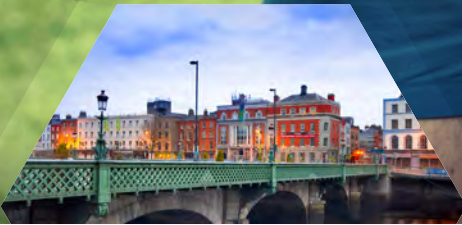




COMMUNITY HEALTHCARE ORGANISATION  
DUBLIN NORTH CITY & COUNTY

# Healthy Ireland Implementation Plan 2018-2022





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## Forewords



**Mary Walshe**  
*Chief Officer*  
Community Healthcare  
Organisation Dublin North  
City & County (CHO DNCC)

*Mary Walshe*

It is a pleasure to share what has been over a year of collaborative work in CHO Dublin North City & County. This plan conveys our shared agenda which allows us to collectively agree on important health outcomes, focus on necessary cross-sector contributions, and frame our conversations around best practices, social determinants of health, and health equity. The plan is a first in sharing a comprehensive range of health-related objectives and aligns our work to achieve collective and measurable targets for the years 2018 - 2022. The priorities are clear, but the methods to achieve our goals may shift as partnerships develop and our understanding of these complex health issues grows.

I encourage you to use this plan in conjunction with other stakeholders to make informed decisions and collaborate on evidence-based strategies.

I urge you to pursue interventions that make truly meaningful change by focusing on improving the health outcomes of our population and by implementing policies that incorporate health considerations and make healthy behaviours easier for us all. Our Plan doesn't stop here. It is an ongoing process that strives to engage all sectors in health improvement. I encourage you to join the movement to tackle the underlying social and other determinants of health, eliminate inequities, and allow all our population to achieve our highest potential of health.

We envision a CHO where every individual and family lives in a community that supports their lifelong health. Through collaboration and coordination, we will achieve our vision of lifelong health for the people of Dublin North City & County.



**Denise Curran**  
*Head of Service  
Health & Wellbeing*  
Community Healthcare  
Organisation Dublin North  
City & County (CHO DNCC)

*Denise Curran*

I am pleased to present this CHO DNCC Healthy Ireland Plan which aims to improve the health of service users and staff in the area. It refocuses health services from the need for acute care and looks at opportunities to keep the citizens of our society living well within their own communities. This move towards healthy living for all runs through the life cycle of our citizens from pre-maternity supports to early interventions to ensure lifelong wellness. It includes support from childhood to adulthood to inspire people to be active and eat well. It offers supports for healthy and positive ageing. Staff are supported and encouraged to live and work in healthy environments and take care of themselves which will in turn achieve better outcomes for their clients. We need to embrace the plan and by doing so will, with our partners in the voluntary and community sector and our local councils, change the health outcomes of the population in Dublin North City and County.

I wish to thank all of those who assisted with this plan, including staff who took part in the consultation days, public health and environmental health colleagues, the Health Promotion & Improvement team members and colleagues in the National Health & Wellbeing service and my senior management colleagues in CHO DNCC.

I wish to acknowledge all the staff in CHO DNCC who are already so positive in their approach to health and wellbeing and who will be the key people in ensuring this plan is achievable.

## Forewords



**Dr Stephanie O'Keeffe**  
*National Director*  
Strategic Planning  
and Transformation  
Health Service Executive



**Anne O'Connor,**  
*National Director*  
Community Operations  
Health Service Executive

The health and wellbeing of everyone living in Ireland, is the most valuable asset that we possess as a nation. *Healthy Ireland* is bringing together people and organisations from across the country into a national movement to address the social, economic and environmental factors that contribute to poor physical and mental health and to address health inequalities. This approach reflects a shared commitment in Government and throughout communities to support people to be as healthy and well as they can.

To help achieve this commitment within the HSE the *Healthy Ireland in the Health Services National Implementation Plan 2015-2017* was published in 2015. The Plan identified three strategic priorities - Systems Reform, Reducing the Burden of Chronic Disease and Staff Health and Wellbeing. We are delighted that this HSE Dublin North City and County Community Healthcare (CHO DNCC) Healthy Ireland Implementation Plan has translated these priority areas into actions for delivery at local level building on the national actions of each of the National Policy Priority Programmes (NPPPs).

While we are focused day-to-day on the challenge of providing high quality safe services to the people in our care, we must also be focused on the future and the challenge we face in terms of unsustainable healthcare costs driven by rising levels of chronic illness. An increased emphasis on prevention, early detection and self-management to improve the health and wellbeing of all our citizens is therefore as important for a modern health service as our priorities of quality, access, value, standards of care and patient outcomes.

We welcome this five year HSE Dublin North City and County Community Healthcare (CHO DNCC) Healthy Ireland Implementation Plan. This plan builds on the commitment of the hospitals in the RCSI and the Ireland East Hospital Groups who are already implementing their Healthy Ireland Implementation plans. Working hand in hand with these partner Hospital Groups and their Academic Partners, CHO DNCC are an agent for profound change to make major systemic and cultural shifts in how healthcare providers do their business. With its focus on prevention, on providing care closer to home, supporting people to better self-manage their illnesses, the CHO DNCC is on the road to improving population health outcomes for the population of over 620,000 living in this area.

We sincerely commend the Healthy Ireland Steering Group, the CHO Management Team, in particular Mary Walshe, Chief Officer, and Denise Curran, Head of Health and Wellbeing, and all their staff, on the work done to develop this Plan and the leadership that they have shown. We would also like to acknowledge the work of staff in the former Health and Wellbeing Division, particularly Ms Sarah McCormack, HSE National HI Lead, in supporting the planning process and in forging positive working relationships at national and local level thereby strengthening our capability for implementation and for sustaining the long term impact of this work. There is no doubt of the challenges that implementation brings and we assure community colleagues of our support in its implementation. It takes energy, vision and commitment to turn action into demonstrable change and we believe we can make this a reality by working together across Hospital Groups, CHOs with the support of Academic Partners.

We wish the HSE CHO DNCC every success with the implementation of this plan.

## Section 1

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# Healthy Ireland in Community Healthcare Organisation Dublin North City & County (CHO DNCC)



## Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025

*A healthy population is a major asset for society and improving the health and wellbeing of the nation is a priority for Government. Healthy Ireland is a collective response to the risks that threaten Ireland’s future health and wellbeing.<sup>1</sup>*

*A Framework for Improved Health and Wellbeing 2013 - 2025 (Healthy Ireland)* takes a whole-of-Government and whole-of-society approach to improving the health and wellbeing and quality of people’s lives. The publication of this framework lays the foundations to improve the health and wellbeing of our nation over the coming generation. Based on international evidence, it outlines a new commitment to public health with a considerable emphasis on prevention, while at the same time advocating for stronger health systems. It aims to create an Irish society where everyone can enjoy positive physical and mental health, and where wellbeing is valued and supported at every level of society.

The Framework has created the conditions and a governance structure at the highest level of government to facilitate cross-sectoral and cross-governmental actions to improve health and wellbeing status. In addition, one of the key recommendations of the Slaintecare Report 2017 is to expand health and wellbeing by doubling the health and wellbeing budget over the next ten years.

In response to the publication of the Healthy Ireland Framework the HSE developed the Healthy Ireland in the Health Services National Implementation Plan 2015-2017. This plan acknowledges that health and wellbeing is shaped by many things such as our family, our home, education and work, our community in addition to biological, social, environmental and economic factors.

### Our Healthy Ireland Vision

Healthy Ireland has come about because of concerns that the current health status of people living in Ireland – including lifestyle trends and health inequalities – is leading us towards a future that is dangerously unhealthy, and very likely unaffordable.

The many risks to the health and wellbeing of people living in Ireland include some which are obvious; issues such as **obesity, smoking and alcohol**.

Healthy Ireland seeks to provide people and communities with **accurate information** on how to improve their health and wellbeing and seeks to **empower and motivate them by making the healthy choice the easier choice**. A partnership approach between service users and their families and service providers is crucial to the success of this initiative.

The aim of our CHO Dublin North City & County Healthy Ireland Implementation plan is to support and empower our service users, our communities and our staff to achieve their fullest health potential. This plan will build on existing health and wellbeing practices across the CHO such as service user education and staff health and wellbeing events. Improvements in health and wellbeing will lead to better outcomes, healthier communities and staff with the added benefit of utilising resources to enhance health promotion.

Figure 1.0  
Healthy Ireland  
Plan Evolution





## Healthy Ireland Framework Goals



As healthcare providers, we are constantly focused on improving people’s Health and Wellbeing. However, through the lever of the healthcare system we can only address a small portion of the factors that actually determine overall health outcomes. Improving and sustaining health and wellbeing across the life course will require consideration of the wider determinants and action on many levels. Factors such as living conditions, education, lifestyle, environment and transport all influence an individual’s health. Health outcomes are determined by the complex interaction between our lifestyle, local environment, broader social and economic factors, access to healthcare and other services, as well as our genes, age and sex.

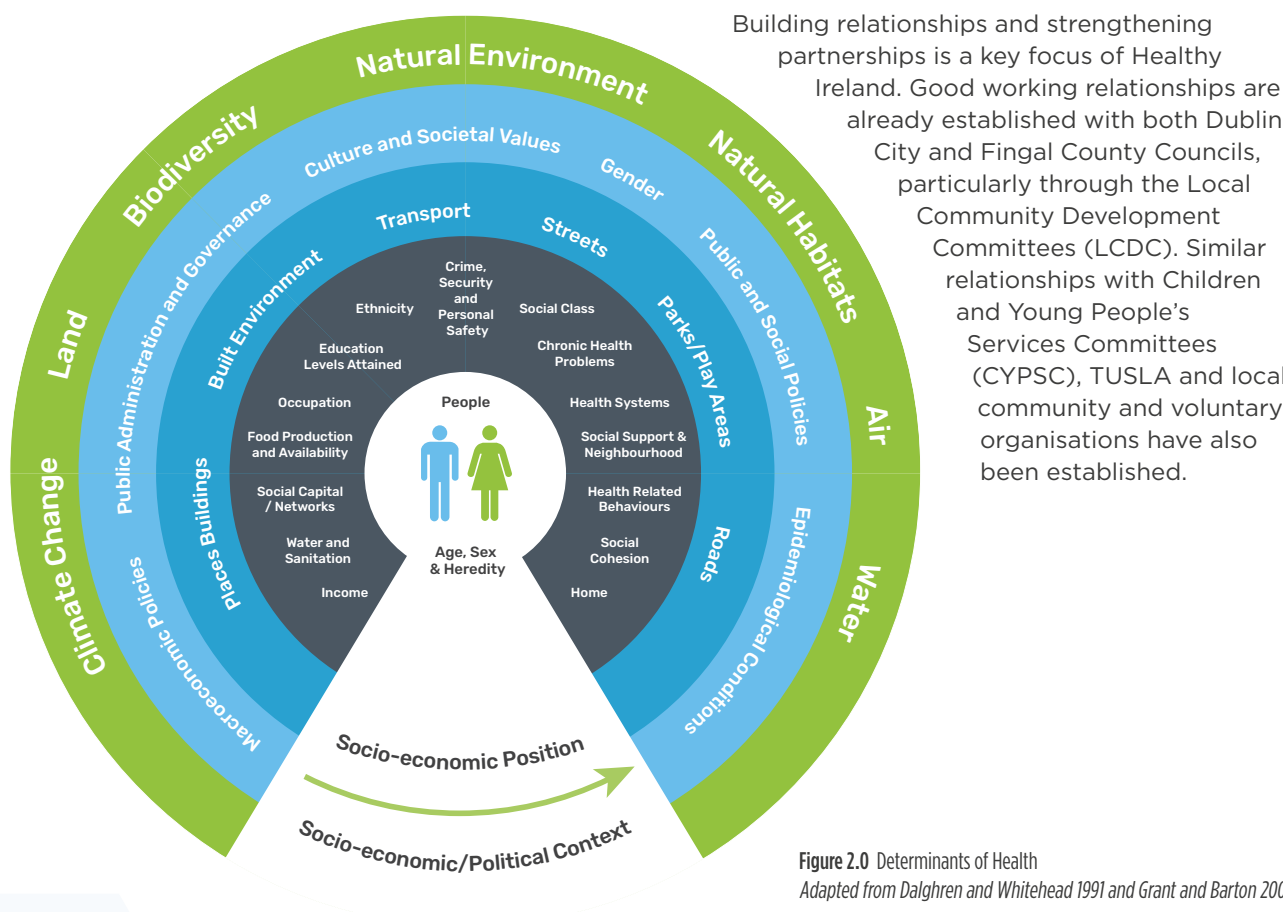


Figure 2.0 Determinants of Health  
Adapted from Dalghren and Whitehead 1991 and Grant and Barton 2006

