HSE Mid West Community Healthcare

Delivery Plan 2019

Seirbhís Sláinte | Building a
Níos Fearr | Better Health
á Forbairt | Service

Vision

A healthier Ireland with a high quality health service valued by all

Mission

- People in Ireland are supported by health and social care services to achieve their full potential
- People in Ireland can access safe, compassionate and quality care when they need it
- People in Ireland can be confident that we will deliver the best health outcomes and value through optimising our resources

Values

We will try to live our values every day and will continue to develop them

Care

Compassion

Trust

Learning

Goal 1 — Promote health and wellbeing as part of everything we do so that people will be healthier

Goal 2 — Provide fair, equitable and timely access to quality, safe health services that people need

Goal 3 — Foster a culture that is honest, compassionate, transparent and accountable

Goal 4 — Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Goal 5 — Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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Foreword from the Chief Officer

I am pleased to introduce the HSE Mid West Community Healthcare Delivery Plan for 2019. As we are now two months into the year it might appear somewhat strange to be issuing a plan at this point. It is important to understand that the HSE has been working to implement a plan, the National Service Plan, since the start of the year. What this local delivery plan does is to give a detailed local reflection of that plan which we are already working towards achieving.

The introduction will give a flavour of the headline priorities within each of our four service profiles of Primary Care, Social Care, Mental Health all underscored by Health and Wellbeing. The subsequent chapters explore those priorities in much more detail where we not only say what we will do but in many instances publish the figures by which such achievements will be measured. By those same measurements we are accountable in the national performance framework of the HSE. More importantly the publication of this local Delivery Plan is our statement of clear intent to be accountable to the most important stakeholder, the 385,000 people of Limerick, Clare and North Tipperary, a population we are privileged to serve.

HSE Mid West Community Healthcare is part of the overall HSE, an organisation which will see many further changes in 2019. The introduction of a new HSE Board, the intended recruitment of a new HSE Director General (CEO designate) and the structural reforms flagged for the advancement of Slaintecare will all bring new opportunities and challenges for us in HSE Mid West Community Healthcare. While working with and keeping an eye to these changes we are committed to also ensuring that such changes are an enabler to improving how we work and not a distraction from the important daily tasks of high quality service delivery.

The plan provides and important context for our four service profiles in that it includes dedicated chapters dealing with the detail of clinical, quality and safety, finance and workforce management.

This year will see HSE Mid West Community Healthcare manage and deploy a resource of €396.056 million and a workforce of 4,304 Whole Time Equivalent (WTE). With a final 2018 budget of €384.603 million this represents a 2.98% increase.

As our population ages, the burden of chronic disease remains strong and increased complex presentations in both disability and mental health services are evident, we are challenged to respond at all times in the way we would wish. We equally however have a responsibility to obtain the best value for money for the public and so our measures to manage within the approved resource will be with the intention of as little impact as possible on services.

The leadership and workforce of HSE Mid West Community Healthcare was the reason we delivered a successful plan in 2018 with many positive achievements. It is that same basis which gives me every confidence that we will repeat that standard in this plan for 2019.

Bernard Gloster
Chief Officer
HSE Mid West CHO
5th March 2019

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HSE Mid West
Community Healthcare

Section 1

Introduction

1.1 Introduction

CHO Priorities for 2019

The headline budget in 2019 for HSE Mid West Community Healthcare is €396.056m. with an additional accommodation for up to 4.55million in respect of special additional lines in Mental Health and services for Older Persons'. In respect of the headline budget 2019, this represents a 2.98% increase on the closing budget for 2018. This is accompanied by a workforce level of 4,246 Whole Time Equivalent (WTE) and represents a year on year increase in available resource funding targeted at different priorities.

Section 1.2 overviews the Mid West population which is dependent on that resource allocation to meet many needs. Increased life expectancy requires all services to plan for additional dependencies as the population sub set of older people increases.

Across the age spectrum there are many different demographic pressures evident in the increased demand for services for older people, those with a disability, prevalence of chronic disease and mental health presentations. The four service area profiles have many responsibilities and actions clearly set out in this plan. Within this exceptionally busy day to day activity there is also need to focus on key priorities which aim in various ways to achieve change through improved access, quality, safety or the model and pathway of care provided.

Two key themes of Integration and Clinical Quality and Patient Safety underline the plan and the priorities. These themes are essential as the Mid West works with the national HSE, the Department of Health and local partners to deliver on the ambitious plan that is Slaintecare.

Some, by no means all of the priorities, are summarised here.

Health and Wellbeing

The implementation of the Mid West Health and Wellbeing Strategic Plan published in 2018 is the key framework through which HSE Mid West Community Healthcare will pursue the many priority initiatives aimed at improving the health status of the population.

- A better start in life drives focus in the direction of child health and prevention.
- A healthy environment is a key target to be pursued with all sectors in the Mid West.
- Improved lifestyle requires the pursuit of many national programmes in areas such as Tobacco Free, Alcohol awareness, Healthy Eating, Active Living and Sexual Health.
- Age Well is supported by many policy platforms and approaches with the specific focus of Self-Management Support for those with chronic disease.
- The MECC (Make Every Contact Count) Framework will be pursued as an enabler to improvement.

A critical priority in HSE Mid West this year is to take the now developing Health and Wellbeing service and approaches and embed them deeply within each of the local service areas.

Primary Care, Social Inclusion and Palliative Care

The Primary Care services are the first port of call for many service users and these can be for short periods or a sustained period. The responsibilities and priorities set out later in the plan reflect a breadth and scope that comprehends infancy to end of life. Amongst the many priorities are structure, infrastructure and targeted approaches/enhancements to care.

- Structure. The framework for organising and integrating services has been defined as the Community Healthcare Network allowing a more local focus in populations of up to 50,000 people. This model will be tested in 2019 through a learning site in the Mid West.
- Infrastructure. The Mid West was challenged in earlier years on the development of Primary Care Centres and many did not materialise under the various programmes for provision. More success in 2017 and 2018 will see two new centres commissioned in 2019 at Castletroy, Limerick and Kilmallock County Limerick. Advancement to various stages including design, planning and construction will be evident in Ennis, Sixmilebridge, Ennistymon, Newcastlewest, Kilalloe, Thurles and Roscrea.
- Targeted Approaches. Commencement of HPV vaccine for secondary school boys, establishment of a dedicated continence clinic in Clare, the introduction of frailty screening and a Mid West wide approach to Aids and Appliances sourcing and provision are amongst the many targets of this plan.

Social Inclusion

Many groups are because of their minority circumstance at risk of additional health outcome challenges compared to the general population. HSE Mid West has built a strong and vibrant service over the years and in 2019 will continue to pursue excellence in opportunity of access and outcome for the Homeless, those with Addiction, Refugees, Travellers, Asylum Seekers and LGBTI+.

Palliative Care

HSE Mid West is fortunate to have a very comprehensive and high standard of access to specialist and other levels of palliative care. This is in no small part due to the progressive work of Milford Care Centre with its origins in the Trusteeship of the LCM (Little Company of Mary) based in Limerick but serving and active in Clare and North Tipperary. Many plans have been developed and successfully implemented over the years and in 2019 an updated local Strategic Plan for the Mid West will be a priority. The opening of a new replacement hospice (specialist unit) in late 2018 is the flagship of the service along with a well functioning home support provision. However HSE Mid West is focused on ensuring our progress does not stop and the revised local Strategic Plan will include;

- A revised approach to some aspects of the supports at home to ensure greater capacity to respond to increased demand.
- A timeline for the commencement of the commissioning of four additional capacity beds within the specialist inpatient unit – 2020 subject to resource possibilities and considerations.

Mental Health

From the whole population approach to promoting positive mental health and wellness through to the specialised responses to severe and disabling mental illness, this service is wide ranging and in high demand across HSE Mid West. Through 23 Teams both Adult, sub sets of Adult and Children are responded to both at home in the community and on an inpatient basis.

- The continued expansion with UL Hospitals of the already successful Perinatal Mental Health service will continue to see additional focus in 2019 together with the implementation of the specific model of care for that user group.
- The national framework for Recovery in Mental Health 2018-2020 is a continuing priority.
- Expansion of some community services to a seven day presence is a focus of all opportunities in the future use of resources.
- The Mid West Connecting for Life Plan is mid way through its implementation and continues to be a priority in 2019 through partnership with all stakeholders.

Social Care

Disability Services

The Mid West continues to experience an increase in demand for services across the disability range including physical, sensory, intellectual disability and autism. This is consistent with other areas of the Country. Regulatory compliance continues to present challenges given the historical basis from service provision comes.

- HSE Mid West will prioritise its share of a new national 100 posts targeted at reducing the concerning wait times for Assessment of Need.
- Best use of available resources to provide respite will be a priority focus recognising a significant need in this aspect of service provision.
- Day services development continue to be a key focus and HSE Mid West will aim in 2019 to repeat its success of 2015,2016,2017 and 2018 in placing appropriately all school leavers requiring specialist day supports.
- A variety of responses will be utilised to aid those who clearly require residential care but may have to wait to access same due to resource, availability and skill set constraints in the providers available for such services.

Older People

In public residential and home support care the HSE Mid West has reached very significant compliance with resource management and target achievement in recent years. Again, particularly in public residential care, regulatory compliance continues to be a challenge given the historical basis from which service provision comes.

Amongst our priorities are;

- Continued progress of new public replacement care facilities at St. Camillus Limerick, St. Joseph's Ennis, St. Conlon's Nenagh together with advanced planning for adaptations in Newcastlewest and Roscrea is key to the 2021 target for such facilities.

- Continued modernisation of the Home Support service through the new Home Help Contract and the 2018 Tender Framework will yield further benefits.
- Exploration of new ways of responding to older people will continue through the Integrated Care Programme Pilot commenced in County Clare.

Mid West Wide Community Healthcare Priorities

- A subset of this plan will include ongoing refinement of expenditure management to deal with an estimated challenge of €7.7m, when demand against available resource is considered. Prudent management of resource is critical in 2019 and will form part of both local and national performance discussions as the year progresses. Reduction and Containment of expenditure are critical in 2019.
- Integration in all aspects both within and outside the HSE is an essential pursuit to improving the overall contribution of stakeholders to managing health and personal social service needs.
- Creating a positive culture within the local HSE Mid West organisation will see further progression of building the Values In Action approach now in its third year, an approach which has been replicated more recently in other parts of the country.
- Managing a workforce requires not only strict adherence to the limits of the resource available but also a focus on the support and development of that workforce as an enabler to better service for the public, additional attractiveness in recruitment and more sustainability in retention.
- Transparent and public accountability of local management and services against the actions and priorities set out in this plan.

Challenges to the Delivery of the Plan

HSE Mid West Community Healthcare is acutely aware of the many statutory and policy responsibilities to protect and promote the health of the local population. As both demand and costs increase and despite increased allocations challenges are evident to both the resource (Financial and WTE) and the service delivery targets. The challenges have their origins in;

- New technologies and approaches driving the type of demand and the cost of response.
- Demographic Pressures.
- Accumulation of previous unmet need.
- Costs.
- Specialist area recruitment and retention coupled with agency dependency.
- Increasing capital costs.
- Regulatory activity with risk of enforcement action in residential Social Care services/Mental Health.
- Vulnerability and Frailty of people presenting in need of care.

Even with prudent resource management, cost reduction strategies and careful planning it will not be possible to meet all demands in 2019 and where activity profiles change either in volume or cost, the area is obliged to work to a position of financial stability to ensure security of service for future years. Value achievement in all respects will be central to responding to the challenges to this Delivery Plan.

1.2 Our Population

The population profile for the Mid West Community Healthcare has been predominately taken from the Central statistics Office (CSO) data. Our population in HSE Mid West is 384,988 which is an increase of 1.5% on the period between 2011 and 2016. Our population over 85 years has increased in the same period by 13.2% and decreased in the 0-4 yrs age group by 8.9%. These variables and the many increases in the age cohorts in between these two ends of the spectrum, present a range of challenges and considerations for the services.

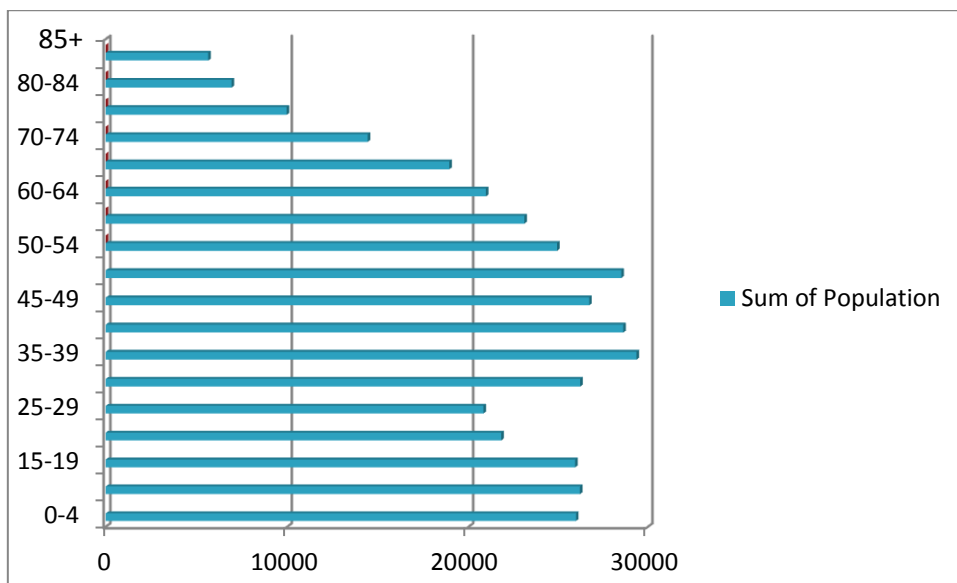*Fig.1 Mid West Community Healthcare Age Profile Census 2016* *CSO census 2016*

Life Expectancy and Health Status

Life expectancy in Ireland has increased by two and a half years since the HSE was first established in 2005. In the age category 70-74 saw the highest increase since the 2011 census an increase of 23.7%.
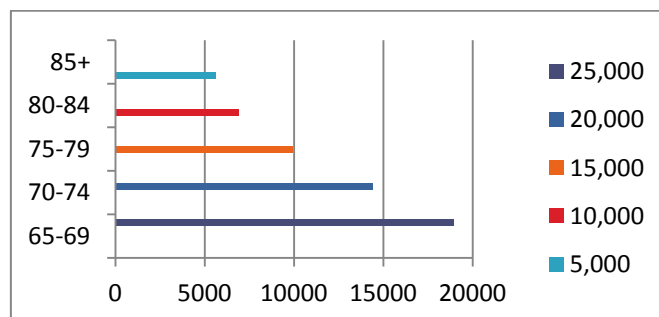

Fig. 2 Mid West Community Healthcare over 65 years Age Profile *CSO Census 2016*

Mortality rates have generally fallen, particularly from major diseases.

We know that there is an expectation that in the years 2017 – 2022 there will be a 17% increase in the number of people over 65 years who will experience two or more chronic health conditions.

Health Inequalities

We know that life expectancy is better for professional as opposed to unskilled workers. Death rates are two times higher for those who received only primary education compared to those who attended third level.

Homeless

There is a great challenge for the Health services in playing a part in responding to homelessness on many levels. Homelessness affects health outcomes but also requires intensive consideration to the health and welfare needs of people while they transition through the various levels of emergency to long term resolutions. HSE Mid West Community Healthcare has a strong social inclusion service working with many partner agencies to mitigate the effects of homeless. Social Inclusion supports the healthcare needs of those accessing homeless services directly through the HSE Homeless Action Team, dedicated G.P. service and indirectly through our funded agencies.

In 2019 a dedicated Housing First Project supported by the SRF and Genio funding in partnership with the local authority will deliver 10 Housing First units with wrap around services for people with addiction and mental health challenges and living in homeless accommodation for at least 6 month.

The figures for singles appears to have plateaued over the past number of months, however the number of families experiencing and at risk of homelessness continues to increase. A significant contributing factor is the dearth of affordable accommodation for families.

Travellers Health and Roma

Our Traveller population in the Mid West has increased by 6.2% between 2011 and 2016. Travellers are much younger than the general population.

Demographic Cost Pressure

The different changes in the population and life expectancy all bring different challenges for services in responding to demand and a number of increases in health spend are directly associated with this demographic pressure.

1.3 Reform and Transformation

Sláintecare Report

The Sláintecare Report was published in May 2017 and represents cross-party political consensus on the future of our health and social care services. The Sláintecare Report advocates for a healthcare system where the majority of services are delivered in the community, where care is safe, timely, and accessible, and access is based on need not ability to pay.

Over the next ten years, Sláintecare will:

- Promote the health of our population to prevent illness
- Provide the majority of care at or closer to home
- Create a system where care is provided on the basis of need not ability to pay
- Move our system from long waiting times to a timely service – especially for those who need it most
- Create an integrated system of care, with healthcare professionals working closely together

The Sláintecare Implementation Strategy (2018) is the framework for a system-wide reform programme. It sets out the direction for the next ten years and actions to be taken in the first three years of the Sláintecare implementation process. The focus is on establishing the building blocks for a significant shift in the way in which health and social care services are delivered in Ireland.

HSE Mid-West Community Healthcare will play a significant part in delivering the benefit of Sláintecare actions at local level. In 2019 we will work with the National HSE and the Sláintecare office of the Department of Health to bring focus to a number of parts of the planned reforms with a particular emphasis on two which are immediately relevant to Community Healthcare.

- The creation of a learning site for the concept of a Community Healthcare Network. This is where we will attempt a specific detail further integration of services at local level.
- Organisational change. It is indicated that a new organisational structure of regional integrated care organisation will be introduced across the country and HSE Mid-West Community Healthcare will work with this proposed changed programme.

**HSE Mid West
Community Healthcare**

Section 2

Clinical, Quality, and Patient Safety

2.1 Clinical, Quality and Patient Safety

Introduction

HSE Mid West strives to deliver high quality, safe, compliant, person- centred care to patients and service users within a culture of continuous quality improvement that promotes the well- being of patients, service users and staff.

