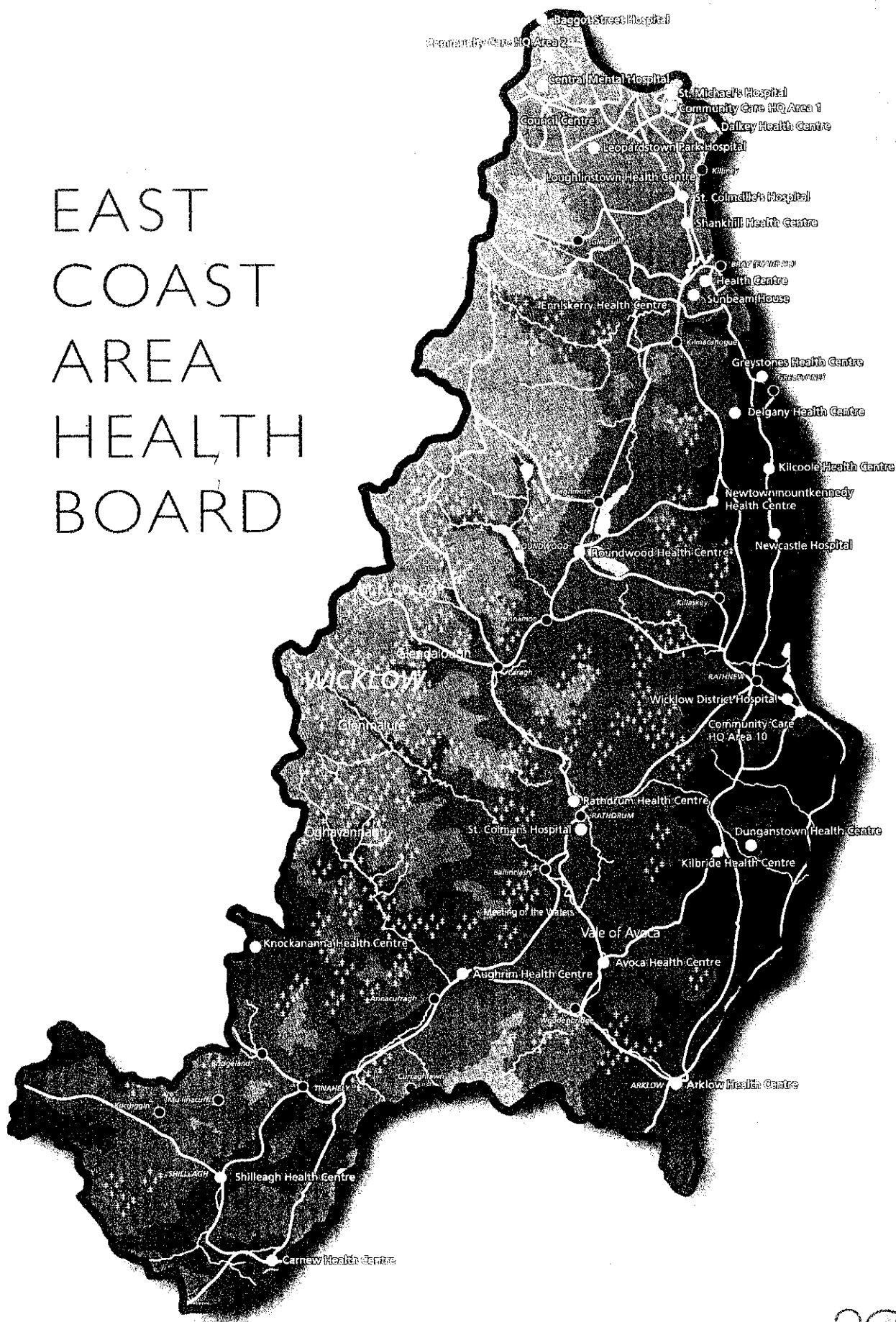


EAST COAST AREA HEALTH BOARD



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CHAIRMAN'S INTRODUCTION



It is a great honour for me to present the East Coast Area Health Board's first Annual Report. The establishment and first year of the Board has been a challenge but I am pleased to say that we succeeded in carving out a distinctive role as an efficient and dedicated health service provider from Dun Laoghaire through Dundrum to Bray and down to Arklow.

Much of the Board's first year of existence has, by necessity, involved taking a good clear hard look at the needs of the region and setting out our priorities for the future. This process reflected the great advantage of the new Board. As a smaller more focussed Board, we are able to ensure that there are no more remote outposts. The new Board is more accessible, accountable and is closer to the community it serves.

During our first year, we dedicated ourselves to the future development of St. Columcille's with particular emphasis on improving the Accident and Emergency service and the provision of Day surgery. Children, Older People, Mental Health Services, Physical and Sensory Disability Services and Intellectual Disability Services were also priorities

for the Board during our first year.

In many respects it was important for the Board to develop a meaningful dialogue with voluntary and community groups in the region in order to target and assist the further development of our services. I would like to thank all the community and voluntary providers in the East Coast Area Health Board Area for their co-operation in 2000 and I look forward to building on these relationships to the benefit of all our clients.

I would also like to pay tribute to my fellow Board Members for their dedication and hard work during 2000. Despite their diverse backgrounds and other outside commitments, the Board members brought a mixture of diligence and teamwork to their task which greatly facilitated the progress made in our first year.

Finally, I would like to thank all the staff of the East Coast Area Health Board for their hard work during the year. The transition from the former Eastern Health Board to the East Coast Area Health Board was not without difficulty but the motivation and professionalism of our staff made a hard job easier.

All in all, we can be satisfied with the progress made during 2000 in establishing the identity and priorities of the Board. However, the Board's work is just beginning and we will build further on the foundations set out in this report.

Tony Fox

CHAIRMAN, CLLR. TONY FOX

BOARD MEMBERS 2000



Cllr. Tony Fox
Chairman
93 Mountainview
Park
Rathfarnham
Dublin 16



Dr. Mick Molloy
170 Roebuck Castle
Clonskeagh
Dublin 14



Mr. Paul Ledwidge
St. Michael's House
Ballymun Road
Dublin 9



Dr. John Fennell
Chesapeake
Kendalstown Rise
Delgany
Co. Wicklow



Ald. Sen Joe Doyle
14 Simmonscourt
Terrace
Donnybrook
Dublin 4



**Cllr. Laurence
Butler**
3 Whitehall Mews
Westminster Road
Foxrock
Dublin 18



**Cllr. Dr. Bill
O'Connell**
Vale Road
Arklow
Co. Wicklow



**Cllr. Andrew
Doyle**
Licken Roundwood
Co. Wicklow



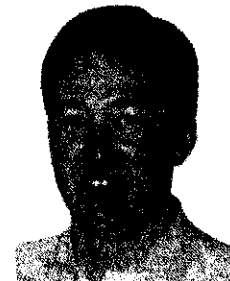
**Cllr. Maria
Corrigan**
6 Glenbourne
Crescent
Leopardstown
Dublin 18



Dr. Ray Hawkins
Bray Medical Ctr.
Herbert Road
Bray Co. Wicklow



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



Mr. John Dolan
Disability
Federation of
Ireland
2 Sandford Office
Park
Blackthorn Avenue
Dublin 18



**Cllr. Olivia
Mitchell T.D.**
18 Ballawley Court
Dundrum
Dublin 16



Cllr. Pat Doran
Tomas Cork
Carnew
Co. Wicklow



Mrs Joyce Andrews
Belfield Lodge
Goatstown Road
Dublin 14



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



Ms Maria Hoban
6 Ashgrove Crescent
Naas
Co. Kildare



Dr. Bernard Murphy
6 Kingston View
Dundrum
Dublin 16



Mr. Gerry McGuire
1 Strand
Donabate
Co. Dublin

BOARD OBSERVERS

COMMITTEES

BUSINESS OF THE BOARD

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

Continuing Care Committee

Cllr. Maria Corrigan (Chairperson)
Cllr. Pat Doran
Cllr. Olivia Mitchell
Cllr. Jane Dillon Byrne
Dr John Fennell
Mr. Paul Ledwidge
Mr. John Dolan
Mrs Joyce Andrews

STANDING COMMITTEES

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

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

- Acute Services and Primary Care
- Continuing Care

These Committees have the following functions:
To consider and advise on such business as may be referred to them by the Board or which they may wish to refer to the Board.

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

STANDING COMMITTEE MEMBERS

Acute Services and Primary Care Committee:

Dr. Mick Molloy (Chairperson)
Cllr. Dr. Bill O'Connell
Cllr. Tony Fox
Cllr. Laurence Butler
Ald. Sen. Joe Doyle
Cllr. Andrew Doyle
Dr. Ray Hawkins

OTHER COMMITTEES

Finance and Property Committee

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

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

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

Cllr. Tony Fox (Chairperson)
Cllr. Andrew Doyle
Mr Paul Ledwidge
Cllr. Laurence Butler
Cllr. Jane Dillon Byrne
Dr Mick Molloy

The Protocol Committee has the following responsibilities:

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

The membership of the Protocol Committee is as follows:

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

Child Care Advisory Committee:

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

Child Care Advisory Committee

Board Members:

Cllr. Maria Corrigan (Chairperson)
Cllr. Tony Fox
Cllr. Andrew Doyle

Board Officers:

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

Voluntary Agencies

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

St. Columcille's Hospital Development Review Committee

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

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

St. Columcille's Hospital Development Review Committee Members:

Cllr. L. Butler (Chairperson)
Cllr. A. Doyle
Cllr. Dr. B. O'Connell
Cllr. P. Doran
Cllr. J. Dillon Byrne
Dr. J. Fennell
Dr. R. Hawkins

CHIEF EXECUTIVE OFFICER'S FOREWORD



This Report is the first annual statement of the newly established East Coast Area Health Board. It has been a privilege for me to serve as the first C.E.O. of this new Health Board. This report sets out our activity for our first year during which we established an identity and a role throughout a socially and geographically diverse catchment area. Our first year has, naturally, been characterised by the twin objectives of determining the needs and priorities for the area and delivering the best possible service to our clients with the resources available to us.

Immediately upon our establishment, the central role of St. Columcille's Hospital, Loughlinstown, in the Board's provision of services became very apparent. A significant £5 million investment was approved in 2000 to boost the A&E and day surgery services in the hospital. To plan the long-term future role of the hospital, the Board established a Development Review Committee to work towards a programme of capital investment and service development to enable St. Columcille's to deliver a service appropriate to the needs of its clients.

The provision of Childcare Services has become increasingly important on both a national and local level. During 2000, the Board appointed an Assistant

Chief Executive Officer with a special responsibility for childcare. Work has begun on the development of a Childcare Strategy tailored to the particular needs of the East Coast Area Health Board.

The Board also addressed the needs of older people during 2000. Additional nursing home places were created under the Special Winter Initiative and a new Community Unit for the Elderly was opened in Dalkey.

