

EASTERN HEALTH BOARD

**HEALTH PROMOTION, MENTAL HEALTH,
ADDICTION & SOCIAL DEVELOPMENT
PROGRAMME**

SERVICE PLAN: 1998



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INTRODUCTION

The total allocation for the Health Promotion, Mental Health, Addiction and Social Development Programme in 1998 will be £92.077m.

This allocation includes £0.500m for contingencies.

This allocation includes £2.373m which has been provided for new developments and £2.305m arising from the re-allocation of resources utilised on capital projects in 1997 to revenue in 1998.

This will result in an increase of 195 persons employed in the Programme.

This Programme when originally established by the appointment of a Programme Manager in September 1996 concentrated specifically on services for AIDS sufferers, drug misusers and social development.

The Programme was restructured in September 1997 to include Health Promotion and Adult Mental Health services.

The Programme [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]






The report provides the detailed operational plan for Health Promotion, Mental Health, Addiction and Social Development for 1998.

MISSION STATEMENT

To maintain and promote the health of the population of the Board's Region in accordance with the national health strategy 'Shaping a Healthier Future' and the national health promotion strategy document, through:

- implementation of high quality health promotion programmes;
- the provision of training for those involved in health promotion so as to maximise the effectiveness of their work;
- working with relevant statutory, voluntary and community groups;
- co-ordination of programmes and the exchange of information between those involved in health promotion in the Region;
- the recognition that health promotion for staff is a priority for our Board.

PREVIOUS YEARS ACTIVITIES

- Activities are described within the programmes from which funding was provided and in which the activities took place. These activities span the range of actions for 

development for health 


- The Service Plan for Community Services describes activities in health promotion in the community, including the Smokebusters project and support for smokers to quit, Food and Health, the promotion of breastfeeding, Healthy Eating Week, Irish Heart Week and the Health Promoting Schools Network. Support was provided for the Dublin Healthy Cities Project, including technical input for the development of the Draft City Health Plan and support for the accident prevention initiative in Dundrum. Our Board liaised with Dublin Corporation and Dun Laoghaire/Rathdown County Council in relation to their Development Plans.
- The Services for Travellers (Community Services), Women's Health and Teenage Pregnancy (Child Care and Families Programme) initiatives have large health promotion components.
- Our Board has been to the forefront of the Health Promoting Hospitals Network (Programme for Acute Hospitals Services and the Elderly). The Nutrition Advisors for the Elderly are involved in staff training in institutions and with voluntary agencies. Health promotion will be an

- The development of a Health Promotion Resource Unit to support the wide range of existing health promotion projects across the Programmes and to develop new programmes.

Community Nutrition Services

- The establishment of community nutrition services in our Board.

Priorities identified by our Board's Steering Committee for Health Promotion

- Schools as a setting for health promotion; Parents as a target group for health promotion, to develop parenting skills - main settings: schools and the community;
- Smoking reduction, working across a range of settings. The implementation of a policy on smoking in our Board.

Other Projects:

- The finalisation of the City Health Plans in which our Board is the Lead agency for the [REDACTED] jointly with the Health Promotion Unit of the Department of Health). To support the engagement of all the agencies in the implementation of these plans;
- Cancer: The development of health promotion as part of the [REDACTED]
- Cardiovascular Disease: Expansion of co-operation with the Irish Heart Foundation.

PLANS FOR 1998

The Development of the Health Promotion Function

- **Objective - To establish a Health Promotion Function**

Outcome Target

The Health Promotion Officer will make contact with all relevant personnel and agencies, and review current health promotion activities in our Board.

Relevant personnel and agencies will be made aware of the health promotion function and its work.

The Schools Sub-Committee of the Steering Committee for Health Promotion will receive progress reports and provide feedback, support and advice to Health Promotion Officer.

Evaluations will lead to a qualitative assessment of the barriers to implementation of health education in schools, perceived roles and responsibilities of major players, especially roles of education and health sectors.

Objective

To [redacted] in schools and to establish a database of schools for use in planning and evaluation of health education in schools

Outcome Target

This will ensure that [redacted] on the level of provision of health education in schools and on characteristics of schools which currently provide health education to pupils.

This will allow supports for developments of high quality health education programmes in schools, which themselves have long term targets for health and social gain.

Objective

Health behaviour survey of school pupils (ages 11, 13 and 15 years), to enlarge scope of national survey and provide data which are meaningful at health board, and, if possible, at county level.

Outcome Target

This will ensure that [redacted] and national survey and will enable development of health education programme appropriate to needs, resulting in health and social gain.

Objective

To further develop programmes to improve parenting skills

Outcome Targets

A report will be prepared describing current provision and plans for development of parenting skills courses.

our Board (see 6.4.1 above). Detailed plans are set out in the health promotion component of our Board's plan in response to the National Cancer Strategy.

Cardiovascular Disease

Objective: To commence structured interventions to reduce mortality and morbidity from cardiovascular disease among the population of our Board. Mortality from cardiovascular disease is declining in line with the national target of a 30% reduction over ten years in mortality rates in those under the age of 65 years. However, there is concern that morbidity rates remain high and that those who are less well off and less well educated have higher levels of risk factors for cardiovascular disease compared to those who are better off.

During 1998, a health promotion officer will be funded by our Board to work with the Irish Heart Foundation to focus on cardiovascular disease prevention in our Board region. The priority setting will be workplaces, starting with Eastern Health Board staff and with staff of the agencies involved in Dublin

Healthy Cities. A priority activity will be staff training for cardiovascular disease prevention.

Two sessions per week will be funded for the Medical Director of the Irish Heart Foundation to work with our Board's personnel to disseminate information on the prevention of recurrent events in those who have already shown signs and symptoms of cardiovascular disease.

Drugs / Alcohol

Specific programmes are being developed to influence behaviours by the 10 Education Officers who will be in place in the Programme in 1998. This matter is addressed in the section dealing with the AIDS/Drugs Service.

MONITORING

[REDACTED]

The service encompasses all elements of mental health provision and operates in a spirit of partnership with the non-statutory sector in order to provide a comprehensive and complementary range of care. Voluntary service providers are engaged or supported in order to provide integration and co-ordination of services, thereby facilitating ease of transfer and referral between service providers.

The objectives of the service are:

- to promote good mental health and the prevention and treatment of illness;
- to sustain and develop an equitable, high quality, cost effective service, providing a continuum of care by a combination of community and in-patient services;
- to provide services in a manner which is sensitive and responsive to the needs of those availing of the service, the staff entrusted with its delivery, and the community which it serves;
- to provide treatment in the least restrictive environment possible;
- to promote partnership with voluntary agencies;
- to foster a process of personal empowerment on an individual/group basis;
- to act as a specialist resource to primary care to empower general practitioners and others to identify and treat psychiatric illness in primary care settings;
- to provide family support and advice;
- to support voluntary agencies working for mental health sufferers and their families and carers.

PREVIOUS YEAR'S OUT-TURN

A continuum of services are provided within the region which are structured to offer a full range of treatment to clients with minimum disruption to their normal way of life. These services include:

- prevention and early identification;

development of services, with more [redacted] replace in the future, the central secure facilities in St. Brendan's Hospital.

The development plan for Area 4 & 5 was approved by the Department of Health, providing for the re-location of services of St. Loman's Hospital, the move of the acute in-patient services to The Adelaide and Meath Hospital Dublin, incorporating the National Children's Hospital and the provision of a continuum of community services in the area.

Progress was made in achieving the inclusion of the new [redacted]
[redacted]
[redacted]
[redacted]
[redacted] general hospitals.

[redacted] programmes were
[redacted]
[redacted]. Forty student places were provided in total - twenty to the Eastern Health Board Northside/D.C.U. School and twenty to the Eastern Health Board Southside/T.C.D. School. This represented a major advancement in the development of psychiatric nursing and an investment in the future staffing resources of our Board.

NURSING
EDUCATION

In recent years evaluation of re-orientation of services to community-based care has been carried out through research (Drs. O'Neill & Mohan 1995), (Drs. Gannon, Johnson, Meagher, Hussen and Farren 1992 and follow-up 1994). Results of the research indicate very favourable quality outcomes for clients.

