Community Healthcare East

Delivery Plan 2019

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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I would like to present the Community Healthcare East Delivery Plan for 2019. This plan sets out the intentions of Community Healthcare East in terms of the provision of health and social care services to the population of this area, detailing the quantum of services and the context within which they are being delivered.

The Community Healthcare East Delivery Plan 2019 is a statement of intent which sets out priorities and objectives for the year ahead. 2019 will be a challenging year for Community Healthcare East. The development of this plan has presented many challenges to me and members of my Senior Management Team. Our aim for 2019 is to maintain existing levels of service where possible and to create capacity for service improvement in the CHO. However it should be noted that 2019 will be challenging from a service delivery and a budgetary perspective. The plan aims to build on developments and programmes of work commenced in previous years, with particular emphasis on the on-going reform and transformation of healthcare provision both nationally, and in the context of this area. Projects undertaken in the spirit of transformation and reform will lead to improved patient experience, staff experience and financial efficiencies. It is my hope that these improvements will increase capacity in the organisation for further growth and development. The implementation of Values in Action and a focus on quality service delivery in 2019 will support a culture that will facilitate this.

Our success in implementing this Delivery Plan is as always dependent on our continued good relations with our colleagues in the HSE, Hospital Groups and other Health and Social Care providers to support and improve integration across the system by continuing to build on existing relationships and recognise opportunity to develop new relationships. National programmes will continue to be supported by me and through the work of my senior management team and their teams. Community Healthcare East will continue to support future developments in areas such as patient flow, developments in care of the frail and elderly, implementation of the Paediatric Model of Care, developments in the regulatory environments of Disability Services and participation in the National Mental Health Clinical Programmes.

I look forward to working in 2019 with my Senior Management Team and the staff of Community Healthcare East, Service Users and their families, and with the acute hospital sector to implement this delivery plan.

Martina Queally
Chief Officer

1. Introduction

Service Delivery Plan

The HSE National Service Plan 2019 sets out the detail of the type and volume of health and social care services which the HSE expects to deliver, throughout all of its services on a national basis in the year 2019. The Community Healthcare Plan 2019 in turn details the community based services to be delivered in 2019 on a national basis, including the strategic priorities to be adopted.

This Community Healthcare East Delivery Plan 2019 provides the detail in relation to the catchment area of HSE Community Healthcare East and its population, the allocation of resources in 2019, the strategic priorities of this Community Healthcare Organisation and the plans for delivery of services during 2019.

Community Healthcare East is one of nine Community Healthcare Organisations (CHOs) across the country. It covers the geographic area of Dublin South, Dublin South East and East Wicklow. On a national basis, each Community Healthcare Organisation provides a wide range of health and social care services outside of the acute hospital system.

Community Healthcare East has a population of 393,239 (National Census 2016). This represents an increase of 5.1% since the 2011 Census. This area has a growing and an ageing population. An in depth understanding of the population, population trends and population predictions is a key component in the delivery and planning of future service delivery in the community. Community Healthcare East will continue to have regard for these population factors throughout 2019 in its Senior Management Team planning and decision making processes.

The expected level of budget for Community Healthcare East in 2019 is €411.123m with a projected deficit position of €4.285m (1%).Given the cost of maintaining existing services increases annually and the demographically-driven resource pressures, the level of budget currently provided will pose a significant challenge in 2019. Particularly in managing the available resources to meet the demand for safe, high-quality, effective, health and social care services.

The Community Healthcare East Delivery Plan presents the strategic priories for this Community Healthcare Organisation for 2019. While this Delivery Plan is focused on the actions and goals for 2019, many of the initiatives and plans outlined are part of multi-year programmes of service improvement which are designed to improve quality, achieve timely access to services for service users and to develop integrated models of care based on best practice. The achievement of improvement in services, from a quality perspective and from a value for money perspective has been a focus of delivery by Community Healthcare East for several years preceding 2019. The development of a strategic direction for Community Healthcare East is undertaken in line with the HSE goals, to complement and build upon these in the development of services. There is commitment to continue putting actions in place now that will help realise the future vision for service delivery in Community Healthcare East, through an effective multi-year planning process.

Overall the key challenges facing Community Healthcare East require an approach to healthcare delivery that best meets the needs of patients and service users, whilst ensuring that the most effective, efficient and value for money services are made available within existing resources. The plan aims to balance priorities across the full range of service areas. All of the planned actions for Community Healthcare East are aligned with national policy, legislation, regulation and guidance. The Delivery Plan is structured to reflect activity by service area.

While the Delivery Plan is structured to reflect activity by service area, a key focus of the management team is to ensure integrated and coherent implementation of national policy at local level. During the course of 2019, Community Healthcare East will continue to implement key national strategies including: Children First, Healthy Ireland, Progressing Disabilities, Time to Move on from Congregated Settings, Vision for Change and Connecting for Life. Work will also continue to ensure compliance with HIQA and Mental Health Commission standards throughout the services. Community Healthcare East will also dedicate resources to ensure compliance with the new General Data Protection Regulations.

As in previous years the Chief Officer and Senior Management Team will continue to strengthen the links and partnership work with the Ireland East Hospital Group. This activity will seek to develop and maintain Integrated and Clinical Care Programmes. Community Healthcare East will also maintain its commitment to working with national colleagues on specific projects and programmes that enhance performance and support the work of service delivery locally.

Risks to this Plan

The Community Healthcare East Delivery Plan is dependent on many factors for successful Implementation. It is based on a set of key assumptions both from a local and from a national perspective. The Delivery Plan is dependent on the financial resources available for implementation. The budgetary constraints imposed for 2019 will pose many challenges for the implementation of this plan and will result in compounding many of the other risks associated with the implementation plan. In summary some of these risks include:

- Delivering a volume of activity, driven by need, which is beyond funded levels. This will be further impacted by factors such as population growth, ageing population, increase in the numbers of people with chronic disease and an increase in the numbers of people living with a disability.
- There are a number of service users awaiting discharge or transfer to a more appropriate care setting due to the absence of specialist services for service users with forensic and/or specialist rehabilitation needs.
- The capacity to recruit and retain staff in clinical posts with the required skills or experience.
- A comparative shortage of staff in administrative posts in Community Healthcare East has the potential to impact adversely on the implementation of some key activities, such as, the development of enhanced governance of Service Arrangements (SAs) and the implementation of Quality and Patient Safety initiatives.

- The under-provision of accounting and financial management capacity remains a significant challenge and will continue to impact Community Healthcare East in implementing the range of enhanced financial management and monitoring requirements during 2019.
- Meeting the regulatory requirements in the disability sector; long-stay facilities and mental health services within the limits of the revenue and capital available and without impacting on the planned service levels.
- Working within the constraints posed by limitations to clinical, business, financial and human resource information and communications technology (ICT) systems.
- There is also risk associated with ability to invest in, and maintain, the physical infrastructural capacity and equipment required to develop, and align, the required community health networks and primary care teams. This also impacts on the associated scaling of models and pathways of care required to deliver high quality services, in compliance with legislation and regulation.

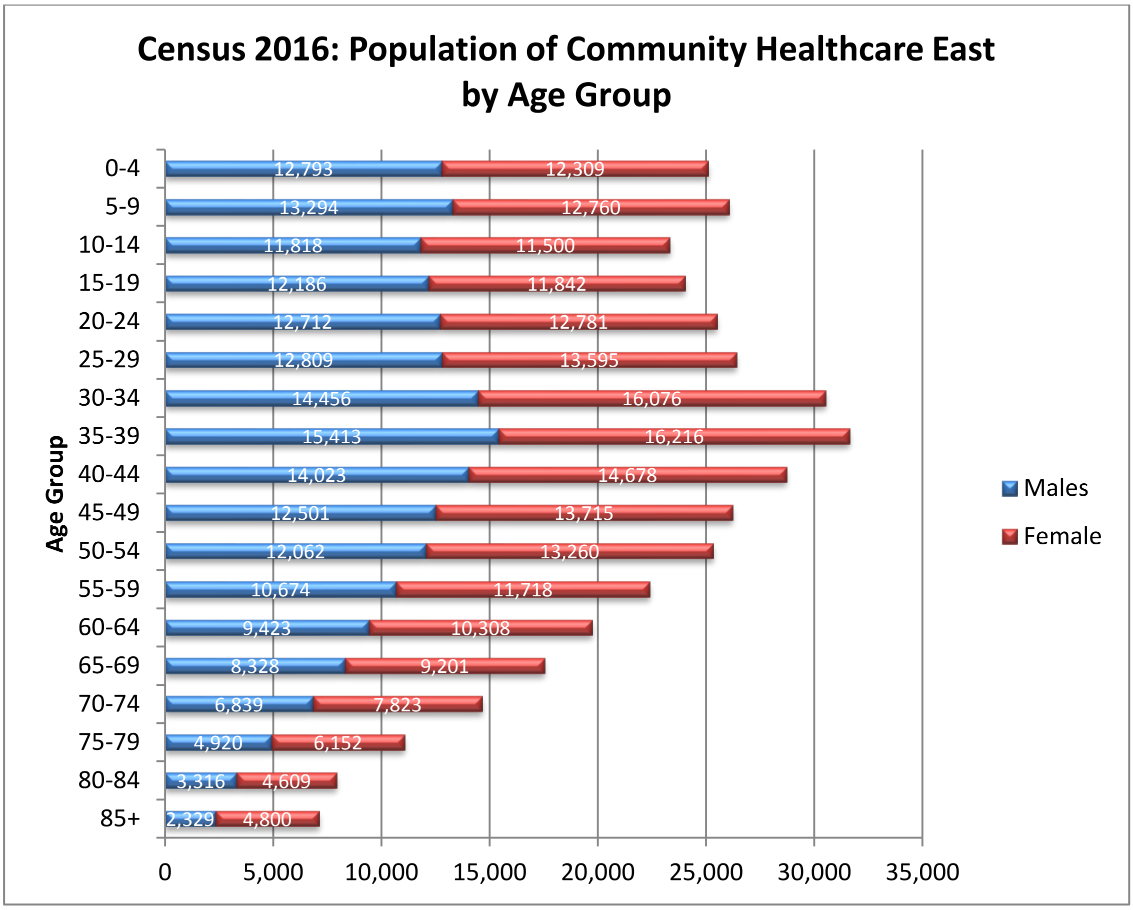
While every effort will be made to mitigate these risks, it will not be possible to eliminate all of them and they will impact on planned levels of service delivery or achievement of targets. However, under the guidance and management support of senior personnel all staff in Community Healthcare East will work towards maximising the safe delivery of services within the financial and human resources available. Quality and patient safety will remain to the forefront of the delivery of all services.

2. Our Population

The population profile for Community Healthcare East has been predominantly taken from the Central Statistics Office (CSO) Census 2016 with additional data provided by the Department of Health, for Health in Ireland (Key Trends 2017, 2018). Life Expectancy in Ireland has increased by almost two and a half years since 2005, and is now above the EU average with women living to on average 83.6 years of age and men 79.9 years of age (Health in Ireland: Key Trends 2018).

Figures from the CSO Census 2016, state that Community Healthcare East has a population of 393,239, reflecting an increase of 5.1% from the 2011 census. The population increase nationally was 3.8% within the same time period. This indicates that the population of Community Healthcare East is growing at a faster rate than the national average. It is projected that the population of Community Healthcare East will continue to rise, to 412,007 by 2021, representing an increase of approximately 4.8% from 2016 census. This projected population profile is crucial in the planning of, and the provision of, health and social care services across Community Healthcare East. The table below shows the age profile within Community Healthcare East.

Community Healthcare East Population Age Profile-Census 2016



It is evident from the 2016 Census that the population of Community Healthcare East, as with Ireland as a whole, is ageing. A comparison of the population in the 75 to 85+ age groups in 2016 with 2011 shows an increase of numbers of people in this age cohort in Community Healthcare East. The % increase exceeds the average % increase nationally for the same cohort. The changes in the demographic profile of Community Healthcare East can be seen in Table 1. As can be seen from the data, the population increases in each cohort are ahead of the national increases.

Table 1: Comparison of % population change in Community Healthcare East with National change in the age range 75-85+years

Age Group	% National change (2011-2016 census)	% C H East (CHO6) change (2011-2016 census)
75 - 79 years	+13.2	+15.7
80 – 84 years	+15.6	+17.8
85+ years	+15.6	+22.5

The rate of increase of the percentage of the population of Community Healthcare East not in employment by virtue of age only, is increasing at a rate higher than the national average. The total population over the age of 65 years in Community Healthcare East increased by 8,736 from 2011 to 2016 representing an increase of 14.8%.

Over 15,000 (3.8%) people are carers to a dependant in Community Healthcare East, according to the Census 2016. In terms of the National Population Census, a carer is described as someone who is providing an ongoing significant level of care to a person who is in need of care in the home due to illness or disability or frailty.This represents an increase of 7.7% from the last Census of 2011. This is above the national increase of 4.4% for the same period. This is a factor for consideration in planning for the provision of support services to older persons and those with long term illness, into the future.

Another significant figure to note in relation to the age profile is the reduction in the population numbers of young adults who would be in working group age ranges. The particular sharp decline in the population of 20–35 year olds is reflected in Table 2 (below). Although still below the national average, the impact within Community Healthcare East is quite significant for future health planning both in terms of an associated decrease in demand for certain health services, and also in relation to the possible loss of informal support that this age group would normally provide within the community.

Table 2: Comparison of % population change in Community Healthcare East with National change in age group 20-35years

Age Group	% National change (2011-2016 census)	% C H East (CHO6) change (2011-2016 census)
20-24 years	-7.9	-2.6
25-29 years	-17.6	-13.3
30-35 years	-8.1	-4.3

The decrease in this age ranges represented in Table 2 above also impacts on childbirth rate as evidenced in the reduction of 0-4year age range from 25,478 in 2011 to 25,102 in 2016, representing a reduction of 1.3% in terms of population. It is also worth noting that in Community Healthcare East children aged between 0 – 9 years account for 13% of the population (Census 2016). The table below compares the recorded number of births per year in the three geographic areas within Community Healthcare East in 2017 and 2018. This demonstrates a 13.6% decrease in the number of births in 2018 when compared with 2017 (data from Child Health Department, Community Healthcare East).

Table 3: Births in Community Healthcare East in 2017 and 2018

Catchment Area	Births in Community Healthcare East			
	2017	2018	Change	% Change
Wicklow	1647	1450	-197	-13.6%
South Dublin	1582	1541	-41	-2.7%
Dublin South East	1689	1648	-41	-2.5%

Wider Social Determinants of Health & Health Inequalities Community Healthcare East

Our health and wellbeing is affected by many things around us which are referred to as the wider determinants of health. These include housing, education, and income amongst others. According to Census 2016, there are 42,586 people defined as disadvantaged, very disadvantaged or extremely disadvantaged across Community Healthcare East. These groups may require additional supports to encourage better lifestyle choices and behaviour, leading to improved health outcomes for them. It is important to identify such vulnerable groups and provide supports in order to promote a healthier lifestyle, empower them to make healthier choices which will improve their health and wellbeing and minimise the effect of risk factors associated with chronic disease (e.g. smoking, alcohol dependency, and addiction). Such groups include the traveller community, asylum seekers and refugees.

Traveller population

The *All Ireland Traveller Health Study (2010)* outlines clearly the health outcomes for this population group, stating that the traveller population has a shorter life expectancy and higher infant mortality rate than the general population. Irish Travellers account for 0.3% of the population of Community Healthcare East (1,167) based on 2016 Census. As the traveller community in Community Healthcare East is small, there is the possibility of further marginalisation for this population group if care is not taken. Community Healthcare East is working with representatives of its traveller community to promote awareness of their health and wellbeing.

People with Disabilities

Based on the Census 2016, 12.8% (50,199) of the population of Community Healthcare East self-reported as having some form of disability. This compares favourably with a national average of 13.5%. Across the Community Healthcare East this ranges from 10.2% to 15.1%. Reports from the National Databases of Disabilities in Ireland reflect only a small fraction of the total national census figures for

Community Healthcare East. According to these databases, there are 1,473 people in Community Healthcare East registered as having an Intellectual Disability (*Annual Report of the National Intellectual Disability Database Committee 2017), while* there are 1,166 people in Community Healthcare East registered as having a Physical or Sensory Disability (*Annual Report of the National Physical and Sensory Disability Database Committee 2017).*

It is important to note that since the census figures are self-reported it captures all forms of disability at all levels of need. Community Healthcare East uses both the Census figures and the National Database figures to guide its service planning.

Self-reported ill health

Overall in Community Healthcare East, 5,214 people (1.3%) rate their health as bad or very bad. The numbers who report such poor health has increased since 2011 with an increase of 7.9% (381 people). The National rate is 1.6%.

Health Protection

Community Healthcare East childhood immunisation uptake rates are below the recommended World Health Organisation rate and national target rate of 95% for both the children at 12 month and children at 24 month stage. Our health care professionals in Community Healthcare East are continually working to improve the uptake rates for the childhood immunisation programme.

Community Healthcare East continues to support the National Screening programmes through education and promotion. The National Screening Service programmes include Breast Check, Cervical Check, Bowel Screen and Diabetic Retina Screen.

Chronic Disease

As reiterated in the National Service Plan 2019, the three most common chronic diseases are cancer, cardiovascular disease and respiratory disease, accounting for 75% of all deaths. The highest prevalence of these conditions is in the population aged 50 years and over. As the age of the population increases, the number of people living with one or more chronic disease will increase proportionally. The number of people in this age cohort, living with one or more chronic disease, is estimated to increase by 40% from 2016 levels, to 1.09m in 2030 (analysis of TILDA data, 2018).

Acute Coronary Syndrome, COPD, heart failure and stroke are among the conditions that need structured rehabilitation and sometimes prolonged support to achieve an optimal health outcome. Community Healthcare East continues to work towards the provision of support to these people and their family/carers but, along with many other parts of the country, does not have full capacity to deliver the required volume of care. This is made evident in the needs assessments carried out by the Integrated Care Programme for the Prevention and Management of Chronic Disease in 2016.

A Needs Assessment for Cardiac Rehabilitation Services in the Republic of Ireland 2016 report shows that the need for cardiac rehabilitation in Community Healthcare East is greater than the area's current capacity to deliver necessary services. Similarly the *National Needs Assessment for Pulmonary Rehabilitation Services Report* 2016 demonstrates an additional requirement for pulmonary rehabilitation in Community Healthcare East as detailed in the table below. Both reports highlight the difficulties that Community Healthcare East along with other parts of the country faces with regards to the provision of resources.

Table 4: Rehabilitation Service Needs associated with Chronic Disease – Community Healthcare East

	Coronary Heart Disease and Heart Failure Rehabilitation			Pulmonary Rehabilitation		
Area	Need (CHD+HF)	Capacity	% needs met	Need (PR)	Capacity	% needs met
Dublin South	1354	777	57%	1889	246	13%
Wicklow	324	160	49%	275	0	0%
National	12666	4990	39%	11052	1211	11%

Given the ageing population of Community Healthcare East and the fact that the possibility and severity of chronic disease increases with age, Community Healthcare East will intensify its efforts in educating/informing its population about the importance of maintaining a healthy lifestyle from an early age.

3. Reform and Transformation

Context

Over the last five years, the HSE has had programmes of work focusing on four pillars of healthcare reform. During this time, the HSE advocated the need for a whole of government, cross-party vision for health and this was made possible by Government and delivered with the publication of the Sláintecare Report in May 2017.

On-going reform and service improvement will take place in 2019 in Community Healthcare East in the context of The Sláintecare Report (2017) and the Sláintecare Implementation Strategy (2018). Sláintecare provides significant opportunities to create a more sustainable, equitable, cost effective system, a system that delivers better value for patients and service users. It creates the opportunity to transform the health and wellbeing of the population and how and where people access services. In essence the Sláintecare strategy focuses on providing healthcare in a community setting providing patients / service users with access to a comprehensive range of non-acute services at every stage of their lives. This will enable our healthcare system to provide care closer to home, to be more responsive to needs and deliver better outcomes, while maintaining a strong focus on prevention and population health improvement. Keeping people well, reducing ill health and supporting people to live as independently as possible, for as long as possible, will all be essential if we are to manage the demands on the finite capacity of the health and social care system. It is more important than ever that we secure value for money, achieving maximum benefit from the available financial, staffing and infrastructure resources.

Community Healthcare East is committed to working with the National Sláintecare Programme Office and the HSE Programme office to play our part in successfully bridging the gap between the vision for health service transformation in Ireland and delivery of that change at the frontline. However, it must be noted that the context for reform and transformation is extremely challenging. As set out in the Sláintecare Report and Sláintecare Implementation Strategy, services across all areas of our health system are stretched – with demand far outstripping supply. Changes in the demographic and morbidity profile in our population, in addition to regulatory and care requirements are driving this increase. The system has also under-invested in the necessary data, information and ICT systems that are needed to more effectively manage services, routinely share information and respond to patients' needs.

Transformation Support in Community Healthcare East

The Chief Officer will lead on the transformation and reform agenda in Community Healthcare East. The agenda will be advanced through the Heads of Service, Heads of Function and their respective teams in collaboration with colleagues in the National Divisional Offices, Hospital Groups and other service provider partners.

The programme for health service improvement in Community Healthcare East, as set out below will be supported by the Project Management Office. The primary aim of the Project Management Office (PMO) is to support the effective delivery of safer, better health and social care services in Community Healthcare East by embedding robust and effective governance arrangements in the design, approval, implementation and delivery of strategic improvement projects. The PMO also has a role in developing project and change management capacity, thereby increasing the adoption of the project management approach in the implementation of change and improvement projects throughout Community Healthcare East.

Specific opportunities to further benefit the work programme of the PMO include:

- Build capacity to increase the readiness, competence and confidence of Community Healthcare East staff to actively participate in service improvement and achieve better health and social care outcomes

- Strategically influence project design, approval and delivery to achieve organisational goals and realisation of benefits throughout Community Healthcare East

- Support the delivery of Health Service priorities as set out in the Community Healthcare East Delivery Plan 2019 in line with National strategies such as the Sláintecare Implementation Strategy and the Community Healthcare Network Learning Site Implementation Framework.

- Leverage engagement opportunities to increase understanding of the needs of the PMO customers.

- Support the achievement of safer, better health and social care for the citizens and communities of Community Healthcare East.

At the outset of 2019 the Project Management Office will be actively supporting twenty two projects and programmes in a portfolio, drawn from all Community Healthcare East Divisions and Functions. The majority of the projects have been determined to be of critical or high importance, with high levels of complexity. The projects receiving support have been selected as they demonstrate strong strategic alignment to health service goals and priorities, with potential to generate significant benefits and value for our service users, staff, and communities, whilst actively contributing towards the overall Health Services Value Improvement Programme. A summary of the projects is presented in the table below.

CH EAST PMO PORTFOLIO 2019

NATIONAL PROJECTS/PROGRAMMES	SOURCE	STRATEGIC ALIGNMENT TO ORG GOALS & PRIORITIES	PRIORITISATION	
			IMPORTANCE	COMPLEXITY
Community Healthcare Network (Learning Site)	PC	Very Strong	Critical	Extreme
Progressing Disabilities	SC	Very Strong	Critical	Extreme
Connecting for Life	MH	Very Strong	Critical	High
Making Every Contact Count	H&WB	Very Strong	Critical	High
Service Reform Fund	MH	Very Strong	Critical	High
Values in Action	HR	Strong	Critical	High
Integrated Financial Management System (IFMS)	FN	Strong	Critical	High
HIQA Safer Better Healthcare	PC	Strong	Critical	High
HCAI Infection Control	QPS	Strong	Critical	High
Contract Management Support Unit (CMSU)	CO	Strong	High	High
Major Emergency Planning	H&WB	Some	Critical	High
Children First	PC	Some	Critical	High
CHO PROJECTS/PROGRAMMES				
Acute Bed Mental Health Bed Development & Relocation (Phase 1)	MH	Very Strong	Critical	Extreme
New Bray Health Centre Build	PC	Very Strong	Critical	Extreme
Home Support Unit	SC	Strong	Critical	Medium
GP Out-of-Hours Service	PC	Strong	Critical	High
Staff Engagement	HR	Strong	High	High
Service Performance Monitoring & Assurance System	BMU	Some	Critical	High
Project Management Capacity Development	PMO	Some	High	High
FRONTLINE PROJECTS/PROGRAMMES				
The Leader In Me® - Useful In SLT?	PC	Very Strong	Critical	High
Equity & Person-Centredness in Primary Care Service	PC	Strong	Critical	High
Referral Management System for Physiotherapy Service	PC	Some	Critical	Medium

Governance and Leadership

The implementation of the Community Healthcare Organisation (CHO) management structure at community level, has been progressed through developments of, and recruitment to, senior management posts over the past two years. The senior posts of Heads of Service and Heads of Finance and Human Resources have provided substantial gains in terms of governance and leadership. While some progress has been made in finalising the sub structure to support the senior management structure, more work needs to be done in 2019.

The establishment of the full team of Heads of Service and Heads of Function (Human Resources and Finance), and the further management supports of the Project Management Office and the Quality and Patient Safety department provides the structure within which the health service reform agenda will be advanced at community level. The CHO management structure will enhance the ability to deliver the direct line Accountability Framework which details the means by which each CHO is responsible for the efficiency and the control measures associated with the provision of services, quality and patient safety issues, financial and human resources operations.

The establishment in 2019 of a Contract Management Support Unit in Community Healthcare East, as one of four pilot projects nationally, will further enhance the governance of all aspects of compliance in respect of the formal contract arrangements with Section 38 and Section 39 providers, both in the voluntary and in the ‘for profit’ sector. This is particularly significant in Community Healthcare East where a significant budget will be expended through contracts for service provision with our partner agencies.

Community Healthcare Networks

Community Healthcare Networks (CHNs), as set out in the Community Healthcare Organisations Report (2014), will be the fundamental unit of organisation for the delivery of services in the community. The new structures are designed to support the decisive shift of providing care from Acute Hospital settings to primary and community care settings. They will enable integration of services for a local population and provide clearer, more joined up pathways of care for service users, supporting the prevention and management of chronic disease at a community level. The implementation of CHNs will see a coordinated multidisciplinary approach to care provision, providing better outcomes for people requiring services within the network.

In 2019 Community Healthcare East will develop a learning site to test the implementation of a Community Healthcare Network as a service delivery structure. The learning from this process will inform the ultimate structure and operational model of the national configuration of CHNs.

Improving Population Health

Healthy Ireland, which was launched in 2013, is a government led initiative which aims to create a society where everyone can enjoy good physical and mental health, and where wellbeing is valued and supported at every level of society.