The Quality, Risk & Patient Safety Department comprises of four strands relevant to safety in HSE Mid West Community Healthcare: Infection Prevention & Control, Health & Safety Complaints Management and Quality, Risk & Patient Safety (clinical).
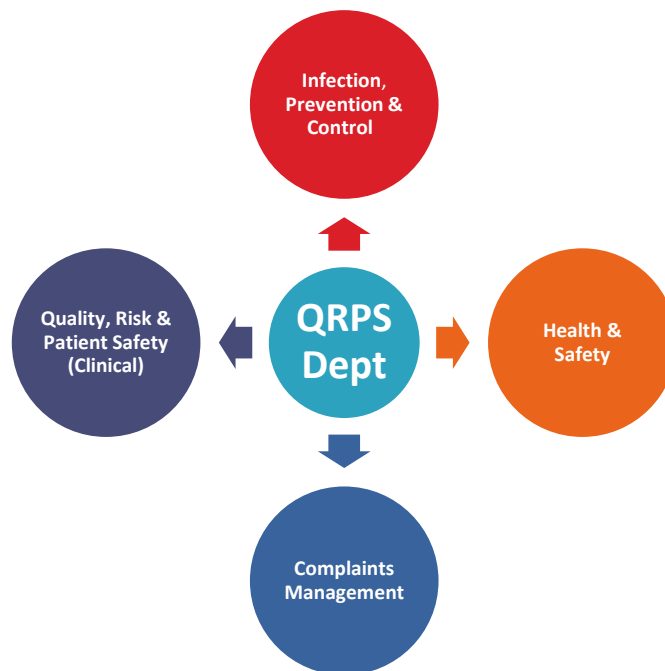
This structure supports the CHO to develop an organisational approach to quality and safety through the standardisation of practice, sharing learning and continuous quality improvement, within available resources. The development of the Quality & Safety Committees provides for oversight and assurance of learning and service improvement arising from safety indicators such as service user feedback, investigations, regulators reports, audits, incident trends. Reflecting local and national priorities, the 2019 operational plan identifies eleven areas for action:

- The prevention of healthcare associated infection (HCAI) in the community, including CPE, and the effective stewardship of the use of anti-microbials to tackle resistance (AMR) across all community settings
- Pressure ulcer prevention
- Reduction of harm from falls
- Patient & service user engagement: patient experience surveys
- Patient & service user engagement: complaints management

- Risk management
- Health & safety
- Incident management
- Clinical audit
- Quality improvement: implementation of best practice/ standards
- Quality improvement: Capacity and capability to support rollout of the HSE Framework for Improving Quality

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
National Patient Safety Priority: The prevention of healthcare associated infection (HCAI) in the community, including CPE, and the effective stewardship of the use of anti-microbials to tackle resistance (AMR) across all community settings	(i) Implement and monitor a hand hygiene training programme for all directly managed community services in 2019.	Q1-4 2019	Infection Prevention & Control Manager & Nurse Specialists
	(ii) Partner with all services to run events in association with WHO Hand Hygiene Day to raise awareness of hand hygiene as fundamental to safe, quality care.	Q2 2019	Infection Prevention & Control Manager & QR&PS Business Manager
	(iii) Surveillance and analysis of outbreaks of infections to improve management and prevention systems to reduce risk of HCAI to patients and service users.	Q1-4 2019	Infection Prevention & Control Manager & Nurse Specialists
	(iv) Partner with services to improve antimicrobial stewardship informed by the HALT 2016 prevalence data on antimicrobial use and HSE KPIs related to antimicrobial prescription.	Q1-4 2019	QR&PS Business Manager, Infection Prevention & Control Manager and Community Pharmacist
	(v) Support services to undertake assessments of readiness in relation to the HIQA National Standards for infection prevention and control in community services.	Q1-4 2019	Infection Prevention & Control Manager & Nurse Specialists

Priority	Priority Action	Timeline	Lead
	(vi) Deliver infection prevention and control training to support and enhance services' capacity.	Q1-4 2019	Infection Prevention & Control Manager & Nurse Specialists
	(vii) Support implementation of HCAI/AMS initiatives and guidance issued by National HCAI Team	Q1-4 2019	Infection Prevention & Control Manager & Nurse Specialists
National Patient Safety Priority: Pressure Ulcer Prevention	(i) Promote implementation learning from Pressure Ulcer to Zero collaborative	Q1-4 2019	QR&PS Business Manager and Advisors
	(ii) Roll out the *Safety Cross* (Quality Improvement tool) to record pressure ulcer data at ward level in Older Persons Residential Services.	Q1-4 2019	QR&PS Advisor (Social Care)
National Patient Safety Priority: Reduction of harm from falls	(i) Support the revision of a falls prevention and management guideline in residential and in- patient services in Mental Health and Older Persons Services.	Q1-2 2019	QR&PS Advisor (Social Care)
	(ii) Support the implementation of the revised falls prevention and management guideline in residential and in- patient services in Mental Health Services.	Q3-4 2019	QR&PS Advisor (Social Care & Mental Health)
	(iii) Support the implementation of the revised falls prevention and management guideline in residential and in- patient services in Older Persons Services.	Q3-4 2019	QR&PS Advisors (Mental Health & Social Care)
	(iv).Pilot *Cinderella Rounds* in 1 mental health facility as a falls prevention initiative	Q1-3 2019	QR&PS Advisors (Mental Health & Social Care)

Priority	Priority Action	Timeline	Lead
	(v) Partner with all services to run events in association with National Falls Prevention Awareness day to raise awareness about how to prevent fall-related injuries among older adults.	Q3 2019	QR& PS Advisors
Patient and service user engagement: patient surveys/ forum	(i).Develop patient experience survey for use in HSE Older Persons residential services.	Q1-2 2019	QR&PS Advisor (Primary Care)
	(ii).Support Primary Care Services to implement quality improvement plans developed from the Mid West primary care patient experience surveys conducted in May 2018.	Q1-4 2019	QR&PS Advisor (Primary Care)
	(iii).Support Mental Health Services to implement improvement actions arising from Service User Forums linking with the work of the Thematic Review Group.	Q1-4 2019	QR& PS Advisors (Mental Health)
Patient and service user engagement: Complaints	(i).Implement the Your Service Your Say Policy 2017.	Q1-4 2019	Complaints Manager
	(ii).Provide YSYS briefing sessions for staff on request.	Q1-4 2019	Complaints Manager
	(iii) Provide Complaints Officer training.	Q1-4 2019	Complaints Manager
	(iv) Support the rollout of Complaint Review Officer training.	Q1-4 2019	Complaints Manager
	(v).Monitor and report Stage 2 complaints management KPIs to Heads of Services and quality & safety committees.	Q1-4 2019	Complaints Manager
	(vi).Track and trend themes in relation to patient experience in scheduled aggregated reports of all complaints to Heads of Services.	Q1-4 2019	Complaints Manager
	(vii).Develop a complaints casebook to share the learning from Stage 2 complaints.	Q1-2 2019	Complaints Manager
	(viii).Support implementation of the Ombudsman's recommendations from *Learning to get better.*	Q1-4 2019	Complaints Manager
Risk management	(i) Provide training to all services as part of the Integrated Risk Management policy 2017 implementation within the HSE Mid West	Q1-4 2019	QR& PS Advisors

Priority	Priority Action	Timeline	Lead
	Community Healthcare.		
	(ii) Develop and implement a process for the monitoring and managing of risk registers for all Risk Owners on the CHO management Team.	Q1 2019	QR&PS Business Manager and Advisors
	(iii) Based on the learning from the pilot in 2018, develop and implement an audit tool in regulated services in Social Care to assure the processes at service level for the management of known high frequency/ high volume risks, health and safety priorities and infection prevention issues.	Q2-4 2019	QR& PS Advisors (Social Care), Health & Safety Officers and Infection Prevention & Control Manager
	(iv) Based on the learning from the pilot in 2018, develop and implement an audit tool in regulated services in Mental Health to assure the processes at service level for the management of known high frequency/ high volume risks, health and safety priorities and infection prevention issues.	Q2-4 2019	QR& PS Advisors (Mental Health), Health & Safety Officers and Infection Prevention & Control Manager
	(iv) Based on the learning from the pilot in 2018, develop and implement an audit tool in Primary Care to assure the processes at service level for the management of known high frequency/ high volume risks, health and safety priorities and infection prevention issues.	Q2-4 2019	QR& PS Advisors (Primary Care), Health & Safety Officers and Infection Prevention & Control Manager
Safety management: Health & Safety	(i) Partner with services to develop and implement site specific safety plans	Q1-2 2019	Health & Safety Officers
	(ii) Commence an H&S audit schedule within the CHO including supporting the National Health & Safety Audit function's Audit Plan	Q2-3 2019	Health & Safety Officers
	(iii) Promote the role of the safety representative.	Q1-4 2019	Health & Safety

Priority	Priority Action	Timeline	Lead
			Officers
	(iv).Deliver health & safety awareness training	Q1-4 2019	Health & Safety Officers
	(v) Support services to implement recommendations from the Dangerous Goods Safety Advisor Audit within the CHO.	Q1-4 2019	Health & Safety Officers
	(vi) Partner with all services to run events to mark European Week for Safety and Health at Work (Week 43) and raise awareness of the role healthy workplaces plays in safe, quality care.	Q3 2019	Health & Safety Officers
	(vii) Engage with Estates and Heads of Services on the health and safety aspects of new builds and refurbishments for existing services on- going during the project or which will commence post- project.	Q1-4 2019	Health & Safety Officers
	(viii) Support the Mid West Community Healthcare Quality & Safety Committee to development implementation plans for HSE occupational Health and Safety Policies and Guidelines.	Q1-4 2019	Health & Safety Officers
	(ix) Support services to develop an inspection and monitoring plan for electrical installations.	Q1-4 2019	Health & Safety Officers
Improving the quality and safety of services: Incident management	(i) Provide training to all services as part of the Incident Management Framework 2018 implementation within the HSE Mid- West Community Healthcare.	Q1-4 2019	QR& PS Advisors
	(ii) Ensure the timely reporting and completion of National Incident Management System (NIMS) review screens for all Category 1 incidents, serious incidents and serious reportable events.	Q1-4 2019	QR&PS Advisors
	(iii) Participate in the Phase 3 roll out of the National Incident Management System (NIMS) in CHOs.	Q1-4 2019	QR&PS Business Manager
	(iv) Provide assurance in relation to implementation of recommendations from investigation of incidents.	Q2-3 2019	QR& PS Advisors
	(v) Track and trend harm in scheduled aggregated reports of all incidents to all	Q1-4 2019	QR&PS Advisors and Health &

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Priority	Priority Action	Timeline	Lead
	Heads of Services.		Safety Officers
	(vi) Share learning from incident investigations with the wider service using *Learning Notices*	Q1-4 2019	QR&PS Advisors and Health & Safety Officers
	(vii) Develop and roll out process to provide assurance in relation to the quality and safety aspects of service agreements with HSE funded agencies.	Q1-4 2019	QR&PS Business Manager
	(viii) Support implementation of the HSE Open Disclosure policy through the provision of briefing sessions for staff and 1/2day workshops for managers.	Q1-4 2019	QR&PS Business Manager and Advisors
Clinical audit	(i) Co- ordinate clinical audit training with QAV facilitator.	Q1-4 2019	QRPS Business Manager
	(ii) Support Quality & Safety committees with the development of annual audit schedules.	Q1-4 2019	QR&PS Advisors
Quality improvement: implementation of best practice/ standards	(i) Support primary care services to implement *Better Safer Healthcare Standards.*	Q1-4 2019	QR&PS Advisor (Primary Care
	(ii) Support Mental Health teams to implement *HSE Best Practice Guidance for Mental Health Services*	Q1-4 2019	QR& PS Advisors (Mental Health)
Quality improvement: Capacity and capability to support **Rollout of the HSE Framework for Improving Quality**	(i) Develop capacity within QRPS Department to implement and practice quality improvement tools and techniques.	Q1-4 2019	QRPS Business Manager
	(i) Develop capacity within QRPS Department to implement and practice quality improvement tools and techniques.	Q1-4 2019	QRPS Business Manager
	(ii) Identify staffs in the HSE Mid West Community Healthcare who have completed training in quality improvement methodologies.		QRPS Business Manager

HSE Mid West Community Healthcare

Section 3

Population Health and Wellbeing

3.1 Population Health and Wellbeing

A fundamental goal of the health service is to support the health of its population. *Sláintecare* recognises the importance of supporting people to look after and protect their own health and wellbeing. *Healthy Ireland* is the national strategy for improved health and wellbeing. This strategy is underpinned by a whole-system philosophy involving cross-government and cross-societal responsibility. The health system will continue to play an important leadership role in driving this whole-system shift towards a culture that places greater emphasis and value on prevention and keeping people well.

There are many positive trends visible within our health service, life expectancy is increasing, mortality rates are declining and survival rates from conditions such as heart disease, stroke and cancer are improving. Despite these encouraging developments, we know changing lifestyles, chronic disease patterns and ageing population trends are altering our population's healthcare needs. This is creating an unsustainable horizon for the future provision of our health and social care services in Ireland.

To address these challenges the health service in the Mid West Community Healthcare area will continue to prioritise high quality evidence based prevention, early intervention and health protection strategies to help reduce demand on our health and social care services thereby ensuring a sustainable health system for future generations.

Services Provided

Population health is about helping our whole population to stay healthy and well by focusing on prevention, protection, and health promotion and improvement including the provision of:

- National Policy Priority Programmes for tobacco, alcohol, healthy eating, active living, sexual health and crisis pregnancy and child health provide expertise, strategic advice and direction to address known preventable lifestyle risk factors by designing and developing evidence based best practice policies, programmes and initiatives.

- Health Promotion and Improvement provides a range of education and training programmes focused primarily on building the capacity of staff across the health service and in key external bodies who are ideally placed to positively influence health behaviour. Health and wellbeing services work with people across a variety of settings in the community, in hospitals, in schools and in workplaces.

- Public health services which protect our population from threats to their health and wellbeing through the design and oversight of national immunisation and vaccination programmes and actions for the prevention and control of infectious diseases.

- National screening services which provide population-based screening programmes for BreastCheck, CervicalCheck, BowelScreen and Diabetic RetinaScreen.

- Environmental health services which take preventative actions and enforce legislation in areas such as food safety, tobacco control, cosmetic product safety, sunbed regulation, fluoridation of public water supplies, drinking and bathing water.

Issues and Opportunities

The demographic profile of the population of the Mid West is changing and there is increasing demands on our health and social care services. Demand for healthcare services will increase by between 20% and 30% in the next ten years. Unhealthy lifestyle choices such as those related to diet, exercise, smoking and alcohol use are all driving demand for health services and resulting in increased level of chronic disease amongst our population.

Individual lifestyle choices are heavily influenced by social and economic circumstances. A whole-system approach involving cross-government and cross-societal actions are required to help our most vulnerable and deprived communities.

Building upon *Sláintecar*e and HSE structural reforms and enablers create greater capacity within the organisation to lead and deliver upon the health and wellbeing reform agenda. The Health & Wellbeing Strategic Plan for the Mid West Community Healthcare area has been developed and is now in the process of being implemented. This strategy will deliver upon the health and wellbeing reform locally, improving the health and wellbeing of the local population by reducing the burden of chronic disease and improving staff health and wellbeing. The transition of Health Promotion and Improvement to the Mid West Community Healthcare will significantly augment existing health and wellbeing resources supporting accelerated embedding and integration of health and wellbeing across services locally.

A detailed national framework has been developed which outlines how to progress implementation of Self-Management Support for chronic diseases. The appointment of a Self-Management Support Co-Ordinator in the Mid West Community Healthcare area will deliver on the priorities as set out in the framework. Through the implementation of the Making Every Contact Count (MECC) Programme, and the Self-Management Support Framework, chronic disease prevention and management will be an integral and routine part of clinical care by all healthcare professionals enabling them to capitalise on the opportunities that occur every day to support individuals to make healthier lifestyle choices.

Priorities 2019

- Improve the health and wellbeing of the population by reducing the burden of chronic disease.

- Build upon *Sláintecare* and HSE structural reforms and enablers to create greater capacity within the organisation to lead and deliver upon the health and wellbeing reform agenda.

- Work in partnership with our colleagues in Primary Care to deliver on Early Years Intervention including the National Healthy Childhood and Nurture Infant Health and Wellbeing Programmes.

- Protect our population from threats to health and wellbeing through infectious disease control, immunisation, and environmental health services.

- Improve staff health and wellbeing.

Health and Wellbeing

Priorities and Actions

Improve the Health and Wellbeing of the population by reducing the burden of chronic disease

Chronic disease prevention and self-management support

- Implement the Mid West Health & Wellbeing Strategic Plan to deliver agreed actions that embed prevention, early detection and self-management support among staff and the communities they serve.

  - Commence the MECC training programme with frontline staff which is the key enabler in promoting lifestyle health behaviour change with service users.

  - Commence implementation of the MECC Framework in the Mid West Community Healthcare area.

  - Develop an implementation plan for the delivery of *Self-Management Support* in line with the national framework.

  - Improve access and uptake of structured patient education programmes for patients with Type 2 Diabetes in the community.

National Policy Priority Programmes

- Tobacco Free Ireland

  - Support the implementation of the national clinical guidelines for healthcare professionals to inform clinical practice in the identification, diagnosis and treatment of patients who smoke.

- Continue to develop and run innovative communication campaigns and tobacco cessation services targeting smokers in high prevalence groups.
- Support patients and staff to quit and stay quit through improved compliance with HSE Tobacco Free Campus.

- Alcohol
  - Raise awareness of the alcohol drinking guidelines to support the reduction of alcohol consumption across the Mid West.
  - Promote and support the *askaboutalcohol* campaign to increase awareness of the risks associated with alcohol intake.
  - Support the implementation of the *Public Health (Alcohol) Act 2018.*

- Healthy Eating and Active Living
  - Work in partnership with our colleagues in Social Care to review and as appropriate implement the *Food, Nutrition and Hydration Policy for residential clients.*
  - Increase access and availability of healthier food for staff and visitors through the implementation of the *Minimum Nutrition Standards* for food and beverage provision for staff and visitors in healthcare settings.
  - Increase families' awareness of healthy lifestyle behaviours to prevent childhood obesity by continuing to deliver the START campaign.
  - Support the public to increase their participation in physical activity working in collaboration with the Local Sports Partnership network.
  - Improve nutrition knowledge, dietary behaviour and cooking skills amongst targeted groups through the delivery of community cooking programmes.
  - Oireachtas Committee on the Eight Amendment – Ancillary Recommendations
  - Pending completion of the national review, local services in the Mid West will support the delivery of Relationships and Sexuality Education in schools in collaboration with the Department of Education and Skills and subsequent development of curriculum and associated resources.
  - Implement sexual health promotion training for professionals in the youth sector, those working with at risk-groups, and for parents.
  - Work with Mid West partner agencies to deliver targeted outreach programmes and campaigns to at risk groups.
  - Support the national programme in promoting sexual health and 'safer sex' public advertising campaigns which will encourage sexually active adults to have safer sex, to include contraceptive advice and prevention of sexually transmitted infections.

- Sexual Health
  - In partnership with our colleagues in Primary Care, continue to roll-out HPV vaccine to at risk groups including the commencement of the inclusion of 1st year secondary school boys from September, 2018 in line with national roll out of the programme.

- Work with our Mid West Community Partners to :
  o Provide a peer-led community outreach programme targeting Men who have Sex with Men (MSM) through safer sexual health messages and condom provision.
  o Expand and evaluate the peer-led community-based HIV testing service.
  o Expand and evaluate safe sex advertising campaigns and condom distribution services targeting those most at risk.
  - Implementing signposting to the free telephone pregnancy counselling service.
- Mental Health and Wellbeing
  - Support volunteers and professionals working with young people in the community to build capacity for youth mental health.

Build upon *Sláintecare* and HSE structural reforms and enablers to create greater capacity within the organisation to lead and deliver upon the health and wellbeing reform agenda.

- Build operational capacity and prioritise existing resources in operational services to support the implementation of *the Mid West Health & Wellbeing Strategic Plan.*
- Provide training as appropriate to support implementation of the Mid West Health & Wellbeing Strategic Plan based on national priorities and local training needs.
- Collaborate with national Health & Wellbeing on the design, development and implementation of an operating model for health and wellbeing including transition of Health Promotion and Improvement.
- Across the Mid West area, improve co-ordination, collaboration and input to multi-agency partnerships to ensure joined up approaches to public health priorities.
  - Continue to provide guidance to Local Community Development Committees and Children and Young People Services Committees.
  - Further develop partnership working such as Healthy Cities and Counties, workplaces, campuses, and education to improve the health of the population.