<sup>7</sup> Department of Health: Healthy Ireland: A Framework for Improved Health & Wellbeing, 2013 – 2025, 2014

## Partners



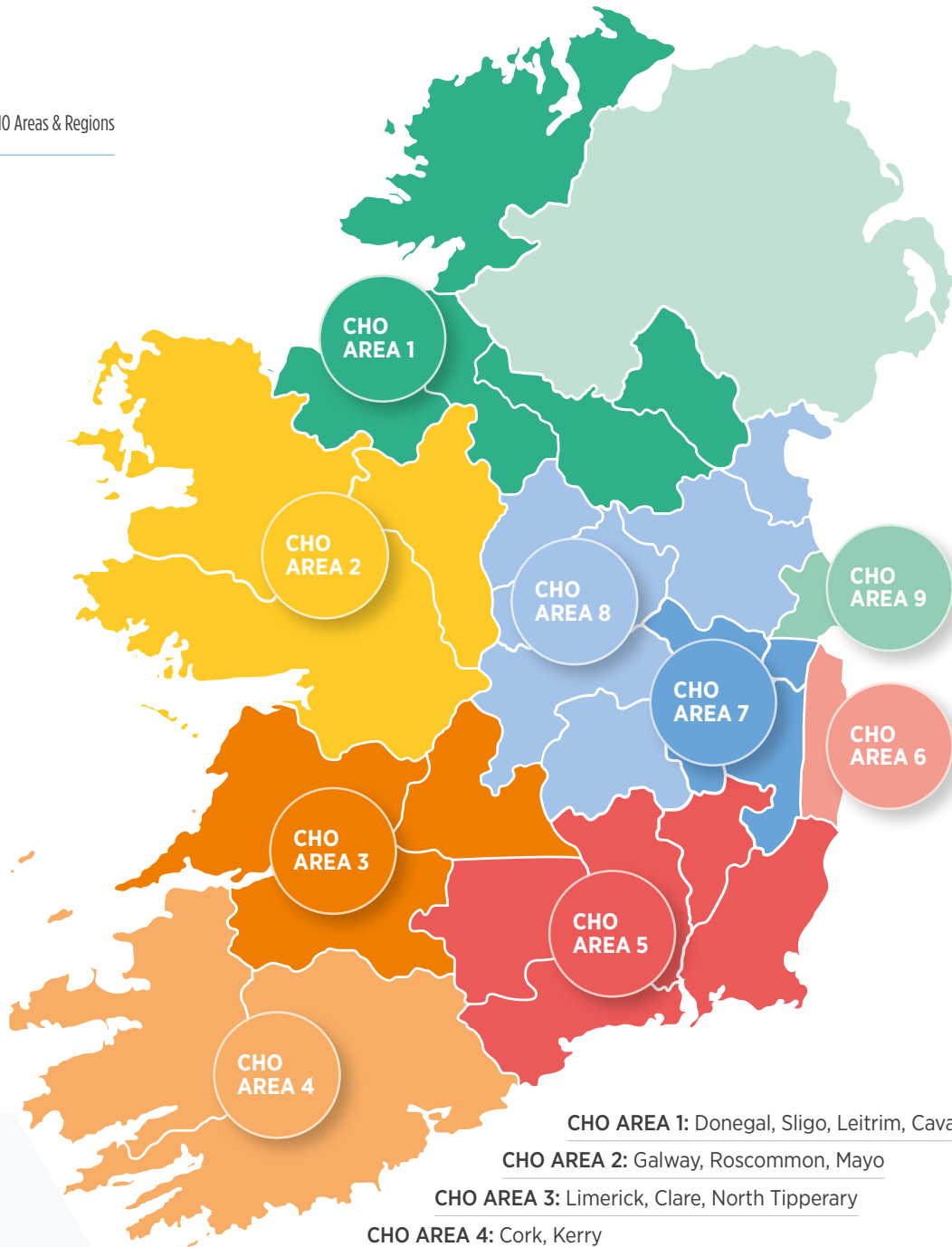
## Our Organisation

Following on from the “Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group” (October 2014), CHO Dublin North City and County (CHO DNCC) was established, bringing together two former Integrated Service Areas; Dublin North City and North Dublin. Community Healthcare is the term used to describe the range of health and social care services provided by the HSE outside of the acute hospital system. The objective of the CHO is to provide care at the lowest level of complexity that is safe, timely, efficient, and is delivered as close to home as possible.

Community Healthcare Organisation Dublin North City and County (CHO DNCC) is one of nine CHO's across the country and is responsible for providing care services to a population of 621,405<sup>2</sup> in Dublin North City and County. CHO DNCC has a number of unique characteristics including a mixed urban/rural geographic divide with all the advantages of a capital city, but within a short commute to our rural hinterlands with strong agricultural traditions. Geographically this CHO extends from north of the River Liffey, joining Meath & Louth at the northern boundaries. An abundance of accessible natural resources including the largest urban park in Europe, Phoenix Park, an extended natural coastline, numerous local authority parks and Slí na Sláinte walking trails can play a role in reaching our Healthy Ireland Goals.

<sup>2</sup> Health Atlas Ireland CSO Census 2016

Figure 3.0 CHO Areas & Regions



**CHO AREA 1:** Donegal, Sligo, Leitrim, Cavan, Monaghan

**CHO AREA 2:** Galway, Roscommon, Mayo

**CHO AREA 3:** Limerick, Clare, North Tipperary

**CHO AREA 4:** Cork, Kerry

**CHO AREA 5:** Waterford, Wexford, Kilkenny, Carlow, South Tipperary

**CHO AREA 6:** South East Dublin, East Wicklow

**CHO AREA 7:** Kildare, West Wicklow, West Dublin, Dublin South City, Dublin South West

**CHO AREA 8:** Laois, Offaly, Longford, Westmeath, Louth, Meath

**CHO AREA 9:** Dublin North, Dublin North City

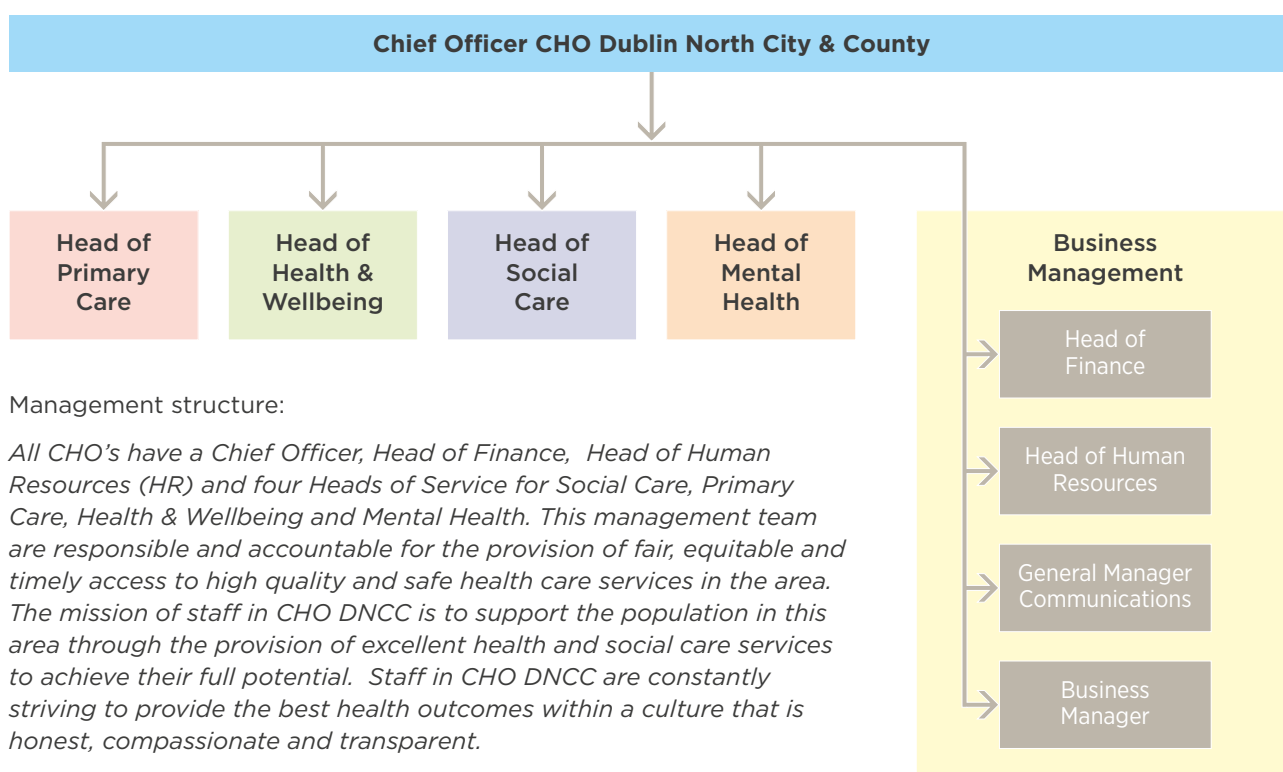


## Governance

### CORPORATE GOVERNANCE

Community Healthcare Organisation Dublin North City & County has a defined governance structure led by the Chief Officer and held accountable via the HSE's Performance and Accountability Framework to the National Director for Community Operations. Health & Wellbeing services are embedded in this governance structure and are delivered across the Primary Care, Social Care and Mental Health services. The Head of Health & Wellbeing is the assigned lead for the Implementation of the Healthy Ireland Strategy.

Health Service performance is captured in a National Scorecard which represents performance through four 'lenses' or domains. The four domains used by the health service are **Access** to services, the **Quality and Safety** of those services, doing this within the **Financial resources** available and by effectively harnessing the efforts of the **Workforce**. This is to ensure that no one domain dominates when measuring the performance of a service.