STATEMENT OF PRIORITIES

The genesis of change in psychiatric service provision was identified in *The Psychiatric Services - Planning for the Future* (1984). Our Board's latest policy report - *Eastern Health Board - Psychiatric Services - Development Programme into the next Millennium* (1995) reinforced the recommendations of the Government document and reported on the success of the mental health services in changing the orientation of service from institutional to community-based service. The 1998 priorities focus on the further development of this process.

The core elements and levels of service provided in 1997 will be maintained in 1998. Evaluation and review of these services will continue in order to ensure maximum utilisation, efficiency and effectiveness of available resources. The process of restructuring services will continue leading to an enhanced menu of

OUTCOME TARGETS

The appointment of a Director of Mental Health Services in 1998 will facilitate the development and co-ordination of an overall quality programme for the service and will develop appropriate monitoring criteria and controls. It is intended in 1998 to concentrate on the standardisation of policies, procedures and practices within the region and to measure against best practices and standards.

Research & Evaluation

Previous research and evaluation identifying needs and indicating quality outcomes for clients in the re-orientation process from institutional to community-based care, will be extended in 1998. This evaluation will assess health and social gain in context of the recommendations of *Planning for the Future* (1984).

Performance Indicator

An evaluation of out-patient services commenced in 1995 and was finalised in 1997. Two specified locations were compared using a wide range of evaluation criteria from client profile to client and G.P. satisfaction ratings. The recommendation of the evaluation will be acted upon in 1998. This evaluation process will be extended to include other locations in 1998.

Quality Initiative

A Disabilities Information Project, based on the recommendation of the *Report of the Commission on the Status of People with Disabilities (1996)*, operating in the Clondalkin and Tallaght area will continue in 1998.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

INFO
NEEDS
(CONSUMER
HEALTH)

In partnership with T.C.D., St. Loman's Hospital has embarked on a qualitative study aimed at gaining the views of service users from each of the four St. Loman's sector mental health services in order to provide information for the opening and operation of the new psychiatric unit at The Adelaide and Meath Hospital Dublin, incorporating the National Children's Hospital. The study will be concluded and its findings presented early in 1998.

AIDS / Drugs

ALLOCATION FOR 1998

The total allocation for the AIDS/Drugs Service for 1998 is £14.253m. This allocation will enable the Board to continue to provide the range of services available at the beginning of 1997, to meet the full year cost of providing services developed during 1997 and to further develop services in 1998. The allocation includes:

- £100,000 to meet the full year cost of 1997 developments commenced as a result of the Government decisions of October 1996 on Measures to Reduce the Demand for Drugs for which the Board received £5m in 1997;
- £53,000 to meet additional costs arising from the expansion of the Diploma in [REDACTED] and [REDACTED];
- £80,000 for the further development of HIV/AIDS services.

Due to the once off nature of capital expenditure in 1997 a sum of £2.305m is available in 1998 for further service development.

MISSION STATEMENT

The Aids/Drugs Service promotes a drug free lifestyle and in partnership with other statutory and voluntary agencies provides prevention, treatment, rehabilitation and aftercare programmes to minimise the harmful effects of drug addiction and prevent the spread of HIV and other infections.

Our strategy is to promote a drug free lifestyle, develop outreach contact with the greatest possible number of drug users, to decide on the appropriate treatment and to encourage all drug users to move to a more normal lifestyle.

The strategic objectives of the AIDS/Drugs Service, in line with the Ministerial Task Force Reports on the Measures to Reduce the Demand for Drugs, are to provide, in conjunction with voluntary agencies where appropriate:

- Education and prevention programmes.
- Services aimed at delivering advice and harm minimisation programmes to drug misusers not in contact with services, including advice on safer drug use, ways to reduce the risks of HIV and Hepatitis transmission, safer sex and advice on good health.

The mobile clinic service reaches more chaotic drug users who are addicted to opiates, are injecting their drugs and are incapable of stabilising on methadone maintenance. The mobile clinic at present operates on sites in the North Inner

City, South Inner City and Ballymun. A further site has been identified for this service in Inchicore.

Aftercare/rehabilitation programmes are provided by our Board at the Soilse Project at Henrietta Place in the South Inner City. Our Board supports by way of grant aid the aftercare/rehabilitation carried out at the SAOL Project in Amiens Street, Clondalkin Addiction Support Project, Kilbarrack, the Rutland Centre, Coolmine, High Park (Drumcondra) and Ballymun Youth Action Project.

IMPACT STATEMENT ON 1997 TARGETS

Information Education and Prevention Services.

[REDACTED] were employed in the course of the year. The Education Officers in consultation with voluntary/statutory organisations and community groups have been assessing and identifying gaps in education provision and developing appropriate responses. An anti heroin campaign was conducted and an ecstasy conference and poster campaign held in November 1997.

Helpline

A freephone telephone helpline was established in July 1997 which operates from 10.00 a.m. to 5.00 p.m. on a Monday to Friday basis. The helpline provides information, support, guidance and referral for those concerned with any aspect of drug misuse. The service has been extensively advertised in schools, Health Board buildings, doctors surgeries etc.

Emergency Services and Assessments

Emergency services and assessments were established in [REDACTED] Clinic, [REDACTED] and the Aisling Centre, [REDACTED]. This provided urgent assessments at our addiction centres for clients seeking treatment.

Increased Detoxification

An extension of the [REDACTED] unit was carried out to expand and increase the number of beds from 12 to 17. In the eleven months to 30/11/97 there were 133 admissions to the unit.

Development of Services at Trinity Court

The integration of the services in Trinity court was delayed due to prolonged negotiations with staff on industrial relations issues and later in the year by court order due to action by the traders in Pearse Street to limit the number of clients attending at that location. Additional space was made available on the fourth floor and new laboratory equipment provided to improve the toxicology service.

The Development of Key Workers in the Community

Applications were invited through the chairpersons of the local area task forces for the employment of up to 30 part-time community support workers.

Improved Management of Services

Three General Practitioners co-ordinators, 2 Pharmacy Liaison Officers and an Administrative Officer were appointed during the year.

Information Systems

~~_____~~
~~_____~~ *computer system*

Gay Men's Health and Women's Health Projects

During the year additional outreach support staff was approved for both projects. A survey on men in prostitution was launched and a seminar held on Women in Prostitution. Efforts continued to acquire a site for the women's Health Project in the North Inner city.

Development of Services by Voluntary Organisations

The Board assessed projects from over 40 voluntary organisations to ensure co-ordination with it's own service plan and provided financial support of £2.2m.

Task Force Funding

The Government approved the allocation of funding to the local area Task Forces to support community efforts to prevent drug abuse through providing education and prevention programmes. The Board put in place payment and accounting arrangements for funding of the order of £3m to 80 approved projects in the first phase, £317,000 of which was paid in 1997.

	31.12.96	30.11.97
Rialto Project	22	41
St. Aengus Project	16	25
Sean McDermott Project	10	8
Young Persons Project (C.C.A. 2)	26	33
Brookfield		22
Jobstown		16
Mountjoy Street		71
Dun Laoghaire		45
East Wall (now being serviced by City Clinic)		
Darndale		15
Crumlin		2
Cuan Dara		9
Fortune House		10
Ballywaltrium, Bray		14
Deansrath, Clondalkin		8
Mounttown, Monkstown		5
E.H.B. Total	616	1,187
Drug Treatment Centre (Trinity Court)	260	201
General Practitioners:	985	1,388
of which - Killinarden		49
Fettercairn		23
CASP in Clondalkin		35
Grand Total	1,861	2,776

Summary

The outline of service provision sets out the service development which took place in 1997 and the planning for further service development in 1998. The numbers of treatment places increased from 1,861 to 2,776. The Young Persons Programmes which have been developed at three addiction centres have 95 attending. Aftercare and rehabilitation programmes are assisting those who have completed treatment to develop skills with the ultimate goal of attaining social inclusion and self sufficiency. These measures targeted at the drug users in the Board's region with particular emphasis in the areas identified in the first Ministerial Task Force review are contributing enormously to the health and social gain in these regions.

