promotion Officer towards the development of a holistic approach to the SPHE curriculum incorporating aspects of tobacco control commenced in 2001.

Substance Use Policy Guidelines

Substance Use Policy Guidelines have been developed for primary and post-primary schools in the three Area Boards.

These guidelines were developed by a multiagency working group consisting of representatives from Health Promotion, Drugs / AIDS Service, Department of Education, Local Drugs Task Forces voluntary agency and community representatives.

A five-year development, implementation and evaluation plan has been drawn up. All post-primary schools were offered a half-day training workshop for the school year 2000 – 2001.

Physical Activity

Action for Life is a health related exercise resource targeted at primary schools. The programme aims to encourage primary school teachers to motivate young people to lead healthy and active lifestyles. Teacher training workshops were organised by the Irish Heart Foundation in conjunction with the South Western Area Health Board. In 2001 the Action for Life programme was run in a number of schools in the region with up to 90 teachers participating in the programme.

Accident Prevention

A partnership has been established with the Cycling Safety School. Plans have been made to develop resources, which support SPHE and which will add a classroom dimension to the practical programme.

Pre-Schools

The following activities took place:

- Development of Food & Nutrition guidelines for Pre- schools in conjunction with the Dept of Health & Children- a working group was established consisting of Community Dieticians from Health Boards.
- Consultation was arranged by the Health Promotion Unit and the Department of Health & Children with all stakeholders in December 2001. Pre-school inspectors and

Childcare managers from the South Western Area Health Board were consulted. User-friendly checklist for parents & crèche/pre-school owners and managers for snack and lunch ideas is also being developed.

- Guidelines will be completed in 2002.

Primary Schools

In primary schools the following activities took place:

- Support was provided to the Interdepartmental review of the School Meals Scheme (currently available to designated disadvantaged schools). A working group – consisting of Community Dieticians from several Health Boards including the South Western Area Health Board and ECAHB was established by the HPU of the Dept of Health & Children. A series of meetings were held in 2001 and a final document will be submitted to the Dept. of Community Social & Family Affairs following the consultation process.
- Development of Food & Nutrition guidelines for Primary schools in conjunction with the Dept of Health & Children- a working group was established.
 - Consultation with all stakeholders and the HPU of the Department of Health & Children took place in November 2001
 - Schools nutrition resource pack for schools is being developed by the working group for schools in conjunction with the DoHC to support SPHE.

Post Primary Schools

In conjunction with the Women's Health Unit of the Board a video was produced on Osteoporosis. The Health Promotion Dept provided technical support on the nutrition content and on the overall Health Promotion content of the video.

The target group are transition year students. A workbook to support the video will also be produced.

Mental Health

During 2001 we worked with the Mental Health Association on public speaking projects, essay competitions and art competitions to promote awareness of Mental Health issues amongst young people. We offered stress management to teachers in partnership with the Irish Heart Foundation and also through local Health Promotion Committees.

Health Promotion Third Level

A partnership with the Trinity College Working Group on Health Promotion has been established through the Director of the College Health Services. A joint submission has been made to the Department of Health and Children for funding to support the development of a College Health Promotion Policy and a strategic health promotion plan for the college. The Health Promotion Department has also collaborated in the development of the pamphlet "Making Stress Work For You".

Oral Health

The Mighty Mouth project - this oral health promotion programme was developed to address the oral health needs of senior infant school-going children from socially disadvantaged backgrounds.

This was a joint initiative by the Dental Health Foundation, the Board's Principal Dental Surgeons and dental services staff and the Health Promotion Department. The programme was piloted and evaluated in 2001 and the National Nutrition Surveillance Centre, Galway in December, launched a final report.

Workplace Setting

The health of the workforce is of crucial political, social and economic importance. Workplace health promotion has been highly successful in reducing work-related diseases and supporting health related practices

Workplace Staff Survey 2001

Contact was established with the Dublin City Council and South Dublin County Council in order to promote development of Health Promotion in the workplace. This will be further developed in 2002.

Life style issues

The Irish Heart Foundation's Happy Heart at Work Programme, which aims to reduce the risk of cardiovascular disease and addresses issues such as smoking cessation, nutrition, physical activity and stress management. The newly appointed Health Promotion Advisor began to actively promote this programme amongst staff of South Western Area Health Board and in workplaces.

Health Services Setting

The Health Promotion Team in 2001 continued it's work in this area and some of the developments included:

- Policy for a Smoke Free Workplace.
- A brief Intervention Training Course. This was run in the South Western Area Health Board, 25 staff from various disciplines in the health Board and from voluntary and statutory agencies in the region attended the programme.

- Links with the Irish College of General Practitioners and the Irish Centre for Continuing Pharmacy Education were re-established with a view to joint training in the provision of Brief Interventions Training Programmes for General Practitioners and Pharmacists.

Smoking Cessation Workshops

Two smoking cessation workshops were run in the South Western Area Health Board region in conjunction with the ICS. This course, targeting Health Board staff, enables participants to facilitate smoking cessation groups. Thirty-Six staff took part in the workshops. Thirty-Five staff took part in a quit smoking competition run for staff across all Area Health Boards. Support was offered to staff in the form of the Irish Cancer Society help line number, the offer of support phone calls from a smoking cessation advisor and the nomination of a buddy to support them on an ongoing basis.

Department of Health and Children

Much of the work of the Community Nutrition and Dietetic Service in 2001 was linked to the Health Promotion Unit of the Department of Health & Children. We were also involved with the department on a number of national projects including:

- Food and Nutrition Guidelines for Pre-schools
- Food and Nutrition Guidelines for Primary Schools
- Nutrition resource pack for primary schools
- School Meals Scheme review Group
- Catering Guidelines for Acute Hospitals

National Campaigns

Healthy Eating Week

The Board was involved in promoting the National Healthy Eating Week and in the distribution of materials which included, 1,000 magazines, 1,000 leaflets and 50 posters to each Community Care Area. During Healthy eating week events were held in venues across the Boards' Area including an open day in Mary Mercer Health Centre, Tallaght.

Europe Against Cancer Week

The theme of the campaign for 2001 was "Tobacco Free – It's a Beautiful Thing". Leaflets were developed in conjunction with this week, with an ongoing theme and were distributed, on request, through the Health promotion Department.

National Alcohol Awareness Campaign

Material distributed through local Health Promotion Committee and Health Centres, G.P.'s and pharmacies

Ireland Needs a Change of Heart

The department worked to distribute material to all Health Promotion Committees and worked through the local sports partnership in Kildare to promote the campaign.

Cardiovascular Health Strategy

In 1999, the Government launched a report – ‘Building Healthier Hearts’, in response to evidence pointing out cardiovascular disease as one of the main causes of premature mortality in Ireland. In addition to premature mortality from cardiovascular disease many suffer ill-health and reduction in the quality of life which places an enormous burden on our Boards resources. Many studies reflect that the prevalence of cardiovascular risk factors are substantially greater in disadvantaged groups and as has been indicated in the introduction, 47% of the Eastern Regions most deprived populations live in the Boards’ area.

The aim of the strategy document ‘Building Healthier Hearts’, is to tackle premature death from CVD, and outlines a strategic approach to the prevention and treatment of illness caused by this disease.

It identified an extensive series of recommendations (211) and an implementation process. The main areas for which recommendations were made include:

- Health Promotion
- Acute hospitals
- Cardiac rehabilitation
- Primary Care
- Pre-hospital care
- Information systems and audit

In the Eastern region a steering committee was established to oversee the implementation of the recommendations set out in this report (Building Healthier Hearts) and to develop a 3-5 year action plan to improve the heart health status of our population.

Our Board continued to implement the recommendations of the strategy by developing services, implementing initiatives and programmes in a co-ordinated, integrated and cohesive manner; to reduce cardiovascular mortality and improve morbidity for the population in our area.

Activities and Developments in 2001

Health Promotion under the CVD Strategy

Our Boards Health Promotion Department works in partnership with all programmes. In 2001, in response to the CVD strategy this department continued to develop evidence-based, focused, sustained initiatives to promote cardiovascular health in disadvantaged groups and communities (to take action where people live, work, and play), to reduce the risk factors associated with cardiovascular disease in our boards area. At the beginning of 2001 eight posts were approved (four smoking cessation officers and four dietician posts) for this department. This has brought the total number of posts approved under the CVD strategy for health promotion to thirteen. Some of the initiatives/programmes our health promotion department supported in 2001 and continue to support are outlined under the report on Health Promotion.

Cardiovascular Disease Strategy- Naas Hospital

Naas hospital is dedicated to delivering an efficient and effective service to cardiovascular patients in the hospital.

It is pursuing the need for a consultant cardiologist appointment to the hospital as a matter of urgency. It will enable the hospital to improve cardiac diagnostic services to patients, facilitate early diagnosis, treatment and continuing care to patients. This post will strengthen the hospital's medical team, develop cardiovascular care in the hospital and assist in implementing the recommendations of the CVD strategy.

- In the South Western Area Health Board region acute cardiovascular care is delivered to persons by Naas hospital with access to some diagnostic facilities and tertiary services at Tallaght hospital.
- In 2001 a further four and a half posts were approved for Naas hospital under the Cardiovascular Disease Strategy. This brings the total number of posts approved to nine to assist in implementing recommendations of the Strategy for acute hospital care.
- A needs assessment for Cardiac Rehabilitation in the Eastern Region was carried out in May 2001. Its objectives were to improve access to cardiac rehabilitation in the Eastern Region.
- During 2001, Naas hospital implemented Phase I and Phase II of the cardiovascular rehabilitation programme. In 2001 a cardiac rehabilitation co-ordinator was appointed to the hospital. Funding was received and equipment purchased to implement Phase III of the rehabilitation programme. It is envisaged this Phase will commence in 2002.
- An audit of cardiology services in the Eastern Region was carried out in 2001.
- An audit of 'door to needle times' will be being carried out in 2002.
- During 2001, Naas in partnership with Tallaght hospital provided a number of clinics

headed by a consultant cardiologist from Tallaght hospital.

Primary Care

In 2001 funding and approval was received for two clinical dietician posts for primary care under the cardiovascular disease strategy. The recruitment process was completed in 2001 and these posts will commence in 2002. National negotiations are ongoing with the ICGP, the Department of Health & Children to implement a secondary prevention programme for CVD. It is anticipated that a National Agreement will be agreed in 2002.

Pre-hospital Care

The East Coast Area Health Board has the statutory responsibility for the ambulance service for the three area Boards of the Eastern Region. As part of the Cardiovascular Health Strategy, the Eastern Region Ambulance service has introduced the following:

- Aspirin administration to patients with chest pain
- Automated External Defibrillators in emergency ambulances
- 12 lead ECG with telemetry, which allows for 12 lead ECG to be transmitted to Accident and Emergency prior to the patients arrival. Remote ambulance stations were targeted in these areas because of journey times to A&E.

The Eastern Region Ambulance Service and the ECAHB work closely with the Irish Heart Foundation in the areas of Basic Life Support and Advanced Cardiac Life support. The IHF acts as an advisory body and authority on resuscitation guidelines for all voluntary organisations, paramedic, pre-hospital care and hospital staff training.

Cancer Strategy

The South Western Area Health Board's Cancer Strategy is managed by the South Western Area Cancer Strategy Group. Cancer is predicted to overtake heart disease as the biggest killer in Ireland within 10 years (National Cancer Registry 1999).

This will have a huge impact on Health care services, for which cancer care must be a priority over the next few years. The Cancer programme in the South Western Area Health Board has seen many developments reaching fruition in 2001. There is still an enormous amount of work required to fulfil the long-term objectives of the cancer programme, however the board is confident that the progress that has occurred to date will provide secure foundations for the long-term goals of providing excellent cancer care to all in the Area.

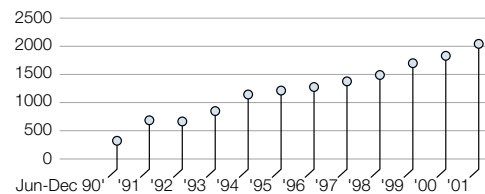
According to SAHRU (Small Areas Health Research Unit) the Board's Area is home to 47% of the most deprived areas in the Eastern Region. Deprivation has a major impact on health with higher levels of smoking, unhealthy lifestyle practices and a lack of education and awareness of signs and symptoms of cancer. This combination often leads to late presentation by patients and the associated poorer prognosis and outcome.

Lung cancers account for 16% of the cancer workload in the Board's Area. Twenty Five percent of National Lung Cancers are diagnosed and treated within the Board's Area. The approval of an Oncology Communications and Health Promotion Officer should be a key resource in trying to implement Strategies to promote awareness about Cancer in the Board's Area.

Activities and Developments in 2001

The cancer workload in the Board's Area is increasing. The Graph below highlights the increasing cancer activity at St. James' Hospital for the 10-year period 1991 to 2001, (1990 figures are for June to Dec 1990). If this trend continues it is essential to plan and provide the resources that are necessary to provide optimum cancer care within the South Western Area.

St. James' Cancer Workload June 1990-Dec 2001:



Medical Oncology: A New medical oncology post in AMNiCH, linked to St. James' Hospital has been approved. A medical oncology post has been filled in the Midland Health Board, linked to St. James'.

Haematology: Four new haematology consultants were appointed, two who have a special interest in haematology oncology.

Palliative Care: The launch of the National Strategy for Palliative Care is welcomed, and a Regional Response is being developed to this with provision of additional hospice beds and development of additional palliative care home care teams.

Surgical Oncology: Approval was received for a breast surgeon in AMiNCH, and a new breast surgeon has been appointed in St. James's Hospital.

Nurse Oncology: A radiation oncology liaison nurse was appointed to co-ordinate radiotherapy services between St. James's and St. Luke's Hospital.

