



Dublin South, Kildare & West Wicklow CHO 7 Delivery Plan 2019



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Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service

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Foreword from the Chief Officer

The National Service plan sets out the type and volume of health and personal social services to be provided by the Health Services Executive in 2019 within the available funding. The National Service Plan recognises that underpinning these actions is the goal of improving the health and wellbeing of the population and ensuring we deliver a high quality service in a safe way.

Dublin South, Kildare West Wicklow CHCO continues to deliver services in an environment where the population is growing, the number of people seeking to access services is higher than ever before and where public expectation for quality of services continues to increase. The population of this area grew by 33,175 (approx. 5%) from the 2011 census. Coupled with that the rise in the homeless population, particularly in the South Dublin area, and the increasing volume of very socially deprived populations are particular challenges in health care delivery in this area.

The total funding available to DSKWW CHCO in 2019 is €642.76 million.

Key Priorities for Dublin South, Kildare & West Wicklow in 2019 include:

- To complete the implementation of our Healthy Ireland Plan which was launched in November/December 2018. This plan outlines the actions to be taken locally to improve the health and wellbeing of service users, staff and the communities we serve.
- To recruit and retain appropriately qualified staff to fill vacancies and reduce agency dependency in particular in Mental Health Services and Community Nursing Units.
- To continue to maximise the use of the Programme Management Office in embedding a project management approach to projects.
- To establish the pilot Contract Management Support Unit to assist in the governance and management of our Service level agreements and grant aid agreements.

Primary Care

- To further develop the on-going work with GP's in the provision of services within our Primary Care Centres e.g. diagnostic facilities, management of chronic disease and ophthalmology services.
- To continue to work to improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, travellers and Roma communities.
- Continue the implementation of the Community Healthcare Organisation with particular focus on the Community Health Network learning site for 2019.
- To continue the support and engagement with the Therapies in the Schools project in conjunction with the Dept. of Education and the Dept. of DYCA

Mental Health

- To continue the work of Connecting for Life, Ireland's national strategy to reduce lives lost through suicide, and the on-going engagement and support of local communities.
- To continue to develop service user engagement programme in MH
- Develop Adult and Child Mental Health Intellectual Disability teams subject to resources.
- Implement the recommendations of *A National Framework for Recovery in Mental Health, 2018 – 2020*

Disability Services

- Continue to manage demand for residential placements that arises in 2019, in conjunction with our voluntary providers, from our existing resources. Review and management of current residential placements will continue in 2018 in line with National guidance documents.
- Continue to implement Progressing Disability Services for Children and Young People (0-18) Programme in the South Dublin region.
- To progress the transition plans in the disability units, Cherry Orchard Hospital as per conditions attached to registration.
- Conduct a comprehensive review into disability home support provision across the CHO.

Older Persons Services

- Continue to support the delivery of home support services through a Single Funded Model of care and to work closely with the acute hospitals in defining appropriate allocation models.
- Continue the standardisation of processes within the seven Older Persons' Residential care settings in CHO 7 Dublin South, Kildare and West Wicklow in order to maximise the use of existing resources, improve service provision and deliver best value for money
- Open 15 Step down Beds in Belvilla Residential Care Setting for Older People in partnership with TUH
- CHO 7 Dublin South, Kildare and West Wicklow will support the development of the DoH national policy in adult safeguarding

Where specific services development funding has not been provided and where it is not possible to reconfigure existing resources, it will be a challenge to deliver on all these key priorities.

Achievements in 2018:

Population Health & Wellbeing

HI Implementation Plan 2018 - 2022 launched in the CHO by Minister Byrne and Dr. Stephanie O'Keeffe, National Direct Strategic Planning and Transformation on 12th December 2019

Staff initiatives

Health and Wellbeing programme of initiatives were rolled out throughout 2018 to support staff. This included health checks, wellness and physical activities. These were attended by approximately 1,000 staff in the CHO. Initiatives were evaluated with a highly positive result.

Flu Campaign

There was a proactive targeted campaign undertaken. Increased rates went from 22% to 45% in 2017/2018 campaign and to 49% in 2018/2019 campaign.