Evaluation of services within the substance misuse area is an important component of the delivery of care the outcomes of which enable services to be altered or enhanced. An evaluation of the first years activity in the detoxification unit in Cuan Dara was carried out during the year. This evaluation showed that 71% of admissions completed the first two weeks of the

The six existing Education Officers together with the four additional appointees will continue the work commenced in 1997;

- An assessment of the total amount of education and prevention initiatives being carried out by the Boards staff, other statutory agencies and voluntary groups.
- The development and implementation of addiction awareness programmes.
- A plan to ensure a co-ordinated delivery of addiction awareness programmes to parents, other health care professionals, community groups and persons involved in sports organisations throughout the Eastern Health Board area.
- A system of evaluating on an on-going basis the impact of education and prevention strategies.
- Specific multi-media campaigns aimed at particular target groups.
- Draw up a programme of events to mark European Drug Prevention Week (16th-23rd November 1998).

Additional staff: 4 Education Officers 1 Secretarial Support	Cost 1998 £0.115m
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Emergency services and assessment

An emergency assessment service was introduced in most addiction centres in 1997 and will be extended to Dun Laoghaire and other addiction centres established in 1998. The assessment will be carried out by medical and professional personnel. The objective of this service is to eliminate the waiting list for assessments, provide an emergency response for persons who are referred for assessment and for those who present themselves for assessment. The establishment of this service will assist in assessing the number of persons prepared to accept treatment and help identify the locations where addiction centres and satellite clinics are required. The assessment team will recommend which service is appropriate and the recommendation will be considered at a weekly clinical team meeting. The service will operate for a half day each day Monday to Friday inclusive. The service will be subject to on-going monitoring and evaluation. Additional resources to be allocated is included with Addiction Centres.

Increased detoxification

Our Board received the capital necessary to increase the number of detoxification beds at Cuan Dara from 12 to 17 during 1996. The development of this unit was completed and will be commissioned early in 1998. To make more effective use of these beds requires the provision of a 20 bed downstream unit. Plans for this unit have been drawn up and it is expected that the unit

additional addiction centres in the South Inner City, the North/North West Inner City, Clondalkin, Crumlin, Tallaght, Blanchardstown and Finglas. Our Board is actively seeking suitable premises in these areas to provide services. The priority will be:

- to use existing health care facilities where feasible.
- other premises not requiring a change of use rather than building new facilities because of the urgency in providing treatment.

Where addiction centres are established our Board will encourage the setting up of a liaison group with local residents to ensure that any local complaints / grievances are resolved speedily. The above centres will have the capacity to treat up to 140 persons each on maintenance and detoxification programmes in any one year when fully operational, the exception being the second centre in the South Inner City which will treat up to 80 clients. Centres will be developed to capacity over a period of 6-9 months to ensure an orderly development.

Additional staff: 24	Revenue cost 1998 £0.400m*
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* based on an average of 6 months operation of each centre during 1997. This allows for faster development of some centres where premises are likely to be available and a shorter than 6 months period where premises may be more difficult to acquire.

Additional treatment places through General Practitioners, Satellite Clinics and Mobile Clinic

The implementation of the General Practice Protocol, the operation of satellite clinics in Kilbarrack, Killinarden, Fettercairn, St. Aengus, Jobstown, Brookfield, Bray, Mountjoy Street, Mounttown Fitzgerald, Darndale, Deansrath, Fatima Mansions, Dolphin House, Merchant's Quay, C.A.S.P. Clondalkin and the introduction of the mobile clinic all contributed to the treatment of the 3,574 clients in the community during 1997.

G.P. Co-ordinators have been appointed on a sessional basis to each of the three areas managed by the Area Operations Managers to further the development of treatment of drug misusers by G.P.s in their own practices. The mobile clinic will commence in Inchicore / Bluebell during 1998. In addition it is planned to provide additional satellite clinics in the following locations Bray, Loughlinstown, Ballybrack / Sallynoggin, Ringsend / Irishtown, Drimnagh, Donore Avenue, Rathfarnham / Whitechurch, Inchicore, Bluebell, Blakestown / Mulhuddart, Coolock, Corduff, St. Dominic's, Springfield, Cabra, Finglas and Swords. (East Wall, Summerhill and North Strand are currently being serviced by City Clinic). Existing satellite clinics will be expanded during 1998 if required. The satellite clinics will be managed

Aftercare / Rehabilitation

Our Board operates a drug rehabilitation programme at Soilse in Henrietta Place. Our Board also supports the SAOL Project in Amiens Street. Both programmes are being expanded in 1998 to enable a greater number of participants to benefit from aftercare and rehabilitation. A building is being acquired in the Inner City to develop further aftercare and rehabilitation and a new aftercare / rehabilitation unit will be provided at Domville House in Ballymun during 1998. This will ensure greater access to aftercare and rehabilitation for clients who are on maintenance or detoxification programmes. Such programmes are crucial in order to avoid relapse by clients.

Additional staff: 11	Revenue cost 1998 £0.100m
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The development of key workers in the community

It is accepted that there is value in providing support to clients who are smoking or injecting heroin, clients on detoxification programmes and clients on maintenance programmes. The development of key workers in the community would provide this type of support to clients who are encountering difficulties because of drug misuse. It allows for individual support to be provided and helps break the social isolation for drug misusers. The key worker could also link the client into different networks and activities in the community to help with their aftercare and rehabilitation. Applications for these posts through the Chairpersons of the local area Task Forces in 1997 and it is envisaged the Board will be funding 30 such posts in 1998.

Additional staff: 30 part-time = 15 whole-time equivalents	Additional revenue cost 1998: £0.150m
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Improved management of services

Because of the scale of expansion in services it is necessary to provide administrative support to the Area Operations Managers and clerical support to the Local Area Co-ordinators and other professional staff being employed. A third Pharmacy Liaison Officer to encourage the involvement of retail pharmacists in the provision of treatment is also required.

Additional staff: 7	Revenue cost 1998 £0.100m
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Information systems

Our Board has initiated plans to put in place a comprehensive information system which gathers information on clients from their first point of contact with the service and during their period of treatment. The system will be fully

	Proposals	Additional Staff	Revenue Cost (1998) £m
6.	Additional treatment places through G.P.s, satellite clinics and mobile clinic.	16	0.160
7.	Sexually transmitted diseases clinic.	2	0.050
8.	Training and Development.	18	0.250
9.	Aftercare / Rehabilitation.	11	0.100
10.	Key workers in the community.	15	0.150
11.	Improved management of services.	7	0.100
12.	Information system.	2	0.100
13.	Gay Men's Health Project & Women's Health Project.	4	0.080
	Total(s)	147	£2.305m

OUTCOME TARGETS

The service plan for 1998 provides for the continuation of the range of service levels in place in 1997 and further development of education, prevention, treatment, aftercare and rehabilitation services in 1998. The overall aim is to attract as many as possible into treatment and to have treatment services available for those wishing to avail of them.

On-going evaluation of service delivery and outcomes is important to ensure that the response to substance misuse is appropriate and effective. Outcomes can be measured by examining:

- Percentage of those on methadone treatment who remain in treatment for the course of the year.
- Percentage of those who complete the detoxification in-patient programme.
- Rate of return of needle exchange by those on the needle exchange programme.
- Change in needle sharing behaviour.
- Levels of immunity to HIV, Hepatitis B, Hepatitis C and immunisations carried out.

Social Development

ALLOCATION FOR 1998

There is no specific allocation for Social Development. The two staff who co-ordinate liaison with the area Partnerships and the 12 co-ordinators of the Task Forces are included in the allocation for the AIDS/Drugs Service. Projects with which our Board are involved are funded directly by each Programme or agencies are funded by way of Section 65 grant.

INTRODUCTION

[REDACTED] and empowerment of communities. This was further [REDACTED] (1994). [REDACTED] Community based local area partnerships are seen as the local framework within which this development is taking place.

Our Board has representatives on 19 partnerships within our region (see Appendix 1). The partnerships were established with EU funding to distribute the global grant in order to address social and economic disadvantage.