A nursing delegate from St. James's was sponsored to spend 3 months at the National Cancer Institute Clinical Trails Facility in Washington, USA. Her experience there will be used to further develop Cancer Clinical Trials within the Region

Regional Oncology Guidelines Development Officer: This role will fulfil the need to Develop Oncology Pathways of Care to assist practitioner and patient decisions about appropriate healthcare for all types of Cancer.

Regional Oncology Communication and Health Promotion Officer: This new post was approved and will be recruited in 2002.

Family Cancer Clinic: This clinic provides genetic testing and counselling for patients and their families who are affected by Cancer.

Cancer Research: The Institute of Molecular Medicine is nearing completion at St. James's Hospital.

Clinical Trials: Close links with the National Cancer Institute in the USA have been nurtured in order to pursue this in the future.

Chemotherapy: A Chemotherapy Nursing Team was piloted in St. James's Hospital with great success. The benefits of administration of chemotherapy by chemotherapy nurse specialists has many well documented benefits, most importantly to provide expert care for the cancer patient who is being treated with chemotherapy.

Symptomatic Breast Services:

Both St. James's and AMiNCH have been nominated as Breast Units. Both Hospitals run weekly rapid access triple assessment breast clinic runs every Thursday in out patients department. The purpose is to provide a rapid diagnostic service to patients in whom breast

cancer is suspected by their GP. It incorporates triple assessment, i.e. the combination of clinical examination, imaging and fine needle aspiration cytology. The tests are performed immediately and results are available the same morning. In 2001 there were 863 patients seen at the Breast Clinic in St. James's Hospital. A Dedicated Breast Cancer Database Manager has also been appointed in St. James's Hospital. Of the 863 patients who attended the St. James's Breast Clinic in 2001, 99.1% of patients were female, and 0.9% were male. The average age was 18-42, with a range of 14 to 91 years. 93.3 % of referrals were from GP's. The most common symptom was lump accounting for 81.8% of symptoms, 103(11.9%) patients were diagnosed with Breast Cancer at the clinic. The most common investigations were FNA (48.4%), Mammogram (46.4%), Triple Assessment (39.2%) and Breast Ultrasound (38.5%).

BreastCheck



Senator Therase Ridge (Vice Chairman of the Board) & members welcome Breast Check to Kildare/West Wicklow

BreastCheck, the national breast screening programme commenced in Kildare/West Wicklow during 2001, the service also continued screening in the greater Dublin Area. BreastCheck offers breast cancer screening to women aged 50-64 years by personal invitation every two years.

Primary Care Unit

The Aim and Objectives of the Boards' Primary Care Unit are:

- To support and develop to the highest standard the organisation and delivery of general practitioner and primary care services in the South Western Area Health Board using all available resources.
- To promote an integrated approach to primary care delivery involving general practitioners, public health nurses and community health professionals.
- To further develop linkages between primary care and the hospital sector in formal Primary and Secondary Care Partnerships.
- To promote the employment of practice nurses within our Board's region.

Activities and Developments in 2001

The number of General Practitioners contracted to provide services under the General Medical Services contract (1970) increased within the South Western Area Health Board, by thirteen from 185 to 198.

Dublin South West Partnership in Primary Care

Dublin South West Partnership in Primary Care was established in June 2000. The aim of the project is to improve primary care provision through integrated local planning between the South Western Area Health Board and the GPs in the partnership. Currently there are 33 practices participating in the partnership. A management team has been established and

has representatives from the Board, GPs in the partnership and a PHN. A Project Manager has also been appointed and leads service developments.

In December 2001 a courier service commenced which provides transport to and from St James' Hospital for laboratory samples taken in GPs surgeries. This service aims to enhance the quality of service GPs provide to their patients.

South Inner City of Dublin Partnership in Primary Care

The South Inner City of Dublin Partnership in Primary Care is a Partnership between 29 GP practices (52 GP's) who serve a population of approx. 200,000 people and the South Western Area Health Board. The aim of the South Inner City Partnership is to provide quality based primary care services in collaboration with the local hospitals- St. James's Hospital and the Coombe Women's Hospital, and community based service providers.



Dr. Barry Boland, Ms. Pauline Bryan (Director of Acute Services & Primary Care), Ms. Angela Walsh (Primary Care Unit Manager) & Dr. Michael Joyce at the South Dublin G.P. Partnership Conference

The South Inner City Partnership aims to promote a collaborative way of working in primary care by enhancing communication between GPs and community / hospital based service providers.

External research carried out in 2001 on the community anti-coagulation clinics and the wound clinic demonstrate the effectiveness of providing such services at a primary care level, both in terms of health status and patient satisfaction. A national conference held in November 2001 promoted the South Inner City Partnership as a successful working model for the development of primary care services. Plans for 2002 include the development of mental health and women's health services.



Staff members of The South Inner City Dublin Partnership of Primary Care who attended the Partnership Conference

Indicative Drug Budgeting

A total of 1,976,651 (doctors portion) became available from Indicative Drug Budgeting generated by general practice in 2001 for investment in approved practice developments. Areas covered included premise development, purchasing of clinical equipment, invested in information technology and other approved developments.

Practice Support Staff

Practice support subsidies and practice-nursing grants of £2,500 were made available to general practitioners who employed a practice nurse. As a result there was an increase from 37% to 40% in the number of practice nurses employed by General Practitioners in the South Western Area Health Board area. At present there are 67 practice nurses and 13 practice managers employed in our board's area.

Education and Training

The South Western Area Health Board Primary Care Unit has further encouraged computerisation and supports the Irish College of General Practice in the development of computer training. The Primary Care Unit also supported the education of general practitioners through the provision of financial assistance to the ICGP for courses in immediate trauma care, immediate cardiac care, minor surgery, managing practices, practice staff, distance learning course in Therapeutics, and palliative care. The Primary Care Unit continues to support the 3 year Eastern Regional General Practice Training Programme for doctors who wish to enter general practice. There was a further intake of 10 trainees in 2001.



Dr. Philip Ahern, General Practitioner Naas & member of KDoc administering the winter Flu Vaccination to patient Mr. Thomas Benson

Out of Hours GP Services - KDoc

This service commenced in March 2001 with over 70 local General Practitioners forming a co-operative in the area to provide an out-of-hours service.

The service operates on evenings, weekends and on Bank Holidays, in the Kildare/West Wicklow area.

The structure of the out of hours services has lead to a more reliable and improved quality of service to the local population where over 12,000 calls were received in 2001.

A recent patient satisfaction survey showed a satisfaction rating of 95%. This service operates from a base in Newbridge town and utilises a number of the existing Health Board premises such as local health centres.

Dub Doc

Dub Doc is a co-operative of 53 general practitioners that have mutually contracted to provide an out-of-hours service to their patients. This has been made possible with the support of St. James' Hospital. The service is available to the patients of participating practices in the South Inner City and Dublin South West.

Primary Care Unit Projects

Health Care Risk Waste and Disposal for General Practitioners

This project commenced in May 2001 with monthly collections from 92 General Practitioners within the South Western Area Health Board.

This Service provides the supply of and disposal of Sharps Boxes and Health Care Risk Waste Bags. A number of coded tags are supplied to each General Practitioner for the purposes of tracking this waste in line with EU regulations.

Suicide Intervention Project

The Primary Care Unit of the South Western Area Health Board in partnership with the Irish College of General Practitioners appointed a General Practitioner who will co-ordinate and deliver training to GPs in matters relating to suicide and related issues. The project responds to some of the recommendations of the National Task force on Suicide published in 1998.

Information Technology

The Board in partnership with the Adelaide Meath Hospitals Dublin Inc the National Children's Hospital initiated a three-month pilot project to give five GP Practices in the Tallaght Area web access to the AMINCH Order Comms database. This Project commenced in September 2001. The facility provided access to the GP's Patients laboratory results on line. The South Western Area Health Board will monitor the impact of the new facility in an effort to develop a comprehensive Information Communication Technology system for the service providers within the South Western Area Health Board.

Dental Services

South Western Area Health Board's policy of delivering primary care dental services in a planned and targeted manner continued during 2001. Primary Care Dental Services are provided from 65 surgeries in 34 Health Board locations throughout our Board's Area and by contracted general dental practitioners working from their own premises.

There are a number of core components to the service:

- Education, assessment and treatment programmes for children
- The adult choice-of-dentist scheme through the Dental Treatment Services Scheme
- Services to patients with special needs
- Hospital-based provision of treatment under general anaesthetic
- Referral to secondary-care orthodontic services using needs-based Department of Health and Children guidelines
- Fluoridation of public water supplies
- Oral Health Promotion - our Board aims to promote dental health and improvement in the oral health status of the population of South Western Area through preventive and treatment services.

Activities and Developments in 2001

Screening of Children in targeted classes

An average of 95% of children in target classes in National schools were offered screening / examination and treatment as appropriate in the academic year 2000-2001.

Two additional dental teams were recruited in 2001 to deliver emergency dental care to 14 and 15 year olds. It is planned to recruit further teams in 2002 to provide routine care to this age group.



The Boards Dental Staff welcomed children from The Belarus area of Chernobyl and provided them with dental care and treatment during their visit in the board's area

Oral Health Promotion

Oral Health Promoters have now been appointed in each Dental Area to enhance the delivery of Oral Health Promotion initiatives to targeted patient and carer groups.

Services to Patients with Special Needs

During 2001 dental services to patients with Special Needs continued to develop and expand. These patients include children and adults attending special schools and sheltered workshops, psychiatric patients, travellers, medically compromised patients, drug users, homeless persons, refugees, physically disabled persons and some elderly patients.

Services to Homeless Persons

Plans for the provision of oral healthcare services to homeless persons were completed during 2001. Funding has been allocated and the project will be implemented in 2002.

Patient Information Leaflets

Information leaflets for clients on Dental Services have been produced and indicate how services can be accessed.

Survey of Oral Health

Our Board's dental staff completed fieldwork as part of a major national survey on Adult Oral Health. It is planned to produce this report in 2002.

The Boards' policy of upgrading and re-equipping dental surgeries to the highest standards has continued.

Table 1 Treatment outputs during 2001

Treatment Jan-Dec 2001	Children	Adults
Attendances with Appointment	56,705	6,493
Attendances without Appointment	10,542	453
Failed Appointments	25,319	2,141
Fillings	20,594	2,108
Extractions	6,439	652
Fissure Sealants	41,229	256
Scale & Polish	5,538	1,249
Endodontic Treatments	281	82
Dentures Fitted		676
Crown/bridge fit	80	96
Other Treatment (X-ray, Specialist referral, Dressings, Orthodontic adjustments, Fluoride application, Oral Hygiene Instruction, Drugs prescribed)	41,037	5,196

Orthodontic Services

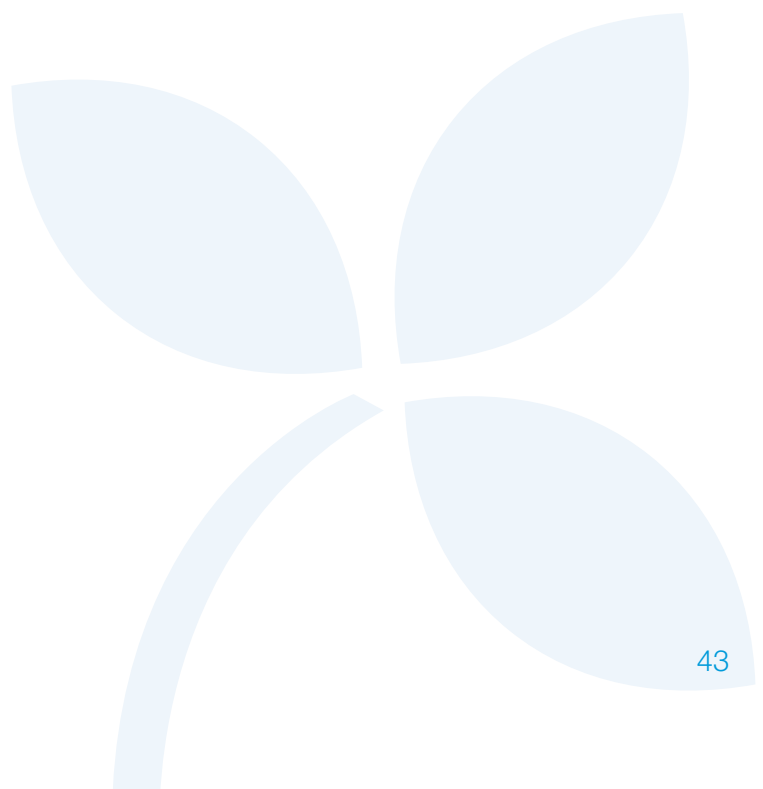
The South Western Area Health Board provides orthodontic services for persons referred from primary care e.g. patients with cleft palate and/or cleft lip and other oral pathology, or severe handicapping malocclusions. The orthodontic service for the South Western Area Health Board is located on the St. James's Hospital campus.

Activities and Developments in 2001

During 2001 the orthodontic service concentrated on assessing Category 1 patients who had been waiting for assessment appointments.

538 patients were assessed in the Department in 2001 (these included patients from other area health boards). A number of developments occurred in 2001, during the summer the devolution of the orthodontic service to the Northern Area Health Board and the East Coast Area Board commenced.

A second consultant took up post in September 2001 and two postgraduate students commenced a three-year sponsored training programme in October 2001. As part of their postgraduate training these students will treat 200 patients from the orthodontic waiting list. A clinic with five dental units suitable for teaching purposes has been commissioned. A senior manager was appointed to the Board's Orthodontic Service in August 2001.



Children & Families Services

During 2001 both the maintenance of our core services and the development of new services were greatly constrained due to difficulties in recruiting and retaining staff. This was experienced across the services and affected all grades of staff, some more severely than others.