Self - Management Support/ Chronic Disease

The first edition of the CHO 7 directory to support clients living with chronic disease was developed. This is a support to clients and also health professionals to roll out Making Every Contact Count (MECC) in 2019.

Collaborative approach with Naas General Hospital to develop supports for clients living with COPD.

Social Prescribing

Working in partnership with Tallaght LCDC in conjunction with Tallaght Hospital and community in implementing Social Prescribing service in Tallaght.

Relationships building

Establishment of Age Friendly Alliance Coordination committee. This is a shared learning and support for Age Friendly Alliance Coordinators from Kildare Local Authority, Wicklow, South Dublin and Dublin City. The focus is the Healthy Ireland agenda for positive aging in consultation with HSE. HSE supported information 'road shows' and supported the production and distribution of Fridge Magnets for older persons to display Eircodes and emergency numbers.

Emergency Management

Lead role in successfully managing the planning, response and recovery of adverse weather, 'Storm Emma'. Innovative management approach to the crises was implemented through a wide range of inter partnership working comprising of cross divisional and interagency working to ensure the safety of clients and staff across the CHO.

Primary Care

- In 2018 included the commissioning/ official opening of five primary care centres across the CHO bringing primary care services together, providing improved facilities closer to home for service users.
- St Brigid's Hospice, Curragh reopened with extended services which we hope to expand in 2019
- The CHO is currently the national demonstration site for the cross government project to introduce therapies into school and early years settings. The CHO

will continue to work with the Department of Education, National Council for Special Education, Department of Health and the Department of Children and Youth Affairs to introduce a 3 tier model for the provision of Speech and Language Therapy and Occupational Therapy in early years, primary and secondary school settings and to assist in the evaluation of the project in 2019.

- In 2018 CHO Dublin South Kildare and West Wicklow primary care delivered fully on the rollout of IT and smart phone technology to all primary care staff in the CHO. The CHO will progress the implementation of NIMIS to primary care physiotherapists and GP access to a diagnostic booking system in the Tallaght area in 2019.
- Opening of 12 bedded step up step down Homeless Specific Medical Residential Treatment and Recovery Facility in collaboration with Simon, Safety net and other key stakeholder including local hospitals.

Social Care – Disability Service

- Transition of services from Irish Society for Autism to Inspire Wellbeing in October 2018.
- The registration of the Disability Units, Lísbrí and Elm in Cherry Orchard Hospital.
- The delivering of additional respite services for young adults in line with the Governments €10 million Respite investment programme. In total 236 respite nights were provided.
- The transition of 19 adults from congregated settings to appropriate accommodation in the community as per the policy *“Time to Move on from Congregated Settings”*.
- The roll out of the New Directions Policy for day services in Dublin South, Kildare and West Wicklow is progressing well.
- Established strong links with Tulsa arising from the Children’s Ombudsman (ref: Molly Cases) the joint HSE and Tulsa integrated protocol

Social Care – Older Person Service

- Registration of seven Older Persons’ Residential Care Settings in CHO 7 Dublin South, Kildare and West Wicklow by the Health Information and Quality Authority (HIQA) until 2021
- Successful move of 34 residents from Mount Carmel to Belvilla, a newly refurbished, bespoke residential care setting for older people, located on the South Circular Road
- Development of home care support model in CHO 7 Dublin South, Kildare and West Wicklow to standardise processes in line with a single funded model of home care in addition to, centralising home support services to improve efficiencies
- Reaching target occupancy level of 95% in the seven Older Persons’ Residential Care Settings in CHO 7 Dublin South, Kildare and West Wicklow.

Mental Health

- Launched the Connecting for Life plans for Dublin South Central and Kildare West Wicklow
- Development of the 7/ 7 services across all areas in the CHO with an Additional 5 posts in place.
- Development of the appropriate governance structures across the CHO to support the implementation and roll out of the National Recovery Framework for Mental Health 2018 – 2020.