In line with government policy, keeping people well, reducing ill-health and supporting people to live as independently as possible are all priorities for Community Healthcare East, to improve the health status of the population in this area.

In 2019 the Office of Health and Wellbeing will complete the Healthy Ireland Plan for Community Healthcare East. The goal of promoting health and wellbeing as part of all service delivery and through all interactions with the population of the area, has been adopted by all of the divisions in their planning processes for 2019. Other specific initiatives such as the enhancement of service responses to improve the physical health of mental health service users will be put in place in the coming year. A Self Management Support coordinator has been appointed to map available support services for those with chronic illnesses in Community Healthcare East. An Influenza Lead has been appointed to encourage uptake of flu vaccination among staff and develop peer vaccination programmes.

Integrated Clinical Care Programmes

There is a need for closer integrated care both across community services and between Community Healthcare and Acute Services.

Community Healthcare East has worked with the Integrated Care Programmes to provide a primary care service which is available to people where and when the need occurs in order to provide the most appropriate care to achieve the best outcomes for patients. This CHO will continue to work in 2019 with the National Integrated Care Programmes to develop and enhance programmes of work, across all divisions, such as:

- Development of the Respiratory Integrated Care Programme in collaboration with GP practices and St Michael’s Hospital, Dun Laoghaire.

- Continued development of the Diabetes Integrated Care Programme in collaboration with GP Practices and St Vincent’s University Hospital and St Columcille’s Hospital, in particular in relation to enhancing the range of specialist therapies provided by the programme.

- Develop Paediatric Primary Care services in tandem with the implementation of local Progressing Disabilities structures and the National Access Policy, in a way that supports service provision for all children and young people in Community Healthcare East who require intervention and support.

- Review revised Children and Adolescent Primary Care Psychology Model, in collaboration with Mental Health Services across Community Healthcare East.

- Participate in the development of cross-sectoral strategies, including the *National Disability Inclusion Strategy 2017-2021* and the *Comprehensive Employment Strategy for People with Disabilities 2015-2024*, as well as enhanced cross-sectoral working on children’s disability issues.

- Implement the report of the Inter-Departmental Group on Supporting Access to Early Childhood Care and Education Programme for Children with a Disability, (AIM - Access and Inclusion Model) with the provision of appropriate resources and monitoring of responsiveness of services to meeting the needs of AIM.

Move towards Community based Services

In line with the Sláintecare and Future Health reports, the aim of health services is to meet the vast majority of the population's health and social care needs in community settings, as close as possible to their home. Community care is the appropriate setting to meet the majority of all healthcare needs. The provision of services and interventions at community level has the potential to prevent or delay hospital admission and the potential to facilitate earlier hospital discharge. Care in the community needs to become the central focus of the health system. The development of a properly integrated primary care service can lead to better outcomes, better health status and better cost-effectiveness.

Community Healthcare East is committed to the on-going development of services in the primary care setting. Some of the commitments for 2019 will be to:

- Maximise the deployment of Community Intervention Teams (CIT) within the community setting.
- Extend the availability of diagnostic services (ultrasound) in North Wicklow and South Dublin.
- Implement the Primary Care Eye Care Review to scope and develop eye care pathways and services across Community Healthcare East.
- Work in partnership with Community Healthcare Organisation South Dublin/Kildare/West Wicklow (CHO7), with voluntary sector providers and with partners within the acute care sector to establish a demonstrator project towards the evaluation of a managed clinical neuro-rehabilitation network in line with the National Policy and Strategy for the provision of Neuro-Rehabilitation Services in Ireland.

Finance Reform

The Future Health Report identified the financial and service information systems of the Health Service as not fit for purpose. In order to address this, a Single Integrated Financial and Procurement Management System (IFMS) will be created for the HSE.

A single platform for national level finance reporting across the Health Service went live in August 2017. The new CFI (Consolidated Financial Intelligence) system configuration helps produce consistent data through a common suite of reports built on a single chart of accounts and enterprise structure across the Health Service including Corporate, Directorate, Community Healthcare Organisations, Hospital Groups and HBS Finance.

The creation of a Finance Corporate Development Function has allowed the HSE to address the challenges of how we invest in, how we engage with and how we develop our staff over the long term so that the changes linked to Finance Reform can be sustained.

Corporate Development provides support in the following areas:

- **Organisational Design** - defining roles, responsibilities and relationships.
- **Communications** - providing clear and regular communications.
- **Change Management** - supporting the changes from Finance Reform locally.
- **Learning and Development** - improving access to learning opportunities.
- **Culture** - creating a unity of purpose on what HSE Finance will become.
- **Human Resources** - tailoring existing HR policies to better meet our needs.

Community Healthcare East is fully committed to the process of the design and implementation of the IFMS and members of the Senior Management Team are engaged with each of the four national working groups undertaking the work involved.

The National Integrated Staff Records and Pay Programme (NiSRP)

The National Integrated Staff Records and Pay Programme (NiSRP) is a programme of work to implement a fully integrated system to manage staff records and payroll in respect of the staff of the HSE, and to standardise these processes on a national basis. These systems will be fully integrated and will support the needs of a modern health system employer, enhancing available workforce information for managers. The programme will modernise the way the HSE connects with staff, improving access for them to their staff record and pay details via online employee and manager self service systems. This will enable HSE staff to continue their existing staff records and pay responsibilities using modern, digital tools that maximise the use of automation. This will allow information to be captured accurately in an efficient manner, to support decision making thus saving time and ultimately improving the health system’s efficiency.

Some existing systems will be further extended on a national basis and where necessary older systems will be replaced in order to achieve national standardisation.

Preparation for implementation in Community Healthcare East is well advanced and staff members across the CHO have been involved with collating roster and payroll information so that the Programme’s Central Team can complete detailed tests of current payroll data with the same data recorded in the new solution. Staff in various roles associated with payroll and HR processes within Community Healthcare East have attended information sessions and training sessions preparing them to use the new solution. This project will be fully implemented in 2019 in Community Healthcare East.

Values in Action

Values in Action has already been implemented in Mid-West Community Healthcare (CHO 3), the UL Hospitals Group, the National Divisions, and most recently in CHO Dublin North City and County (CHO 9). Where Values in Action has been implemented, there has been a significant appetite amongst staff to support and lead this cultural change, and these areas have all received positive support from and endorsement by their local senior leaders.

Community Healthcare East is commencing its Values in Action journey in 2019. Values in Action is a behavior-based cultural change movement seeking to take the HSEs values of care, compassion, trust and learning and to make them part of how all employees engage with their colleagues and service users within the health services. The aim is to develop a culture that improves the experience of those who use our services, and that ultimately makes for a better work place for those working in it. The model is driven by a significant cohort of volunteers, who represent a cross section of services and levels within the region, details of the rollout plans will be made available to every employee in the second quarter of 2019.

4. Clinical, Quality and Patient Safety

Community Healthcare East strives to deliver safe, effective, person centred care that improves patient's and service user's health and wellbeing. Patient safety is everybody's business in Community Healthcare East, and this will be embedded in all work practices across Community Healthcare East. Community Healthcare East will endeavour to provide assurance that authority and accountability for the quality and safety of all services is integrated into our operational service management through appropriate leadership, governance, structures and processes.

The overarching role of the Quality and Safety Division is to provide assistance, support and assurance to staff and teams, including managers of services, Heads of Service and the Chief Officer, to ensure compliance with regulation and best practice, and to support managers, teams and staff to manage risk, with a view to maintaining and improving the quality and safety of care within Community Healthcare East The Quality and Safety priority areas for 2019 are:

Community Healthcare East Quality and Safety Governance

A key priority for 2019 is to further consolidate, embed and enhance the role of existing Quality and Safety Committees across Community Healthcare East to ensure an integrated and consistent approach to quality and safety, including the oversight and management of risk registers and serious incidents. Community Healthcare East Quality and Safety committees will continue to contribute to the development and maintenance of high quality, safe, effective and person centred care across the divisions in keeping with HSE policies and external regulatory requirements.

Incident Management

The Incident Management Framework (IMF) was launched by the HSE in January 2018, bringing significant changes to the incident management process. We will continue to work towards compliance with the framework throughout 2019 by supporting services to deliver on the requirements of same. Community Healthcare East has developed a local Incident Management Policy to ensure the effective adoption and implementation of the Incident Management Framework (IMF).

Risk Management

The HSE Integrated Risk Management Policy (IRMP) was launched in 2017 and has been adopted by Community Healthcare East. It has introduced a more pro-active approach to the management of risk and has enhanced the commitment that risk management is embedded as part of the normal delivery of day to day services. The policy provides a management tool to those dealing with the strategic and operational planning and performance cycle, and has introduced a new risk register template. Throughout 2019, we will continue to work towards full implementation of, and compliance with, the Integrated Risk Management Policy, including locally standardising procedures for escalation and management of risk and the risk register for all care-groups within Community Healthcare East.

The National Patient Safety Programme

In keeping with the National Patient Safety Programme, Community Healthcare East aims to continue to support and engage in the implementation of the following quality & safety initiatives:

Reduction in the risk of Healthcare Acquired Infection (HCAI) and Antimicrobial Resistance (AMR).

- By progressing the work of HCAI/AMR committee and associated project team, aimed at the implementation of *HIQA Standards for Infection Prevention and Control in Community Services.*

- By prioritising clean care and safeguarding health by making hand hygiene a priority.

- By supporting staff to access hand hygiene training by providing a Hand Hygiene Train the Trainer course throughout 2019.

Reduction in the risk of harm to patients and service users from falls by implementing best practice guidelines.

- This includes the promotion and adoption of the *Service User Falls: A Practical Guide to Review*, which enables local services to review and learn from incidents of falls in their areas.

Promotion of the implementation of the learning from the Pressure Ulcer to Zero collaborative.

- This includes the promotion and adoption of the *Pressure Ulcers: A Practical Guide to Review*, which enables local services to review and learn from incidents of pressure sores in their areas.

Open disclosure

In keeping with the need to ensure effective communication occurs with service users particularly when adverse events occur, Community Healthcare East has through the delivery of training encouraged the practise of Open Disclosure. The introduction of Part 4 of the Civil Liability (Amendment) Act 2017 and associated regulations in September 2018 has heralded significant changes in the process of Open Disclosure. The QPS division has, and will continue, to deliver information and education sessions on this new legislation. Implementation of the proposed Patient Safety Bill and revised Open Disclosure Policy, reflective of national recommendations, will be supported by the QPS division.

Service User involvement

The views, concerns and experiences of patients and service users will inform and shape services delivered in Community Healthcare East. The priorities for 2019 include:

- Assist services to develop strong partnerships with patients, service users, families and carers to achieve meaningful input into the planning, delivery and management of health and social care services to improve patient and service user experience and outcomes.

- Explore the learning available from the service user narrative project in order to inform Quality Improvements.

- Support the work being undertaken by the Area Lead for Mental Health Engagement.

Maintaining standards and minimising risk

In Community Healthcare East it is understood that we all have a role to play in continuously improving what we do in order to deliver better patient care and experiences. In 2019, our priorities include:

- Progressing implementation of the best practice guidance for Mental Health Services.
- Supporting compliance with the Mental Health Commission's (MHC) and Health Information Quality & Authority's (HIQA) standards.

- Initiation of self-assessment against the *Better Safer Health Care Standards* in Primary Care.
- Implementation of Incident Management Framework.
- Continued use of the National Incident Management system (NIMS) for the recording, management and monitoring of all safety incidents.

- Strengthening the accountability for safety, risk and quality by improving staff's knowledge and skills in the use of the National Incident Management System (NIMs) for effective incident reporting and analysis.

- Further development of the capability and capacity to report, manage, investigate, disseminate and implement learning from safety incidents that occur within services

- Continued roll out of Open Disclosure training and to embed practice into the incident management process.

- Delivery of a comprehensive training programme to meet the training needs of services and support continuous learning and development for quality and safety.

- On-going engagement with Section 38 and 39 Agencies.
- Compliance with Safety Health and Welfare at Work Act 2005.

Improving the quality and safety of services

Community Healthcare East is committed to continuously improving the quality and safety of all services delivered through the promotion and use of *Framework for Improving Quality in our Health Service2016.* Key priorities for 2019 are focused on the six drivers for quality improvement*:*

- Leadership for Quality: To increase frontline ability and resources and to make changes in line with the Framework for Improving Quality 2016.
- Person and Family Engagement: To continue to involve service users and their families in service improvement planning and delivery.
- Staff Engagement: To continue to engage with staff to improve the quality and safety of care.
- Use of Improvement Methods: To ensure the application and use of a proven methodology.
- Measurement for Quality: The Quality and Patient Safety division will continue to monitor and analyse all incidents reported to the National Incident Management System to support learning and identify trends. A key objective for 2019 is to develop a Clinical Audit Procedure aimed at improving our ability to measure improvement.
- Governance for Quality: To provide assurance of a systematic approach to learning and service improvement.

5. Population Health & Health and Wellbeing

The HSE has responded to the vision of Healthy Ireland by progressing the implementation of its strategic framework document *Healthy Ireland in the Health Services National Implementation Plan 2015-2017* which identifies health and wellbeing as being the business of every member of society. In Community Healthcare East good progress is being made in promoting the wellbeing of its general population and of its staff. The Office of Head of Health and Wellbeing has been set up to oversee the delivery of related work streams and staff are being recruited into key roles to further promote health and wellbeing of staff and the general population of Community Healthcare East. A Self Management Support coordinator has been recruited to map available support services for those with chronic illnesses in Community Healthcare East. Also recruited is an Influenza Lead to encourage uptake of flu vaccination among staff, encourage peer vaccination and train staff to deliver the peer vaccination programme.

As the Health and Wellbeing function expands, its role and its goals will continue to align to Sláintecare and the Healthy Ireland framework. The Sláintecare report is underpinned by a new way of working to overcome healthcare boundaries, thereby providing a seamless service across sectors of the healthcare system. Community Healthcare East, promoting this boundary-less working, has been working closely with the integrated care programme for the prevention and management of chronic diseases (ICPCD) to ensure early diagnosis of illnesses, that adequate information/education is made available to patients on their condition and that patients are supported in the management of their conditions.

Services Provided

Community Healthcare East aims to support its population to be healthy and stay healthy through the promotion of physical and mental wellbeing. Emphasis will be on prevention of illness and maintaining a healthy lifestyle. In the case where a person has already got a condition, education and support in self-management will be provided to prevent the condition from deteriorating and avoid unnecessary hospital attendances. This is will be achieved through:

- The implementation of relevant national policies including those identified in the National Service Plan (NSP) 2019.

- Delivery of staff education programmes, including train the trainer initiatives, to build knowledge and ability in order to positively influence patients, carers and colleagues.

- Delivery of education programmes to site influencers/champions such as school teachers.

- Provision of support to community based education programmes and activities.

- Collaborative working with Ireland East Hospital Group (IEHG), City Councils and Voluntary bodies to promote mutual interests in ensuring Community Healthcare East’s population is well cared for.

- Delivery of patient education for improved self management of chronic illnesses.

- Emphasis on prevention of chronic diseases through the encouragement of a culture of healthy lifestyle within the community.

Issues and Opportunities

The demographic profile of Community Healthcare East has been outlined in Section 2 of this plan. There continues to be increasing demands on our health and social care services. It is anticipated that the demand for health services will increase by between 20% and 30% in the next 10 years.

The establishment of a health and wellbeing function within Community Healthcare East to lead on the development and implementation of a Healthy Ireland Plan for Community Healthcare East provides an opportunity to place more emphasis on the importance of maintaining a healthier population and developing a culture of making health and wellbeing part of everything we do. Evidence indicates that health is affected by the wider socio-economic determinants (income, education, where people live, status in society etc.). Unhealthy lifestyle choices, behaviours such as those related to diet, exercise, smoking and alcohol use are some of the contributory factors which are driving demand for health services.

There is a requirement for a whole-system approach involving cross-government and cross-societal collaborative working to improve the health of our community. Community Healthcare East offers equal opportunity for all its population, irrespective of social background. Staff will also be kept informed about available services within Community Healthcare East and be offered support to avail of training opportunities as often as possible.

The willingness of voluntary groups and minority groups to work with Community Healthcare East staff has provided an opportunity that Community Healthcare East will continue to build on. Positive lifestyle change and health awareness is being embraced through these important collaborations. Building upon Sláintecare and HSE structural reforms and enablers create greater opportunities within the organisation to lead and deliver upon the health and wellbeing reform agenda.

National Service Plan Health and Wellbeing 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.

- Support the implementation of comprehensive Healthy Ireland implementation plan in Community Healthcare Organisations.

- 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 and encourage improved immunisation uptake rates

- Improve staff health and wellbeing.

Community Healthcare East Health and Wellbeing Priorities and Actions

- Complete and implement Community Healthcare East Healthy Ireland plan.

- Encourage and monitor flu vaccine uptake by staff and those living in long term care facilities (LTCFs) within Community Healthcare East.

- Progress implementation of Making Every Contact Count and self-management frameworks to support families by increasing knowledge and skills of professionals through the completion of eLearning modules and skills-based training.

- Support Primary Care Early Years Intervention Services in Community Healthcare East in its implementation of the National Healthy Childhood Programme to include programmes such as breastfeeding action plan.

- Progress national policy priority programmes including Tobacco Free Ireland, Healthy Eating and Active Living etc.

- Support staff education and wellness by providing necessary support to facilitate on-site, off-site or online training to improve their competence, and providing support to ensure the work environment is as stress free as possible.

- Strengthen Community Healthcare East's collaborative working with Local Community Development Committees (LCDCs) and the Children and Young People's Services Committee's (CYPSC).

Implementing Priorities in 2019

Priority (1): Improve the health and wellbeing of the population in Community Healthcare East by reducing the burden of chronic disease

Priority	Priority Action	Timeline	Lead
Expand and Embed structures under the Community Healthcare East Health & Wellbeing management structure	Continue to work in collaboration with key stakeholders to further expand and embed the sub-structure under the Head of Service for Health & Wellbeing e.g. transition of the National Health Promotion and Improvement (HP&I) team to Community Healthcare East.	Q1-Q4	Head of Health and Wellbeing
Screening	Promote the uptake of the National Screening Programmes Breast check, Cervical Check, Bowel Screen and Diabetic Retina Screen programmes amongst relevant eligible populations in collaboration with the National Screening Service.	Q1-Q4	Head of Health and Wellbeing
Tobacco	Continue to monitor the implementation of the HSE tobacco Free Campus Policy in all services.	Q1-Q4	Heads of Service
Tobacco	Support people to access national and local QUIT smoking cessation services.	Q1-Q4	Senior Management Team (SMT) & HP&I team
Prevention and Management of Chronic Disease	Supporting the collaborative approach to the work of diabetic specialist nurses (across care boundaries) reporting to the Ireland East Hospital Group in order to facilitate early diagnosis of persons with diabetes	Q1-Q4	Head of Primary Care
Prevention and Management of Chronic Disease	Support the delivery of structured patient education programmes for people with type 2 diabetes to ensure better self management	Q1-Q4	Heads of Service PC & HP&I
Prevention and Management of Chronic Disease	Support the collaborative working of the Integrated Care Respiratory Nurses with GP practices in the early detection of chronic illnesses and patient education support.	Q1-Q4	Heads of Service PC & H&W

Alcohol	Support the rollout of the HSE national alcohol risk communication campaign www.askaboutalcohol.ie .	Q1-Q4	SMT
Sexual Health	Support Primary Care Services in the continued roll out of HPV vaccine and related education programmes.	Q1-Q4	Heads of Service PC
Sexual Health	Support Primary Care in the implementation of termination of pregnancy legislation and related education programmes.	Q1-Q4	Heads of Service PC

Priority (2): Build upon Sláintecare and HSE structural reforms and enablers to create greater capacity within Community Healthcare East to lead and deliver upon a cross-sectoral health and wellbeing reform agenda.

Priority	Priority Action	Timeline	Lead
Healthy Ireland Plan	Community Healthcare East to publish its Healthy Ireland Plan 2018-2022.	Q2	Head of Service H&W
Healthy Ireland Plan	Progress implementation of key actions in Community Healthcare East Implementation Plan for 2019.	Q1-Q4	Head of Service H&W
Making Every Contact Count (MECC)	Progress the implementation of key actions from MECC framework supported by the National MECC implementation team.	Q2-Q4	All Head of Service & HP&I team
Making Every Contact Count (MECC)	Continue to encourage and support frontline staff to undertake MECC training.	Q1-Q4	Head of Service & HP&I team
Self-management Support (SMS) for Chronic Diseases	Develop the Community Healthcare East areas plan for SMS for chronic conditions in line with the National SMS framework and implementation plan for Self-Management support for Chronic Disease: COPD, Asthma, Diabetes, and Cardiovascular Disease. This plan will focus on the agreed national priorities for initial phase of implementation e.g. Cardiac Rehabilitation, Pulmonary Rehabilitation, Diabetes, Structured Patient Education, Asthma Education and Patient Information materials.	Q3-Q4	Head of Service H&W

Self-management Support (SMS) for Chronic Diseases	Complete the mapping of the SMS resources in Community Healthcare East (hospital and community level) & produce a collated directory (hard/soft copy); work with the National group to develop the National SMS website.	Q1-Q4	Head of Service H&W
Self-management Support (SMS) for Chronic Diseases	Build and strengthen SMS network and integration across Community Healthcare East via the SMS coordinator, 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 and hospital based supports (may be resource dependent)	Q1-Q4	Head of Service H&W
Self-management Support (SMS) for Chronic Diseases	Improve access to self-management supports if feasible within existing resources and any new resources that become available.	Q3-Q4	Head of Service H&W
Self-management Support (SMS) for Chronic Diseases	Establish clear governance structure for the SMS programme in Community Healthcare East to include Local Implementation Governance Group for Chronic Diseases -Develop local SMS implementation/action plans -Assist in development of KPI's to reflect work of SMS coordinators -Link with key stakeholders to develop health related communication materials to better inform our population to improve lifestyle behaviour etc., for display on LCDC screens in Primary Care Centres -Providing information on SMS supports for staff newsletters -Staff education and up skilling	Q1-Q4	Head of Service H&W
Self-management Support (SMS) for Chronic Diseases	Work collaboratively with the clinical care programmes and priority programme leads.	Q1-Q4	Head of Service H&W

Healthy Ireland	Further strengthen collaborative working with key community stakeholders to include the Local Community Development Committees (LCDCs) and the Children and Young People's Services Committee's (CYPSCs), statutory groups and others to achieve improved health outcomes, health status and to address health inequalities.	Q1-Q4	Head of Service H&W

Priority (3): Promote Early Years Intervention including the National Healthy Childhood and Nurture Infant Health and Wellbeing Programmes in Community Healthcare East

Priority	Priority Action	Timeline	Lead
Healthy Childhood	Support the roll out of the 'START' campaign to encourage parents and guardians to make healthier choices for children	Q1-Q4	Head of Service PC & H&W
Healthy Childhood	Support the work of the Healthy Childhood Coordinator	Q1-Q4	Head of Service PC
Healthy Childhood	Support Primary Care to deliver community/school based structured healthy cooking/eating programmes (Healthy food Made Easy (HFME) and Food Dudes)	Q1-Q4	Head of Service
Healthy Childhood	Continue to provide up to date information and nutrition reference pack training (for infants aged 0-12months) to public health nurses and encourage parents to access information on HSE sites such as mychild.ie	Q1-Q4	Head of Service PC
Healthy Childhood	Support the implementation of the National Healthy Childhood and Nurture Programmes	On-going	Heads of Service
Healthy Ireland	Continue to support the implementation of the HSE Breastfeeding Plan 2016-2021	On-going	Head of Service Primary Care (PC)
HSE Vending Policy	Audit of Community Healthcare East sites to ensure compliance to HSE vending machine policy (HI)	Q3	Head of Service H&W

Priority (4): Protect our population in Community Healthcare East from threats to health and wellbeing through infectious disease control, immunisation, and environmental health services.

Priority	Priority Action	Timeline	Lead
HCAI/AMR	Support capacity building for prevention, surveillance and management of Health Care Associated Infections (HCAI) through participation on the Healthcare Associated Infections (HCAI)/Antimicrobial Resistance (AMR) committee chaired by the Chief Officer.	Q1-Q4	SMT
HCAI/AMR	Develop and oversee implementation of Community Healthcare East's plan for HCAI/Anti microbial resistance (AMR) governance and human resources for the next 3 years.	Q2-Q4	HCAI/AMR Committee and SMT
Health Protection	Actively pursue improved vaccine uptake rates on the Primary Childhood Immunisation (PCI) programme and School Immunisation Programme (SIP)	Q1-Q4	Heads of Service PC & H&W
Health Protection	Actively pursue improved flu vaccine uptake rates for Long Term Care Facilities (LTCF) and frontline healthcare staff	Q1 & Q4	Heads of Service
Health Protection	Continue to encourage and monitor the uptake of staff flu vaccination and implement initiatives to achieve improved uptake	Q1	Heads of Service

Priority (5): Improve staff health and wellbeing in Community Healthcare East

Priority	Priority Action	Timeline	Lead
Healthy Ireland	To support staff health & wellbeing initiatives in Community Healthcare East HI Plan to include using effective communication campaigns (e.g. #quit; #askaboutalcohol; #dementia; #understandtogether; #breastfeeding; encouraging staff to participate in physical activity etc.,)	Q1-Q4	SMT & HP&I Team
Healthy Ireland	Encourage staff set up and uptake of local groups and amenities such as lunchtime walks, exercise classes, etc.	Q1-Q4	SMT
Healthy Ireland	Continue to encourage and support staff to look after their own Mental Health and stress levels	Q1-Q4	SMT

Healthy Ireland	Support and encourage staff initiatives geared at promoting physical wellbeing (e.g. on-site exercise programmes, walks, etc)	Q1-Q4	SMT

Public Health

The Head of Service for Health and Wellbeing will continue to foster engagement and collaborative work practice with colleagues responsible for Public Health in the HSE and other Agencies. Public Health priorities and actions protect our population from threats to health and wellbeing particularly through Immunisation and Infectious Disease Control.

Community Healthcare East will support the following Public Health priorities:

- 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.
- Implement the national HPV vaccination programme.
- Implement the national pertussis (whooping cough) vaccination programme for pregnant women.
- Support the development of a case and incident management system for health protection to support more efficient and robust reporting and management of infectious disease outbreaks.

6. Health and Social Care Delivery

Context and Overview

Community Health has a significant role in enabling the transformation of Irish health services to move towards a community-led model that provides care more appropriately in primary and community settings.