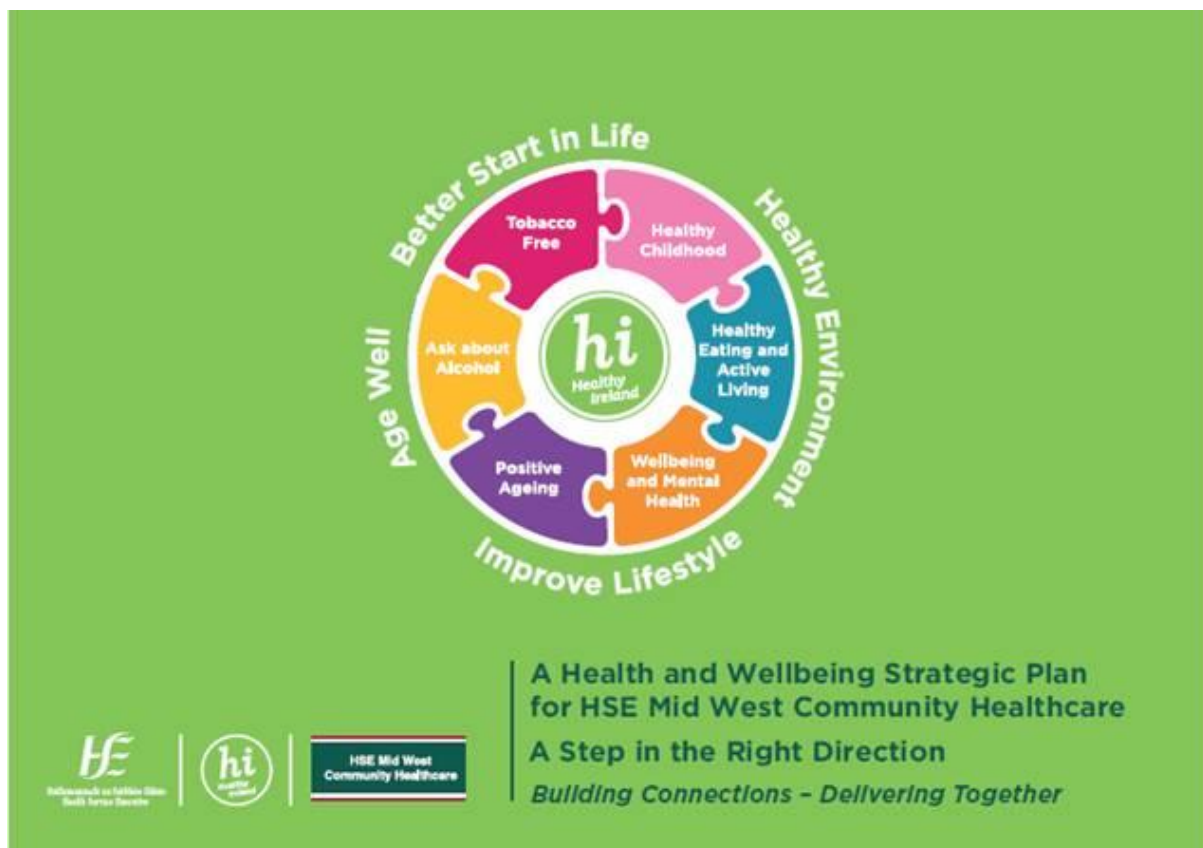**Early Years Intervention including the National Healthy Childhood and Nurture Infant Health and Wellbeing Programme**

- Continue to support Primary Care Services in the Mid West Community Healthcare area in the implementation of the National Healthy Childhood Programme in line with national roll out as follows:
  - Commence the implementation of the revised model for screening for developmental dysplasia of the hip.

- Implementation of the standardised child developmental screening tool for children aged 21 to 24 months (Ages and Stages Questionnaire 3).
- Provide support for mothers to breastfeed and for families, by increasing knowledge and skills of professionals through completion of online eLearning modules and skills-based training.
- Support families by increasing knowledge and skills of professionals through the completion of eLearning modules and skills-based training.
- Support parents with high quality, evidence-based information (*www.mychild.ie*) and services on various aspects of parenting to support child development, positive mental health and family relationships.
- Continue progress towards the breastfeeding target rate set out in *Breastfeeding in a Healthy Ireland – Health Service Breastfeeding Action Plan 2016-2021* (i.e. annual 2% increase in breastfeeding duration rates over the period 2016-2021), through the implementation of the HSE Breastfeeding Implementation Plan.

Improve staff health and wellbeing

- Increase the number of staff participating in staff health and wellbeing initiatives.
- Deliver Steps to Health and Love Life Love Walking workplace physical activity promotion.

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Implementation of the actions from the HSE Mid West Health & Wellbeing Strategic Plan with our cross Care Group partners	Continue the work commenced in 2018 with the HSE Mid West Health & Wellbeing Strategic Plan Implementation Committee in the development of projects as identified by the Care Group representatives on the Committee in consultation with their Management Teams. All projects are identified under the Health & Wellbeing Strategic Plan use the objectives identified for the Mid West and will be implemented using project management methods with support from the Portfolio Management Office. Projects include :		
	1) Implementation of Making Every Contact Count	Q1 – Q4	H & W
	2) Self-Management Support	Q1 – Q4	H & W
	3) Support all projects prioritised for delivery by other Care Groups and Divisions	Q1 – Q4	H & W
	4) Drinks Meter Survey	Q1 – Q4	SI &MH
	5) Mental Health Awareness Training	Q1 – Q4	MH
	6) Tobacco Free Campus	Q1 – Q4	MH
	7) Training in Perinatal Mental Health	Q1 – Q4	MH
	8) Breastfeeding (project to improve breastfeeding rates)	Q1 – Q4	PC
	9) Data Repository for the Mid West	Q1 – Q4	PH
	10) Immunisation Uptake Review	Q1 – Q4	PH
	11) Flu Campaign	Q1 – Q4	H&W
	12) HPV Uptake in the Mid West	Q1 – Q4	PC
	13) Calorie Posing	Q1 – Q4	SC
	14) Falls Prevention Programme	Q1 – Q4	SC
	15) Improved Integrated Community for People with Dementia	Q1 – Q4	SC
	16) Safeguarding and Protection Training	Q1 – Q4	SC
	17) Standardisation of Healthy Vending Machines	Q1 – Q4	SC
	18) Mindfulness for Traveller Health Clients	Q1 – Q4	SI
	19) Lets Learn about Drugs & Alcohol Programme	Q1 – Q4	SI
	20) Small Changes Big Difference Traveller Preventative Education Programme for Heart Disease and Diabetes	Q1 – Q4	SI

Priority	Priority Action	Timeline	Lead
	21) National Asthma Training Programme for Travellers	Q1 – Q4	SI
	22) National Healthy Schools Training Programme	Q1 – Q4	HP&I
	23) Sexual Health & Wellbeing Programme	Q1 – Q4	HP&I
	24) National Healthy Eating Guidelines	Q1 – Q4	HP&I
	25) Sit Less Move More	Q1 – Q4	HP&I
	26) CarePALS training	Q1 – Q4	HP&I
	27) Break up bouts of prolonged sitting	Q1 – Q4	HP&I
	28) Staff Engagement on Staff Survey	Q1 – Q4	HP&I
Children First	Continued fulfilment of our statutory obligations in the roll out of Children First in the Mid West through the Mid West Implementation Committee which is representative of each Care Group and Division.	Q1 – Q4	H&W
National Policy Priority Programmes	Develop priorities appropriate to the Mid West as identified in the National Policy Priority Programmes.	Q1 – Q4	H&W
Influenza Campaign	A steering committee is in place in the Mid West Community Healthcare with the aim of increasing the	Q1 – Q4	H&W
	uptake of the flu vaccine among Healthcare workers in Long Term Care Facilities and in the Community.		
Making Every Contact Count	A national approach for implementation has been developed in association with the Portfolio Management Departments. This approach will involve significant change management so that MECC can be embedded in to practice for all frontline staff. This will involve the release of frontline staff to attend MECC training in order to conduct brief intervention training. Agree a test site with cross care group representation.	Q1 – Q4	H&W
Self-Management Support for Chronic Disease	Develop and Implement the Mid West Community Healthcare area plans for SMS for chronic conditions in line with the national SMS framework and implementation plans for self-management support of chronic conditions: COPD, Asthma, Diabetes, and	Q1 – Q4	H&W

Priority	Priority Action	Timeline	Lead
	Cardiovascular Disease. This plan will focus on the agreed national priorities for initial phase of implementation i.e. Cardiac		
	Rehabilitation, Pulmonary Rehab, Diabetes Structured patient Education, Asthma Education and Patient information materials.	Q1 – Q4	SMS Coordinator
	Establish clear structures and governance of the Self-Management Support Programme at Local Level.	Q1 – Q4	SMS Coordinator
	Complete the mapping of SMS support across the Mid West Community Healthcare geographic region including both community and hospital based services.	Q1 – Q4	SMS Coordinator
	Develop the content on community based SMS services for directories (hard /soft copy) & SMS website.	Q1 – Q4	SMS Coordinator
	Develop local SMS implementation/action plans	Q1 – Q4	SMS Coordinator
	Develop KPIs to reflect work of SMS coordinators	Q1 – Q4	SMS Coordinator
	Design and print patient guide content as developed in 2018; adapt for other formats e.g. video	Q1 – Q4	
	Work with HSE communications to develop and deliver a media campaign to engage people with self-management and self-management support	Q1 – Q4	SMS Coordinator
	Promote awareness of Self-Management Support with patients and Health & Social Care Staff by: • Ensuring Self-Management Support materials are displayed on any general information stands/ screens/VDUs or the relevant condition-specific stands,	Q1 – Q4	SMS Coordinator
	• Providing information on SMS supports for staff	Q1 – Q4	SMS Coordinator
	newsletters • Delivering information / networking events within the community and hospitals settings • Promoting Self-Management Support at events (such as the integrated care conferences) • Staff education and up-skilling	Q1 – Q4	SMS Coordinator
	Develop strong working relationships between self-management support coordinator and	Q1 – Q4	SMS Coordinator

Priority	Priority Action	Timeline	Lead
	support and enhance self-management support initiatives: hospital groups HI and SMS leads to support and enhance self-management support initiatives:		
	• Implementation groups • Supporting integrated ways of working • Developing services to support integrated • care pathways • Signposting to community & hospital based supports • Work within existing and if available any new resources to improve access to self-management support Work collaboratively with the clinical care programmes and priority programme leads.		
Staff Health & Wellbeing	Development of further staff initiatives for 2019 and continue to build on and roll out initiatives commenced in 2018 including Stress and Mindfulness Courses, Health Screening & Walking initiatives.	Q1 – Q4	H&W
Partnerships	Continued working with Local Community Development Committees (LCDC), Children and Young Persons Services Committees (CYPSC), PAUL Partnership, City & County Councils and Gardai.	Q1 – Q4	H&W
	Ongoing participation in the management of funding to LCDC's for Healthy Ireland initiatives. Healthy Tipperary Plan launched in September 2018 from which actions will be implemented in 2019.	Q1-Q4	H&W
	The Healthy Clare Plan will be launched in Q1 2019.	Q1	H&W
Protect our population from threats to their Health & Wellbeing	Continue to support the implementation of various clinical programmes in accordance with agreed national priorities. Support capacity building for prevention surveillance and management of HCAIs and AMR by ensuring an infection prevention; control and antimicrobial stewardship committee is in place.	Q1 – Q4	H&W
	The Quality and Patient Safety manager is a member of the Mid West Community Healthcare Management Team and has a lead role in the development of key plans for further progress in IPC and Antimicrobial stewardship.		

Priorities and Actions

Protect our population from threats to health and wellbeing through immunisation and infectious disease control

The following priority actions are listed under "**Health & Wellbeing**". Please note that the responsibility for the delivery of these actions is with our colleagues in Public Health working in partnership with Primary Care and Health & Wellbeing locally.

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Improve immunisation uptake rates amongst staff	Continue to improve immunisation and influenza uptake rates, by intensifying campaigns and introducing immunisation leads who can drive and support uptake within relevant target populations including staff.	Q1 –Q4	H&W
Improve uptake of the Primary Childhood Immunisation Programme	Implement the CHO 3 Service Improvement Plan for Immunisation update.	Q1-Q4	Business Manager Primary Care
Implementation of the National Healthy Childhood Programme	Implement the National Healthy Childhood Programme, in line with national roll out.	Q1-Q4	Principal Medical Officer
Implementation of the HSE Mid-West Health & Well Being Strategic Plan	All PHN antenatal educators will adopt the MECC principles in relation to smoking, alcohol, healthy eating and physical activity in pregnancy	Q1-Q4	Directors of Public Health Nursing
	10% of existing public health nurses will train in Perinatal Mental Health for Midwives practice nurses and PHNs e-learning programme (HSELand)	Q1-Q4	Directors of Public Health Nursing
	Identify a baseline number of PHNs trained in the Edinburgh Scale Screening for postnatal depression or similar tools.	Q1-Q4	Directors of Public Health Nursing
	Establish a baseline number of staff trained in Healthy Ireland Childhood Programme	Q1-Q4	Directors of Public Health Nursing
	Develop baseline for defined number of	Q1-Q4	Directors of

Priority	Priority Action	Timeline	Lead
	breastfeeding support groups for the Mid West, across Community Health Networks		Public Health Nursing
	Maintain the initiation breastfeeding rates	Q1-Q4	Directors of Public Health Nursing
	Commence a Public Health Nurse led Breastfeeding Support Group in North Clare	Q1	Director of Public Health Nursing, Clare
	Commence a Public Health Nurse led Breastfeeding Support Group in South Clare	Q3	Director of Public Health Nursing, Clare

Section 4

Primary Care, Social Inclusion & Palliative Care Services

4.1 Primary Care

Services Provided

Primary Care Services in the Mid West are provided to 380,000 people living in Limerick, Clare and North Tipperary. Services are delivered to service users as close to home as possible. Our services are delivered through Primary Care Teams (PCTs), community network services, general practice and community schemes. The PCT is the starting point for service delivery, consisting of general practice, community nursing, physiotherapy, occupational therapy and speech and language therapy. These teams provide services to populations of approximately 7,000 to 10,000 people.

Community network services include community medical doctors, audiology, ophthalmology, social work, dietetics, podiatry, psychology and oral health orthodontic, and restorative dentistry services. The network services are provided to populations of approximately 50,000 people. Other primary care services include GP out of hours, diagnostic services and community intervention teams (CITs). Primary care services work with wider community services (Older Persons; Disability; Palliative Care; Mental Health) and acute hospital services to provide integrated care that is responsive to service user needs.

Population and Demographic Changes

Changes in population and demographic patterns have resulted in an increased demand for, and access to, expanded primary care services. The population of the Mid West is changing and the changing demographic is increasing the demand for services.

> - Aged 65-70 years has increased by 1.5% since 2011
> - Aged 70-74 years has increased by 23.7% since 2011
> - Aged 85+ years has increased by 13.2%
> - Life expectancy has increased by 2.5 years.

The Central Statistics Office (2016) indicates that the population of Ireland will increase by 10-18% between 2016 and 2031. The number of people aged 65+ years is expected to increase by 59% and the number of people aged 85+ years is expected to increase by 97%. Healthy Ireland Survey (2017) stated that 60% of those aged 50+ years report having at least one chronic condition and approximately 65% of people aged 65 years and over has two or more chronic condition. The prevalence of age related disease continued to show signs of increase.

Issues and Opportunities

A key issue in primary care for 2019 will be the capacity to maintain existing levels of service in a number of key areas due to overall resource constraints.   Ensuring accessible, comprehensive continuous and co-ordinated primary care is central to better serving the needs of the population.

A key reform initiative will be the reorientation of models of service delivery with proactive and preventative measures to keep people well.

Community Healthcare Networks

Sláintecare positions Community Healthcare Networks (CHNs) as the 'fundamental unit of organisation for the delivery of services' in the community. CHNs are geographically-based units delivering services to an average population of 50,000. The implementation of CHNs will see a co-ordinated multi-disciplinary approach to care provision, providing better outcomes for people requiring services and supports both within and across networks.   Implementation of the Community Healthcare Networks will commence in the Mid West in 2019 with the establishment of one learning site.
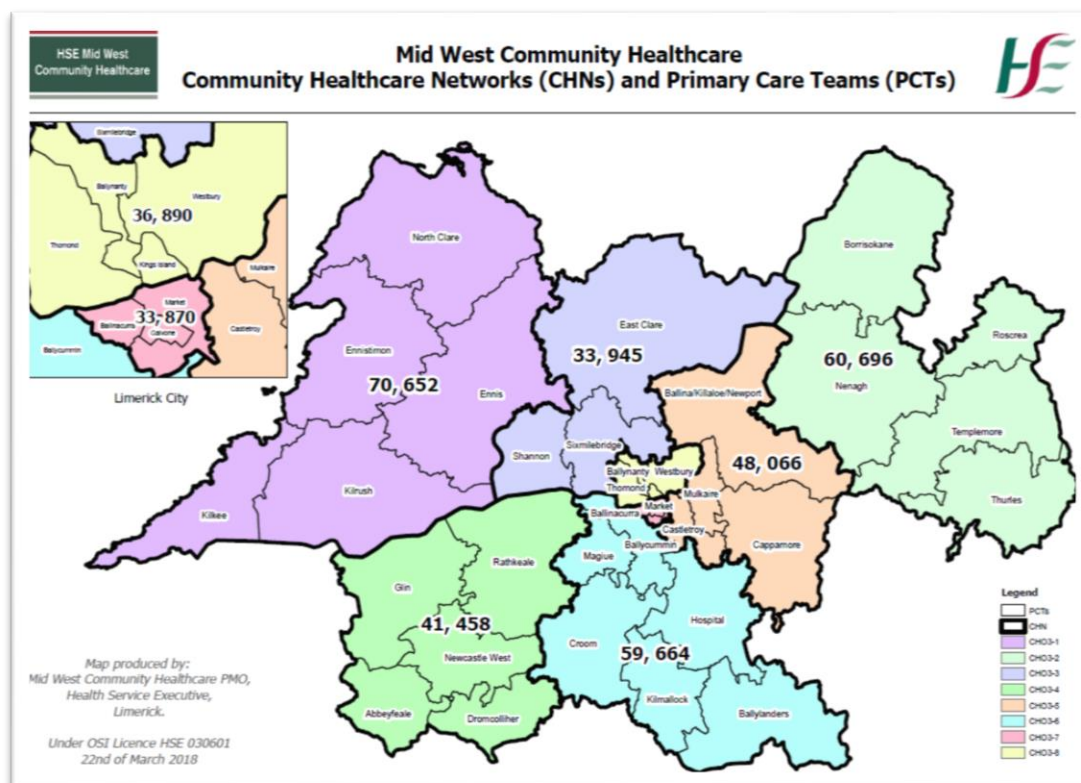
Integration

In line with Sláintecare, Primary Care Services and the Acute Services will continue to work together to develop models of integrated care to reduce hospital admissions and facilitate early discharge.

Delayed Discharge Prevention and Management

The Primary Care Services will continue to work closely with the Acute Hospital Services to avoid hospital attendance, or to provide specific supports following a hospital admission to ensure discharge is appropriate, timely and avoids being categorised as delayed.

Community Intervention Teams (CITs)

CITs serve to prevent unnecessary hospital admissions and facilitate early discharge of patients appropriate to for CIT care. The CIT, through its fast-tracked provision of services enhances the overall Primary Care system, providing access to nursing and home care support seven days per week including Outpatient Parenteral Antimicrobial Therapy programme (OPAT) will further develop in 2019.