The Local Area Partnerships have initiated actions to redress the lack of training, child care and educational opportunities for the long-term unemployed in disadvantaged areas. [REDACTED] They encourage and facilitate the involvement of local people in the planning and design of services, resulting in the ownership and respect for local initiatives. The pooling of resources has the potential to provide more integrated services, complements and adds value to direct statutory provision.

MISSION STATEMENT

To build strong links within our Board and with the local area partnerships that facilitate the delivery of services of excellence, responding to the needs of communities and resulting in health and social gain in partnership (particularly in disadvantaged) areas.

combat drugs and made application to the National Drugs Strategy Team for resources for a development strategy to deal with the local drugs problem and oversee the implementation of the strategy in their own area.

Priorities for 1998

- To involve all of the nineteen areas in local networking and planning.
- To evaluate the effectiveness of our inter-agency collaboration and the impact on our target groups, compared with single agency projects.
- To forge stronger links with other relevant statutory agencies.
- To assist the Local Drugs Task Forces in implementing the strategies approved by the National Drugs Strategy Team to deal with the problem of drug misuse.

APPENDIX 2

Catchment Area 2 covers the Dublin South East region.

Psychiatric services, Area 2, serves a population of approximately 97,000 with the remainder of Area 2 being served by Area 1.

The acute in-patient beds for Area 2 are located in Vergemount Hospital with access to beds in St. Brendan's Hospital. Out-patient clinics are held in three centres. The service provides one day hospital and one day centre and there are 4 community residences.

Population - 97,000

Core Service Provision 1997

In-Patient Provision

Acute Beds	Continuing Care Beds	Total
29	91	120

Community Services

Hostels	Number	No. of places	No. of residents
High Support Hostels	1	14	13
Medium Support Hostels	1	14	14
Low Support Hostels	2	12	8

Day Services	No. of Locations	No. of Places	No. of Clinics Held	No. of Yearly Attendances
Out-Patient Clinics Per Annum	3	-	-	10,500
Day Centres	1	24	-	3,204
Day Hospitals	1	45	-	7,757

Nursing Homes	No. of Homes Used	No. of Patients Subvented	Cost '97
Nursing Homes	1	1	£11,204

APPENDIX 4

Catchment Area 4 & 5 serves Dublin West Region. The population for the area, as per the 1996 census, is 258,028.

The acute in-patient beds for Areas 4 & 5 are located in St. Loman's Hospital. Out-patient clinics are held in seven centres. The service provides four day hospitals and three day centres.

Population - 258,028

Core Service Provision 1997

In-Patient Provision

Acute / Medium Beds	Continuing Care Beds	Total
87	55	142

Community Services

Hostels	Number	No. of places	No. of residents
High Support Hostels	4	53	42
Medium Support Hostels	3	35	27
Low Support Hostels	5	32	27

Day Services	No. of Locations	No. of Places	No. of Clinics Held	No. of Yearly Attendances
Out-Patient Clinics Per Annum	7	-	867	27,665
Day Centres	3	78	-	10,920
Day Hospitals	4	75	-	12,929

Nursing Homes	No. of Homes Used	No. of Patients Subvented	Cost '97
Nursing Homes	8	13	£0.122m

APPENDIX 6

CATCHMENT AREA 6 -

St. Brendan's Hospital has 174 beds providing the following range of services:

- acute in-patient services for Area 6 in conjunction with Unit 9, James Connolly Memorial Hospital, together with limited access by Area 2 in conjunction with the Vergemount Clinic;
- services for persons with challenging/disturbed behaviour - regional service to all catchment areas with the exception of Area 8;
- extended care/rehabilitation services.

St. Brendan's has access to eight community residences.

Core Service Provision 1997

In-Patient Provision

Acute Beds	Continuing Care Beds	Secure Beds	Rehabilitation Beds	Total
67	33	54	20	174

Community Services

Hostels	Number	No. of places	No. of residents
High Support Hostels	5	68	63
Medium Support Hostels	2	33	32
Low Support Hostels	1	5	5

Nursing Homes	No. of Homes Used	No. of Patients Subvented	Cost '97
Nursing Homes	14	27	£0.241m

APPENDIX 8

CATCHMENT AREA 8 - ST. ITA'S HOSPITAL

Catchment Area 8 serves Dublin North City and County from Collins Avenue to Balbriggan. The population for the area, as per the 1996 census, is 192,978.

The acute in-patient beds for Area 8 are located in St. Ita's Hospital and there are 184 elderly patients accommodated in the Reilly's Hill complex and in six long-stay wards in the hospital block. Out-patient clinics are held in nine centres. The service provides three day hospitals, one day centre and seven community residences.

Population - 192,978

Core Service Provision 1997

In-Patient Provision

Acute Beds	Continuing Care Beds	Total
64	202	266

Community Services

Hostels	Number	No. of places	No. of residents
High Support Hostels	1	22	20
Medium Support Hostels	4	32	22
Low Support Hostels	2	17	15

Day Services	No. of Locations	No. of Places	No. of Clinics Held	No. of Yearly Attendances
Out-Patient Clinics Per Annum	-	-	1683	18,298
Day Centres	1	26	-	4,379
Day Hospitals	4	79	-	10,326

North Dublin Home Care Service	No. of families	No. of visits	No. of Domiciliary visits
	55		5750

Nursing Homes	No. of Homes Used	No. of Patients Subvented	Cost '97
Nursing Homes	1	2	£0.042m

APPENDIX 10

CATCHMENT AREA 10 -CO. WICKLOW

Catchment Area 10 serves Co. Wicklow. The population for the area, as per the 1996 census, is 91,000.

The acute in-patient beds for Area 10 are located in Newcastle Hospital. There are 36 elderly long-stay beds and 23 rehabilitation places. Out-patient clinics are held in nine centres. The service provides one day hospital and three day centres.

Population - 91,000

Core Service Provision 1997

In-Patient Provision

Acute Beds	Continuing Care Beds	Total
35	35	70

Community Services

Hostels	Number	No. of places	No. of residents
High Support Hostels	1	22	22
Medium Support Hostels	4	36	36
Low Support Hostels	4	23	23

Day Services	No. of Locations	No. of Places	No. of Clinics Held	No. of Yearly Attendances
Out-Patient Clinics Per Annum	9	-	286	5,640
Day Centres	3	82	-	16,200
Day Hospitals	1	20	-	1,140

Nursing Homes	No. of Homes Used	No. of Patients Subvented	Cost '97
Nursing Homes	1	1	£0.009m

APPENDIX 12

SPECIALIST SERVICES - COMMUNITY ALCOHOL SERVICES

The community alcohol services are delivered from four local centres:

- Baggot Street Hospital covering Areas 1, 2 and 3
- Tallaght Alcohol Treatment Unit covering Areas 4, 5 and 9
- Stanhope Street Centre covering Areas 6, 7 and 8
- Lincara Centre, Bray, covering Area 10.

There is also a residential unit at Barrymore House, North Circular Road. The service provides educational and preventative programmes in addition to detoxification and counselling services. In response to the National Alcohol Policy, our Board prepared an action plan aimed at the development of alcohol services in line with national policy.

In-Patient Provision

Acute Beds	Total
10	10

Community Services

No. of Clients on Registers	6,607
No. of New Clients to October, 1997	1,076
No. of Counselling Sessions	1,782

Referrals for treatment are made by a variety of people e.g., self, Alcohol Anonymous, Al-Anon, probation officers, employers, social workers, general practitioners.

The following organisations are paid Section 65 Grants in respect of community alcohol services provided by them:

Name of Organisation	Cost 1997	Aims and objectives of organisation
Cuan Mhuire	£30,000	Rehabilitation of persons suffering from addiction.
Stanhope Street	£230,000	To provide educational and preventative programmes in addition to detoxification and counselling services.