This transformation, as envisioned by *Sláintecare*, will help to reshape how health services are delivered in Ireland to ensure that they are targeted towards service users most in need and delivered efficiently and effectively. Community settings will help to address the challenge of access to our hospital system and are more convenient for service users and supports them to self-manage and live more independently.

Primary Care

Services Provided

Primary Care services include all services provided by the Primary Care Teams (PCTs), Community Network services, General Practice, Community Funded Schemes, Palliative Care and Social Inclusion services. Reference to Primary Care throughout the plan includes reference to all of these services.

The PCT is the starting point for service delivery, consisting of General Practice, Community Nursing, Physiotherapy, Occupational Therapy and Speech and Language Therapy and covers populations of approximately 7,000 to 10,000 people. Community Network services include Audiology, Ophthalmology, Dietetics, Podiatry, Psychology and Oral health services, and are typically provided for populations of approximately 50,000 people. Other Primary Care services include GP Out of Hours, Diagnostic services and Community Intervention teams (CITs).

A number of national and regional services are managed by Primary Care, Community Healthcare East, including the Public Health Laboratory, the Public Analyst Laboratory, the Primary Care GP Unit (covering Community Healthcare East and Community Healthcare Dublin South, Kildare & West Wicklow), the Anti-Human Trafficking Team and Women’s Health Service, the Civil Registration Service (covering Community Healthcare East, Community Healthcare Dublin South, Kildare & West Wicklow, and Community Healthcare Dublin North City and County) and the Gay Men’s Health Service.

The Primary Care Division in Community Healthcare East has a dedicated workforce that delivers high quality services across the CHO.

There are many more examples of service provision of the highest quality and the dedication of staff to on-going service improvement across Community Healthcare East and these efforts will continue into 2019.

Issues and Opportunities

The continued development of Primary Care services, with a focus on ensuring that the health needs of the population are predominantly met in primary and community based settings, is essential to the overall health of the nation. Well integrated and high quality Primary Care services, that are responsive to the health needs of the community and are easily accessible, provide for better outcomes for patients and represent value for money.

Demand for Primary Care services continues to grow. In Community Healthcare East, 25% of the population are children (Census 2016), approximately 7% above the EU average. This increases the demand particularly on GP services (as part of the free under 6's GP Care scheme), Community Nursing services, as well as the therapy services in Primary Care.

Approximately 65% of people aged 65 years and over have two or more chronic conditions. Primary Care is where the health needs of people with chronic conditions are best met, reducing hospital admissions and improving patients' outcomes through disease prevention, health promotion, reduced disease progression and direct clinical interventions. The Integrated Care Programmes for the Prevention and Management of Chronic Disease in Primary Care are largely delivered by GPs, practice nurses and specialist integrated care nurses, physiotherapists, podiatrists and dieticians.

The shift towards healthcare delivery in the community challenges Primary Care services to expand to meet the growing needs of the population we serve. The expansion of the GP Out of Hours services, community access to diagnostic services and increased CIT activity will be a focus of development for 2019.

The development of Primary Care services in Community Healthcare East will be greatly enhanced in 2020 by the anticipated opening of two new Primary Care centres, in Shankill and Bray, providing for comprehensive, coordinated, integrated services, in the heart of the local community.

The new GP Out of Hours service for north Wicklow and South Dublin will be rolled out in early 2019, representing a significant enhancement in community based service provision in the area. The relationship between the acute hospitals and the GPs in Community Healthcare East continues to be developed through the GP Primary Care Liaison group, building cooperation and coordination of services across the hospital and community settings.

The key challenge for 2019 will be maintaining existing levels of service in the context budgetary constraints. To achieve a breakeven position in 2019 will require a reduction of €1.8 million in the base pay budget in Primary Care. This will require a significant reduction in staffing across all services both clinical and non-clinical. A consequence of this approach is likely to be difficult in maintaining existing levels of service whilst protecting patient safety, timely access to services and staff health and wellbeing.

This is against a backdrop of population growth, increasing clinical demands and an increase in client complexity and acuity. A further consequence is likely to be difficulty in achieving national KPI targets with resultant increases in wait times for all services. Other specific challenges in Community Healthcare East include the difficulties recruiting and retaining staff in a geographical area of high accommodation costs and lengthy commute times, leading to high levels of staff turnover.

Primary Care

Priorities and Actions

Primary Care Community Healthcare East will continue to focus on improving the quality, safety, access and responsiveness of services.

Chronic Disease

Continue the development of the Integrated Care Programmes for the prevention and management of Chronic Disease, across diabetes, respiratory and cardiac care.

GP Out of Hours

Roll out the structured GP Out of Hours service for North Wicklow/ South Dublin.

Community Intervention Teams

Continue to develop integration and targeting of Community Intervention Team services across Community Healthcare East.

Paediatric Homecare Packages

Further enhance governance of packages of care for children discharged from hospital with complex medical conditions.

Primary Care Teams

Continue to improve access to Primary Care services and continue service improvement through a range of service initiatives and enhanced models of care.

Community Healthcare Networks

Contribute to the on-going development and enhancement of Community Healthcare Networks in line with *Sláintecare*, through the implementation of a learning site in Community Healthcare East.
Implement the Primary Care Eye Review to develop eye care pathways and services across Community Healthcare East.

Termination of Pregnancy

Develop termination of pregnancy services in community settings through primary care providers.

Infrastructural developments

- Open new Primary Care Centres in Shankill and Bray.
- Begin the process of redevelopment of the Baggot Street Hospital site to allow for the building of a new Primary Care centre, by the planned relocation of existing services to alternative premises within the area.
- Develop and commission new Primary Care Centres as required across Community Healthcare East, including Rathdrum, Greystones, Arklow, Dun Laoghaire, Loughlinstown and Cherrywood.
- Progress the combined Laboratory Building capital project for the Public Health Laboratory and the Public Analyst Laboratory.

Civil Registration Service

Implement on a phased basis and within existing resources, recommendations from the Civil Registration Review report.

Information Technology

Continue to deploy information technology to enhance the quality and efficiency of services in Primary Care.

Quality and Patient Safety

Strengthen Quality and Patient Safety across Primary Care services through the enhancement of the Primary Care Quality and Safety Committee and the implementation of quality improvement and risk management initiatives through this structure.

Social Inclusion

Services Provided

Primary Care services must be accessible to the whole population. Vulnerable groups in society, such as the homeless, those with addiction issues, Travellers and migrant communities all face greater health needs than the general population and require additional focus through our social inclusion services.

Issues and Opportunities

Providing services that are accessible by all and that improve the health outcomes of our most vulnerable service users is a key priority. Social Inclusion services in Community Healthcare East are supported by government commitments as set out in the Irish Refugee Protection Programme, *Rebuilding Ireland Action Plan for Housing and Homelessness, 2016*, National Traveller and Roma Inclusion Strategy 2017 - 2021, National Strategy on Domestic, Sexual and Gender Based violence 2016 - 2021, and the National Drug Strategy, *Reducing Harm, Supporting Recovery – A health led response to drug and alcohol use in Ireland 2017-2025 (RHSR)*.

The key challenge for 2019 will be maintaining existing levels of service in the context of budgetary constraints. Breakeven position in 2019 will be facilitated by return of once-off 2018 funding of €212k, without which there will be plans to curtail services significantly. This will require a significant reduction in staffing across all services (both clinical and non-clinical). A consequence of this approach will be difficulty in maintaining existing levels of service whilst protecting patient safety, timely access to services and staff health and wellbeing.

Many of the Social Inclusion services delivered by Community Healthcare East are national services, hosted within the CHO. The services are disproportionately dependent on once-off funding, making service provision difficult to plan. Other specific challenges in Community Healthcare East include difficulties recruiting and retaining staff in a geographical area of high accommodation costs and lengthy commute times, leading to high levels of staff turnover.

Priorities and Actions

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

- Improve access to primary care services for refugees in the area, as well as people seeking asylum accommodated in the new Direct Provision centre in Wicklow town. This will include a focus on health screening, chronic disease management, increasing access to mental health supports and addressing the oral health needs of children and adults.

- Conduct a strategic review of the Anti-Human Trafficking and Women's Health services.

Provide the most appropriate Primary Care services for homeless people as outlined in *Rebuilding Ireland Action Plan for Housing and Homelessness, 2016*,

The specific actions related to the priorities are outlined below.

Palliative Care

Services Provided

The development of palliative care services supports improved outcomes and experiences by shifting care provision out of acute hospitals and in to the community. A key priority is to provide services that allow patients who wish to be cared for at home to remain there for end of life care. Access to community palliative care and specialist palliative care inpatient beds is provided in Community Healthcare East through Our Lady's Hospice, Harold's Cross; Blackrock Hospice; and the Wicklow Community palliative Home Care team.

Issues and Opportunities

High quality end of life care is a particular area of service growth in the context of an ageing population. Palliative care that is increasingly provided in the community, rather than in acute hospital settings, represents an opportunity to greatly enhance the experiences of patients and their families. The opening of the Wicklow Hospice in 2020 will ensure the provision of this service to the population of Wicklow located in the CHO.

Priorities and Actions

- Continue to implement the Palliative Care Services – Three Year Development Framework 2017-2019, with specific reference to services for children.

- Support the opening of the new Wicklow Hospice, with a view to reaching full capacity in 2020.

Implementing Priorities in 2019

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

Priority	Priority Action	Timeline	Lead
Priority: Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care			
Immunisation	Improve influenza vaccination uptake rates among staff in frontline settings, and in adults aged 65+	Q1-4	General Manager Primary Care
Immunisation	Review and standardise Child Health and Immunisation Processes across Community Healthcare East	Q4	Head of Service, Primary Care
Healthy Ireland	Implement actions in support of national policy priority programmes for tobacco, alcohol, healthy eating, active living, sexual health, positive ageing and wellbeing and mental health	Q4	Head of Service, Primary Care
Healthy Ireland	Implement test sites for MECC in Diabetes Shared Care and in Physiotherapy across Community Healthcare East	Q1-4	General Manager, Primary Care
Healthy Ireland	Evaluate the introduction of motivational interviewing for Physiotherapy interventions in Community Healthcare East	Q1	Physiotherapy Managers, Community Healthcare East
Chronic diseases	Enhance stroke prevention and care by the Regional Stroke Team through: Developing self-management programmes including a brief intervention on alcohol; implementing the National Healthcare Charter and developing a feedback tool for Regional Stroke Team Clients	Q1-4	Physiotherapy Manager, Dublin South East and Regional Stroke Team Facilitator
Nurture	Progress the Implementation of the Healthy Childhood and Nurture Programmes	Q1-4	Head of Service, Primary Care

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

Priority	Priority Action	Timeline	Lead
Priority: Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care			
Community Intervention Teams (CITs)	Continue to develop integration and targeting of Community Intervention Team (CIT) Services across Community Healthcare East	Q1-4	Head of Service, Primary Care
Complex paediatrics	Enhance governance of packages of care for children discharged from hospital with complex medical conditions to funded levels	Q1-4	Head of Service, Primary Care
Out-of-hours GP care	Implement a structured out-of-hours GP service in North Wicklow and South Dublin	Q2	Head of Service, Primary Care
Integrated care and chronic diseases	Enhance the delivery of integrated care programmes for chronic disease prevention and management in primary care by establishing a governance structure supported by dedicated staff.	Q3	General Manager, Primary Care
Integrated care and chronic diseases	Continued development of the Diabetes Integrated Care Programme in collaboration with GP Practices and SVUH/SCH, in particular in relation to enhancing the range of specialist therapies provided by the programme.	Q1-4	General Manager, Primary Care
Integrated care and chronic diseases	Further expansion and development of the Respiratory Integrated Care Programme in collaboration with GP practices and St Michael's Hospital, Dun Laoghaire.	Q1-4	General Manager, Primary Care
Diagnostics	Extend the availability of diagnostics services (ultrasound) in North Wicklow and South Dublin	Q3	Head of Service, Primary Care
Primary Care Centres	Commission a primary care centre for Dun Laoghaire	Q3	Head of Service, Primary Care
Infrastructure	Progress the Combined Laboratory Building Capital Project for the Public Health Laboratory and Public Analyst's Laboratory	Q4	General Manager, Primary Care
Infrastructure	Open new Primary Care Centres in Shankill and Bray	Q3/4	General Manager, Primary Care
Infrastructure	Relocate existing services from Baggot Street Hospital to alternative sites, to allow	Q2	General Manager,

	for the redevelopment of the Baggot Street site.		Primary Care
Service reviews – quality, efficiency and productivity	Establish a programme of continuous Quality Improvement across Primary Care services to improve referral processes and waiting times for all Primary Care Services.	Q1-4	General Manager, Primary Care
Primary Care Eye Services	Implement the Primary Care Eye Care Review to scope and develop eye care pathways and services across Community Healthcare East. Establish revised referral pathways and recruit and equip eye care team.	Q3	General Manager, Primary Care
Community Paediatrics	Develop Paediatric Primary Care services in tandem with the implementation of local Progressing Disabilities structures and the National Access Policy, in a way that supports service provision for all children and young people in Community Healthcare East who require intervention and support.	Q1-4	Head of Service, Primary Care
Speech & Language Therapy	Further implement enhanced Speech & Language Therapy model of care across all SLT services in Community Healthcare East, to improve outcomes and reduce waiting times for assessment and treatment for children aged between 0 and18 years	Q1-4	Speech and Language Therapy Managers, Community Healthcare East
Dietetics	Support the National Primary Care Service Improvement Programme for Community Funded Schemes (Nutrition) actions, specific to malnutrition screening and treatment.	Q1-4	Dietetics Managers, Community Healthcare East
Dietetics	Review and enhance community dietetics service, group education, malnutrition screening training across Community Healthcare East	Q1-4	Dietetics Managers, Community Healthcare East
Psychology	Review revised children and adolescent Primary Care Psychology Model, in collaboration with Mental Health across Community Healthcare East	Q4	Psychology Managers, Community Healthcare East
Physiotherapy	Standardise use of the Keele Stratified Back Programme across the Community Healthcare East Physiotherapy service	Q1	Physiotherapy Managers, Community Healthcare East

Physiotherapy	Implement findings from evaluation of group work, Motomed, Stander, cycling project and waiting list management processes across Community Healthcare East Physiotherapy teams	Q1-4	Physiotherapy Managers, Community Healthcare East
Occupational Therapy	Implement a range of educational group activities for staff, parents and children within paediatric OT services including: road safety, feeding and writing skills and a school transitioning programme	Q2	Occupational Therapy Managers, Community Healthcare East
Occupational Therapy	Evaluate drop-in clinics for paediatric motor skills collaboratively between OT and Physiotherapy	Q3	Physiotherapy Managers, Occupational Therapy Managers
Social Inclusion	Continue to support Traveller community development groups to improve the health outcomes for the target population	Q1-4	General Manager, Primary Care
Social Inclusion	Support Traveller families affected by the Carrickmines fire.	Q3	General Manager, Primary Care
Social Inclusion	Conduct a strategic review of the Anti-Human Trafficking and Women's Health Services	Q1-4	General Manager, Primary Care
Social Inclusion	Continue provision of Hepatitis-C treatment to individuals in conjunction with treatment services managed by Community Healthcare Organisation South Dublin/Kildare/West Wicklow		General Manager, Community Healthcare Organisation South Dublin/Kildare/West Wicklow
Addiction Services	Ensure that adults deemed appropriate for treatment for substance use receive treatment within one calendar month. Addiction Services are delivered through Community Healthcare Organisation South Dublin/ Kildare/ West Wicklow.		General Manager, Community Healthcare Organisation South Dublin/Kildare/West Wicklow
Addiction Services	Ensure that children deemed appropriate for treatment for substance use receive treatment within one week. Addiction Services are delivered through Community Healthcare Organisation South		General Manager, Community Healthcare Organisation

	Dublin/ Kildare/ West Wicklow.		South Dublin/Kildare/West Wicklow
Addiction Services	Strengthen governance structures within HSE addiction service to support addiction clinical leads, Directors of Nursing and Assistant Directors of Nursing. Addiction Services are delivered through Community Healthcare Organisation South Dublin/ Kildare/ West Wicklow.		General Manager, Community Healthcare Organisation South Dublin/Kildare/West Wicklow
Addiction Services	Continue expansion of naloxone training and distribution to target a reduction in drug related deaths and non-fatal overdoses. Addiction Services are delivered through Community Healthcare Organisation South Dublin/ Kildare/ West Wicklow.		General Manager, Community Healthcare Organisation South Dublin/Kildare/West Wicklow
Addiction Services	Support drug user advocacy services Addiction Services are delivered through Community Healthcare Organisation South Dublin/ Kildare/ West Wicklow.		General Manager, Community Healthcare Organisation South Dublin/Kildare/West Wicklow
Addiction Services	Mitigate the risk and reduce the impact of parental substance misuse on babies and young children by providing *hidden harm* training for Tusla and HSE Staff. Addiction Services are delivered through Community Healthcare Organisation South Dublin/ Kildare/ West Wicklow.		General Manager, Community Healthcare Organisation South Dublin/Kildare/West Wicklow
National Drugs Rehabilitation Framework	Strengthen the implementation of the National Drugs Rehabilitation Framework.		General Manager, Community Healthcare Organisation South Dublin/Kildare/West Wicklow
Prescribing of opioids, benzodiazepines and pregabalin	Review the long-term prescribing of opioids, benzodiazepines and pregabalin in general practice.		General Manager, Community Healthcare Organisation South Dublin/Kildare/West Wicklow

Homeless Services	Prioritise homeless actions as outlined in the National Drug Strategy		General Manager, Community Healthcare Organisation South Dublin/Kildare/West Wicklow
Homeless Services	Provide the required health services to support the extended housing led approach in Dublin and other urban Areas outside Dublin, focusing on rough sleepers and long-term homeless households. Address the rehabilitation needs of homeless people by ensuring the drug rehabilitation pathway is linked to sustainable supported tenancy arrangements as provided by the Local Authority.		General Manager, Community Healthcare Organisation South Dublin/Kildare/West Wicklow
Civil Registration Service	Implement on a phased basis and within existing resources, recommendations from the Civil Registration Review Report	Q1-4	Superintendent Registrar
Civil Registration Service	Implement enhanced efficiency and productivity measures including operational opportunities offered by premises developments	Q1-4	Superintendent Registrar
Palliative Care	Enhance monitoring and governance of service agreements with palliative care providers in Community Healthcare East	Q1-4	Head of Service, Primary Care
Palliative Care	Implement the approved clinical guidelines on the management of palliative care patients by the Specialist Home Care Team, Wicklow	Q1-4	Director of Public Health Nursing, Wicklow
Palliative Care	Support the opening of the new Wicklow Hospice in partnership with the Wicklow Hospice Foundation and with Or Lady's Hospice.	Q1-4	Head of Service, Primary Care
Dental and Orthodontic Services	Implement the Clinical Governance Framework for oral health services, with a timeframe agreed for completion of infection control standards	Q1-4	Principal Dental Surgeon
Dental Services	Introduce SMS text reminder service for all dental appointments	Q1	Principal Dental Surgeon

Orthodontic Services	A reduction in the number of inappropriate referrals to the Orthodontic Service following and education session provided by the Consultant Orthodontists to the Primary Care Dental staff with a follow up audit of referrals.		

Foster a culture that is honest, compassionate, transparent and accountable

Priority	Priority Action	Timeline	Lead
Priority: Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care			
Patient experience and feedback	Enhance the use of service user feedback and engagement in the delivery, planning and reviewing of Primary Care services through development and implementation of engagement processes	Q1-4	General Manager, Primary Care
National Standards for Safer Better Healthcare	Continue to implement the National Standards for Safer Better Healthcare via QPS governance structures and Primary Care management structure	Q1-4	Head of Service, Primary Care
Risk and Incident Management	Review the enhanced governance and management of the Primary Care Risk Register, and implement the HSE Integrated Risk Management Policy	Q2	Head of Service, Primary Care
Risk and Incident Management	Review the Incident Management Framework, National Incident Management System (NIMS) and Complaints Management System	Q3	Head of Service, Primary Care
Person-centred care	Publish a comprehensive plan to enhance the person-centredness of all Primary Care services in Community Healthcare East.	Q2	General Manager, Primary Care
Children First	Support the implementation of the Children First Act (2015) in Primary Care in Community Healthcare East Primary Care, including leadership of the Community Healthcare East Children First Committee and all contracted services	Q1-4	Head of Service, Primary Care

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

Priority	Priority Action	Timeline	Lead
Priority: Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care			
Developing the Primary Care workforce	Review the performance management process for line managers in Primary Care Service	Q1	Head of Service, Primary Care
Developing the Primary Care workforce	Create a Learning Plan for staff in Primary Care services to enhance planning and oversight of continuing professional development and training	Q2	General Manager, Primary Care
Valuing the Primary Care workforce	Evaluate the pilot project to provide a dedicated Physiotherapy MSK service for staff on sick leave due to injury across Community Healthcare East	Q4	Physiotherapy Manager, Dublin South East
Developing the Primary Care workforce	Develop leadership skills and practices in clinical management teams across Primary Care in Community Healthcare East through enhanced engagement with Primary Care senior management and delivery of targeted leadership training and coaching	Q1-4	Head of Service, Primary Care
Community Nursing	Implement, agreed prioritised actions from the National Quality Improvement/Practice Development Governance Framework for Public Health Nursing Services with a focus on tissue viability	Q1-4	Directors of Public Health Nursing
Community Nursing	Implement the integrated model of care for Community Nursing and Midwifery	Q1-4	Directors of Public Health Nursing

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

Priority	Priority Action	Timeline	Lead
Priority: Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care			
Financial governance and Accountability Framework	Strengthen the Primary Care Accountability Framework, including the ongoing review of funded agencies as per governance requirements	Q1-4	Head of Service, Primary Care
Financial governance and Accountability Framework	Ensure compliance with service arrangements and internal audit findings	Q1-4	Head of Service, Primary Care
Community Funded Schemes Projects	Establish Community Healthcare East Standard Operating Procedures in respect of the ordering of Aids and Appliances	Q3	Head of Service, Primary Care
Community Funded Schemes Projects	Implement policy and value for money projects for demand led schemes in relation to aids and appliances, respiratory products, orthotics, prosthetics and specialised footwear, incontinence wear, urinary, ostomy and bowel care, nutrition, bandages and dressings.	Q1-4	Head of Service, Primary Care
Quality and Safety	Establish a governance structure to develop and review policies, procedures, protocols and guidelines (PPPGs	Q3	Head of Service, Primary Care

Priority	Priority Action	Timeline	Lead
Priority: Implement the primary care elements of *eHealth Strategy for Ireland, 2013* to funded levels			
Primary Care eHealth	Continue to facilitate the roll-out of IT Hardware across Community Healthcare East	Q1-4	General Manager, Primary Care
Primary Care eHealth	Extend the use of "Diarybook" software to manage waiting lists in Primary Care Services across Community Healthcare East	Q1-4	General Manager, Primary Care
Gay Men's Health Service	Support the implementation of the electronic laboratory and patient management system in collaboration with St James' Hospital	Q2-4	General Manager, Primary Care

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. In any month, in excess of 310 patients access specialist inpatient beds and a further 3,300 patients receive specialist palliative care treatment in a home setting.

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

- Expand the provision of specialist palliative care inpatient beds in 2019.
- 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.

Actions

- Progress the opening of three new inpatient units in quarter four, in Waterford, Mayo and Wicklow, with them reaching full capacity of 49 additional beds in 2020.

- Provide a sustainable resource for existing services particularly, Marymount Hospice in Cork, St Francis Hospice Blanchardstown and Kerry Hospice

Mental Health

Services Provided

Community Healthcare East Mental Health Services are provided to a population of 424,772. This is higher than the CHO population of 393,239 *(Census 2016)*. The reason for this is that Mental Health Services in this area provide services to parts of Community Healthcare Organisation 7 and covers the population of Gorey in Wexford for acute admissions only. This facilitates easier access for patients in the Gorey area.

Community Healthcare East Mental Health Services include the provision of General Adult Service, Psychiatry of Old Age Service and Mental Health Intellectual Disability. The Area is unique in that mental health services are provided by Statutory (HSE) Services in Dublin South East and Wicklow and by (Voluntary Organisation) St. John of God in South Dublin. This service is commissioned through a Section 38 Service Arrangement with St. John of God (SJOG) Community Mental Health Service who provide both Adult and Child & Adolescent Mental Health Services. Lucena Child & Adolescent Mental Health Services cover Community Healthcare East and part of CHO7.

Acute inpatient admissions (HSE) are provided at Elm Mount Unit, St. Vincent's University Hospital Dublin and Newcastle Hospital, Greystones, Co. Wicklow. Acute inpatient admissions for the Dublin South Area are provided at St. John of God Private Hospital and this is via a Memorandum of Understanding with St. John of God (SJOG) Community Mental Health Service.

COMMUNITY HEALTHCARE EAST

Service	No. Provided
Approved Centres	**3**
CAMHS Approved Centres	**0**
Continuing Care Units *	**0**
CAMHS Community MH Teams **	**7**
GA Community MH Teams	**11**
PLL Community MH Teams	**2**
MHID Community MH Teams	**1**
Day Hospitals	**2**
Day Centres	**4**
24h Staffed Community Residences	**3**

* Continuing care beds are provided at 2 Approved Centres in Dublin South East and Wicklow

** CAMHs in Community Healthcare East also cover Lucena Tallaght Teams 1 & 2 – total population 34,313

The following are some of the significant achievements in Mental Health Services in 2018 which will provide a firm base for additional service improvements in 2019.

In order to assist with bringing the Mental Health catchment areas in line with Community Healthcare Networks, a Consultant Psychiatrist was recruited for the Balally/Ballinteer area to commence the transfer of this catchment area to HSE from Cluain Mhuire Services. This team will be further developed in 2019.

- Leads were appointed to the Strategic Reform Funded project (0.5 WTE St John of God's and 0.5 WTE HSE) to further enhance the development of recovery focused services.

- Implementation of Best Practice guidance commenced across both HSE and Saint John of God Community Mental Health services. Further implementation is planned for 2019.

- A Joint Committee was established in the CHO with CAMHs / Primary Care/ Disabilities Services to enable a collaborative approach on complex cases and to share expertise in service provision.

- Mental Health Services commenced the process of conducting GDPR compliance risk assessments.

- Two nurses completed Nurse Prescriber training which will enable them to conduct ADHD clinics in Lucena Clinic.

- Local and Area Service User Engagement Forums are now established across Community Healthcare East.