The Board provided a wide range of services to children & families during 2001 which included providing alternative care arrangements for 751 children

Notwithstanding the difficulties experienced with recruitment and retention of staff, the challenge for Children and Families is to develop from a demand led service to a need and evidence based one, a service which focuses on the identified needs of children and families rather than on structures, and one which provides good outcomes. Two developments, which started during the year, will feed into this process. The first is the Dublin South West Assessment Project. This three year action research project is a collaboration between three

Health Boards and two Universities via the Board, the North Eastern Health Board, the South Eastern Health Board, Sheffield University and Trinity College Dublin. The aim of the project is to develop an effective multi-disciplinary assessment framework for vulnerable families.

The second development is a pilot need assessment project. A decision taken by our Board to undertake a needs assessment for Children and Families was later incorporated into the Regional Child Care Framework, a joint initiative between the ERHA and the three Area Health Boards. This needs assessment is being carried out in conjunction with Dartington, an international research policy development and training organisation.

RACS (Risk Assessment and Consultation Service) was set up in March 2001 with a multidisciplinary team providing a day assessment service to young people from 8 to 18 years. The service had a very successful first year evidenced by the engagement and completed assessments of 88.4% of the young people referred.

The Board works in partnership with a number of voluntary organisations who are funded by the Board to provide family support services in our area. Among these organisations are Barnardo's, Daughter's of Charity, Kildare Youth Services, Mercy Family Centre, Mater Dei Counselling, Cunamh, I.S.P.C.C., PACT, Treoir, An Cosan, and Carline.

Activities and Developments in 2001

The expansion of the Family Welfare Conference service to all areas in our Board took place during 2001.

The ethos of this service is to enable families, in the broadest sense, to make decisions about the care of their children, with professionals taking a supporting role, so long as the safety of the child is secure. Flexibility with regard to the times and location for holding the Family Welfare Conference is also part of this ethos. This service will have a statutory basis with the implementation of the Children Act 2001, which it is anticipated will be introduced on a phased basis starting in 2002.



The Chairman with children who developed a sculptural art project entitled "The Wonder Web"

An increasing number of parents are participating in Child Protection Care Conferences and reviews for children in care.

The introduction of SWIS (Social Work Information System) in Dublin West all aims to improve our record keeping and data collection.

Efforts to maximise multi-disciplinary and inter-agency working continue at local care group level. Initiatives to enhance integration are the Area Child Protection Committees, which were set up in all our areas in 2001, City and County

Childcare Committees were also established in 2001, as were the RAPID and URBAN initiatives.

Children First

Two Implementation Officers, one Training Officer and one Advice/Liaison Officer were in place in 2001. Health Board and external agency staff were given extensive briefings. Joint Garda/Health Board Social Work training was completed. Children First Foundation Training is being planned for 2002.

Kildare Adolescent Project – The Managers Post has been filled and recruitment will continue in 2002.

Youth Multidisciplinary Teams

1 Team Leader, 1 Social Worker and 5 Counsellor posts have been filled, recruitment will continue in 2002.

After Care

Recruitment commenced in 2001 and one post was filled. Recruitment for the three additional posts will continue in 2002.

Information Management

Recruitment completed and officer will commence in 2002.

Section 10 Grants were allocated to the following voluntary agencies:

- Credim House
- Barnardo's
- ISP Fatima Youth Initiative
- ISP Family Support Inchicore
- Mercy Family Centre
- Dochas Clondalkin
- Family Centre Cherry Orchard
- Kildare Youth Services
- KYS Counselling
- Life Start Kildare North

Child Health

Best Health for Children and Adolescents

- A development officer for Best Health for Children and Adolescents was approved.
- Funding was allocated for a research project to analyse and improve the administrative and professional communicative systems that operate in the organisation of child development checks.
- Immunisations (Primary Childhood and School Booster Programme)
- Additional posts were approved and filled for this programme.
- The first phase of the CHIS (Child Health Information System) project (RICHs replacement) was completed in 2001.

Child and Adolescent Psychiatry

Additional posts were approved and filled.

Services for Children on the Autistic Spectrum

Additional posts were approved and filled.

Funding was made available to schools to secure private Speech and Language Therapy and Occupational Therapy in light of limited availability of those scarce clinicians within the autistic sector.

A video on communication strategies for children with autism entitled 'Share the Moment' was launched in June 2001.



Staff from Beechpark Services at the launch of a video on communication strategies for children with autism entitled 'Share the Moment'

A Report on Asperger's Syndrome was launched in 2001.

New premises at Tallaght were secured for the Southside Service.

Staff received specific training in the Early Bird Intervention Parent Programme and a number of parents participated in a three-month intervention in the Early Bird training.

Table 1 Profile of Activity for Child Care & Family Support in 2001

Type of Suspected Child Abuse	Totals
Physical	223
Sexual	208
Emotional	74
Neglect	338
Total Number of Notifications of Suspected Child Abuse	843

Table 1 Profile of Activity for Child Care & Family Support in 2001 (Continued)

Children in Care at 31.12.2001	Totals
Foster Care	549
Residential Care	144
At Home under Care Order	29
Other	29
	751
Number of Children Admitted to Care in 2001	148
Number of Section 20 Reports for Courts	78
Number of Inter-Country Adoption Assessments Completed	137
No. of assessments carried out by RACS (Risk Assessment & Consultative Service) March-Dec 2001 No. of assessments completed	38
Pre-School Inspections & Advisory Visits	Totals
Number of 1st inspections	45
Number of follow up inspections	51
Number of annual inspections	108
Number of advisory visits	149
Total Number of Visits Carried Out	353
Speech & Language	Totals
Number of assessments completed	943
Number seen for therapy	1443
Number of visits to children by PHNs	55,812
Number of babies attending developmental examination	7,761
Number of pupils examined at school medical examinations	6,369

Table 1 Profile of Activity for Child Care & Family Support in 2001 (Continued)

Child & Adolescent Psychiatry	Totals
Child & Family Centres	
Number of First Attendances	1,740
Number of Return Visits	13,399
Number of Group Sessions	372
Services for Children on the Autistic Spectrum	
Numbers seen by Outreach Teams	
Children	241
Families	285
Number of Residential Units	2
Number of Special Schools	3

Child & Adolescent Psychiatry (<i>Continued</i>)	Totals
Childcare & Family Report	
Number of Childrens Residential Units	23
SWAHB	15
Voluntary	7
Private	1

Number of families who provided foster care in 2001	350
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No. of Health Board funded Family Support Services run by Voluntary Organisations	Totals
Day Nurseries	29
Family Support Projects/Centres (incl. 8 pre-schools)	19
Neighbourhood Youth Projects	10

Child and Adolescent Psychiatry	Totals
Number of Residential Units	2
Number of Special Schools	1

Intellectual, Physical & Sensory Disability Services

The overall objective for the disability services in our region is to uphold the rights of persons with a disability to quality services which respect their dignity, and are provided within the least restrictive environment and promote the greatest possible inclusion of persons with a disability in society.

There are 8958 persons on the National Intellectual Disability database in the Eastern region and with the introduction of the National Physical & Sensory Disability database we should have information for this group by the end of 2002. An administrator for the databases will be appointed in 2002. The administrator will develop a cohesive database to facilitate the planning process.

The Board works in partnership with a number of voluntary organisations who are funded either by the ERHA or directly by the Board to provide services in our Board's area. Among these organisations are Saint John's of Gods, Stewart's Hospital, Cheverstown House, Saint Michael's House, Sisters of Jesus and Mary, Moore Abbey, KARE, Dara Residential, Camphill Communities, Walkinstown Association and the Irish Society for Autism.

These organisations are represented on the Intellectual Disabilities Consultative and Development Committees.

The Board also works closely and in partnership with voluntary agencies who deliver physical and sensory disability services in our area. Some of these agencies include the Irish Wheelchair Association, Enable Ireland, the Central Remedial Clinic, Cheshire Foundation, the National Council for the Blind, the National Association for the Deaf, Muscular Dystrophy Ireland and Post Polio Support.

Activities and Developments in 2001

Early Intervention Service

This project involves the employment of care assistants to work on a priority basis with children with an Intellectual Disability attending mainstream pre-schools.

The care assistants link closely with the clinical support teams and are provided with structured training and support.

It has a strong client focus as it was developed in direct response to needs expressed by carers to the Early Services teams in North Kildare and South Kildare and West Wicklow.

The Early Service teams are in place for over 20 years and are unique in the South Western Area Health Board as they involve collaboration of statutory and voluntary service providers to provide multi-disciplinary clinical support to children with Intellectual Disability. The Pre-school Initiative involves a strengthening of this collaborative process and initial reports are very positive.

Day Places

Walkinstown Association officially opened their new day care facilities in the middle of 2001 and provided 5 new day places.

Respite Places

Walkinstown Association also created 5 new places in 2001. An additional 4 emergency respite places were also funded.

Residential Places

There were 8 emergency places created in 2001.

Health Related

Camphill Communities received once off funding in 2001 to devise and implement their Freedom of Information policy, which was completed during the year. The communities work together to formulate policies regarding their service and are working towards the development of policies to comply with legislation regarding Freedom of Information, Complaints and Appeals etc.

Managers of Service

There are 4 Managers of Service in post who are assigned to a Community Service Area and are responsible for the management, development and evaluation of the service in their Area.

Database Administrator

This post will be filled in 2002.

Co-ordinator of Rehabilitative training

The Co-ordinator of Rehabilitative training was appointed in 2001 and established the service in the South Western Area Health Board.

Guidance Officers

The Board was successful in appointing a Guidance counsellor in 2001.

Rehabilitative training

A total of 271 new rehabilitative training places were created in 2001 for people with a range of disabilities and mental health problems.

Physical and Sensory Disability

The Board were successful in recruiting the 13 home care assistants in 2001 and training programmes were organised in partnership with the Voluntary Agencies.

The Board funded private Therapists to provide the service in 2001 due to a shortage of Therapists.

The co-ordinator of Care was successfully recruited towards the end of the year.

Phase 1 implementation of the database was completed in March 2001 and 927 people have requested to be included. The Data Protection office was contacted for advise/guidance around the collection of data.

It is anticipated that the National Database will be completed in 2002. The Database teams are now in place in each Area and contact with the Agencies has commenced.

Table 1 Financial Allowances in 2001

Financial Allowances	Totals
Blind Welfare Allowance:	
Number of Applications	38
Number Approved	19
Number in receipt of allowance	207
Mobility Officer:	
Number of Applications	110
Number Approved	58
Number in receipt of allowance	380
Domiciliary Care All:	
Number of Applications	454
Number Approved	259
Number in receipt of allowance	1646
Motorised Transport Allowance:	
Number of Applications Under 65	33
Number Approved	11
Medical & Surgical Appliances	10,809
Long Term Illness:	
Number of Applications	442
Number Approved	267
Home Help:	
Number of Persons Under 65 Years	76
Home Support Service Intellectual Disability	240

Mental Health Services

The South Western Area Health Board aims to provide a comprehensive mental health service which empowers the individual and their family to achieve their full health potential. To deliver a service which is accessible and available at all levels (Out Patient Clinic, Acute Inpatient, Acute Community, Rehabilitation) and one which is fair and trustworthy. To be successful, mental health care requires the active participation of the service user and their family.



The Chairman, members of the Board & members of Crumlin Mental Health Association at the launch of a new Minibus

Activities and Developments in 2001

The Board adopted a comprehensive three-year policy document for the development of mental health services in its area. This plan was submitted to the ERHA and discussions are underway with regard to the funding and implementation of the plan.

A comprehensive review of the Kildare West Wicklow Mental Services was completed in 2001 and a similar independent review will be conducted in the Dublin West / South West area in 2002. A review of Inpatient Bed utilisation at St Patrick's Hospital was carried out in 2001 to determine appropriateness and cost efficiency.

Suicide Resource Officer

The joint competition to appoint a Mental Health Promotions/Suicide Resource Officer took place in 2001 and the Board's Mental Health Promotions/Suicide Resource Officer will take up duty in January 2002. The extension of the remit from Suicide Resource to include mental health promotion reflects this Board's commitment to addressing the Pre, Inter & Post-vention approach to the tragedy of suicide.

Multidisciplinary Team for Kildare Mental Health Services

The advertisement for the fifth Consultant Led Team in the Kildare Services will be placed in early January 2002.

Psychology Services –Dublin West & South West

A Psychologist was recruited for Tallaght and a second will be recruited in 2002.

Additional Support Staff for Community Residences in Co. Kildare

A new development in Clonree House progressed well in 2001 and is scheduled to open in 2002. This development will increase to three the number of high-support rehabilitation hostels in the county.

Support for Voluntary Organisations

All grants to Voluntary Organisations based in the South Western Area Health Board were allocated. The projects funded have progressed as anticipated and it is intended to advance these partnership projects. The South Western Area Health Board hosts quarterly meetings with 12 Voluntary Agencies active in the mental health arena. This facility provides an ideal format for feedback on service performance and an opportunity to make direct suggestions.



Mr. Charlie McCreavy T.D. Minister for Finance with staff at the launch of "Turas Le Cheile" Mental Health Association Project in North Kildare

Old Age Psychiatry in the South Western Area

The South Western Area Health Board opened up discussions with the Board of Tallaght to temporarily adapt Aspen unit for use as a Day Hospital for Psychiatry of Old Age for a two-year period. This permission was granted in Autumn 2001. Two nursing posts were converted to Mental Health Nurse status and the advertisement and interview process for the additional team members was progressed and will be completed in 2002.

Peer Advocacy Training Programme

The Board has worked closely with the Irish Advocacy Network on behalf of the three Area Health Boards and contracted three training courses in Self & Peer Advocacy for Mental Health Service Users. The programme requires a high level of commitment on the part of participants (10 weekend days) and the first group graduated on December 7th with a second group currently in training. The contract also includes awareness and orientation aspects for Staff members.

Primary Care and Mental Health Project

This project aims to examine the mental health needs of those who continue to use Primary Care and do not readily progress into the Psychiatric Services.

It is suggested that up to 90% of mental health issues are dealt with by GPs. This project will give a clearer picture of this groups profile, needs and progress.