Within our Primary Care Services, the Board established a new out of hours G.P. Service, "East-Doc", based at St. Vincent's Hospital. Also within our Primary Care Services, a new Orthodontic Unit was established at St. Columcille's and a consultant Orthodontist was appointed. The new Consultant will, as a priority, deal with Orthodontic waiting lists in the area which have been a source of particular concern for our clients.

Within both our Physical and Sensory Disability Services and our Intellectual Disability Services we commissioned additional respite, day and residential places and also forged links with the voluntary providers in the region.

Health Promotion, Mental Health, the Emergency Services, and our Drugs/Aids Services, were also addressed and developed by the Board during 2000.

As I have said, this was my first year as C.E.O. and I would like to say how impressed I was with the commitment of our Board Members and the dedication and teamwork shown by staff at all levels. We have had a productive first year and I look forward to more progress in the future. I also look forward to further co-operation with all the service providers, community and local groups in developing improved health and social services for all our patients and clients.

A handwritten signature in dark ink, appearing to be 'M. G. O.', written in a cursive style.

CHIEF EXECUTIVE OFFICER

MANAGEMENT TEAM

COMMUNITY CARE OFFICES



Mr. Martin Gallagher
Assistant Chief
Executive
Operations



Mr. John Davis
Manager of the
C.E.O.'s Office
and Secretary
to the Board



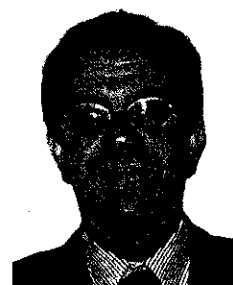
Dr. Brian Redahan
General Manager
Community Care
Offices
Glenside Road
Wicklow



Mr. Kevin McCarthy
Assistant Chief
Executive
Planning &
Development



Ms. Suzanne Bushnell
Secretary to the
Management Team



Mr. Gerry McKiernan
General Manager
Community Care
Offices
Vergemount Hall
Clonskeagh
Dublin 6



Ms. Cate Hartigan
Assistant Chief
Executive
Childcare



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

SERVICE DIRECTORS



Mr. Alex Connolly
Director of
Communications



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



Mr. Gerry McCarthy
Hospital Manager
C.M.H
Dundrum
Dublin 16



Mr. Pearse Costello
Director of Human
Resources



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



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



Mr. Gavin McGuire
Director of Finance



Mr. Jim Ryan
Director of Mental
Health and
Addiction



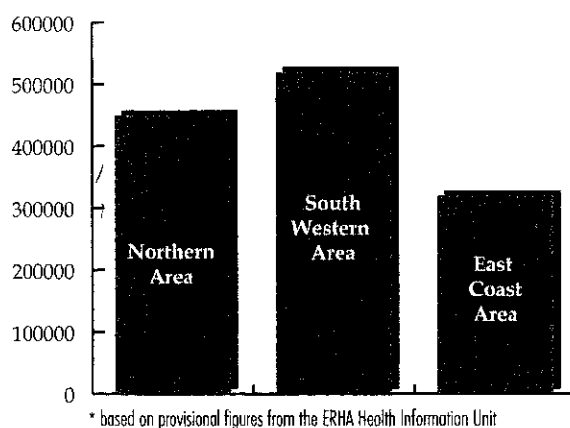
Mr. Tom Mernagh
Hospital Manager
St. Columcille's
Hospital
Loughlinstown
Co. Dublin

2000

DEMOGRAPHIC PROFILE

REGIONAL COMPARISONS

The population of the East Coast Area Health Board is approximately 325,000. This represents 24.5%* of the population of the Eastern region as can be seen in the following diagram:



In the Eastern region, there has been a marked growth between 1991 and 1996 in the number of older persons. The most striking of these has been in the oldest age cohorts: the population aged over 75 increased by 8.42% in those years while the population aged over 85 increased by 17.72%. (Eastern Health Board, 1999, 10 Year Action Plan on Services for Older Persons 1999-2008.)

The population of the East Coast Area has a profile which is somewhat older than the region as a whole. The following Table gives some indications of this:

Age Group	% of each age cohort in ERHA region living in East Coast Area Health Board
< 1	22%
1-4	23%
5-14	22.5%
15-24	23%
25-44	24%
45-64	26.3%
65+	29%

The age group 25-44 is the only one which is reflective of the Area's population proportion.

When younger age groups are considered, each group comprises less than 24%, of the Area's population showing that younger people are under-represented in the Area.

Older age groups, particularly those aged 65 or older represent more than 24% and are therefore over-represented in the Area's population.

EAST COAST AREA POPULATION

Within the Area itself, 11.4% of the population is aged 65 or over. This is in contrast to the other two Boards in the region: Northern Area (9.6%) and South Western Area (8.5%). A breakdown of the Area's population by age group is given in the following Table:

Age Group	% of East Coast Area population
< 1	1.2%
1-4	5.2%
5-14	14.4%
15-24	17.5%
25-44	29.6%
45-64	20.3%
65+	11.4%

Future implications for regional service providers are apparent in the high proportion of adults, reflecting the falling birth rates which have occurred nationally. It should be noted that the number of births in the Eastern region have begun to rise since 1996, this is not yet reflected in population statistics since no Census has taken place since then.

POPULATION PROJECTIONS

The Brady Shipman report (1999), Strategic Planning Guidelines for the Greater Dublin Area, which was commissioned by the government to assist with strategic planning for the region has estimated population figures until the year 2011. While boundaries and catchment areas of the East Coast do not precisely match those in this report, some indicators of future projections are possible to glean as can be seen in the following Table:

Population Growth

District	Projected Growth
Dun Laoghaire/Rathdown	5%
N.E. Wicklow (Bray/Greystones)	24.9%
Wicklow hinterland	27.8%

Within the period 1996-2011, the number of households is set to rise sharply:

Growth in number of households 1996-2011

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

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

Average Household Size 1966-2011

Year	Projected Size
1966	4.1
1996	3.1
2011	2.5

Further population projections which consider the ageing population show that the numbers of older persons in the Eastern region are likely to rise, with particular implications for the East Coast Area:

Projected proportion of Older Persons 1996-2011*

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

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

Note: Detailed statistical information is not available for the East Coast Area as a whole due to boundary delineation.

The above demographic profile of the Area, combined with population projections have implications which must be considered by The East Coast Area Health Board. The population is ageing and this older population will live in much smaller household than heretofore. The capacity of smaller households to care for ill and ageing people is diminished. Current planning will take account of these factors.

ST COLUMCILLE'S HOSPITAL

The East Coast Area Health Board, since its establishment in 2000, has made the development of St. Columcille's one of its top priorities. In 2000, the main developments at the hospital included the approval of capital funding of £5m to facilitate the provision of a new A&E Department and Day Procedures Unit at St. Columcille's Hospital.



Minister Mary Hanafin TD at the opening of the new Diabetes Day Centre, St. Columcille's Hospital, Loughlinstown.

The Board also established a Project Team and User Groups within the hospital to review the current development brief and to progress the planning and construction of the new A&E Department and

Day Procedures Unit. Construction of a temporary extension to the hospital's existing A&E Department was carried out to provide additional patient treatment areas, waiting space and staff accommodation. Approval was given for the appointment of a Discharge Planner/Inpatient Co-ordinator to the hospital.

St Columcille's Hospital will continue to fulfil its role as part of the network of acute hospitals in the East Coast Area and to ensure that quality care is provided at the most appropriate level. During 2000, planning meetings with St Vincent's University Hospital and St Michael's Hospital commenced in order to further enhance co-operation within this network.

Similar to other hospitals in the Eastern Region, St Columcille's experienced difficulties during the year in recruiting staff, particularly nurses. Recruitment of nurses from overseas to fill vacant posts began and it is hoped that the successful candidates will take up duty shortly.

Other notable developments in 2000 included:

- **Cardiology Services:**

Approval was received for the appointment of a Consultant Cardiologist and attendant staff and it is hoped that the Consultant will take up appointment in late 2001.

- **Cardiovascular Strategy:**

Under the national Cardiovascular Strategy, £170,000 was allocated to St Columcille's and this allowed for the appointment of a Cardiac Rehabilitation Co-Ordinator, a Psychologist and a Vocational Counsellor in order to develop services for patients undergoing cardiac rehabilitation. The rehabilitation service is located in a dedicated building which includes exercise rooms, exercise laboratory and equipment.

- **Endocrinology:**

In order to enhance services for endocrinology patients at St Columcille's, funding was approved for the recruitment of a Psychologist, a Physiotherapist and a Senior Dietitian.

- **Gynaecology:**

£160,000 was approved to allow for the recruitment of a Registrar and two Staff Nurses for the Gynaecology service at the hospital.

- **CT Scanning:**

A telemetry link was established with Beaumont Hospital.

Other developments at St Columcille's Hospital during the year included the purchase of equipment for the Laboratory, Theatre and X-ray Department.

St. Columcille's Management Team:

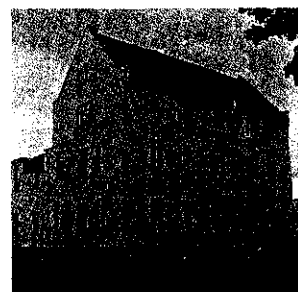
Tom Mernagh, Hospital Manager.

Dr Hugh Gallagher,

Chairman of the Medical Board.

Leonie O'Neill,

Director of Nursing.



St. Columcille's Hospital, Loughlinstown.



St Columicille's Hospital In-Patient and Out -Patient Activity 2000

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
A&E Attendances													
New	1765	1614	1875	1894	1888	1742	2135	2070	1941	2002	1694	1694	22314
Return	260	314	354	406	264	146	429	201	163	199	90	53	2879
X-Ray Examinations	3156	2905	3069	3016	3465	3276	3247	3261	3151	3086	2979	2636	37247
CT Scans	109	103	102	98	115	98	91	139	131	130	134	107	1357
Operations													
Major	15	16	20	17	15	18	18	23	17	21	15	11	206
Inter	45	41	51	59	47	45	42	68	61	47	42	38	586
Pain	12	10	15	11	9	17	16	15	15	8	8	11	147
Minor	115	130	143	148	161	120	152	129	134	127	135	113	1607
Dental	13	14	15	18	14	18	19	13	13	14	15	13	179
Physio Treatments	3662	3209	3613	2499	3328	3068	3451	2599	3106	3539	3009	3199	38282*
Endoscopies	60	77	78	53	75	58	57	65	65	57	61	49	755
Occupational Therapy	1480	1460	1062	1031	1491	1204	1176	1139	1021	1205	691	685	13645*
Speech Therapy	179	142	322	212	372	220	110	347	257	418	363	134	3076*
Pathology Specimens	12131	12690	12372	11782	13585	12390	12509	13130	13528	13824	12996	10238	151175
Post Mortems	14	9	15	12	10	17	18	15	10	17	16	14	167
Dietitian	283	278	287	220	288	303	321	317	301	241	309	246	3394*
Social Worker	126	130	142	132	145	150	143	150	162	175	185	190	1830*

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
In -Patient													
Bed Days	3676	3480	3531	3447	3646	3352	3392	3374	3473	3498	3742	3394	42005
Admissions	415	440	440	441	423	458	443	465	440	367	406	402	5140
Discharges	407	395	417	422	437	456	443	454	447	364	401	407	5050
Day Cases	160	193	169	135	171	154	172	182	171	153	168	134	1962
Day Hospital Attendances	159	162	162	139	168	170	168	158	168	150	150	124	1878
Out -Patients													
No. of Sessions	70	70	65	70	73	69	75	79	76	74	76	58	855
New Attendances	395	442	384	568	302	273	446	399	403	447	439	363	4861
Return Attendances	1058	936	989	907	1148	1176	1161	1167	1033	1094	1187	932	12788
Warfarin	272	315	261	291	349	237	281	291	305	311	260	211	3384

* Group Para. Medic Activities

PRIMARY CARE

The aim of Primary Care is to improve people's health by fostering and developing an integrated approach to patient care involving general practitioners, community pharmacists, public health nurses, practice nurses, Health Board and hospital professionals, their respective managers and support personnel. The principle underpinning this development is that Primary Care is viewed as the cornerstone of our health services.