- Three candidate ANP posts were approved and recruited in 2018 and developed the following areas;
  - A candidate ANP specialising in the assessment and management of Behavioural Disturbance in Dementia as part of the Psychiatry of Later Life, Community Mental Health Team in Wicklow
  - A candidate ANP specialising the assessment and triage of acute referrals in Primary Care, as part of the Cluain Mhuire Community Mental Health Services
  - A candidate ANP with Lucena Clinic, Wicklow CAMHS specialising in the assessment and management of children and adolescents with Attention Deficit Hyperactivity Disorder (ADHD).

Issues and Opportunities

Community Healthcare East Mental Health Service is committed to building the capacity of service users, families and carers in order to influence the design and delivery of our mental health services. In 2019, Community Healthcare East Mental Health Service will continue to build on the work progressed in 2018 and will continue to prioritise areas identified in the *Partnership for Change Report of the Mental Health Reference Group.*

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. Community Healthcare East Mental Health

Service made significant progress in the Area of Quality and Service User Safety in 2018 and we will continue to build this capacity in 2019 through our Local and Area QPS Committee structure.
A mental health specific Audit Committee will be established in 2019 and this will guide and support the further development of our quality and safety programme in order to build on and support a culture of continuous quality improvement.

In 2019, Community Healthcare East will have its first post specifically related to Traveller Mental Health with the recruitment of a Traveller Health Co-Ordinator. This post is expected to be filled by Q1.
There is an increasing and more complex nature in the demand for services, particularly for CAMHs. By the end of 2018 there were 1,650 referrals accepted by the community CAMHs teams.

Challenges

Recruitment and retention of nursing staff has been a significant challenge to service development. Rising cost of accommodation and commute times are the most significant issues in terms of recruitment and retention of nursing staff. The Higher Diploma in Mental Health Nursing initiated by Community Healthcare East in 2017, in collaboration with UCD School of Nursing and Midwifery, has educated and trained 72 Mental Health Nurses, with a new cohort of 29 students commencing the 12 month programme in mid-February 2019.

We are continuing to work with UCD as our academic partner to develop undergraduate and postgraduate programmes in order to increase our available pool of nurses. Community Healthcare East currently have nine first year and eight second year mental health nurse students progressing in their four year programme to become Mental Health Nurses.

On a positive note, 2018 saw the reversal in our negative workforce turnover figures with an additional 17 nurses recruited to the service reducing our dependency on both agency and overtime.

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 CAMHs services. There is currently no Day Hospital in Lucena CAMHS. Community Healthcare East will continue to prioritise and seek additional funding to developing this service as it will assist with reducing our reliaice on CAMHS acute inpatient beds. In relation to Day Hospital provision for CAMHS, Community Healthcare East will continue to prioritise this development in order to reduce reliance on acute inpatient beds.

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. 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. The Psychiatry of Old Age (POA) service in Dublin South East currently operates on 6 acute in-patient beds. The low number of beds was supported by the fact that older adults with dementia in this area could opt for admission to SJOG Private Hospital via their Private Health Insurance. This option is no longer available to the catchment area service. As a result, this will place pressure on the existing 6 old age beds and on general adult beds in SVUH. Mental Health will address this challenge by continuing to grow psychiatry of later life teams to provide services to this population subject to approved funding.

Financial & Human Resource Challenges

Statutory:

2019 will be a financially challenging year for Community Healthcare East Mental Health Services with a projected variance of €4,445m spread across statutory and voluntary services. The challenge for 2019 is to deliver a breakeven position across the services within an appropriate risk management framework.

In relation to statutory services, external placements will continue to be carefully managed to as low a level of cost as possible in 2019. In order to achieve this, a waiting list has been created which will be reviewed by the Head of Service and ECD on a monthly basis in order to manage the risk.

In relation to the WTE Limits set for 2019 and the development of a funded workforce plan, we will continue to monitor our limits on a monthly basis and adjustments will be made to WTE limits when required in order to remain within budget. It should be noted that this will have a direct impact on service provision in the community.

Voluntary:

In relation to Voluntary Service (SJOG Community Mental Health Service), the financial challenge in 2019 is directly attributable to the costs associated with acute in-patient beds, one to one special observation and the full year impact of a 29% increase in costs from October 2018.

We will continue to challenge the most efficient use of beds in 2019 and in order to reduce the number of beds and associated costs, the Ballinteer/Balally Sector will transfer from SJOG to HSE from 19th March 2019. Inpatient admissions associated with this sector will transfer to SVUH thus, reducing the bed numbers by 4 acute beds.

A number of measures are currently underway and led by National HSE to review the financial position of SJOG Community Services. CH East have met with the Private Hospital Board in order to discuss the cost and of acute inpatient beds, however, no reduction in cost was achieved.

A capital submission for the provision of a 45 bed acute in-patient unit at Loughlinstown has been prepared for submission to the HSE Capital Steering Group. If approved, this unit will provide the acute general adult inpatient beds for South Dublin and will also provide additional POA beds for the catchment area which will eliminate the necessity to purchase beds.

In relation to the WTE Limits set for Section 38 agencies in 2019 and the development of a funded workforce plan, we will continue to monitor these limits on a monthly basis with the agencies and adjustments will be made to WTE limits when required in order to remain within budget. It should be noted that this will have a direct impact on service provision and may impact on the waiting list associated with CAMHs in this area.

Priorities and Actions

Mental Health Strategic Priorities

- 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

Priority	Priority Action	Timeline	Lead
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 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.	Continue to implement the actions from this Action Plan. • Assess existing response plans and the need for local coordinated responses. • Develop an appropriate plan for the Area based on best practice and local needs. • Develop protocols for sharing information. • Implement response plan and evaluate process and outcome. • Continue to support the development and implementation of a critical incident response plan such as that developed within Wicklow East. Support Family Resource Centre staff workshops, and support the adoption and the implementation of the Family Resource Centre (FRC) Suicide Prevention Code of Practice, launched 06 Dec 2018. Follow up support on implementation by	Q1-Q4	Resource Officers for Suicide Prevention

	NOSP Continue to provide evidence based training on suicide prevention and mental health promotion. In alignment with the National Training Plan, deliver SafeTALK, ASIST and Understanding Self-Harm, Loss and Bereavement through Suicide training programmes prioritising service providers, particularly those who come into regular contact with people who are vulnerable to suicide and present with self-harm. Up- skill appropriate trainers, including utilisation of the train the trainer model for self-sustainability. Collect and collate data in relation to measurement and evaluation of training.		
Implement agreed actions as recommended by the work of the National Youth Mental Health Taskforce for those aged 18 to 25 years.	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.	Q1-Q4	Resource Officers for Suicide Prevention
Implement agreed development of a 24/7 contact line and eMental health service in line with ministerial priorities.	Support the implementation and development of a 24/7 contact line and eMental health service as required.	Q1-Q4	Resource Officers for Suicide Prevention
Work with sports, community and voluntary groups to develop resilience and reduce demand for mental health services.	ROSP team provides education programmes, training, support to community and voluntary organisations and this will continue in 2019.	Q1-Q4	Resource Officers for Suicide Prevention

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

Priority	Priority Action	Timeline	Lead
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.	Community Healthcare East will support the implementation of the Clinical Care Programmes as required: Eating Disorders: A local working group was established in 2018 which developed a framework document to guide discussions regarding the implementation of the Eating Disorder Model of Care for the hub and spoke site of Community Healthcare East, CHO 7 and Laois/Offaly (part of CHO 8). A steering group has been set up with representatives from each CHO to oversee this and will meet in early 2019. Community Healthcare East will continue to provide assessment and management of patients who present to ED following self-harm presentations at the emergency department (ED SVUH): Community Healthcare East will support the implementation of the dual diagnosis of mental health and substance misuse programme as required. Community Healthcare East will support the implementation of the Attention Deficit Hyperactivity Disorder in adults programme as required. Community Healthcare East will continue it's delivery of the Early Intervention for first episode psychosis (DETECT) programme	Q1-Q4	Executive Management Team
Implement the model of care for specialist perinatal mental health services through the appointment of agreed new staffing resources nationally.	Support the implementation of the Specialist Perinatal Mental Health Model of Care as required.	Q1-Q4	Head of Service Mental Health

Implement the recommendations of *A National Framework for Recovery in Mental Health 2018-2020*.	Ongoing implementation of the National Framework for Recovery. · Seek feedback from the national team regarding the draft CHO East Recovery Implementation Template · Amend template in line with feedback received and resubmit	Q2-Q4 Q2-Q4	Recovery Committee And Executive Management Team
	Roll out Information Sessions across CHO East Revise the draft presentation provided by ARI to reflect local services including: - Overview of the National Framework for Recovery - Local Implementation plan for the Framework (copy for everyone/how does this affect everyone) - How can attendees contribute going forward?	Q3-Q4	Recovery Committee and Peer Educator once in post
	In order to deliver these sessions we will need to: - Identify the number of MDT teams - Identify local experienced facilitators from existing to deliver on those dates - Confirm for a slot at each team meeting - Deliver presentation to EAMT and local Management Teams	Q1-Q4 Q1-Q4 Q1-Q3	Recovery Committee and Peer Educator once in post
	Service Reform Fund: - Implementation of an Individual Placement Support (IPS) service - Implantation of Peer Educator CAMHS - Assess the scope and feasibility of the Housing Stream	Q2-Q4 Q1-Q4 Q2 – Q3 Q3-Q4 Q2-Q4	SRF Oversight and working stream groups Recovery Committee

	Ongoing development of a process whereby service users are provided with access to peer support and to recovery education programmes. • Establish the Local Recovery Implementation Groups • Carry out Recovery Education across Community Healthcare East • Provide Peer Zone Training • Provide WE wellness Engagement Training Implement peer educator roles across CHE including CAMHS and Adult. Devise and signing of the SLA with in collaboration with Mental Health Ireland. Assess and scope the feasibility of engaging people with lived experience as part of our workforce.	Q1-Q4	Recovery Committee, Area Lead for Engagement and Executive Management Team
	Develop a plan to enhance capacity in co-production, shared decision making and recovery promoting relationships. Implement the appointment of a peer educator across CAMHS and Adult services to adopt an organisational approach to co-production.	Q1-Q4	Recovery Committee and Area Lead for engagement
	Support the recruitment and integration of the Employment Specialists as per the Individual Placement and Support National Service across the CHE.	Q1 - Q4	Recovery Committee and Executive Management Team
Provide increased access to talk therapies to improve treatment outcomes for service users.	Community Healthcare East will participate in the development of the Model of Care for Adults accessing Talking Therapies while attending specialist mental health services as required.	Q1 – Q4	Director of National Counselling Service
Further develop and deliver enhanced peer support workers in line with Vision for Change recommendations.	Continue to review the development of a Peer Support Worker service in consultation with the Recovery Committee and HOSU Engagement in the design and delivery of this initiative.	Q1 - Q4	Recovery Committee and Executive Management Team

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

Priority	Priority Action	Timeline	Lead
Progress day programme / day hospital services within CAMHs.	Community Healthcare East will progress the development of Day Hospital and Day Programmes as required.	Q1-Q4	Executive Management Team
Develop eating disorder specialist community teams in both adult and CAMH services.	Support the implementation of the Eating Disorder Model of Care A local working group was set up in 2018 in Community Healthcare East which developed a framework document to guide discussions regarding the implementation of the Model of Care for the hub and spoke site of Community Healthcare East, CHO 7 and Laois/Offaly part of CHO 8. A steering group has been set up with representatives from each CHO to oversee this and will meet in early 2019.	Q1-Q4	Executive Management Team
Enhance Jigsaw and other early intervention services specific to those aged 18 to 25 years identified as requiring particular community-based responses.	Community Healthcare East will participate in the development of two new sites, one being in the Wicklow / Dun Laoghaire Rathdown area.	Q1-Q4	Executive Management Team
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.	Continue to support placement of older adolescents as required.	Q1-Q4	Executive Management Team
Expand out of hours responses for general adult mental health services by moving to	Community Healthcare East is working towards developing a 7/7 model of service in the Wicklow area through the appointment of agreed new staffing. The	Q1-Q4	Executive Management Team

the 7/7 model and appointment of agreed new staffing.	service will be launched on the appointment of agreed new staffing.		
Continue development of liaison services across all specialties.	Community Healthcare East will continue to support the development of liaison services across all specialties as required.	Q1-Q4	Executive Management Team
Implement enhanced services for those who are deaf and mentally ill	Community Healthcare East will collaborate as required with CHO9 on this initiative.	Q1-Q4	Executive Management Team
Develop adult and child mental health intellectual disability teams including the appointment of agreed new staffing.	Community Healthcare East will progress the recruitment of the Consultant in Child and Adolescent MHID.	Q3	ECD / Head of Service
Enhance the community mental health team capacity for CAMHs, general adult and psychiatry of later life at a consistent level acros all areas including the appointment of agreed new staffing.	Community Healthcare East will continue with its active Recruitment Programme to fill existing PFG Development Posts for; • Consultant in Child and Adolescent MHID • Consultant in Rehabilitation • Consultant in Adult MHID	Q3	ECD / Head of Service
Enhance service responses to improve the physical health of mental health service users.	Continue to support the development of the Nutrition and Dietetic Service provided to DSE Community mental health services. Develop a standardised approach to screening, collecting and analysing data on physical health parameters of referred service users. Develop a standardised algorithm regarding the management of service user's physical health through interventions provided by the service and ensuring appropriate links with GP's and other multidisciplinary staff within primary care services. Improve the self-management of service user's physical health through education with verbal advice and written materials. Continue to deliver the Healthy Food Made Easy programme. Progress with the implementation of the	Q1-Q4	Senior Dietician

	National Clinical Programme for Eating Disorder service users. This includes recruiting a new Consultant Physician who will be involved in establishing improved physical health clinical care pathways for Eating disorder service users admitted to the acute unit and the general hospital. Work towards developing improved physical health clinical care pathways for general adult and psychiatry of later life service users admitted to the acute unit.		
Deliver agreed stepped model of care for those who are homeless and with mental illness.	Support the delivery of the model of care for those who are homeless and with mental illness as required.	Q1-Q4	Executive Management Team
Improve compliance through monitoring services, in collaboration with the Mental Health Commission (MHC), to achieve real time oversight supported by ICT automation.	Participate in the roll out of the MHC ICT system as required.	Q1-Q4	Executive Management Team
Implement the HSE *Best Practice Guidance for Mental Health Services*, including development and delivery of training and reporting for quality surveillance.	Roll out the process of self-assessment under Best Practice Guidance for Mental Health Services across Community Healthcare East Mental Health Services throughout 2019. Consideration of information uploaded onto the GAIT by participating teams will be a standing agenda item for the ECD and Local Quality and Patient Safety Committees. All 8 Best Practice Champions will continue to provide training and on-going support to teams in the implementation of Best Practice Guidance. Roll out of Best Practice will be a standing agenda item for the Executive Management Team in order to progress further roll out and resolve any issues arising.	Q1-Q4 Q1-Q4 Q1-Q4	ECD and Local QPS Committees. Executive Management Team Executive Management Team

Implement a revised HSE *Incident Management Framework 2018*.	Monitor the implementation of recommendations through a Quality and Safety Improvement Plan. Support and facilitate Multi-Disciplinary teams to review incidents using an After Action Review Approach. Build on and enhance the Quality and Safety Training Programme for Mental Health Services by delivering a number of training sessions locally as identified by the service. Strengthen governance structures for quality, safety, risk management, incident reporting/ management.	Q1-Q4	Quality and Safety Advisors

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

Priority	Priority Action	Timeline	Lead
Improve mental health engagement in the design and delivery of services through the further development of forums in each CHO, in conjunction with service users, family members and carers and the development of standardised reimbursement methods.	Build appropriate personal and community capacity for people in our community to effectively collaborate with policy and operations groups in our service. Develop effective collaborative working through the agreed governance structures for Local and Area MHE Forums.	Q1-Q3	Lead for Mental Health Engagement
	Ensure that each operations and management team has the consistent resource of an appropriate MHE forum. Build the capacity of the Area MHE forum to ensure that our area develops broad cross-sector, community alliances to promote improved mental health services.	Q1-Q3	Lead for Mental Health Engagement
	Develop, implement and promote visitor feedback system through monthly review at all points of daily service delivery (excludes Homes, Hostels and Approved Centres). Ensure that the comments of people using our	Q1	Recovery Committee and Engagement Office

	services are considered by appropriate MHE forums and flagged for action to operations and management teams.		
	Establish local Advancing Recovery in Ireland (ARI) Committee across the CHO for adult services.	Q1-Q4	Recovery Committee
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*.	Continue the development of improved and recovery orientated individual care planning in the Approved Centres and progress to use this new standardised approach in the community.	Q1-Q4	Executive Clinical Director and Clinical Directors
Develop a plan of implementation of the mental health engagement standards to ensure a consistent national model of engagement by service users and carers.	Participate in the development of a national model of engagement by service users and carers as required.	Q1-Q4	Lead of Mental Health Engagement
Implement the recently developed CAMHs advocacy model.	Lucena Clinic will continue to engage with young people through the “recovery for young people committee” Lucena Clinic will continue to develop the carer advocacy in CAMHS model.	Q1-Q4	Lucena Quality Improvement Co-ordinator / Lead of Mental Health Engagement

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

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
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.	Working with the Head of HR it is planned to recruit a Medical Manpower Manager to assist MH Services to further develop and enhance the a MH Workforce Plan for 2019/20. A revised model for 1:1 engagement between managers and their teams will consider the most effective approach to CPD and enhanced leadership development. Address critical staffing challenges in mental health nursing. Continue to support and develop the undergraduate and postgraduate nursing programmes.		
Commence the design and implementation of additional quality and performance indicators in mental health services aligned to increased / new services.	Participate, as required, with the design and implementation of additional quality and performance indicators in mental health services aligned to increased / new services.	Q1-Q4	Executive Management Team
Participate in the development of a HSE-wide programme for the implementation of the assisted decision-making legislation in mental health services delivery.	Participate, as required, in the development of a HSE-wide programme for the implementation of the assisted decision-making legislation in mental health services delivery.	Q1-Q4	Executive Management Team

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.	Participate, as required.	Q1-Q4	National
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.	Review of process introduced in 2018 for one to one meetings.	Q1-Q4	Executive Management Team

Disability Services

Services Provided

Throughout the catchment area of Community Healthcare East, a wide range of disability services are provided to those with physical, sensory, intellectual disability and autism. Disability services aim to enable people with disabilities to maximise their full potential, while living as independently as possible. Disability services seek to ensure that the voices of service users and their families are heard, in the processes of planning and improving services to meet their needs.

Disability services are provided by statutory, voluntary and for profit care providers to those with physical, sensory, intellectual disability and autism. Over 80% of services provided through the Community Healthcare East organisation are delivered through partnership with the voluntary care sector. This sector is a mixture of agencies funded by the HSE through Section 38 and Section 39 funding, and totals in excess of 50 providers. A number of these services are of high volume, and high complexity, such as those delivered by the National Rehabilitation Hospital and large Section 38 providers such as Sunbeam House Services and St John of God (Carmona services). Others are smaller providers delivering services such as home support and personal assistance.

It is important to recognise that the needs of people with a disability extend well beyond health service provision. The health service participates fully with other government departments and services in the development of cross-sectoral strategies to maximise access to a wide range of services and supports for people with disabilities.

Within the budget allocation to Community Healthcare East for Disability Services:

- 735 people with a disability are supported by a range of residential supports.
- 1,637 people with disabilities access day places and supports in over 65 locations throughout Community Healthcare East.
- Each quarter:
  400 people with disabilities avail of respite care.

Approximately 605 people with complex disabilities avail of over 98,000 hours of personal assistant / home support hours. The majority of these services are nursing and/or care delivered with appropriate clinical governance provided by Primary Care practitioners/professionals.

Issues and Opportunities

The increase in funding for disability services in recent years is welcome. As with the general population, people with intellectual disabilities are living longer for a number of reasons, including an improvement in general health as well as the positive impact of appropriate person-centred care delivery. About 15% of people aged over 60 years, and who have an intellectual disability 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 disability, collaborative working is required across the wider health and social care setting with the aim of improving access to services for all people with a disability. Future service need will include providing for demographic change and addressing the current backlog of service need.

It is important to recognise that the needs of people with a disability extend well beyond health service provision, and the health service will continue to work closely with other government departments and services in the development of cross-sectoral strategies, to maximise access to services and supports for people with disabilities. Community Healthcare East Disability Department works closely with its colleagues in Health & Wellbeing towards achieving goals which are set out in the Healthy Ireland Strategy. This involves ongoing liaison with the Local Authorities within the catchment of Community Healthcare East as well as working with the Department of Education and Skills. The Disability Service also works in close partnership with TUSLA in terms of planning for, and delivering services to, children in the care of that agency.

Community Healthcare East has an approved budget of just over € 113m for staturory services in 2019 with an additional budget of just over € 88m dedicated to the non-statutory sector bringing the total allocation to almost € 199m which is inclusive of all approved developments and pay cost pressures in 2019. Community Healthcare East will work to identify and secure emergency residential placements for at least 10 additional clients in 2019, within the allocated budget of €1.66m specifically provided for this purpose while working closely with the non-statutory sector to maximise potential capacity form within the overall resource base of the Community heathcare Area.

Within Disability Services there is 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 relates to residential care. The strategy supports the transition of people from institutional settings to community-based living. Working with six agencies 111 clients have been identified with 19 planned to transition from congregated settings in Community Healthcare East in 2019. The transition from institutional settings to community living is being supported by the Service Reform Fund, a partnership arrangement between Atlantic Philanthropies, the Department of Health, Genio and the HSE However, significant additional revenue and capital resources will be required to fully implement the totality of the reform programme within Community Healthcare East.

New Directions Programme is improving day services and supports, and aims to meet the needs of school leavers and those graduating from rehabilitative training in 2019. Community Healthcare East has submitted an action plan to enhance the level of oversight and planning for 2019 and following years in this regard. Community Healthcare East will be formalising a business plan in this regard by the end of the first quarter 2019. The following points are the key areas of focus for this action plan:

- Sharing learning of ways of communicating key principles of New Directions to service users
- Inter-agency collaboration to develop joint programmes with mainstream providers
- Best practice day on the theme of New Directions is planned for Autumn 2019.

- Enhance the oversight of current and planned day care services
- New services with specific focus on client needs and service settings in line with New Directions.

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

As we move through our programme of reform and consolidation of the disability sector, striking the appropriate balance in relation to the competing need for resources across the national policy objectives has become increasingly challenging.
A significant underlying challenge in disability services 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 list. These service responses are of major concern as they account for a significant portion of the Disability overspend.

According to the Community Healthcare East local planning database the projected need for those requiring emergency residential and respite placements over the period 2019-2020, is in excess of 150 persons. The ability of Community Healthcare East to meet a significant proportion of this presenting need will depend on additional supports being provided through the National Social Care Division.

An additional financial provision of € 1.66m has been provided which will be directed to supporting an additional 10 persons in 2019. Community Healthcare East recognises the unmet need in providing respite services particularly for those graduating from school and those who have been supported by families where these supports are no longer able, in their own right, to continue to meet the needs of individuals concerned. Community Healthcare East will review all potential opportunities to develop capacity for Respite Services and will continue to advocate for additional funding in this regard.

At the same time, the disability sector is working hard to maintain an appropriate level of compliance with the national standards in Designated Centres as regulated by HIQA. While compliance with HIQA standards has significantly improved, work continues across a range of our residential centres, in order to achieve a higher level of compliance and to maintain the improvements and achievements within the regulatory framework achieved during 2018. Community Healthcare East, through partnership with the voluntary sector, enables the operation of 72 Designated Centres catering for in excess of 735 people. All of these centres achieve registration as Designated Centres in 2019 through close co-operation between the Providers, the HSE and the Regulatory Authority (HIQA).

While we will continue to work with CHOs, voluntary sector partners and private providers in addressing service requirements, a critical challenge for 2019 and future years will be the development of a more sustainable model of service and supports which achieve these key policy objectives within the resources available, and the timelines required to achieve HIQA standards.

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. Community Healthcare East has completed a comprehensive mapping of all resources in this regard and will endeavour to populate all seven Community Disability Network Teams during the course of 2019. Community Healthcare East will also strategically target any new investment secured through the additional Assessment of Needs posts identified in Budget 2018.

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 staff and / or overtime will be strictly controlled. The Disabilities Directorate in association with its partner agencies in the Voluntary Sector will fully engage and monitor it's staffing complement within the context of the new combined employment ceiling and budgetary control measures to be introduced in quarter 1 2019.

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 Department of Health, 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 level of compliance in accordance with national standards.
- Progress implementation of the national policy for reform of the disability services *Transforming Lives* - the programme for implementing the *Value for Money and Policy Review of Disability Services in Ireland, 2012*.

Disability Act 2005 – Assessment of Need

- Deploy resources earmarked within the National Social Care divisions National Service Delivery Plan for the assessment of need. A number of posts are to be recruited in 2019 and deployed in addition to existing posts to focus on the revised operating procedures in the Assessment of Need process.

- Progressing Disability Services for Children and Young People (0-18) Programme. Community Healthcare East is working with its Divisional colleagues and partners within Community Healthcare East Primary Care services to enable a structured and planned approach to the implementation of this policy throughout 2019. The roll-out of this policy has been initiatied with recruitment of community disability network managers in quarter 2 and population of the seven teams by the end of the third quarter 2019.

- The targets set out above with regard to Progressing Disabilities once achieved, will enable Community Healthcare East to commence the implementation of the National access Policy in Q4 2019.

Residential services

- Continue to provide 735 residential places and deliver 10 new residential places to address identified priorities in 2019.

- Progress implementation of *Time to Move on from Congregated Settings – A Strategy for Community Inclusion* with a further 19 people with disabilities supported to transition to homes in the community in 2019 in Community Healthcare East. This is supported by the disability capital programme and progress will need continued support from a revenue cost perspective.

Respite services

- Continue to provide centre-based respite and alternative innovative models of day respite to 400 people with disabilities.

- Continue to monitor service developments initiated in 2018 to ensure best use of resources and improved access for persons awaiting respite services within Community Healthcare East.

- Review all opportunities for the further development of child and adult respite services within Community Healthcare East through the Residential Consultative Forum.

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. Community Healthcare East will continue to work with colleagues through the local governance group established in 2017. Particular priority will be a focus on evaluating outcomes from the two learning pilot sites to inform broader implementation of this policy in 2019.

- Continue to provide adult day services and supports for approximately 1,637 adults with physical and sensory disabilities, intellectual disability and autism in over 66 service locations throughout Community Healthcare East.

- 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 for young people.

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

- Continue to work with National Office on the development of service improvement plans to strengthen the quality of day services being provided.