- Creation of 4 Area Fora as part of Mental Health Engagement programme

Performance and Accountability

The Accountability Framework describes in detail the means by which the HSE, and in particular Hospital Groups and Community Healthcare Organisations, will be held to account in 2019. A key feature of the Accountability Framework will be the formal **Performance Agreements**. These Agreements will be put in place at two levels. The first level will be the National Director & Performance Agreement between the Director General and the National Director Community Operation for services. The second level will be the Community Healthcare Organisation Chief Officer Performance Agreement, which will be with the National Directors, Community Operations & Performance. The full document detailing the processes can be found on www.hse.ie.

Another feature of the Accountability Framework will be explicit arrangements for escalating areas of underperformance and specifying the range of interventions to be taken in the event of serious or persistent underperformance; this will be reviewed as part of the monthly performance reviews.

The HSE nationally also provides funding of more than €3 billion annually to the non-statutory sector to provide a range of health and personal social services which is governed by way of Service Arrangements and Grant Aid Agreements. A new **Service Arrangement and Grant Aid Agreement** will be put in place for 2019 and will be the principal accountability agreement between the Social Care, Primary Care and Mental Health Services and the 399 Section 38, Section 39 funded, voluntary and private provider agencies.

In 2019, CHO7 will work to strengthen the management of service level agreements/arrangements with the establishment of the Contracts Management Support Unit (CMSU). This CMSU will support the work of the Chief Officer and Heads of Service in ensuring appropriate Service Level Agreements and Grant Agreements are in place with our Section 38, Section 39 funded, voluntary and private provider agencies.

Where appropriate, an identified manager will be responsible for managing contractual relationships with each agency and this manager will be responsible for overseeing the negotiation of the service level agreement including service specification, financial and quality schedules etc. They will also be responsible for monitoring the performance and financial management of the specified agreement in conjunction with the CHO Finance team and the CHO Human Resources Team. Through this mechanism CHO 7 will move towards full implementation of the Compliance policy within the current resource constraints

Risks to delivery of Dublin South, Kildare West Wicklow 2019 Operational Plan

There are a number of risks to the successful delivery of the CHO Operational Plan. While every effort will be made to manage these risks, it may not be possible to eliminate them in full and they may impact on planned levels of service delivery or the achievement of targeted performance. Particular focus will be required to mitigate risk in the following areas:

Structural Risks

- Management of capacity risk including financial management is of particular concern in the context of legislation regarding supplementary budgets.

- Organisational capacity to support the reform programme will be essential to ensure the overall governance and stability of services at CHO level.
- Non-integration of ICT systems which are not fit for purpose from Clinical, Financial and HR perspectives.
- Implementation of national priorities will continue to be a risk during the on-going transition to a CHO structure while that structure is still not complete.
- The extent of organisational capacity required to develop the required primary care networks and primary care teams and the associated scaling of models and pathways of care required to deliver high quality services.
- Lack of Health & Safety Resources in the context of our obligations under Health & Safety Legislation is a serious structural risk in CHO 7.
- Underdeveloped HR/IR resources.

Structural reform challenges, together with limited financial and human resources will impact on service delivery and risk.

Service Risks

- Demographic pressures over and above those planned for delivery in 2019.
- Increased demand for services beyond our funded levels.
- Meeting regulatory requirements in Residential Services for Older People, in Residential Services for People with Disabilities and in Mental Health Services which must be responded to within the limits of the revenue and capital funding available.
- Control over pay costs and staffing levels while maintaining specific regulatory demand and practice driven pressures and while seeking to ensure the recruitment and retention of a highly skilled and qualified workforce.
- Meeting the National Metric Targets in Primary Care will prove challenging in 2019 due to staffing issues in this CHO as a result of paybill constraints and geographical issues surrounding staff recruitment and retention.
- The significant requirement to reduce agency and overtime expenditure given the scale and complexity of this task including the level of recruitment required in the areas where staff availability is limited.
- Meeting statutory obligations under the Disability Acts in relation to Assessment of Need.
- Meeting the level of changing needs and emergency placements in Disability Services, Mental Health services.
- The deficit in Acute Mental Health Bed Capacity will continue to be a service risk.

Financial risks associated with statutory and regulatory compliance.

- Financial risk associated with the opening of new Primary Care capacity.
- The ability to recruit and retain skilled and qualified clinical staff.
- The potential of pay cost growth which has not been funded.