During 2000, the management structure of our Board's new Primary Care Unit was proposed and plans put in place to appoint a Primary Care Manager and support staff. These staff are due to take up appointment in Spring 2001.

GENERAL PRACTICE

Three General Practitioners were appointed to the East Coast Area and they took up their appointment in Autumn 2000.

In 2000 the Department of Health and Children continued to fund ongoing and once-off developments in general practice in the Eastern Region. In the East Coast Area, this funding was invested in:

- Improving the interface between hospitals and general practice
- Vocational training
- General Practice service development
- Information systems

Monitoring of prescribing was given a high priority by the GP Unit Doctors in co-operation with the Health Information Unit. The monthly indicative drug budgeting statistics provided by the G.M.S. (Payments) Board and prescribing information provided by the Health Information Unit continued to be analysed by the GP Unit doctors throughout the year.

The promotion of practice management and practice nursing continued through payment of grants and subsidies to general practitioners in respect of the employment of practice nurses, secretaries and managers. The computerisation of practices was also encouraged and support was given to the Irish College of General Practitioners in the development

of computer training.

Our Board supported the education of general practitioners through the provision of financial assistance to the Irish College of General Practitioners for courses in immediate trauma care, immediate cardiac care, minor surgery, managing practices, and distance learning courses in therapeutics and palliative care.

EastDoc, an out of hours co-operative operated by general practitioners in Dublin South East, commenced in August 2000. Based at St. Vincent's Hospital and involving almost 50 general practitioners, the scheme offers a quality service in the evenings during the week and all day at week-ends and on public holidays. An initial patient survey showed a high level of satisfaction with the service and a full evaluation is due to take place in 2001.



Other important initiatives were planned during the year and it is anticipated they will commence in 2001. Included in these is a minor surgery clinic at Baggot Street Hospital which will be operated by skilled general practitioners. This service will take referrals directly from local general practitioners and will obviate the need for patients to attend acute hospitals for minor surgical procedures.

A dedicated direct access Physiotherapy service is being planned with the support and co-operation of



St. Michael's Hospital, Dun Laoghaire. This is a direct consequence of the results of a survey of general practitioners in the district which put access to physiotherapy service as a number one priority. Also in co-operation with St. Michael's it is planned to commence a pilot project involving a collection and delivery service of patients' clinical specimens from general practitioners directly to the laboratory at the hospital.

A major survey of the general practitioners in the Wicklow area commenced during the year. Its aim is to review the current out-of-hours service in the area and to get the views of GPs as to how the service might be further developed. The results of the survey will determine our Board's approach to developing a comprehensive out-of-hours service for the area.

DENTAL HEALTH

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

The East Coast Area Health Board is divided into two Dental Areas with headquarters in Dun Laoghaire and in Wicklow. The Wicklow Dental Area covers East Co. Wicklow from Bray to Carnew. The Dun Laoghaire Dental Area covers the remainder of the ECAHB area. Each Dental Area is managed by a Principal Dental Surgeon each of whom has full management responsibility for managing all aspects of their own service and reports to the Asst. Area Chief Executive (Operations) on the provision of services in their Areas.

Service Developments in 2000 included:

- Oral Health Promotion
The assignment of a Senior Dental Nurse (Oral Health Promotion) to both dental areas was completed by November 2000. Oral Health Promotion initiatives continue to be an integral part of our services and are carried out by all our dental teams.
- Treatment Services for School children
Some of our clinics succeeded in extending school

screening to senior infant classes during 2000.

- Re-alignment of Dental Areas

The re-alignment of Dental Areas took place with the establishment of the 3 Area Health Boards. Three clinics in West Wicklow were transferred to the South Western Area Health Board and Baginbun St. Clinic transferred into the ECAHB

- Extension of eligibility

Eligibility for dental services was extended to 14/15 year olds in August 2000. This will necessitate the recruitment of additional dental teams. Pending recruitment of additional staff, this group of patients will receive any necessary emergency treatment at our clinics.

- Contract for Epidemiology, Research and Specified Consultancy services

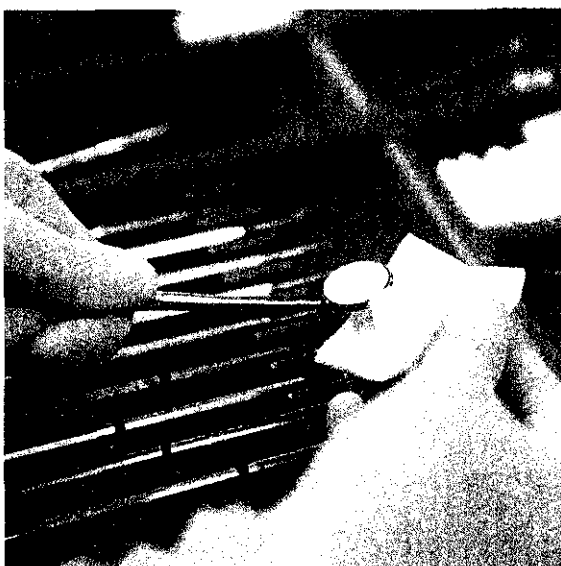
Following the awarding of the contract, work has begun on the various Projects. All preparations for the National Adult Survey have been completed and the Survey commenced in October 2000.

- Refurbishment of Facilities

Seven surgeries were refurbished during 2000 underlining our Board's commitment to increasing the quality of service to patients.

- Continuing Dental Education

All our Board's clinical staff continue to participate in a Continuing Education Programme. In addition, four of our staff were funded during 2000 by the Board to take part in formal post-graduate Degree or Diploma courses.



ORTHODONTIC SERVICES

The East Coast Area has been working since its establishment to address the needs of orthodontic patients in our Area. In May 2000 approval was obtained from the Department of Health and Children for a number of measures with a view to improving the level of services being offered to patients. This includes approval to recruit additional staff at both Specialist and Consultant levels as well as other disciplines such as nursing staff.

Following interviews in October, the appointment of the successful candidate as Consultant Orthodontist for our Area was being finalised at the end of the year. In September 2000, a Specialist Orthodontist began work specifically to treat East Coast Area patients.

The newly appointed Consultant Orthodontist will lead services at the newly constructed Regional Orthodontic Unit at St Columcille's Hospital, Loughlinstown. The Unit includes:

- Six surgeries
- Computerised digital x-ray equipment
- Appliance production laboratory
- Library/teaching room
- Training centre for two specialist Registrars

The new Unit is scheduled to open in late Summer 2001 and in the meantime all patients on the assessment waiting list are being contacted in order to verify the list. Clinical staff at the Unit will include:

- Consultant Orthodontist
- Specialist Orthodontists
- Specialist Registrars
- Hygienist

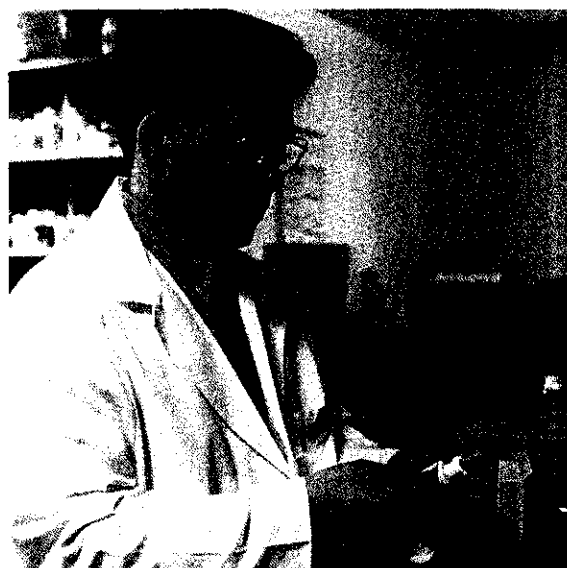
This development will play a crucial role in ensuring that a timely, effective and efficient orthodontic service is provided for the children of the East Coast Area.

THE COMMUNITY PHARMACEUTICAL SERVICE

The East Coast Area Health Board deals with applications for Community Pharmacy Contractor Agreements, changes of contract where an existing

contract holder either sells their pharmacy or is a sole proprietor and changes to a Limited Liability Company.

In 2000 there were 389 Pharmacies with Community Pharmacy Contractor Agreements - 108 in the East Coast Area Health Board, 153 in the South Western Area Health Board and 128 in the Northern Area Health Board. There were three new contract applications received - two in the Northern Area Health Board and one in the South Western Area Health Board. The three applications were granted.



The Community Pharmaceutical Service also deals with queries from patients, pharmacies and Community Care Areas in relation to the Community Drugs Scheme.

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

All of the above services are provided by the East Coast Area Health Board for the three Area Health Boards in the Eastern Region.

ADDICTION SERVICES

The year 2000 saw significant changes and developments in the Addiction Services within the East Coast Area Health Board.

Waiting lists for treatment services have been eliminated due to the opening of a new service in Loughlinstown and the further development of clinics in other areas. This situation is kept under constant review to ensure a comprehensive and timely service for clients. The provision of a mobile treatment service for South Dublin and the Bray area is at an advanced stage and will be fully operational in early 2001. New treatment options are regularly reviewed in light of research and experience both here and internationally.

The Rehabilitation Service offered to recovering users includes access to Counselling Services in our treatment locations, Community projects funded through the Dun Laoghaire-Rathdown Local Drug Task Force and agencies outside the area including Cherry Orchard, Coolmine, Merchants Quay and other voluntary organisations throughout the country. The appointment of a Rehabilitation

Coordinator will enable specific rehabilitation programmes to be undertaken in Bray and Dun Laoghaire and the implementation of the Rehabilitation blueprint. The development of a residential rehabilitation centre in Annamoe is also being planned for 2001.