Management structure:

*All CHO's have a Chief Officer, Head of Finance, Head of Human Resources (HR) and four Heads of Service for Social Care, Primary Care, Health & Wellbeing and Mental Health. This management team are responsible and accountable for the provision of fair, equitable and timely access to high quality and safe health care services in the area. The mission of staff in CHO DNCC is to support the population in this area through the provision of excellent health and social care services to achieve their full potential. Staff in CHO DNCC are constantly striving to provide the best health outcomes within a culture that is honest, compassionate and transparent.*

Figure 4.0 CHO Organisation Structure

### CHO GOVERNANCE

The new management structures of the CHOs, the development of 90 Primary Care Networks, the reform of health services to better meet the needs of local communities and the consolidation of the new Hospital Groups present significant opportunities to embed and sustain a longer-term focus on prevention, early detection and self-care supports for people living with chronic conditions. To support this national approach within CHO DNCC, a Healthy Ireland Steering Group was convened with representatives from each of the services areas; Health & Wellbeing, Mental Health, Primary Care & Social Care as well as representatives from hospital services, environmental health, public health and health promotion. Collaboration, participation, commitment and buy-in from all our stakeholders are central to the success of this approach.



Section 2

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# Our Population

## Our Population

*It is easier to build strong children than to repair broken men.*<sup>3</sup>

According to the 2016 Census, there are just over 4.7m people living in Ireland, an increase of approximately 4% (170,000 people) since 2011. The population in CHO DNCC has increased from 586,486 in 2011 to 621,405 in 2016. This represents an increase of approximately 6.9% (34,919 people) in this CHO and indicates that 23.5% of the total national population increase occurred in this area.

The change to the size and diversity of the CHO DNCC population is exhibited across a number of profiles and the consequent impact across all service areas (including Residential, Home Care, Chronic Disease, Palliative Care, GP services), other profiles such as socio-economic (education, unemployment, homelessness), addiction and non-Irish national population, bring considerable challenges in providing the required level of service to our population. In CHO DNCC 20.2% of the population (125,496 people) were born overseas.

Age Group	Number of people	Change since Census 2011
0-4	43,668	-1,406
5-19	116,778	11,201
20-64	389,198	19,463
65-74	40,613	5,516
75+	31,148	5,145

Table 1.0 CHO DNCC Population profile by age group ascending as per Census 2016 data

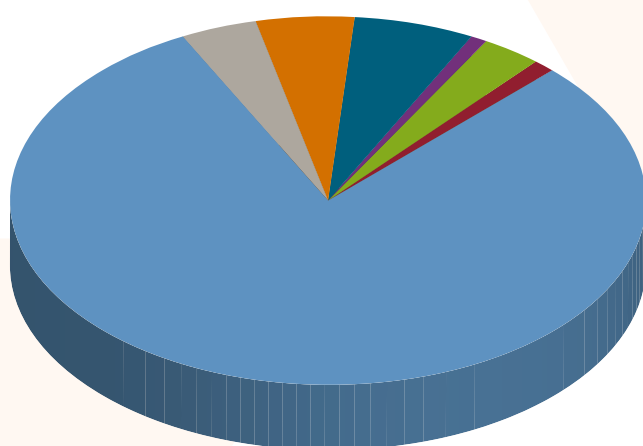
The Census 2016 data demonstrates that 25.8% of our population (160,446 people) are aged 19 years or under, with a higher proportion of the population in the 20-44 age group compared with the national average. Promoting health and wellbeing for these age groups, including prenatal supports and healthy choices for families, should lead to an increase in the proportion of people who are healthy at all stages of life in the future.

In line with national trends, our population is experiencing a growth in people 60 years and over which equates to 97,433 (16%). This will have an impact across all service areas particularly residential, home care, chronic disease, palliative care and GP services. The increase in our older persons' population is welcome and is an acknowledgement of improved health, supported by health services which are continually developing in tandem with other societal changes. Increased longevity offers opportunities and also requires a response to ensure that health and social care services are delivered at adequate levels, in an integrated way, to meet the needs of our older population. Within this plan we have specific actions aimed at promoting the health and wellbeing of older people within our community.

The paper *Planning for Health Trends and Priorities to inform Health Service Planning (2017)* reports that by 2022, CHO DNCC will experience one of the greatest short and medium term growth in children (0-17 years of age); the greatest increase in adult population (18-64 years) in the medium term (along with CHO's 6, 7 and 8); and the greatest growth in older adults (65 years and older) in the medium term in Ireland.<sup>2</sup>

<sup>3</sup> Frederick Douglass, African-American social reformer, orator, writer, and statesman

<sup>2</sup> Health Atlas Ireland CSO Census 2016



CHO DNCC NATIONALITIES CENSUS 2016

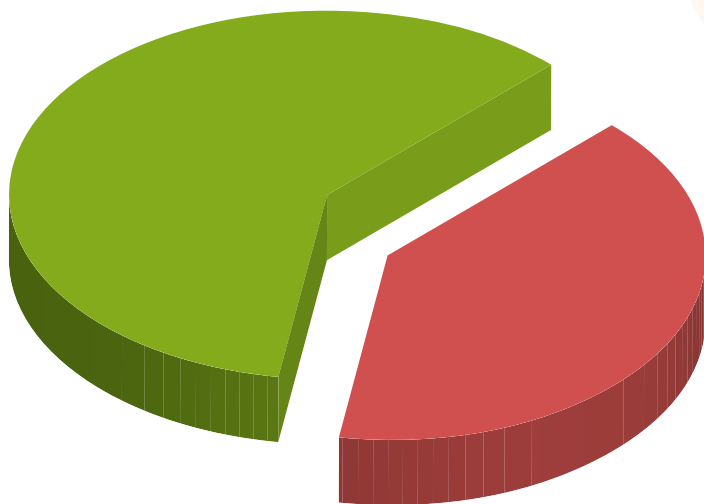
Irish	80%
UK	1%
Polish	3%
Lithuanian	1%
Elsewhere in EU	6%
Elsewhere in World	5%
Visitors / Not stated	4%

In CHO DNCC, 20.2% of the population (125,496 people) were born overseas. This compares to 14% in the national population. Almost 70,000 of this cohort are from the EU, 29,449 from the rest of the world and 26,766 were visitors/not stated. This demographic provides opportunities and challenges for healthcare provision in our area. We must communicate with service users in a range of different ways including supports for different languages and cultures, ensuring better engagement to promote healthy lifestyles within our diverse population.

## Deprivation

Deprivation Level – HP Index	Number of people	
Extremely disadvantaged	10,887	
Very disadvantaged	32,395	
Disadvantaged	74,013	
Marginally below average	130,254	<b>Total 247,549</b>
Marginally above average	167,177	
Affluent	132,489	
Very affluent	58,411	
Extremely affluent	15,778	<b>Total 373,855</b>

Table 2.0 CHO DNCC Population profile by deprivation level – HP Index as per Census 2016 data



#### DEPRIVATION PERCENTAGE OF POPULATION CHO DNCC

■ Above average 373,855 (60%)

■ Below average 247,549 (40%)

In CHO DNCC 39.9% (247,549 people) were reported as below average on the deprivation level HP index with 60.1% of the population (373,855 people) reported as above average.

In CHO DNCC there are known pockets of deprivation with long term social issues including high long term unemployment rates. Based on 2014 national figures, approximately 17,649 (11 %) children within CHO DNCC experienced consistent poverty (Survey in Income and Living Conditions (SILC) 2014, Central Statistics Office (CSO)). There is a strong link between poverty, socio-economic status and health. Lower socioeconomic status is associated with higher mortality rates, higher prevalence of chronic disease, psychological distress and lower rates of healthy behaviour such as physical activity.

#### TRAVELLERS

The 2010 All-Ireland Traveller Health Study (AITHS) was a large-scale study focusing on key aspects of Traveller health, social status and service utilisation. The most striking findings from the AITHS, relate to the substantially higher levels of mortality and morbidity among Travellers compared with the general population. Life expectancy for male Travellers was found to be 15 years lower than for the general population and 11 years lower for females. In addition, infant mortality rates were calculated at more than three times the national average. Census 2016 recorded 30,987 Travellers living in the Republic of Ireland, including a total of 2,801 Travellers living in CHO DNCC. This represents an increase of 5.3% in this area's population in contrast to Census 2011 figures. Given these findings, this population is key in terms of engagement to ensure that these health inequalities are addressed.

#### HOMELESS POPULATION

The numbers of people experiencing homelessness is increasing year-on-year in Ireland. Currently 9,807<sup>4</sup> people are homeless, with more than a third of these being children. Homelessness is a significant issue for the Dublin area and particularly for CHO DNCC. 66.82% of single homeless adults are situated in Dublin. This is of particular concern, as homelessness in this cohort is a marker for complex tri-morbidity e.g. a combination of physical ill-health with dual diagnosis of mental health and substance misuse.

In addition 77.65% of homeless families are situated in Dublin, with many of this population placed in temporary accommodation in Dublin North Inner City. This presents additional challenges to ensure health supports are available at the right place at the right time.

<sup>4</sup> Department of Housing, Planning & Local Government, Homelessness Report February 2018



## **SUBSTANCE MISUSE**

Additional challenges are presented in respect of providing one of the largest addiction services in the country (2,933 services users). We will work in partnership with our addiction services to improve the health and wellbeing of this cohort of our population.

## **POPULATION WITH A DISABILITY**

The National Population Census in 2016 showed that 81,299 people in Dublin North City & County classified themselves as disabled with 23,457 people describing themselves as carers. This is in line with the national average. We are committed to ensure that this cohort of our population is encompassed in the implementation of our Healthy Ireland plan.

## **VULNERABLE MIGRANTS**

Vulnerable migrants include asylum seekers and refugees, low paid migrants, undocumented migrants, unaccompanied children, people who have been trafficked and members of the Roma community. Many of Ireland's main transport hubs such as Dublin Airport, Busáras and Dublin Port along with Baleskin Reception Centre are located within our area. These factors combine to create a high number of vulnerable migrants resident in our CHO. We recognise the severe disadvantage and poverty which can be experienced by vulnerable migrants and the challenges they face when accessing local health and social services. We will seek to include these service users in our Healthy Ireland plan.

## **STUDENT POPULATION**

A significant student population brings advantages in terms of amenities and transport links which benefit the wider population. This cohort of the population will be key in terms of engagement for targeted health promotion and anticipated future health gains.

## **CHALLENGES**

The demographic changes outlined above are generating increased demand on our health services. This emergent demand is particularly influenced by the changing population and lifestyle behaviours, as well as the predicted population growth of children (0-17 years).

## **CHO DNCC HEALTHY IRELAND PLAN**

It is important that the Healthy Ireland strategies to promote health and wellbeing are targeted appropriately to our diverse population. We will work proactively with our colleagues in the community / voluntary sector and local councils to ensure we reach those most in need, whilst at the same time using programmes which have a universal evidence based approach to health. We also recognise that our large population of 25-44 year olds are more likely to have children in their care and Healthy Ireland activities need to recognise this. Any gains in this age group would be expected to lead to improved health into the future for all of our population.