PA and home support

- Continue to deliver Home Support and Personal Assistance hours to almost 605 people with disabilities in Community Healthcare East.

- Continue to recycle and review all existing home support packages in terms of meeting priority applications arising or anticipated during 2019.

- Continue to utilise access to Intensive Home Support Packges where recycling of existing resources are permitted through Nationally funded programme.

Neuro-rehabilitation implementation

Community Healthcare East will work closely with partners in the voluntary sector to fully reconfigure Neuro Rehab Services within its Demonstration Site to enable appropriate service provision and further learning in line with the National Policy & Strategy for the provision of Neuro-Rehabilitation Services in Ireland.

Autistic spectrum disorder review

Community Healthcare East will participate in the implementation of the recommendations arising from the 'Review of the Health Services for Individuals with Autism Spectrum Disorder', carried out in 2017. Community Healthcare East will continue to support the provision of services through Beechpark Regional Services while transitioning to Community Disability Newtwork Teams in line with the implementation plan for the Progressing Disabilities policy.

Personal budgets demonstration projects

- Community Healthcare East will participate in the pilot projects for the implementation of personalised budgets.

- Community Healthcare East will work with national office to progress the implementation of a standardised assessment tool with a view to wider implementation across all disability services.

Service arrangements

Review Part 1 and Part 2 of the service arrangements for Section 38, 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. Community Healthcare East works with over 200 agencies in this regard: Four organisations under Section 38 agreements, 45 organisations under Section 39 arrangements/agreements and 27 private service providers.

Safeguarding vulnerable adults

Continue the implementation of *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures, 2014* and the programme of system wide change led by the National Task Force, to ensure quality and safety of all services through empowering and safeguarding vulnerable people. Community Healthcare East is actively participating in the National Review of Safeguarding which is informed through engagement with key stakeholders and through partnership working within Community Healthcare East's Safeguarding Committee.

Tusla Joint Protocol

- Community Healthcare East is fully engaged in the operation of the joint protocol agreed with Tusla. The Head of Social Care has engaged the participation of all Heads of Service and appropriate third party agencies to fully consider and plan for the operational requirements outlined in the joint protocol.

- Structured escalation processes are in place towards the pro-active management of cases accross both agencies.
- Community Healthcare East is fully cognisant of its obligations arising from recommendations contained in the Molly report and has structured engagement with TUSLA in this regard.

Implementing Priorities in 2019

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

Priority	Priority Action	Timeline	Lead
Promote the health and wellbeing of o persons with a disability	Community Healthcare East will develop strategic and collaborative working alliances with our colleagues in Primary Care and Local Authorities and Community Sector as part of the Healthy Ireland in the Health Services Implementation Plan.	Q1-Q4	Head of Social Care
	Community Healthcare East will continue to implement the HSE Tobacco Free Campus Policy particularly in sites incorporating residential services for the people with disabilities.	Q1-Q4	GM/Disabilities CHE
Continue to support the provision of day care services	Continue to protect and develop the level of day care services through statutory services and in accordance with current Service Arrangements with voluntary providers.	Q1-Q4	GM/Disabilities CHE
	Continue to monitor the use of day care services and waiting lists in association with these services and develop further based on required need and in line with available resources.	Q1-Q4	

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

Priority	Priority Action	Timeline	Lead
Transforming Lives Operational Implementation	Community Healthcare East will continue to work with National Social Care Division (Disabilities) in the implementation of the national policy for reform of disability services, Transforming Lives, through assisting with: - The development of a strategic five year framework to support multi-annual planning for residential care services and community supports taking account of national database projections and the need to develop sustainable models of services which achieve HIQA compliance within approved timeframes (such as additional places and changing needs). - Supporting the recommendations of the taskforce on personalised budgets, arising from *A Programme for a Partnership Government, 2016.* - Advancing the implementation of a standardised assessment tool for disability services.	Q1-4	General Manager Disabilities
	Community Healthcare East will participate in the development of cross-sectoral strategies, including the *National Disability Inclusion Strategy 2017-2021* and the *Comprehensive Employment Strategy for People with Disabilities 2015-2024*, as well as enhanced cross-sectoral working on children's disability issues.	Q1-Q4	General Manager Disabilities
Time to move on from Congregated Settings 2011	Enable the transition of 19 people from large congregated settings to community based service model in line with 2019 plans. Complete the transition of 8 persons already commenced in 2018. The implementation plans will identify how service providers will transition residents from congregated settings into the community in line with policy and determine how key actions and milestones will be achieved in 2019.	Q1-Q4	General Manager Disabilities
	Ensure all relevant services have developed specific local communication plans in line with "Time to Move on" from Congregated settings guidance documents.	Q1-Q4	General Manager Disabilities
New Directions Policy - Implementation	Community Healthcare East will progress implementation of New Directions national policy in the provision of additional day service supports for approximately 193 young people leaving school or	Q1-Q4	OG Manager/CHE

	graduating from rehabilitative training programmes in 2019.		
	Complete a training needs analysis to develop a schedule for person centred planning training in line with identified priorities.	Q2	OG Manager/CHE
	Participate in the work required to ensure that accurate data is collated in regard to the total cohort currently in receipt of day services.	Q1-Q4	OG Manager/CHE
	Community Healthcare East will participate in work to Develop rehabilitative training programmes focused on the transition of young people from school to HSE funded services.	Q1-Q4	OG Manager/CHE
Progressing Disability Services and Young People (0-18s) Programme	Complete reconfiguration of 0-18's disability service into 7 Community Disability Network Teams in Community Healthcare East to increase the integration of services while improving access to specialist disability services across the area. Implement the National Access Policy in collaboration with Primary Care to ensure one clear pathway for access for all children with a disability.	Q2-Q3 Q4	Head of Service
	Community Healthcare East will participate in the development of appropriate ICT processes and systems to support the PD model of care & to facilitate the integrated model of care for children services between Primary Care and Disability Network Teams.	Q1-Q4	PD Lead
	Community Healthcare East will work to implement the report of the Inter-Departmental Group on Supporting Access to Early Childhood Care and Education Programme for Children with a Disability, (AIM - Access and Inclusion Model) with the provision of appropriate resources and monitor responsiveness of services to meeting the needs of AIM.	Q1-Q4	General Manager Disabilities
Disability Act	Community Healthcare East will seek to achieve full compliance in completion of Assessment of Need within the timescales set out in the Disability Act. Community Healthcare East will implement revised agreed Assesment of Need protocols.	Q1-Q4	General Manager Disabilities
Progress implementation of the National Policy & Strategy for the Provision of Neuro Rehabilitation Services	Community Healthcare East will work in partnership with Community Healthcare Organisation South Dublin/Kildare/West Wicklow, voluntary sector providers and partners within the acute care sector to establish a demonstration project towards the evaluation of a managed clinical neuro-rehabilitation network within its operational Area.	Q1-Q4	Head of Service

Provision of additional respite & support services	Community Healthcare East will continue to develop resources for the provision of additional respite opportunities in 2019. Community Healthcare East are reviewing developments undertaken in 2018 to ensure full utilisation of capacity developed in this regard and to further develop additionl respite option for adults in South Dublin: - 1 x additional 3 bed adult respite development plan for 2019. - 1 existing respite house to provide an additional 13 adult respite places.	Q1-4	General Manager Disabilities

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

Priority	Priority Action	Timeline	Lead
Implement Safeguarding Vulnerable Persons at Risk of Abuse Policy & Assisted Decision Making	Embed operation of the national review panel for disability serices across Community Healthcare East - Co-operate with the completion of the review of the *Safeguarding Vulnerable Persons at Risk of Abuse Policy,* having regard to the emerging legislation on assisted decision making. - Influence the Review of the National Safeguarding Policy through the Community Helathcare East Safeguarding Committee.	Q1-Q4	Head of Service/Principal Social Worker – Safeguarding Team
Service Arrangements	Ensure Completion of SLA's – Complete Service Schedules for services commissioned by disabilities services within nationally agreed timelines. All SLA's to be completed by Community Healthcare East by 28th February 2019. Improve the Community Healthcare East compliance monitoring programme.	Q1-Q4	Business Support Manager
	Seek assurance from funded agencies that relevant national policies referenced within SLA's are rigorously adopted and implemented i.e. Protection of Vulnerable Adult Policy, Children First Policy, service user and family engagement, identification of training needs for staff, management of adverse events and risk management.	Q1-Q4	Head of Service

Open Disclosure	Provide assurance that the *Open Disclosure Policy* is in place and demonstrate implementation by having a named open disclosure lead for Community Healthcare East.	Q1-Q4	Head of Service

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

Priority	Priority Action	Timeline	Lead
Continue to develop our workforce to ensure the delivery of a person centred social care model of service	Realign workforce to person-centred social care model with a specific focus on congregated settings (voluntary and statutory).	Q1-Q4	Head of Service
	Develop staff engagement structures as part of the reform process, implement proposals regarding the matching of staffing levels and skill-mix to care needs requirements across all public residential care services.	Q1-Q4	Head of Service

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

	Priority Action	Timeline	Lead
Enhance governance for Quality & Safety	Establish Residents Councils / Family Forums / Service User Panels or equivalent in Social Care.	Q4	General Manager/Head of Service
	Community Healthcare East will ensure that the following committees are established and/or are participated in at Chief Officer level: • Quality & Safety Committee • HCAI or Infection Control Committee • Drugs and Therapeutic Committee • Health & Safety Committee	Q1	Head of Service
	Maintain a process to ensure the recommendations of any serious investigations are implemented, and that learning is shared including SRE's/Serious Incident Investigations.	Each Q	Head of Service
	Community Healthcare East will continue to maintain an active integrated Social Care Risk Register.	Each Q	Head of Service

Older Persons Services

Services provided

Older persons services are delivered through a community-based approach, supporting older people to live in their own homes and communities and, when needed, provide high quality residential care. A wide range of services are provided including home supports, short stay and long stay residential care, transitional care and day care. These are provided through HSE direct provision and through voluntary and private providers.

The Chief Officer is committed to reforming our services in order to continue to develop high quality services which will meet the assessed needs of the individual. There is a committment to ensure that services represent value for money and provide assistance to the greatest possible number of individuals within the finite resources available to the older persons function within Community Healthcare East. This involves reviewing existing models of service provision and the associated resourcing in order to develop potential models of care delivery, which may offer alternatives to care in the home or indeed to full residential care. The organisation will continue to support the provision of Intensive Home Care support packages for clients with Dementia and consider individualised care solutions where these are appropriate, sustainable and are proven to meet the needs of our clients and their families.

Community Healthcare East has an approved budget of just over € 44.5m for staturory services in 2019 with an additional budget of almost € 19m (net of Nursing Home Support income) dedicated to the non-statutory sector bringing the total allocation to almost € 64m which is inclusive of all approved developments and pay cost pressures in 2019. Community Healthcare East will work to secure the maximum service benefits through this investmnent while focusing primarily on the Regulatory framework within residential services while at the same time ensuring the delivery of a quality focused accounable sector under the Home Support heading. Community Healthcare East will continue to work closely with the Acute Care and rehabilitation sector to ensure maximum integration of services and the approptiate streamlining of patient care pathways based on joint planning locally and initiative advised by the appropriate Clinical Care programmes.

The following were some of the significant achievements of the Social Care Division Older Persons Services in the year 2018.

- Commencement of refurbishment project in Dalkey Community Nursing Unit in October 2018 targeted for completion in May 2019.
- Community Healthcare East maintained all public and voluntary designated centres for older persons at full capacity during 2018 in the face of ongoing regulatory challenges.
- Community Healthcare East continued the expansion of services provided by the Integrated Care Team (with partners in SVUH) though the development of community bed capacity and expansion of home care options.
- Community Healthcare East exceeded its home support target for older persons during 2018 *(target 1.135m hours, delivered 1.302m)*.
- Community Healthcare East supported 10 voluntary support agencies for Older Persons through National lottery funding in 2018.

In 2019, there will be measures within older persons services to improve unscheduled care access through investment nationally of a total of €25m in additional home support, transitional care and bed capacity in rehabilitation settings. Community Healthcare East will:

- Continue to enable transitional care approvals, for those persons presenting for services, in line with the €3.55m allocated for transitional care nationally.

- Enable complex case discharges from acute hospitals in line with the National Older Persons funding provision of €0.85m nationally.

- Ensure that an additional 2 beds in the National Rehabilitation Hospital are deployed and that the current 6 paediatric in-patient beds remain operational throughout 2019 in line with increased funding provided through Service Arrangement as re-enforced through the Winter Plan 2018/2019.

- Community Healthcare East will continue to pursue additional short-stay bed capacity (10 beds) within the Royal Hospital Donnybrook as referenced in the Winter Plan 2018/2019.

Funding has also been provided on an on-going basis to support older people with dementia, who have high needs, to live in their own homes. With the overall budget nationally of €9m for intensive home care packages (IHCPs), the innovative investment provided over the past number of years as a joint agreement between Atlantic Philanthropies, the Department of Health and the HSE, will be sustained on an on-going basis. Community Healthcare East currently has 25 persons availing of IHCPs.

The Nursing Homes Support Scheme (NHSS) is forecast in 2019 to support 23,334 people in residential care nationally at year end, with a budget of almost €962m. It is expected that over 600) people will benefit from the Nursing Home Support Scheme in Community Healthcare East in 2019.

The on-going implementation of *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures, 2014* is a key service provision for older persons who may be vulnerable and requiring support, whether they are in their own homes or in residential care.

Community Healthcare East will continue to advocate for a co-ordinated, statutory based cross sectoral approach to Safeguarding through its Safeguarding Committee and representaion on the National review programme.

Issues and Opportunities

In 2019, home support services will continue to be delivered through a single funding model and we will examine options in relation to unifying appropriate home support services for both older people and those with a disability. Community Healthcare East has received a revised allocation/budget of €30.833m in 2019 with planned delivery of 1,350,000 hours of care. These targets will be closely reviewed in 2019 to take account of any potential service delivery challenges and/or cost increasing implications. Community Healthcare East will continue to closely review performance with Providers under tender 2018 to ensure timely responses to care need and assure quality of the service delivered

Community and acute hospital services will continue to develop integrated working arrangements across the health and social care settings to ensure the successful delivery of a range of services to support older people to return to, or remain at home for as long as possible.

Support to carers is vital in their work in maintaining older people in their own homes and communities. Identifying such carers as early as possible is of critical importance if they are to be supported to maintain their caring role. The introduction of the Carer's Needs Assessment Tool will be a key step in helping to identify carers at all stages, and to identify the supports required.

We will continue to review and improve service delivery in residential care centres with emphasis on a person-centred care approach. All Persons in Charge will continue to work in a structured collborative manner to share learning and inform improvement plans across the sector within Community Healthcare East.

We will review the use of our current short stay bed stock to maximise supports for acute hospital discharge and facilitate hospital avoidance. Community Healthcare East has a mechanism in place to evlauate bed usage in this regard and a further focus in 2019 will be on the length of stay particularly in high dependancy rehabilitation beds.

Maintaining the required workforce and skill set is a challenge across all services and has led to a reliance on agency staffing particularly in residential care services. With the support of the Department of Health, agreeing a model of residential care staffing and skill mix is a priority for 2019 to assist in developing a sustainable recruitment and retention process. The Department of Health-led value for money (VFM) study outcome will help inform this process.

Similarly, home support providers have experienced issues with recruitment leading to some delays in the delivery of home support services. We will continue to work with providers in the context of the outcome of the Tender 2018 in developing home support services in a sustainable way. The implementation of *The Irish National Dementia Strategy* progresses with a focus on developing care pathways across all care settings, implementing flexible and personalised approaches to care provision and improving access to diagnostic services and early intervention. One of the biggest challenges is the growing number of people living with dementia, many of whom have complex care needs, and the demands that this places on available services.

The support of communities and voluntary agencies, is hugely valued in both social and health service provision. Integration of services including local and community based activity is a fundamental key to maintaining older people at home.

Priorities and Actions

Home support

- Support the development of plans for a new statutory scheme and system of regulation for home support services. Community Healthcare East will participate and inform National planning from local experience in the delivery of this service

- Strengthen our governance and management capability and work with our home support service providers to improve the quality and reliability of service to recipients, through new procurement arrangements. Community Healthcare East will strengthen it's audit and monitoring capabilities in 2019.

- Provide additional home support resources to a level of 1.350m hours to an average of 4,500 people, at any one time.

- Target resources towards those that are in hospital and who need home support to return home; this will benefit over 135 patients particularly over the winter surge period as advised and resourced within the Winter Plan 2018/2019.

- Community Healthcare East has an increased allocation to home support of €30.8m in 2019 inclusive of specific usage Home Supports as determined in the Winter Plan 2018/2019.

Improve environmental facilities for residents of long term residential care settings in line with standards informed through regulations and as permitted within the Capital Plan 2016-2021.

Residential and transitional care

- Continue to provide a wide range of short stay beds in the community with additional capacity of 22 beds, particularly over the winter period at the Royal Hospital, Donnybrook, the Alzheimer Society of Ireland, Blackrock and the National Rehabilitation Hospital. This will bring the total available number of short stay beds to in excess of 250 within the Voluntary and Statutory sectors. Community Healthcare East will continue to work with its partners in the acute care sector to harness the additional capacity in the private nursing homes sector through the appropriate use of transitional care supports as provided through the National HSE Social care Division and further re-enforced in the joint Hospital/Community Winter Plan for 2018/2019.

- Community Healthcare East will continue to work with our Voluntary Care Providers and the Regulator to provide in excess of 375 beds within the Residentail Care sector for Older persons.

- Transitional care funding has been increased to address the increased demand from acute hospitals in supporting discharge from hospital to residential care settings. Community Healthcare East will continue to support 70-80 approvals per month, for acute hospitals within its catchment area, to enable pateints to move swiftly to more appropriate care settings.

Nursing Homes Support Scheme

- Community Healthcare East will continue to work with the National Home Support Office to administer the NHSS within the available budget, and to implement the outstanding recommendations of the review of the scheme. While every effort will be made to maintain the waiting list for funding under the Scheme at the lowest level possible, it is anticipated that waiting times will increase in the course of the year.
- Community Healthcare East will further develop linkages between Designated Centres and the Local Placement Forum to enable advance planning of admissions where client choice is a key consideration.

Dementia services

- We will maintain the current provision of memory technology resource rooms across two sites in Community Healthcare East providing a network of resources for people with dementia and their families / carers.

- Community Healthcare East will continue to participate in the roll-out of the Dementia Understand Together campaign with a specific focus on community activation.

- Community Healthcare East will assist in the implementation of the learning and outcomes from the HSE / Genio-supported dementia specific initiatives which focus on personalised and flexible approaches to care.

- Community Healthcare East will further examine opportunities for the development of additional day care and respite supports for persons with dementia and will work collaboratively with voluntary agencies within Community Healthcare East in this regard.

Voluntary and community sector

- Continue to provide day care services of 2,200 places per week to support older people across 20 day care centres in Community Healthcare East. There are a broad range of other community and voluntary services which provide meals on wheels, social satellite services, befriending services etc. to older people.

- Community Healthcare East will continue to support voluntary meals on wheels through information provision, logistical support and through capitation payments to supplement meals costs.

- Community Healthcare East and its Voluntary partners will continue to provide meals (directly) to over 2000 individuals weekly.

Safeguarding

- Community Healthcare East will participate in the final review of the National Safeguarding Policy to ensure that the learning from its local implementation over previous years is reflected to the fullest extent. Community Healthcare East will continue to strengthen its local safeguarding committee to ensure appropriate cross-sectoral representation from relevant statutory and voluntary parners in Community Healthcare East's operational area.

- This area will prepare for the Introduction of HIQA / MHC New National Standards in Adult Safeguarding

- Support the development of the Department of Health National Policy, in Adult Safeguarding.

Integrated Care Programme (ICP) for Older People

A range of initiatives to progress the roll-out of the ICP for Older People is in place.
The current programme provides specialist care, bridging hospital and community services, and is effective in reducing Emergency Department attendances and admission.

- Community Healthcare East will work with National Office to continue to develop and embed new models of integrated care in 2019. 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, Single Assessment Tool (SAT).

- Community Healthcare East will continue to develop its partnership pilot with St. Vincent's University Hospital in the form of the Integrated Care Team for Frail Older Persons. Learning from the pilot will inform the future direction of the team throughout quarter three and four 2019.

- Community Healthcare East will co-operate with colleagues within the acute and primary care sectors to ensure the benefits arising from the appointment of Advanced Nurse Practitioners are realised for older persons thereby enabling hospital avoidance and rapid discharge where hospital admissions are necessary.

Falls prevention and bone health

Community Healthcare East will participate in the AFFINITY and Bone Health programme across all services in developing an integrated approach to the prevention and management of falls.

Single Assessment Tool (SAT)

- Influence service delivery and planning for Older Persons Strategy, through reviewing and optimising options in relation to Single Assessment Tool (SAT) roll-out across home care and residential services for older people.

- Community Healthcare East will recruit two clinical educator posts by Q1 of 2019.

- Community Healthcare East has selected two pilot sites to commence SAT education, one community and one acute care setting to focus on Home Support and Nursing Home support processes.

- Develop a module specifically for carers, and support its implementation.

Service Arrangements/Compliance

- Strengthen accountability and compliance across all services, review contractor arrangements and improve service response. Community Healthcare East has three statutory residential units and commissions services through arrangements with three Section 38 providers, approximately 40 Section 39 voluntary providers, as well as, in excess of 30 private providers.

- Community Healthcare East will strengthen governance and oversight obligations in 2019 through focused monitoring in line with compliance statements, and through further deployment of a Contracts Management Unit which will be piloted in Community Healthcare East in 2019.

Cost Reduction and Economies

A key task for 2019 is to maintain current services within the envelope of funding provided, and to do so in a cost effective manner while maintaining, and where possible improving, the quality of the service itself. A range of measures will be implemented in order to achieve these economies in order to deliver on the key performance measures outlined in the plan. If the full value of the measures are not realised every effort will be made to minimise the impact on service provision in the course of the year. These measures include:

- Reduction of reliance on agency and over-time particularly in residential care settings. Community Healthcare East will define specific targets in this regard for its statutory services and for partner agencies in the voluntary sector where appropriate.
- Prioritisation of services to those most in need based on risk assessment, particularly in the area of home support.
- Agreeing and implementing the required workforce skill-mix and staffing levels in public residential care settings with support from the Department of Health.
- Efficiencies in non-pay areas including procurement, travel and subsistence costs, etc.
- Ongoing review of all activitity in designated centres and short-stay facilities will be enhanced throughout 2019 to build on progress achieved during 2017/2018.
- Review and challenge costs of care by centre through individualised value improvement initiatives.
- Review of voluntary providers, to identify areas of duplication or ineffectiveness, in order to streamline service provision.

It is recognised that such cost reducing measures are difficult to achieve, particularly at a time of scarcity of staff in key areas, which has driven a reliance on more expensive pay costs such as agency recruitment. There will have to be a particular project management focus supported by Human Resources and Health Business Services if savings are to be achieved to the levels required.

In the event of such measures not being achieved, it will be necessary to reduce levels of home support and residential care across Community Healthcare East.