Drug Education in the area included two NUI Maynooth Addiction Studies courses based in Wicklow with Co. Wicklow VEC and in Stillorgan with the Dun Laoghaire-Rathdown Local Drug Task Force. These courses have proven to be very beneficial to the participants who come from a variety of community, voluntary and statutory

backgrounds. The development of a Schools Drug Policy document continued and will be implemented during 2001. Research on Dance Venue Safety was conducted and will be fully evaluated in 2001. Ongoing contact with local schools and Community groups was maintained and strengthened during the year. The service offered information and models of good practice to those conducting drug education at community level and within the formal education system.

The establishment of a Community Addiction Team in Arklow has been agreed and detailed terms of reference will be drawn up in early 2001. This



As part of an Addiction Studies Course, the ECAHB hosted a "Questions & Answers" style discussion on the issue with a panel of notable experts.

initiative is designed to respond in an holistic and innovative way to the drug problem at community level. It will involve close liaison with the local community and an analysis of current needs and future trends.

In general the service has sought to respond in a flexible and imaginative way to the drug issue in general and specifically to the needs of drug misusers. As a relatively new service staff have adapted extremely well to increased demands for service while structures were being put in place. Their commitment and flexible approach to service delivery and development has been exemplary.

CHILDREN AND FAMILIES PROGRAMME

INTRODUCTION

The ECAHB serves a population of approximately 325,000 and approximately 90,000 of these are under the age of 18 years. The overall aim of service provision is to maximise the welfare of children and families in the Board's area. In addition to increasing numbers of troubled and troublesome children, there is increasing public awareness of the plight of children who are neglected, abused, homeless and who appear before the courts. These issues have a major impact on service provision within the East Coast Area Health Board.

CHILD CARE MANAGEMENT STRUCTURE

Miss Cate Hartigan was appointed as Assistant Chief Executive in October 2000, on foot of the Child Care Strategy. The ECAHB decided that the post holder would have overall responsibility, (strategy and operations) for all child care services in addition to those involving young people out of home.

Also in 2000, a management structure was proposed for a Children's and Families Programme. To reflect the volume and complex range of child care services two key posts will be the Operations Manager-Child Care and a Co-Ordinator of Residential Services. These posts are initially for a two-year period; to allow flexibility to alter the arrangements as needs change. The Operations Manager will provide professional leadership and expertise to local Areas. The Co-Ordinator of Residential Care will manage and develop all aspects of residential care.

RESIDENTIAL CARE SERVICES

The policy of the ECAHB is to enable children to live with their own families wherever possible and to support families where necessary to fulfil parenting tasks. However, residential care remains a valuable option where children cannot be cared for in their own home, or in foster care. The service aims to

provide the closest approximation to family life and is provided both directly by the Board and on their behalf by a number of Voluntary organisations. The former Eastern Health Board undertook a major review of residential care in 1999, and its recommendations began to be implemented in the new East Coast Area Health Board during 2000. Impacting on the provision of services is the growing numbers of very troubled and troublesome young people who require secure accommodation. A further group of young people, who are sexually aggressive, is also on the increase. In 2000 initial discussions took place with the ERHA, regarding the need for the development of services to address this area of need in the ECAHB.

There are thirteen residential units for children and young people in the ECAHB. The Board directly manages seven units and six are operated by the Voluntary sector. There are other residential units in our functional area, which provide services to the SWAHB. This is due to the lack of facilities in that Area, following the break up of the Eastern Health Board. Children from the SWAHB and the NAHB were also placed in units now designated for the ECAHB.

The Director of Child Care has visited all voluntary and statutory providers in the Board's Area. At these visits, the Director met the young people, where appropriate, and reviewed the accommodation. Discussions also took place on current service provision, future developments and staffing numbers and qualifications. The Director liaised with the residential units pending the appointment of the Co-ordinator of Residential Care

COMMUNITY CARE SERVICES

Achieving a better balance in favour of prevention and early intervention is a critical strategic objective of the East Coast Area Health Board. In 2000, services in place to assist children and their families to develop their resources and skills to deal with the challenges that confront them included;

- Family Group Conferencing



- Supported Lodgings
- An additional Family Support Services Co-ordinator
- Community Mothers Programme

A review of Social Work practice was carried out in Community Care Area 1 in 2000. This highlighted the effect vacancies were having on the ability of the service to deal effectively with referrals. It also recommended the need to increase staff numbers. Some of the recommendations have been implemented, however recruitment and retention remains a major difficulty. A Principal Social Worker has been recruited to allow the Board to concentrate on implementing the remaining recommendations.

RECRUITMENT

The recruitment and retention of appropriately qualified and experienced staff was the major issue facing child care services in 2000. Currently there are approximately 100 vacancies across all services, with an additional requirement of about 50 posts to deliver on developments for 2001. The impact insufficient staffing has on maintaining current provision and developing new services cannot be underestimated. A number of recruitment campaigns at home and abroad were undertaken in 2000, with some success.

Within our Board we have a very dedicated group of staff who have shown excellent commitment, dedication and resilience, often in adverse conditions and circumstances. A working group has been established to improve conditions for staff.

CHILDREN FIRST PROGRAMME

A Training and Development Officer and an Implementation Officer were appointed and took up post in the autumn of 2000. A major briefing and training programme commenced, including joint training with the Gardai. The Training and Development Officer, whilst the training of staff with

regard to Children First is his immediate priority, has also undertaken specific work in residential care. This involves staff from both the statutory and voluntary sector.

A Residential Manager has been seconded for six months to undertake Therapeutic Crisis Intervention training across the ECAHB. This will include training for both the statutory and voluntary sector.

EAST COAST AREA HEALTH BOARD CHILD CARE STRATEGY

In Autumn 2000, the ECAHB engaged the services of a Management Consultancy Company to assist in the development of a child care strategy. The objectives are to develop;

- A vision and high level strategy to enable the ECAHB to provide an appropriate, responsive and professional care service for both scheduled and emergency needs of children and their families.
- An action plan to deal with the priority issues.

CONCLUSION

During 2000 there were clear challenges facing the ECAHB in providing effective and efficient services for children and their families. In conjunction with the ERHA, the ECAHB will continue to provide and develop high quality child care services by;

- Developing a systematic, comprehensive approach to identifying families as early as possible who require support
- Undertaking to achieve a continuum of service provision to create a better balance between prevention, early intervention and treatment
- Intervening as early as possible to maximise opportunities for resolving difficulties before they escalate to crisis proportions
- Continuing to respond to children and families in crisis

CHILD HEALTH SERVICES



ECAHB Staff and children during the recent 'Family Friendly' day.

A range of child health services was provided by our Board during 2000 as follows:

IMMUNISATIONS

The Primary Childhood Immunisation Scheme continued to be delivered by general practitioners in partnership with our Board during 2000. Due to the cyclical nature of both measles and pertussis infections in particular and their associated morbidity and mortality, both the general practitioners and our Board work to ensure the highest possible uptake of the scheme.

The improved delivery of the scheme continued during 2000 despite a setback in December caused by the notification that a small number of potentially contaminated vaccines having been delivered in the past. The co-ordinated efforts of the general practitioners in our Area, the Irish College of General Practitioners and our Board helped to ensure that measures were put in place to overcome concerns.

BCG Vaccination:

Newborn children are vaccinated by Area Medical Officers in the local Health centre if vaccination was missed in the hospital setting. This vaccination

service remains extremely important with the current re-emergence of TB, particularly in the UK and due to increased travel by the general population.

Meningococcal Group C Vaccination Programme:

The Minister for Health and Children launched the meningococcal Group C Vaccination programme in October. The vaccine is targeted at all those under 23 years of age i.e. one third of the national population. Because of the scale of the eventual Programme, it was first launched in a phased way, with those at most risk being vaccinated first.

Phase 1 of the Programme focussed on children under the age of five and fifteen-eighteen year olds. Invitations were issued to all in the under-five group to attend their own general practitioner. The older age group included young people in full time education, first year college entrants and those 'out of school'. Phase 2 will target the five-six year old group at Primary School nationally; however our Board has extended this group to include all pupils enrolled in junior infants to Third Class with the intention of having their vaccinations completed by June 2001.

Eight multi-disciplinary teams provide this service in our Board's Area and the membership of each team is as follows:

- 1 Medical Practitioner
- 1 Nurse Co-Ordinator
- 3 nurse Vaccinators

Since the introduction of the vaccine, the number of cases of group C meningococcal Disease has fallen dramatically in Ireland, as has the number of deaths. The Freephone number to contact the service is 1800 77 77 37.

School Vaccination Service:

This service is delivered in the school setting by area medical Officers with support from Public Health Nursing and Clerical Officers. Each child in junior infants Class is offered a booster shot of Diphtheria/Tetanus and oral Polio. Those in Sixth Class are offered a second shot of Measles/Mumps/Rubella.



NEWBORN BABIES

Each newborn baby in the area was visited by a Public Health Nurse soon after discharge from hospital. At that visit, a Guthrie test to determine PKU is performed if it has not been done in hospital. During 2000, the number of Guthrie tests performed by Public Health nurses in the East Coast amounted to 1,796:

Guthrie Tests by Public Health Nurses in 2000	
Area 1	617
Area 2	401
Area 10	778

PAEDIATRIC DEVELOPMENTAL EXAMINATIONS

Paediatric Developmental Examinations were offered to babies aged 9 months. These examinations by Area Medical Officers are to ensure that the baby is developing satisfactorily both physically and intellectually. The total number of examinations carried out in 2000 was 4020.

SCHOOL MEDICAL EXAMINATIONS

School medical examinations provide an opportunity where there is a cause for concern relating to a child's health for children to receive a full medical examination. During 2000, a total of 2,941 examinations were carried out.

HEARING AND VISION TESTS

Hearing and vision tests for children in Primary Schools are conducted by Public Health nurses. A total of 11,816 hearing tests were carried out in the

East coast area during 2000 while the number of vision tests was 6,595.

SPEECH AND LANGUAGE THERAPY SERVICES

During the year, speech and language therapy services continued to be provided to assess, diagnose, manage and treat a wide range of disorders of communication. These included problems in language comprehension and expression, speech, voice and fluency. During 2000, the following numbers of children were referred and assessed in our Area:

	No of children referred	No of children assessed
Area 1	312	247
Area 2	264	218
Area 10	523	413

LANGUAGE UNIT

The Language Unit in Ballinteer was established to provide intensive therapy for young children who have severe speech and language disorders including receptive and expressive language impairment and dyspraxia. During 2000, 34 referrals were received by the Language Unit and 28 children attended including full and part-time attendance. As with many other services, the Language Unit has experienced difficulties with recruitment and retention of staff during the year.

Paediatric Developmental Examinations in 2000	
Area 1	1304
Area 2	1172
Area 10	1544

SERVICES FOR OLDER PERSONS

A range of health and personal social services are provided to older persons resident in the East Coast Area Health Board both directly by the Board and in close partnership with a variety of voluntary and other statutory providers. These services are provided to older persons in their own homes and local communities, and in a variety of other settings for those requiring treatment for an acute episode, those with particular mental health needs and those requiring longer term residential accommodation and care in a variety of extended care and long-stay settings including hospitals, nursing homes, welfare homes and community units. During 2000 the Board continued to develop and expand the range of nursing, medical, rehabilitation, therapeutic, day social, mental health, continence, home help, meals on wheels, nutrition, home sitting, home improvement and other support services available to the more than 36,000 people in the area aged over 65 years and to their carers.