- The increase in demand for Home Support Packages beyond those funded is of a particular risk in 2018 in the context of a continued focus on alleviation of pressures in ED departments.
- The increase in demand for Bespoke Placements beyond those funded is a major risk in 2019 in the context of Disability and Mental Health Services.
- To ensure that ELS are provided within our financial allocation, an increased level of discipline and cost management will be required.

HSE structural reforms will impact on CHO 7 in 2019 as services continue to be aligned at local level. We will continue to strive to prioritise service delivery in an equitable and transparent way.

Conclusion

The on-going pressures to deliver high quality safe services to our increasingly elderly population, with more complex health needs, cannot be underestimated. The diversity of the population and the increasing levels of poverty and homelessness in this area pose additional issues in the delivery of our plan within the allocated resource.

The majority of our funding is utilised in our pay budget. Our staff is our most expensive and valuable resource. In South Dublin, Kildare and West Wicklow our staff's capacity to deliver services was certainly challenged in March 2018 by storms and snow. We coped well and learnt lessons along the way. The on-going challenges of adverse media coverage cannot be underestimated in terms of staff morale and wellbeing. The commitment, work and professionalism of staff in this area is palpable and I have witnessed this in so many locations, since I took over as Chief Officer in June 2018. The delivery of safer services to our population can only be achieved by staff working together with appropriate governance arrangements and with the client's interest at the core of all our decision making.

Signed: _____

Chief Officer

Date: _____

1. Introduction.

Overview of CHO structures and Dublin South, Kildare West Wicklow Community Health Care Organisation

Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group (October 2014)” was launched late in 2014, with the aim of ensuring a system of community healthcare services orientated around people’s needs. The recommendations of the report included setting up a new local community network for health services. This places Primary Care in a central role of providing care to local communities.

Work continues in this CHO to re-configure services into Community Health Networks which will, in time become the principal unit of local service delivery. A test site has been identified in Dublin South, Kildare West Wicklow Community Health Care Organisation for our 1st Network learning site.

Networks:	Roles within networks:	Rolling out networks:
14 Community Healthcare networks will be established across Dublin South, Kildare & West Wicklow	Network manager.	A learning site will be chosen in each CHO.
They will allow improved primary care team work.	Primary Care team co-ordinator.	This is for a six-month period, to identify learning to allow for further roll-out of other networks.
There will be one person within each network responsible for core primary care services.	Key worker.	This is an opportunity to see the best way to roll out networks.
The networks will allow for the integration of services, and improve the links between primary care staff and other staff.	Network Coordinator.	Currently in negotiations with unions.
It will be easier for staff to work together effectively.	Assistant Director of Public Health Nursing.	The process to select a learning site in Dublin South, Kildare & West Wicklow is on-going.

Since the publication of the CHO report in 2014, we have been working towards establishing a more effective community health service for the people living in our Community Healthcare area.

Significant progress was made and at the end of 2016 with the recruitment of the CHO Management Team and the finalisation of governance and structures that support the new organisation.

In 2017, the CHO Management Team together with the Project Management Office developed a CHO Portfolio of Projects, aligned to the CHO Strategy and Operational Plans which will commenced in 2018 and will continue to be delivered in 2019.

Key reform themes

CHO7 shall be pursuing key reforms during 2019 and beyond, namely:

Implementation of Slaintecare

The Sláintecare Implementation strategy (2018) signals a new direction for the delivery of health and social care services in Ireland. At its core, the strategy focuses on establishing programmes of work to move to a community-led model, providing local populations with access to a comprehensive range of non-acute services at every stage of their lives. This will allow our healthcare system to provide care closer to home for patient and service users, to be more responsive to needs and deliver better outcomes, with a strong focus on prevention and population health improvement.

Improving population health.

During 2019, we will continue to build on work already undertaken to enhance the health of our population and ultimately enable everyone to optimise their health and wellbeing. This plan details initiatives to tackle inequalities and improve access to our services; prevent and reduce ill health; targeting integrated care as well as chronic disease management.

We will actively promote and implement national actions in areas such as Health Childhood, Health Eating & Active Living, Wellbeing & Mental Health, Positive Ageing and Alcohol & Tobacco Free programmes.