Implementing Priorities in 2019

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

Priority	Priority Action	Timeline	Lead
Promote the health and wellbeing of older persons facilitating them to stay active and well for as long as possible	Community Healthcare East will develop strategic and collaborative working alliances with our colleagues in Primary Care and Local Authorities and Community Sector as part of the Positive Ageing Strategy and Healthy Ireland in the Health Services Implementation Plan.	Q1-Q4	Head of Social Care
	Community Healthcare East will continue to implement the HSE Tobacco Free Campus Policy particularly in sites incorporating residential services for the elderly.	Q1-Q4	General Manager Older Persons
	Progress the implementation of Healthy Ireland in the Health Services National Implementation Plan 2015-2017 and the Positive Ageing Strategy.	Q1-Q4	Head of Social Care
Continue to support the provision of day care services	Continue to protect and develop the level of day care services through statutory services and in accordance with current Service Arrangements with voluntary providers through the following: - Clonskeagh Community Nursing Unit - Dalkey Nursing Unit - St. Colman's Residential Centre, Rathdrum - Leopardstown Park Hospital - Royal Hospital Donnybrook - St. Josephs, Crinken - Heskin Court - Alzheimers Society of Ireland - 7 other voluntary service providers Continue to monitor the use of day care services and waiting lists in association with these services and develop further based on required need and in line with available resources.	Q1-Q4 Q1-Q4	General Manager Older Persons
	Continue to develop an integrated care pathway for falls prevention and bone health in partnership with colleagues in primary care, taking the learning from the original pilot sites in line with National Policy.	Q1-Q4	General Manager Older Persons
The National Carers'	Continue to develop engagement with carer and other stakeholders for implementing the	Q1-Q4	General Manager Older

Strategy, 2012	recommendations in the National Carers Strategy		Persons
	Community Healthcare East has identified two pilot project sites within its operational area and will continue to work closely with National Social Care in relation to the implementation of the SAT project. Progress implementation of SAT across Community Healthcare East for assessment of care needs for older people seeking access to community care and long stay residential care. Progress recruitment of 2 SAT Clinical Educators in Community Healthcare East.	Q1-Q4	General Manager Older Persons
Implement The Irish National Dementia Strategy, 2014	Community Healthcare East will work closely with National Dementia Office in the evaluation and further development of Dementia specific support initiatives such as: - Living Well with Dementia Project - Dementia In Home Respite - Wicklow Dementia Support Project	Q1-Q4	General Manager Older Persons

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

Priority	Priority Action	Timeline	Lead
Provide older people with appropriate supports following an acute hospital episode focusing on delayed discharges and to prevent hospital admissions.	Community Healthcare East expects to provide in excess of 70 transitional care arrangements monthly in order to support the acute hospital sector as part of the 2018 / 2019 winter measures. Community Healthcare East intends to deliver Home Support to 4,349 older people at any one time to enable them to return to, or remain at, home for as long as appropriate to their needs. Community Healthcare East intend to deliver 1,350,000 Home Support Hours annually to enable older people to return to, or remain at, home for as long as appropriate to their needs.	Q1-Q4 Q1-Q4 Q1-Q4	General Manager Older Persons
Continue to provide Intensive HCP's	Provide IHCPs, including IHCPs for persons with dementia, to 25 people at any one time, delivering an estimated 43,500 intensive support hours in 2019 (in addition to Home Support 1.302m hours).	Q1-Q4	General Manager Older Persons
Implement the single funding	Community Healthcare East will work with the National Social Care (Older Persons) Division to:		Head of Social Care

model for home support services and improve quality of service through review and audit, and as part of an overall home support service improvement plan	Commence a single funding home support service for older people. Implement consumer directed home support. Progress implementation of National Standards for Safer Better Healthcare as applicable to home support for older people.	Q1-Q4 Q1-Q4 Q1-Q4	
Transitional Care	Enhance transition of older persons across community, voluntary and acute sectors by revising protocols, improving communications and establishing collaborative work-streams with all sectors.	Q1-Q4	Head of Service
Complex care Group	Establish a Local Management Committee to work with the National Social Care Divisions Central Management Committee to further review the appropriate discharge of patients with high complex needs from acute hospitals.	Q1-Q4	Head of Service
	Community Healthcare East will continue to work with colleagues in the Acute Sector to implement actions in the 2018/2019 Winter Plan.	Q1-Q4	Head of Service
Nursing Homes Support Scheme	Community Healthcare East will work to enable meeting the demands identified through the Local Placement Forum for people requiring Nursing Home Support. Maintain maximum of four week waiting time for funding for the NHSS. Improve access to clear information for the public, in relation to the scheme. Community Healthcare East, in conjunction with Community Healthcare Dublin South, Kildare & West Wicklow, will establish a Regional Nursing Home Support Office to improve efficiency and responsiveness in regard to the NHSS application process.	Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4	Head of Service/Asst National Director, Older Persons services

Intensive Homecare Packages for People with Dementia.	Develop further day care and befriending services for those persons suffering with Dementia, particularly where sole carers require continued support and encouragement to maintain their loved ones at home. - Further support and develop dementia specific home supports with ASI and other partners within the community through home support provision.	Q1-Q4 Q1-Q4	General Manager Older Persons
Further develop the Integrated Care Programme for Older Persons	- Evaluate and transfer learning from existing site established in 2017 which will determine the future direction of the team. - Work with national divisions and Department of Health to address integration enablers (Policy, Workforce, Finance, ICT).	Q2-Q4 Q4	General Manager Older Persons
Service Improvement Agenda	Complete reconfiguration project underway in Dalkey Community Nursing Unit Finalise development brief for redevelopment of St Colmans residential care centre througfh engagement with HSE estates Progress capital investment programmes with voluntary care partners at LPH and RHD	Q 2 Q 2 Q 2	Head of Service Head of Service

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

Priority	Priority Action	Timeline	Lead
Service Arrangements	Community Health Care East will work with National Social Care to ensure completion of SLAs –Part 1 and 2 Schedules for services commissioned by service for older people by February 28th 2019.	Q1	Business Support Manager
Maintain effective budgetary control, governance and resource management in services for older persons across Community Healthcare East	Establish audit team for review of home support service through the recruitment of administrative and clinical staff. Further develop audit reviews of home support services to ensure standardised practices are in place. Development and monitor Value Improvement Plan accross the statutory and voluntary sectors to protect existing levels of service	Q2 Q1-Q4 Q1	Head of Service Head of service Business Support/Head of Service

	Provide assurance that the *Open Disclosure Policy* is in place and demonstrate implementation by having a named open disclosure lead for Community Healthcare East.	Q1-Q4	Head of Service
Open Disclosure	Monitor the percentage of recording of use of the *Open Disclosure Policy* on the National Incident Management System (NIMS).	Q1-Q4	Head of Service
Person Centred Care & Support	Community Healthcare East has a system to review the trends from the collation of HIQA Notification Forms submitted by HSE and voluntary sector provided services	Q1-Q4	Head of Service

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

Priority	Priority Action	Timeline	Lead
Continue to foster engagement with our workforce to deliver best possible care and support	Provide on-going person-centred learning programmes to staff working in residential care and home support. Progress the Community Healthcare East substructure design for older persons' services.	Q1 – Q4	Head of Service & HR
Children First	Review self-assessed Children First Compliance Checklists of HSE and HSE funded services and their action plans and timelines for achieving compliance where relevant.	Q1-Q4	Head of Service

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

Priority	Priority Action	Timeline	Lead
Public Residential Care Services	Continue to review short-stay beds in residential care settings, implement the National Standards of Care for Older Persons in Ireland and deliver quality improvements programmes around pressure ulcers and falls.	Q1-Q4	Head of Service
	Assure access to 367 long-stay residential care beds in the Voluntary and Statutory sector(s) under the Nursing Home Support Scheme in 2019. Work closely with each Provider and the Health Information and Quality Authority to ensure development programmes for a number of these services does not significantly impact	Q1-Q4	General Manager Older Persons

<table>
<tr><th></th><th></th><th></th><th></th></tr>
<tr><td></td><td>upon capacity in 2019. Long stay residential care beds are located in:
- Clonskeagh Nursing Unit
- Dalkey Nursing Unit
- St. Colmans Residential Unit
- Leopardstown Park Hospital
- The Royal Hospital Donnybrook</td><td></td><td></td></tr>
<tr><td></td><td>Assure appropriate access to 163 short stay beds public and voluntary care units for Older Persons in accordance with the presenting needs of the acute and community sectors. Short stay beds are located in:
- Clonskeagh Nursing Unit (9)
- Dalkey Nursing Unit (8)
- St. Colmans Residential Unit (7)
- Leopardstown Park Hospital (17)
- The Royal Hospital Donnybrook (122)</td><td>Q1-Q4</td><td>General Manager Older Persons</td></tr>
<tr><td>Short stay bed Project</td><td>Community Healthcare East will participate in the national initiative around the development of the 'money follows the patient' payment model with finance within a pilot project.
Based on the outcome of the pilot project progress to full implementation for short stay public residential care across Community Healthcare East.</td><td>Q3-Q4</td><td>Head of Service</td></tr>
<tr><td>Continue to engage with service users to ensure that services are responsive and person-centred</td><td>Ensure effective implementation of recommendations arising from inspections by HIQA.
Continue to work collaboratively through the service improvement team with CHOs, to provide support through evidence-based decision-making and ensure practices are in line with required standards.
Continue to self-evaluate and implement quality improvement plans to support person-centred care in public residential services.
Continue to ensure that all service users and their families are aware of the role of the Confidential Recipient.</td><td>Q1-Q4
Q1-Q4</td><td>Head of Service</td></tr>
<tr><td>Emergency Planning</td><td>All Older Persons services to ensure that the following contingency plans are in place:
<table>
<tr><th><b><i>Residential Units</i></b></th><th><b><i>Funded / Home Support Services</i></b></th></tr>
<tr><td>Emergency Plan</td><td>Emergency Plans</td></tr>
<tr><td>Evacuation Plans</td><td>Evacuation Plans</td></tr>
<tr><td>Severe Weather Warning Plans</td><td>Severe Weather Warning Plans</td></tr>
<tr><td>Community Healthcare East Emergency Plan</td><td></td></tr>
</table></td><td>Q1 –Q4</td><td>Head of Service/Head of Service/ Health & Wellbeing</td></tr>
</table>

Quality & Safety	Maintain Residents Councils / Family Forums / Service User Panels or equivalent in Social Care.	Q1-Q4	General Managers Social Care
	Community Healthcare East will maintain the following committees are established and fully operational: • HCAI or Infection Control Committee • Health & Safety Committee	Q1-Q4	Head of Service
	Community Healthcare East will continue to enhance the Quality & Safety structure in Older Persons Service Directorate, arising from investment made in 2018. Ensure equal focus from a QPS perspective across both statutory and voluntary sectors.		
Safe Care & Support	Have a process in place to ensure the recommendations of any serious investigations are implemented, and learning shared to include SREs/serious incident investigations.	Each Q	Head of Service
	Maintain the integrated Social Care Risk Register.	Each Q	Head of Service

7. Finance

This Financial Plan outlines a projected deficit position of €4.285m (1.0%) for 2019 in Community Healthcare East based on the expected level of budget for 2019 of €411.123m. This expected level of Budget represents a decrease of €0.832m (-0.2%) on 2018 final Budget levels. This includes the effect of specific funding received in 2018 and expected to be received in 2019 to address both recurring and once-off deficit issues arising in both years.

The financial position is framed against the increasing demand for services in Community Healthcare East, as evidenced by population growth of 5.1% from 2011 Census compared to a national growth of 3.8% in the same period. Of note is that the population over the age of 65 years in Community Healthcare East increased by 8,736 from 2011 to 2016, representing an increase of 14.8%. This indicates that the population of Community Healthcare East is growing at a faster rate than the national average. It is projected that the population of Community Healthcare East will continue to rise, to 412,007 by 2021, representing an increase of approximately 4.8% from 2016 census. This projected population profile is crucial in the planning of, and the provision of health and social care services across Community Healthcare East.

It should also be noted that this plan is being delivered in the context of increased regulation across Older Persons, Disability and Mental Health services in particular and in anticipation of the introduction of regulation in Primary Care.

Financial Position

Table 1.1 below illustrates the overall financial position for 2019 and shows a deficit of €4.29m (1.0%) in the combined Statutory and Section 38 services.
The Statutory service deficit of €4.285m is stated having regard to significant cost savings and reduced provision of services across all Caregroups (c.€8m) and this is further explained in the individual sections of the Financial Plan. Regarding deficits in Corporate and Demand Led Schemes, it is expected that these issues will be dealt with as part of National Caregroup reconciliations – see **Table 1.2** for further Statutory details.

Table 1.3 shows that all S38 Agencies currently present breakeven positions for 2019 after further cost containments measures being considered. Community Healthcare East will continue to work with all Agencies to address risk issues associated with this stated position.

The figures shown below summarise the latest 2019 position for all services in Community Healthcare East. The challenge for the service in 2019 is to manage the risk associated with significant cuts to service which will be in the order of 6% of targeted activity that will inevitably arise from delivering a breakeven position. The impacts are summarised below in the individual sections relating to each care group, and include:

- Significant reduction in the provision of services in Primary Care with extension of waiting lists, re-prioritisation of key deliverables to ensure priority is given to statutory responsibilities (immunisation, public health, etc.) and expected non-delivery of a range of national KPI. Further detail is available in the Primary Care addendum;
- Mental Health services will be severely curtailed, particularly in the provision of Acute Psychiatric beds for the Dun Laoghaire catchment area, as well as reduced capacity in Community teams through recruitment challenges;

- Older Persons services will have particular challenges for certain service providers, with the potential closure of wards and restrictions on available bed capacity;

- Disability services contemplate significant cuts to service provision which are inevitably required to deliver a breakeven position.

In relation to Pay cost growth, Community Healthcare East has put in place tighter controls in relation to approval and monitoring of employment levels, indeed an analysis of our pay across the Statutory sector indicates that existing controls are working to maintain lower than expected levels of growth in overall pay, despite an increased reliance on Agency. Within the statutory sector there has not been an overall growth in employment in Community Healthcare East. However there are continuing challenges in relation to recruitment and retention of staff within the area due to high cost of living, housing and commuting times. This has led to an overall reliance on agency. Every effort will continue to be made to identify successful strategies to avoid rising agency costs.

Table 1.1 – Comparison of Actual Spend and Budget 2018 to Projected 2019

	2018				2019			
Caregroup	Closing Spend 2018 (€k)	Budget 2018 (€k)	Deficit 2018 (€k)	Deficit 18 (%)	Projected Spend 2019 (€k)	Expected Budget 2019 (€k)	Deficit 2019 (€k)	Deficit 19 (%)
Statutory Services	277501	274304	3196	1.2%	279914	275628	4285	1.6%
S38 (Non-Statutory) Services	138109	137651	457	0.3%	135495	135495	0	0.0%
Total	415609	411956	3653	1.5%	415409	411123	4285	1.0%

Tables 1.2 and 1.3 below further summarise the individual components of the above analysis.

Table 1.2 – Comparison of Actual Spend and Budget 2018 to Projected 2019 (Statutory Services only)

	2018				2019			
Caregroup	Closing Spend 2018 (€k)	Budget 2018 (€k)	Deficit 2018 (€k)	Deficit 18 (%)	Projected Spend 2019 (€k)	Expected Budget 2019 (€k)	Deficit 2019 (€k)	Deficit 19 (%)
Primary Care (PRI-MUL)	57290	55661	1629	2.9%	60735	60736	0	0.0%
Social Inclus'n	2949	2858	91	3.2%	2634	2634	0	0.0%
Palliative Care	1753	1753	-1	0.0%	509	509	0	0.0%
Mental Health	35526	35502	24	0.1%	33792	33791	0	0.0%
Older Persons	45252	45663	-410	-0.9%	44513	44513	0	0.0%
Disabilities	110786	112011	-1224	-1.1%	113059	113059	0	0.0%
Corporate	2064	1106	957	86.5%	2425	886	1539	174%

Other Pension	600	600	0	0.0%	348	348	0	0.0%
Demand Led Schemes	21282	19151	2130	11.1%	21897	19151	2746	14.3%
TOTAL	277501	274304	3196	6.1%	279914	275628	4285	1.6%

Note:

- For 2019, Primary Care Caregroup (PRI-MUL) includes €4.45m of Spend and Budget increase for the new N Wicklow/S Dublin GP Out of Hours Service;

- Primary Care Division includes Primary Care, Social Inclusion, Palliative Care and Demand Led Schemes Care groups. It also includes Health & Wellbeing funding provided through the National Health & Wellbeing office

Table 1.3 – Comparison of Actual Spend and Budget 2018 to Projected 2019 (S38 Providers)

	2018				2019			
Caregroup	Closing Spend 2018 (€k)	Budget 2018 (€k)	Deficit 2018 (€k)	Deficit 18 (%)	Projected Spend 2019 (€k)	Expected Budget 2019 (€k)	Deficit 2019 (€k)	Deficit 19 (%)
Dublin Dental University Hosp	6263	5936	327	5.5%	6024 6354	6024	330	5.5%
St John Of God - MH Service	27105	27105	1	0.0%	24729	24729	4454	18.0%
Leopardstown Park Hosp	4388	4321	67	1.6%	4545	4545	0	0.0%
Royal Hosp Donnybrook	14138	14143	-5	0.0%	14412	14412	0	0.0%
St John Of God - ID Service	26065	26033	32	0.1%	26222	26222	3532	13.5%
National Rehab Hosp	29744	29612	131	0.4%	30441	30094	347	1.2%
Sunbeam House Services	26725	26720	5	0.0%	25731	25731	0	0.0%
Childrens Sunshine Home	3680	3780	-100	-2.7%	3738	3738	0	0.0%
TOTAL	138109	137651	457	5.5%	135495	135495	0	0.0%

Note:

SJOG Mental Health and Intellectual Disability services are included as part of National Task force funding review and will be dealt with in the context of the outcome of that review.

Primary Care (Statutory Primary Care Caregroup)

The key challenge for 2019 will be maintaining existing levels of service in the context of budgetary constraints. To achieve a breakeven position in 2019 will require a reduction of €1.8 million in the base pay budget in Primary Care. This will require a significant reduction in staffing across all services (both clinical and non-clinical). A consequence of this approach will be difficulty in maintaining existing levels of service whilst protecting patient safety, timely access to services and staff health and wellbeing.

This is against a backdrop of population growth, increasing clinical demands and an increase in client complexity and acuity. A further consequence is likely to be difficulty in achieving national KPI targets, with resultant increases in wait times across all services. Other specific challenges in Community Healthcare East include difficulties recruiting and retaining staff in a geographical area of high accommodation costs and lengthy commute times, leading to high levels of staff turnover.

We continue to implement cost-saving measures to address budgetary deficits across pay and non-pay expenditure.

Primary Care (Statutory Social Inclusion Caregroup)

The key challenge for 2019 will be maintaining existing levels of service in the context of budgetary constraints. Breakeven position in 2019 will be facilitated by return of once-off 2018 funding of €212k, without which there will be plans to curtail services significantly. A consequence of this approach will be difficulty in maintaining existing levels of service whilst protecting patient safety, timely access to services and staff health and wellbeing.

Many of the Social Inclusion services delivered by Community Healthcare East are national services, hosted within the CHO. The services are disproportionately dependent on once-off funding, making service provision difficult to plan. Other specific challenges in Community Healthcare East include difficulties recruiting and retaining staff in a geographical area of high accommodation costs and lengthy commute times, leading to high levels of staff turnover.

Mental Health (Statutory Mental Health Services & St. John of God)

2019 will be a financially challenging year for Community Healthcare East Mental Health Services with a projected variance of €4.445m. Community Healthcare East Statutory Mental Health Service and National Division are currently working on the agreed understanding that Statutory Services will deliver a deficit for 2019 of no worse than c. €1.5m against the current Budget allocation of €33.796m. It is expected that this deficit will be met by unused TRS in 2019 and this position 8is already built into the €4.445m position.

The likely deficit will be in Non-Statutory Service (SJOG Community Mental Health Service) with the financial challenge in 2019 being directly attributable to acute in-patient bed costs and nurse specials, with the former being subject to a 29% cost increase from October 2018.

SJOG CMHS also maintains a position that they require 34 beds which is an increase of 4 beds on its' 2018 average occupancy of 30 beds. The CHO will continue to challenge the most efficient use of beds in 2019 to ensure the service is delivered as efficiently as possible.

Social Care Division – Older Persons (Statutory Older Persons, Leopardstown Park Hospital, Royal Hospital Donnybrook)

The positions outlined at Table 1.2 and 1.3 above are reflective of ELS together with sanctioned overspend of €1.34m for Home Support services (inclusive of Winter Initiative funding) and National funding support to S38 Agencies as advised in 2019.

The challenge for the service in 2019 will be to manage the risk associated with a programme of cost reduction/containment and income generation whilst dealing with significant regulatory challenges and investment required to keep delivering services in line with sector best practice.

Social Care Division – Disabilities (Stat Disabilities, SJOG-Intellectual Disability Services, Nat Rehab Hospital, Sunbeam House Services, Children's Sunshine Home)

The positions outlined at Table 1.2 and 1.3 above are reflective of ELS together with National funding support to S38 Agencies as advised in 2019. Services costs include the approved expansion in Emergency Placements and School intake programme for 2019.

The challenge as identified in Table 1.3 encompasses all S38 Agencies, and repeats the a programme of cost reduction/containment as well as deferral of costs due to commence in 2019.

SJOG show a deficit of €3.5332m, which is largely attributable to issues unrelated to service considerations and is being managed through the SJOG National Taskforce process.

NRH continues to have a challenge of €347k with services at the NRH being potentially very vulnerable in terms of Infection control risks, increased regulation and necessity to manage very complex high dependency cases which often present as significant delayed discharges. This will be managed in 2019 through an appropriate risk based approach.

Others – Corporate, Demand Led Schemes, Population Health

Corporate Services, including all Heads of Service (exc. Primary Care), HWB Team, Finance Dept, HR Dept, QPS Team, Business Unit and Project Management Office, as well as former regional Corporate CC for Patient Transport.

Demand Led Schemes show a likely deficit of €2,746k. This primarily relates to the provision of medical appliances (€1,259k), HAA/HEPC Payments (€613k), Drugs Refund Scheme (€547k), Drugs Payments Scheme (€363k) and Cervical Check supports (€41k).

The Finance Function

- Continued support was provided to the Chief Officer in her role as Accounting Officer.
- Support was provided for enhanced engagement in the National Performance process.
- The Finance Function was central to the ELS/Estimate process.
- Increased support was provided to service managers in Community Healthcare East in assessment of delivery of VIP targets.
- Continued engagement with, and development of Pay & Numbers Strategy reporting.
- Support was provided to the Mental Health Division in implementing the revised Enterprise Structure reporting.
- The Finance function engaged with Primary Care Division in moving towards a National service reporting model.
- Increased support was provided at IMR engagements and general support was provided regarding issues arising with S38/S39 and for profit organisations.
- Engaged with Social Care division on Enterprise Structure models.

8. Workforce

People Strategy 2019 – 2024

Building on progress to date, and following a robust review process, the revised People Strategy 2019 - 2024 will guide all organisational people services & HR activity in 2019 with an emphasis on **Leadership, Talent and Capability** enabling people and culture change. The People Strategy is positioned to "build a resilient workforce that is supported and enabled to deliver the Sláintecare vision." This will include dedicated focus on workforce planning, enhancing leadership and accountability and building organisational capacity. Supporting the delivery system and working with key strategic partners, particularly Heads of HR, will be a priority to ensure relevance and connectivity to meeting people's needs and local service requirements. This will be enabled by on-going attention to progressing national frameworks and standards that can add value and support the delivery system.

Accelerating progress to date on the implementation of the People Strategy, and extending the reach and relevance into the delivery system as partners, is a key focus for 2019. This will require greater connectivity between national and local services.

The following are priorities for National HR & Community Healthcare East HR in 2019:

- Working with HBS the focus is steadfastly on the attraction, acquisition and retention of the right people, ensuring their integration and development into a workplace that cares about their wellbeing, motivation and opportunities at work.

- Recognising the need for a continuum of development interventions that meets individual and team requirements and supports staff to deal with real service issues at local level will continue to be a priority. The leadership academy is developing a diverse group of staff that will take the organisation into the future with a new generation of collective leaders.

- Working with the Heads of HR and others we plan to empower, and work alongside the service delivery system to support their work and improve change capacity through integrating *People's Needs Defining Change - Health Services Change Guide* into all development interventions and by aligning change efforts at all levels.

- We will also ensure easy access to professional HR services in a way that meets the needs of those delivering services.

- Our focus will continue to be on connecting people services in a more integrated way to create the people and culture change platform for meaningful and healthy work environments.

- Health Services Change Guide as the agreed approach will underpin our process for change and reform in line with the *Public Service Stability Agreement.*

People's Needs Defining Change - Health Services Change Guide

www.hse.ie/changeguide is the policy framework and agreed approach to change signed off by HSE Leadership and the Joint Information and Consultation Forum (JICF) 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. The *Change Framework* prioritises *people's needs defining change* and the *Change Guide* is a resource that can be applied at all levels to support managers and staff to mobilise and implement change. Fully utilising and resourcing the implementation of the *Change Guide* is an organisational priority, building change 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 following are priorities for National HR in 2019:

- Increasing awareness through a networked approach that targets teams across the system.
- Working at strategic level to develop increased connectivity to link existing initiatives.
- Targeted capacity building through learning and skills development.
- Developing change resources through use of digital and online platforms.
- Targeted practice support through local development networks / hubs.

The following are priorities for Community Healthcare East HR in 2019:

- Graduate Internship Programme, with a specific resource for each of the 3 Service Divisions.
- Focussed rollout of Internally Delivered LED Programmes, through new locally Community Healthcare East based trainers/facilitators.
- Values in Action Programme rollout.
- Support the development of Community Healthcare Networks Learning sites, at local and national level.
- Support rollout of Community Disability Networks.

- Working with the Project Management Office, develop capacity for Community Healthcare East Project Management portfolio.

- Set Key Performance Indicators (KPIs) to ensure effective recruitment and retention goals are met in 2019

Leadership, Education & Talent Development (LETD)

Leadership Academy

The first cohorts of both Leading Care I and Leading Care II commenced in October 2017. The second cohorts of both programmes commenced in April 2018. The third cohort of both programmes have commenced in October 2018. There are approximately 50 participants in each cohort, meaning there are currently approximately 300 health service staff undertaking a Leading Care Programme.

It is a priority for Community Healthcare East HR in 2019 to support the following:

- Participation of Community Healthcare East employees on the Leading Care I, Leading Care II and Leading Care III Programmes.

- Support the rollout of the Executive Clinical Directors Programme with the RCSI.

- Develop and curate best practice and thought leadership materials on leadership topics that will support the reforms underway within Irish healthcare. These include leadership resources, tools and materials, talent management supports, coaching, team interventions etc.

HSELanD

HSELanD (Health Services e-Learning and Development) is the HSEs online learning portal. It is used by circa 120,000 health and social care employees at all levels across the statutory and voluntary healthcare sectors. The most recent offering of a module of Respect and Dignity at Work will be made mandatory for all staff. It will be further developed including the wider implementation of the HeLM project. The rationale for embarking on the Health Electronic Learning Management (HeLM) Project is closely aligned with the People Strategy which emphasizes the need to develop a single overarching approach to learning and development throughout the health sector and to be able to measure and evidence the quantity and value of same.

The following are priorities for Community Healthcare East HR in 2019:

- Actively promote the benefits of www.hseland.ie

- Mandate and monitor the participation of staff in Respect and Dignity Module

National Coaching Service

Coaching is a free confidential service that is available to all staff working in the HSE and our partner organisations. The aim of our National Human Resources Coaching Service is to enhance employees' capacity to lead and flourish within their role in order to support the provision of safer better healthcare for all. This supports organisational transformation with the ultimate goal of improving patient/client experience and employee job satisfaction. An accredited Coach Training Programme is also available to eligible staff.

The following are priorities for Community Healthcare East HR in 2019:

- Continue to offer coaching to staff regionally, through a combination of the national and local networks, depending on the specific requirements.
- Increase the access to this vital service by putting forward key personnel to become part of the nationally accredited coaching programme.

Workforce Planning/Pay and Numbers

Funded workforce plan and WTE review process to be agreed/approved by Senior Management Team and implemented in Q1 2019.

Professional Development

Over the past year, a number of webinars, professional development workshops and interactive sessions have been arranged and facilitated for a wide range of HR practitioners across the HSE. These educational modes have been developed to help support HSE employees in carrying out their work in concert with their colleagues across the HSE, reinforcing a system-wide approach and standardising system responses to policy-related matters in HR Management, Employee Relations, the practical application of policies and procedures. In addition, these modes enable staff to avail of expert knowledge to help address HR and employment law issues which arise frequently within the healthcare environment.

The following are priorities for Community Healthcare East HR in 2019:

- Build on the suite of professional development opportunities that have been introduced over the past two years, in order to expand the availability of resources to the wider HR system.
- Optimise and expand our technological platforms to facilitate highly relevant training courses for greater numbers of staff at a lower cost to the organisation.
- Promote access to nationally co-ordinated webinars based on hot topics and in response to development of legislation that relates to the organisation as a whole, allowing consistent and up-to-date information to be delivered to the system in a timely, practical manner.

- Support the protected time for HR senior staff, to attend nationally sponsored bespoke workshops, to empower staff with knowledge that is consistent across the organisation, improving streamlining of resources and continuity of care for staff and patients.
- Build on the established CHO Hand National HR Senior Network as a means of connecting HR staff around the country.

Performance

Community Healthcare East will work with the National ER teams to deliver appropriate advice and support to frontline managers throughout 2019, with particular emphasis on assisting with implementing into the extension of the Public Service Stability Agreement, which now remains until end 2020. Our engagement processes at National Level continues to in the main be conducted through NJC, Parallel NJC, together with involvement in HSOB and JICF.

The following are priorities for Community Healthcare East HR in 2019:

- Continue to provide access to comprehensive service on ER/IR matters with a particular emphasis on getting best value for available resources.