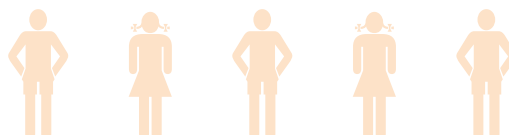
## KEY RISK FACTORS

THERE ARE A NUMBER OF KNOWN RISK FACTORS WHICH OVERLAP TO CONTRIBUTE TO A HIGH PREVALENCE OF CHRONIC DISEASE:

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**One in five** children are **overweight**

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**Almost one in five** of the population **smoke**

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**Alcohol consumption** in Ireland is the **5th highest** in Europe

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AS A RESULT OF LIFESTYLE FACTORS:

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**Half of all people** over 50 have **at least one chronic disease**

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**One in ten** people over 50 years has **diabetes**

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There are **36,000** new cases of **cancer** diagnosed each year in Ireland

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## Section 3

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# Our Staff



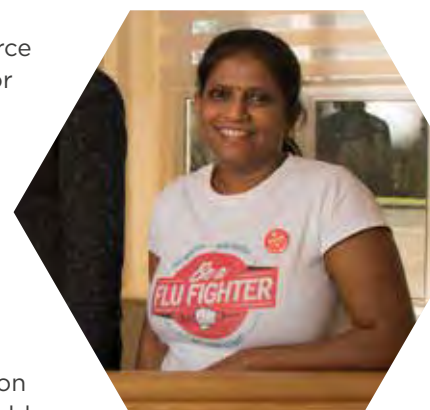
## Our Staff

*The Health and Wellbeing of everyone living in Ireland and everyone working in our health system is the most valuable asset that we possess as a nation”<sup>5</sup>*

The health sector’s workforce is at the core of the delivery of healthcare services working within and across all care settings in communities, hospitals and healthcare offices. The overall HSE Healthy Ireland Implementation Plan (*Healthy Ireland in the Health Services National Implementation Plan 2015-2017*) includes Improving Staff Health & Wellbeing as one of its three key priority areas. Our employees have a direct impact on the health outcomes and the experience of our service users. We are clear that when our employees are feeling well and satisfied with their work, the experience of our service users improves. Recruiting and retaining motivated and skilled staff remains paramount for the delivery of health services to an increasing and changing demographic population.

The *People Strategy 2015–2018* was developed in recognition of the vital role our workforce plays in delivering safer better healthcare. This strategy extends to the entire health sector workforce and is underpinned by a commitment to **engage, develop, value and support** our workforce. Part of the strategy is to enable our employees to become healthier in their workplaces through improved staff engagement and improving our staff support services. Research from *Michael West, The King’s Fund* suggests that good health and wellbeing produces a wide range of benefits for those who enjoy them, but as employers we can also benefit – happy, healthy employees are more likely to be present, motivated and productive. They are also more likely to be flexible and be prepared to commit to change – a vital requirement for organisations with a reform programme.

Workplace health programmes have been identified by the World Health Organisation (WHO) as one of the ‘best buy’ options for prevention and control of non-communicable diseases and for mental health and wellbeing. A healthy workplace policy which includes providing facilities conducive to healthy lifestyles while at work or getting to/from work actively promotes a culture of valuing staff health and wellbeing.



Dec 2017 <i>Dec 2016 figure: 6,260</i>	WTE <i>Dec 2017</i>	WTE <i>change since Dec '16</i>	% <i>change since Dec '16</i>	WTE <i>change since Nov '17</i>
<b>Overall</b>	6,412	+152	+2.4%	+22
HSE	3,431	+105	+3.1%	+13
Section 38 Voluntary Agencies	2,981	+48	+1.6%	+9

In 2017, CHO DNCC ran a staff health and wellbeing week with activities in a number of locations including guided meditation, a short physical activity, mini health check and a lunch time speaker with a healthy lunch provided. This week was delivered in partnership between HR and Health & Wellbeing. Feedback in general was very positive and follow-up on this will be included in similar initiatives which are planned for 2018 and beyond.

CHO DNCC is committed to working with our partners in the voluntary sector to improve staff health & wellbeing of our entire workforce. Between the Directors of HR there is a commitment to sharing learning experiences, initiatives etc. and where practical engage in joint projects.

<sup>5</sup> Health Service Executive: Healthy Ireland in the Health Services – National Implementation Plan 2015-2017,(2015)

## Section 4

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# Reducing Chronic Disease



## Reducing Chronic Disease

An overwhelming body of evidence has established that almost 35% of cancer deaths and cases of cancer, and almost 65% of cardiovascular disease deaths and cases, are attributable to a number of known and preventable risk factors – smoking, high blood pressure, obesity, high cholesterol, alcohol, physical inactivity and poor diet.'

The overall HSE Healthy Ireland Implementation Plan (Healthy Ireland in the Health Services National Implementation Plan 2015-2017) has Reducing the Burden of Chronic Disease as one of its three key priority areas. Chronic or non-communicable diseases are illnesses that affect people over a long period of time and cause a burden of illness, pain, disability and premature death to those who experience them and to their families. Chronic diseases include diabetes, cancer, heart and lung diseases. Chronic diseases are predicted to increase by up to 40% by 2020. To address these issues Integrated Care Programmes (ICPs) are being developed through the HSE's Clinical Strategy and Programmes Division. The ICPs have provided a framework for the management and delivery of health services to ensure that service users receive a continuum of preventative, diagnostic, care and support services, according to their needs over time and across different levels of the health system. From a health and wellbeing perspective, these programmes will provide the framework for how chronic disease should be prevented and managed. Aligned to this priority, the HSE has established an Integrated Care Programme for Prevention and Management of Chronic Disease. CHO DNCC now has both Diabetes and Respiratory (Asthma and COPD - Chronic Obstructive Pulmonary Disease) integrated care programmes in situ. These programmes are delivered in partnership with the Mater, Connolly & Beaumont Hospitals to ensure integrated pathways of care. This will lead to improved access and intervention and improve the quality of service to the public. A Local Implementation Governance Group has been established to drive and support the roll out of these programmes.



## DIABETES INTEGRATED CARE SERVICES

The National Clinical Care Programme for Diabetes introduced four new posts to CHO DNCC in 2017 including 1 Clinical Nurse Specialist (CNS), a Senior Podiatrist and 2 Senior Dietitian posts. These posts have enhanced the Integrated Care services that were already being rolled out by the three longer standing CNS posts for Diabetes in place since 2012/2013. The CNS supports and assists GP's and their Practice Nurses in setting up and establishing diabetes clinics under the 'cycle of care' for people with Type 2 diabetes and in reviewing those with complicated Type 2 diabetes. As their role is 80% community and 20% hospital they maintain strong links with the diabetes day centre in the hospital. They also support and educate public health nursing staff and other health care professionals in primary care. The CNS, in conjunction with the dietitians, are now in the process of rolling out X-PERT and DESMOND Structured Patient Education programmes, in community settings, for those newly diagnosed with Type 2 diabetes and those with an existing diagnosis. They also provide a one to one consultation service in local Primary Care Centres for people with Type 2 diabetes.

The senior podiatrist is the first HSE/Primary Care community podiatrist in this area and is currently setting up services in the community, for people living with diabetes in the Beaumont Hospital catchment area. The service is based on the National Model of Care for the Diabetic Foot. This will allow access to a senior podiatrist to help prevent foot ulceration, aiming to further prevent the risk of life altering lower limb amputation.

## RESPIRATORY INTEGRATED CARE SERVICES

The Respiratory Integrated Care service is a joint initiative developed through the Chronic Obstructive Pulmonary Disease (COPD) and Asthma National Clinical Care Programmes with oversight from the HSE Primary Care and Integrated Care Programmes for the Prevention and Management of Chronic Disease. Two Clinical Nurses Specialists and a Physiotherapist have been introduced to support these services through the HSE Primary Care Service to support and enhance management of service users with asthma and/or COPD.

The target population are those service users with COPD/asthma who demonstrate poorly controlled disease as defined within the National Clinical Care Programme, and those suspected of having undiagnosed COPD or asthma. Key objectives include diagnosis and care at the lowest level of complexity, enabling people to self-manage their asthma or COPD and reduce emergency attendance at GP out of hours and ED and hospital admissions.

In CHO DNCC we now have a CNS working in the Connolly Hospital catchment area of Dublin 15 and a CNS and Physiotherapist working in the Mater Hospital catchment area.

In the Mater catchment area, the physiotherapist delivers three Pulmonary Rehabilitation programmes in the community - Navan Road, Ballybough and Finglas areas. The CNS works with the physiotherapist in delivering one of the pulmonary rehabilitation programmes and also delivers one to one clinics including spirometry, in both primary care and GP settings. Both maintain links with the Respiratory Team in the Mater Hospital and the supporting consultant.

The Respiratory Care CNS who works in the Dublin 15/Connolly Hospital catchment area is running clinics from several GP Practices in Dublin 15, and maintains links with the Respiratory Team and supporting Consultant in Connolly Hospital. She is also in the process of setting up clinics in primary care settings to accommodate referrals from additional GP Practices.

Both the CNS and the physiotherapist work four days per week in the community and one day per week in the hospital. They also share expert knowledge and skills with both GP and primary care staff.



<sup>7</sup> Department of Health: Healthy Ireland: A Framework for Improved Health & Wellbeing, 2013 – 2025, (2014)

## SELF MANAGEMENT SUPPORT (SMS) & MAKING EVERY CONTACT COUNT (MECC)

Prevention, early detection and self-care support will be core elements of the models of care across the full spectrum of health and social care services, from primary care services provided by nurses, GPs, other allied healthcare professionals through to hospital and specialist services.

Self Management Support (SMS) - A National Self Management Support Framework has been developed for asthma, chronic obstructive pulmonary disease, diabetes and cardiovascular disease. The increasing numbers of people living with chronic conditions in Ireland has prompted the need to develop a framework which supports our service users to self manage their conditions to the extent that they are able to live with the best possible quality of life. This approach is crucial to both patient centred care and sustainability of health services. To facilitate the rollout of this an SMS co-ordinator has been appointed in each CHO to support the implementation of this framework.

Making Every Contact Count (MECC) is an approach to behaviour change that utilises day-to-day interactions by health professionals using their routine consultation to empower and support people to make healthier choices to achieve positive long-term behaviour change. This approach will allow us to move to a position where discussion of lifestyle behaviour is routine, non-judgemental and central to everyone's journey through the health service. It will link people to the self management supports available in their own community to facilitate them to live healthy lives with appropriate supports.

The principles of Self Care Management and Making Every Contact Count will underpin the development of the chronic disease management projects.