Delivering care closer to home

We are committed to the principle of transferring care from acute and congregated settings, to more appropriate community and home-based settings. Our aim over time is to maximise all available opportunities to meet the vast majority of the population's health and social care needs in local settings. This theme is reflected throughout our plan and includes initiatives which support collaboration and integrated working across professions, acute and primary and community service settings and across all localities.

Developing our infrastructure capacity within primary and community services continues to be a key priority for 2019 and beyond. The commissioning of primary care centers continues to be a key enabler for the effective and efficient delivery of PCT and network services. We are also committed to improving GP access to diagnostics and this will be aided by the phased expansion of community diagnostic provision in primary care sites in 2019.

The development of a new, modernised contract for the provision of GP services is key to developing a more comprehensive and accessible primary care service for our clients in their local community.

Developing Specialist Services

We are committed to future development of specialist community services and Community Healthcare Networks. This plan details many such initiatives for 2019 including:

- Develop an Addiction Services in Kildare.
- Continue the development of the Mental Health of Intellectual Disability Service
- Recruit remaining staff required for the Eating Disorder Team
- Continue the implementation of the Progressing Disability Services in South Dublin.
- Continued implementation of Integrated Care Programmes for Older Persons.

Improving quality, safety and value

CHO7 will always strive to provide safe care to our service users and seek to improve quality of care outcomes for our service users; and our proposals for 2019 are detailed in Section 6 of this plan.

- Continue the implementation of the National Standards for Safer Better Healthcare.
- Continue the implementation of the Children First Act across services
- Continue the implementation of Mental Health Best Practice Guidance
- Support services in the implementation of the Incident Management Framework (2018)
- Support Head of Divisions to ensure the CHO has clear structures to govern and deliver quality care.

The Value Improvement Programme (VIP) provides a mechanism to explore cost saving initiatives while maintaining service levels. This Community Healthcare Organisation will actively pursue a programme of Value Improvements throughout this year and in partnership with other providers to ensure that National Service Plan targets are achieved.

A VIP oversight group locally will coordinate and assist individual services in achieving the required benefits

2. Our Population

Community Healthcare Organisation 7 – Dublin South, Kildare & West Wicklow.

Area 7 – Population 697,644 (14.65% of the National Population). This is an increase of 33,175 (approx.. 5%) from the 2011 census.

Community Healthcare Organisation 7 encompasses the former Kildare West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO.

Community Healthcare Organisation 7, provides health services for all or part of Local Authority Areas: Kildare, Wicklow, South Dublin CC and Dublin City Council.

CHO 7 - Demographic Trends		
Age Group	Number of people	Change from 2011 census
0-4	49,842	-3,150
5-19	140,265	12,479
20-64	432,041	8,602
65-74	46,521	11,033
75+	28,975	4,211
Total	697,644	33,175

In CHO 7, 16.16% of the population, a total of 112,731 persons were born overseas.

Approximately 1/6th of the population do not have English as their first language.

Ethnicity	Number of people	Change from 2011 census
UK	9,816	-731
Polish	19,518	-828
Lithuanian	5,473	-161
Elsewhere in EU	26,485	6,142
Elsewhere in world	26,286	-9,493
Visitors/Not stated	25,153	5,089
Total	112,731	18

Life Expectancy and Health Status

There is a strong link between poverty, socio-economic status and health. In 2014, 11% of children experienced consistent poverty (Survey in Income and Living Conditions (SILC) 2014, Central Statistics Office (CSO)).

Life expectancy is greater for professional workers compared to the unskilled. This pattern has increased since the 1990s (Layte R, Banks J., Socioeconomic differentials in mortality by cause of death in the Republic of Ireland, 1984–2008; European Journal of Public Health, 2016).

Death rates are two times higher for those who only received primary education compared to those with third level education. If economic mortality differentials were eliminated, it would mean 13.5m extra years of life for Irish people (Burke S, Pentony S., Eliminating Health Inequalities, A Matter of Life and Death; Think- thank for Action on Social Change, 2011).