APPENDIX 14

Partnerships in Eastern Health Board region

- Action South Kildare (ASK);
- Arklow Community Enterprise;
- Balbriggan Initiative Group;
- Ballyfermot;
- Ballymun;
- Blanchardstown;
- Bray;
- Canal;
- Clondalkin;
- Community Enterprise Society Limited (CESL);
- Dublin Inner City;
- Finglas / Cabra;
- Kimmage, Walkinstown, Crumlin and Drimnagh (KWCD);
- Lucan Community Council;
- Northside;
- Offaly and Kildare (OAK);
- Southside;
- Tallaght.
- Wicklow Working Together;

APPENDIX 13

SPECIALIST SERVICES - FORENSIC SERVICE, CENTRAL MENTAL HOSPITAL

The Forensic Service is based at the Central Mental Hospital which has a current beds complement of 85 providing services for the following categories of patients as a national service:

- Guilty But Insane
- Unfit to Plead
- Section 207, Mental Treatment Act
- Section 208, Mental Treatment Act
- Prison Transfers

There is a service for patients provided at Usher's Island while out-patient and liaison services are provided to the prison services. A liaison advice service is also provided to the regional health boards on the management of patients presenting with significant challenging behaviour. A specialist day programme is provided for perpetrators of abuse on a national basis.

In-Patient Provision

Acute Beds	Total
85	85
1997	
Admissions	Discharges
153	148

APPENDIX 11

SPECIALIST SERVICES - HOMELESS SERVICE

Our Board's community services and specialist psychiatric services continue to work together in developing policies and procedures.

The psychiatric service component is provided by the specialist homeless programme operating at St. Brendan's Hospital. There are acute beds dedicated to the homeless service in St. Brendan's Hospital. The day programme and outreach service for the homeless transferred to a more suitable location in Usher's Island in 1997. The specialist service also provides support to persons placed in sheltered housing with the Salvation Army in Granby Row and Focus Housing, Stanhope Street. There are three community residences dedicated to the Homeless Psychiatric Service.

Core Service Provision 1997

In-Patient Provision

Acute Beds	Total
16	16

Community Services

Day Services	No. of Locations	No. of Places	No. of Clinics Held	No. of Yearly Attendances
Day Centres	1	125	-	16,800

Hostels	Number	No. of places	No. of residents
High Support Hostels	1	10	10
Medium Support Hostels	1	22	22
Low Support Hostels	1	5	5

APPENDIX 9

CATCHMENT AREA 9 – KILDARE/WEST WICKLOW

Catchment Area 9 serves County Kildare together with part of West Wicklow. The population for the area, as per the 1996 census, is 146,881.

The acute in-patient beds for Area 9 are located in Lakeview Unit, Naas General Hospital. Out-patient clinics are held in fourteen locations. The service provides two day hospitals, one day centre and five community residences.

Population - 146,881

Core Service Provision 1997

In-Patient Provision

Acute Beds	Continuing Care Beds	Total
30	-	30

Community Services

Hostels	Number	No. of places	No. of residents
High Support Hostels	1	16	16
Medium Support Hostels	1	6	6
Low Support Hostels	3	16	16

Day Services	No. of Locations	No. of Places	No. of Clinics Held	No. of Yearly Attendances
Out-Patient Clinics Per Annum	14	-	515	8,728
Day Centres	1	15	-	3,600
Day Hospitals	2	20	-	6,600

Nursing Homes	No. of Homes Used	No. of Patients Subvented	Cost '97
Nursing Homes	3	9	£0.031m

APPENDIX 7

CATCHMENT AREA 7 - DUBLIN NORTH CENTRAL

Catchment Area 7 serves Community Care Area 7, together with the area north of the Liffey to the North Circular Road which is the immediate environs of the Mater Hospital. The population, as per the 1996 census, is 138,312.

The Board fulfils its statutory role with the co-operation of, and in conjunction with, St. Vincent's Hospital, Fairview and the Mater Hospital. Out-patient clinics are held in seven centres. The services provides two day hospitals and three day centres. There are also seven community residences. The service also accesses training centres in Areas 6, 2 and 8.

Specialist services in Psychiatry of Old Age are established in Areas 6 & 7. The specialist psychiatric service for the deaf is based in Area 7. An outreach/counselling service for agoraphobia sufferers (National Service) is provided by clinical staff in Area 7.

Population - 138,312

Core Service Provision 1997

In-Patient Provision

Acute Beds - St. Vincent's Hospital	Acute Beds - Mater Hospital	Continuing Beds/Rehab	Care	Total
38	10 + 5 liaison beds	46		99

Community Services

Hostels	Number	No. of places	No. of residents
High Support Hostels	2	27	25
Medium Support Hostels	2	30	26
Low Support Hostels	3	23	18

Sheltered Housing

Bradog Court	}	3	26	26
Focus Point				
Granby Centre				
Boarding Out	2	9	9	

Day Services	No. of Locations	No. of Places	No. of Clinics Held	No. of Yearly Attendances
Out-Patient Clinics p.a.	8	-	434	19,892
Day Centres	3	152	-	2,636
Day Hospitals	2	96	-	8,401

Nursing Homes	No. of Homes Used	No. of Pts Subvented	Cost '97
Nursing Homes	12	30	£0.215m

APPENDIX 5

Catchment Area 6 extends north from North Circular Road to Glasnevin and Finglas West, to Castleknock and Blanchardstown. The population for the area, as per the 1996 census, is 121,461.

The in-patient beds for Area 6 are located in James Connolly Memorial Hospital (22 beds) (Unit 9 acute, Unit 10 long-stay) and St. Brendan's Hospital. Out-patient clinics are held in five centres. The service provides two day hospitals, three day centres and ten community residences.

Population - 121,461

Core Service Provision 1997

In-Patient Provision

Acute Beds Unit 9 J.C.M.H. * 22

*Also access to acute/continuing/secure beds in St. Brendan's Hospital shared with other consultants admitting there.

Community Services

Hostels	Number	No. of places	No. of residents
High Support Hostels	2	33	27
Medium Support Hostels	4	64	57
Low Support Hostels	4	45	29

Day Services	No. of Locations	No. of Places	No. of Clinics Held	No. of Yearly Attendances
Out-Patient Clinics Per Annum	5	-	378	12,653
Day Centres	3	111	-	17,885
Day Hospitals	2	22	-	4,440
Sheltered Housing (Granby Centre)	1	5	-	-

Nursing Homes	No. of Homes Used	No. of Patients Subvented	Cost '97
Nursing Homes	7	31	£0.179m

APPENDIX 3

Catchment Area 3 serves Dublin South central. The population for the area, as per the 1996 census, is 90,199.

Services to Area 3 are provided on a contract basis by St. P. Hospital with in-patient and out-patient services provided in St. P. Hospital. The service provides two day hospitals, one day centre and community residences.

Population - 90,199

Core Service Provision 1997

In-Patient Provision

Acute Beds	Continuing Care Beds	Total
52	33	85

Community Services

Hostels	Number	No. of places	No. of residents
High Support Hostels	2	16	15
Medium Support Hostels	1	9	9
Low Support Hostels	3	18	18

Day Services	No. of Locations	No. of Places	No. of Clinics Held	No. of Yearly Attendances
Out-Patient Clinics Per Annum	2	-	460	7,016
Day Centres	1	40	-	6,565
Day Hospitals	2	50	-	6,840

APPENDIX 1

CATCHMENT AREA 1 -

Catchment Area 1 serves Dun Laoghaire and South East Dublin. Services to Area 1 are provided on a contract basis by the Hospitaller order of St. John of God.

Area 1 also caters for a further population of approximately 22,000 from Community Care Area 2.

The acute in-patient beds for Area 1 are contracted from the St. John of God Hospital, Stillorgan. Out-patient clinics are held in one centre. The service also has access to continuing care beds funded in Bloomfield Hospital and Kylemore Clinic.