Promote Optimum Health of the Population

Primary Care Services will reorientate models of service delivery with proactive and preventative measures to keep people well. The service will continue the implementation of the standardized developmental screening tool for children aged 21 to 24 months (Ages and Stages Questionnaire 3) as part of the Healthy Childhood Programme. The services will maintain the primary childhood immunisation (PCI) programme and school immunisation programme (SIP) and develop in line with nation rollout the extension of the existing national HPV vaccination programme to boys. The service will continue to support patient education programmes for people with Type 2 Diabetes in the community. Primary Care Services will integrate Health and Well initiatives within Primary Care in order to improve Staff Health and Well Being.

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Improve uptake of the Primary Childhood Immunisation Programme	Continue to implement the CHO 3 Service Improvement Plan for Immunisation update.	Q1-Q4	Business Manager Primary Care
Implementation of the National Healthy Childhood Programme	Implement the National Healthy Childhood Programme, in line with national roll out.	Q1-Q4	Principal Medical Officer
	All PHNs will be trained in and comply with the ongoing requirements of the National Healthy Childhood Programme.	Q1-Q4	Directors of Public Health Nursing.
	Maintain the initiation breastfeeding rates (exclusive and partial) in the Mid West up to 6 months.	Q1-Q4	Directors of Public Health Nursing
	In conjunction with our Health & Well Being colleagues, increase the uptake in breastfeeding rates and the duration of breastfeeding by 2%.	Q1-Q4	Directors of Public Health Nursing
	Continue the implementation of the Falls Prevention Programme.	Q1-Q4	General Manager, Primary Care
Introduction of the HPV vaccine for boys	Commence the inclusion of 1st year secondary school boys from September 2018 in line with national roll out of the programme and provision of associated resources.	Q4	Principal Medical Officer, Directors of Public Health Nursing & Business Managers Primary Care
	Continue to promote the uptake of the HPV vaccine and increase the rate above the current rate of 68% in the Mid West, by holding workshops and education sessions for frontline Primary Care Health Care staff.	Q1-Q4	Principal Medical Officer & Directors of Public Health Nursing
Improve uptake of the influenza vaccination.	Improve influenza vaccination uptake rates for those aged 65years and over and amongst staff in frontline settings.	Q1-Q4	Principal Medical Officer
Implementation of the revised Public Health Nursing	Implement the revised Public Health Nursing metrics	Q3 & Q4	Directors of Public Health Nursing

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Priority	Priority Action	Timeline	Lead
metrics			
Implementation of additional Public Health Nursing metrics	Implement two additional metrics in the Public Health Nursing service,– % of Chronic leg ulcers in caseload in the reporting month and % of Chronic leg ulcers referred onwards for assessment in the reporting month.	Q1	Directors of Public Health Nursing
Promotion of breast feeding	Appoint two lactation consultants , one in North Tipperary and one in Co Clare	Q2	Directors of Public Health Nursing
	Commence a Public Health Nurse led Breastfeeding Support Group in South Clare.	Q1-Q4	Director of Public Health Nurse, Co Clare.
Commencement of nurse prescribing	Three nurses will commence nurse prescribing**.**	Q3	Directors of Public Health Nursing
Roll out of the Book Seed Project	The Public Health Nursing service will roll out of the Book Seed Project in the Southill, Rathkeale, Croom, Newcastlewest and Abbeyfeale areas.	Q1	Director of Public Health Nursing
Planned Essential Services	Reconfigure the Planned Essential Services delivery model.	Q2- Q3	Directors of Public Health Nursing
Introduction of Peer supervision, Schools PHN service	Introduce Peer Supervision for the Schools Public Health Nursing service.	Q1 – Q2	Director of Public Health Nursing
Continence Promotion	A continence specialist will be appointed in Co Clare and a specialist continence clinic will be established.	Q4	Director of Public Health Nursing, Co Clare
Improve access to Therapy Services.	Improve access to therapy services, focusing on persons waiting greater than 52 weeks.	Q1-Q4	General Manager Primary Care
Commission additional Primary Care Centres.	Commission Castletroy Primary Care Centre	Q2	Business Manager Primary Care
	Commission Kilmallock Primary Care Centre	Q3	Business Manager Primary Care
	Progress the development of Primary Care Centres in Newcastlewest, Croom, Dooradoyle, Limerick city, Ennis Road	Q1-Q4	Business Manager Primary Care

Priority	Priority Action	Timeline	Lead
	area, Caherconlish, Thurles, Killaloe, Roscrea, Sixmilebridge, Ennis (2 Primary Care Centres) and Ennistymon.		
Provide additional Diagnostic Services	Provide approximately 3,545 ultrasound services in Primary Care for general practitioners.	Q1-Q4	Business Manager Primary Care
Provide treatment to patients with Hepatitis C in line with the National Hepatitis C Treatment Programme.	Ensure treatment is offered to patients with hepatitis C in line with the National Hepatitis C Treatment programme, aiming to eliminate hepatitis C by 2026.	Q1-Q4	Hepatitis C Co-ordinator
	Participate in the development of integrated models of care for hepatitis C across the community and acute hospital settings and in the implementation of screening guidelines.	Q1-Q4	Hepatitis C Co-ordinator
Improve access to children's oral health services and orthodontic services for children	Continue to avail of national waiting list initiatives to reduce waiting times for access to services in Mid-West CHO	Q1-Q4	Orthodontic lead
Reconfiguration of the Community Ophthalmic Services	Complete the reconfiguration of the Community Ophthalmic Services to provide the most responsive, equitable and efficient service.	Q3	Business Manager, Primary Care
Reconfiguration of the Audiology Services	Reconfigure audiology resources to ensure equity of provision across the Mid-West to provide the most responsive, equitable and efficient service.	Q1-Q4	General Manager, Primary Care
Implementation of a pilot Community Health Network	Implement the Community Health Network learning site.	Q1-Q4	Head of Service Primary Care.
HSE National Access Policy	Mid-West Primary Care Services will engage with the Mid-West Social Care Services and set up a Local Implementation Group to look at the implementation of the National Access Policy, subject to resources.	Q1-Q4	General Manager, Primary Care
Implementation of Frailty Screening, Physiotherapy Services	All those attending the Primary Care Physiotherapy Services in Co Clare will be screened for frailty using standardised assessments.	Q1-Q4	Physiotherapy Manager Co Clare
Implementation of the Falls Care Pathway	Implement the Primary Care Mid West Falls Care Pathway.	Q4	Chair of the Falls Care Pathway Group

Priority	Priority Action	Timeline	Lead
Prevention and Treatment of Malnutrition	Pilot education of General Practitioners on national oral nutritional supplement prescribing guidelines and first line advice on treating malnutrition in Clare & Limerick.	Q1-Q4	Dietetics Manager
Diabetes Integrated Care Services	Extend the roll out of the diabetes SPE in Co Clare	Q1-Q4	Dietetics Manager
Civil Registration	Implement on a phased basis and within existing resources, recommendations from the Civil Registration Review Report.	Q4	Business Manager, Registration Services
Embed Values In Action	Embed Values in Action across Primary Care Services.	Q1-Q4	Head of Service, Primary Care
Quality and Safety	Support the roll out of the HSE Framework for "Improving Quality in our Health Service".	Q1-Q4	Quality, Risk & Patient Safety advisor, Primary Care
Implementation of the HSE Risk & Incident Management Policies	Implement HSE Risk and Incident Management Policies.	Q1-Q4	Head of Service Primary Care
	Further develop the processes for learning from incidents.	Q1-Q4	Quality, Risk & Patient Safety advisor, Primary Care
	Develop primary care action plan for increased compliance with HIQA standards for Safer Better Health Care.	Q1-Q4	Quality, Risk & Patient Safety advisor, Primary Care
	Implement quality improvement plans based on the finding from the Mid West Primary Care patient experience surveys conducted in May 2018	Q1-Q4	Quality & Patient Safety Committees
Implement Children First Act 2015	Continue to implements the Children First Act 2015, which confers new statutory obligations on HSE employees, funded services and contracted services, to report child abuse/neglect.	Q1-Q4	Head of Service Primary Care
	Ensure all Primary Care Staff complete the hseland e learning Children First programme.	Q1-Q4	Head of Service Primary Care
Implement the Community Funded Schemes, Service Improvement	Implement recommendations determined by the national service improvement groups for aids and appliances, respiratory products, orthotics, prosthetics and	Q1-Q4	General Manager Primary Care

Priority	Priority Action	Timeline	Lead
Programme.	specialised footwear, incontinence wear, urinary, ostomy and bowel care, nutrition, and bandages and dressings		
Undertake Staff Engagement	Undertake staff engagement sessions with the Mid West primary care staff.	Q2 & Q3	Head of Service Primary Care
	Continue to develop and circulate a bi-annual Mid-West Primary Care Staff Newsletter.	Q1-Q4	Head of Service Primary Care
Undertake Staff Training	Complete a training needs analysis for Mid-West Primary Care staff and arrange relevant training.	Q1-Q4	Head of Service Primary Care
Provide GP training	Provide training for 24 GP trainees	Q1-Q4	Primary Care Unit Manager
Roll out Primary Care eHealth systems.	Participate in the roll out of the Primary Care eHealth systems in line with national guidance.	Q1-Q4	General Manager Primary Care
	Develop standardised Procedures, Policies and Guidelines in relation to the provision of services for children with complex medical needs in the community in line with national roll out.	Q1-Q4	General Manager Primary Care
Equity in Service Provision.	Continue to standardise business processes across primary care services (audiology, ophthalmology, physiotherapy, occupational therapy, speech & language therapy, nursing)	Q1-Q4	General Manager Primary Care
Strengthen and expand the Community Intervention Services.	Provide treatment in line with national target building on previous referral targets.	Q1-Q4	Assistant Director of Nursing, Community Intervention Services
	Increase the number of patients supported and trained to self-administer compounded IV antibiotics and S-OPAT (when compounded medications are available).	Q1-Q4	
	Strengthen management and governance structures for the Community Intervention Teams.	Q2	Assistant Director of Nursing, Community Intervention Services
Establish E-referral	Complete the CIT e referral project with	Q4	Assistant

Priority	Priority Action	Timeline	Lead
System	the University Hospital Limerick group		Director of Nursing, Community Intervention Services & Community Discharge Co-ordinator
Re establish the Community Intervention Team Steering Group	Re-establish the CIT Steering group to maximise opportunities for community discharge.	Q1	Assistant Director of Nursing Community Intervention Services & Community Discharge Co-ordinator.
Improve CIT Accommodation	Improve the CIT accommodation for service users and staff in Dooradoyle Community Intervention Team service.	Q2	Primary Care Business Manager
Monitor General Practitioner Out of Hours Service.	Continue to monitor the current Shannondoc, out of hours General Practitioner Service to maximise the efficiency and effectiveness of the service.	Q1-Q4	Business Manager, Primary Care Unit
Deliver integrated care programmes for chronic disease prevention and management in primary care	Progress the implementation of the diabetes integrated model of care across the Mid West with the appointment of an additional clinical nurse specialist and senior dietician.	Q1-Q4	General Manager Primary Care
ED Taskforce and Winter Planning	Continue to lead a CHO Winter Plan and Delayed Discharge Process. Provide primary care services to support hospital avoidance and early discharge including GP out of hour's services, community intervention team services and aids and appliances.	Q1-Q4	Head of Service Primary Care
Alignment of staff and resources	Align staffing and resources across the networks in CHO 3.	Q1-Q4	Head of Service Primary Care
Implementation of the Aids & Appliances Project.	Implement the Mid West Primary Care Aids and Appliances Service model.	Q1-Q4	Head of Service Primary Care

4.2 Social Inclusion

Services Provided

Social inclusion works across a range of statutory services in partnership with the community and voluntary sectors, to improve access and health outcomes for disadvantaged groups using health services.

This includes provision of targeted interventions and health services for people from marginalised groups who experience health inequalities, have difficulties accessing services and present with multiple, complex health and support needs.

Various studies have illustrated that homeless, Traveller and migrant populations and people with Addictions face greater healthcare needs than the general population. Primary care has a major role to play in relation to the health of people with addictions or who are homeless and in delivering on commitments such as the Refugee Protection Programme. Vulnerable people and communities include Travellers and Roma, asylum seekers, refugees and lesbian, gay, bisexual, transgender and intersex service users.

Issues and Opportunities

Ensuring that we improve patient outcomes for those most vulnerable in society is a key priority. Capacity to meet government commitments as set out in the Irish Refugee Protection Programme / EU Relocation and Resettlement Programme, National Traveller and Roma Integration Strategy and Rebuilding Ireland Action Plan for Housing and Homelessness, 2016 and the national drug strategy *Reducing Harm, Supporting Recovery – A health led response to drug and alcohol use in Ireland 2017-2025(RHSR)* will support more effective social inclusion.

Priorities and Actions

- Continue to improve access to addiction treatment services through the provision of weekly drop in screening in each of the 3 counties; provision of services on a satellite and outreach basis and active management of waiting lists.

- Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers and Traveller and Roma communities and LGBTI+ service users.

- Implement the health actions, identified as a priority in 2019, in *Rebuilding Ireland Action Plan for Housing and Homelessness, 2016*, in order to provide the most appropriate primary care and specialist addiction / mental health services for homeless people.

- Improve access to primary care services for refugees in resettlement phase, with a focus on chronic disease management, increasing access to mental health supports and addressing the oral health needs of children and adults.

- Provide targeted interventions as a means of reducing health inequalities in the Traveller communities, with a focus on improving mental health and reducing the rate of suicide.
- Implement agreed HSE assigned actions under the *Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021* within existing resources.

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Continue to provide and Improve access to Addiction treatment services for adults and children	Expand drug and alcohol treatment services with a particular focus on strengthening governance structures and increasing access to opioid substitution treatment by reducing waiting times.	Q1- Q4	Regional Drugs Co-ordinator
	Continue to work with relevant services in relation to the roll out of the *National Drugs Rehabilitation Framework* in relation to key-working, care planning and case management, as well as active management of key working, care planning and case management within our own service and documentation of same in written policies across the service.		
	Work with Mid-West Mental Health Services in relation to the continued development of our dual diagnosis pilot programme. Undertake more active engagement with mental health sector relating to all current service users whose needs span both services.		
	Expand the PCDAU team programme in relation to new staff – Drug Liaison MidWife & CNS Addiction.		
	Implement Trauma Informed Care approach across the whole addiction service.		
	Pilot the "Prime of Life" Training Programme targeting adults in relation to minor drug/alcohol offenses.		
	Review the counselling group session rolled out in Ennis with a view to offering the same service across the region.		
	Increase uptake of the community based hepatitis C treatment initiative.	Q2-Q4	Regional Drugs Co-ordinator
	Monitor the implementation of non-direct supervision of urine drug testing in line with obligations under the Public Sector Duty to address the human rights of service users	Q1-Q4.	
Provide education and training in relation to addiction.	Develop and Deliver a range of education and training programmes to relevant groups in the community, voluntary and statutory sectors and staff.	Q1-Q4	Regional Drugs Co-ordinator

Priority	Priority Action	Timeline	Lead
	Continue to rollout "Lets learn about drugs and alcohol together" and continue the delivery of Naloxone Training as required.		
Improve the health status of children who are at risk of or are experiencing homelessness	Undertake a needs assessment of children accessing homeless services in Limerick in conjunction with the HSE Department of Public Health, TUSLA, Limerick City and County Council and other key partners.	Q1-Q4	Regional Co-ordinator for Homeless & Ethnic Minorities
Continue to provide and enhance Health Service for Homeless people	Support the implementation of the health actions, identified as a priority in 2019, in *Rebuilding Ireland Action Plan for Housing and Homelessness, 2016*, in order to provide the most appropriate primary care and specialist addiction services for homeless people, within allocated resources.	Q1- Q4	Regional Co-ordinator for Homeless & Ethnic Minorities
	Improve health outcomes for people experiencing or at risk of homelessness.	Q1- Q4	
	Support the Homeless Action Teams (HATs) to ensure key support is in place including key working, case management, GP and Nursing Service, to address the complex and diverse health needs of homeless people.	Q1- Q4	
	Monitor and review service arrangements with Section 39 service providers to ensure a stronger focus on addressing the health needs of homeless persons including development of targets, outcomes, quality standards, enhanced monitoring and evaluation, in line with National Policy.	Q1- Q4	
	Ensure that the discharge protocol for homeless persons in acute hospitals and mental health facilities is implemented in CHO 3. Audit the implementation of the discharge protocol for homeless persons in acute hospitals and mental health facilities.	Q1- Q4	
Homeless services	Progress the self- assessment process for HSE homeless services which are aligned to *Better Safer Health Care.*	Q1-Q4	Regional Co-ordinator for Homeless & Ethnic Minorities

Priority	Priority Action	Timeline	Lead
Support the Traveller Community to organise for, and to actively participate in, collective action to bring about positive change.	To develop and support a working group on the social determinants of health to track, record and report on the social determinants of health for Travellers. Convene and support a Traveller Community Development Network in Limerick City.	Q3-Q4	Traveller Health Co-ordinator
	Implement the 2019 Actions of the Mid West Traveller Health Strategy and Action Plan.	Q1-Q4	
	Explore models of working with the Traveller Community in Rathkeale in order to respond more effectively and to integrate work with other service providers.	Q2-Q4	
	Continue to support and develop the THU and its subgroups – mental health, social determinants of health and Traveller Drug & alcohol forum.	Q1- Q4	
Improve the health status of the Traveller Community	Develop and Implement a baseline Traveller health needs assessment focusing on healthy behaviours, knowledge of health issues, and access to health services in the PCHP areas. Develop a strategic response to the Traveller health needs in Clare based on the Traveller baseline needs assessment completed in 2018.	Q1-Q4	Traveller Health Co-ordinator
	Provide a Designated PHN service in each County to Travellers with additional health needs	Q1- Q4	
	Fund and support Primary Health Care Projects (PCHP) to deliver peer led primary healthcare services and support them to operate in a consistent, coherent manner	Q1- Q4	
Improve health outcomes for vulnerable groups	Continue to support the provision of health services to asylum seekers, programme refugees and migrants particularly targeting recently arrived programme refugees, through interagency fora.	Q1- Q4	Regional Co-ordinator for Homeless & Ethnic Minorities
	Continue to support the work of the Partnership for Health Equity in the Mid West.	Q1- Q4	Regional Co-ordinator for Homeless & Ethnic Minorities
	Develop Mid West Action Plan to implement the National Intercultural Health Strategy 2018-2021.	Q1- Q4	Social Inclusion Specialist
	Continue to support health services for the *Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Community.*	Q1-Q4	Social Inclusion Specialist

Priority	Priority Action	Timeline	Lead
	Undertake Training with the PHCPs re: LGBTI issues and support the Community health workers to bring this information to the Traveller Community.	Q1-Q2	Traveller Health Co-ordinator
	Provide cultural awareness health care training to 100 front line staff.	Q3	Regional Co-ordinator for Homeless & Ethnic Minorities
	Research the potential impact of premature aging on clients accessing homeless and/or addiction services.	Q1-Q4	Regional Co-ordinator for Homeless & Ethnic Minorities & Regional Drugs Co-ordinator

4.3 Palliative Care

Services Provided

The scope of palliative care includes cancer-related diseases and non-malignant / chronic illness. Palliative care services support people wherever they are being cared for – at home, in hospices and in hospitals.