Health Inequalities

The choices we make as individuals are likely to be determined by social and economic circumstances. We need to look at interventions which can help our most vulnerable and deprived communities and address the wider structural determinants of health to help reduce health inequalities.

There is a recognised link between deprivation and chronic illness. CHO 7 has a mix of urban and rural populations. There is variation in deprivation levels with deepened levels of deprivation in areas of Dublin. However, very often deprivation in rural areas is less visible. The specifics are often different from those seen in urban areas but equally as detrimental to communities.

On the Deprivation Level – Health Population Index 43.3% of the population in CHO7 are below the average on this index.

Homeless

Nationally, latest figures indicate that over 8,000 people are homeless, with more than a third of these being children. The total number of people homeless rose by 25% from July 2016 to July 2017 (Department of Housing, Planning and Local Government; Homeless Report, July 2017).

CHO 7 will continue to review of care packages and health care needs of complex homeless clients during 2019. Funding was provided for additional staff resources and these will be recruited in 2018 to cater for increased demand for services for homeless clients.

CHO 7 will continue to support development of a Hospital Discharge Protocols for homeless clients during 2019.

Travellers and Roma

The 2016 Census recorded 30,987 Travellers living in the Republic of Ireland, an increase of 5.1% from Census 2011 (CSO, 2016). Irish Travellers are much younger than the general population. Almost three quarters of Travellers are aged 34 years or younger, while just over 7% are 55 years and over.

The estimated Roma population is between 3,000 and 5,000 (Department of Justice, National Traveller and Roma Inclusion Strategy 2017-2021).

Demographic Cost Pressure

In CHO 7 increasing numbers of the community in the over 65 years age group is leading to increased demand for Home Supports from the Community and Acute Hospital settings. 10.82 % of the population of CHO 7 fall into this age group

CHO 7 delivers services and supports for people with a disability via a range of day, home support and residential service provision. Approximately 13.28% of the population of CHO 7 have stated they have a disability. (Census 2016). The demand for services for this cohort of the population continues to increase. The demand for placements for children who present with complex, challenging behaviours and for older clients who can no longer be cared for at home by ageing parents continues to grow, while resources to meet this demand are limited.

Chronic diseases are recognised as a major component of health service activity and expenditure as well as a major contributor to mortality and ill health. 38% of Irish people over 50 years have one chronic disease, 11% have two or more of eight chronic conditions and 65% of adults over 65 years have two or more chronic conditions. For all chronic conditions the prevalence is significantly higher in people with lower levels of education and in lower socio –economic. These factors will pose a significant demand on our health services due to the demographic increase in CHO 7 coupled with our high rate of social deprivation.

Healthy Ireland Framework

Many diseases and premature deaths are preventable. Increased morbidity and mortality are strongly related to lifestyle-based health determinants such as smoking, alcohol consumption, lack of exercise and obesity. They are also related to inequalities in our society. The Healthy Ireland framework sets out a comprehensive and co-ordinated plan to improve health and wellbeing over the coming years. This is being actively implemented across all areas of the HSE.

3. Reform and Transformation

This section should be aligned with the Community Healthcare Plan 2019 and NSP 2019

Slaintecare

Slaintecare is a ten-year programme to transform our health and social care services. Over the next ten years, Slaintecare will:

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

National Integrated Staff Records & Pay Programme (NiSRP)

The National Integrated Staff Records & Pay Programme (NiSRP) will put in place effective business processes for staff records and payroll services, supported by modern IT systems to make HR services more accessible and effective for staff and managers.

The NiSRP Programme will play a critical role in helping to ensure that key HR services are aligned via the following components:

- Aligning workforce data to CHO structures - to provide greater clarity around staff numbers and reporting lines.
- Provide staff and managers with better access to core HR services
- Ensure key elements of HR processes are integrated via a single, stable SAP Staff Records and Payroll platform
- Improve the timeliness and reporting capability on workforce data.

This will allow greater visibility & control over the HSE's spend on staffing which equates to 70% of the entire budget. It is for this reason the National Integrated Staff Records & Pay Programme (NiSRP) should be viewed as a critical priority within the overall transformation of our Health System.