Population - 161,000

Core Service Provision 1997

In-Patient Provision

Acute Beds	Continuing Care Beds	Total
43	20	63

Community Services

Hostels	Number	No. of places	No. of residents
High Support Hostels	1	16	16
Medium Support Hostels	-	-	-
Low Support Hostels	4	80	80

Day Services	No. of Locations	No. of Places	No. of Clinics Held	No. of Yearly Attendances
Out-Patient Clinics Per Annum	1	-	250	7,000
Day Centres	2	70	-	11,600
Day Hospitals	1	20	-	5,500

Nursing Homes	No. of Homes Used	No. of Patients Subvented	Cost '97
Nursing Homes	15	20	£0.110m

Objectives

- To ensure effective participation of representatives on Partnership Boards and Operational Sub-Groups.
- To facilitate the sharing of experience and knowledge internally and with other statutory agencies.
- To assist with the assessment of needs in local areas.
- To assist with proposals for co-funding with other sectors and agencies (e.g. local authorities, FÁS, Gardaí, educational authorities).
- To link relevant services internally with key participants in the Partnerships.
- To add value to initiatives developed locally (where they meet our overall strategy for health and social gain).
- To help redirect our resources towards projects already catering for our target groups.
- To provide a link between our Management Team, Service Managers and our Partnership Representatives.
- To link Partnership Local Area Action Plans to our Service Plans.

1997 ACTIVITIES

- Consultative structures were set up in eight of the nineteen partnerships in our region, involving local network meetings (of our representatives on Boards and sub-groups of Partnerships) and meetings with heads of discipline in those local areas. The purpose of these structures was to link Partnership Action Plans to our Board's Service Plans. (Five of the community groups or partnerships in non-designated areas are not yet fully operational).
- A procedure for assigning health representatives to various multi-agency working groups and boards.
- A support mechanism for those involved in Partnerships.
- A communications network that facilitates good working relationships and internal partnership across disciplines and programmes within our Board and ensures adequate information flow between our Board and the Partnerships (i.e. other sectors and agencies).

Local Drugs Task Forces

The Government established Local Drugs Task Forces in the following areas: North Inner City, South Inner City, Rialto / Inchicore, Ballymun, Ballyfermot, Finglas / Cabra, Crumlin, Coolock, Blanchardstown, Clondalkin, Tallaght and Dun Laoghaire. Our Board provides Co-ordinators and a representative on each Task Force which comprise representatives of statutory bodies, voluntary agencies and community representatives. The Task Forces compiled a profile of all existing or planned services and resources available in their area to

MONITORING ARRANGEMENTS

Reports on the numbers on methadone treatment will be made available on a regular basis to the Programme Committee from information retained on the central methadone treatment list in Trinity Court. Update reports on service development and delivery will be prepared for presentation to the bi-monthly meeting of the Board's Programme Committee.

It is proposed to carry out the following evaluations in 1998:

- Further evaluation of the in-patient detoxification programme in Cuan Dara.
- Evaluation of the mobile service.
- Evaluation of one addiction centre and up to three satellite services.
- Completion of the evaluation of needle exchange data for 1995 and 1996.
- Completion of the evaluation of the methadone prescribing protocol.
- An evaluation of the AIDS epidemiology data for 1995 and 1996.
- An on-going evaluation of the STD service.

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automated and will allow for the transfer of results from the toxicology service at Trinity Court to local addiction centres.

[REDACTED]

Additional staff: 2	Revenue cost 1998 £0.100m
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Gay Men's Health Project & Women's Health Project

The Gay Men's Health Project and Women's Health Project are both based in Baggot Street but serve the Eastern Health Board region in general. Both projects provide outreach and drop-in services and have been most successful in the area of education and HIV prevention. Both projects require additional staff to develop the services. The Women's Health Project will be developed on a further site in the North Inner City.

Additional staff: 4	Revenue cost 1998 £0.080m
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Voluntary organisations

Our Board will continue to fund voluntary organisations to enable them to continue to provide education, prevention, treatment, aftercare and rehabilitation services. Funding which was substantially increased in 1997 is being budgeted at the same level in 1998.

Summary of proposals

	Proposals	Additional Staff	Revenue Cost (1998) £m
1.	Information, education and prevention services.	5	0.115
2.	Increased detoxification.	22	0.400
3.	In-patient stabilisation unit.	15	0.250
4.	Young persons programme.	6	0.150
5.	Addiction centres.	24	0.400

by G.P.s who are specially trained in drug misuse. Urine screening and counselling will be an essential part of the programme. Clients in the majority of locations will have their methadone dispensed by retail pharmacists.

600 additional clients approximately will be treated during 1998 through these initiatives.

Additional staff: 16	Revenue cost 1998 £0.160m
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Future treatment locations

Our Boards outreach staff, addiction counsellors and community representatives will attempt to access drug misuse problems in the other areas. The need to provide treatment services in other areas of Wicklow and Kildare is being kept under review. Our Board's Education Officers will provide drug awareness programmes in these areas and if it is considered necessary to provide treatment in any of these locations proposals will be brought before our Board.

Sexually Transmitted Diseases clinic

Our Board provided the necessary infrastructure during 1997 to enable the establishment of a sexually transmitted diseases clinic at Baggot Street Hospital. The clinic operates on 3 nights a week.

Additional staff: 2	Revenue cost 1998 £0.050m
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Development of services at Trinity Court

Due to High Court action taken by traders in the Pearse Street area the level of service provision is currently fixed and therefore no funding provision is being made for service development in 1998.

Training & Development

Recruitment and training initiatives will be maintained to ensure that panels of appropriately qualified personnel are in place to meet the service development needs. In order to ensure the availability of addiction counsellors the Board has developed it's own training programme which will train 18 counsellors over the next 2 years.

Additional staff: 18	Revenue cost 1998: £0.250m
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which will be located in St. Mary's Hospital, Phoenix Park, will be available by mid 1998. Our Board will also continue to contract with the Merchant's Quay Project to provide 12 downstream beds at its facility in High Park, Drumcondra.

Additional staff: 22	Revenue cost 1997 £0.400m*
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* based on the additional revenue cost in 1998 of providing additional staff and costs at Cuan Dara (full year) additional staff and cost of a 20 bed downstream unit (for 6 months) and contractual arrangements with the Merchant's Quay Project.

In-patient stabilisation unit

A 12 bed in-patient short-stay unit will be provided to enable the stabilisation of clients whose primary condition is opiate abuse. This unit, plans for which have already been drawn up, is to be located in Cherry Orchard Hospital.

Additional staff: 15	Revenue cost 1997 £0.250m*
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* based on the pay and non-pay costs of providing the unit from mid 1998.

Young persons programme

Our Board has developed programmes for young persons who are smoking heroin. The programme aims to provide a realistic medical stabilisation and detoxification. Young persons programmes are now in operation at City Clinic in Amiens Street, Baggot Street and at the Aisling Clinic in Ballyfermot. A programme will commence in Ballymun during March 1998.

Each programme will have the capacity to deal with 20 young people at any one time. In view of the findings of the Review of the Young Persons Programme the programme will be developed further during 1998 by the employment of four Family Therapists.

Additional staff: 6	Revenue costs 1997 £0.150m
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Addiction Centres

It is necessary for our Board to continue the plan to put in place an infrastructure of addiction centres which can achieve the objective of treating persons on waiting lists in their own area during 1998. Our Board have such centres operating successfully at Baggot Street, City Clinic in Amiens Street, the Aisling Clinic in Ballyfermot, Fortune House in Ballyfermot, third floor Trinity Court, Domville House in Ballymun and Dun Laoghaire. Our Boards new addiction centre in Cork Street will be operational during 1998 providing treatment for 40 additional clients. In addition it is planned to provide

detoxification phase of the programme and that 26% remained opiate free when followed up after 10 weeks.

Evaluations were also conducted on the detoxification programme running in Fortune House, the interim programme in the Aisling and City Clinics and the satellite clinics in St. Aengus, Jobstown and Brookfield in Tallaght.

STATEMENT OF PRIORITIES

Priorities for 1998 will be -

The provision of additional addiction centres and satellite clinics to areas not currently serviced (as set out in the profile of current year provision).

Further development and implementation of education and prevention programmes.