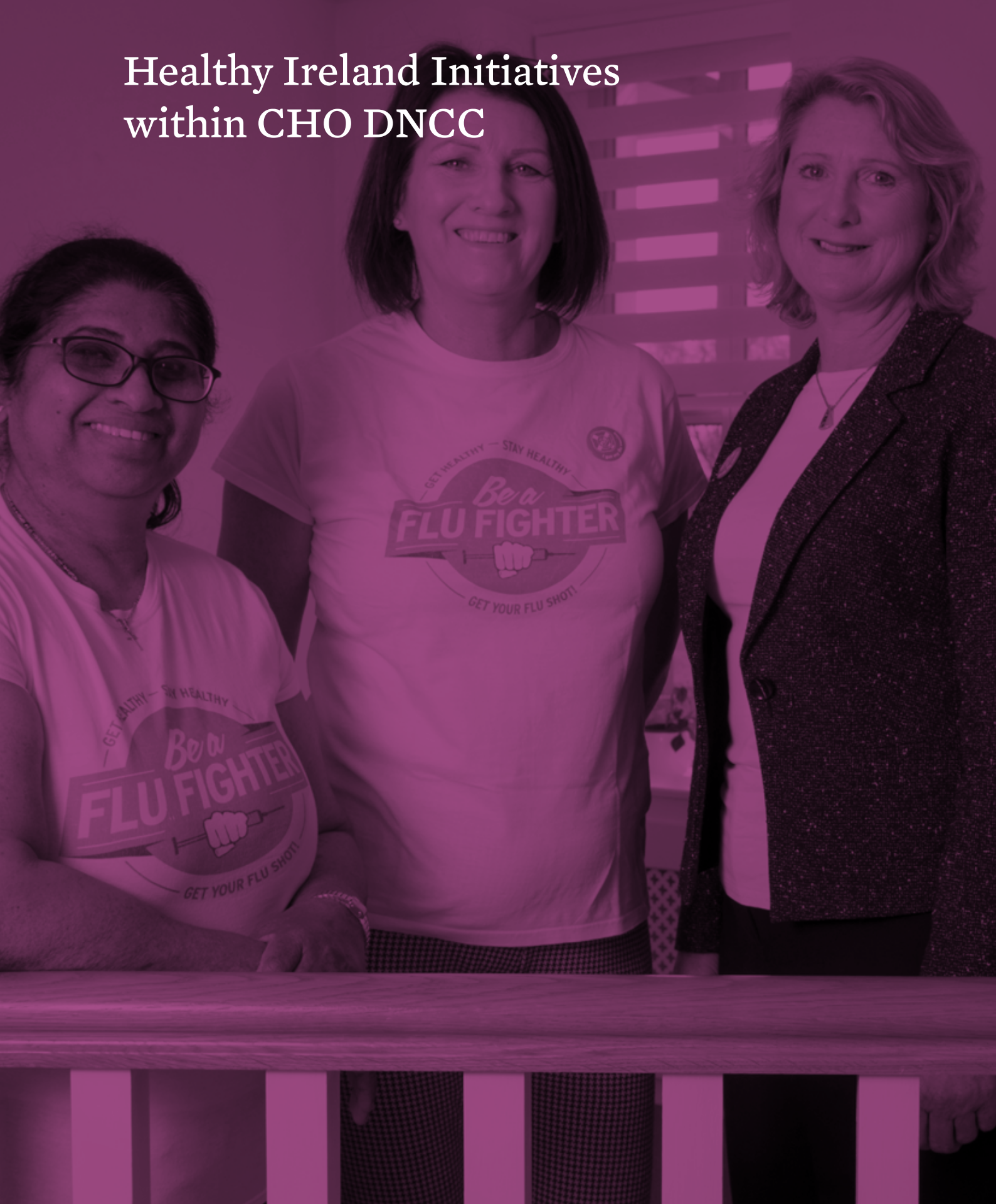




## Section 5

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# Healthy Ireland Initiatives within CHO DNCC









## Section 6

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# Implementing Our Healthy Ireland Plan



## Implementation

*At its simplest, implementation can be described as the carrying out of a plan for doing something. It focuses on operationalising the plan – the How, rather than the What.<sup>6</sup>*

This Healthy Ireland Plan for CHO Dublin North City & County is building on the actions contained in the Healthy Ireland Framework 2013-2025 relevant to the specific needs of the population of Dublin North City & County. It also acknowledges the initiatives that pre-date this plan and builds on all the good practice to date. This Healthy Ireland Plan will be delivered over a 5 year period from 2018 to 2022.

The 11 action areas outlined in this plan, aligned to the national plan, aim to bring about improvements to the health and wellbeing of service users and staff.



- 1 Healthy Childhood
- 2 Healthy Eating and Active Living
- 3 Tobacco Free Ireland
- 4 Alcohol & Health
- 5 Wellbeing and Mental Health
- 6 Sexual Health
- 7 Positive Ageing
- 8 Making Every Contact Count
- 9 Self-Management Support
- 10 Strengthening Partnerships
- 11 Staff Health and Wellbeing

<sup>6</sup> Centre for Effective Studies, An Introductory Guide to Implementation (2012)

An overall CHO DNCC Healthy Ireland Steering Committee was convened, chaired by the Head of Service Health & Wellbeing. The steering group included representatives from across all services in the CHO, colleagues from Public Health, Health Promotion and Improvement, Environmental Health Services, and the National Health and Wellbeing Division. Its Terms of Reference were:

- \* To develop an Implementation Plan for Healthy Ireland based on the National Healthy Ireland in the Health Services Implementation Plan 2015 – 2017 for Dublin North City & County CHO.
- \* Oversee the consultation and communication process associated with the development and implementation of the plan.
- \* Oversee and provide direction to ensure the successful Implementation of Plan.
- \* Set priorities based on the plan for each year of implementation.
- \* Ensure that detailed plans are in place for each year of implementation.
- \* Ensure on-going monitoring and progress reporting processes are in place.
- \* Support the sites in organising and structuring their resources for the delivery of the plan.
- \* Agree and establish sub groups to enable the implementation, with the chair of each sub group reporting to the chair of the Steering Group.
- \* Identify and monitor risks to the implementation and develop mitigation plans where necessary

The formulation of this plan commenced with facilitated staff discussions on the requirements of a Healthy Ireland Plan to improve the health and wellbeing of service users and staff in our area. This consultation took place over a number of locations during the summer of 2017 and over 175 staff from all disciplines engaged in the process.

Consultation also took place with service area management teams to determine existing good practice that could be implemented throughout CHO Dublin North City & County. The CHO Healthy Ireland Steering Group was enhanced with the appointment of a project manager to establish a specific Action Plan to implement Healthy Ireland initiatives. The actions contained in this plan reflect the recommendations from this consultation relevant to the population needs of our services users and staff.

In order to ensure implementation of the Healthy Ireland plan in Dublin North City and County we will utilise all available resources, evidence based methodologies and best practice models of project management and service delivery within the parameters of the HSE's performance and accountability framework. The limited funding for this initiative, while challenging, provides an opportunity for the CHO to work creatively to ensure the plan is implemented in a positive and effective way.

The success of the implementation of the Healthy Ireland plan will be delivered through the established governance structures of the CHO DNCC Management Team and requires ownership and engagement from staff at all levels of the organisation and the public whom we serve.

#### **MONITORING THE IMPLEMENTATION PLAN**

A CHO DNCC Healthy Ireland Steering Group will remain in place as an overarching support for the plan. Each service in CHO DNCC will establish a Healthy Ireland Implementation subgroup, reporting to their area management team, and supported by the Health & Wellbeing Team to deliver the actions relating to their areas. These service area sub groups will ensure the action plan is implemented. The CHO DNCC Management Team will monitor the plan on a quarterly basis and will offer appropriate support as required to facilitate the implementation within the timeframe. The Healthy Ireland Plan has been prioritised by the CHO Management Team as one of the main projects for completion from 2018 to 2022. They are fully supportive of the aims of the plan and the importance of all the elements involved in supporting the lifestyle choices and wellbeing of the population and staff in CHO DNCC.

## Governance, Leadership and Structures for Implementation of the Healthy Ireland Plan

Action	Measure	Timeframe	Lead
Assign a Healthy Ireland (HI) Project Coordinator to oversee the implementation of the HI plan	HI Project Co-ordinator in place	2018-2022	Head of Service Health & Wellbeing
Maintain the existing overarching CHO DNCC HI Steering Committee structure to oversee the CHO DNCC HI Implementation Plan	Steering Committee established	2018-2022	Head of Service Health & Wellbeing
Establish HI Implementation Groups across the service areas in CHO DNCC to implement HI implementation plans	Establish Implementation Groups in each service in CHO DNCC and commence work on the plan	2018-2022	Head of Service Health & Wellbeing
Undertake staff engagement sessions to communicate the HI plan at local level	Staff engagement sessions held bi-annually	2018-2022	Head of Service Health & Wellbeing
Establish baseline activity, monitor progress and demonstrate delivery of actions for CHO DNCC HI Implementation Plan	Use existing KPI data, establish monitoring mechanism for services and overarching HI Plan	2018-2022	Head of Service Health & Wellbeing
Promote and actively seek out health and wellbeing opportunities within CHO DNCC and other stakeholders i.e. LCDC, CYPSC, Partnerships, local community/voluntary partners	Increased engagement within CHO DNCC and other stakeholders i.e. LCDC, CYPSC, Partnerships, local community/voluntary partners in relation to Healthy Ireland	2018-2022	Head of Service Health & Wellbeing
Continuous promotion of the Healthy Ireland Plan for CHO Dublin North City & County	Implement Communications Strategy throughout lifetime of plan	2018-2022	Head of Service Health & Wellbeing



Section 7

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Our Healthy Ireland Action Plan  
2018 - 2022



## 1. Healthy Childhood

The Healthy Ireland Framework states that prioritising early intervention in child health, wellbeing, learning and development are inextricably linked in terms of reducing inequalities and improving health and wellbeing outcomes before birth and in early childhood. CHO DNCC welcome these priorities outlined in the Framework, in particular recognising that our population has over 120,000 children under 14 and the largest growing population of under 25's in Ireland. This demographic provides both challenges and opportunities to improve the health of our population.

#	Action	Measure	Timeframe	Lead
1.1	Identify a lead for Child Health and establish a child health governance team as per the Framework for the National Healthy Childhood Programme	Establishment of Child Health governance team  Child Health Development position filled in CHO DNCC	2018	General Manager Primary Care
1.2	Work with key personnel in Primary Care and Hospital Groups to identify pathways to additional services as required	Establishment of an RSCI / Ireland East/ Children's Hospital Group & CHO DNCC Child Health interface group re care pathways	2018	Head of Service Primary Care
1.3	Support the implementation of the Framework for the National Healthy Childhood Programme, including the HSE Nurture - Infant Health & Wellbeing Programme	Facilitate appropriate staff to complete the relevant training modules  All PHNs delivering the HSE Nurture programme within the life of the plan	2018-2022	Head of Service Primary Care
1.4	Support staff who complete 'Making Every Contact Count' (MECC) to commence brief interventions with pregnant families	Ensure recording of alcohol, tobacco, nutrition and other lifestyle issues on every chart as relevant	2018-2022	Head of Service Primary Care



#	Action	Measure	Timeframe	Lead
1.5	Continue to promote and support the uptake of breastfeeding in CHO DNCC in line with the National Breastfeeding Action Plan	<p>Support the delivery of the relevant actions from the National Breastfeeding Action Plan</p> <p>Implement the National Breastfeeding Policy for Primary Care Teams and Community Health Care Settings</p> <p>Improve breastfeeding rates to reach national KPI (Key Performance Indicators) targets and share data with teams</p> <p>Release appropriate staff to attend and undertake relevant breastfeeding training</p> <p>Provide information and support on breastfeeding to pregnant women</p> <p>Support the work of our local PHN breastfeeding-led committees</p>	2018-2022	Head of Service Primary Care
1.6	Promote the uptake of childhood immunisation in CHO DNCC	<p>Increase % of childhood immunisations to the national average</p> <p>Ensure Clinical Nurse Specialist (CNS) in place in CHO DNCC to support immunisation</p>	<p>2018-2022</p> <p>2019-2022</p>	<p>Head of Service Primary Care / Head of Service Health &amp; Wellbeing</p>
1.7	Support staff who have completed 'Making Every Contact Count (MECC)' to commence brief interventions to promote smoking cessation among parents and young people at each contact	MECC staff support groups to be established to assist staff using MECC model	2018-2022	Head of Service Health & Wellbeing
1.8	Support the implementation of the Healthy Weight for Children Programme	Implement the Healthy Weight for Children Programme using the resources of the Healthy Weight - Obesity Action Plan; Healthy Eating and Active Living Action Plan and National Physical Activity Plan for Healthy Childhood in CHO DNCC	2018-2022	Head of Service Health & Wellbeing