The South Western Area Health Board have over 190 GP practices working in diverse environments, a Steering group comprising representative of Primary Care, Mental health Services and the Irish College of General Practitioners has been established. The group membership reflects three distinct communities, Crumlin (Suburban), Newbridge (New town) and West Wicklow (Rural). The South Western Area Health Board have been working closely with the ICGP in advancing this project. The post of Project Director will be recruited in 2002.

Dublin South City Mental Health Services

This service is provided by St James' Hospital (Inpatient) and St Patrick's Hospital (Community) on behalf of the South Western Area Health Board. To consolidate the Management Team in Dublin South City, the Board funded the appointment of a Mental Health Services Manager specifically for Adult Psychiatric Services.

Addiction Services

The South Western Area Health Board aims to provide high quality, accessible and responsive Addiction services which are acceptable to the individual, their Families and the Community. Our services have experienced a sustained period of growth over the past number of years. The issue of drug use in the Board's area is serious and widespread and as additional services come on stream new client groups emerge. This has had the effect of maintaining the Waiting List despite an 8% increase in service capacity during 2001.

Meeting the reality of drug use in the communities we serve is a constant challenge. The correlation between social disadvantage, poverty, marginalisation and drug use is well documented. The Board's area as, indicated in the introduction to this report includes some of the most deprived communities in Ireland, with six Local Drug Task Forces active in the Boards area. A number of initiatives in late 2001 have made significant inroads into the waiting list. Such developments include the opening of a Mobile Bus Service at Tallaght, the Addiction Service in Inchicore Health Centre and in Jobstown as well as the recruitment of additional GPs. However, the challenge for the Board is to develop additional services which will practically eliminate our waiting list. In this regard the Board is currently working to develop two significant sites in Dublin West and South West Dublin.

2001 saw the publication of the National Drug Strategy report *'Building on Experience'*. This document lists 23 Health Board specific targets

(a number of additional targets in collaboration with other agencies). Many of the targets included have been partially achieved in this Board and we have already started work on the outstanding Strategy targets. The Board is cognisant of the geographic concentration of drug use within its area and has developed a network of 26 locally based treatment services.



Staff at the Castle Street Drug Treatment Centre discussing treatment plans for clients, the boards addiction services had an increase of 8% capacity in 2001

The South Western Area Health Board is committed to equity in the provision of a high quality, evidence based Addiction service. We have identified the areas with significant drug problems and have front loaded our developments in these area with new services growing out to meet new challenges in other communities.

A growing infrastructure of treatment centres, satellite services, General Practitioners and Community Pharmacists makes for a responsive network, which aims to engage with drug users at different points of their recovery. The commitment of staff has allowed for great flexibility in work practices making the service efficient and well targeted.

Our Addiction Services have been reviewed by International experts and compare very favourably with our peers in the UK and Europe. In 2001 a comprehensive review of Counselling Services was completed and a review of Outreach has commenced. The Boards services are closely monitored internally and data is shared with the ERHA, National Advisory Committee on Drugs and the Department of Health and Children.

Training programmes have proven successful in assisting our Staff to develop their skills in line with service needs. Continuous up-skilling of General Assistants, Nurses, Counsellors and Managers by the dedicated Training Unit has been implemented with good effect.

Through direct contact and via the Local Drugs Task Forces working relationships have been successfully established with the interested parties. A significant investment in time and resources has been made with senior Staff members being available to meet with community leaders to share their concerns.

Table 1 Addiction Services Activity in 2001

Addiction Services	Activity/Capacity
Inpatient Stabilisation and Detoxification Unit	
Number of Beds	17
Number Clients	180
Outpatient, Detoxification, Unit/Methadone Reduction:	
Number of Clients	991
Number Awaiting Treatment	206
Number of Clinics Available (<i>9 Addiction Centres, 10 Satellite</i>)	19
Needle Exchange Facilities-(4) 1:5027 3x-5Day:	
Number of Attendees	420 p.w.
Number Of Needles Required	900 p.w.
Mobile Clinics:	
Number of Attendees	101
Number Of Locations Visited	3
Methadone Prescribing:	
Number of GP's Prescribing	58
Number Attending GP's	713
Number of Pharmacists Dispensing	63
Outreach Workers:	
Number of Contracts - Street Work	250/300 p.w.
Number of Outreach Workers	12
Drugs/HIV Helpline:	
Number of Calls Received	4,182
Number of Hours of Service per Week	49 Hours

Addiction Services (<i>Continued</i>)	Activity/Capacity
Education Officers:	
Number of School Links: Primary	219
Secondary	81
Third Level	4
Number of Seminars PLanned/Conferences	10
Number of Community Groups Met	50
Number of Educational Officers	3
Number of Links FAS/CE/Youth Org.	14
Addiction Counsellors:	
Number of Senior Counsellors	1.5
Number of Counsellors	15
Community Welfare Officers:	
Number of Clients	735
Number of Community Welfare Officers	3
Psychiatric Consultation:	
Number of Cases	198
Number of Consultants	1
Number of Registrars - 3 Sessions per week	3 Sessions
Liaison Midwife:	
Number of Clients	126 p/a

Activities & Developments in 2001

- During 2001 a pilot project in A/E was progressed and a post to develop the pilot will be advertised in 2002.
- Additional Backpack Needle Exchange commenced in three areas in the Board. A pilot needle exchange project commenced in one of the Homeless Hostels.
- An Application was made to Comhairle for a Consultant Psychiatrist to work with young people.
- A drug treatment centre in partnership with Inchicore Community Drugs Team commenced, providing services to 30 clients.
- A mobile addiction service commenced at Tallaght Hospital, providing 40 clients with services and helped reduce the waiting list.
- A new service in partnership with JADD Tallaght opened providing services to 50 clients.
- A post to mainstream projects to ensure more effective implementation and monitoring was filled and 33 projects were mainstreamed.

Older Persons Services

The Board aims to provide a range of services along the continuum of care to meet the needs of older people. During 2001 we continued our work of providing a wide range of services at community, residential and hospital level. The Board is conscious of the growing need of services for an ageing population and to this end will commence work on a strategy in 2002 for the older person to identify need and plan for services for the future.



The Chairman with Patients & Staff in Baltinglass Hospital

Funding was provided to a number of organisations including the Alzheimer's Society of Ireland, Age and Opportunity, Federation of Active Retirement Association, Age Action Ireland, The Carer's Association of Ireland and various day centres and social clubs.

Activities and Developments in 2001

- The construction of the Maynooth Community Unit was almost completed and the handover is expected in 2002.
- A Director of Nursing was appointed to the

Maynooth Community Unit and the recruitment process for the staff started in 2001.

- The Board funded the Alzheimer's Society to employ a caseworker in the Crumlin area to work with older persons who suffer from dementia.
- Funding was provided to raise the Meals on Wheels grant to 1.00 (punt) per meal
- The number of chiropody visits was increased from 3 to 4 / 5 depending on need.
- Funding was provided to increase the hourly rate for Home Helps to £6.50 from April 2001.
- A 'Home from Home' project was piloted in St James's Hospital providing a more homely extended care environment for 14 residents.
- An 'In-Home Respite' service for older persons with dementia was piloted in Dublin South City for six months. The service is currently being evaluated.
- Two local voluntary agencies were grant aided to acquire premises and equipment to link into the Senior Citizens National Help-line.
- The post of Assistant Health Promotion Officer to work specifically with older persons on a regional basis was advertised and a candidate was selected in 2001.
- The Board funded the provision of transport to facilitate the opening of Tallaght Day Hospital.

- Additional grant aid was made available to a number of voluntary organisations.
- Additional funding was made available to support the carers of older persons.
- A telephone exchange as part of the national help line for older persons was established in Tallaght in co-operation with local community groups for older persons.



The Chairman, Board members & staff at the unveiling of a plaque to mark the naming of the Community Unit for the Elderly - "Belvilla", on the South Circular Road

Table 1 Activity in 2001

Provision of Meals on Wheels	No. of Meals per week	No. of Clients in Receipt
Dublin West	1611	529
Dublin South West	1075	215
Dublin South City	475	450
Kildare/West Wicklow	459	291
Day Care Places	No. of Places	
Dublin West	350	
Dublin South West	213	
Dublin South City	110	
Kildare/West Wicklow	75	
Home Help	No. of Home Helps employed	No. of Clients
Dublin West	402	862
Dublin South West	278	820
Dublin South City	362	855
Kildare/West Wicklow	893	1357

Acute Hospital Services

Naas General Hospital

Naas General Hospital is the acute hospital service for the catchment population of Kildare/West Wicklow. The hospital aims to provide a high quality, people-centred and equitable acute hospital service delivered in an appropriate setting and cost effectively for the people of Kildare/West Wicklow.

The Hospital Provides acute General Medical, General Surgical and Psychiatric inpatient services in addition to 24 hour, 7 days a week Accident & Emergency services. Other supporting services in the Hospital include:

- Radiology
- Pathology
- Pharmacy
- Physical Medicine
- Day Procedures
- Out Patient Services
- Specialist Nursing Service
- Day Hospital for Older People

The Hospital continues to develop close working relationships with Tallaght Hospital to ensure a high quality acute hospital service for the wider catchment population of both Hospitals.

The new Hospital Development Programme, which commenced in 1999, continued during 2001 with Phase 2 due to become operational in October 2002. This phase includes Inpatient Ward Accommodation, Operating Department, Radiology Department, Pharmacy Department and Day hospital for the Elderly.

During 2001, as a result of the bed capacity review, approval was received to provide 62 additional beds in the development bringing the total bed capacity of the Hospital to 279 beds including day beds.

Activities and Developments in 2001

Table 1 Naas Hospital Activity in 2001

Admission to Hospital	6,196
Out Patient Attendances	16,715
Day Procedures	914
Radiological Examinations	42,671

Consultant Staff

The Following Consultant appointments were made in conjunction with Tallaght Hospital:

- Consultant Physician with special interest in Gastroenterology (8 sessions Naas)
- Consultant General Surgeon with special interest in Breast/Endocrine Surgery (6 sessions Naas)
- Consultant General Surgeon with special interest in Colorectal Surgery (6 sessions Naas)
- Consultant Orthopaedic Surgeon (3 sessions Naas)

Comhairle approval was received and a recruitment process is underway to appoint the following:

- Consultant Physician in Geriatric Medicine (8 sessions) – replacement post
- Consultant Orthopaedic Surgeon (2 sessions Naas)

- Consultant Anaesthetist – 3 posts.
(Each with 5 sessions in Naas)

Financial approval was received from the ERHA for:

- Consultant Radiologists – 3 posts
(Full time in Naas)
- Consultant Histopathologist
(2 sessions)

Department of Nursing

- Two permanent Assistant Director of Nursing were recruited.
- A Nurse Specialist in Substance Misuse was appointed to provide specialist care/advice for patients.
- A G.P. Liaison Nurse was appointed to enhance communication between G.P.'s and Hospital Departments.
- During 2001, An Bord Altranais approved the Department of Nursing in Naas Hospital for Student Nurse Placement.

Department of Radiology

- Three additional Radiographers were appointed to meet the increased demands of Radiography Services.
- A Clinical Nurse Specialist Radiographer was appointed to coordinate the introduction of the P.A.C.S. System in the new hospital development.

Pathology Department

Pathology services were extended to provide full 24-hour emergency services to the Hospital in 2001.

Accident & Emergency Department

An extension to the Accident & Emergency Department was provided during 2001 to facilitate the accommodation of patients requiring hospital admission whilst awaiting

inpatient ward accommodation. This facility provides an additional eight cubicles.

24-hour clerical support commenced in the Accident & Emergency Department in 2001.

A Discharge Planner was appointed to facilitate the discharge planning process in the Hospital.

The implementation of the Cardiovascular Strategy at Naas Hospital continued during 2001 and details on the developments are included in the section in this report on the Cardiovascular Health Strategy Development.

Catering Department

The National Expert Review Group Report on Chefs was implemented in the Catering Department in the hospital during 2001 with the employment of a Senior Chef and two additional Grade 11 Chefs.

Other Hospital(s)

Cherry Orchard Hospital

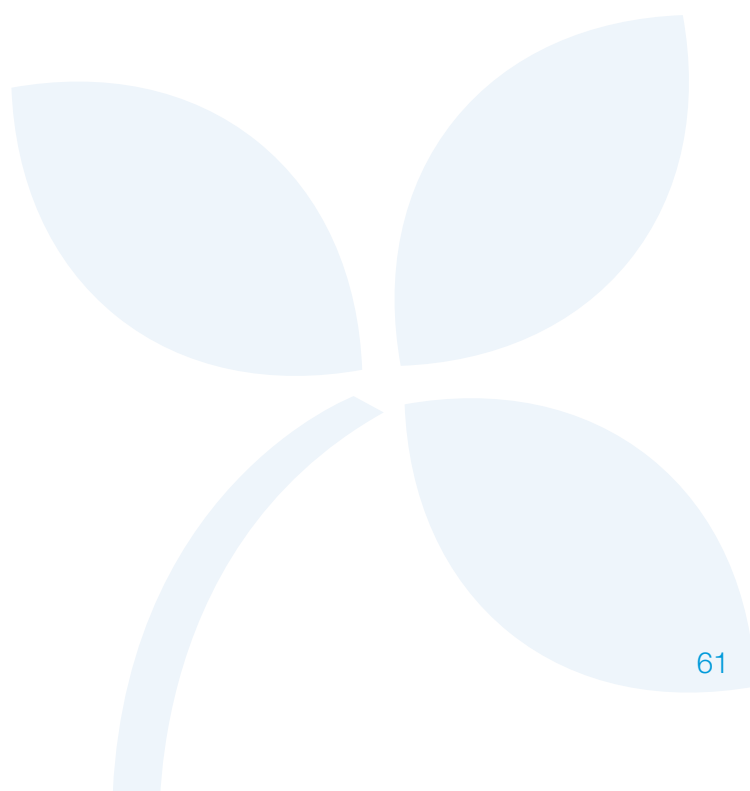
Cherry Orchard Hospital provides a range of inpatient services. The overall philosophy of the hospital is to facilitate the individual patient to achieve his/her maximum potential in the Physical, Social, Psychological and Spiritual aspects of well-being. Our staff are committed to respect the dignity of each patient and the principles enshrined in the Patients Charter and the Charter for Older Persons are adhered to. Services on the hospital campus include:

- 3 Long-stay and respite care units for the Elderly
- 1 Unit for young people with disabilities – Lisbri
- 1 HIV/Aids Unit – Rowan Unit
- 1 Detox Unit – Cuan Dara
- Two acute infection disease units

Activities and Developments in 2001

A multidisciplinary team for young people with disabilities was established, and in the summer of 2001 an open day was organised. The aim of the day was to create an awareness of people with disabilities and to forge links with the local community. From the residents' perspective it gave them a better sense of well being and boosted morale.