Overall activity during 2000 in the Board's main centres of care for older persons is set out in the table below.

Hospital/ Home	Bed no.s	Admissions	Discharges	Bed Days	Day Care Attendances
Clonskeagh Hosp.	76	38	43	24,023	-
Sir Patrick Dun's	25	53	57	7,774	4,344
Baggot Street Hosp.	84	1,025	995	28,500	2,140
Wicklow District Hosp.	30	60	58	9,806	6,540
St Colman's Hosp.	142	560	562	49,550	6,074
St Joseph's Home, Crinken	-	-	-	-	3,500

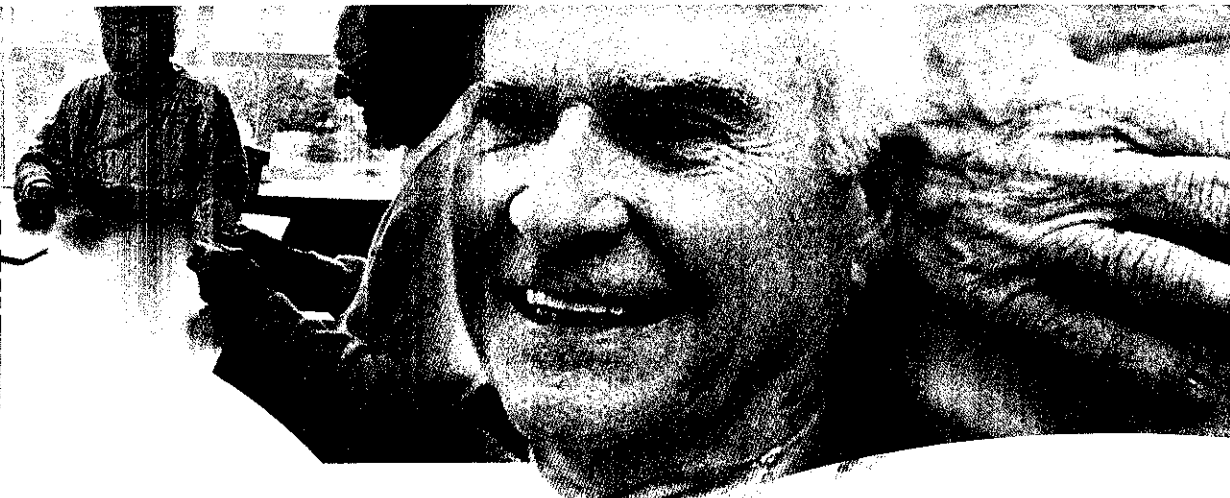
A major highlight during 2000 was the commencement of services at a new Community Nursing Unit for older persons at Dalkey. The new 50 bedded unit is designed to meet a range of health and social needs for older persons in the local catchment area through the provision of medical,

nursing, physiotherapy, speech therapy, occupational therapy, pharmacy and nutrition services through a mix of long-stay, short stay rehabilitation, respite and day social facilities. Considerable effort has been put into the recruitment of staff for the new facility to allow the range of planned services to be brought on stream. It is anticipated that the Unit will be an extremely valuable addition to the Board's services to the local community and will represent a model for the future development of institutionally based services to older persons in the East Coast area.

An innovative model for the provision of community based services to older persons, based in Carnew, was established during 2000 in close collaboration with the ERHA. The main focus of the pilot project was in keeping local older people well and involved a local GP, community care staff and a care organiser in working with older people living in the sheltered housing complex in the town as well as a number of other local people in Carnew and its environs. The project is aimed at establishing and meeting the current and anticipated needs of the local older

persons in terms of their nutrition, diet, physical activity, physical environment and social environment with a view to helping them to live healthily and independently within their community and, as far as possible, to avoid admission to hospital.

The Board strengthened its organisational arrangements for the delivery of services for older persons with the appointment of *Managers of Services for Older Persons* in each of the three Community Care Areas. The post-holders, who took up appointment in late 2000, are responsible for ensuring that the quality and range



of services available to older persons is adequate to meet local need, that these services are accessible in a responsive and timely manner and are organised and delivered around the needs of the individual older person. The creation of these posts will be central to the achievement of a person centred approach to the delivery of services to older persons in the East coast area. In seeking to ensure that services are more closely integrated around the needs of the individual, the Managers will have a particular focus on developing relations with the voluntary service providers in the area with a view to ensuring that overall services are delivered in a complementary manner that maximises benefit to the individual and that simplifies access where and when it is required.

isations such as the Alzheimers Association, Carers Association and Rehabcare for the provision of information and services, including day care alzheimers services in Avoca.



The Board's New Community Nursing Unit in Dalkey.

Other significant features of the Board's delivery of services to older persons during 2000 included:

- the commissioning of 55 new contract nursing home beds and 10 new day places as part of the Winter Initiative aimed at relieving pressures on acute facilities during the period of peak demand
- the administration of flu vaccine to older persons before the Winter period
- increasing the hourly rate of pay for Home Helps from £6.88 to £7.25 per hour
- refurbishment works at Wicklow District Hospital, St Colman's Hospital, Rathdrum and the Orchard Welfare Home
- targeting of health promotion material to older persons availing of services in Area 1 through the dissemination of information packs on safety issues, entitlements and services available
- a review of the provision of Meals on Wheels services in Area 2 to enable the enhancement of services and the identification of unmet need
- the establishment of a home respite service and a pilot day care service in private nursing homes in Area 10
- the agreement of care plans with voluntary organ-

MENTAL HEALTH SERVICES

The year 2000 marked some key developments of the Mental Health Services in the East Coast Area Health Board.



Staff with an Art Exhibition of clients work to celebrate the 10th Anniversary of the Glenmalur Day Hospital

The appointment of a new Consultant Forensic Psychiatrist to the Central Mental Hospital has been a catalyst for significant development in mental health services. Approval has also been given for an additional two consultants with full support teams. These developments will enable the Service to provide a more intensive and broader range of services both within the hospital and in on an Outreach basis. Decorative and minor up-grading of facilities was on-going during the year. Approval for the Project Team to consider the future role of the service was given during the year. This Team will examine in detail both the infrastructural and service needs of the Central Mental Hospital and produce a Report by July 2001.

In Area 2 refurbishment of Vergemount Clinic continued as did minor decorative work on community facilities. The major initiative during the year was the approval for a new 55 bed Psychiatric Unit for St. Vincent's Hospital with work expected to commence in 2001 and finish in 2002. This facility will significantly impact on the level of psychiatric

care available to people in the area. Approval has also been given for a Project Team to consider the future development of the Clonskeagh Hospital Site. Staff shortages continued to be a problem and an intensive recruitment drive both at home and internationally was instigated during the year.

In Area 10 extensive refurbishment and redecoration of Newcastle Hospital took place during the year. In addition a multi-sensory room was completed and the Millennium Garden was designed to further improve the facilities within the Hospital Grounds. Community residences continued to be maintained to a high level.

Cluain Mhuire is the St. John of God Adult Mental Health Service and provides the Mental Health Service in Area 1 and part of area 2. During 2000 the National Accreditation Committee recognised the Burton Hall Campus as an approved centre for the period 2000-2002. A dramatic increase in the volume of referrals to the Acute Day Hospital resulted in the formulation of 9 different streams of treatment to respond more effectively to patients needs. An increase in the number of Community Psychiatric Nurses resulted in the development of a weekend and Bank Holiday home assessment and support services to clients. Complete external and internal redecoration of the Cluain Mhuire Family Centre and Burton House and external painting of low support hostels was completed during 2000.

Additional funding for a number of voluntary organisations was also provided during the year. This included £100,000 to the Mental Health Association and initial funding of £10,000 to Bodywyse to help these organisations further develop their services and structures.

As a general note the contribution of staff to the maintenance and development of the services despite staff shortages and difficult working conditions in some areas has been enormous.

SERVICES FOR PERSONS WITH INTELLECTUAL DISABILITIES

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

- Residential accommodation
- Respite services
- Day services

DEVELOPMENTS

The East Coast Area Health Board received additional funding totalling £225,051 in 2000 for the expansion and development of services. Through this funding it was possible to provide the following additional places:

- 4 residential places
- 1 respite place
- 12 day places

A further £52,375 was made available to provide 3 additional emergency residential places in 2000.

The Eastern Regional Health Authority provided additional funding in the sum of £1,558,479 for the expansion and developments of services delivered by direct funded voluntary agencies who provide services in our Board's area. The following additional places are funded:

- 41 residential places
- 14 respite places
- 31 day places

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

The management structure of this service was reviewed in 2000. Our Board sought and received approval from the Eastern Regional Health Authority to create three posts of Disability Manager to be employed in the Community Care areas. These

managers will co-ordinate services for people with disabilities in the catchment area in collaboration with the Community Care teams and voluntary providers. Recruitment of these officers will take place in 2001.

THE EAST COAST AREA HEALTH BOARD CONSULTATIVE COMMITTEE

The East Coast Area Health Board Consultative Committee was established in October 2000. Mr. Michael Noone, Chief Executive, Sunbeam House Services was elected chairperson of the committee. The committee



Chairman Tony Fox during a recent visit to St. Michael's House.

provides a broad forum for exchange of information and ideas on all matters pertaining to intellectual disability. Its role is to advise the Intellectual Disability Development Committee on the allocation of resources for new and developing services, to identify strategies to maximise co-operation between consumers, families, statutory and voluntary service providers and to participate in evaluation of services in our Board's area.

Arrangements were put in place in 2000 for the establishment of the East Coast Area Health Board Development Committee which is now meeting.

SERVICES FOR PERSONS WITH PHYSICAL AND SENSORY DISABILITIES

Services for this care group were delivered and developed during 2000 through community based services in partnership with voluntary organisations providing services in our Board's area. The core services provided for persons with a physical or sensory disability are:

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

DEVELOPMENTS

The service received additional funding totalling £577,635 in 2000 for the expansion and development of services. Through this funding it was possible to implement a number of initiatives. These included:

- 3 additional residential respite services
- 26 additional day places
- Home support services for an additional 24 clients
- Additional holiday respite services benefiting 50-60 clients
- Social programmes and school transition programmes benefiting 100 clients
- Enhancement of outreach, liaison and residential services through the recruitment of an additional 9.5 (Whole Time Equivalent) therapy and other posts.

A new home based respite service was piloted in 2000. This service was evaluated and considered very successful. Planning commenced on the extension of this service to all areas within our Board during 2001.