Programme Management Office

A Programme Management office (PMO) was established in Community Health Dublin South, Kildare, West Wicklow in 2017. This office is comprised of a Portfolio Lead (0.6 WTE) and a full-time Programme Lead who started in June 2018 and a full-time Support Officer.

The vision of the Community Healthcare - Dublin South, Kildare, West Wicklow Programme Management Office (PMO) is to ensure that evidence based Project Management practice is standardised and embedded in the services of our Community Healthcare area in order to enhance

projects and ultimately the services provided.

The PMO focuses on selecting the best group of projects, defining them in terms of their objectives and providing an environment where projects can be run successfully i.e. doing the right projects and doing the projects right. The PMO supports and accelerates the delivery of improvement reforms and key service improvement projects.

I.C.T.

CHO 7 are committed to the on-going rollout of ICT enablers to facilitate the delivery of a high quality safe service. The successful rollout of ICT and smart phone technology in the CHO in 2018 shows a strong commitment to further development including the Primary Care Management System and Community Electronic Health Record (HER).

Communications

In HSE Community Healthcare Dublin South, Kildare and West Wicklow we are committed to building a culture of open communication with our staff and people who use our services. The ability to communicate clearly will improve the impact and effectiveness of delivering a patient focused health service that provides trusted health care advice in a respectful and empathetic manner.

This CHO will work with the HSE National Communications office in implementing the National Communications Strategy. In 2019 a key priority will be to enable and facilitate effective internal and external communication throughout the CHO. This CHO will look at challenges and opportunities that currently exist around internal and external communications.

Key priorities 2019.

- Provide reliable, trusted information in a timely fashion to the public.
- Improve the communication and workflow process for parliamentary affairs.
- Implement the Your Service Your Say Policy and Ombudsman's learning to Get Better recommendations throughout the CHO.
- Update the HSE Website with information regarding services available within the CHO. Provide information to update the HSE Intranet to improve internal communications.
- Further development of the CHO Newsletter.
- Promotion both internally and externally of national campaigns such as mychild.ie, Quit, little things, Flu.
- Analyse the challenges and opportunities for communication throughout the CHO.
- Implement key actions from the National Communications Strategy.
- Staff engagement, acknowledge the work for staff and look at ways to build a culture of pride, confidence and trust.

Contracts Management Support Unit (CMSU)

The Contracts Management Support Unit (CMSU) will be established during 2019 on a Pilot Basis in CHO 7. The CMSU will assist service managers in managing and documenting all aspects of the relationship with Section 38 and Section 39 Service Providers. The establishment and resourcing of the CMSU will assist in ensuring the proper level of oversight, in a sustained and consistent manner, of all funded Service Providers. When fully resourced, CHO 7 will be in a position to further enhance and oversee the delivery of these services in a manner that will give on-going assurance in relation to the significant amounts of Exchequer funding involved.

Key functions of the CMSU:

CMSUs will ensure that:

- Appropriately completed Service Arrangements or Grant Aid Agreements are in place with Service Providers each year in respect of all funding release pursuant to Section 38 & Section 39.
- A system is in place that monitors the requirements for review meetings to take place with funded service provider agencies.
- All the back-up documentation has been received from service provider agencies and reviewed where appropriate.
- The SPG IT system is updated as required.

Priorities for 2019:

Key Priority Area	Priority Action	Q
Methodology	Use our PMO Strategy & Procedure document to guide our work with programmes and projects including the standardised Process, Tools and Templates.	Q1-4
Governance	Governance structure and process for Projects and Programmes was agreed in Q4 2018 and will be implemented in Q1 2019. Ensuring that decisions are taken by the right people, based on the right information.	Q1
Integration	Review our CHO Portfolio of Projects, ensuring it is aligned to the CHO Strategy and Operational Plans	Q2 2019
Training	Finalise training materials for two levels of project management training. Deliver training packages to provide support to Project Leads and Project Teams in collaboration with other HSE partners.	Q1 2019 Q2 2019
Delivery Support	Provide support to Project Leads and Project Teams for specific projects as agreed with the Chief Officer and Heads of Service. Facilitating these project teams to do their jobs by reducing bureaucracy, providing training, mentoring and quality assurance.	Q1 2019
Oversight and Traceability	Utilise the Project Vision (PV) Software Programme to record, monitor and report on Projects. Provide relevant and accurate information to support effective decision-making. Utilise PV to track, share and implement Lessons Learned from projects. Utilise PV to develop and maintain a Community Healthcare Project Dashboard in consultation with the Management Team to report on the status of the projects.	Q1 2019