- A multi-disciplinary team was also established for the Elderly.
 - A Volunteer Scheme was set up.
 - A major refurbishing programme took place in the HIV Aids Unit.
 - Two gardens were developed to enhance the environment for the Elderly and for people with disabilities.
- A number of new therapies were introduced including – Music Therapy, Art Therapy and Aromatherapy.
 - The new education officer put a range of training programmes in place for staff.
 - A Nurse Recruitment Campaign resulted in nurses from the Philippines, Australia and Nigeria joining our existing team.



Social Inclusion

Travellers

The South Western Area Health Board manages the delivery of health and social services to Travellers on a regional basis, on behalf of the three Area Health Boards in the Eastern Region. We aim to raise the health status of the Traveller community to the national target levels for the population in general by providing accessible and culturally appropriate services developed with Traveller participation. The Report of the Task Force on the Travelling Community gives direction for the improvement of the general health and social service provision to the Travelling Community.

Activities and Developments in 2001

Traveller Health Unit

The Traveller Health Unit was established in 1998. It was set up to develop and co-ordinate services for Travellers. The first report on Traveller Health Unit was launched in 2001. The Traveller Health Unit is involved in the following initiatives:

Primary Health Care for Travellers

This project was a pilot initiative between Pavee Point and the former Eastern Health Board. The project continues its ongoing work through the Traveller Community Health Workers creating links and acting as education, information and liaison workers between the health services and the Traveller Community on the sites. It provides training on Traveller culture and culturally appropriate provision of service.

The project also developed the Primary Health Care Trainers Training Course. This course was developed by Pavee Point to respond to the demand by other health boards and traveller organisations to replicate the Primary Health Care for Travellers project. Its aim was to standardise the training of traveller community health workers and to provide them with the skills to develop and deliver a PHC training course and a PHC project in their area. 13 candidates successfully completed the course in 2001 and there are plans to run the course again in 2002.

Clondalkin Primary Health Care Project

Clondalkin has the second highest Traveller population in the Dublin region. A survey undertaken in Clondalkin indicated the extent of unmet need and low uptake of health services by the travelling community.



Mr. Donal O'Shea Regional Chief Executive Officer (far right) of the ERHA who launched the Clondalkin Travellers Primary Health Care Initiative Health Survey with some of the guests at the launch

The impact of poor living conditions on the health of the Travellers was also highlighted. These factors formed the basis of the Clondalkin Travellers Primary Health Care project. The project aims to improve Travellers health through informed health care, self-care and mutual aid. Six Traveller community health workers qualified as trainers in 2001.

Video Workbook on Traveller Children's Health
A Child Health Video and Workbook was developed in 2001. The video covered aspects of child health such as Asthma, Sudden Infant Death Syndrome, Immunisation and Child Development.

Research

To identify the health needs of the Travelling Community the Traveller Health Unit commissioned research in the following area's:

Hospital Research

This research is addressing Traveller disease pattern, referral pattern and utilisation of hospital services.

Environmental Health & Travellers

This research will examine the issues relating to Environmental Health and Travellers. The research should be completed in 2002

Traveller Child & Care System

This research should be completed in 2002.

Mobile Clinic

The Mobile Clinic for Travellers delivers medical and nursing services on official and unofficial sites around the greater Dublin area. It is staffed by Public Health Nurses from the Northern Area Health Board. In addition to regular nursing clinics, it provides a valuable immunisation service to children of travelling families ensuring a high uptake of vaccines. In 2001, nursing staff administered 2,017 immunisations to babies and primary school children.

Homeless

The Northern Area Health Board (NAHB), on behalf of the three health boards in the eastern region, aims to ensure that services for

homeless people are easily accessible, localised and appropriate to need. The NAHB is committed to providing services of the highest quality for homeless people.

In this regard the NAHB works with partners in the statutory and voluntary sector to implement Homelessness-An Integrated Strategy- The report of the Cross Department Team on Homelessness, Report of the former Eastern Health Boards multi-disciplinary group and the recommendations of the Dublin Action Plan on Homelessness

In 2001 an additional revenue allocation was made available to provide an increased range of day services for homeless women and children.

Activities and Developments in 2001

The Homeless Persons Unit currently provides a placement service on behalf of local authorities. The Unit also provides a payment service and an advice, information and referral service. During 2001, a total of 2,411 new homeless households availed of this service, representing 3482 individuals. The current level of accommodation available to the region is 2517 beds; consisting of a combination of bed and breakfast accommodation, hostel places and cold weather housing arrangements.

In 2001 it was agreed that health boards would in future be responsible for funding care costs in the homeless service. 19 locations providing services through a number of homeless agencies will qualify for assistance.

The multi-disciplinary teams set up, following the 1999 Report of the former Eastern Health Board Multidisciplinary Group, continued to progress in 2001.

The main aim of the team is to link homeless people into mainstream health services. This team also provide and arrange for nursing, chiropody, dental, counselling and harm reduction measures. This service made contact with 400 individuals.

The multi-disciplinary team has established primary care medical centres at Cedar House the Back Lane Hostel and the Capuchin Day Centre. The team also provides clinics at the Morning Star Hospital and the Drugs Court. Some of the team are also providing intensive support to a group of long-term rough sleepers in the South Inner City.

The Homeless Psychiatric Service provides 12 in-patient beds in St. Brendan's Hospital. A day care psychiatric service, specifically for homeless men operates from Usher's Island providing places for 80 clients. In 2001 there were 13,203 attendances. 35 community accommodation psychiatric places are provided throughout the region for the rehabilitation and the restoration of a stable living environment to homeless people.

Voluntary providers play an essential role in the delivery of services to homeless people. Development funding was secured in 2001 to support voluntary agencies to provide an agreed range of day services, particularly to those who find it difficult to access services.

An allocation was received to provide increased day support through voluntary organisations such as, Focus Ireland and Faltiu. These services were particularly aimed at homeless women and children.

Asylum Seekers

The Northern Area Health Board has a regional remit for the management of health services for asylum seekers in 2001.

A recent report, Impact of Asylum Seekers on Health Services in the Eastern Region, published in 2001, stated that the health status and emotional well-being of asylum seekers is compromised. This is particularly the case with mothers and children who form a particularly vulnerable sub-group of asylum seekers.

In 2001 an additional allocation was made to the Northern Area Health Board, on behalf of the three area health boards, for the developments of new services for asylum seekers.

Activity and Developments in 2001

In 2001, three reception centres operated in the region. The number of asylum seekers who presented at the reception centres in 2001 was 6,527.

The total number of people presenting who were screened was 4,166. The number of adults accommodated totalled 2,318.

Medical Services

One of the priorities in 2001 was to improve the health status of asylum seekers and to ensure that health screening was available to all asylum seekers. Additional funding was received in 2001 to provide additional medical screening in the region. The staffing associated with this included area medical officers, public health nurses and administration staff.

Asylum seekers who are accommodated in reception centres may avail of the full range of health services. A GP is assigned to each centre, and asylum seekers may avail of this service free of charge, prior to dispersal.

Other services available at each centre include psychological services, public health nursing, and medical screening. Medical screening is offered to all asylum seekers in reception centres on arrival. Screening is carried out for such blood-borne diseases as Hepatitis A, B and C, HIV, as well as TB. Chest X-Rays are arranged for clients as part of the Screening process, and vaccinations are offered to both children and adults. All asylum seekers who were accommodated at reception centres in the region in 2001, were offered medical screening. The average up-take for the three reception centres in the Dublin area in 2001 was 67%.

Specialised Services

Reports have confirmed that asylum seekers experience a huge level of psychosocial distress. Poverty, isolation and discrimination undermine general health status and emotional and mental well-being. In order to impact on the mental health well-being of asylum seekers funding was provided in 2001 for extra psychology support to cater for the special needs of asylum seekers.

Health Promotion

Health promotion is a particularly important component of service provision to asylum seekers. Funding was secured in 2001 to progress the health promotion aspect of service to asylum seekers. A health promotion officer was recruited to progress this work.

A health information video was produced in early 2001 and was made available to all community care areas, screening centres and other health boards. The video was produced with the assistance of asylum seekers, refugees and health professionals and is available in four languages. The video gives details of health services available in Ireland and explains access

to services for asylum seekers. A multi-agency health promotion group including health promotion officers from other health boards was also established in 2001. This group is exploring various health promotion options for delivery in 2002.

Access to Services

Translation services play a key role in ensuring that asylum seekers are empowered in making independent and informed choices in relation to their health and welfare needs and in their life in general. An additional allocation was secured in 2001 to improve translation services.

Unaccompanied Minors

Unaccompanied minors are one of the most vulnerable groups of asylum seekers. New funding was secured in 2001 to recruit additional social work support to enable the services to respond appropriately to the needs of unaccompanied minors.

An allocation was received in 2001 to carry out research on all available literature on the health needs of asylum seekers. The research project was carried out by the Royal College of Surgeons.

Development funding was negotiated in 2001 to provide additional support to voluntary organisations working with asylum seekers. Support was provided to five voluntary organisations in 2001. A key component of the work of voluntary organisations was to seek to integrate asylum seekers into the community.

Community Welfare Services

The Northern Area Health Board (NAHB), through the Community Welfare Service, administers the Supplementary Welfare Allowance Scheme, under legislation, on an agency basis for the Department of Social, Community & Family Affairs. This service will be devolved to the three area Health Boards in 2002.

Services provided include:

- Basic Supplementary Welfare Allowances
- Supplements (e.g. Rent, Diet, Clothing, Heating, etc)
- Exceptional Needs Payments
- Urgent Needs Payments
- Information and advice on health and social welfare services and schemes
- Assisting applicants in obtaining their entitlements
- Providing advice and direction in relation to indebtedness and debt management
- Participating in local community development initiatives
- The link between relative poverty and ill health has long been established, and the Community Welfare Service provides services on an on-going basis to those in the lower income groups in our society.

The users of the Community Welfare Service in the main are from the most marginalized and excluded groups in our society, including long-term unemployed, homeless, travellers, persons with mental health or addiction problems, and asylum seekers, and the Community Welfare Service provides a valuable support and link for these groups.

The details of payments made in the South Western Area Health Board area, under the Supplementary Welfare Allowance Scheme, 2001 are as follows.

Table 1 South Western Area Health Board

Community Welfare Services	Expenditure
Basic Supplementary Welfare	36,020,402
Supplements	40,097,384
Exceptional Needs Payments	6,165,933
Total Expenditure	82,283,719

Environmental Health Services

The Board's Environmental Health Department provides food control services throughout the South Western Area Health Board region and provides an agency service for the Local Authorities within that region. There are currently 73 Environmental Health Officers (EHOs) in total in the Department, 42 are involved in food control functions while the remainder are assigned to local authority functions

Food Control

The introduction of a number of major pieces of food legislation since 1998 has greatly expanded the role and work of EHOs involved in food control.

The EC (Official Control of Foodstuffs) Regulations 1998 and the EC (Hygiene of Foodstuffs) Regulations 2000 mean that the traditional methods of inspection have been replaced with a more detailed and comprehensive system of auditing.

Elements of the food business including HACCP risk management systems, documentation, operational and structural hygiene, staff training and personal hygiene are all now regularly examined and assessed.

All food premises whether for profit or not, public or private are now subject to inspection under these new regulations, as are health board premises and voluntary institutions.

In turn, certain business categories are also subject to registration or licensing under the

original Food Hygiene Regulations 1950/89. In addition to the above, the Food Safety Authority of Ireland Act 1998 established the FSAI, giving it the responsibility to ensure compliance with food legislation. However, responsibility for food control and food law enforcement still rests with the regional health boards and this is discharged by means of an agreed service contract between the FSAI and the Board.

Under the current service contract a target rate of programmed inspections must be achieved by or in the year 2002. This target is specified as follows:

High Risk Premises	Three times a Year
Medium Risk Premises	Twice times a Year
Low Risk Premises	Once a Year

Activities and Developments in 2001

In the year from January to December 2001 South Western Area Health Board Environmental Health Officers carried out 5,641 visits to food premises. Growth in the food service sector is showing no signs of stabilising and the number of new food outlets has again increased in 2001.



The Boards Environmental Health Officers carried out 5,641 visits to food premises during 2001

An increased number of programmed inspections are required to comply with the FSAI service contract, which in turn will require additional staff resources over and above the complement currently approved. The Board and the FSAI are currently formulating a new service contract.

In addition to the above routine inspection work, food control also comprises:

- Microbiological & chemical food sampling programmes.
- Rapid response to food alerts and product recalls.
- Food labelling.
- Investigation of cases of food poisoning.
- Hygiene education.

The Environmental Health Officers also carry out additional health board functions not specifically provided for under food control, i.e. tobacco control, inspection of childcare facilities and pest control.

Local Authority

The South Western Area Health Board Environmental Health Department provides services on an agency basis to Dublin City Council, Kildare County Council and South Dublin County Council.