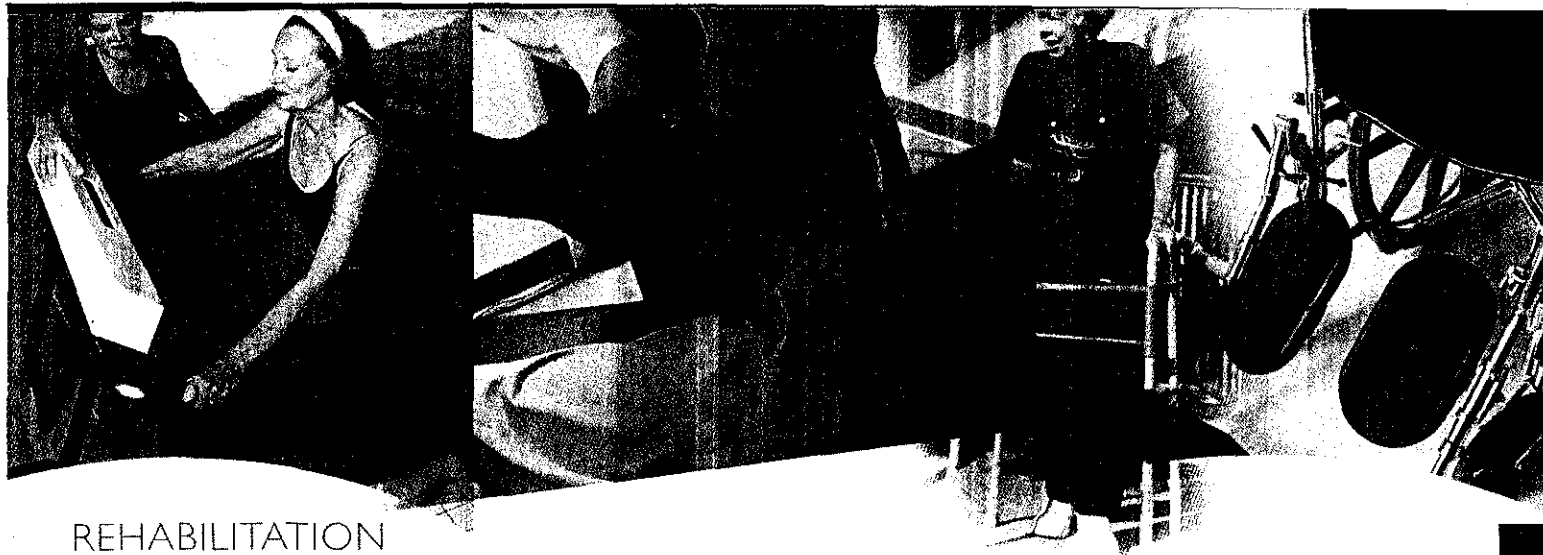
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THE EAST COAST AREA HEALTH BOARD CO-ORDINATING COMMITTEE

This committee was established in November 2000 and is chaired by Mr. Kevin McCarthy, Assistant Chief Executive. The Committee's role is to prioritise programmes for the allocation of funding, to pursue opportunities for flexibility and co-operation among service providers in order to ensure best utilisation of resources and to consider issues relating client need, quality and effectiveness of service.



REHABILITATION TRAINING SERVICES

Following the dissolution of the National Rehabilitation Board on 12th June 2000, the Health Boards assumed responsibility for Training Operational Programmes (TOPS) training programme and Department of Health funded places. Responsibility for Rehabilitation Level 1 training programmes and Sheltered Work will be passed to our Board in 2001.

A task group, comprising of Health Board representatives, service providers and service users, was established to advise the Authority and Area Health Boards in relation to the future of training, work and employment services, including sheltered and supported work. The outcome of the work of this group was the report "Partnership in Progress" which was submitted to the Authority and Area Health Boards in November 2000. The report made a wide range of recommendations which are now under consideration.

A new management structure for the service was agreed with the Department of Health and Children and the Eastern Regional Health Authority and recruitment of these officers will commence in 2001.



EASTERN REGION AMBULANCE SERVICE

The Eastern Region Ambulance Service came into operation with effect from the 1st of March 2000 when the Eastern Regional Health Authority was established. As part of the change involved in this process the corporate logo and striping on the entire fleet of vehicles was changed to reflect the introduction of the Eastern Regional Health Authority and the three Area Health Boards. The Eastern Region

acquired as part of the Cardiovascular Disease Strategy. Mannequins were purchased for a number of stations and air bag restrainers to be carried on all ambulances.

Communications

The SSL system was extended to the Kildare and Wicklow areas.

Hygiene Standards

As part of the policy to continuously monitor and upgrade hygiene standards, washing machines were purchased and installed in all the stations. The purpose of the washing machines is to clean uniforms which may have been contaminated during incidents/accidents.

Training

A considerable number of staff were involved in training programmes during the year. Included in the training provided was:

- Aspirin administration (as part of the cardiovascular disease strategy)
- New defibrillators
- Air bag application
- Revalidation
- Conversion course
- Command and control course
- New E.M.T. entrant course
- Patient Transport course

Evaluation of Services

Plans to develop the clinical audit system were put in place. An automated Data Capture System was acquired in December 2000. Revised patient report forms are currently being piloted and the new system will be in operation in mid 2001. The system will provide a greater analysis of clinical data. The development was funded through the cardiovascular disease strategy.



*Chairman, Cllr
Tony Fox
receiving the
Ambulance
Annual Report
1999 from
senior
Ambulance
Personnel*

Ambulance Service is administered by the East Coast Area Health Board and provides the accident and emergency ambulance services and the patient transport services for the three Area Health Boards.

The following are some of the significant developments which took place in the during 2000:

ACHIEVEMENTS - 2000

Vehicles

Fifteen new ambulances, two specially adapted patient transport vehicles and one 4x4 wheel drive were procured.

Equipment

Some automatic defibrillators were purchased to replace manual defibrillators. The defibrillators were



Motorcycles

Emergency Medical Technicians were recruited and trained in motorcycle techniques and pre-hospital care. The objective of using motorcycles is to provide faster pre-hospital emergency care by reducing response times. The programme will be in the three Area Health Boards.

PROPOSED DEVELOPMENTS IN 2001.

Tallaght Ambulance Base

The plan to develop a new base in Tallaght will be further advanced during 2001.

Vehicles

- In line with vehicle replacement new purpose built ambulances will be purchased
- An additional two 4x4 Wheel Drive vehicles will be purchased and adapted for use in rugged rough and wet terrain. The vehicle will have the ability to act as a mobile control, transport patients and tow decontamination units for chemical incidents and major emergencies.
- 4x4 quad motorcycles will be procured for transporting patients at major events and major emergencies where other emergency vehicles cannot be used.

Communications Equipment

Mobile hand-held radios will be purchased to support the mobile control vehicle. Computer equipment will also be replaced and updated.

Base Refurbishment

As part of the ongoing process to ensure buildings are maintained to an appropriate standard, painting and other refurbishment works will be carried out.

Additional Staff - Baltinglass

It is proposed to increase the staff complement from 6 to 8 and this will provide the staff to provide 24 hour cover from Baltinglass base.

Training

Training of Ambulance staff will continue in the following areas:

- Refresher conversion
- New E.M.T.
- Revalidation
- 12 lead ECG
- Aspirin administration
- All new ambulance equipment
- Controller Course Training
- Patient Transport Training

Fleet Management System

A new fleet management system will be purchased in 2001 and will be replacing the old system which is now out of date.



EMERGENCY PLANNING SERVICES

An office specifically dedicated to Emergency Planning was established in November 1999 in recognition of the need to be prepared in the event of a major disaster/incident. The purpose of the office is to collaborate with all agencies, both statutory and voluntary and to develop an integrated co-ordinated



and planned response. The specific aims and objectives of the Emergency Planning Service are:

- to raise the awareness of the need for emergency planning,
- to ensure a state of preparedness in the event of major incidents,
- to develop structures within the healthcare sector which will ensure an integrated and planned response to major incidents,
- to collaborate with external emergency service providers (Gardai, Local Authorities, voluntary bodies, etc.) to ensure a co-ordinated, integrated and planned response to incidents,
- to ensure that there is a co-ordinated input into event planning and management by relevant health care providers,
- to ensure that appropriate training is provided for key personnel.

ACHIEVEMENTS IN 2000

Work commenced on construction of Central Command Centre.

- contingency plans have been reviewed with a number of hospital managers,
- a forum was established through which community

- services contingency plans can be formulated,
- decontamination units were purchased for each area Health Board,
- information seminar held for senior staff with responsibility for the provision of emergency services,
- emergency planning / services information system was established,
- training for key emergency service providers was provided as follows:
 - (i) MIMMS - 22 persons completed
 - (ii) Table-top exercises attended by 100 persons,
- discussions were held with event promoters with a view to minimising public safety risks and ensuring appropriate crowd control.

PLANS FOR 2001

- to have other emergency service providers install communications equipment in Central Command Centre,
- to facilitate the development of community service contingency plans,
- to train MIMMS trainers and hence create ongoing MIMMS training,
- to continue to meet identified training needs,
- to continue to assist hospitals in the development of contingency plans,
- to continue to collaborate with event promoters to ensure safety management at large crowd events,
- to continue to collaborate with external providers to ensure an appropriate integration of Major Emergency Plans,
- to develop in collaboration with all emergency service providers, action plans in line with the Major Emergency Plans in the region.

EASTERN HEALTH SHARED SERVICES

When the ERHA and three new Area Health Boards were established in March 2000, the decision was taken that some support services, which support and enable the delivery of health and social care services, should not be duplicated across the new organisations. Instead, they should be provided by way of a Shared Services model, delivered by a dedicated organisation under the auspices of the East Coast Area Health Board.

This Shared Services Model, which began to emerge in the commercial world internationally in the early 1990s, has become a popular method, in many large and complex organisations, private and public, providing support services on a professional, value for money, business-to-business basis.

What this means for the provision of health and social services, in each of the three Area Health Boards is:

- Concentration of expertise and knowledge, enabling expertise to be developed and shared
- Economy of scale in provision of volume services
- Transparency of costs of overheads
- Appreciation of cost and value of services delivered to client organisations
- Enablement of Area Health Board teams to concentrate on their core business – ie that of health and social care provision, in the knowledge that their support services are being provided by colleagues, who are professional, dedicated, and seek at all times to continually improve quality and cost effectiveness.

Eastern Health Shared Services provide services primarily to five organisations:

- East Coast AHB
- Northern AHB
- South Western AHB
- Eastern Regional Health Authority
- Eastern Health Shared Services

In addition some services are provided to the Voluntary sector.

On establishment, many employees in the former Eastern Health Board who had been previously

engaged in providing centralised processing services were to continue to provide these services to the ERHA and the three Area Health Boards. However, rather than being a central "overhead", the Shared Service approach is to encourage a new organisation model, where cost and value would be tracked and improved, and where progressive organisation design and service delivery principles will apply.