#	Action	Measure	Timeframe	Lead
1.9	Support the implementation of universally accessible evidence-based parenting programmes	<p>Up skill relevant staff on information, supports and courses for parents and carers in CHO DNCC</p> <p>All relevant staff to provide appropriate information and promote local and regional parenting supports i.e. parent &amp; toddler groups, positive parenting programmes etc. to parents and carers</p> <p>Support TUSLA (National Children Agency) to implement parenting programmes throughout CHO DNCC</p> <p>Provide additional supports for those families identified with the greatest need</p> <p>Work with the local CYPSC (Children and Young People's Services Committee) to scope out the option of developing a website &amp; leaflets for staff &amp; parents advising of local parenting supports in conjunction with local community/voluntary groups and partnerships</p>	2018-2022	Head of Service Primary Care / Head of Service Health & Wellbeing
1.10	Implement Dietetic Service for Paediatric Services	Support the implementation of a dietetic service in CHO DNCC for paediatric services	2018-2022	Head of Service Primary Care
1.11	Implement evidence based dental programmes to support oral health for children in CHO DNCC	Support dental teams to adopt an area wide evidence based strategy for improving child dental health in CHO DNCC and rollout within the life of the plan	2018-2022	Principal Dental Surgeon
1.12	Establish and improve connections with ethnic minority and marginalised families to support better health and wellbeing outcomes for children in CHO DNCC	Work with our partners in TUSLA and the community/voluntary sectors to support access and inclusion of ethnic minorities, travellers, homeless and other marginalised families in child health and wellbeing programmes	2018-2022	Head of Service Health & Wellbeing

## 2. Healthy Eating Active Living (HEAL)

CHO DNCC staff play a vital role in the promotion of healthy diets, physical activity and weight management as part of their daily interactions with service users and their families. It is also important that we focus our attention on those in our society who are most in need of our support and partnership in enjoying the benefits of healthy eating and active living. CHO DNCC will continue to build on initiatives to promote HEAL with those living and working in our area.

#	Action	Measure	Timeframe	Lead
2.1	Increase activity levels of the CHO DNCC community in line with the Get Ireland Active National Plan	Work with partners in LCDCs, Local Sports Partnerships (LSP's) and the community/voluntary sector to increase activity levels	2018-2022	Health Promotion & Improvement Lead
2.2	Increase healthy eating among the CHO DNCC community in line with the Healthy Weight For Ireland National Plan	Continue to deliver and expand community cooking programmes such as the <i>Cook It</i> and <i>Healthy Food Made Easy</i> via Community Partnerships and CHO DNCC Dietitians	2018-2022	Health Promotion & Improvement Lead
2.3	Ensure delivery of culturally appropriate Traveller healthy lifestyles education and health promotion programmes are integrated into local Traveller Health Plans including 'Small Changes Big Difference'	Continue to support relevant projects within the Traveller Community to promote healthy lifestyles.	2018-2022	General Manager Social Inclusion
2.4	Ensure delivery of culturally appropriate healthy lifestyles education and health promotion programmes for marginalised groups in CHO DNCC	Implement appropriate programmes with marginalised groups in our area	2019-2022	Head of Service Health & Wellbeing
2.5	Implement the HSE Healthier Vending Policy across the health services in CHO DNCC	Ensure vending machines in CHO DNCC meet requirements and policy standards set out	2019	Head of Service Health & Wellbeing
2.6	Implement the HSE Calorie Posting policy across CHO DNCC	Review HSE canteens in line with the calorie posting policy on an annual basis during the lifetime of this plan	2019-2022	Head of Service Health & Wellbeing

### 3. Tobacco Free Ireland

Tobacco use is the leading cause of preventable death in Ireland with almost 6,000 smokers dying each year from tobacco related diseases. Smoking related deaths are mainly due to cancers, chronic obstructive pulmonary disease (COPD) and heart disease. Smoking harms nearly every organ of the body, causing many different illnesses and diseases. If you are a long-term smoker, on average, your life expectancy is 10 years less than a non-smoker. On a positive note, there are now more quitters than smokers in Ireland. The Healthy Ireland framework ensures commitment to working towards a Tobacco Free Ireland.

#	Action	Measure	Timeframe	Lead
3.1	Assign a nominated Tobacco Lead from Senior Management in CHO DNCC to support implementation and on-going monitoring of local Tobacco Free Campus Policies across all sites and services	Nominated Senior Management Lead appointed and oversees implementation of Tobacco actions in CHO DNCC	2018-2022	Head of Service Health & Wellbeing
3.2	CHO DNCC will commit to HSE Tobacco Free Sites and Campuses and will develop an action plan to progress the implementation and on-going monitoring of the HSE Tobacco Free Campus Policies across all sites and services	Tobacco lead to be identified in all services within CHO DNCC	2018	CHO DNCC Management Team
		Implementation Plan for CHO DNCC produced	2019	
3.3	All services in CHO DNCC will implement the Global Network for Tobacco Free Healthcare Services Quality Standards and complete online self-audit	Online self-audit completed annually by primary care and residential services  5 services participate in validation audit per annum	2018-2022	Nominated Tobacco Lead in each service
3.4	CHO DNCC will engage in a coordinated and timely process whereby Tobacco Free Campus implementation monitoring data is supplied to the Tobacco Free Ireland Programme Office	Implementation data supplied to Tobacco Free Ireland Programme Office on a quarterly basis	2018-2022	Head of Service Health & Wellbeing



#	Action	Measure	Timeframe	Lead
3.5	Smoking cessation service information and QUIT support resources will be displayed in all appropriate CHO DNCC sites	Cessation information will be placed in all appropriate CHO DNCC sites	2018-2022	Head of Service Health & Wellbeing
3.6	CHO DNCC will establish cessation services to serve the needs of its population in-line with National Institute of Health and Clinical Excellence (NICE) best practices recommendations	HSE smoking cessation services will work with local voluntary and community sector groups to provide smoking cessation “train the trainer” training to support target groups particularly in those areas of high need	2019-2022	Health Promotion & Improvement Lead
3.7	Ensure compliance with the <i>HSE Protection from Second-hand Smoke in Domestic Settings Policy</i> in CHO DNCC	Support staff and managers in CHO DNCC to implement this policy	2018-2022	Head of Service Health & Wellbeing
3.8	Services in CHO DNCC will routinely record the smoking status of service users using its service, deliver brief interventions and refer to intensive services where appropriate	Clinical Staff in CHO DNCC to record smoking status of service users and deliver brief intervention or refer to cessation services where appropriate	2019-2022	CHO DNCC Management Team
3.9	CHO DNCC will offer reduced cost cessation pharmacotherapy, group sessions and referral to intensive cessation services for staff if needed	10% of staff who smoke accessing intensive cessation services/ pharmacotherapy per annum	2019-2022	Head of Service Health & Wellbeing
3.10	CHO DNCC will support the implementation of the Health Behaviour Patient Management System (e-referral to quit services)	Clinical Staff in CHO DNCC to implement the quit e-referral Health Behaviour Management System (HBPMS) as required	2018-2022	CHO DNCC Management Team



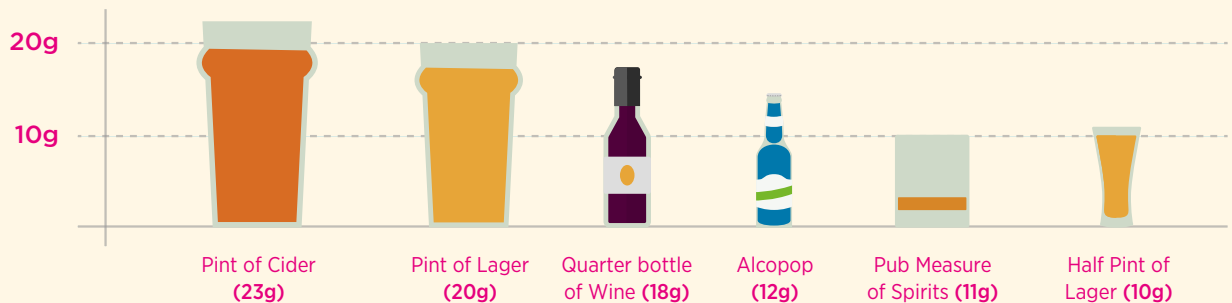
## 4. Alcohol & Health

Over three quarters (76%) of the Irish Population drink alcohol, with over half consuming alcohol at least once a week (53%). The National Healthy Ireland Survey 2015 found that “*drinking to excess on a regular basis is commonplace throughout the population*”. It states that, “*Four out of ten drinkers in Ireland drink to harmful levels on a monthly basis, with over a fifth doing so on a weekly basis.*” CHO DNCC is committed to the promotion of healthier lifestyles choices throughout society in relation to alcohol and supporting those with alcohol issues and their families.

#	Action	Measure	Timeframe	Lead
4.1	Support the roll out of national alcohol risk campaigns and display alcohol information materials in all CHO DNCC centres to reinforce positive health messages in relation to alcohol risks and health & wellbeing	Ensure all HSE sites have materials and resources in CHO DNCC and promote <a href="http://www.healthpromotion.ie">www.healthpromotion.ie</a> particularly in relation to alcohol and drugs	2019-2022	Head of Service Health & Wellbeing
4.2	Provide tailored prevention activity & interventions to effectively address the needs of those who face a higher risk of alcohol & substance use because of their lifestyle or because they belong to a specific group or community of interest	Continue to support tailored interventions through the Social Inclusion Team in CHO DNCC	2018-2022	General Manager Social Inclusion
4.3	Ensure knowledge of and implementation of the HSE Policy on Public Health Information Initiatives related to alcohol	Continue to promote staff engagement with HSE Internet Campaigns on alcohol awareness  Ensure all CHO DNCC staff and voluntary groups regularly inform the public of <a href="http://www.askaboutalcohol.ie">www.askaboutalcohol.ie</a> , <a href="http://www.drugs.ie">www.drugs.ie</a> and the alcohol and drugs helpline as the main sources of information and support	2018-2022	General Manager Communications
4.4	Promote awareness & understanding both to the public and to health care professionals of the specific HSE referral care path-ways for alcohol and substance misuse based on the HSE Four Tier Model of service delivery	Continue to promote and support pathways to alcohol and substance abuse intervention services and promote support groups such as AA, NA, SMART Recovery etc.	2018-2022	General Manager Social Inclusion



#	Action	Measure	Timeframe	Lead
4.5	Provide training on Alcohol Policy in CHO DNCC using the Alcohol Programme as a resource	Continue to promote and provide alcohol training for staff in CHO DNCC including half day alcohol policy training	2018-2022	General Manager Social Inclusion
4.6	Promote the HSE website <a href="http://www.askaboutalcohol.ie">www.askaboutalcohol.ie</a>	Throughout CHO DNCC utilise every opportunity to promote the HSE alcohol website	2018-2022	Head of Service Health & Wellbeing



1 Standard Drink contains 10g of pure alcohol

1 Standard Drink = half a pint of beer/stout/ale = single measure of spirits = small glass of wine



**11 standard drinks** spread out over the course of a week, with at least two alcohol free days



**17 standard drinks** spread out over the course of a week, with at least two alcohol free days

## 5. Wellbeing and Mental Health

The World Health Organisation defines mental health as a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community<sup>7</sup>. Mental health promotion is concerned with promoting well-being among all age groups of the general population and addressing the needs of those at risk from, or experiencing, mental health difficulties. Mental health promotion also has a role in preventing a number of mental health problems, notably depression, anxiety and behavioural disorders. CHO DNCC is committed to promoting good mental health for those living and working in our community.