Issues and Opportunities

Enhanced palliative care offers potential to improve patient outcomes and to shift care from acute hospitals to the community. Improving access to specialist palliative care inpatient beds for adults remains a challenge in a number of geographic areas. Supporting individuals who wish to be cared for at home and to remain at home for end of life care remains a priority.

We are continuing to work with local hospice organisations to progress the hospice development plan. We will continue to partner local voluntary organisations to improve access to quality care in the community. The heavy reliance on voluntary fundraising along with staff recruitment and retention remains a significant challenge within the sector.

Priorities

- Commence the implementation of the Palliative Care Model of Care
- Continue the implementation of the *Palliative Care Services – Three Year Development Framework 2017-2019*.
- Continue to partner local voluntary organisations to improve access to quality care in the community.

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Strategic Planning	Compile new joint HSE/Milford Care Centre Strategic Plan for Palliative Care in the Mid West Community Healthcare Organisation. A timeline for the commencement of the commissioning of four additional capacity beds within the specialist inpatient unit – 2020 subject to resource possibilities and considerations.	Quarter 4 2018	Head of Service Primary Care & Chief Executive Milford Care Centre
Improve access to quality care in the Specialist In-patient Unit in Milford Care Centre.	Continue roll out of palliative care outcome measures in the community.	Ongoing	Chief Executive Milford Care Centre
Improve access to quality care in the community	Continue roll out of palliative care outcome measures in the community.	Ongoing	Chief Executive Milford Care Centre
	Clearly identify response times to first visits for patients rated as Category 1, 2 and 3.	Ongoing	Chief Executive Milford Care Centre
	Ensure all Category 1 patients are visited within two days of being ready for care.	Ongoing	Chief Executive Milford Care Centre
	Progress the provision of extended Milford Care Centre outpatient clinics capacity in the Nenagh and Newcastle West bases.	Ongoing	Head of Service Primary Care & Chief Executive Milford Care Centre

Section 5

Mental Health

5. Mental Health

Services Provided

Mental health describes a spectrum that extends from positive Mental Health, through to severe and disabling mental illness. A strategic goal for mental health services is to promote the mental health of our population in collaboration with other services and agencies including reducing the loss of life by suicide.

This requires a whole population approach to mental health promotion. Over 90% of mental health needs can be successfully treated within a primary care setting, with a need for less than 10% to be referred to specialist community-based mental health services. Of this number, approximately 1% are offered inpatient care and nine out of every ten of these admissions are voluntary.

In general terms, specialist mental health services are provided to serve a particular group within the population, based on their stage of life. Child and adolescent mental health services (CAMHs) serve young people aged up to 18 years, general adult services for those aged 18 to 64 years and psychiatry of later life provides services for those aged 65 years and over. Mental health services continue to work to develop and enhance community-based services and reduce, where appropriate, those treated in more acute services.

Specialist mental health services are provided in local community areas. These services include acute inpatient services, day hospitals, outpatient clinics, community-based mental health teams (CAMHs, general adult and psychiatry of later life), mental health of intellectual disability, community residential and continuing care residential services. Sub-specialties include rehabilitation and recovery, eating disorders, liaison psychiatry and perinatal mental health. A national forensic mental health service is also provided, including inpatient and in-reach prison services.

The HSE Mid West Community Healthcare provides a comprehensive, accessible community based service to a population of 384,998 persons, which comprises geographically of Limerick (191,809 population), Clare (117,196 population) and North Tipperary (70,322 population).

Adult Services

In this CHO there are eleven discrete sectors encompassing 13 CMHT's which are spread across a large geographical area providing mental health assessment, interventions,

treatment and outreach support services, which meet the needs of individuals in terms of their age, location and specialist care requirements. Community Mental Health Centres and Day Care Centres are a feature of our community services. The service spectrum takes a lifespan approach to mental health care delivery and includes Adult Community Mental Health Services, Rehabilitation Services, Liaison Psychiatry Services, Psychiatry of Older Persons, Forensic Services and Psychotherapy Services. There are currently four Approved Centres in the Mid-West.

Child and Adolescent Mental Health Services (CAMHS)

Child and Adolescent Mental Health Services are consultant led community based services provided by six multidisciplinary teams in Limerick City, Limerick County, Clare (0-18 age group) and North Tipperary (0-17 age group). The service provides assessment, diagnosis and treatment for children and adolescents and their families with mental health requirements. The service operates an emergency referral system and children and adolescents presenting in crisis are generally responded to within 24 hours.

National Counselling Service / Counselling in Primary Care (CIPC)

The National Counselling Service (NCS) provides effective interventions to adults with mental health difficulties that arise as a result of the impact of childhood trauma and abuse by ensuring appropriate pathways are in place to support the mental health needs of service users. The Counselling in Primary Care Service, (CIPC) is provided to people with mild to moderate psychological difficulties in the community.

Issues and Opportunities

The challenge associated with a growth in population and resulting increase in need for mental health services along with service design being informed by expressed expectations of service users and their families, requires the further development of improved cross-sectoral and inter-sectoral approaches to service provision. In particular, the increase in the number of children under the age of 18 years will lead to increased need for services for children and adolescents with a corresponding requirement for service provision both in primary care and in specialist CAMH services. Additionally, Mental Health Services will, in collaboration with Social Inclusion services provide enhanced responses to those with mental illness and co-morbid addiction, those who are homeless with mental illness and to the Traveller community.

Many people develop mental illness for the first time over the age of 65 years and older adults with mental health difficulties have specific needs that require specialist intervention. Between 2014 and a projected outturn for 2018, there will be an increase of 7.2% nationally

in the number of referrals accepted by the psychiatry of old age service. The increase in the population aged over 65 years, and especially those over 85 years, will have implications for the psychiatry of later life services. Mental Health will address this challenge by continuing to grow psychiatry of later life teams to provide services to this population. The approval from the Consultants Appointment Committee in late 2017 of a Consultant Psychiatrist, for Psychiatry of Later Life Services in North Tipperary provided an opportunity to commence the recruitment process and this position was filled in a temporary capacity in Quarter 3, 2018.

There is an increasing and more complex nature in the demand for services, particularly for CAMHs. By the end of 2018 it is projected, there will be 12,822 referrals accepted by the community CAMHs teams. In 2019 Mental Health Services will continue to invest in CAMHs through increased staffing of community teams and enhanced day services to reduce admissions and length of stay of young people in acute units.

Additionally, there are requirements for enhanced care for vulnerable groups within the population and these are being addressed through the clinical care programmes, homeless initiatives, the national forensic service, dual diagnosis services for people with mental health illness and addiction, and initiatives in Traveller mental health. Rehabilitation services are also being expanded to respond to the needs of those with enduring mental illness and challenging behaviour.

The clinical care programmes include early intervention for first episode psychosis, eating disorder services spanning CAMHs and adult services, responses to self-harm presentations at emergency department (ED), those with dual diagnosis of mental health and substance misuse, and attention deficit hyperactivity disorder in adults.

The youth mental health taskforce made a number of recommendations including the development of awareness campaigns and training around youth mental health, increased investment in digital youth mental health supports and improving provision of mental health supports to young people at primary care level. All of these initiatives will be supported nationally and at CHO level.

There is a significant challenge in the recruitment and retention of staff, particularly nursing and medical staff. This challenge can provide opportunities to deliver services that are focused on maximising productivity and on service improvement and also expansion of different disciplines / workers in mental health services.

Mental health services will continue to deliver a number of service improvement initiatives that will assist services and increase productivity and efficiency. These improvements will also be enabled by the development of a range of eHealth initiatives to support awareness and support improved responses to meeting mental health needs of the general population.

Mental health services are increasingly operating in a more regulated environment. This enhanced regulation is welcomed as it contributes to patient safety and quality of care. Best

practice guidance will be further expanded as one strand of a more proactive approach to patient safety.

The funding available in 2019 will provide for an agreed level of mental health services nationally where demand for services exceeds what can be supplied, taking account of realistic and achievable efficiencies, the available funding level the HSE is required to manage within the available resources and will prioritise services to those in greatest need. Within mental health services, this primarily applies to the requirement to provide placements for those with severe mental illness and challenging behaviour, whose needs cannot be met within the current statutory system, as well as providing safe levels of service through the use of non-permanent staffing arrangements.

The completion of the Capital works in the headquarters for Psychiatry of Later Life in Gort Glas, Ennis, Co. Clare provides appropriate facilities for this specific group. The provision of this headquarters on the site of St. Josephs Hospital, Ennis provides an ideal opportunity to complete the transition of the "Holly Unit" a 10 bed (+2 respite beds) dementia Unit under the governance of a Consultant Psychiatrist of Later Life Services.

There are a number of patients who are former inpatients of the Limerick Mental Health Services at St. Josephs Hospital who are currently inpatients in the Acute Unit 5B who require significant staffing inputs to manage their care. The development of Ferndale High Support Hostel as an Interim Rehab Specialist Unit presents an opportunity to care for these individuals in a more appropriate care setting. The Mid West will continue to work with the National Division to facilitate this development during 2019.

Priorities and Actions

- Promote the mental health of the population in collaboration with other services and agencies including reducing the loss of life by suicide.
- Design integrated, evidence-based, and recovery-focused mental health services.
- Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.
- Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.
- Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.

Promote the mental health of the population in collaboration with other services and agencies including reducing the loss of life by suicide

- Progress implementation of *Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020* by completing the a mid-term review of the strategy in November 2018 and continue to deliver evaluated evidence-based programmes through both government and non-governmental organisations as set out in the national training plan for suicide reduction.

- Increased investment in digital youth mental health supports and improving provision of mental health supports to young people at primary care level in line with National priorities.

- Implement agreed development of a 24/7 contact line and eMental health service in line with ministerial priorities.

- Work with sports, community and voluntary groups to develop resilience and reduce demand for mental health services.

Design integrated, evidence-based and recovery-focused mental health services

- Progress development and implementation of the five agreed clinical programmes, specifically the development of the model of care for attention deficit hyperactivity disorder in children and adults and model of care for dual diagnosis as well as implementation of individual placement support workers for early intervention in psychosis clinical programme.

- Implement the model of care for specialist perinatal mental health services through the appointment of agreed new staffing resources nationally.

- Implement the recommendations of *A National Framework for Recovery in Mental Health 2018-2020*.

- Provide increased access to talk therapies to improve treatment outcomes for service users.

- Further develop and deliver enhanced peer support workers in line with Vision for Change recommendations.

Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements

- Develop a seven day per week service for CAMHs to ensure supports for vulnerable young persons in line with Connecting for Life.

- Progress day programme / day hospital services within CAMHs.

- Develop eating disorder specialist community teams in both adult and CAMH services.

- Enhance Jigsaw and other early intervention services specific to those aged 18 to 25 years identified as requiring particular community-based responses.

- Enhance access by older adolescents to specialist mental health services and, for those requiring acute admission, their continued appropriate placement and care in child and adolescent-specific settings.

- Expand out of hours responses for general adult mental health services by moving to the 7/7 model and appointment of agreed new staffing.

- Continue development of liaison services across all specialties.

- Implement enhanced services for those who are deaf and mentally ill.

- Transition to the new forensic facility which will increase the current bed number to 170 including a 30 bed Intensive Care Rehabilitation Unit.

- Increase capacity in the national forensic service for those admitted under section 21(2) of the *Mental Health Act 2001* and enhance prison in-reach services including the appointment of agreed new staffing.

- Develop adult and child mental health intellectual disability teams including the appointment of agreed new staffing.

- Enhance the community mental health team capacity for CAMHs, general adult and psychiatry of later life at a consistent level across all areas including the appointment of agreed new staffing.

- Continue to appoint and develop peer support workers across mental health services.

- Further develop low secure, high dependency rehabilitation services for those with severe mental illness and complex presentations through investment in new services.

- Enhance service responses to improve the physical health of mental health service users.

- Deliver agreed stepped model of care for those who are homeless and with mental illness.

- Improve compliance through monitoring services, in collaboration with the Mental Health Commission (MHC), to achieve real time oversight supported by ICT automation.

- Continue to Implement the HSE *Best Practice Guidance for Mental Health Services*, including development and delivery of training and implement the Quality Improvement initiatives identified to improve compliance with the Mental Health Commission regulations and JSF.

- Implement a revised HSE *Incident Management Framework 2018*.

Ensure that the views of service users, family members, and carers are central to the design and delivery of mental health services

- Improve mental health engagement in the design and delivery of services following the successful formation of Mental Health Engagement Foras in Limerick, Clare and NR Tipperary and the Mid West Area Forum in conjunction with service users, family members and carers and the development of standardised reimbursement methods.

- Develop a standardised approach to inclusion of service users in care planning, and promote enhanced self-management for service users in line with the recommendations of *A National Framework for Recovery in Mental Health 2018-2020*.

- Develop a plan of implementation of the mental health engagement standards to ensure a consistent national model of engagement by service users and carers.

- Implement the recently developed CAMHs advocacy model.

Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure

- Develop the mental health workforce to ensure the right staff with the right skills are allocated to the right services:
  - Develop and implement workforce plans for all disciplines.
  - Progress implementation of the postgraduate nursing programme, develop postgraduate non-nursing programmes and appoint agreed increased undergraduate nursing numbers to address critical staffing challenges in mental health nursing.
  - Progress enhanced clinical psychology training capacity.

- Commence the design and implementation of additional quality and performance indicators in mental health services aligned to increased / new services.

- Participate in the development of a HSE-wide programme for the implementation of the assisted decision-making legislation in mental health services delivery.

- Roll out the agreed minor capital fund to enhance facilities and infrastructure and continue to progress the major capital development of the national forensic service.

- Standardise and move towards more equitable resource allocation models based on a revised costing model for mental health services in line with *A Vision for Change* and continue the mental health multi-year approach to budgeting.

- Through the performance management process, seek to ensure that current resources allocated to the CHOs are utilised in an effective manner which maximises outcomes for service users.

Priority	Priority Action	Timeline	Lead
As part of the Tobacco Free Campus Policy in Mental Health setting continue to promote the up-skilling of staff to screen and support smokers to quit.	Commence qualitative survey to evaluate the impact on service users, staff and visitors of the HSE Tobacco free Campus policy in Mental Health Units.	Q4	HOS
Structures have been put in place for the implementation of Connecting for Life recommendations in mental health services and support the **implementation of** **local CHO suicide prevention action plans by regional suicide prevention officers**	Implementation of Connecting for Life Mid West 2017-2020 Action Plan. Mid West Implementation Group meet quarterly. A detailed programme report on the Implementation of local actions is developed quarterly	Q1 - Q4	Head of Service & Suicide Resource Officers
Ensure knowledge transfer among those working in suicide prevention across all prevention across all sectors.	Up to date information provided to all organisations, groups and sectors through the CFL process for wider dissemination Littlethings Campaign continues to be circulated widely.	Q1 - Q4	Suicide Resource Officers
Recovery Education	Continuing engagement with Voluntary and Non Statutory agencies through the CFL Mid West	Q1 – Q4	Service Improvement Manager SRF
	Continue to increase access to recovery education programmes in our communities, staff groups, and third level institutions through Mid-West ARIES. Provide Recovery Principles and Practice training to specialist teams	Q1 & Q2	
Community Partners	Enhance partnership working with community partners in collaboration with the MHE Area Forum. Review our Section 39 agencies to ensure equitable provision of services across the region.	Q4 Q1	Service Improvement Manager - SRF
Peer Working Strategy	Co-Produce potential pilot peer working models.	Q1	Service Improvement Manager -

Priority	Priority Action	Timeline	Lead
	Implement and evaluate pilot peer working models.	Q3 & Q4	SRF
Service Users	Identify, and promote the development of, programmes which enhance collaboration and partnership with service users, family members and carers	Q4	Area Lead for Engagement
Prevent the onset of ill mental health through Mental Health Awareness Building for Primary Care Staff	Continue to enable staff across other care divisions, in particular Primary Care, to have an awareness regarding the factors that influence the onset of ill mental	Q2	HOS

Priority	Priority Action	Timeline	Lead
Perinatal Mental Health	Establish the % of Public Health Nurses currently trained in the Edinburgh Scale. Identify additional cohort of Public Health Nurses to be trained in the Edinburgh Scale.	Q3 Q4	HOS
National Framework for Recovery **Implement the recommendations of the National Recovery Framework in Mental Health**	Review service development and delivery in line with the principles outlined in the National Framework for Recovery. Communicate NFR to staff across the service assigning relevant roles / responsibilities. Advance Recovery Practice Group to guide implementation and review process.	Q1 – Q4 Q1 & Q2 Q1 – Q4	Service Improvement Manager – SRF Service Improvement Manager – SRF & HOS
Traveller Health	Develop engagement with Traveller groups when the appointment of the Traveller Mental Health Co-Ordinator is made.	Q1 – Q4	HOS
Improve access to primary care for the physical health care of people with severe and enduring mental illness with particular reference to Physiotherapy, SLT, Dietetics and Chiropody	Head of Services (Mental Health & Primary Care) to set up a cross divisional working group to examine and agree improved access arrangements. Care pathways will be developed between the relevant services.	Q1 – Q4	HOS
CAMHS Waiting lists	Reduce the CAMHS Waiting list for those	Q1 – Q2	ECD

Priority	Priority Action	Timeline	Lead
	waiting more than 12 months.		
CAMHS: Increase Capacity of Teams to 75% recommended workforce per Vision for Change.	All approved posts which are currently vacant are filled as speedily as possible and prioritise approval of new posts to assist in achieving 75% staffing levels on each CAMHS Team.	Q1 – Q4	HOS
Develop Adult and CAMHS MHID teams	Mid West Mental Health Intellectual Disability Service developed under the management and governance of Mid West Mental Health Services in line with national agreed model of care. Development of one Adult Team is at an advanced stage and will be completed in Q1.	Q1 - Q4	HOS
Increase Forensic Capacity	Forensic Service capacity increased by bedding in new resources acquired from 2015 and 2016 NSP funding. Work is ongoing.	Q2	HOS
Complete development of a Specialist Mental Health Dementia Unit in Clare	Finalise arrangements for the transfer of a Specialist Mental Health Dementia unit in Clare under the remit of Mental Health.	Q1	HOS
Further develop Community Mental Health Teams and Psychiatry of Later Life Teams.	Continue to fill vacant posts and posts approved for the new NR Tipperary Later Life Team.	Q2 – Q4	HOS
Develop Peri-natal Mental Health Services capacity funded from 2016 Programme for Government	Continue the recruitment process for the Clinical Nurse Specialists, Senior Psychologist and Senior Social Worker staff for Peri-Natal Mental Health Services in line with national agreed model of care.	Q1	HOS
Develop ADHD Service for adults	Progress the development of ADHD Service for adults through the filling of new resources acquired from NSP funding.	Q3	HOS
Implement the Eating Disorders Clinical Programme	Multi-disciplinary steering group will assimilate information with a view to developing an implementation plan appropriate to available resources and to provide some clinical review on a case by case basis.	Q4	ECD
Implement the Self Harm Clinical Programme	Progress the implementation of the self-harm clinical programme in line with national direction in the Mid West.	Q4	ECD
Support	Continue to utilise the National Incident	Q1- Q4	HOS