Eastern Health Shared Services organisationally is part of the East Coast Area Health Board but operates as a standalone business unit. Services to be provided through the ERHA and the three Area Health Boards include:

- Architecture, Surveying and Engineering Services
- Employee Services
- Estate Management
- Financial Process and Accounting services
- Information, Communications and Technology
- Purchasing and Materials Management

The year 2000 has been primarily concerned with developing the EHSS organisation capability, in leveraging the talents of the core team and in augmenting the team. The establishment of the new organisations, while creating exciting new career opportunities for many former EHB staff, also meant significant challenges for the emerging EHSS team, in bridging knowledge and skills gaps and in developing new ways of working. The EHSS team, based mainly at Dr Steevens Hospital, have risen admirably to the challenge, and at the close of 2000, have already demonstrated significant service improvements.

A key contribution to the development of the organisation has been the establishment of the Eastern Health Shared Services Steering Group, which ensures that employee interests and ideas are incorporated into all operations and developments of the services.

We look forward in 2001 to completing recruitment to the EHSS management team, to supporting the development and career opportunities of the team, and to developing a set of customer focussed services which is recognised by all stakeholders as being a vital link in the value chain of health and social care delivery in the Eastern Region.

HEALTH PROMOTION

A new Health Promotion Department was established in the East Coast Area Health Board in October 2000.

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

In line with the National Health Promotion Strategy (DoHC 2000), the global priorities of our service include the promotion and maintenance of well-being and the prevention of ill health in our area. Special emphasis is placed on the promotion of cardiovascular health, cancer prevention, prevention of accidents and promotion of adolescent health.

With funds from the Cardiovascular Health Strategy (DoHC 1999), posts were approved to develop a heart health team to promote cardiovascular health in our area through workplace programmes, physical activity promotion, tobacco control and community nutrition.

The Health Promotion Department offered a wide range of staff training courses and seminars during the year. Over 40 training courses were provided by the health promotion team in 2000.

An accident prevention project in the Dundrum-Ballinteer area was initiated in association with Dublin Healthy Cities and Dunlaoghaire-Rathdown Co Council. There are 179 primary schools and 68 post primary schools in the East Coast Area Board. A needs assessment was carried out with both primary and post primary schools to identify health promotion needs. A comprehensive training programme was developed and implemented with

teachers to enable them to teach the new 'Social, Personal and Health Education' curriculum.

A consultation forum was launched with young people to identify their priority health issues. The findings from the focus groups were published in a document entitled 'Creating Healthy citizens'.

In association with the Drugs / AIDS service, a 'substance misuse policy' for schools was developed.

Community Nutritionists and Oral Health Promotion staff worked closely with the Irish Dental Foundation to develop the 'Mighty Mouth' Programme, a schools based programme to promote oral health among young children.

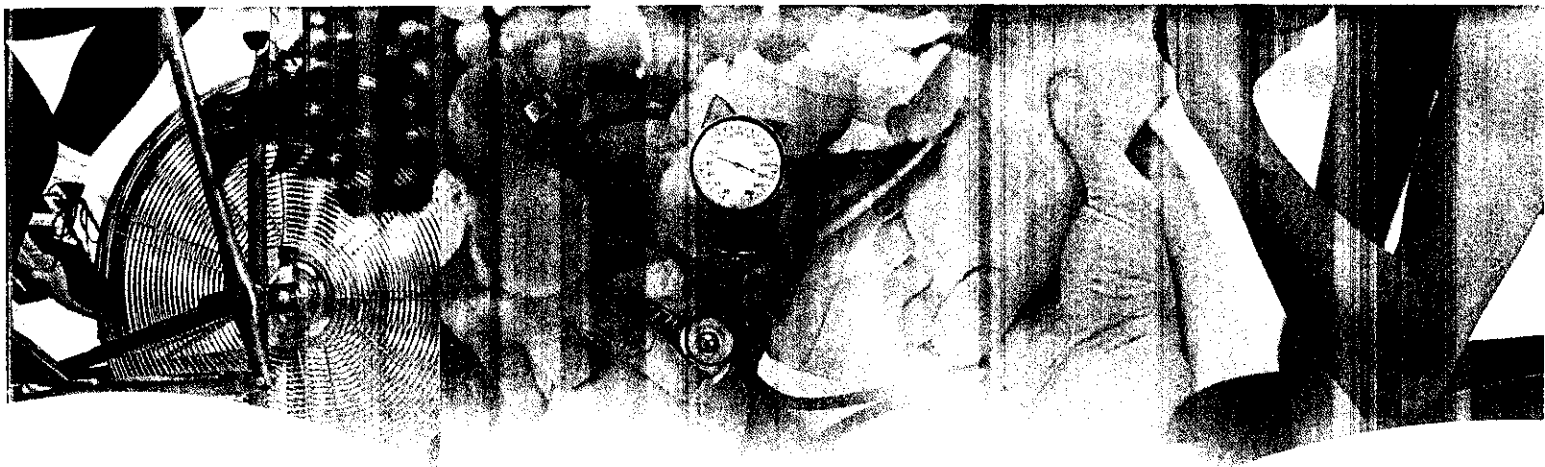
In collaboration with our Boards Pre-school Officers, the Community Nutrition service in the Health Promotion Department conducted a needs assessment with creche owners and those providing full day care services in our region. A series of seminars on nutrition education among 'under fives' took place in 2000.

Tobacco control is a high priority for our health promotion service. A tobacco control strategy was developed for the Eastern region following a widespread consultation process. Smoking Cessation support groups are provided in most community care areas.

A tobacco control audit of 17 hospitals / homes in the ECAHB was carried out to assess the effectiveness of local smoking policies, difficulties encountered in implementation and support required locally.

Training was carried out with GP's and pharmacists ante ante-natal staff on brief intervention and motivational interviewing techniques.

The ECAHB, on behalf of the three area health boards, continued a pilot project to promote smoke free areas in public houses. New materials have been



developed to promote this service in pubs. A satisfaction survey took place in July 2000 which showed that 90% of customers felt the smoke free area in the pub was a good idea and 95% of publicans confirming that they will definitely retain the smoke free area in their pub.

practitioners in Community Care Area 1 to develop a protocol to increase breastfeeding rates in our region

The community nutrition team were actively involved in the following national initiatives: a

in response to customer demand
this premises offers a
smoke free area

This is a no smoking area. Please refrain from smoking.

QUESTIONS

- 1 How many people die from smoking related illnesses in Ireland each year? A) 200 B) 1000 C) 6000
- 2 How many cancer-causing chemicals are there in tobacco smoke? A) 10 B) 20 C) 60
- 3 In recent research, how many pub goers thought a smoke free zone in a pub was a good idea? A) 10% B) 25% C) 60%

**This is a
no smoking area**

Please refrain from smoking

ANSWERS

- 1 C) 6000
- 2 C) 60
- 3 C) 60%

Sample Beer Mats produced by The Health Promotion Unit for Smoke Free Areas in Public houses

The ECAHB, on behalf of the three area boards, launched a major education campaign to encourage teenage girls to quit smoking. 90 TV advertisements were screened, as well as billboards and bus advertising, resulting in a 900% increase in calls to the national Quitline. The advertisement was also carried in 116 cinemas in Dublin, Wicklow and Kildare over the Christmas period.

The boards smoking policy was revised and launched in 2000.

Research into the nature and extent of problematic alcohol use was completed in June. A regional alcohol strategy was also completed.

Clinical nutrition services were provided in partnership with 13 General Practitioners in our area. We continue to collaborate with the National Maternity Hospital, voluntary groups and general

review of the nutritional contribution and adequacy of the schools meals scheme, national guidelines for the provision of food in schools, nutrition guidelines for use in pre-schools, catering guidelines for staff and visitors in acute hospitals.

The workplace offers unique opportunities to promote health. 112 workplaces in our boards area were provided with services to promote healthy workplaces, in collaboration with the Irish Heart Foundation. Policies to promote staff health have been developed for our board. A survey of our board's staff health behaviours and attitudes was carried out and is currently being analysed.

SOCIAL INCLUSION

ADULT HOMELESS

The board provides services to adult homeless in Dublin city, South of Ringsend, South County Dublin and in Wicklow excluding West Wicklow. The board provides emergency accommodation on an agency basis for local authorities in this region. An action plan for homelessness was drawn up by Wicklow County Council in partnership with the East Coast Area Health Board in 2000. The Board together with Dun Laoghaire Rathdown Council and voluntary providers compiled a report on needs and service provision for Homeless Persons in South County Dublin.

ASYLUM SEEKERS – ADULTS

The Board is responsible for the provision of the following services to Asylum Seekers presenting to the main reception centre in the Board's area:

- Voluntary Medical Screening.
- TB Diagnosis/Treatment.
- Hepatitis Diagnosis/Vaccination.
- Polio Diagnosis.
- Mental Health Treatment.
- Accommodation placement.

Counselling Services and Psychology services are also made available to clients where required.

Public Health Screening of Asylum Seekers providing medical examinations, screening for infectious diseases and the provision of immunisations where indicated was commenced in May 2000

Asylum Seekers Info

Monthly Attendances at Clinics	May	Jun	Jul	Aug	Sep	Oct	Nov
No's Offered Appts	145	181	113	143	100	133	133
No's of new attendees	116	142	96	143	100	130	131
No's of Reviews	16	40	17	21	4	2	20

at Pembroke Road/Harcourt Inn. Monthly attendance statistics are detailed below.

ASYLUM SEEKERS – UNACCOMPANIED MINORS

The Board has regional responsibility for the needs of unaccompanied Minor Asylum Seekers. A team comprising Social Workers and Project workers provide this service in Community Care Area 2, Clonskeagh. Unaccompanied Minor Asylum Seekers are placed into care settings, B&B/Hostel, Private Rented Accommodation, or reunited with relatives as appropriate.

Total number of Unaccompanied Minor Asylum Seekers presenting to the Board's services in the Year 2000 was 517.

GAY MEN'S HEALTH PROJECT

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

The Gay Men's Health Project has continued to develop and expand with an increase in client numbers, outreach contacts and staff numbers.

- A consultant in infectious diseases was appointed in January 2000 to formalise medical direction

- Interviews for new full-time outreach and counselling staff were held in 2000 and those chosen took up appointment in early 2001
- A Health Advisor position was sanctioned and is in



place at the time of this publication

The STI clinic is an important part of the project and it remains the only specific service in all of Ireland that caters for gay and bisexual men. The Project now has one of the largest client bases in the Eastern Region.

In 2000 the total number of attendees was 2,551, an increase of 24% mostly for Wednesday clinics. The numbers for first time attendees and re-registered patients for Wednesday clinic showed an increase 56%.

Outreach continues to account for 80% of the project's services with continued involvement in community development and contact with gay and bisexual men at social venues and public sites. This was helped in 2000 with the purchase of a mini-bus.

Overall the Gay Men's Health Project's work continues at a pace. At the time of the publication of this report many new issues and initiatives have been identified; the Syphilis Outbreak and the onsite testing, the assigning to the outreach team of various responsibilities on youth, peers, male prostitution, disability, homelessness, and mental health.

Hopefully they will also act as an initiative to other Health Boards for similar approaches to working with gay and bisexual men.

WOMEN'S HEALTH PROJECT

The Women's Health Project was established in 1991 by the then Eastern Health Board, for women working in prostitution as part of its HIV/AIDS prevention strategy, since then the project also addresses drug treatment and referral. It is a citywide service, which is funded by the East Coast Area Health Board.