The service comprises the following:

- Inspections of standards in private rented and local authority rented housing accommodation
- Air quality monitoring and pollution control
- Noise control, monitoring and abatement
- Drinking water monitoring programmes
- Issues of public health significance
- Physical planning and development
- Housing accommodation assessments.

Table 1 Summary of Activity Out-turn for 2001

Activity Out-turn for 2001	Expenditure
No. of food hygiene registration applications	210
No. of inspections of food premises	5,641
No. of participants completing primary food hygiene courses	436
No. of food samples taken	952
No. of prosecutions taken under food control legislation	5
No. of pest control complaints received	3,648
No. of pest control complaints treated	2,120

Registration Services

Births, Deaths & Marriages

The Board has responsibility for registration of births, marriages and deaths in South Western Area. Registration services are provided for the Board by Kildare Community Services, serving Kildare and west Wicklow and by the Superintendent Registrar's Office, Lombard Street Dublin 2, for the remainder of the population in our area.

Registration services include:

- Registration of births, deaths and marriages and stillbirths
- Issuing of certificates
- Administration of marriage notifications
- Conducting of civil marriages
- Supplying data on registered events to the Central Statistics Office and to the four local authorities (Dublin City Council, South Dublin County Council, Kildare County Council and Wicklow County Council).

In 2001 the Dublin based service increased by 1% compared to 2000 and by 6% compared to 1999.

In the same period the Kildare service had the following activity compared to 2000:

	2001	2000
Birth Certificates issued	1,770	2,100
Death Certificates issued	1,815	1,450
Marriage Certificates	1,733	1,875
Civil Marriage Certificates issued	295	188

Public Health Laboratory

The Public Health Laboratory located in our Board's area serves the three area health boards in the Eastern Regional Health Authority and the North Eastern Health Board. Its aim is to provide the most effective and efficient service possible to support the diagnosis, prevention and control of infectious, communicable diseases and food borne illnesses.

Activities and Developments in 2001

Routine Food Sampling Programme - including the EU Co-ordinated Food Control Programme 2001.

Sampling Programme	2001
Routine Samples	968
Non Routine Samples	-
Specific Sampling Projects (surveys, etc.)	508
Water	-
Others (please specify)	
Outbreaks/Incidents	Variable
Total Foods	1476

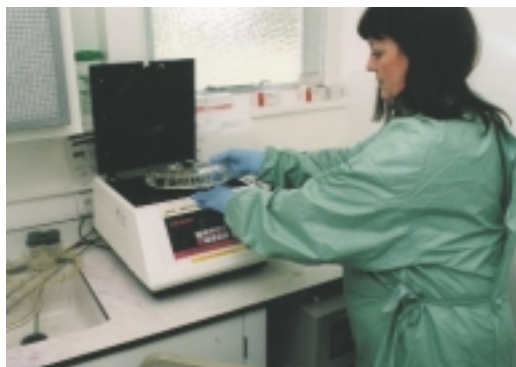
Containment level 3 facility for *E. coli* 0157

The Public Health Laboratory has gained a lot of experience in diagnosing and managing outbreaks associated with this pathogen. However in line with the legal requirements of S.I.NO 248 of 1998 and safety precautions for our staff, it was necessary to upgrade our T.B. laboratory to a Containment Level 3 (CL3) Laboratory. This accommodates T.B. and verocytotoxin *E. coli* (VTEC) organisms.

The renovation work and commissioning of the facility was complete by October 2000. The facility was inspected and subsequently deemed satisfactory by the Safety Officer from CAMR, United Kingdom. Technical work was commenced in the CL3 and it was officially opened in June 2001.

E. coli 0157 detection

Validation and accreditation for detection of *E. coli* 0157 in foods was achieved in 2001. A targeted food survey for *E. coli*.0157 was also completed. A 48hour turnabout service for verocytotoxin status of *E. coli* 0157 (and other Non-0157 *E. coli*) from clinical and food samples was set up in 2001. This novel service has greatly enhanced the support to our Public Health colleagues in the investigation and management of such cases.



Validation and accreditation for detection of *E. coli* 0157 in foods was achieved in 2001

Bio terrorism

Since the terrorist activities of Sept. 11th 2001, the threat of deliberate biological agent release has become a reality. In Oct. 2001 the PHL was the designated laboratory to coordinate the investigation of nationwide *B. anthracis* alerts. The PHL analysed the clinical samples on site in our CL3 and documented and packaged to international specification the environmental samples for referral to the UK for analysis.

In the current national planning for such events the PHL is the designated laboratory to coordinate bacterial investigation of such threats.

Accreditation

Maintenance and extension of our scope to include waters, E. coli 0157 and salmonella via the Vidas method was achieved in a professional and efficient manner during 2001. The overall standards attained and the organisation of the Public Health Laboratory were again complimented by the National Accreditation Board on their visits to the Public Health Laboratory in June 2001 and Sept 2001 for E. coli 0157. The PHL was assessed and accredited to the new ISO.17025 standard



The Containment Level 3 Laboratory Facility was officially opened in June 2001

IT

The Public Health Laboratory is currently implementing a laboratory information management system (LIMS), testing and parallel trials are ongoing. The system will be live in 2002.

Discussions continued with the FSAI, NDSC, ERHA, Public Health Dept. and the Environmental Health Service to promote IT linkages with the PHL. Many of these IT developments are part of a national strategy which have not yet been finalised. The PHL is actively participating in the process of inter lab and agency linkages.

- A programme of staff training and development was undertaken in 2001.
- Further Technical staffs attended and were accredited to supervise the implementation of postal regulation NRT for dangerous pathogens.
- Two Technicians completed training and were awarded membership of the Medical Laboratory Academy in 2001. Twelve PHL staff members successfully completed and were awarded European Computer Drivers Licence (ECDL) as part of the strategy for implementation of the LIMS project.

Special Projects, Engineering Service, Ambulance Service & Emergency Planning Service

The Special Projects office has responsibility for a range of functions under the Boards management including:

- Acute Hospital Service
- Major Capital Projects
- Engineering Services
- Eastern Region Ambulance Service
- Regional Emergency Planning Service

Activities and Developments in 2001

Major Capital Projects

Naas General Hospital Development

Good progress was achieved on the construction of Phase 2 of the Naas General Hospital development during 2001 with a phased handover of the completed Phase 2 of the development targeted to commence in July 2002.



The new Naas General Hospital - good progress was made on phase 2 of the new hospital which is due to open in the last quarter of 2002

Progress was also made on the equipping of the new departments with the equipment lists for all departments agreed and the tendering process started for the major items of equipment e.g. radiology equipment and PACS system.

Capital funding for the final Phase 3 of the Hospital development was also approved during 2001 and the detailed planning for this Phase of the development commenced.

St Loman's Hospital

The planning stages of the development of the St. Loman's Hospital have been completed. The overall development will take place in 3 distinct Phases known as Phase A, Phase 1 and Phase 2.

Detailed Planning Briefs for Phase 1 of the development were completed during 2001 and a planning application was made for Phase A. Detailed specifications and drawings were also prepared for the development. Tenders were received for Phase A of the development which saw services such as prefabricated temporary buildings, mains-water supply, gas, high-power electric cable being brought on site and work commenced in late 2001. The temporary accommodation will be completed in July 2002 and patients will be relocated in August 2002.

Phase 1 of the development consists of:

- Older Persons Unit for People with Mental Disorder (50 Bed).
- Psychiatric Intensive Care Unit (15 Bed).
- Psycho-social Rehab Centre (25 Bed).
- Extended Rehabilitation Care Unit (25 Bed).
- Central Services Unit for whole Campus.

Meath Hospital Development

The Project Team adopted the Development Control Plan for the development of the Meath Hospital early in 2001 and detailed Planning Briefs were subsequently drafted.

An application for outline planning permission was made in late 2001. The proposed development will include the following services:

- Psychiatric Day Care Centre
- Community Unit for Older Persons
- Primary Care Unit
- Residential Unit and Day Care Centre for persons with acquired brain injury

Harold's Cross

This joint project between the South Western Area Health Board and Our Lady's Hospice, Harold's Cross involves the construction of 2 Community Units for Older People to be sited at Our Lady's Hospice. Detailed Planning Briefs have been completed and a planning application was made during 2001 with an objective of commencing construction in 2002.

Moore Abbey

This joint project between the South Western Area Health Board and the Sisters of involves the construction of a 50 Bed Community Unit for Older People and a 25 Bed Unit for People with Learning Disabilities to be sited at Moore Abbey. Detailed Planning Briefs have been completed.

Cashel Road Health Centre

The detailed Planning Brief for the development of a Health Centre at Cashel Road was completed during 2001 and Planning Permission has been received. Tenders have been sought for the construction of the Health Centre.

Millbrook Lawns Health Centre

The detailed Planning Brief for the development of a Health Centre at Millbrook Lawns was completed during 2001. Advertisements were placed to appoint members of the Design Team.

South Western Area Health Board Headquarters

Construction and fitting out of the Corporate Headquarters was completed during 2001 and the building became operational in October 2001.

Derrinturn Health Centre

Construction on Derrinturn Health Centre was completed in 2001 and the Health Centre will be officially opened in February 2002.

Drogheda Memorial Hospital

Construction of a purpose built Unit at Drogheda Memorial Hospital commenced in 2001. Work is progressing on target and is due for completion in late 2002. When complete the Unit will provide 20 beds for older persons and 6 beds for palliative care beds for the region. This is a joint project between the South Western Area Health Board and the Friends of St. Brigid's Hospice.



(From L to R) Cllr. Jim Reilly, Vice-Chairman of the Board with Mr. Paddy Connolly Trustee of Drogheda Memorial Hospital & Mrs. Teresa O'Doherty Chairperson of the Friends of St. Brigids Hospice & Home Care Service at the launch of the model plan for the development of the hospital

Maynooth Community Unit

The construction of a 50 Bed Community Unit for older persons is complete and has been equipped and fitted out. This Unit is expected to be operational mid 2002.

Killinarden House

Refurbishment of Killinarden House to facilitate change of use from a Residential Care Home to a Day Assessment Centre for Children & Families has now been completed.

Clondalkin Addiction Support Programme

The joint project between the South Western Area Health Board and the Clondalkin Addiction Support Programme involves the construction of an Aftercare Centre & Detox Unit in Clondalkin. Construction commenced in September 2001 and is due for completion in the autumn, 2002.

Engineering Service

The engineering base at Cherry Orchard Hospital provides a building maintenance service to the South Western Area Health Boards properties including buildings, mechanical and electrical installations.

The following table indicates the number of buildings maintained by the Engineering Service:

•	7 Hospitals/Homes
•	48 Health Centres
•	32 Hostels
•	13 Day Care/Community Residences
•	8 Administration Offices/Group Stores
•	South Western Area Health Board Headquarters

Activities and Developments in 2001

During a total of 2001 12,800 routine maintenance tasks were carried out, 900 of which were undertaken by contractors.

A total of 14 priority works and 17 maintenance projects were also carried out.

Eastern Region Ambulance Service

The Eastern Region Ambulance Service provides a regional service for the three Area Health Boards. Although the statutory relationship is with the East Coast Area Health Board overall responsibility for the strategic management of the Ambulance Service is a function of the Assistant Chief Executive Officer, Special Projects, South Western Area Health Board.



The Ambulance Service continued to develop during 2001 and saw 4 new emergency ambulances added to the fleet

Activities and Developments in 2001

During 2001 a number of developments took place in the South Western Area. These include:

- The purchase of 3 Decontamination Units, one for each Area Health Board, with appropriate training for Ambulance Service personnel provided. The Unit for the South Western Area is located at the Naas Ambulance Centre. The Units came into use in October 2001 with suspected Anthrax scares.

- The Emergency Response Motorcycle Unit (EMRU) commenced operation following successful training of Emergency Medical Technicians on motorcycles in March 2001. One EMRU is operating in the South Western Area Health Board in the Tallaght / North Kildare area.
- The purchase of four new emergency ambulances.
- A premise was located for a new Ambulance Base in Maynooth Business Park.
- A premise has been leased for a new Ambulance Base in Airton Road, Tallaght. Some alterations will be carried out to the premises to make it suitable for an ambulance base.
- The St James's Street Ambulance base was upgraded and alterations were carried out.
- The Ambulance Bases at Athy and Baltinglass were painted and refurbished.
- A garage was completed at the Athy Base to house a number of vehicles.
- A new Fleet Management System was purchased for the three Area Health Boards.
- The computerised call taking and dispatch system was extended to the Ambulance Control Centre at Naas.
- 24hour cover was introduced at the Baltinglass Ambulance Base eliminating on-call.
- Cardiac Care was enhanced in the South Western Area Health Board with the introduction of 12 lead ECG machines. The 12 lead ECG machines, together with mobile phones, allow for the transmission of the cardiograph to the receiving hospital prior to the arrival of the patient.

Emergency Planning Service

The Emergency Planning Service is a regional service, which is also the responsibility of the Assistant Chief Executive Officer, South Western Area Health Board and operates out of the Emergency Planning Centre, at Phoenix Hall, St. Mary's Hospital, Phoenix Park.

The purpose of this service is to ensure that all areas of the Health Authority have up to date and functional procedures for response in the event of a major incident or event and liaises with both statutory and voluntary agencies in this regard.

Activities and Developments in 2001

- The Emergency Planning Centre was commissioned.
- Training for staff of the Ambulance Service was provided in Decontamination Procedures.
- Work is ongoing on the development of an integrated Health Service response plan for the Region.
- A Strategic Planning Group was set up to oversee the development and implantation of Emergency Planning Procedures for the Area Health Boards.
- Incident Officers training course was developed and run to cater for an integrated response from the Health Authority, Local Authority and the Gardaí.
- Major Incident Medical Management training course was run for 18 key personnel from within the Area Health Boards, Voluntary Hospitals and Ambulance service.
- A Working Group was established with the Voluntary ambulance/First Aid providers to develop a standard response plan by which these agencies can assist the area Health boards at the time of a major incident.
- The service represented the Area Health Boards at numerous Large Crowd event meetings and ensured that proper facilities and procedures were in place prior to and during the running of these large events.
- Assistance is being provided by the service to the organisers of the 2003 Special Olympics.