- To provide a 12 bed in-patient stabilisation unit.
- To provide a 20 bed downstream unit.
- To provide immediate access to treatment services.
- Expansion of aftercare and rehabilitation services.
- Evaluate services to ensure the most effective and appropriate response.
- Working with the local area Task Forces to support community initiatives.
- Continuing to support voluntary organisations and ensuring co-ordination with the Board's service plan.
- Development of HIV / AIDS services.
- To put in place a programme of events to mark European Drug Prevention Week (16th-23rd November 1998).
- To implement a computerised information system which will give improved patient data and management information.
- in-service

DEVELOPMENTS FOR 1998

Information, Education & Prevention Services

Four additional Education Officers will be appointed early in 1998 to develop programmes to increase the awareness of drug misuse issues and to develop strategies aimed at influencing young people regarding drug misuse. Our Board will engage in discussion with Voluntary agencies which we fund to ensure a co-ordinated and focused programme of initiatives.

Wicklow & Kildare

An assessment of the extent of drug addiction in Kildare and Wicklow was conducted. Treatment services commenced in Bray and the need for treatment services in the Leixlip area is being further assessed.

A dedicated education officer was appointed to both counties to concentrate on prevention and education on the harmful effects of drug addiction.

Methadone Treatment List

The Boards objective in 1997 was to eliminate waiting lists for treatment. The central methadone treatment list is a record of those on treatment in the Drug Treatment Centre at Trinity court, the Eastern Health Board services and those on treatment by general practitioners by way of the methadone prescribing protocol and general practitioners who are treating drug misusers in a public or private capacity.

The numbers on the waiting list for treatment at the end of 1996 was 560. With the exception of 44 all those on the waiting list at 31/12/96 received treatment in 1997. The limits that have been placed on the numbers that can be treated in Baggot Street and Trinity Court accounts for 37 of those not receiving treatment to date.

The numbers of treatment places increased in 1997 from 1,861 at 31.12.96 to 2,776 at 30.11.97 which represents a net increase of 915. The total numbers treated in 1997 at addiction centres, satellite clinics and by General Practitioners was 3,574.

At 30.11.97 the numbers on the waiting lists for treatment was 385.

The following table shows the breakdown of the numbers in treatment at 31/12/96 and the corresponding number at 30/11/97.

Methadone Treatment List - Progress 1997

	31.12.96	30.11.97
City Clinic	169	251
Aisling Clinic	140	181
Baggot Street	54	57
3rd Floor - Trinity Court	78	100
Domville House	55	172
Mobile Clinic	14	50
Kilbarrack	26	31
Merchant's Quay	6	21

Downstream Unit

Planning commenced for a 20 bed downstream unit which will enable more effective use of the detoxification beds which will be [REDACTED]

Inpatient Stabilisation Unit

Planning commenced for an [REDACTED] unit for clients whose primary addiction is opiate abuse which is to be located in [REDACTED]

Young Persons Programme

Our Board has developed programmes for young persons who are smoking heroin. The programme aims to provide a realistic medical stabilisation and detoxification. A Young Persons Programme is now being provided in [REDACTED] where there are currently 95 participants in total.

Addiction Centres and Satellite Clinics

Extensive negotiations took place in the course of 1997 to reach agreement to commence treatment service in various locations throughout the Boards regions. The Board succeeded in establishing an addiction centre in Dun Laoghaire and Fortune House in Ballyfermot and satellite clinics in, Jobstown, Brookfield, St. Aengus, Bray, Mountjoy Street, Mounttown Fitzgerald, Darndale and Deansrath. Negotiations in conjunction with the Local Area Task Forces and community groups continue in a number of other areas.

Mobile Service

The mobile service which reaches more chaotic drug users was extended to Ballymun in the course of the year and is now servicing three areas, the North Inner City (Empress Place) South Inner City (Dr. Steevens' Hospital) and Ballymun.

Sexually Transmitted Diseases

[REDACTED] were commenced in [REDACTED] for both men and women in 1997.

- Treatment programmes which have as their objective in the short-term control of the drug misusers addiction within the context of the long-term aim of a return of the drug misusers to a drug free lifestyle.
- Aftercare and rehabilitation programmes to assist misusers access education, training or employment opportunities.
- Evaluation of the various service responses to ensure maximum effectiveness.

Service Delivery

Our Board is responsible for providing, co-ordinating and funding treatment

[REDACTED]

[REDACTED]

OBJECTIVES

The establishment of a comprehensive service requires an addiction centre supported by small satellite clinics and access to the mobile clinic. Addiction centres are facilities where the following services are provided:

[REDACTED]

These centres are a base from which our Board's medical, nursing, counselling, outreach and community welfare staff operate. Our Board has addiction centres located at City Clinic in Amiens Street, the Aisling Clinic and Fortune House in Ballyfermot, Baggot Street, Domville House in Ballymun, one floor of the Trinity Court treatment centre at Pearse Street and Dun Laoghaire.

Satellite clinics are operated by general practitioners who have been trained in drug misuse. These general practitioners have access to the specialist medical and counselling staff at the addiction centre and prescribe methadone at the clinics which is dispensed by retail pharmacists. Urine screening and counselling are also undertaken.

Our Board operates satellite clinics at Kilbarrack, Fatima Mansions, Dolphin House, Mountjoy Street, Bray, Deansrath, Darndale and Mounttown Fitzgerald and supports satellite clinics provided by voluntary organisations at Merchant's Quay, Killinarden, Fettercairn, St. Aengus, Clondalkin Addiction Support Project (CASP), Brookfield and Jobstown.

Health Promotion

A national suicide study has been established in order to address the possibility of implementation of preventative measures. The study, involving the collection of information and issuing of a questionnaire to general practitioners and psychiatrists, will continue in 1998.

In response to the National Alcohol Policy, our Board have prepared an action plan aimed at the development of alcohol services in line with national policy.

Staff Resource Review

A review of nursing levels in St. Brendan's Hospital was completed in 1997, with the majority of recommendations having been implemented by the end of 1997. Implementation of the remainder of the recommendations will be a priority in 1998.

MONITORING

Independent Monitoring

The mental health services are subject to ongoing review by the Inspector of Mental Hospitals and subject to accreditation by An Bord Altranais and the Royal College of Psychiatrists.

Local Monitoring & Review

At local level each catchment area is managed by a tripartite management team - Clinical Director, Chief Nursing Officer and Area Manager. The management team is responsible for ongoing monitoring and review of services within their area. The team formally review and report on the services to the Programme Manager on a quarterly basis.

services reflecting quality, standards, professionalism of staff and expectations of the public.

Transfer of Acute Services to The Adelaide and Meath Hospital Dublin, incorporating the National Children's Hospital

The provision of £0.832m additional revenue funding in 1998 will facilitate the

Tallaght Hosp.

[REDACTED]

Parallel community developments will also be provided with up to thirty high and medium support community residential places being made available for varying degrees of dependency. The allocation will provide for up to thirty additional staff and [REDACTED] support these developments, including developments in Psychiatry of Old Age and the strengthening of the staffing structure within the community nursing teams.

St. Brendan's Hospital Development

The requirement to transfer long-stay patients from St. Brendan's Hospital, relieving pressure on demands for in-patient acute beds, has been identified as a priority. An allocation of £0.400m in 1998 will facilitate a net increase of twenty-two acute in-patient beds through a combination of relocation of clients to nursing homes and the direct provision of acute beds within our Board with the employment of an additional twelve staff.

Psychiatric Services for the Deaf

A pilot psychiatric service for the deaf will be established in 1998 with an additional allocation of £0.030m. This allocation, together with an allocation of £0.029m in 1997, will facilitate the appointment of a Senior Social Worker (0.5 whole time equivalent) and a Deputy Nursing Officer.

[REDACTED]

Provision of additional funding of £0.272m in 1998 will facilitate the development of Years I and II of the Psychiatric Nursing Registration/Diploma Programme allowing for a further forty student places in 1998.

In accordance with the 1998 letter of determination, our Board will provide £0.216m for the continued implementation of the Psychiatric Nursing Registration/Diploma Programme [REDACTED]

- assessment, diagnosis and treatment services;
- in-patient care;
- day care;
- out-patient care;
- community-based residences;
- rehabilitation and training.