Priority	Priority Action	Timeline	Lead
implementation of **the National Incident Management System**	Management System and monitor our compliance against standards.	Q1- Q4	HOS
Ensure all **Recommendations** **from Systems Analysis Investigations are implemented**	On-going monitoring and auditing of the system currently in place to ensure recommendations are implemented in a timely manner. Governance arrangements to ensure the implementation of recommendations have been reviewed and revised.	Q1 – Q4	HOS
Support the implementation of Children First in line with national plan as it relates to mental health staff	Ensure regulatory requirements in relation to Children First are notified to all Mental Health Staff and that staff undertake the Children First E-Learning programme and provide the appropriate evidence of certification to their line managers and in line with the new best practice guidance for mental health services.	Q1	HOS
Continue our efforts to achieve optimal Legal and Regulatory compliance requirements as governed by the Mental Health Commission by communicating the requirements, implementing action plans to achieve regulatory compliance and undertaking regular audits with specific reference to Individual Care Plans- Complete audits on a monthly basis.	All CAPA's for each of the four approved centres have been agreed with the Mental Health Commission. Regular updates are provided to the Mental Health Commission as agreed.	Q1 – Q4	HOS/ECD/ADON
Finalise the reconfiguration of the General Adult CMHTs to serve populations of 50,000 as recommended in A Vision for Change and in line with the	Sectors agreed and established. Identify gaps and reallocate existing staff if appropriate to maximise capacity within Community Mental Health Teams	Q1 – Q4	HOS

Priority	Priority Action	Timeline	Lead
requirements of the Community Health	Seek additional funding from PFG funding.		
Care Organisations Report. Prioritise the recruitment of the two additional Consultant Psychiatrist posts allocated from 2014 development funding and develop a business case for additional funding / posts from development funding to fill gaps.			
Incrementally open new High Observation Unit in Limerick APU	In consultation with the National Division continue discussions with the Nursing Unions to agree staffing levels to enable recruitment of staff.	Q1 – Q4	HOS / ECD
Enhance Jigsaw and other Early Intervention Services specifically to those aged 18 to 25 years identified as requiring particularly community based responses	Continue to support the development of the Jigsaw programme in Limerick as a member of the implementation team.	Q1 – Q4	HOS
Expand out of hours responses for GAMHS by moving to the 7/7 model and appointment of agreed new staffing.	Expand out of hour's resources for General Adult Mental Health Services with the appointment of 6.5 additional staffing.	Q1 – Q4	HOS / Area DoN
Implement the Clinical Programme for First Episode Psychosis	Behavioural Family Therapy in place for all families on first episode psychosis programme	Q1 – Q2	ECD
Recovery Oriented Service Provision	Complete the roll out of Recovery Principles training for all staff with particular emphasis on Acute services and specialist teams.	Q2	Service Improvement Manager - SRF

Priority	Priority Action	Timeline	Lead
Identify, and promote the development of, programmes which enhance	Implement the three key priorities for families which are 1) Information provision; 2) key point of contact and 3) family needs assessment	Q4	Service Improvement Manager - SRF
collaboration and partnership with service users, family members and carers.	Review the evaluation of the FRIENDS model of family peer support within the local mental health service	Q2	
	Discharge Planning – complete consultations and develop action plan to improve experience of discharge from acute services.	Q1	
	Implement and evaluate Discharge Planning Action Plan	Q4	
	Peer working / Lived experience – complete consultations and develop peer working strategy with associated pilot projects	Q1	
	Implement and evaluate the strategy	Q4	
Promote better service user, carer and family member involvement in service design and delivery of mental health services.	An Area Lead of Engagement (working with service users, family members and carers) has been appointed to each CHO Mental Health Management Team with the key aims of:	Q1 – Q4	Area Lead Mental Health Engagement
	- Developing the structures and mechanisms for feedback and consultation through local and area forums and in 2018 developing and utilising additional mechanisms of engagement.	Q1 – Q4	
	- Developing the feedback mechanisms and communication between the Local Management team and the Local Forums.	Q1 – Q4	
	-The development of the Service Response Action Plan for each county in response to the recommendations from each Local Forum in collaboration with the Area and Local Management teams.	Q1 – Q4	

Priority	Priority Action	Timeline	Lead
	- Ensure that the views of service users, family members and carers are central to the design, delivery and evaluation of services. - Identify and promote the development of programmes which enhance collaboration and partnership between service users, family members and staff.	Q1 – Q4 Q1 – Q4	
	- Representing the perspective of the service user, family member carer engagement as part of the Area Mental Health Management Team	Q1 – Q4	
Enhance and continue to improve Multi-Disciplinary Team care planning with service user involvement	Continue ensuring regulatory compliance with our care planning processes with service user involvement across the service in line with required National Standards. Continue our local monitoring of compliance with our quarterly audits of individual care plans	Q1 – Q4	HOS
Development of specific mechanisms of engagement for specific groups such as Traveller Groups, Forensics, CAMHS, Rehab and Forensics needs to be included under the development work of Engagement.	Working with the Social Inclusion office through the traveller mental health sub group to identify and address areas of concern to the traveller community. Partnering with the Traveller Health Unit in relation to the rollout of the project for the Traveller youth mental health worker. Supporting the establishment of engagement mechanisms within the CAHMS service Establishment of engagement within the forensic service Supporting the establishment of engagement mechanisms within the Perinatal and MHID teams within the mental health service. Designing specific engagements to capture the views and experiences of those utilising the rehab services.	Q4 Q1-Q4 Q1-Q4 Q4 Q1-Q4 Q1-Q4	Area Lead Mental Health Engagement

Priority	Priority Action	Timeline	Lead
Embedding a culture of co-production in the formation of all areas of design, delivery and evaluation of services. It is proposed to foster this culture through the inclusion of those with lived experience on various steering	Inclusion in the terms of reference for all committees for a requirement for a person with lived experience to have a dedicated place. (This action will be dependent on the National Reimbursement scheme)	Q3, Q4	Area Lead Mental Health Engagement
	Participation of a person with lived experience on the Best Practice self- assessment teams across the service. (This action will be dependent on the National Reimbursement scheme)	Q3, Q4	
	Creation of a policy and procedures for the	Q1-Q4	
groups and committees throughout the service. An additional asset being the partnership working approach which can be delivered through the forums feeding back information on various initiatives and pieces of work.	involvement of service users within the Mental Health Service.		
	Participation by Area Lead on all CPPPG and QRPS committees.	Q1-Q4	
	Continue input in polices by forums.	Q1 - Q4	
	Provision of general training, capacity building and support for staff and service users involved in co-production	Q1-Q4	
	Develop a co- produced vision for Mental Health Services	Q3	
	Creation of a database of people with lived experience interested in involvement with the Mental Health Services.	Q1-Q4	
	Creation of a set of standards for co-production.	Q4	
	Active involvement of service users in the care planning process.	Q4	
	Through the Area Forum to ensure that the themes raised and the actions delivered are co-produced by all stakeholders.	Q1-Q4	
Optimise the recruitment and retention of staff and maximise the available skill sets	Engagement with national recruitment services as required and utilise local HR if NRS are not able to action / progress posts	Q1 – Q4	HOS
Safety Health and Welfare in the Workplace	Implement systems to ensure the health and safety of staff in their place of work. Develop audit plan for Occupational Health and Safety	Q1- Q4	HOS

Priority	Priority Action	Timeline	Lead
A prioritised maintenance plan will be prepared for each of our residential facilities.	Discussions with estates department held regularly to identify / upgrade facilities or provide appropriate alternative accommodation as required for services and develop plans as required.	Q1 – Q4	HOS
Prepare proposals / submissions for capital / minor capital funding as appropriate.	Prepare proposals / submissions for capital / minor capital funding as appropriate, following consultation with the Estates Manager, Local Service Managers and Maintenance Managers.	Q1	HOS
Develop the management capacity within the Mental Health Management Teams and ensure the Mid West Mental Health Service Management Team and the three Local HOS Management Teams have the necessary skills, training, mentoring and support to deliver services.	Develop further management capacity through the provision of additional training to Clinical Directors and Senior Managers in Nursing and Allied Health Professionals.	Q1 – Q4	HOS
Progress the implementation of the National Mental Health ICT Framework Programme.	Information provided to National Mental Health ICT framework re local ICT specifically with regard to on-going support from the EPEX provider following replacement of the system.	Q1 – Q4	HOS
NCS: Further develop the business support infrastructure of the service to ensure a more user friendly, efficient and accessible service	Work on-going with National HSE to progress the creation of senior grade clinical posts to support the service infrastructure.	Q1 – Q4	Director of Counselling Services
Progress work to secure appropriate dedicated accommodation for delivery of	The need to source further accommodation is on-going.	Q1 – Q4	Director of Counselling Services

Priority	Priority Action	Timeline	Lead
Counselling and Psychotherapy			
Provide Employment Supports for Service Users	Implement and evaluate the IPS Model of supported employment in 3 CMHTs in partnership with Employability	Q4	Service Improvement Manager - SRF
Provide Housing Supports for Service Users	Complete mapping exercise of mental health and housing needs for the region. Develop and implement mental health housing plan aligned to the National Housing Strategy for people with disabilities in partnership with local councils and approved housing bodies. Complete transfer of ownership of HSE properties as aligned with national process.	Q1 & Q2 Q4 Q2	Service Improvement Manager - SRF

Section 6

Disability Services

6. Disability Services

Services Provided

A wide range of Disability Services are provided to those with physical and sensory disabilities; intellectual disability; acquired brain injury; and autism. Disability Services focus on supporting and enabling people with disabilities to maximise their full potential, living ordinary lives in ordinary places as independently as possible. Disability Services strive to ensure the voices of service users and their families are heard and are fully involved in planning and improving services to meet their needs.

The services are delivered through a mix of HSE direct provision, through non-statutory Section 38 and 39 service providers, and through private providers.

It is important to recognise that the needs of people with disabilities extend well beyond health service provision and the health service participates with other government departments and services in the development of cross-sectoral strategies to maximise access to services and support.

The services provided for people with disabilities in the Mid West include:

- 825 people with a disability are supported with a range of residential supports.
- 1,645 people with disabilities access day places and supports in 95 locations in the Mid West .
- Each quarter -
    - 643 people with disabilities will avail of respite.
    - 427 adults with disabilities will avail of 324,145 hours of personal assistant / home support hours.
- Clinicians, through a multi-disciplinary approach and employed directly through the HSE and voluntary providers, provide a range therapy services to Mid West clients.

Issues and Opportunities

The increase in funding for Disability Services in recent years is welcome. Nationally, about 15% of people with an Intellectual Disability aged over 60 years live with family members. To meet the challenges arising in 2019 from the increase in the number of people living with a disability, the increase in age and life expectancy and the changing needs of people with a disabilities, collaborative working is required across the wider health and social care setting with the aim of improving access to services. Future service need will include providing for demographic change and addressing the current backlog of service need.

Disability services have a significant programme of reform underway which is informing a new model of service provision. *Transforming Lives* sets out the recommendations of the *Value for Money and Policy Review of Disability Services in Ireland, 2012.* It provides the framework for the implementation of:

- *Time to Move on from Congregated Settings – A Strategy for Community Inclusion* in respect of residential centres to support the transition of people from institutional settings to community-based living.

- *New Directions* Programme is improving day services and supports and aims to meet the needs of school leavers and those graduating from rehabilitative training.

Taken together, the implementation of these programmes will enable us to maximise the use of existing resources and develop sustainable models of service provision with positive outcomes for service users, delivering best value for money and moving towards an inclusive model of community-based services and supports.

As we move through our programme of reform and consolidation of the sector, an increasing challenge has been striking the appropriate balance in relation to the competing need for resources across the national policy objectives.

Time to Move on from Congregated Settings – A Strategy for Community Inclusion identified over 4,000 people nationally living in congregated settings. The transition from congregated settings to community living is being supported by the service reform fund, a partnership arrangement between Atlantic philanthropies, the DoH, Genio and the HSE. However, significant additional resources will be required to fully implement the reform programme.

A significant underlying challenge relates to the latent unmet need for residential and respite care which exists in our services as a result of the absence of investment during the economic downturn. At the same time, our national database figures indicate an annual requirement of 400 residential places per year to meet identified needs. As a result of this, we are now experiencing a high annual demand for unplanned residential places to respond to the most urgent cases on our waiting lists. These service responses are of major concern as they account for a significant portion of the overspend in Disability Services.

At the same time, the disability sector is working hard to comply with the National Standards for Residential Care as regulated by the HIQA and to maintain registration for all the residential centres that achieved registration in 2018 and will face a new three year cycle of registration commencing in 2019.

A critical challenge for 2019 and future years will be the development of a more sustainable model of services and supports which achieve the key policy objectives within the resources available.

While recognising the challenge in relation to complying with the *Disability Act 2005*, we will improve access to therapy services for children by implementing *Progressing Disability Services for Children and Young People.*

A key risk for Disability Services is ensuring control over pay and staff numbers at the same time as managing specific safety, regulatory, demand and practice driven pressures while seeking to ensure recruitment and retention of a highly skilled and qualified workforce. There is a need to further monitor the cost and reliance on agency staff. The use of agency staffing and / or overtime will be strictly controlled.

In cases where total demand for services exceeds what can be supplied, taking account of realistic efficiencies that can be achieved, the available funding level and planning assumptions provided by the DoH, the HSE is required to manage within the available resources while seeking to prioritise services to those in greatest need.

Priorities and Actions

Value Improvement Actions

- Support and monitor Disability Services to achieve the required value improvement actions.

Disability Act 2005 – assessment of need

- Reduce the waiting times for Assessment of Need under the *Disability Act 2005* through the provision of 12 additional posts in the Mid West.
- Progress Disability Services for Children and Young People (0-18) Programme.

Residential Services

- Continue to provide 821 adult residential places and 4 children's residential places in the Midwest as need dictates.
- Progress implementation of *Time to Move on from Congregated Settings – A Strategy for Community Inclusion* with a further 27 people with disabilities supported to transition to homes in the community in 2019. This is supported by the Disability Capital Programme.

Respite services

- Continue to provide centre-based respite and alternative innovative models of day respite to 643 people with disabilities in the Midwest.

Day services and supports

- Progress implementation of *New Directions* national policy on the provision of day services for people with disabilities and strengthen the quality of day service provision throughout the Mid West.

- Continue to provide adult day services and supports for approximately 2,275 adults with physical and sensory disabilities, intellectual disability and autism across a number of service locations in the Mid West.

  o 410 people with a disability to receive work/work like activity services.

  o 220 people with a disability to receive Rehabilitative training.

  o 1,645 in receipt of other day services.

- Implement the person-centred planning framework in disability day service provider organisations and review and evaluate the process with a view to wider application.

- Identify those young people due to leave school or rehabilitative training that will require HSE funded day placements in 2019 and agree the process to develop and provide appropriate day services.

- Continue to implement the interim standards for *New Directions* through the EASI (Evaluation, Action and Service Improvement) process commenced in 2018.

- Support the development of national service improvement plans to strengthen the quality of day services being provided.

PA and Home Support

- Continue to deliver PA hours to almost 427 people and Home Support hours to 531 people with disabilities.

- Deliver additional home support and PA hours to alleviate the demand for emergency residential places within available resources.

Autistic Spectrum Disorder Review

- Support the recommendations arising from the **'*Review of the Health Services for Individuals with Autism Spectrum Disorder'*,** carried out in 2017.

Personal budgets demonstration projects

- Progress the implementation of a standardised assessment tool with a view to wider implementation across all Disability Services.

Disability dormant accounts projects

- Commence the roll-out of:

  - Health promotion initiatives for people with disabilities and their carers / families in communities / own homes through funding received from dormant accounts.

Service arrangements

- Review Part 1 and Part 2 of the service arrangements for section 38 and section 39 service providers and private providers taking account of the recommendations from the independent review group set up to examine the role of voluntary organisations in publicly funded health services.

Safeguarding Vulnerable Adults

- Continue the implementation of *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures (2014).*

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Mid West Aids & Appliances Service Review.	• We will consult with key stakeholders and staff in relation to delivering efficiencies and equity in the provision of aids & appliances.	Q1 - Q2	Head of Service, Social Care.
Disability Act 2005- Assessment of Need Implement Progressing Disability Services for Children and Young People	• We will reduce the waiting times for Assessment of Need under the Disability Act (2005) through the provision of additional therapy posts. • Implement revised national procedure, when finalised, for the Assessment of Need under Disability Act (2005). • We will progress Disability Services for Children and Young People (0-18) Programme.	Q1-Q4 Q1-Q4 Q1-Q4	Head of Service, Social Care. Head of Service, Social Care.
Tusla/HSE Joint Protocol	• Implementation of the Joint Protocol: continue to support operational roll out of the joint HSE & Tusla Interagency Protocol, including internal and supporting protocols for CAMHS, Primary Care and Disability Services.	Q1-Q4	Head of Service, Social Care.
Residential services	• We will continue to provide residential places to 821 adults and 4 children in the Mid West and deliver new residential places as need dictates and within available resources. • We will progress implementation of *Time to Move on from Congregated Settings – A Strategy for Community Inclusion* with a further 27 people with disabilities to be supported to transition to homes in the community in 2019.	Q1-Q4 Q1-Q4	Head of Service, Social Care. Head of Service, Social Care.
Residential Placement	• We will continue to strengthen the process of allocating residential placement through the	Q1-Q4	Head of Service,

Priority	Priority Action	Timeline	Lead
	Emergency Residential Placement Committee.		Social Care.
Day services and supports	• We will progress implementation of *New Directions,* a national policy on the provision of day services for people with disabilities, and strengthen the quality of day service provision throughout the Mid West.	Q1-Q4	Business Manager Limerick.

	• We will continue to provide adult day services and supports for approximately 2,275 adults with physical and sensory disabilities, intellectual disability, and autism across a number of service locations in the Mid West.
	  o 410 people with a disability to receive work/work like activity services
	  o 220 people with a disability to receive Rehabilitative training
	  o 1645 in receipt of other day services
		Q1-Q4	Business Managers.

	• Implement the person-centred planning framework in disability day service provider organisations and review and evaluate the process with a view to wider application.	Q1-Q4	Business Managers.
	• We will identify those young people in the Midwest due to leave School or Rehabilitative Training and will require HSE funded day placements in 2019.	Q1-Q4	Business Managers.
	• We will continue to implement the interim standards for *New Directions* through the EASI (Evaluation, Action and Service Improvement) process commenced in 2018.	Q1-Q4	Business Managers.
Respite services	• We will continue to provide respite services for 172 adults and 250 children with disabilities in the Midwest quarterly through a combination of centre and home-based respite and alternative innovative models of day respite.	Q1-Q4	Head of Service, Social Care.
Children's Disability Network Mangers	• We will progress appointment of Children's Disability Network Manager Posts & fully implement Progressing Disability Services for Children and Young People	Q1-Q2	Head of Service, Social Care.