Planning & Development

Planning and Development has a central role in ensuring that all health services are planned in a structured and integrated fashion to achieve quality care for people. We are responsible for developing the planning process to include frontline staff and service users. Planning and Development are committed to the development and implementation of a continuous Quality Improvement Programme.

This will be achieved through:

- Policy, Procedural and Protocol Development
- Monitoring and Evaluation
- Needs Assessment and Trend Analysis

2001 saw the consolidation of the Planning & Development department with all five Directorships in place with support staff. The Co-ordinator for Cardiovascular Strategy was appointed during the year and the Health Promotion function expanded during the summer months with a very successful recruitment campaign. The Customer Service department re-located on a temporary basis to Dr. Steeven's hospital under new management. Permanent accommodation for both Health Promotion and Customer Services will be commissioned during 2002 located at Tallaght and Walkinstown respectively.

Provider Planning Process

Traditionally, planning has been seen as working towards new developments. While these new services are essential to meet the increasing demand it should be noted that core service provision represents the majority of the health and personal social services offered by our Board.

Core services should be evaluated and restructured if required. This will be incorporated into the planning process over the coming years.

The Planning and Development team had identified the need to support a planning process locally. As a first step the department organised a half-day seminar in September 2001 which was attended by frontline staff who are involved in the planning process.

The Partnership Committee in the South Western Area Health Board have made available funding to assist in developing an integrated local planning model. The objectives of this funding as defined by the National Partnership Forum is "to assist in the development of a wider understanding of the planning process among staff at all levels" and to "develop greater skills and capacity among staff to participate in the process of planning". A committee has been established to look at User Involvement in the planning process. There is a need to identify service users and design an effective consultative process.



An Taoiseach Bertie Ahern T.D. with the Chairman Cllr. Charlie O'Connor and the Minister for Health & Children, Mr. Michael Martin T.D. at the launch of the new National Health Strategy

Monitoring and Evaluation

The Chief Executive Officers of the Health Boards indicated their commitment to the development of Performance Indicators by establishing a National Performance Indicators Project Team in November 1999. This team was representative of each of the Health Boards and the Eastern Regional Health Authority.

This Project Team recognised that in order for the Performance Indicator Project to succeed it was essential that a culture of understanding and openness to a performance management process be encouraged. The Project Team agreed the development of a single unified set of National Performance Indicators. Working groups were set up for 11 agreed care areas as follows:

- Health Promotion
- Overall Health Indicators
- Primary Care
- Acute Services
- Ambulance Services
- Mental Health Services
- Child & Adolescent Health
- Child Care Services
- Older Persons
- Disability Services
- Social Inclusion -
 - Addiction Services
 - Travellers Health
 - Homelessness Persons
 - Asylum Seekers

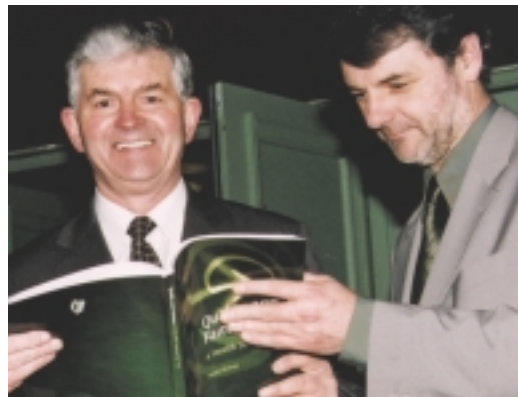
These groups had representatives from all boards. For example, the Southern Health Board chaired Mental Health and the South Western Area Health Board chaired Disabilities.

In early 2002 a draft set of National Performance Indicators will be issued and our Board will endeavour to report on these indicators during the year.

The process of activity data collection commenced during 2001.

Organisational Strategy

In 2001, it was recognised that the South Western Area Health Board as a newly formed organisation should develop an Organisational Strategy which sets out who we are, what we do and how we want to achieve this. In other words we believe it is important that we have an overall vision and a set of goals and objectives for the organisation. The Planning and Development Team were assigned the task of developing and rolling out this strategy. This process commenced in 2001 and is expected to be completed in 2002.



Dr. Tom Moffat T.D. Minister of State Department of Health & Children with Mr. Pat Donnelly Chief Executive Officer (SWAHB) at the launch of the new National Health Strategy

In collaboration with the communications department we co-ordinated the consultation process and developed our Board's submission to the National Health Strategy which was submitted to the Department of Health and Children.

The new National Health Strategy launched in November 2001 identified overall goals to guide activity and planning in the health system at national, regional and local level over the next 7-10 years.

As soon as the strategy was launched we arranged in collaboration with our Communications Department to have it distributed to all staff and within 24 hours a briefing for senior management.



Participants at the Board's Organisational Strategy Workshop on Primary Care

A number of briefings on the strategy were also arranged for staff and these were completed within two weeks of the launch. We also commenced the process of analysing the implications of the strategy and reviewing our own organisational strategy plan in light of this analysis.

Needs Analysis

Needs Assessment and analysis is crucial for the re-structuring and development of our services. A Health Needs Assessment is being carried out in Dublin South West and Dublin South City.

This will inform our planning process. The Planning & Development department will commission a comprehensive demographic profile of our Boards area during 2002.

Care Group Directorships

There are five care group directorships namely:

- Primary Care & Acute Hospitals
- Children & Families
- Mental Health & Addiction
- Disabilities
- Older Persons

Each of these directorships is charged to play a central role in the promotion of people-centred service delivery, continuous improvement of service quality and review and development of policies, procedures and protocols for their care area. In 2001 all of the Directors continued developments in these areas.

Co-Operation with Other Providers and ERHA

The development and implementation of systems to enable South Western Area Health Board to co-operate with the ERHA and other providers was further enhanced in 2001.

Human Resources

2001 continued to be an extremely challenging year in the management of Human Resources with numbers employed by South Western Area Health Board rising to 4,500 by December 31st 2001.

A combination of the ongoing development of services, and scarcity in the labour market, particularly for certain grades, meant that the issue of recruitment remains high on the agenda. The volume of competitions required for the South Western Area Health Board increased to 91 from which there were 667 new appointments. Notwithstanding this activity level, filling of vacancies, particularly for certain grades remains challenging.



At the launch of the S.W.A.H.B Partnership Committee (From L to R) Ms. Adrienne Byrne, Mr. Brendan Cassidy (Joint Chair) Cllr. Charlie O'Connor (Chairman S.W.A.H.B) & Mr. Pat Donnelly (C.E.O & Joint Chair)

In relation to the scarce grades we have recruited successfully for nurses, and childcare staff in Finland, and we have also recruited nurses specifically for elderly and psychiatric services in the Philippines, Nigeria and South Africa. The nurses are still coming on stream. In addition, in relation to a number of grades of staff we have been part of a national project,

which has recently completed a tender process for a recruitment agency to source and recruit Speech and Language Therapists, Occupational Therapists, Physiotherapists and Radiographers abroad.

The Industrial Relations section continued to be extremely busy in 2001. The Employee Relations Section conducted a review of policies, procedures and guidelines with a view to a re-launch in 2002.



Ms. Mary Hanafin T.D. Minister of State at the Department of Health & Children (Centre) with (L-R) Mr. Ray Mooney (SWAHB), Ms. Jennifer Bollard (ERHA), Ms. Bernadette Nyhan (ERHA) and Ms. Lilian Charles (SWAHB) who received the IPA Certificate in Health Services

In 2001, a significant development in the training and development agenda was the revision of the scheme for refund of fees for further academic studies. The significant elements of this revision were the increase in the value of the refund to 100% of fees incurred, and the administration of this upfront, as opposed to after successful completion of the course in question.

Also, in 2001, the Organisation Development function was established within the remit of Human Resources and this unit has commenced a number of projects that will improve our organisation. To date the Organisational Development function has taken a lead role in the development of an organisational strategy for the South Western Area Health Board.

Customer Services, Complaints and Appeals, Freedom of Information and Data Protection

Customer Services, Complaints and Appeals

The Customer Services, Complaints and Appeals service continued to provide a central service on behalf of the South Western Area, Northern Area and East Coast Area Health Boards. The department focussed on promoting a consumer friendly service and improving standards and quality of service.

The service provides a mechanism where service users complaints can be investigated and decisions appealed. Analysis of appeals and complaints help to identify weak gaps in services and service delivery so that they can be eliminated and act as a resource to inform future service delivery and development.

The department continued its work of developing a customer services ethos throughout the three Area Boards using training and information days, developing customer participation as well as liaising with advocacy and representative groups.

Table 1 Appeals Activity in 2001

Appeals to South Western Area health Board, January to December 2001	
Number of Appeals Received	1,097
Number of Appeals Decided	927
Number of Appeals Outstanding	170
South Western Area Health Board Appeals Only	
Appeals Received	815
Number of Appeals Decided	690
Number of Appeals Outstanding	125
Non South Western Area Appeals Only (Medical Cards & NursingHomes)	
Non SWA appeals	277
No. of appeals decided	234
No of Appeals Outstanding	46

Table 1 *Continued*

Others (Overseas, Domiciliary Births, Disability Allowance)	
Number of Others	5
Number of Appeals Decided	3
Number of Appeals Outstanding	2
Complaints to South Western Area Health Board January to December 2001	
Number Complaints Received	41
Number of Complaints Decided	30
Complaints Outstanding	11
Total Complaints to Eastern Regional Area Health Boards January to December 2001	
Number Complaints Received	145
Number of Complaints Decided	99
Complaints Outstanding	46

Freedom of Information and Data Protection

The Central Freedom of Information for the three Area Health Boards and ERHA operates from the South Western Area Health Board. The service aims to promote openness and transparency within our health services whilst ensuring the statutory obligations provided for the Freedom of Information Act 1997 are complied with.

Services provided by this Unit include the following:

- Assistance and guidance to staff and decision makers in handling requests
- Provision of expert decision-making training
- Request logging and monitoring
- Preparation of statistical reports
- Preparing publications
- Assistance to other health agencies and members of the public
- Liaison with the Office of the Information Commissioner

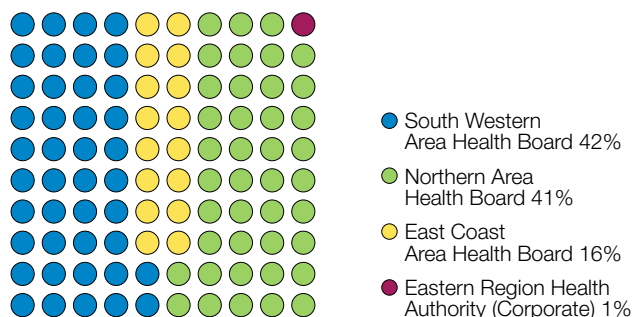
Activities and Developments in 2001

The Central Freedom of Information Office provides assistance and advice to clients requesting information under the Freedom of Information Act. The unit also continues to provide support and advice to Decision-Makers and Internal Reviews in the Northern, South Western, East Coast Area Health Boards and the Eastern Regional Health Authority (Corporate) in request management.

Table 1 No of Requests Received in 2001

Body	Personal	Non-Personal
South Western Area Health Board	74	82
East Coast Area Health Board	28	52
Northern Area Health Board	76	76
Eastern Regional Health Authority (Corporate)	1	28
Total	179	238

Chart 1 Percentage Breakdown of Requests Received in 2001



Section 15

“An Information Guide to the South Western Area Health Boards’ Services”

In accordance with Section 15 of the Freedom of Information Act the Board is obliged to publish a general description of it’s structure and organisation, functions, powers and duties, the services it provides and procedures by which these services may be availed of by the Board. Section 15 will be published during 2002 on the Boards’ Intranet, Website and hard copies will also be made available to each Health Board location as well as other information centres e.g. Citizens information Centres, Public Libraries. Copies may be obtained by e-mailing the Central Freedom of Information Office at foi@erha.ie

Section 16

“An Information Guide to the Administration Services and Schemes”

In September 2001 updating Section 16 commenced. Under Section 16 of the Freedom of Information Act 1997 the Board must publish and make available in respect of each service provided, information regarding the rules, procedures, practices, guidelines, interpretations and indexes of precedents used by the Board to determine eligibility for such services.

The National Liaison Group of Health Board Freedom of Information Project officers undertook an exercise to identify as many policies and procedures as possible existing within the Boards with a view to identifying gaps and deficiencies in order to equalise upwards the quality of such guidelines.

Section 16 will be published during 2002 on the Boards' Website. As with Section 15 hard copies will also be made available to each health Board location as well as other information centres e.g. Citizens Information Centres, Public Libraries or by e-mailing the Central Freedom of Information Office at foi@erha.ie

Commissioners Compliance Report

The information Commissioner is required to carry out an investigation in relation to the practices and procedures adopted by public bodies for the purposes of compliance with the provisions of the FOI Act generally.