- Manage the local challenges that may arise in respect of fallout from the publication of the initial module of the Public Service Pay Commission.

- Manage on-going recruitment challenges in respect of particular groups such as nurses, Community Healthcare East faces area specific challenges, in terms of significant time lost through traffic congestion and property costs, which will require a reframed recruitment strategy for 2019.

- Support recommendations from the imminent report on Skill Mix.

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.

The following are priorities for National HR and Community Healthcare East in 2019:

Continue to monitor the following Performance Indicators on a monthly basis

- <24 hour shift (acute – NCHDs)

- <24 hour shift (mental health – NCHDs)

- <24 hour shift (disability services – social care workers)
- <48 hour working week (acute – NCHDs)
- <48 hour working week (mental health – NCHDs)
- <48 hour working week (disability services – social care workers)

Workplace Health and Wellbeing Unit

The Workplace Health and Wellbeing Unit will continue to provide support for all staff.
The unit will provide services to prevent staff becoming ill or injured at work - this is lead through the National Health and Safety Function and Occupational Health Services. Active promotion of health and well-being in the workplace through Occupational Health Services and Human Resources portfolios will be a priority. The Workplace Health and Wellbeing unit will maximise access to, and retention of, work through timely rehabilitation services via Occupational Health Services, rehabilitation/case management services, organisational health, Human Resources portfolios; and internal and external rehabilitation services.

The model of care for the Workplace Health and Wellbeing Unit is health care work centered.

- Prevention – of ill health caused or exacerbated by work.
- Timely intervention- easy and early treatment for the main cause of sickness absence.
- Rehabilitation – to help staff stay at work or return to work after illness.
- Health Assessments for work- to help manage attendance, retirement and related matters.
- Promotion of health and wellbeing – using work as a means to improve health and wellbeing and using the workplace to promote health.
- Teaching and training – encouraging staff and managers to support staff health and well-being.

The following are priorities for National HR and Community Healthcare East in 2019:

- Reduce the number of incidents of violence and aggression in the workplace.
- Reduction of the number of sharps injuries sustained in the workplace.
- The implementation of a National Dashboard Index .
- Continue to monitor data at operational level.

- Approve and launch evidence based rehabilitation policy for staff with associated training modules.

- Activate evidence based case management services for staff.

- Implementation of a Healthy Workplace Framework and Organisational Health Standards.

- Support national Critical Incident Stress Management training and programme.

- Support the implementation of a Mental Health Strategy currently being developed for health staff.

- Assist in the promotion of mandatory vaccinations for frontline staff.

- Quality Assessment +Improvement measurement within occupational health services throughout our services.

Diversity, Equality and Inclusion

Employees of the HSE bring a range of skills, talents, diverse thinking and experience to the organisation. We are committed to creating a positive working environment whereby all employees inclusive of race, religion, ethnicity, gender, sexual orientation, responsibilities for dependents, age, physical or mental disability, civil status, membership of the traveller community, and geographic location are respected, valued and can reach their full potential.

We aim to develop the workforce of the HSE which reflects the diversity of HSE service users, and which is strengthened through accommodating and valuing different perspectives, ultimately resulting in improved service-user experience

The following are priorities for Community Healthcare East HR in 2019:

- Continue to prioritise staff engagement in the areas of inclusion and preventative measures.

- Continue to support initiatives aimed at achieving the National Disability Authority Employment target of 4%. Community Healthcare East has been proactive in supporting the AHEAD Graduate Internship Programme since 2017 and will continue with this mutually beneficial initiative into 2019.

Staff Engagement

Staff with a strong sense of connection to our service take personal responsibility for achieving better outcomes and support team colleagues to deliver results. To this end National HR undertake a Staff survey every two years, the latest of which was in 2018, and will work with the system to take actions based on the findings. Staff engagement forums are on-going and provide valuable information and feedback from those in the frontline and allow national HR to respond appropriately and initial service developments.

The following are priorities for Community Healthcare East HR in 2019:

- Community Healthcare. East had the highest overall response rate across all nine CHOs in the 2018 Engagement Survey. The Senior Management Team for Community Healthcare East have planned a number of engagement events in 2019, including specific engagement workshops for senior management, focussing on improving communications, increased awareness of creating a positive workplace, and good practice in relation to Dignity at Work.

- Work with service managers to develop action plans based on the Community Healthcare East survey findings.

- Value the unique position of front line workers by systematically listening to their feedback, responding appropriately and initiating service improvements.

- A wider scoping development plan to underpin the staff engagement strategy in consultation with every stakeholder group will be signed off a top operational level.

- Develop and support staff engagement events to ensure greater connectivity and partnership working across the system, involving all staff in building a better health service.

Appendix 1

Table 1.1 – Comparison of Actual Spend and Budget 2018 to Projected 2019

	2018				2019			
Caregroup	Closing Spend 2018 (€k)	Budget 2018 (€k)	Deficit 2018 (€k)	Deficit 18 (%)	Projected Spend 2019 (€k)	Expected Budget 2019 (€k)	Deficit 2019 (€k)	Deficit 19 (%)
Statutory Services	277501	274304	3196	1.2%	279914	275628	4285	1.6%
S38 (Non-Statutory) Services	138109	137651	457	0.3%	135495	135495	0	0.0%
Total	415609	411956	3653	1.5%	415409	411123	4285	1.0%

Tables 1.2 and 1.3 below further summarise the individual components of the above analysis.

Table 1.2 – Comparison of Actual Spend and Budget 2018 to Projected 2019 (Statutory Services only)

	2018				2019			
Caregroup	Closing Spend 2018 (€k)	Budget 2018 (€k)	Deficit 2018 (€k)	Deficit 18 (%)	Projected Spend 2019 (€k)	Expected Budget 2019 (€k)	Deficit 2019 (€k)	Deficit 19 (%)
Primary Care (PRI-MUL)	57290	55661	1629	2.9%	60735	60736	0	0.0%
Social Inclus'n	2949	2858	91	3.2%	2634	2634	0	0.0%
Palliative Care	1753	1753	-1	0.0%	509	509	0	0.0%
Mental Health	35526	35502	24	0.1%	33792	33791	0	0.0%
Older Persons	45252	45663	-410	-0.9%	44513	44513	0	0.0%
Disabilities	110786	112011	-1224	-1.1%	113059	113059	0	0.0%
Corporate	2064	1106	957	86.5%	2425	886	1539	174%
Other Pension	600	600	0	0.0%	348	348	0	0.0%
Demand Led Schemes	21282	19151	2130	11.1%	21897	19151	2746	14.3%
TOTAL	277501	274304	3196	6.1%	279914	275628	4285	1.6%

Note:

- For 2019, Primary Care Caregroup (PRI-MUL) includes €4.45m of Spend and Budget increase for the new N Wicklow/S Dublin GP Out of Hours Service;
- Primary Care Division includes Primary Care, Social Inclusion, Palliative Care and Demand Led Schemes Care groups. It also includes Health & Wellbeing funding provided through the National Health & Wellbeing office

Table 1.3 – Comparison of Actual Spend and Budget 2018 to Projected 2019 (S38 Providers)

	2018				2019			
Caregroup	Closing Spend 2018 (€k)	Budget 2018 (€k)	Deficit 2018 (€k)	Deficit 18 (%)	Projected Spend 2019 (€k)	Expected Budget 2019 (€k)	Deficit 2019 (€k)	Deficit 19 (%)
Dublin Dental University Hosp	6263	5936	327	5.5%	6024 6354	6024	330	5.5%
St John Of God - MH Service	27105	27105	1	0.0%	24729	24729	4454	18.0%
Leopardstown Park Hosp	4388	4321	67	1.6%	4545	4545	0	0.0%
Royal Hosp Donnybrook	14138	14143	-5	0.0%	14412	14412	0	0.0%
St John Of God - ID Service	26065	26033	32	0.1%	26222	26222	3532	13.5%
National Rehab Hosp	29744	29612	131	0.4%	30441	30094	347	1.2%
Sunbeam House Services	26725	26720	5	0.0%	25731	25731	0	0.0%
Childrens Sunshine Home	3680	3780	-100	-2.7%	3738	3738	0	0.0%
TOTAL	138109	137651	457	5.5%	135495	135495	0	0.0%

Appendix 2: HR Information

Community Healthcare East – Direct Workforce Numbers by Service Area and Staff Category

	Medical/Dental	Nursing	Health & Social Care Professionals	Mgt/Admin	General Support Staff	Patient & Client Care	Total Dec 18	WTE change since Dec 17
Mental Health	64	238	114	58	49	50	573	+9
Primary Care	93	208	192	228	27	86	833	+38
Disabilities	*26*	*311*	*504*	*203*	*67*	*484*	*1,595*	+9
Older People	*6*	*267*	*58*	*52*	*114*	*312*	*808*	*-21*
Social Care	32	578	562	255	180	796	2,403	-11
Overall Total	**188**	**1,023**	**868**	**541**	**257**	**932**	**3,808**	**+36**

Community Healthcare East – HSE/Section 38 Agencies Workforce Numbers

	Medical/Dental	Nursing	Health & Social Care Professionals	Mgt/Admin	General Support Staff	Patient & Client Care	Total Dec 18	WTE change since Dec 17
HSE	107	563	275	258	97	335	1,636	+35
Voluntary Agencies (Non-Acute)	81	460	593	283	160	596	2,172	+1

Community Healthcare East –Workforce Numbers by Section 38 Agency

	Medical/Dental	Nursing	Health & Social Care Professionals	Mgt/Admin	General Support Staff	Patient & Client Care	Total Dec 18	WTE change since Dec 17
Children's Sunshine Home	0	28	2	7	4	18	58	+1
Dublin Dental Hospital	13	6	2	27	13	27	88	-1
Leopardstown Park Hospital	1	57	11	19	34	86	209	-20
National Rehabilitation Hospital	22	116	128	65	34	75	440	+24
Royal Hospital, Donnybrook	3	97	33	16	39	88	276	+9
St. John of God (IDS)	1	58	149	67	16	142	433	-7
St. John of God (MHS)	41	54	86	39	9	2	232	-2
Sunbeam House Services	0	44	181	43	10	158	437	-4
Overall Total	**81**	**460**	**593**	**283**	**160**	**596**	**2,172**	**+1**

Appendix 3: National Scorecard and Performance Indicator Suite

KPI's Primary Care

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
Community Diagnostics (Privately Provided Service)								
No. of ultrasound referrals accepted		Access and Integration	M	20,278	23,290		CHO	No Service
No. of ultrasound examinations undertaken		Access and Integration	M	20,278	24,168		CHO	No Service
Community Intervention Teams Referrals by referral category				**38,180**	**43,084**	**45,432**		**1,320**
Admission Avoidance (includes OPAT)	NSP	Quality and Safety	M	1,186	609	1,380	CHO	60
Hospital Avoidance	NSP	Quality and Safety	M	28,417	34,090	33,180	CHO	1,128

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
Early discharge (includes OPAT)	NSP	Quality and Safety	M	5,997	5,200	7,068	CHO	132
Unscheduled referrals from community sources	NSP	Quality and Safety	M	2,580	3,185	3,804	CHO	0
Outpatient Parenteral Antimicrobial Therapy (OPAT) Re-admission rate %	OP	Access and Integration	M	≤5%	4.5%	≤5%	HG	≤5%
Community Intervention Teams Referrals by referral source				**38,180**	**43,084**	**45,432**	**CHO**	**1,320**
ED / Hospital wards / Units	OP	Access and Integration	M	25,104	29,719	29,736	CHO	720
GP Referral	OP	Access and Integration	M	8,938	9,621	11,148	CHO	516
Community Referral	OP	Access and	M	2,484	2,723	2,760	CHO	0

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
		Integration						
OPAT Referral	OP	Access and Integration	M	1,654	1,021	1,788	CHO	84
GP Out of Hours								
No. of contacts with GP Out of Hours Service	NSP	Access and Integration	M	1,105,151	1,039,496	1,147,496	National	
Physiotherapy								
No. of physiotherapy patient referrals	OP	Access and Integration	M	197,299	199,236	199,236	CHO	13,092
No. of physiotherapy patients seen for a first time assessment	OP	Access and Integration	M	162,554	160,488	162,549	CHO	11,346
No. of physiotherapy patients treated in the reporting month (monthly target)	OP	Access and Integration	M	34,927	34,605	34,926	CHO	2,380
No. of physiotherapy service face to face	OP	Access and	M	726,724	709,764	709,764	CHO	51,456

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
contacts/visits		Integration						
Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period	OP	Access and Integration	M	35,429	34,023	34,023	CHO	1,533
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	OP	Access and Integration	M	No target	21,437	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	OP	Access and Integration	M	No target	7,051	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	OP	Access and Integration	M	No target	2,439	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	OP	Access and Integration	M	No target	1,340	No target	CHO	No target

Key Performance Indicators Service Planning 2019				**2018**	**2018**	**2019**		**2019 Expected Activity / Target**
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period > 52 weeks	OP	Access and Integration	M	No target	1,756	No target	CHO	No target
% of new physiotherapy patients seen for assessment within 12 weeks	NSP	Access and Integration	M	80%	81%	81%	CHO	81%
% of physiotherapy patients on waiting list for assessment ≤ 26 weeks	OP	Access and Integration	M	80%	84%	84%	CHO	84%
% of physiotherapy patients on waiting list for assessment ≤ 39 weeks	OP	Access and Integration	M	89%	91%	91%	CHO	91%
% of physiotherapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access and Integration	M	93%	95%	95%	CHO	95%
Occupational Therapy								
No. of occupational therapy service user referrals	OP	Access and Integration	M	90,961	94,800	94,800	CHO	7,068

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
No. of new occupational therapy service users seen for a first assessment	OP	Access and Integration	M	90,700	91,740	94,678	CHO	8,100
No. of occupational therapy service users treated (direct and indirect) monthly target	OP	Access and Integration	M	20,513	21,803	21,803	CHO	1,742
Total no. of occupational therapy service users on the assessment waiting list at the end of the reporting period	OP	Access and Integration	M	30,258	31,220	31,220	CHO	2,184
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	OP	Access and Integration	M	No target	9,877	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	OP	Access and Integration	M	No target	6,858	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39	OP	Access and Integration	M	No target	4,108	No target	CHO	No target

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
weeks								
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	OP	Access and Integration	M	No target	3,005	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period > 52 weeks	OP	Access and Integration	M	No target	7,372	No target	CHO	No target
% of new occupational therapy service users seen for assessment within 12 weeks	NSP	Access and Integration	M	68%	65%	68%	CHO	68%
% of occupational therapy service users on waiting list for assessment ≤ 26 weeks	OP	Access and Integration	M	54%	54%	54%	CHO	54%
% of occupational therapy service users on waiting list for assessment ≤ 39 weeks	OP	Access and Integration	M	67%	67%	67%	CHO	67%
% of occupational therapy service users on	NSP	Access and	M	85%	76%	85%	CHO	85%

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
waiting list for assessment ≤ to 52 weeks		Integration						
Primary Care – Speech and Language Therapy								
No. of speech and language therapy patient referrals	OP	Access and Integration	M	51,763	50,892	50,892	CHO	2,580
Existing speech and language therapy patients seen in the month	OP	Access and Integration	M	19,515	19,621	19,514	CHO	1,097
New speech and language therapy patients seen for initial assessment	OP	Access and Integration	M	45,631	42,432	45,635	CHO	2,410
Total no. of speech and language therapy patients waiting initial assessment at end of the reporting period	OP	Access and Integration	M	13,359	14,236	14,236	CHO	520
Total no. of speech and language therapy patients waiting initial therapy at end of the reporting period	OP	Access and Integration	M	8,008	7,939	7,939	CHO	228

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
% of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access and Integration	M	100%	96%	100%	CHO	100%
% of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks	NSP	Access and Integration	M	100%	93%	100%	CHO	100%
Primary Care – Speech and Language Therapy Service Improvement Initiative								
New speech and language therapy patients seen for initial assessment	OP	Access and Integration	M	5,659	3,882	3,882	CHO	157
No. of speech and language therapy initial therapy appointments	OP	Access and Integration	M	18,940	16,956	16,956	CHO	584
No. of speech and language therapy further therapy appointments	OP	Access and Integration	M	21,732	20,062	20,062	CHO	793
Primary Care - Podiatry								
No. of podiatry patient referrals	OP	Access and	M	10,749	11,184	11,184	CHO	No direct

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
		Integration						service
Existing podiatry patients seen in the month	OP	Access and Integration	M	5,656	6,187	6,187	CHO	No direct service
New podiatry patients seen	OP	Access and Integration	M	6,339	8,856	8,856	CHO	No direct service
Total no. of podiatry patients on the treatment waiting list at the end of the reporting period	OP	Access and Integration	M	4,145	3,654	3,654	CHO	No direct service
No. of podiatry patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	OP	Access and Integration	M	No target	1,182	No target	CHO	No direct service
No. of podiatry patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	OP	Access and Integration	M	No target	716	No target	CHO	No direct service
No. of podiatry patients on the treatment waiting list at the end of the reporting	OP	Access and Integration	M	No target	462	No target	CHO	No direct service

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
period >26 weeks but ≤ 39 weeks								
No. of podiatry patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	OP	Access and Integration	M	No target	385	No target	CHO	No direct service
No. of podiatry patients on the treatment waiting list at the end of the reporting period > 52 weeks	OP	Access and Integration	M	No target	909	No target	CHO	No direct service
% of podiatry patients on waiting list for treatment ≤ 12 weeks	NSP	Access and Integration	M	26%	32%	32%	CHO	No direct service
% of podiatry patients on waiting list for treatment ≤ 26 weeks	OP	Access and Integration	M	43%	52%	52%	CHO	No direct service
% of podiatry patients on waiting list for treatment ≤ 39 weeks	OP	Access and Integration	M	61%	65%	65%	CHO	No direct service
% of podiatry patients on waiting list for treatment ≤ to 52 weeks	NSP	Access and Integration	M	77%	75%	77%	CHO	No direct service
No. of patients with diabetic active foot	OP	Quality and	M	502	552	566	CHO	10

Key Performance Indicators Service Planning 2019				**2018**	**2018**	**2019**		**2019 Expected Activity / Target**
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
disease treated in the reporting month		Safety						
No. of treatment contacts for diabetic active foot disease in the reporting month	OP	Access and Integration	M	878	1,077		CHO	
Primary Care – Ophthalmology								
No. of ophthalmology patient referrals	OP	Access and Integration	M	28,286	24,888	24,888	CHO	564
Existing ophthalmology patients seen in the month	OP	Access and Integration	M	5,923	6,080	6,080	CHO	78
New ophthalmology patients seen	OP	Access and Integration	M	25,314	26,232	26,232	CHO	1,440
Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period	OP	Access and Integration	M	20,748	20,203	20,203	CHO	244
No. of ophthalmology patients on the treatment waiting list at the end of the	OP	Access and	M	No target	4,599	No target	CHO	No target

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
reporting period 0 - ≤ 12 weeks		Integration						
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	OP	Access and Integration	M	No target	3,128	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	OP	Access and Integration	M	No target	2,271	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	OP	Access and Integration	M	No target	1,826	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period > 52 weeks	OP	Access and Integration	M	No target	8,379	No target	CHO	No target
% of ophthalmology patients on waiting list for treatment ≤ 12 weeks	NSP	Access and Integration	M	26%	23%	26%	CHO	26%
% of ophthalmology patients on waiting list	OP	Access and	M	46%	38%	46%	CHO	46%

Key Performance Indicators Service Planning 2019				**2018**	**2018**	**2019**		**2019 Expected Activity / Target**
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
for treatment ≤ 26 weeks		Integration						
% of ophthalmology patients on waiting list for treatment ≤ 39 weeks	OP	Access and Integration	M	58%	49%	58%	CHO	58%
% of ophthalmology patients on waiting list for treatment ≤ 52 weeks	NSP	Access and Integration	M	66%	59%	66%	CHO	66%
Primary Care – Audiology								
No. of audiology patient referrals	OP	Access and Integration	M	21,139	20,256	20,256	CHO	Service included in CHO9
Existing audiology patients seen in the month	OP	Access and Integration	M	2,899	2,849	2,899	CHO	Service included in CHO9
New audiology patients seen	OP	Access and Integration	M	17,765	16,512	17,760	CHO	Service included in CHO9

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	NSP/ OP	Performance Area	Reporting Period	2018 National Target / Expected Activity	2018 Projected outturn	2019 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 6
Total no. of audiology patients on the treatment waiting list at the end of the reporting period	OP	Access and Integration	M	14,693	15,088	15,088	CHO	Service included in CHO9
No. of audiology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	OP	Access and Integration	M	No target	5,763	No target	CHO	Service included in CHO9
No. of audiology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	OP	Access and Integration	M	No target	3,267	No target	CHO	Service included in CHO9
No. of audiology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	OP	Access and Integration	M	No target	2,265	No target	CHO	Service included in CHO9
No. of audiology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	OP	Access and Integration	M	No target	1,801	No target	CHO	Service included in CHO9
No. of audiology patients on the treatment waiting list at the end of the reporting	OP	Access and Integration	M	No target	1,992	No target	CHO	Service included in

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	NSP/ OP	Performance Area	Reporting Period	2018 National Target / Expected Activity	2018 Projected outturn	2019 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 6
period > 52 weeks								CHO9
% of audiology patients on waiting list for treatment ≤ 12 weeks	NSP	Access and Integration	M	41%	38%	41%	CHO	Service included in CHO9
% of audiology patients on waiting list for treatment ≤ 26 weeks	OP	Access and Integration	M	64%	60%	64%	CHO	Service included in CHO9
% of audiology patients on waiting list for treatment ≤ 39 weeks	OP	Access and Integration	M	78%	75%	78%	CHO	Service included in CHO9
% of audiology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access and Integration	M	88%	87%	88%	CHO	Service included in CHO9
National Newborn Hearing Screening Programme								

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
Total no. and % of eligible babies whose screening was complete by four weeks	OP	Access and Integration	Q, 1 Qtr in Arrears	TBA >95%			National. CHO number baseline to be established in 2018	
No. of babies identified with primary childhood hearing impairment referred to audiology services from the screening programme	OP	Access and Integration	Q, 1 Qtr in Arrears	TBA			CHO	
No. and % of babies from screening programme identified with a hearing loss by six months of age	OP	Quality and Safety	Q, 1 Qtr in Arrears	TBA ≥80%			CHO	
Primary Care – Dietetics								

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
No. of dietetic patient referrals	OP	Access and Integration	M	34,015	34,788	34,788	CHO	2,748
Existing dietetic patients seen in the month	OP	Access and Integration	M	3,459	3,349	3,459	CHO	330
New dietetic patients seen	OP	Access and Integration	M	21,873	23,028	21,874	CHO	2,479
Total no. of dietetic patients on the treatment waiting list at the end of the reporting period	OP	Access and Integration	M	14,241	16,085	16,085	CHO	267
No. of dietetic patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	OP	Access and Integration	M	No target	5,464	No target	CHO	No target
No. of dietetic patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	OP	Access and Integration	M	No target	2,945	No target	CHO	No target
No. of dietetic patients on the treatment waiting list at the end of the reporting	OP	Access and	M	No target	1,598	No target	CHO	No target

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
period >26 weeks but ≤ 39 weeks		Integration						
No. of dietetic patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	OP	Access and Integration	M	No target	1,225	No target	CHO	No target
No. of dietetic patients on the treatment waiting list at the end of the reporting period > 52 weeks	OP	Access and Integration	M	No target	4,853	No target	CHO	No target
% of dietetic patients on waiting list for treatment ≤ 12 weeks	NSP	Access and Integration	M	37%	34%	37%	CHO	37%
% of dietetic patients on waiting list for treatment ≤ 26 weeks	OP	Access and Integration	M	59%	52%	59%	CHO	59%
% of dietetic patients on waiting list for treatment ≤ 39 weeks	OP	Access and Integration	M	71%	62%	71%	CHO	71%
% of dietetic patients on waiting list for treatment ≤ to 52 weeks	NSP	Access and Integration	M	79%	70%	79%	CHO	79%

Key Performance Indicators Service Planning 2019				**2018**	**2018**	**2019**		**2019 Expected Activity / Target**
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
Primary Care – Psychology								
No. of psychology patient referrals	OP	Access and Integration	M	12,480	12,948	12,948	CHO	1,416
Existing psychology patients seen in the month	OP	Access and Integration	M	2,240	2,550	2,550	CHO	277
New psychology patients seen	OP	Access and Integration	M	13,144	10,884	10,884	CHO	1,200
Total no. of psychology patients on the treatment waiting list at the end of the reporting period	OP	Access and Integration	M	7,868	7,919	7,919	CHO	459
No. of psychology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	OP	Access and Integration	M	No target	2,168	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	OP	Access and Integration	M	No target	1,735	No target	CHO	No target

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
No. of psychology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	OP	Access and Integration	M	No target	1,168	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	OP	Access and Integration	M	No target	875	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period > 52 weeks	OP	Access and Integration	M	No target	1,973	No target	CHO	No target
% of psychology patients on waiting list for treatment ≤ 12 weeks	NSP	Access and Integration	M	36%	27%	36%	CHO	36%
% of psychology patients on waiting list for treatment ≤ 26 weeks	OP	Access and Integration	M	48%	49%	49%	CHO	49%
% of psychology patients on waiting list for treatment ≤ 39 weeks	OP	Access and Integration	M	62%	64%	64%	CHO	64%
% of psychology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access and Integration	M	81%	75%	81%	CHO	81%

Key Performance Indicators Service Planning 2019				**2018**	**2018**	**2019**		**2019 Expected Activity / Target**
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
Primary Care – Nursing								
No. of nursing patient referrals	OP	Access and Integration	M	139,184	140,832	140,832	CHO	8,748
Existing nursing patients seen in the month	OP	Access and Integration	M I Mth in Arrears	52,063	49,436	52,063	CHO	1,336
New nursing patients seen	OP	Access and Integration	M I Mth in Arrears	118,849	134,916	118,849	CHO	4,477
% of new patients accepted onto the nursing caseload and seen within 12 weeks	NSP	Access and Integration	M I Mth in Arrears	96%	99%	100%	CHO	100%
Child Health								
% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	NSP	Quality and Safety	M I Mth in Arrears	95%	93%	95%	CHO	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity	NSP	Quality and	Q	98%	96%	98%	CHO	98%