Priority	Priority Action	Timeline	Lead
Transforming Lives	• We will progress implementation of national policy including implementing value for money and Autism Review (2018)	Q1-Q4	Business Mangers .
National Quality Improvement Action Plan for Disability Services	• Establish Quality Improvement Network in the Midwest. • Establish programme of support to improve regulatory compliance and adherence to the • budget parameters	Q1-Q4	Head of Service, Social Care.
PA and home support	• We will deliver 324,145 PA hours to 427 people • with disabilities in the Midwest. • We will deliver 169,262 Home Supports hours to 531 people with disabilities in the Midwest. • Deliver additional home support and PA hours to alleviate the demand for emergency residential places as need dictates and within available resources.	Q1-Q4 Q1-Q4 Q1-Q4	Head of Service, Social Care.
MIS Project	• Continue to lead out with the support from the national division on developing the Management Information Systems (MIS) for Children's Services.	Q1-Q4	Head of Service, Social Care.
Personal budgets demonstration projects	• Support the implementation of a standardised assessment tool with a view to wider implementation across all Disability Services.	Q1-Q4	Head of Service, Social Care.
Disability dormant accounts projects	We will commence the roll-out of: • Health promotion initiatives for people with disabilities and their carers / families in communities / own homes through funding received from dormant accounts.	Q1-Q4	Business Manger.
Home Sharing	• We will implement the revised protocol on Home Sharing.	Q1-Q2	Head of Service, Social Care.
Service arrangements	• We will complete service arrangement for Section 38 and Section 39 Agencies	Q1	Head of Service, Social Care.

Priority	Priority Action	Timeline	Lead
Safeguarding vulnerable adults	• Continue the implementation of *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures, 2014.* • Provide safeguarding training to 920 staff in both HSE and voluntary service providers.	Q1-Q2	Head of Service, Social Care.

**HSE Mid West
Community Healthcare**

Section 7

Older Persons' Services

7. Older Persons' Services

Introduction / Strategic Context

Older Persons' Services are delivered through a community-based approach, supporting older people to live in their own homes and communities through the provision of a variety of services, including home supports, respite residential care, transitional care and day care. When needed, long term residential care services are provided through a range of public, voluntary and private service providers.

Sustained investment in home support services will continue in 2019, including the rollout of the Home Help Contract and single home support delivery model.

It is anticipated that the Nursing Homes Support Scheme will support 23,042 people nationally in residential care at any given time in 2019.

The ongoing implementation of "*Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures*", (2014), together with the completion of a review of that policy, is a key element of service provision for all parts of the health service, including vulnerable older people.

Among the challenges for Community Healthcare in delivering services for older people in 2019 will be the best use of the available resources in the context of ever increasing demand for services and growing complexity.

Population

The biggest increase in Ireland's population is within the older age groups. The percentage of people aged 65 years and over has increased from 11% in 2011 to 13% in 2016. HSE Mid West saw a similar increase, with the over 85 years population increasing by 13.2% in the same period. This increase in the older persons' population is a reflection of improved health and greater longevity.

Services provided

A wide range of services are provided for older people, including home supports, short stay and long stay residential care, transitional care and day care. Nationally, transitional care for people leaving hospital will be provided for at a rate of 210 approvals per week and will benefit 10,900 people.

- Nationally, 230 people will receive Intensive Home Support totalling 360,000 hours. This will, in the main, specifically support people living with Dementia.

- Nationally, 23,042 people will be supported through the Nursing Homes Support

Scheme ('Fair Deal') at any one time.

- In 2019, 4,765 people in the Mid West will receive Home Support hours in any one month or a total 1.475 million hours in 2019.

- 346 public long stay beds will be directly provided in the Mid West and an additional 183 beds will be provided to support short stay requirements.

Patient Flow Results 2019

Delayed Discharges

We will continue to develop integrated working arrangements to ensure the successful delivery of a range of services to support older people to return or remain at home for as long as possible. Focus will be maintained on older people within the patient flow system to help avoid hospital admission and to facilitate timely discharge.   Ongoing engagement between all parties will continue to deliver results in what is a challenging and complex environment with significantly increasing demand. The establishment of the Winter Action Team (WAT) in the Mid West in winter 2018, supported by a cohesive national plan, improved processes at local level.

Winter Measures Summary for 2019

- A total of 280 additional Home Support hours were provided in 2018 and 224 additional Home Support hours were provided in 2019 under the Winter Initiative. Additional approvals for transitional care and an extra €352k of funding for Aids & Appliances, to facilitate hospital discharges, were also provided.

Priorities and Key Actions 2019

Home Care

- The Single Funding Model of Home Support, commenced in 2018, will be further embedded in 2019 with a particular focus on strengthening governance, management capability, quality, access and efficiency of service delivery.

- Governance of direct and indirect Home Supports will be strengthened through the introduction of an Audit Team.

- The options of Home Supports for service users will expand as a result of an increase in the number of external providers through Tender 2018 and the envisaged growth of direct HSE provision in the Mid West.

- The revised 2018 contract for HSE Home Support staff will take full effect leading to improved roster and deployment arrangements.

- The additional 504 Home Support hours introduced for Winter 2018/19 will be sustained throughout the year.

- Mid West Community Healthcare will support the DoH in relation to the development of plans for a new statutory scheme and system of regulation for home support services.

Dementia

- We will maintain the current provision of Memory Technology Resource Rooms across two sites providing a network of resource for people with dementia and their families / carers.

- We will continue to work closely with the National Dementia Office to plan and develop local services.

- We will roll out the two-day Dementia Education Programme for Home Care Workers, supported by GENIO and Dormant Account funding. *Train the Trainer* programmes to facilitate this roll-out are scheduled to commence in February, 2019.

Integrated Care Programme for Older Persons (ICPOP)

- We will build on the design concept as established to date and implement a system of care which focuses on enabling older persons living with frailty to remain living in their own homes, where possible, and reduce dependency on acute services. This will include the development of redesigned Care Pathways and ensuring linkages with other strategic changes that are underway (Dementia Services, Home Support, Falls Prevention initiatives).

- We will work with the Office of the Chief Information Officer in developing ICT support for integrated care and work towards refining and integrating data collection into a national KPI data suite.

- We will commence the National Frailty Education Training Programme in the Mid West, the first site in the country to adopt an interdisciplinary approach to this training.

- The programme will provide access to a specialist geriatric service delivered by a multidisciplinary team in the ambulatory care hub in St Joseph's Hospital, Ennis.

- The new model will be assessed in specific critical categories, e.g., clinical governance / shared care arrangements, resource allocation, service delivery

outcomes and service levels, skills & competencies and training needs, in order to further develop the detailed design of the model/care pathway.

- The programme will be contingent on working in a coordinated way across a range of services.

Rehabilitation Strategy

- Develop a five year Strategy and Action Plan for the delivery of Rehabilitation Services in the Midwest.

Falls Prevention and Bone Health

- Progress the Bone Health Programme through the development of Cross Divisional Falls Guidelines for use in residential settings across Mental Health and Older Persons' Services.

Nursing Homes Support Scheme (NHSS) / Residential and HSE Public Units

- Nationally, funding will be provided through the NHSS for 23,042 long term public and private residential places in 2019.

- The target of maintaining the wait time for funding approval at no more than four weeks was achieved in 2018 and will remain a focus for 2019, subject to ongoing review of demand and capacity.

- The amalgamation of the NHSSOs in CHO 2 and CHO 3 will be progressed.

- Use of Transitional Care Funding will be maximised with an anticipated benefit for up to 210 people per week nationally.

- The implementation of the 2016-2021 Capital Plan for public residential units will ensure maximum regulatory compliance of our built environment by the critical regulatory date of 2021. Demands on the overall Health Capital resource will present some challenges to this programme of work.

Assessment Tools

- In line with national direction, we will continue to support the rollout of SAT and its use to assess levels of dependencies and develop care plans for people in residential care centres and requiring home support.

Safeguarding

- We will support the roll-out, on a phased basis, of the revised HSE Safeguarding Policy across all community health and acute care areas, including mental health and primary care, through awareness raising and on-going training with staff and service providers.

- We will prepare for the introduction of HIQA / MHC New National Standards in Adult Safeguarding.

- We will support the development of the DoH National Policy in Adult Safeguarding.

Carers

- We will support the recommendations of the National Carers Strategy - "*Recognised. Supported. Empowered*".

Service Reviews /Quality Initiatives

- We will consult with key stakeholders on the implementation of a revised delivery model for an improved Aids and Appliances service.

- The findings of the Cross Divisional Pharmacy Review for the Mid West will be implemented.

- A number of the residential units for older people will participate in a Consumer Satisfaction Survey.

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Home Supports.	Continue to provide and improve the quality of home support for older people.	Q1-Q4	Business Manager.
	Deliver home support services through a single funding model and reconfigure existing structures to facilitate the delivery of single home support services.	Ongoing.	Business Manager.
	Provide additional governance for home supports through the introduction of an audit team for home support services, subject to available funding.	Q2	Head of Service, Social Care.
	Provide 1.475m. home support hours to an average of 4,765 older people at any one time.	Q1-Q4	Business Manager.

Priority	Priority Action	Timeline	Lead
	Target resources towards those that are in hospital and who need home support to return home.	Q1-Q4	Business Manager.
	Support the DoH in relation to the development of plans for a new statutory scheme and system of regulation for home support services.	Ongoing.	Head of Service, Social Care.
Dementia Services.	Maintain the current provision of Memory Technology Resource Rooms in St Camillus' Hospital, Limerick and St Joseph's Hospital, Ennis.	Q1-Q4	General Manager
	Co operate with the National Dementia Office on the roll out of priority initiatives.	Ongoing	Business Manager.
	Implement the two- Day Dementia Training programme for HSE Healthcare Support Assistants commencing with a *Train the Trainers* programme in February, 2019 in DCU.	Q1-Q4	Business Manager.
Integrated Care Programme.	Further develop the ICP for Older People in CHO3. This programme provides specialist care, bridging hospital and community services and is effective in reducing ED attendances and admissions. This includes the development of redesigned care pathways and ensuring linkages with other strategic changes that are underway (dementia services, home support, falls prevention initiatives).	Q1-Q4	Project Lead.
	Work with the Office of the Chief Information Officer in developing ICT support for integrated care and work towards refining and integrating data collection into a national KPI data suite. Work with all the relevant stakeholders in service redesign.	Q1-Q4	Project Lead.
	Commence the National Frailty Education Training Programme in the Mid West - the first site in the country to adopt an interdisciplinary approach to this training.	Q3-Q4	Project Lead.
Rehabilitation Services	Develop a Five Year Strategy and Action Plan for the delivery of Rehabilitation services in the Midwest.	Q3	Head of Service, Social Care.
Falls Prevention and Bone Health	Progress the Bone Health programme through the development Cross Divisional Falls Guidelines for use in residential settings across Mental Health and Older Persons Services.	Q3	Quality &Risk Advisor .
Nursing Homes	Co-operate with the implementation of the proposed	Q4	NHSS

Priority	Priority Action	Timeline	Lead
Support Scheme.	legislative changes to be introduced to benefit farmers and small business owners who may require the support of the scheme. Progress the amalgamation of Nursing Homes Support Scheme Offices in CHO 2 and CHO 3. Maintain the requirements of the Nursing Homes Support Scheme (NHSS) that the waiting list for funding is no more than four weeks subject to demand and resources.	Q1-Q4. Ongoing.	Manager . Head of Service, Social Care &NHSS Manager . NHSS manager.
Patient Flow.	Continue to provide 346 public long stay beds in CHO3. This may be impacted by the potential transfer of 10 long stay Old Age Psychiatry beds in St Joseph's Hospital, Ennis to Mental Health Services. Continue to provide transitional care funding to approximately 210 people per week to support discharge from acute hospitals to residential settings. This will facilitate discharges from acute hospitals for both convalescent care and for patients finalising their NHSS applications. Support and participate in local initiatives relating to complex care such as NHSS clinics in the acute setting and prioritisation of home support services. Improve access to a range of short stay beds and transitional care funding with a focus on reducing delayed discharges in acute hospitals and providing greater options for avoidance hospital admission.	Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4 Q3-Q4	General Manager. NHSS Manager. NHSS Manager/ Business Manager. Business Manager. HOS.
Residential Services.	Implement e-rostering in all Older Persons Residential Units. Implement computerised care planning in all Older Persons Residential Units. Improve environmental facilities for residents of long term residential care settings in line with regulations and as an on-going progression of the Capital Plan 2016-2021	Q3-Q4 Q3 – Q4 Q3-Q4	Head of Service, Social Care. Head of Service, Social Care. General Manager.
Voluntary and Community	Continue to provide the full range of community support services to older people across the Mid-West with our	Q1-Q4	Business Manager

Priority	Priority Action	Timeline	Lead
sector	partner organisations, including Day Centres, Meals-on-Wheels, Respite services, etc.		
Single Assessment Tool	Continue to co-operate with roll-out SAT and its use to assess levels of dependencies and develop care plans in residential care centres and Home Support in line with national direction.	Q1-Q4	Head of Service, Social Care.
Safeguarding	Progress the roll out, on a phased basis, of a revised HSE Safeguarding Policy across all community health and acute care areas, including mental health and primary care, through raising awareness and on-going training with staff and service providers.	Q2-Q4	Head of Service, Social Care.
	Increase the training and awareness programme, ensuring that our staff are aware of their safeguarding obligations with 920 staff to be trained in CHO3.	Q1 – Q4	PSW. Head of Service, Social Care.
	Prepare for the Introduction of HIQA / MHC New National Standards in Adult Safeguarding.	Q1-Q4	Head of Service, Social Care.
	Support the development of the DoH National Policy in Adult Safeguarding	Q1-Q4	
Service Reviews / Quality Initiatives	**Aids & Appliances** Consult with key stakeholders in relation to a service delivery model for an improved Aids and Appliances service.	Q2-Q4	Head of Service, Social Care.
	Midwest Pharmacy Review Implement the findings of the Midwest Pharmacy Review.	Q2-Q3	Heads of Service, Mental Health and Social Care.
	Consumer Satisfaction Undertake a satisfaction survey within Residential Older Persons Services	Q2-Q3	General Manager.

HSE Mid West
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Section 8

Workforce

8. Workforce

The Health Services People Strategy 2019-2024

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. Building on progress to date the health service will continue to nurture, support and develop a workforce that is dedicated to excellence, welcomes change and innovation, embraces leadership and teamwork, fosters inclusiveness and diversity and maintains continuous professional development and learning. The People Strategy 2019-2024 has been developed in recognition of the vital role the workforce plays in delivering safer better healthcare. This strategy placed emphasis on Leadership, Talent Capability enabling people and culture change and a key tenet underpinning its implementation is the commitment to engage, develop, value and support the workforce and deliver the Sláintecare vision.

Recruiting and retaining motivated and skilled staff remains paramount for the delivery of health services to an increasing and changing demographic population. This challenge is even greater now as the Health Reform Programme requires significant change management, organisation re-design and organisational development support.

The following are key priorities for HR in 2019:

In consultation with the Heads of Service we are developing a Strategic Statement of Intent to localise the implementation of the revised People Strategy 2019-2024.

- Working with Health Business Services (HBS) to attract, recruit and retain the right people, ensuring their integration and development into a workplace that cares about their wellbeing, motivation and opportunities at work.
- Working as a business partner with the Heads of Service to provide an effective and professional HR service in a way that meets the needs of three key areas HR Management, Resourcing and Employee Relations.
- Connecting people services in a more integrated way to create the people and culture change platform for meaningful and healthy work environments.
- Continued commitment to Public Service Stability Agreement 2018-2020 including support for the work of the Public Service Pay Commission and implementation of recommendations where relevant.

- Implementation of Consultant Contract 2008 Settlement Agreement and consultant contract compliance arrangements.
- Implementation of Workplace Relations Commission (WRC) agreement on pay restoration in section 39 organisations.
- On-going implementation of WRC nursing and midwifery recruitment and retention agreement and ED agreement.

Learning and Development

In consultation with Corporate Leadership, Education, Talent and Development (LETD) Mid West Community Healthcare will continue to support staff development to ensure an appropriate qualified and developed workforce who can deliver our organisational goals whilst developing their talent and capability thus aiding staff retention.

Human Resources in consultation with LETD will provide a leadership, education and development plan for Mid-West Community Healthcare to build capacity of staff in the Mid West to meet the organisational requirements. Priorities for 2019 to be agreed with LETD.

Workforce Planning

Pay and Staffing Strategy 2019 - Effective control over workforce numbers and associated pay expenditure will be essential to ensuring that we deliver services within the available financial resources for 2019.

Based upon key learning from previous Pay and Staffing Strategies, the approach being taken in Mid West Community Healthcare 2019 begins with a high level affordability assessment of the level of staff, on an average cost per WTE basis, that the indicative pay budget for 2019 can support. This approach is designed to enable more realistic and affordable forecasting and follows on from the WTE limits process implemented in late 2018. All key stakeholders (National Directors, CHOs and Hospital Groups, supported by Finance and HR) will operationalise the WTE limits through a 'bottom up' process that takes account of service priorities and maintenance of services, whilst equally identifying the opportunities for optimisation and efficiency. This year's combination of a top down affordability assessment to set the overall WTE limits, and the bottom up prioritisation by service providers, is intended to ensure maximum flexibility for services to determine the deployment of the limit across their services.

Central to the process for 2019 is:

- Engagement at divisional level on the development of robust operational workforce plans based on a centrally constructed WTE limit that takes account of a range of factors including priorities determined by the Government and local service requirements.
- Striking the balance between safe, effective, efficient service delivery and affordability.
- Realising opportunities to reinvest in the workforce through agency conversion, enabling constructive WTE limits review at key intervals throughout the year, underpinned by evidence. All services will need to closely monitor agency and overtime spend and implementation of measures to reduce same.
- Realising opportunities to redeploy the existing workforce to ensure maximum alignment between our staffing and the delivery of priority health and social care needs.
- Necessity of monitoring WTE movement against the limits alongside overall pay expenditure so as to appropriately manage direct employment costs, in addition to overtime and agency costs.

WTE limit monitoring is an integral component of the overriding principle of compliance to allocated pay expenditure budgets. The monitoring of both WTE limits and pay expenditure at all service levels will further support and enhance performance and governance of same, with key actions and interventions on deviation in place, in line with the Performance and Accountability Framework. In line with this framework, as with any other key performance areas, performance against these WTE limits will ultimately be considered as part of the National Performance and Oversight Group.

Particular attention will be directed to the further development of measures to support the sourcing, recruitment, and retention of nursing staff in light of identified shortages. The development of a workforce plan for Mid West Community Healthcare will be progressed as a priority.

Government policy on public service numbers and costs is focused on ensuring that the health workforce operates within the pay budgets available. The Mid West Community Healthcare Area manages a WTE of 4,304

Staff Engagement

HR facilitated Staff Engagement Fora in Limerick, Clare and North Tipperary, they will continue to evolve and progress in 2019 in conjunction with the Heads of Service.

The purpose of the Fora is:

- Create a space where what matters to staff in terms of engagement can be heard and suggestions on how to improve it can be gathered, by building on existing approaches and continually looking for new ways to engage staff.
- To give a sense of ownership and personal responsibility for engagement, building positive and effective communication between all people regardless of their position.
- To share good examples of staff engagement.
- To provide feedback on the Staff Survey 2018 and advice on improving staff engagement in the design and implementation of initiatives and policies.
- To promote staff engagement throughout the health sector to create a positive working environment for staff and service users

European Working Time Directive

The HSE is committed to maintaining and progressing compliance with the requirements of the European Working Time Directive (EWTD) for both non-consultant hospital doctors (NCHDs) and staff in the social care sector. Key indicators of performance agreed with the European Commission include a maximum 24 hour shift, maximum average 48 hour week; 30 minute breaks every six hours, 11 hour daily rest / equivalent compensatory rest and 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest.