The purpose of the Women's Health Project is to

promote the health and well being of women working in prostitution, by providing a non-judgemental confidential service.

The Women's Health Project promotes the empowerment of women and encourages them to have an active part in the project.

Services provided in 2000 included:

- A Medical Service
- An Outreach Service
- Street work
- Community welfare officer

Training and Education were also further developed during 2000 with a number of Training Workshops and Seminars held during the year.



COUNSELLING SERVICE FOR ADULT SURVIVORS OF CHILDHOOD ABUSE

The National Counselling Service (NCS) was established in September 2000 to provide a professional, confidential, community-based accessible counselling service to any adult who experienced abuse during their childhood years. The Service was launched nationwide as a direct response to the Taoiseach's public apology (May 1999) on behalf of the State to the men and women who experienced abuse whilst in the care of the State.

Rachel Mooney was appointed as Director Of Counselling for the East Coast Area Health Board and she heads up a team of qualified professional Counsellors who provide a confidential counselling service for adult survivors of childhood abuse. Priority is given to adult survivors of institutional abuse.

The aim of the Counselling Service is to work with clients therapeutically to manage the effects of their abusive experiences so as to ensure that their health and social gain is maximised, resulting in an enhanced quality of life. This is achieved by working using a client-centred approach with individuals, couples and groups. We also work collaboratively with Professionals and Survivor Groups as well as the Commission to Inquire into Child Abuse. This work seeks to achieve an integrated and holistic service of the in a highly professional and ethical manner.

In the East Coast Area Health Board the service has been named as AVOCA (Adult Voices Of Childhood Abuse). Each Health Board has chosen a name to reflect its local area.

Services are currently available in Dublin at Baggot Street Community Hospital (5 days per week) and also in Wicklow Town (1 day per week). We provide

some on-site counselling at the National Office for Victims of Abuse in Ormond Quay - this is by arrangement with the Northern Area Health Board and South West Area Health Board.

As the Commission to Inquire Into Child Abuse is located in our Community Care Area, we provide emergency support on behalf of the remaining Health Boards for Survivors of Institutional Abuse who attend the Commission. All Health Boards Nationwide fund this work.

**AVOCA Counselling can be contacted by
freephone at 1800 234 1111.**

Rachel Mooney, Director of Counselling, can be contacted on (01) 668 1740 or email rachel.mooney@erha.ie

HUMAN RESOURCES

A NEW BEGINNING

In March 2000 the East Coast Area Health Board was established as part of the transition from the former Eastern Health Board to that of the new three Area Health Board structure.

In those early days of the transition a small core group of staff set up operations in a temporary headquarters setting in the APC Building on the Boghall Road, Bray.

It was not until September 2000 that the new East Coast Area Health Board Headquarters building at Southern Cross House was ready for occupation. This in turn allowed for a further movement of staff to Bray and an increased functionality of its various departments.

By the second half of 2000 the entire Management Team of the East Coast Area Health Board was appointed and in place and gradually their support structures followed. This programme of depart-

ESTABLISHMENT OF HUMAN RESOURCES DIRECTORATE

It was also in September 2000 that Pearse Costello was appointed to the post of Director of Human Resources. This was the first step in the establishment of a Human Resources Directorate which was to be



*ECAHB staff
participating in
the Change
Management
Programme*



charged with the responsibility of providing strategic human resource policies and supports for approximately 2,300 staff in the East Coast Area Health Board. There is an integral link between the development of the services of the ECHAB and the establishment of a strategic and visionary approach to people management. The implementation of these policies and services are carried out in conjunction with the Eastern Health Shared Services Centre which is also an agency borne out of the transition.

SERVICES INCLUDE

- Recruitment
- Employee Services
- Staff Training & Development
- Personal Development
- Workforce Planning
- Salaries & Superannuation
- I.T. Support

mental development as well as further devolution of services will continue in 2001.

One of the greatest challenges encountered by the Human Resources Directorate in 2000 has been that of recruiting appropriate staff to work in our front line services as well as our headquarters. It is envisaged that this situation will continue in 2001. With this in mind the Human Resources Department undertook a range of new initiatives primarily in the area of overseas nurse recruitment and the recruitment of identifiable 'scarce grades' from abroad. It is expected that these drives will bear significant results in 2001.



Initiatives are underway to support the development of local programmes, which will enable nursing staff to review and refine their patterns of working to improve care. For example, a computerised audit of both clinical and non-clinical standards has been successfully introduced as a means of continuous quality improvement. Also a major research project is being undertaken in services for older people in the area of pharmaco economics.

ORGANISATIONAL DEVELOPMENT AND CHANGE

In December 2000 the East Coast Area Health Board through the Human Resources Department began to engage in a major Organisational Development and Change Programme involving all staff in the Boards area.

The Strategic and Action Plan facilitated workshops set out to provide an interactive forum for Senior Management Team members and Heads of Discipline to participate in programmes of real change within the organisation.

Initiatives which are being developed through the programme include the establishment of Action Teams to address the following :

- Mentoring Programme
- Induction Programme for new staff
- Staff Recruitment
- Accommodation Audit
- Client Participation Programme
- Communications
- Area Management Team Forum
- Staff Facilities
- Staff Retention
- Focus on Care Groups

Another key feature of this initiative will be the development of a Change Agents Programme to involve other staff from all areas within the ECAHB. While the genesis of the Change Programme lay in December 2000, the main body of work will commence in early 2001.



A THANK YOU TO ALL

The Human Resources Department would like to take this opportunity to record it's appreciation and recognise the contribution of all the Boards staff to the transition and for their continued provision of quality services in this changing environment.

HUMAN RESOURCES TEAM

The Human Resources team can be contacted at 01-2014200 and you can ask for:

Pearse Costello - Director of Human Resources
Brendan Baker - Employee Relations Manager
Michael Doran - Human Resources Manager
Francis O' Neill - Training & Development Officer (Childcare)
Jackie Kelly - Employee Relations Executive
Josephine Roche - Human Resources Executive
Michelle Holmes - Employee Relations & P.A. to Director
Mairead Kelly - Change Programme Co-ordinator

FINANCE REPORT

These financial statements are in respect of the first accounting period of the Board for the 10 months ended 31/12/00. The "transition" from the old EHB to the new ERHA, incorporating the 3 Area Health Boards (of which the ECAHB is one), has proved to be enormously complex from a financial perspective. Work on re-orientation of the services in the region to reflect the new structure is well advanced, as is the work required on the financial records and systems.

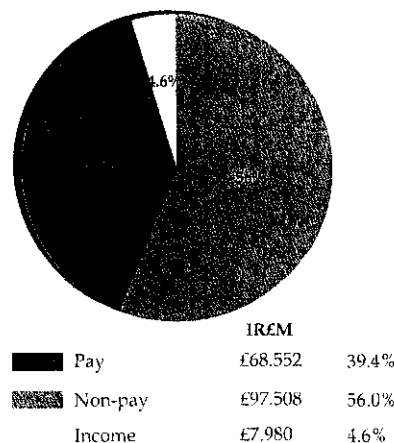
The Board inherited a deficit brought forward from the former Eastern Health Board of £4.101m of which £2.725 was funded by the Eastern Regional Health Authority in the period to 31/12/00. Funding of the remaining deficit brought forward of £1.376 is anticipated in 2001.

The income & expenditure account (non capital) for the 10 months ended 31/12/00 shows a deficit of £2.063m. When this is adjusted for funding anticipated the net deficit is £0.215m. This represents just 1/10 of 1% of the Board's allocation for the period

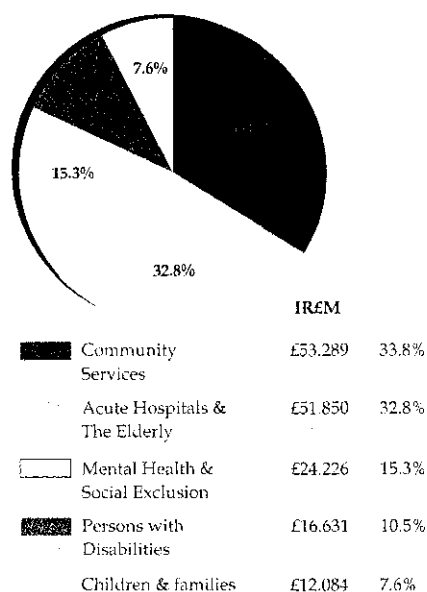
and in the circumstances the out-turn for the period was most satisfactory

The Board's payment practice is one of ensuring that properly completed and agreed invoices for goods and services supplied to the Board are discharged within the prescribed payment period. Appropriate systems and procedures have been put in place to provide reasonable assurance that the Act is fully complied with. Interest payments of £7,273 were paid in the ten month period ending 31 December 2000 to suppliers where payments could not be made within the time frame. The Board fully complied with the provisions of the Act in all other cases.

Net Revenue Expenditure Analysis Pay, Non-pay & Income

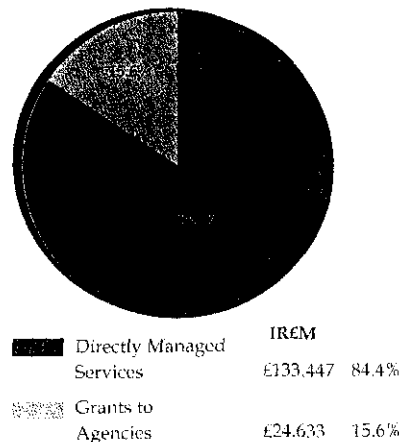


* Net Revenue Expenditure By Care Group



* Central services/ shared services costs apportioned over care group in proportion to spend

Net Revenue Expenditure-Direct & Indirect



FINANCIAL STATEMENTS

INCOME & EXPENDITURE ACCOUNT

FOR THE 10 MONTHS ENDED 31/12/00

	IR£ M
Pay expenditure	68.552
Non pay expenditure	97.508
Total gross expenditure	166.060
Total income	7.980
Net expenditure	158.080
Approved allocation for the period	156.017
Deficit for the period	2.063
*Cumulative deficit from previous periods	1.376
Cumulative deficit at 31/12/00	3.439

*Deficits inherited from operations of the former Eastern health board

BALANCE SHEET

AS AT 31/12/00

	IR£ M
FIXED ASSETS	
Tangible Assets	4.057
CURRENT ASSETS	
Stocks	1.210
Debtors	27.669
Cash	0.089
	28.968
CREDITORS	
Bank Loans & Overdraft	(17.305)
Other Creditors	(19.724)
	(37.029)
TOTAL ASSETS LESS LIABILITIES	(4.004)
CAPITAL & RESERVES	
Non Capital Income & Expenditure Account	(3.439)
Capital Fund:	
Capitalisation Account	4.057
Less Deficit on Capital Income & Expenditure Account	(4.701)
	(0.644)
Special Income and Expenditure Account	0.079
TOTAL CAPITAL & RESERVES	(4.004)