#	Action	Measure	Timeframe	Lead
5.1	Implement a social prescribing programme building on the learning from effective models	Following the guidelines from the Mental Health Promotion Plan scope out an evidence based, nationally aligned social prescribing programme for CHO DNCC	2018-2022	Head of Service Health & Wellbeing
5.2	Support the development and implementation of the forthcoming National Mental Health Promotion Plan	Support implementation of the plan in CHO DNCC	2019-2022	Head of Service Health & Wellbeing
5.3	Implement initiatives to prevent post natal depression in mothers of children 0-3yrs	CHO DNCC Infant Mental Health post in place  Promote HSE Nurture Programme and Mind Mothers in CHO DNCC	2019-2022	Head of Service Primary Care
5.4	Implement initiatives to promote positive mental health among older people living in the community and HSE residential setting	Continue to promote positive mental health programmes for older people in CHO DNCC	2018-2022	CHO DNCC Management Team
5.5	Deliver training to build capacity among staff to promote positive mental and physical health among mental health and other service users as appropriate	Continue to provide training for staff to ensure promotion of mental and physical health for service users in CHO DNCC	2018-2022	CHO DNCC Management Team

<sup>7</sup> [http://www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/en/)



#	Action	Measure	Timeframe	Lead
5.6	Support the delivery of the HSE National Men's Health Action Plan 2017-2021	Build capacity of those working with men and young males in CHO DNCC through the delivery of appropriate training	2018-2022	Head of Service Health & Wellbeing
		Engage in supports for traveller men through their peers and groups	2018-2022	
		Raise awareness of Men's Health issues through awareness campaigns	2018-2022	
5.7	Implement initiatives to promote positive mental health among staff	Continue to support initiatives to promote positive mental health among staff	2018-2022	Head of HR
5.8	Improve early intervention and youth mental health in CHO DNCC	Continue to support the three Jigsaw sites and explore the need for other voluntary youth services in CHO DNCC to improve youth mental health	2018-2022	Head of Service Mental Health
5.9	Support the delivery of the CHO DNCC Connecting for Life Plan	Connecting for Life Plan in CHO DNCC implemented	2018-2022	Head of Service Mental Health



## 6. Sexual Health

Ireland's first National Sexual Health Strategy was launched in 2015. It established clear leadership within the health sector in the area of sexual health and wellbeing. The World Health Organisation defines sexual health as *"a state of physical, emotional, mental and social wellbeing in relation to sexuality. Sexual health requires a positive and respectful approach to sexuality and sexual relationships free of coercion, discrimination and violence"*. The strategy envisions that everyone in Ireland experiences positive sexual health and wellbeing through the provision of sexual health promotion, education and prevention. CHO DNCC will work in conjunction with our partners in Local Hospital Groups, TUSLA, CYPSC and community/voluntary sector agencies to ensure information and evidence based sexual health programmes are available to those who require them.

#	Action	Measure	Timeframe	Lead
6.1	Identify and assign designated personnel to implement the Sexual Health Strategy and associated campaigns	Assign Area Lead to implement the Sexual Health Strategy in CHO DNCC	2021	Head of Service Health & Wellbeing
6.2	Map the current sexual health services in CHO DNCC	Based on the finding and recommendations from the National Mapping of STI and Contraceptive Services and the National Needs Assessment, review, signpost and develop local services in CHO DNCC	2021	Head of Service Health & Wellbeing
6.3	Identify all referral pathways to STI (sexually transmitted infection), crisis pregnancy and post-abortion support services in CHO DNCC	Mapping exercise completed of support services  Promote the availability of free crisis pregnancy counselling services and post abortion counselling through information campaigns in partnership with the National Sexual Health and Crisis Pregnancy Programme	2021	Head of Service Health & Wellbeing
6.4	Review and map initiatives in place to support positive health for LGBTI+	Mapping exercise completed for LGBTI+ initiatives in CHO DNCC  Work with TUSLA, voluntary / community services and CYPSC to ensure that young adult LGBTI+ service users have appropriate support, counselling and information	2021	Head of Service Health & Wellbeing

#	Action	Measure	Timeframe	Lead
6.5	Implement process to ensure all services in CHO DNCC are aware and avail of the free sexual health resources and training opportunities	<p>Area Lead CHO DNCC to ensure all relevant staff groups are aware of free sexual health and training opportunities e.g. (Condom distribution service, health promotion material, HSE &amp; HSE funded training) and encourage uptake</p> <p>Facilitate appropriate staff to attend current sexual health related training, e.g. Foundation Programme in Health Promotion, LGBTI+ Awareness, Transgender Health</p> <p>Following the publication of the National Sexual Health Training Strategy Implement training programme in consultation with local service providers based on national targets</p> <p>Continue to promote and support HSE Sexual Health Campaigns such as <i>'Johnny's got you covered'</i>, <i>'Man2Man'</i>, <i>'Positive Options'</i>, <i>'Abortion Aftercare'</i> and HSE websites <a href="http://www.sexualwellbeing.ie">www.sexualwellbeing.ie</a>, <a href="http://www.Man2Man.ie">www.Man2Man.ie</a> and <a href="http://www.b4uDecide.ie">www.b4uDecide.ie</a></p>	2021	Head of Service Health & Wellbeing
6.6	Implement process to ensure all sexual health programmes and services address marginalised groups to reduce health inequalities	<p>Area Lead to continue to ensure, within existing resources, that all marginalised groups including adults with disabilities will have access to sexual health education and are supported to explore their sexuality in a safe and non-judgemental atmosphere</p> <p>Ensure the non-Irish national population in CHO DNCC have knowledge and access to the sexual health services</p>	2021	Head of Service Social Care & Social Inclusion General Manager



## 7. Positive Ageing

Positive ageing refers to a holistic individual, community and ‘whole-of-government’ approach to changing attitudes towards ageing. Particular emphasis is based on the life course approach, highlighting that ageing policy and practice is an issue for all ages and sectors of society. In line with the rest of Ireland, CHO DNCC has an ageing population with over 70,000 (12.5%) people aged 65 or over according to the 2016 Census. It is the aim of our Healthy Ireland Plan to support people to enjoy a healthy, active and fulfilling old age. To promote positive ageing we recognise the need to support our older population to stay healthy and well connected to their communities.

#	Action	Measure	Timeframe	Lead
7.1	Promote positive ageing and improve physical activity levels for older people in CHO DNCC	Work collaboratively with Fingal County Council / Dublin City Council and to promote age friendly activity projects	2018 -2022	Head of Service Health & Wellbeing
		Continue to support CHO DNCC physiotherapy teams to promote community based activity programmes	2018 -2022	Head of Service Primary Care
7.2	Ensure that “Dementia Understand Together” campaign resources and information are widely available and on display in relevant public service areas	“Dementia Understand Together” campaign information to be displayed in public areas and on screens displaying health messaging in CHO DNCC centres	2019-2022	Head of Service Health & Wellbeing
7.3	Incorporate Dementia Friendly Design in any new build or modification to existing buildings	New buildings in CHO DNCC to incorporate Dementia Friendly design	2018 -2022	CHO DNCC Management Team
7.4	Support the release of staff to attend relevant Dementia Awareness training programmes	Front line staff to be released to take part in Dementia Awareness training	2019 -2022	CHO DNCC Management Team
7.5	Develop a dementia care pathway in conjunction with our Hospital Groups and support the implementation of the pathway	Build on the work already in place in CHO DNCC to ensure implementation of a dementia care pathway from Connolly, the Mater, Beaumont Hospitals and other relevant hospital groups for all clients	2019 -2022	Head of Service Social Care/ Head of Service Primary Care
7.6	Continue implementation of Nutrition Screening tools for older people across CHO DNCC	Dietitians to support HSE residential services and PHN staff to implement a nutrition screening tool in CHO DNCC and refer people to appropriate supports as required	2018 -2022	Head of Primary Care/ Head of Service Social Care

#	Action	Measure	Timeframe	Lead
7.7	Assist older people in CHO DNCC to live at home with co-ordinated supports to stay healthy and well connected to their communities	Continue to support the joint ALONE/HSE Project in CHO DNCC and other initiatives that support an integrated model of home care provision	2018-2022	Head of Service Primary Care/ Head of Service Social Care
7.8	Encourage older people to engage in their local community to ensure good mental and physical health	Scope out the implementation of a Social Prescribing Model including access for older people throughout CHO DNCC	2018-2022	Head of Service Health & Wellbeing
		Scope out the “University Of The 3rd Age” model of older adult community participation in conjunction with DIT/DCU	2018-2022	Head of Service Health & Wellbeing
		Engage with Age Friendly alliances in CHO DNCC	2018-2022	Head of Service Social Care / Head of Service Health & Wellbeing
7.9	Establish connections with older people from minority groups, to improve their health and wellbeing in CHO DNCC	Work with our partners in the community/ voluntary sector to support access to and inclusion of older people from minority and marginalised communities in health and wellbeing programmes	2018-2022	Head of Service Health & Wellbeing





## 8. Making Every Contact Count

Making Every Contact Count (MECC) is a national programme to support health professionals to use their routine consultations with service users to promote positive lifestyle changes which will improve their health and wellbeing. CHO DNCC will support the implementation and review the impact of MECC with our staff.

#	Action	Measure	Timeframe	Lead
8.1	Develop a local implementation plan for MECC throughout CHO DNCC using the National Implementation Model	Develop an implementation strategy and roll out MECC in CHO DNCC  Implement MECC Communication Plan at local level	2018	Head of Service Health & Wellbeing
8.2	Implement the National Training Plan for the roll out of the MECC Programme in CHO DNCC	Train frontline staff within CHO DNCC in the MECC methodology as per national targets for online and blended learning training  Implement MECC as part of the Integrated Care Programme for CHOs for the prevention and management of Chronic Diseases	2018 -2022	Head of Service Health & Wellbeing
8.3	Identify and develop a network of key champions/advocates for the MECC programme throughout CHO DNCC	Key staff from each service identified as Champions for MECC  Plan developed and implemented for supporting MECC Champions	2018-2022	Head of Service Health & Wellbeing
8.4	Implement the MECC minimum data set tool across services in CHO DNCC to record information on service users' lifestyle risk factors and behaviour change interventions	The national MECC data set tool to be implemented by all relevant staff in CHO DNCC	2018 -2022	Head of Service Health & Wellbeing
8.5	In conjunction with the relevant stakeholders map the current referral pathways to specialist services available within CHO DNCC to support the roll out of MECC	Referral pathways to specialist services within CHO DNCC will be mapped out and made available to all relevant staff in CHO DNCC	2018 -2022	Head of Service Health & Wellbeing
8.6	In conjunction with the relevant stakeholders, map the current pathways to relevant community resources/programmes for signposting to support the roll out of MECC in CHO DNCC	All community resources and programmes available to support Health Behaviour Change in CHO DNCC will be mapped and information made available to all relevant staff in CHO DNCC	2018 -2022	Head of Service Health & Wellbeing



## 9. Self-Management Supports

A new Self-Management Support (SMS) structure based on the recommendation of the National Clinical Care Programme will be put in place to assist people with chronic long-term conditions such as COPD, Asthma, Diabetes and Cardiovascular Disease to work in partnership with health professionals in their local team to manage their conditions in a proactive way, using HSE and community based resources in order to live a healthier and more fulfilling life.