People's Needs Defining Change – Health Services Change Guide

People's Needs Defining Change is the policy framework and agreed approach to change signed off by HSE Leadership and the Joint Information and Consultation Forum representing the trade unions. It presents the overarching Change Framework that connects and enables a whole system approach to delivering change across the system and is a key foundation for delivering the people and culture change required to implement *Sláintecare* and Public Sector Reform. The Change Guide complements all of the other service, quality and culture change programmes that are currently making progress towards the delivery of person-centred care, underpinned by our values of Care, Compassion, Trust and Learning and can be applied at all levels to support managers and staff to mobilise and implement change. Building this capacity will enable and support staff to work with and embrace change as an enabler of better outcomes for service users, families, citizens and local communities. The guide is available on *www.hse.ie/changeguide*

Professional Development and Performance

Our commitment is to engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them. Staff who are valued, supported in their development and treated well, improve patient care and overall performance. Improved people management is the responsibility of all leaders, managers and staff.

Leadership is the most influential factor in shaping organisation culture and so ensuring the necessary leadership behaviours, strategies and qualities are developed which is fundamental to staff recruitment, development and retention. We are continuing to enhance leadership development, capacity and capability through the Health Service Leadership Academy. There are approximately 300 health service staff currently undertaking a Leading Care Programme, with the Leading Care III Programme commencing in February 2019.

All leadership and development programmes will have a people and culture change ethos to build change capacity at all levels with a particular emphasis on the skills and behaviours needed to lead change. This will be supplemented by 'on the job' practice-based learning.

HSELanD (Health Services eLearning and Development) is the HSE's online learning portal used by health and social care employees at all levels across the statutory and voluntary healthcare sectors. It will continue to be developed including through the wider implementation of the Health Electronic Learning Management project, which emphasises the need to develop a single overarching approach to learning and development throughout the health sector. A module of Respect and Dignity at Work has now been introduced and is mandatory for all staff.

The national coaching service is a free confidential service available to all staff working in the HSE and in our partner organisations. Its aim is to enhance employees' capacity to lead and flourish within their role in order to support the provision of safer better healthcare for all.

Partnering

A Joint Consultation and Engagement Forum was established in the Mid West Community Healthcare in 2017 with Trade Union partners and representatives for all the Divisions, Finance, Communications and the Chief Officers Department. This forum will meet quarterly in 2019. The Health Services Change Guide is the agreed approach that will underpin our process for change and reform in line with the Public Service Stability Agreement. Over the past period, we have continued to take the lead role for employers on all national industrial relations matters, with particular input into the extension of the Public Service Stability Agreement, which now remains until end 2020. It provides for the continuation of the phased approach towards pay restoration, targeted primarily at low-paid personnel, as well as providing a number of general pay adjustments in the course of the Agreement. The Agreement builds on the provisions of previous agreements to support reform and change in the health services.

Leadership and Culture

The Mid West Values in Action Project will continue to embed our Values in Action, to live our values of Care, Compassion, Trust and Learning through the 9 Behaviours.

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
People Strategy	Progress the strategic statement of intent for Mid- West Community Healthcare. Implementation and communication of circulars as necessary.	Q2	Head of HR
Learning and Development	First Time Managers	2 Sessions	LETD
	People Management Legal Framework	2 Sessions	
	Coaching skills for managers	1 Session	
	Clerical and Administration Development Program	1 Session	
	Corporate Induction Programme	1 Session	
	Training sessions on key policies	24 Sessions	HR Staff
	• Dignity at Work	24 Sessions	
	• Trust in Care	24 Sessions	
	• Disciplinary and Grievance	24 Sessions	
	Roll out promoting attendance toolkit for front line managers		
Workforce Planning	Pay and Numbers		
	• Manage pay and staffing through EECG monthly meetings and engagement with the Heads of Service.	Monthly	Employee Relations
	• Interrogate monthly pay and staffing reports from Strategic Workforce Planning and Intelligence Unit	Monthly	Recruitment
	Recruitment and Retention		
Staff Engagement	Staff Engagement Forum – Systematically obtain feedback from employees, responding appropriately and initiating service improvements. Staff Survey 2020 - Biannual, in conjunction	Q1	Head of HR

Priority	Priority Action	Timeline	Lead
	with the Health and Wellbeing division		
EWTD	Maintain and progress compliance with the European Working Time Directive	Monthly	Recruitment
Change Framework	Increase awareness through a networking approach to deliver the people and culture change required to implement Slaintecare and the Public Sector Reform.		Head of HR
Professional Development and Performance	Optimise and expand on technological platforms to facilitate highly relevant training for greater numbers at a lower cost. i.e. Webinars, workshops	Q3	Head of HR
Partnering	Joint Consultation and Engagement Forum with Unions and Heads of Service.	Quarterly	Head of HR

**HSE Mid West
Community Healthcare**

Section 9

Finance

9. Finance

Summary

The headline 2019 budget level of €396.056m (with an additional accommodation for up to €4.55 in respect of special additional lines in Mental Health and services for Older People) is a 2.98% year on year budget increase over and above the role over 2018 budget of €384.603m. Accordingly, this €396.056m is available to meet –

1. The cost, in 2019, of the existing level of service activity in place by the end of 2018. This cost increases each year due to a variety of factors including the following:
   - Incremental costs of developments commenced during 2018.
   - Impact of national pay agreements (primarily public sector-wide).
   - Increases in drugs and other clinical non-pay costs including health technology innovations.
   - Inflation-related price increases.
2. The cost in 2019 of additional service activity to meet agreed demographic and other service pressures.

2019 Mid West CHO Net Expenditure Allocations

Mid West CHO	Pay	Non Pay	Gross Budget	Income	Net Budget
Care Group	€m	€m	€m	€m	€m
Primary Care	44.738	17.338	62.076	-1.571	60.505
Social Inclusion	2.518	6.442	8.960	-0.021	8.939
Palliative Care	0.000	11.622	11.622		11.622
Core Services	47.257	35.401	82.658	-1.592	81.066
Local DLS		10.439	10.439		10.439
Total Primary Care Pillar	47.257	45.840	93.097	-1.592	91.505
Care Group					
Disabilities *	5.485	162.056	167.540	-0.260	167.280
S38 Pensions		1.660	1.660		1.660
Elderly Care Services	59.244	39.652	98.896	-28.250	70.646
Total Social Care Pillar	64.729	203.368	268.097	-28.510	239.587
Total Mental Health Pillar	55.196	10.317	65.514	-0.549	64.964
Total CHO3 Budget for 2019	167.183	259.525	426.708	-30.652	396.056

Financial challenge 2019

A best estimate of the Financial Challenge for 2019 at Existing Level of Service (ELS) for Mid West CHO is in the region of €7.7m. The HSE Nationally have adopted a range of actions / initiatives to address the financial challenges in 2019 including the following which we will also pursue locally -

- Procurement – Reduction in prices and costs via contracting
- Overhead and other non-pay efficiencies
- Agency / Overtime conversion
- Vacancy control i.e. prioritisation of frontline staff replacement within pay budgets
- Vacancy control community voluntary organisations
- Disability – DoH to agree HIQA compliance phased investment programme 2019-2021 provision limited to €2.6m for 2019
- High cost community residential care including external placements – centralised procurement and co-ordination
- Reconfigure the overall bed stock to a more sustainable level giving rise to a reduction in bed numbers of 80 -100 beds nationally

.

Areas where cost growth is being provided for. Actions, including but not limited to phasing of commencement, will be undertaken to limit cost growth to the available budget:

- Once-off saving from normal recruitment phasing of new primary care posts
- Maximising the retention of nurse graduates, on a fully budget neutral basis
- S.38 voluntary deficits beyond 2018 approved expenditure limits to be dealt with by each organisation
- Expenditure to be avoided through limiting planned activity levels to the affordable level within 2019 budget:
- NHSS
- Disability residential places*

* This element of the plan is predicated on the DoH providing, in 2018, an additional once-off allocation of €15m to the HSE from its own resources.

In addition to the range of specific actions / initiatives listed above, and following review at leadership team level, the HSE will seek, notwithstanding the delivery and other risks already being managed within the plan, to secure additional savings by further evaluation of potential opportunities in the following areas:

- Reduction in absenteeism rates in addition to measures already assumed
- Further stock and logistics efficiencies
- Reduction in low value / no value care
- Further prioritisation of staff travel
- Additional modernisation and prioritisation of training and development
- Community income

Operational Service Areas

Community Healthcare

Community services have modelled the expected level of activity that the 2019 funding will pay for and identified service areas where the HSE is expected to address service demands. It has also assessed the costs that cannot be avoided or are fixed. In the case of some services, given that the HSE is the statutory provider of last resort and the realities around the relatively fixed nature of certain costs, there is often pressure to respond to need even if this exceeds the available funding level.

Community Services – Disability

Within disability services the service and financial risk will primarily relate to residential places and emergency cases. This is the cost of providing residential care to people with intellectual and other disabilities including emergency provision and cost of responding to unfunded regulatory requirements notified by HIQA or the courts.

Community Services – Mental health

Mental health services will rely on a combination of the timing of funded development posts and adherence to funded workforce plans to break even financially (dependant on receipt of TRS on Development funding similar to 2018). The key challenge will be around managing the level of growth in agency and emergency residential placements beyond funded levels while also managing service risk.

Community Services – Older Persons

Specific pressures are evident in the areas of the NHSS, home support, and short stay and transitional care beds, where the level of provision is directly determined by the funding available.

Finance Work Plan

A specific emphasis throughout 2019 will be on standardising and streamlining finance processes across the CHO with an emphasis on the following:

- Continued focus on evolving and developing the relationship of the local Finance Teams with the local Services areas and National Divisions.

- Pay Bill Management – working with HR and the Service Divisions on the continued development of an integrated strategy in respect of recruitment, agency conversion and workforce planning in 2019.
- Continued development of the Corporate Procurement Compliance Plan as part of the National Compliance Improvement Programme (CIP).
- Continue the steady progress in the uptake and usage of Material Management Codes as part of our SAP Stabilisation Programme.
- Roll out of the Invoice Capture Solution as part of the further development of Stabilisation.
- Investigate of the possible use of a "Scanpoint" system to assist in our procurement process.
- Continued cooperation with National Finance in the roll out of the Finance Reform Programme which includes IFMS, Finance Business Intelligence and Reporting, Account Process Standardisation and Single Enterprise Structure/Chart of Accounts.
- Work with the National Divisions on Service Mappings to assist in reporting to the DOHC and DPER.
- Continued cooperation with Cost Accounting and Funding Department on the development of a standardised Community Costing Model across all CHO's.

9.1 Value Improvement Programme

The Value Improvement Programme (VIP) commenced in 2018 responding to the requirements laid out in NSP2018 to support services and corporate units in realising cash savings, improvements in efficiency and service effectiveness. Over €1m worth of savings was identified in 2018.

Value Improvement for NSP2019 will be a more balanced approach across the four aims at the core of the programme, population health, patient experience, per capita cost and staff experience.

VIP is a multi-year programme, reaching beyond what could be perceived as purely cost saving measures and will deliver on all four aims.

The key underpinning principle of the Programme is that value does not come at the expense of service quantum or quality. Indeed, the goal is to improve quality and quantum by driving efficiency and effectiveness equally.

The National VIP Team will assist project teams in identifying the value improvement opportunities, verifying their validity and measuring and reporting the value gained.

Appendices

Appendix 1: Financial Tables

Detailed budget movements by Division

Mid West CHO	Older Persons	Disabilities	S38 Pensions	Social Care Total	Primary Care	Social Inclusion	Palliative Care	DLS	Overall Primary Care	Mental Health	Total
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Base Budget (closing 2018 less once off)	**69.461**	**154.841**	**1.708**	**226.009**	**59.354**	**8.492**	**11.622**	**10.439**	**89.906**	**62.370**	**378.286**
Additional budget details				0.000					**0.000**		**0.000**
Pay Cost Pressures including Increments	0.771	2.239		3.010	1.052	0.042	0.000		**1.095**	1.269	**5.374**
PRSI Impact on the Net PRD Changes	0.009	0.044		0.053	0.006	0.000			**0.006**	0.018	**0.077**
PHCP-retract budget centrally				0.000	-0.852				**-0.852**		**-0.852**
Non Pay Supplementary Funding		5.167		5.167					**0.000**		**5.167**
Incoming Residential Places Run Rate		2.000		2.000					**0.000**		**2.000**
Pension Levy Adjustment		0.047	-0.047	0.000					**0.000**		**0.000**
Full Year Impact of 2018 Developments		2.835		2.835	0.386				**0.386**		**3.221**
Homeless Services				0.000		0.218			**0.218**		**0.218**
Drugs Strategy				0.000		0.064			**0.064**		**0.064**
Tier 4 Funding - Social Inclusion Special Projects				0.000		0.040			**0.040**		**0.040**
Nursing Supports (1 CMHN)				0.000		0.083			**0.083**		**0.083**
Additional Home Support	1.457			1.457					**0.000**		**1.457**
PFG 13-15 Posts Filled in 2018				0.000					**0.000**	0.430	**0.430**
PFG 16 Posts Filled in 2018				0.000					**0.000**	0.042	**0.042**
PFG 17 Posts Filled in 2018				0.000					**0.000**	0.447	**0.447**
Rostered Year for Pre Reg Nursing and Sponsorship of Public Health Service Employees to Nursing (once off from NMPDU)		0.106		0.106					**0.000**	0.151	**0.258**
Post Grad Medical and Dental Board				0.000	0.053				**0.053**	0.022	**0.074**
MH Dev Funds - Psychology Posts - Assistant and Trainee				0.000	0.507				**0.507**	0.214	**0.721**
NHSO Reconfiguration	0.023			0.023					**0.000**		**0.023**
Safeguarding	0.287			0.287					**0.000**		**0.287**
CSP Program - ICP - Older Persons	0.500			0.500					**0.000**		**0.500**
Contract & Subvention Adjustment	-0.084			-0.084					**0.000**		**-0.084**
Cost Containment	-1.777			-1.777							**-1.777**
Cost of Care Adjustment				0.000					**0.000**		**0.000**
2019 Opening Budget	**70.646**	**167.280**	**1.660**	**239.587**	**60.506**	**8.939**	**11.622**	**10.439**	**91.505**	**64.964**	**396.056**

Appendix 2: HR Information

Table 1. HSE Mid West Workforce Numbers: Staff Category Information

	Medical/ Dental	Nursing	Health and Social Care Professionals	Management /Admin	General Support Staff	Patient and Client care	WTE DEC 2018
Primary Care	77.97	209	126.18	246.92	45	74.94	780
Mental Health	62.86	361.38	152.57	73.14	46.21	77.84	774
Social Care	7.00	282.24	85.81	104.88	87.23	509.84	1077
Total CHO3	**147.83**	**852.62**	**364.45**	**424.94**	**178.44**	**662.63**	**2631**

Table 2. Mid West Section 38 Agencies Workforce Numbers

	Medical/ Dental	Nursing	Health and Social Care Professionals	Management /Admin	General Support Staff	Patient and Client care	WTE DEC 2018
Section 38 Agencies	2.02	356.15	313.30	70.50	69.73	861.34	**1,673**
Total CHO3	**2.02**	**356.15**	**313.30**	**70.50**	**69.73**	**861.34**	**1,673**

Table 3. Total Mid West Workforce Numbers (Table 1 + Table 2)

	Medical/ Dental	Nursing	Health and Social Care Professionals	Management /Admin	General Support Staff	Patient and Client care	WTE DEC 2018
HSE	147.83	852.62	364.45	424.94	178.44	662.63	2631
Section 38 Agencies	2.02	356.15	313.30	70.50	69.73	861.34	1,673
Total CHO3	**149.85**	**1208.77**	**677.75**	**495.44**	**248.17**	**1,523.97**	**4,304**

*Source – Health Service Personnel Census

Appendix 3: National Scorecard and Performance Indicator Suite

Note:

° The national scorecard should be reflected here as appropriate to the CHO, taking cognisance of the national scorecard in NSP2019 and in the Community Healthcare Plan 2019

° The PI Suite should reflect at a minimum the national PI Suite as set out in NSP2019 together with additional PIs / activity as set out in the Community Healthcare Plan 2019 as relevant to the CHO

Appendix 4: Capital Infrastructure

This appendix outlines capital projects that: 1) were completed in 2017 / 2018 and will be operational in 2019; 2) are due to be completed and operational in 2019; or 3) are due to be completed in 2019 and will be operational in 2020
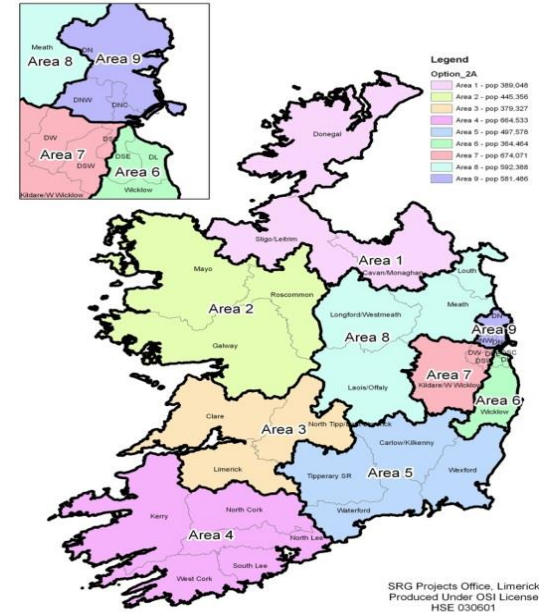
Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
						2019	Total	WTE	Rev Costs €m
Community Healthcare									
Primary Care Services									
CHO 3: Clare, Limerick, North Tipperary									
Castletroy, Limerick City	Primary Care Centre, by lease agreement	Q4 2018	Q2 2019	0	0	0.15	0.15	0	0
Kilmallock, Co. Limerick	Primary Care Centre, by lease agreement	Q3 2019	Q3 2019	0	0	0.10	0.10	0	0
Disability Services									
CHO 3: Clare, Limerick, North Tipperary									
Brothers of Charity, Co. Limerick	Four units being upgraded to meet housing requirements for 15 people transitioning from congregated settings	Q4 2019	Q4 2019		15	0.58	0.58		Immerging Revenue issue
Daughters of Charity, Roscrea, Co. Tipperary	Two houses extension and refurbishment to meet housing requirements for 8 people transitioning from congregated settings.	Q4 2019	Q1 2020		8	1.15	1.262		Immerging Revenue issue
Daughters of Charity, Co. Limerick	One unit to be refurbished to meet housing requirements for 4 people transitioning from congregated settings.	Q4 2019	Q1 2020		4	0.295	0.735		

Appendix 5: Organisational Structure

HSE Mid West Community Healthcare (CHO Area 3)

CHO Management Team

CHIEF OFFICER

BERNARD GLOSTER

HSE Mid West CHO (Area 3)

(Limerick, Clare and North Tipperary)

Head of Service	*Head of Service*	*Executive Clinical Director*	*Head of Service*	*Head of Service*	*Head of HR*	*Head of Finance*	*Business Manager*	*Business Manager*	*Communications Officer*
Health and Wellbeing	**Mental Health**	**Mental Health**	**Primary Care**	**Social Care** *Older Persons and Disabilities*	**Human Resources**	**Finance**	**Quality Risk & Patient Safety**	**Chief Officer's Department**	**Communications**
Maria Bridgeman	**Mark Sparling**	**Dr John O'Mahoney**	**Kate Duggan**	**Paschal Moynihan**	**Alice McGinley**	**Anthony Floyd**	**Mary O'Dwyer**	**Niamh Doody**	**Mike Aherne**

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