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
services		Safety						
% of babies breastfed (exclusively and not exclusively) at first PHN visit	NSP	Quality and Safety	Q 1 Qtr in Arrears	58%	56%	58%	CHO	58%
% of babies breastfed exclusively at first PHN visit	NSP	Quality and Safety	Q 1 Qtr in Arrears	48%	40%	48%	CHO	48%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	NSP	Quality and Safety	Q 1 Qtr in Arrears	40%	40%	40%	CHO	40%
% of babies breastfed exclusively at three month PHN visit	NSP	Quality and Safety	Q 1 Qtr in Arrears	30%	30%	30%	CHO	30%
Oral Health Primary Dental Care								
No. of new oral health patients in target groups attending for scheduled assessment	OP	Access and Integration	M	131,386	139,152	162,336	CHO	8,664
No. of new oral health patients attending for unscheduled assessment	OP	Access and Integration	M	62,081	64,812	64,812	CHO	4,020

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
% of new oral health patients who commenced treatment within three months of scheduled oral health assessment	NSP	Access and Integration	M	92%	90%	90%	CHO	90%
Orthodontics								
No. of orthodontic patients receiving active treatment at the end of the reporting period	OP	Access and Integration	Q	16,431	18,000	18,000	National/ former region	
No. and % of orthodontic patients seen for assessment within 6 months	NSP	Access and Integration	Q	2,483 46%	2,406 45%	2,406 46%	National/ former region	
% of orthodontic patients on the waiting list for assessment ≤ 12 months	OP	Access and Integration	Q	100%	95%	100%	National/ former region	
% of orthodontic patients on the treatment waiting list ≤ two years	OP	Access and Integration	Q	75%	58%	75%	National/ former	

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
							region	
% of orthodontic patients (grades 4 and 5) on treatment waiting list less than four years	OP	Access and Integration	Q	99%	94%	99%	National/ former region	
No. of orthodontic patients on the assessment waiting list at the end of the reporting period	OP	Access and Integration	Q	7,199	8,722	8,722	National/ former region	
No. of orthodontic patients (grade 4) on the treatment waiting list at the end of the reporting period	OP	Access and Integration	Q	9,566	9,432	9,432	National/ former region	
No. of orthodontic patients (grade 5) on the treatment waiting list at the end of the reporting period	OP	Access and Integration	Q	8,369	8,426	8,426	National/ former region	
~~Reduce the proportion of orthodontic patients (grades 4 and 5) on the treatment~~ % of orthodontic patients (grades 4 and 5)	NSP	Access and Integration	Q	<1%	6%	<6%	National/ former	

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	**NSP/ OP**	**Performance Area**	**Reporting Period**	**2018 National Target / Expected Activity**	**2018 Projected outturn**	**2019 National Target / Expected Activity**	**Reported at National/ CHO / HG**	**CHO 6**
on the treatment waiting list longer than four years							region	
Services to persons with Hepatitis C								
No. of Health Amendment Act 1996 cardholders who were reviewed	OP	Quality and Safety	Q	459	119	340	National	25

KPI Social Inclusion

Performance Activity / KPI (Wording as per NSP/OP)	Target/EA Full Year	CHO 6
Number of pharmacies recruited to provide a Pharmacy Needle Exchange Programme	95	0
No of unique individuals attending the Pharmacy Needle Exchange Programme	1,650	0
No. of pharmacy needle exchange packs provided as per the Pharmacy Needle Exchange Programme	No Target	
Number of clean needles provided each month as per the Pharmacy Needle Exchange Programme	22,559	0
Average no. of clean needles (and accompanying injecting paraphenilia per unique individual each month	14	14
No. of needle / syringe packs returned as per the Pharmacy Needle Exchange Programme	643	0
% of needle / syringe packs returned as per the Pharmacy Needle Exchange Programme	41%	41%

KPI's Palliative Care

Palliative Care	Target/EA Full Year	CHO 6
Access to specialist inpatient bed within seven days during the reporting year	98%	98%
No. accessing specialist inpatient bed within seven days (during the reporting year)	3,809	204
% of patients triaged within one working day of referral (Inpatient Unit)	90%	90%
Access to specialist palliative care services in the community provided within seven days (normal place of residence)	90%	90%
% of patients triaged within one working day of referral (Community)	95%	95%
No. of patients who received specialist palliative care treatment in their normal place of residence in the month	3,405	264
No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)	280	15
No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)	97	

KPI's Mental Health

Key Performance Indicators Service Planning 2019	Reported against NSP	KPI Type Access/ Quality /Access Activity	Report Frequency			
KPI Title				**2019 National Target / Expected Activity**	**Reported at National / CHO / HG Level**	**CHO6**
% of accepted referrals / re-referrals offered first appointment within 12 weeks by General Adult Community Mental Health Team	NSP	Quality	M	90%	CHO	90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team	NSP	Quality	M	75%	CHO	75%
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	NSP	Access /Activity	M	< 22%	CHO	< 22%
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	NSP	Quality	M	98%	CHO	98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	NSP	Quality	M	95%	CHO	95%
%. of new (including re-referred) Later Life Psychiatry Team cases offered appointment and DNA in the current month	NSP	Access /Activity	M	< 3%	CHO	< 3%

Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units.	NSP	Quality	M	75%	National	N/A
Percentage of Bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of Bed days used by children in mental health acute inpatient units	NSP	Quality	M	95%	CHO	95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams	NSP	Quality	M	78%	CHO	78%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams	NSP	Quality	M	72%	CHO	72%
%. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	NSP	NSP	M	< 10%	CHO	< 10%
% of accepted referrals / re-referrals offered first appointment and seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs	NSP	NSP	M	95%	CHO	95%
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	NSP	NSP	M	New KPI 2019	CHO	New KPI 2019
No. of adult referrals seen by mental health services	NSP Vol	Access /Activity	M	28,716	CHO	2,273
No. of admissions to adult acute inpatient units	NSP Vol	Access /Activity	Q in arrears	12,148	CHO	980
No. of Psychiatry of Later Life referrals seen by mental health services	NSP Vol	Access /Activity	M	8,896	CHO	952
No. of CAMHs referrals received by mental health services	NSP Vol	Access /Activity	M	18,128	CHO	1,954

No. of CAMHs referrals seen by mental health services	NSP Vol	Access /Activity	M	10,833	CHO	1,121
Total No. to be seen for a first appointment at the end of each month.	OP	Access /Activity	M	2,498	CHO	434
Total No. to be seen 0-3 months	OP	Access /Activity	M	1,142	CHO	248
Total No. on waiting list for a first appointment waiting > 3 months	OP	Access /Activity	M	1,356	CHO	186
Total No. on waiting list for a first appointment waiting > 12 months	OP	Access /Activity	M	0	CHO	0
No. of admissions to adult acute inpatient units	OP	Access /Activity	Q in arrears	12,148	CHO	980
Median length of stay	OP	Access /Activity	Q in arrears	11	CHO	11
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	OP	Access /Activity	Q in arrears	62.9	CHO	54.7
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	OP	Access /Activity	Q in arrears	23.0	CHO	14.6
Acute re-admissions as % of admissions	OP	Access /Activity	Q in arrears	63%	CHO	73%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	OP	Access /Activity	Q in arrears	39.9	CHO	40.1
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	OP	Access /Activity	Q in arrears	21.3	CHO	25.5
No. of adult involuntary admissions	OP	Access /Activity	Q in arrears	1,918	CHO	186
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	OP	Access /Activity	Q in arrears	9.9	CHO	10.4

Number of General Adult Community Mental Health Teams	OP	Access	M	114 (119 returns)	CHO	9
Number of referrals (including re-referred)received by General Adult Community Mental Health Teams	OP	Access /Activity	M	43,819	CHO	2,566
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	OP	Access /Activity	M	39,437	CHO	2,309
No. of new (including re-referred) General Adult Community Mental Health Team cases offered first appointment for the current month (seen and DNA below)	OP	Access /Activity	M	35,035	CHO	2,774
No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	OP	Access /Activity	M	28,716	CHO	2,273
No. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	OP	Access /Activity	M	6,319	CHO	501
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	OP	Access /Activity	M	< 22%	CHO	< 22%
Number of cases closed/discharged by General Adult Community Mental Health Teams	OP	Access /Activity	M	27,606	CHO	1,616
Number of Psychiatry of Later Life Community Mental Health Teams	OP	Access	M	31	CHO	2
Number of referrals (including re-referred)received by Psychiatry of Later Life Mental Health Teams	OP	Access /Activity	M	12,455	CHO	1,156
Number of Referrals (including re-referred) accepted by Psychiatry of Later Life Community Mental Health Teams	OP	Access /Activity	M	11,211	CHO	1,041

No. of new (including re-referred) Later Life Psychiatry Team cases offered first appointment for the current month (seen and DNA below)	OP	Access /Activity	M	9,163	CHO	981
No. of new (including re-referred) Later Life Psychiatry Team cases seen in the current month	OP	Access /Activity	M	8,896	CHO	952
No. of new (including re-referred) Later Life Psychiatry cases offered appointment and DNA in the current month	OP	Access /Activity	M	267	CHO	29
Number of cases closed/discharged by Later Life Psychiatry Community Mental Health Teams	OP	Access /Activity	M	8,969	CHO	833
No. of child and adolescent Community Mental Health Teams	OP	Access	M	70	CHO	7
No. of child and adolescent Day Hospital Teams	OP	Access	M	4	CHO	1
No. of Paediatric Liaison Teams	OP	Access	M	3	CHO	0
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	OP	Access /Activity	M	296	CHO	N/A
No. of children / adolescents admitted to adult HSE mental health inpatient units	OP	Access /Activity	M	30	National	N/A
i). <16 years	OP	Access /Activity	M	0	National	N/A
ii). <17 years	OP	Access /Activity	M	0	National	N/A
iii). <18 years	OP	Access /Activity	M	30	National	N/A
No. of child / adolescent referrals (including re-referred) received by mental health services	OP	Access /Activity	M	18,128	CHO	1,954

No. of child / adolescent referrals (including re-referred) accepted by mental health services	OP	Access /Activity	M	13,069	CHO	1,407
No. of new (including re-referred) CAMHs Team cases offered first appointment for the current month (seen and DNA below)	OP	Access /Activity	M	11,919	CHO	1,232
No. of new (including re-referred) child/adolescent referrals seen in the current month	OP	Access /Activity	M	10,833	CHO	1,121
No. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	OP	Access /Activity	M	1,086	CHO	111
No. of cases closed / discharged by CAMHS service	OP	Access /Activity	M	10,454	CHO	1,125
Total No. to be seen for a first appointment by expected wait time at the end of each month.	OP	Access /Activity	M	2,498	CHO	434
i) 0-3 months	OP	Access /Activity	M	1,142	CHO	248
ii). 3-6 months	OP	Access /Activity	M	550	CHO	110
iii). 6-9 months	OP	Access /Activity	M	454	CHO	49
iv). 9-12 months	OP	Access /Activity	M	352	CHO	27
v). > 12 months	OP	Access /Activity	M	0	CHO	0
12-15 months	OP	Access /Activity	M	0	CHO	0
15-18 months	OP	Access /Activity	M	0	CHO	0
> 18 months	OP	Access /Activity	M	0	CHO	0

18-21 months	OP	Access /Activity	M	0	CHO	0
21-24 months	OP	Access /Activity	M	0	CHO	0
24-27 months	OP	Access /Activity	M	0	CHO	0
27-30 months	OP	Access /Activity	M	0	CHO	0
30-33 months	OP	Access /Activity	M	0	CHO	0
33-36 months	OP	Access /Activity	M	0	CHO	0
36-39 months	OP	Access /Activity	M	0	CHO	0
39-42 months	OP	Access /Activity	M	0	CHO	0
42-45 months	OP	Access /Activity	M	0	CHO	0
45-48 months	OP	Access /Activity	M	0	CHO	0
>48 months	OP	Access /Activity	M	0	CHO	0

KPI’s Disability Services

Performance Activity / KPI (Wording as per NSP/OP)	Target/EA Full Year	CHO 6
Safeguarding: (combined KPI's with Older Persons Service) % of Preliminary Screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	100%	100%
Safeguarding: (combined KPI's with Older Persons Service) % of Preliminary Screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	100%	100%
% compliance with regulations following HIQA inspection of Disability Residential Services	80%	
No. of requests for assessments of need received for children	5,065	252
% of child assessments completed within the timelines as provided for in the regulations	100%	100%
% of school leavers and Rehabilitation Training (RT) graduates who have been provided with a placement	100%	100%
% of Children's Disability Network Teams established	100%	100%
No. of Children’s disability Network Teams established	80	~~7~~
No. of residential places for people with a disability	8,568	650
No. of new emergency places provided to people with a Disability	90	
Facilitate the movement of people from congregated to community settings	160	17
No of people with a disability in receipt of work/work-like activity services (ID/Autism and Physical and sensory disability)	2,513	141
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,282	192
No. of people with a disability in receipt of other day services (excl. RT and work/ Work-like activities (adult) (ID / Autism and Physical and sensory disability)	22,272	1,526
No of day only respite sessions accessed by people with a disability(ID/Autism and Physical and Sensory Disability)	32622	2,545

No of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,559	435
No. of overnights (with or without day respite) accessed by people with a disability(ID/Autism and Physical and Sensory Disability)	182,506	11,707
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1,630,000	21,783
No. of adults with a physical and / or sensory disability in receipt of a PA service	2,535	9
No. of Home Support Service Hours delivered to people with a disability (ID/Autism and Physical and Sensory Disability)	3,080,000	355,364
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	8,094	594
Percentage of "Transforming Lives" priorities Implemented	100%	
Percentage of Service improvement priorities implemented	100%	
% of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Disability Services	100%	
% of CHO quality and safety committees in place with responsibilities to include governance of the quality and Safety of HSE provided disability Services who have met in this reporting month	100%	

KPI's Older Persons Services

Performance Activity / KPI (Wording as per NSP/OP)	Target/EA Full Year	CHO 6
Quality		
% of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Services for Older People		
% of compliance with Regulations following HIQA inspection of HSE direct-provided Older Persons Residential Services	80%	N/A
% of CHO Quality and Safety Committees with responsibilities to include governance of the quality and safety of Older Persons' Services who have met in this reporting month		
Safeguarding		
% of Preliminary Screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	100%	100%
% of Preliminary Screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	100%	100%
Deliver on Service Improvement Priorities		
Deliver on Service Improvement Priorities: %of Service improvement priorities implemented		
Home Support		
No. of Home Support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))	17,900,000	1,350,000
No. of people in receipt of Home Support (excluding provision from Intensive Home Care Packages(IHCPs)) - each person counted once only	53,182	4,349
Intensive Home Care Packages		
Total No. of persons in receipt of an Intensive Home Care Package (IHCP)	235	N/A
% of clients in receipt of an IHCP with a Key Worker Assigned	100%	100%
No. of Home Support hours provided from Intensive Home Care Packages	360,000	N/A
NHSS		
No. of persons funded under NHSS in long term residential care during the reporting month	23,042	N/A
% of clients with NHSS who are in receipt of Ancillary State Support	13.5%	N/A

% of clients who have Common Summary Assessment Report (CSARs) processed within 6 weeks	90%	N/A
Public Beds		
No. of NHSS Beds in Public Long Stay Units	4,900	359
No. of Short Stay Beds in Public Long Stay Units	1,850	135
% Occupancy of Short Stay Beds to commence Q3 2019	90%	90%
% of population over 65 years in NHSS funded Beds (based on 2016 Census figures)	≤3.5%	N/A
Transitional Care Beds		
No. of Persons at any given time being supported through transitional care in alternative care settings	1,160	N/A
No. of Persons in acute hospitals approved for transitional care to move to alternative care settings	10,980	N/A
Single Assessment Tool (SAT)		
No. of People seeking service who have been assessed using the Single Assessment Tool(SAT)(commencing Q4)	300	N/A

KPI's Health & Wellbeing

Key Performance Indicators Service Planning 2018	Reported against NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency			CHO6
KPI Title				2019 National Target / Expected Actvity	Reported at National / CHO / HG Level	HG6
No. of smokers who received face to face or telephone intensive cessation support from a cessation counsellor	NSP	Access /Activity	Q-1Q	11,500	CHO/HG/ Nat Quitline	
No. of smokers who are receiving online cessation support services	NSP		Q	??	National	
% of smokers on cessation programmes who were quit at four weeks	NSP	Access /Activity	Q-1Q	45%	National	
No. of unique runners completing a 5k parkrun	DOP	Quality	M	220,946	CHO/LHO	

No. of people attending a HSE funded structured community based healthy cooking programme	DOP	Access /Activity	Q	4,400	CHO	
No. of people who have completed a structured patient education programme for type 2 diabetes	NSP	Access /Activity	M	4,190	CHO	382
% children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenzae type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6 in 1)	DOP	Access /Activity	Q-1Q	95%	LHO/CHO	95%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	DOP	Access /Activity	Q-1Q	95%	LHO/CHO	95%
% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC1)	DOP	Access /Activity	Q-1Q	95%	LHO/CHO	95%

% children at 12 months of age who have received two doses of the Meningococcal group B vaccine (MenB2)	DOP		Q-1Q	95%	LHO/CHO	95%
% children at 12 months of age who have received two doses of Rotavirus vaccine (Rota2)	DOP		Q-1Q	95%	LHO/CHO	95%
% children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	NSP	Access /Activity	Q-1Q	95%	LHO/CHO	95%
% children aged 24 months who have received 2 doses Meningococcal C (MenC2) vaccine	DOP	Access /Activity	Q-1Q	95%	LHO/CHO	95%
% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	DOP	Access /Activity	Q-1Q	95%	LHO/CHO	95%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	DOP	Access /Activity	Q-1Q	95%	LHO/CHO	95%

% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	NSP	Access /Activity	Q-1Q	95%	LHO/CHO	95%
% of children aged 24 months who have received three doses of the Meningococcal group B vaccine (MenB3)	DOP		Q-1Q	95%	LHO/CHO	95%
% of children aged 24 months who have received two doses of the Rotavirus vaccine (Rota2)	DOP		Q-1Q	95%	LHO/CHO	95%
% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	DOP	Access /Activity	A	95%	LHO/CHO	95%
% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	DOP	Access /Activity	A	95%	LHO/CHO	95%
% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	DOP	Access /Activity	A	95%	LHO/CHO	95%
% of first year girls who have received two doses of HPV Vaccine	NSP	Access /Activity	A	85%	LHO/CHO	85%

% of first year students who have received one dose meningococcal C (MenC) vaccine	DOP	Access /Activity	A	95%	LHO/CHO	95%
% of health care workers who have received seasonal Flu vaccine in the 2018-2019 influenza season (acute hospitals)	NSP	Access /Activity	A	60%	National / HG	60%
% of health care workers who have received seasonal Flu vaccine in the 2018-2019 influenza season (long term care facilities in the community)	NSP	Access /Activity	A	60%	National /CHO/LHO	60%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	NSP	Access /Activity	A	75%	LHO/CHO	75%
No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule	NSP	Access /Activity	Q	500	National	
No. of individual outbreak associated cases of infectious disease (ID) notified under the national ID reporting schedule	DOP	Access /Activity	Q	5090	National	

% of identified TB contacts, for whom screening was indicated, who were screened.	DOP	Quality	Q-1Q	>/=80%	National	
No. of frontline Staff to complete the eLearning Making Every Contact Count Training in brief intervention	NSP	Workforce	Q	1,425	National	
No. of frontline Staff to complete the Face to Face Module of the Making Every Contact Count Training in brief intervention	NSP	Workforce	Q	284	National	

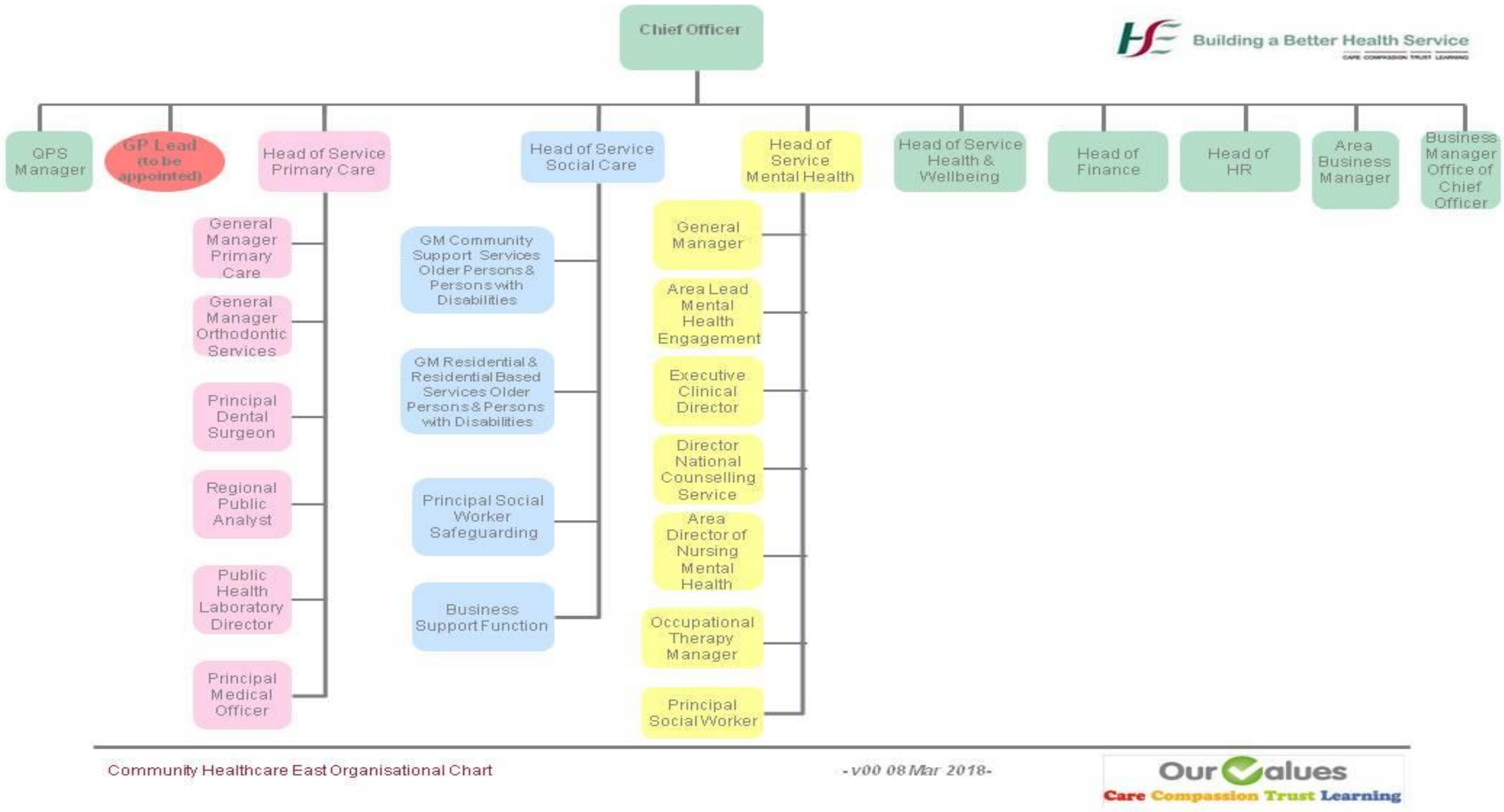
Appendix 4: Capital Infrastructure

- The projects set out here should align with those set out in NSP2019 and in the Community Healthcare Plan 2019 as appropriate to your CHO. Please see NSP2019 for the criteria to be followed in the inclusion of any projects.

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
						2019	Total	WTE	Rev Costs €m
Disability Services									
National Rehabilitation Hospital, Rochestown Avenue, Dun Laoghaire, Co. Dublin	Phase 1 redevelopment/replacement of existing facility in a phased development. Co-funded by NRH Trust.	Q4 2019	Q2 2020	0	120	34.50	78.17	0	0
Sunbeam, Rosanna, Bray, Co. Wicklow	2 units at varying stages of purchase/new build/refurbishment to meet housing requirements for 8 people transitioning from congregated settings	Phased delivery	Phased Delivery	0	8	0.02	1.30	0	0
HSE, Southside Intellectual Disability Service	2 units at varying stages of purchase/new build/refurbishment to meet housing requirements for 7 people transitioning from congregated settings	Phased Delivery	Phased Delivery	0	7	0.50	1.20	0	0
Older Persons									
Dalkey Community Nursing Unit, Co. Dublin	Upgrade and refurbishment to achieve HIQA compliance	Q3 2019	Q4 2019	0	46	1.34	2.58	0	0
Leopardstown Park Hospital, Leopardstown, Dublin 18	Replacement 70 bed CNU, grant to paid in 2016 (address Nightingale Wards)	Q2 2021	Q3 2021						
St. Colmans Residential Unit, Co. Wicklow	100 bed CNU to replace existing beds as per service priority list. Two phases. Phase 1 funded by HSE	Q1 2021	Q2 2021						
Royal Hospital Donnybrook, Dublin 4	Refurbishment	Q1 2020	Q2 2020						

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
						2019	Total	WTE	Rev Costs €m
Primary Care									
Royal Hospital Donnybrook, Dublin 4	Primary Care Centre, by lease agreement (Interim Solution)	Q3 2019	Q4 2019	0	0	0.10	0.10	0	0
Churchtown/Nutgrove Dublin 14	Extension to Primary Care Centre, by lease agreement.	Q3 2019	Q2 2019	0	0	0.10	0.10	0	0
Shankill Dublin 18	Primary Care Centre, by lease agreement	Q4 2019	Q4 2019	0	0	0.15	0.15	0	0
Rathdrum, Co. Wicklow	Primary Care Centre, by lease agreement	Q4 2019	Q4 2019	0	0	0.15	0.15	0	0

Appendix 5: Organisational Structure


Chief Officer
Building a Better Health Service
QPS Manager
GP Lead (to be appointed)
Head of Service Primary Care
Head of Service Social Care
Head of Service Mental Health
Head of Service Health & Wellbeing
Head of Finance
Head of HR
Area Business Manager
Business Manager Office of Chief Officer
General Manager Primary Care
General Manager Orthodontic Services
Principal Dental Surgeon
Regional Public Analyst
Public Health Laboratory Director
Principal Medical Officer
GM Community Support Services Older Persons & Persons with Disabilities
GM Residential & Residential Based Services Older Persons & Persons with Disabilities
Principal Social Worker Safeguarding
Business Support Function
General Manager
Area Lead Mental Health Engagement
Executive Clinical Director
Director National Counselling Service
Area Director of Nursing Mental Health
Occupational Therapy Manager
Principal Social Worker
Community Healthcare East Organisational Chart
-v00 08 Mar 2018-
Our Values
Care Compassion Trust Learning