In order to achieve the objective of [REDACTED], the region is [REDACTED]. [REDACTED] delivered from [REDACTED] hospital [REDACTED]. The majority of treatment outcomes are dealt with in the community or with a combination of community and in-patient care on a catchment area basis. The [REDACTED] care continues, whereby [REDACTED].

For details of core service provision see Appendices attached.

IMPACT STATEMENT ON 1997 TARGETS

In 1997 the objectives and targets of the mental health service were met with much progress being made on the [REDACTED].

Progress continued with the decanting of services from St. Brendan's Hospital resulting in the closure of approximately fifty in-patient beds and the relocation of clients to nursing homes and alternative in-patient facilities within the region. The day programme and [REDACTED] the homeless mentally ill also transferred from St. Brendan's Hospital to a much enhanced facility at [REDACTED] ad.

The preparation of a brief for an extended care/rehabilitation unit was completed. This represented a major component of the planning process for future development of community-based residential facilities.

Work commenced on the provision of a brief for a [REDACTED] unit, representing a further major component of the planning process for future

Adult Mental Health

ALLOCATION FOR 1998

The budget allocation for the Mental Health Service in 1998 is £77.674m. This represents funding for established services. It also represents additional funding for the cost of service developments initiated in 1997 as follows:

• Psychiatric Nursing Registration / Diploma Programme	£0.272m
• Development of Service Plan for Community Care Areas 4/5	£0.832m
• Patient Transfer from St. Brendan's Hospital	£0.400m
• Psychiatric Service for the Deaf	<u>£0.030m</u>
TOTAL	<u>£1.534m</u>

This allocation also includes funding that our Board will provide in accordance with the 1998 letter of determination as follows:

• Psychiatric Nursing Registration / Diploma Programme – St. John of God Hospital	£0.124m
• Psychiatric Nursing Registration / Diploma Programme – St. Patrick's Hospital	£0.092m
• Alzheimer's Society of Ireland	£0.060m
• Schizophrenia Ireland	£0.080m
• Cuan Mhuire, Athy	<u>£0.100m</u>
TOTAL	<u>£0.456m</u>

MISSION STATEMENT

The mental health services aim to achieve the best quality of life for each individual through the provision of high quality, client-centred services. The mental health services strive to provide a seamless service to all clients, measured by ease of access, appropriateness and responsiveness to the needs of the client.

The mental health services are working closely to the planned framework for the development of psychiatric services identified in the Government's report -

~~_____~~
~~_____~~
inherent in this is the recognition of the need for evaluation of service outcomes and of quality of care.

Smoking

Objective

Objective for 1998: To develop a strategic plan to mobilise resources of our Board to reduce the prevalence of smoking in the adult population. A reduction in smoking prevalence would result in large reductions in premature mortality and large reductions in chronic illness from a range of respiratory and cardiovascular conditions.

Outcome Target:

To initially have a plan available to reduce the prevalence of smoking in our Board.

Objective

Implement a policy on smoking in our Board's premises, for workplace premises not covered by legislation.

Outcome Target

To ensure that smoking is confined to designated areas in our Board's workplaces.

Smokebusters

This initiative to reduce the prevalence of smoking in school pupils is supported by the Community Services Programme of our Board.

As part of the Smokebusters project, a survey of the smoking behaviour of 11 year olds in our Board was undertaken in the Autumn of 1997 by the Department of Public Health with personnel from the Community Services Programme. The findings will contribute to the development of initiatives to reduce the prevalence of smoking among young people in our Board's region.

Dublin Healthy Cities

Objective: To finalise the City Health Plans for which our Board is the lead agency for the Dublin Healthy Cities Project - Smoking, Alcohol and Drugs, and Nutrition (jointly with the Health Promotion Unit of the Department of Health). During 1998 and 1999 the plans will be agreed and finalised and the partner agencies will be involved in the implementation of these plans.

National Cancer Strategy

Objective: To integrate the health promotion component of our Board's response to the National Cancer Strategy with the health promotion function of our Board. The main focus for the Health Promotion Officer for the Cancer Strategy will be to reduce the prevalence of smoking among the population of

The Health Promotion Officer will ensure that the services provided by the [REDACTED] agencies are considered to [REDACTED]

- **Objective - To establish a Health Promotion Resource Unit**

Outcome Targets

A Health Promotion Resource Unit will be established and a materials database will be developed.

The Health Promotion Officer will ensure that relevant personnel and other [REDACTED]

Community Nutrition Services

- **Objective - To establish a community nutrition service in our Board**

Outcome target

A community nutrition service will be established and integrated into the health promotion function. There will be an increased quantity of focused activities during Healthy Eating Week and Irish Heart Week

The service will be monitored to ensure that professionals who refer clients and the clients themselves consider the service meets expectations; that clients attain nutrition targets agreed with each individual, compatible with 'best practice' results.

Schools/ Parents

Objective

Further development of health promotion in schools. Long term objective that, by the year 2010, training for a structured health education programme will have been offered to teachers from 2nd class at primary level to 6th year at post-primary, giving priority to schools in areas of social deprivation.

Outcome Targets

This will assist schools to provide structured, comprehensive health education by trained teachers with the aim of improvements in health behaviours of school pupils and young adults.

important component of the strategic plan which is being developed for services for older people; the health promotion component will build on the national health promotion policy for older persons which was developed with resources from the National Council on Ageing and Older persons, supported by the Department of Public Health of our Board.

- There has been substantial development in relation to primary prevention and health promotion within the services for Drug Misusers (Programme for Health Promotion, Mental Health, Addiction and Social Development). Our Board adopted a policy on alcohol which was developed in response to the National policy on alcohol (1996); the addiction services have been involved in prevention initiatives as an integral part of their work and it is intended to place increased emphasis on prevention in 1998.
- A substantial component of our Board's response to the National Cancer Strategy relates to disease prevention and to health promotion, with particular emphasis on tobacco as the most important aetiologic agent.
- Our Board continued to work with voluntary agencies during 1997, particularly with the Irish Cancer Society and the Irish Heart Foundation.
- A survey of health knowledge, attitudes and behaviours of young men in the FAS Centre in Tallaght has been undertaken by the Department of Public Health. The findings will contribute to the development of health promotion initiatives for this target population at national level as well as by our Board.
- Health Promotion messages drawing attention to the need for cyclists to wear helmets and for motorists to never drink and drive were displayed on the Board's vehicles during 1997.

STATEMENT OF PRIORITIES

Priorities for Health Promotion within the Health Promotion Function in our Board in 1998 will be as follows:

The Development of the Health Promotion Function

- The establishment of the Health Promotion Function, managed by a Health Promotion Officer who will commence work early in 1998.

Health Promotion

ALLOCATION FOR 1998

The total budget for 1998 is £230,000, of which £150,000 is the additional allocation for 1998 to develop services for health promotion. This will involve the appointment of four additional staff. This is the cost of the Central Health Promotion Office. This excludes the substantial investment in health promotion in other Programmes e.g. £0.750m in AIDS/Drugs, health promoting hospitals, services for Travellers, Women's Health and teenage pregnancy and activities in Community Services. These resources will continue at a similar level in 1998 in all Programmes and at an advanced level in some cases details of which are in the relevant service plan.

INTRODUCTION

A Health Promotion function is now being established within the Programme for Health Promotion, Mental Health, Addiction and Social Development. A

Mary Van Renshouw
[REDACTED] strategic plans will be developed within the context of the national health promotion policy. Emphasis will be on staff training to achieve high quality programmes to address priority issues. Networking and communications, including with voluntary organisations, will be important principles to improve co-ordination and efficiency of programme delivery.

A Health Promotion Steering Committee was established in June 1997. The Committee has identified priority areas for more focused development. Background papers are currently being prepared on these settings/topics, to identify current activities and the issues which need to be addressed, and to make proposals for strategic initiatives.

Where activities are largely funded within programmes, health promotion plans for 1998 are presented within the Service Plan for those programmes. This Service Plan for Health Promotion deals mainly with those aspects of health promotion which will be funded from the allocation under this budget heading from the Health Promotion Unit of the Department of Health. It sets the scene for the further development of health promotion within our Board.