The Central FOI Unit for ERHA bodies was one of twelve bodies selected for the purposes of the Commissioners review in 2001. The Commissioner published details of his findings in his Compliance Report. Summary details of the Commissioners findings were circulated to all

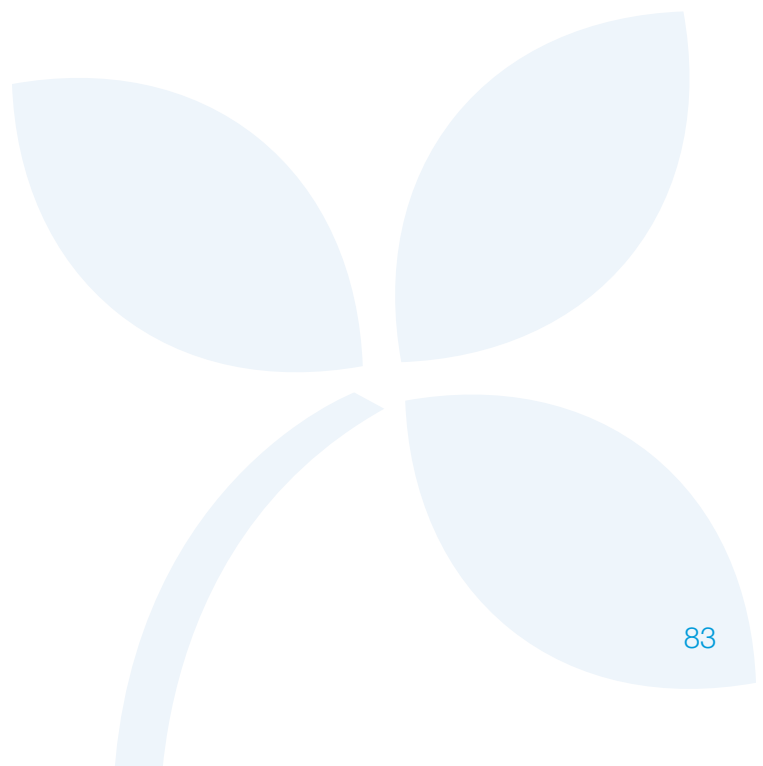
FOI Decision Makers. A copy of the Compliance Report is available from the Central FOI Unit.

Staff Handbook on Personal Information Issues

The National Health Board FOI Liaison Group commenced a national initiative in relation to compiling a health information handbook which is intended to inform staff at all levels of the health services on issues in relation to the collection, exchange and release of personal information – reflecting the various categories of information requesters i.e. inter-agency, personal requesters, statutory, media, etc. It is intended that an on-going staff-training module will be developed to support the handbook.

Training – Decision Makers & Internal Reviewers

Training opportunities were provided in-house to staff on a number of occasions in 2001 to improve decision-making skills in order to improve the quality of our decision-making in line with the Information Commission. Places on advanced training courses organised by the Central Policy Unit, Department of Finance were also taken up.



Communications

The Communications Department co-ordinates internal and external communications for the Board and is a resource to staff in all areas of communications including; publications, event management, corporate identity, organisational strategy development, Advertising campaigns, crisis management and the media.

Activities and Developments in 2001

Media Services

The department provided a 24hr media service responding to a variety of queries and promoting the Board's services and developments. Press statements and press releases were issued to all of the local and national print and electronic media. The department also arranged a number of advertisements in various print media, highlighting the work and services of our Board. The recruitment of an additional officer in 2001 will see this service further developed in 2002.

Intranet and Internet

During the year the department commenced the development of a web site and an intranet web site. It is planned to have these developed and running in 2002. Information on our Board and our services can also be accessed from the Eastern Regional Health Authority Website, www.erha.ie.

Publications

The Department provided advice and assistance on design and editing to staff throughout the Board on various publications. The department was involved in a number of publications including the Annual Report, the first Newsletter for the South Western Area Health Board, an

information leaflet was published on safety around the Christmas/ New Year Season and was issued to each household in the Board's area.



The Department published a Diary/Directory of Services for staff. We commenced work on a full Directory of our services and this will be completed and published in 2002.

Events and Launches

The department assisted with the planning and organising of a number of events during the year and arranged photographers and publicity. Some of the events hosted were:

- The official opening of Mary Mercer Health Centre, Tallaght
- Launch of the Traveller Health Unit Report
- Launch of the Video on Communication Strategies for children with autism
- Open day at Lisbri Unit
- Open day and Launch of Health Promotion activities for Healthy eating Week
- Launch of Mental Health Association Minibus
- Launch of Report on Asperger's Syndrome

- Launch of SWAHB Partnership Committee
- Launch Kildare Mental Health Association Project
- Launch of the Drogheda Memorial Hospital Development Project
- Launch of the Public Health Laboratory Containment Level 3 Facility
- South Inner City Partnership in Primary Care Conference
- Presentation of Certificates to peer advocates in our Mental Health Services

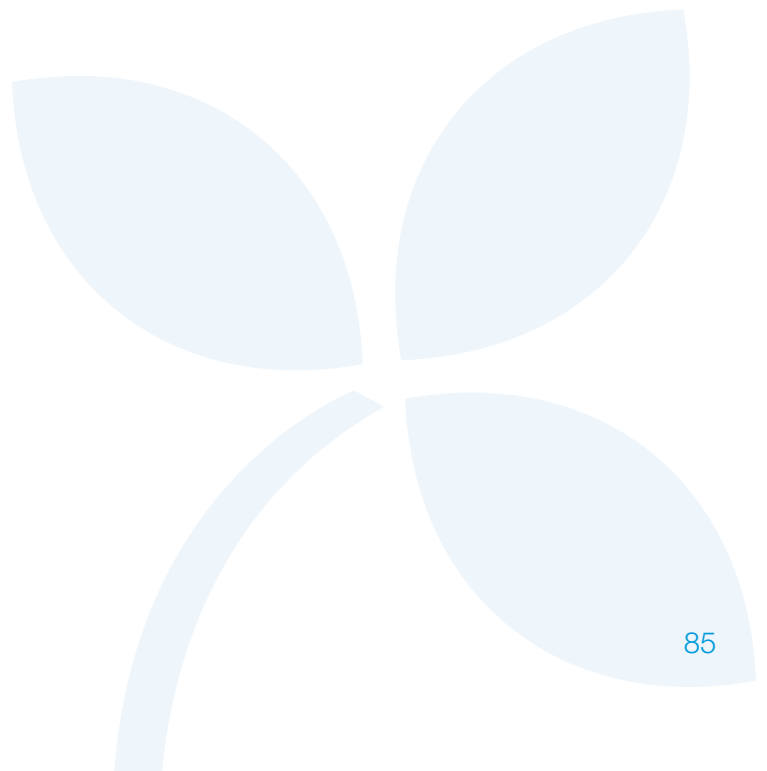
National Health Strategy - Quality and Fairness - A Health System for You

The Department assisted in the Co-ordination of the Consultation process to the new National Health Strategy. We also arranged the distribution of the Strategy to all staff in our Board and assisted with arrangements and attended the briefings for staff on the Health Strategy. The department is currently working

closely with the Planning and Development department on the development of our own organisational strategy plan that will include a communications strategy for our Board.



The department arranged for the distribution of the New National Health Strategy to all staff and assisted with the arrangements for staff briefings on the Strategy



Finance

The South Western Area Health Board is in the process of developing an Organisation Strategy that describes our Vision for the future of our organisation and is also the vehicle to describe our values and guiding principles into the future. It is our road map to successfully implementing the Health Strategy that was launched on 26th November 2001.

Finance is an integral part of this process and views it as the means of achieving our own objectives during the coming years. In today's environment it is essential that we further enhance and develop strong systems to ensure corporate governance and best practice throughout our organisation. In that context we have identified key issues for finance going forward and we need to continually review and develop the finance function to meet the ever-changing needs of our organisation. We can meet this strategic challenge by focussing more on providing better and more timely management information in order to enhance decision-making within our organisation. This can be achieved by the use of the Eastern Health Shared Services centre to perform many of the central accounting and volume transaction processing for our Board.

One of the main projects undertaken during 2001 was the transition to the Euro. This project was successfully completed on a staged basis culminating in the final systems implementation on 1st January 2002.

Statutory Accountability

Statutory accountability of Health Boards has been considerably strengthened in recent years with the introduction of the Health (Amendment) (No. 3) Act 1996, the Comptroller and Auditor General (Amendment) Act 1993, the Prompt Payment of Accounts Act 1997 and Accounting Standards for Health Boards.

The summary financial performance of South Western Area Health Board for the year ended 31st December 2001 is as follows:

Financial Performance	IR£m	€m
2001 Budget Determination	318.090	403.891
2001 Expenditure	318.362	404.237
Variance for 12 Months Ended 31st December 2001	(0.272)	(0.346)
Add: 1st Charge from 10 Months to 31/12/00	(1.483)	(1.883)
Cumulative Variance as at 31st December 2001	(1.755)	(2.229)
Anticipated Funding due at 31st December 2001	1.557	1.977
Cumulative Adjusted Variance as at 31st December 2001	(0.198)	(0.252)

The final adverse variance of £198,000 (€252,000) represents a minor overspend against the 2001 determination and, as such, represents a first charge against the 2002 allocation.

The achievement of a substantially breakeven position was made possible, to a significant extent, by the flexible use of all funds made available to the Board for the year ended 31st December 2001.

In that context, the flexibility allowed in the once-off application of service development funding was used in order to offset the impact of various cost pressures that were encountered during the year. The various funding issues raised by our programmes and the continued utilisation of all monies made available to the Board are a focus of continuing discussion with Eastern Regional Health Authority.

Prompt Payment Legislation

The Board's payment practice is one of ensuring that properly completed and agreed invoices for goods and services supplied to the Board are discharged within the prescribed payment period. Appropriate systems and procedures have been put in place to provide assurance that the Act is fully complied with.

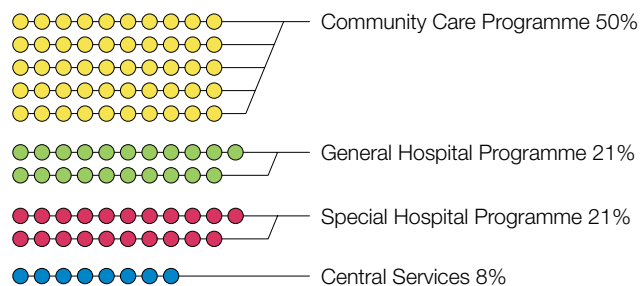
Interest payments of £30,897 (€39,231) were paid in the year ended 31st December 2001, to suppliers where payments could not be made within the timeframe. The Board fully complied with the provisions of the Act in all cases.

Value of Payments on which Interest was Paid	IR£4,851,595	€6,160,255
Number of Payments of which Interest was Paid	14,676	14,676
Amount of Interest Paid	IR£30,897	€39,231
Number of Payments valued in excess of IR£250 (€317.43)	2,917	2,917
Amount of Interest Paid on Payments in excess of IR£250 (€317.43)	IR£25,337	€32,171
Interest expressed as a Percentage of Non-Pay	0.015%	0.015%

Table 1 Programme Analysis of Expenditure and Income

12 months to 31/12/2001 Net Expenditure €	Line No.		Pay £	Non-Pay £	Gross Expenditure £	Income £	12 Months to 31/12/2001 Net Expenditure £	10 Months to 31/12/2000 Net Expenditure £
84,002,925	a	General Hospital Programme	43,352,091	30,946,355	74,298,446	(8,140,766)	66,157,680	42,431,366
85,218,437	b	Special Hospital Programme	32,405,957	36,385,109	68,791,066	(1,676,093)	67,114,973	45,503,217
201,899,815	c	Community Care Programme	53,649,866	110,405,537	164,055,403	(5,046,377)	159,009,026	108,210,352
33,115,417	d	Central Services	2,595,010	24,390,524	26,985,534	(905,024)	26,080,510	13,789,403
404,236,594	e	TOTAL	132,002,924	202,127,525	334,130,449	(15,768,260)	318,362,189	209,934,338

Chart 1 Expenditure Distribution



Balance Sheet as at 31/12/2001

31/12/2001 €		31/12/2001 £	31/12/2000 £
	Fixed Assets		
51,911,482	Tangible Assets	40,883,615	15,587,070
0	Financial Assets	0	0
51,911,482		40,883,615	15,587,070
	Current Assets		
12,346,256	Stocks	9,723,467	2,497,529
0	Property Purchase Deposits	0	0
57,773,880	Debtors	45,500,628	43,300,123
269,855	Cash at bank or in hand	212,528	288,216
70,389,991		55,436,623	46,085,868
	Creditors		
(13,649,268)	Bank Loans & Overdrafts	(10,749,672)	(4,024,926)
(78,386,952)	Other Creditors	(61,734,741)	(54,402,965)
	Inter Area Health Board Creditors	0	0
(92,036,220)		(72,484,414)	(58,427,891)
30,265,253	Total Assets Less Liabilities	23,835,824	3,245,047
	Capital & Reserves		
(2,228,803)	Non-Capital Income & Expenditure Account (1,755,325)	(1,755,325)	(3,778,136)
	Capital Fund:-		
	Capitalisation Account 40,883,615		
30,784,941	Less Deficit on Capital Income & Expenditure Account (16,638,504)	24,245,111	7,574,100
0	Deferred Income	0	0
1,709,116	Special I&E Account	1,346,038	(550,917)
30,265,253	Total Capital & Reserves	23,835,824	3,245,047

Subsidiary Companies

The South Western Area Health Board has two subsidiary companies. The South Western Area Health Board finance their activities that are within the scope of the objects clause in their memorandum of association. The two subsidiary companies are:

Eastern Vocational Enterprise Limited

Eve Holdings provides rehabilitation programmes for people referred within Eastern Regional Health Authority's catchment area. The issued ordinary share capital of the company consists of two shares held in trust on behalf of South Western Area Health Board.

Eastern Vocational Enterprise Limited reports to the South Western Area Health Board for operational purposes, however, the Board of Directors is made up of representatives from the Northern Area Health Board.

Eastern Community Works Limited

Eastern Community Works is engaged in improving the living conditions of the elderly by carrying out minor repairs and decorations to the main living areas of the homes of elderly persons. The company also administers the Homecare Attendants Scheme and other minor programmes on behalf of South Western Area Health Board. The company is Limited by Guarantee and is registered as a charity with the Revenue Commissioners. The Board of Directors consists of representatives from each of the three Area health Boards. It has no borrowings and no money advanced. Funding for the company is shown as Section 65 Grant.