#	Action	Measure	Timeframe	Lead
9.1	Appoint a SMS co-ordinator in CHO DNCC	Co-ordinator appointed to implement the SMS national framework in CHO DNCC	2018	Head of Service Health & Wellbeing
9.2	Develop a CHO DNCC Implementation Plan for SMS based on the National Framework and Implementation Plan for SMS	Plan developed and implemented with support from the National SMS Programme Team  Appropriate Key Performance Indicators (KPIs) in place to monitor this service	2018 -2022	Head of Service Health & Wellbeing
9.3	Map, produce and maintain a directory of programmes and supports for SMS	Directory of programmes in place within the CHO DNCC area	2018-2022	Head of Service Health & Wellbeing
9.4	Engage with Health & Social Care professionals in CHO DNCC to promote and support delivery of SMS	Primary Care Teams to establish a care planning process for people within their area living with very complex chronic long term conditions which will include review meetings to support people to manage their disease more effectively and support less frequent use of the acute services in partnership with their care team	2020 -2022	Head of Service Primary Care
9.5	Support the implementation of evidence based self management support programmes in CHO DNCC in line with the national framework	Implement SMS programmes within the HSE  Work with our partners in the community/ voluntary sector to provide SMS programmes  Ensure the inclusion of marginalised communities in these programmes	2018 -2022	Head of Service Health & Wellbeing
9.6	Deliver structured service user education programmes for Type 2 diabetes	Structured education programmes to run in CHO DNCC particularly in those communities with an identified high population of people with Type 2 diabetes	2018 -2022	Head of Service Health & Wellbeing

## 10. Strengthening Partnerships

The HSE works in collaboration with all statutory, community and voluntary agencies that assist in improving the health outcomes of the most vulnerable in our society. In particular a good working relationship has been built with both Dublin City and Fingal County Councils, particularly through the Local Community Development Committee (LCDC) forum. Good working relationships are already in existence with CYPSC and TUSLA as well as close links with community voluntary groups. We intend to continue to strengthen these relationships and build new connections throughout the life of this plan.

#	Action	Measure	Timeframe	Lead
10.1	Continue to support LCDC's, CYPSC and community/voluntary agencies to implement Healthy Ireland programmes in line with national guidance	HSE representatives on LCDC's and CYPSC contribute to the implementation of the Healthy Ireland Framework and development of Healthy Ireland LCDC & CYPSC plans  Service Level Agreements (SLA) with voluntary/community groups to include a provision on partnership working in relation to the CHO DNCC Healthy Ireland Plan	2018 -2022  2018-2022	Head of Service Health & Wellbeing  CHO DNCC Management Team
10.2	Engage with local business communities to promote Healthy Ireland in CHO DNCC	Local businesses provide support for specific Healthy Ireland Projects in CHO DNCC	2018 -2022	Head of Service Health & Wellbeing
10.3	Support local schools to develop health and wellbeing action plans and provide health and wellbeing seminars to teachers on a range of topics agreed annually with the Department of Education and Skills in line with HSE SPHE Health & Wellbeing resources	Agreed percentage of schools with health and wellbeing action plans and seminars achieved in CHO DNCC  Promote and disseminate the HSE SPHE (Social Personal Health Education) Senior Cycle Resources on topics such as Alcohol & Drugs, Sexual Health etc.	2018 -2022	Health Promotion & Improvement Lead
10.4	Engage all service users, including children and young people, in the development, implementation and review of HSE Healthy Ireland programmes	Link with community and voluntary agencies to ensure engagement of our citizens in the design and review of Healthy Ireland Programmes in CHO DNCC	2020-2022	Head of Service Health & Wellbeing

#	Action	Measure	Timeframe	Lead
10.5	CHO DNCC and the community/voluntary sector will continue to support vulnerable sections of the community to improve their health outcomes	CHO DNCC Social Inclusion will continue to engage with all partners to improve the health of the most vulnerable in CHO DNCC	2018 -2022	General Manager Social Inclusion
10.6	Promote the uptake of HSE screening programmes within vulnerable groups in CHO DNCC in partnership with the National Screening Service and community/voluntary sector	Increase uptake of HSE screening programmes to national average within CHO DNCC for vulnerable groups i.e. persons with addiction issues, homeless people, refugees, asylum seekers, people from the Traveller and Roma Communities	2018 -2022	Head of Service Health & Wellbeing
10.7	Support the implementation plan to reduce homelessness in conjunction with our partners in Dublin Regional Homeless Executive (DRHE) and Non Governmental Organisations (NGO)	Work in partnership with NGOs and the DRHE to reduce homelessness in CHO DNCC	2018 -2022	General Manager Social Inclusion
10.8	Support local activation initiatives which aim to build supportive dementia friendly communities	Work in partnership with community, voluntary and public service agencies to support dementia friendly communities	2018 -2022	General Manager Social Inclusion



## 11. Staff Health & Wellbeing

CHO DNCC acknowledges that the work and the health & wellbeing of our employees are interlinked. We aim to demonstrate a commitment to promoting a culture where wellbeing is embraced by all our employees. Through our Healthy Ireland Implementation Plan, the People Strategy and our feedback reports from the national staff surveys, we will provide a framework to promote a proactive and engaging approach to enhancing the health and wellbeing of our staff. This will be achieved through wellbeing initiatives, employee support mechanisms and joint working with employees and their representatives, and local partners to identify and address areas for improvement. We will ensure that through the implementation of this action plan we provide information and support to our employees to increase their awareness of the importance of ensuring their own health and wellbeing and in particular the correlation between positive emotional and mental health wellbeing and exercise.

#	Action	Measure	Timeframe	Lead
11.1	Implement the H&WB Healthy Workplace Framework in CHO DNCC	HR to lead the roll out of the framework within CHO DNCC	2018 -2022	Head of HR/ Occupational Health
11.2	Promote walking and active travel as a strategy to reduce the risks of sedentary work practices including prolonged sitting	Integrate initiatives that support and promote healthy lifestyles in the workplace into local health service staff health and wellbeing plans for example Steps to Health Challenge, Active Travel	2018 -2022	Head of Service Health & Wellbeing / Head of HR
		Introduce ICT –message prompt on HSE devices in relation to prolonged sitting for staff	2020	Head of Service Health & Wellbeing
		Continue to engage in the Irish Heart Foundation Active@Work and walking leader training.	2019 -2022	Health Promotion & Improvement Lead
11.3	Implement the HSE Staff Health and Wellbeing Policy in CHO DNCC	Roll out of the policy within CHO DNCC	2019 -2022	Head of HR
11.4	Adopt the Values in Action National framework at CHO DNCC level	Implement Values in Action culture	2018 -2022	CHO DNCC Management Team
11.5	Actively promote and support the HSE staff national survey and engage with staff within the CHO DNCC with regard to the health and wellbeing element of the survey	Host feedback events in CHO DNCC in relation to annual survey results	2018 -2022	Head of HR
		Agree actions based on annual survey and implement initiatives emerging from survey results based on the principles of staff engagement.		

#	Action	Measure	Timeframe	Lead
11.6	Support staff and management to identify key areas and staff groups needing priority for staff health and wellbeing initiatives	<p>Promote an inclusive working environment for all staff working in CHO DNCC</p> <p>Develop toolkit for new staff H&amp;WB committees</p> <p>Support establishment of staff H&amp;WB committees in a range of locations within CHO DNCC</p> <p>Facilitate shared learning between current Staff H&amp;WB committees and newly established committees</p>	2018 -2022	Head of Service Health & Wellbeing / Head of HR
11.7	Cooperate and actively support national evaluations and piloting of Staff Health and Wellbeing initiatives to develop a consistent approach to Staff Health and Wellbeing	Continue to work closely with the HSE Workplace Health & Wellbeing Unit	2018 -2022	Head of Service Health & Wellbeing / Head of HR
11.8	Promote and increase uptake of the flu vaccine among staff including front line service providers, managerial and administrative staff	Increase in uptake every year, in line with national guidelines, among staff and service providers, of the flu vaccine	2018 -2022	Head of Service Health & Wellbeing
11.9	Support and maintain the mental health and wellbeing of staff	Commence implementation of the National Wellbeing and Mental Health Programme for staff in CHO DNCC	2018 -2022	Head of Service Health & Wellbeing / Head of HR
11.10	Implement the Breast-feeding Policy for staff	Continue to implement the HSE Breastfeeding Policy for staff in CHO DNCC	2019-2022	Head of Service Health & Wellbeing / Head of HR
11.11	Continue to promote family friendly health and wellbeing policies in CHO DNCC	Continue to implement and expand family friendly health and wellbeing initiatives within all services in CHO DNCC	2018 -2022	Head of Service Health & Wellbeing / Head of HR
11.12	Support staff to prepare for retirement and the transitional stage from work to retirement in relation to their Health & Wellbeing	<p>Commission LETD (Leadership, Education &amp; Talent Development) to continue to deliver preretirement courses for staff in CHO DNCC</p> <p>Work with National Diversity, Equality &amp; Inclusion to offer alternative programmes to support staff to prepare for retirement</p> <p>Scope out the development of a Retired Staff Society in CHO DNCC</p>		Head of Service Health & Wellbeing / Head of HR



# Appendices

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## Appendix 1

### REFERENCE DOCUMENTS

- <sup>1</sup> Department of Health: Healthy Ireland: A Framework for Improved Health & Wellbeing, 2013 – 2025 (2014)
- <sup>2</sup> Health Atlas Ireland CSO Census 2016 (2017)
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- <sup>4</sup> Department of Housing, Planning & Local Government Homelessness Report February 2018
- <sup>5</sup> Health Service Executive: Healthy Ireland in the Health Services – National Implementation Plan 2015-2017,(2015)
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- Saolta Healthy Ireland Implementation Plan 2015-2017, 2014 UL Hospitals group Healthy Ireland Implementation Plan 2016-2019, 2016



## Appendix 2

### GLOSSARY OF ABBREVIATIONS

CAMHS Child and Adult Mental Health Services	HSCN Health & Social Care Network	NRS National Recruitment Service
CHO Community Healthcare Organisation	HSE Health Service Executive	PCT Primary Care Team
COPD Chronic Obstructive Pulmonary Disease	H&WB Health & Wellbeing	PHN Public Health Nurse
CNS Clinical Nurse Specialist	ICT Information and Communications Technology	PMO Project Management Office
CYPSC Children and Young People's Services Committee	IT Information Technology	POA Psychiatry of Old Age
DNCC Dublin North City and County	KPI Key Performance Indicator	QUIT National Smoking Cessation Service
DRHG Dublin Regional Homeless Executive	LCDC Local Community Development Committee	Section 38/39 Providers Community/Voluntary agencies funded through HSE service level agreements
GM General Manager	LETD Leadership, Education & Talent Development	SLA Service Level Agreement
GP General Practitioner	LGBTI+ Lesbian Gay Bisexual Transgender Intersex and all other identities	SMS Self Management Support Programme
HBPMS Health Behaviour Patient Management System	LSP Local Sports Partnership	SPHE Social Personal Health Education
HCAI Healthcare Associated Infections	MECC Making Every Contact Count programme	STIs Sexually Transmitted Infections
HFME Healthy Food Made Easy	MHID Mental Health Intellectual Disability Service	SUFMC Service User Family Member Carer
HI Healthy Ireland	NGO Non-Governmental Organisation	TUSLA National Children Agency
HIV Human Immunodeficiency Virus	NICE Guidelines National Institute for Health and Care Excellence Guidelines	WHO World Health Organisation
HP Health Promotion	NOSP National Office for Suicide Prevention	WTE Whole Time Equivalent
HP&I Health Promotion & Improvement		
HR Human Resources		

## Appendix 3



### STEERING GROUP MEMBERS

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