4. Clinical Quality & Safety.

Introduction

Quality improvement and Patient safety is everybody's business and will be embedded in all work practices across Community Healthcare Dublin South, Kildare, and West Wicklow (CHDSK&WW). CHDSK&WW is committed to providing person centred, safe, effective, efficient, equitable, and timely care in all our services.

Slaintecare recognises community services as the cornerstone of health and social care services. With this shift of services to community care, the acuity and complexity of community care will change, and services will need to consider the quality and safety implications of this.

This year we will continue to build on systems and processes in quality improvement and safety, and will continue to foster a culture of openness and transparency. We will further develop Infection Prevention and Control and Health and Safety. In addition we will seek to develop the capacity and capabilities of QPS and services to deliver quality, safe services.

CHDSK&WW 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.

Achievements in 2018

- Implementation of the Incident Management Framework (IMF) 2018 across services
- A health and safety officer was appointed in July 2018, and this has expanded the support available to the service via the QPS department. The health & safety officer has focused on developing further awareness in relation to health and safety, coordinating communication via workshops and supporting management in developing a consistent approach in relation to health and safety documentation
- In 2018, The Dangerous Goods Safety Advisor (DGSA) audits commenced and were completed in 9 sites across services, and a CHDSK&WW action plan developed
- Quality and Safety supported the development of the newly formed HCAI/AMR CHDSK&WW committee, and co-ordinated the development of the yearly work plan which focussed on hand hygiene, and standard precaution training in 2018.
- Quality and Safety supported services in implementing the Mental Health Best Practice Guidelines- with 6 teams trained in 2018
- Quality and Safety supported services in the implementing the HIQA Safer Better Healthcare Standards across all services in primary care.

Governance, Leadership, and Accountability

The established CHO QPS Committee supported by the divisional QPS Committees will continue to provide governance and accountability for a consistent approach to quality and safety. This will include the oversight of quality and patient safety information, such as risk registers, serious incidents, In 2019 the team will support the CHO management team in all aspects of quality and safety.

Patient Safety - National Patient Safety Strategy

Risk Management

Continue to support services in the implementation of the HSE Integrated Risk Management Policy and Guidance (2017) through advice, support and training. The QPS team will continue to support services to implement the HSE risk management process at Community Healthcare, Divisional and service level. We will support the Chief Officer and Heads of Service in the review and management of risk registers.

Incident Management

Continue to support services in the Implementation of the Incident Management Framework (2018) including training, communication, support and advice regarding incident management and review. We will support services in the use of the falls and pressure ulcer incident management tools, and in the use of new approaches to reviews such as AAR

There will be a focus on the reporting, management and review of category 1 and 2 incidents. In addition there will be increased usage of review screens on NIMs.

Open Disclosure

The QPS team will continue to support services to embed the practice of Open Disclosure through advice, dissemination of information, training and support. This year the emphasis will be on:

- Guidance on compliance with new legislation relating to Open Disclosure, i.e. The Civil Liability Bill part 4.(enacted September 2018) and Patient Safety Bill when passed, through training and communication
- Build capacity to provide training by participating in the national train the trainer programme.
- Support the development of the e-learning module.
- Support the implementation of the revised HSE Open Disclosure Policy and Guidance, when it is published.

Service User Engagement

A key focus for health services is to listen to the views and opinions of patients and service users and consider them in how services are planned, delivered and improved.

In line with the HIQA Safer Better Healthcare Standards, HIQA Residential Standards, Mental health Commission Standards, and Best Practice Guidance, key priorities for 2019 include;

- Assisting 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.
- Supporting services in the development of a patient engagement programme
- Supporting services in the development of quality improvement initiatives that have arisen from service user and family feedback.

Compliance with Standards and Regulations

In 2019 the focus will be to;

- Support compliance with the Mental Health Commission's (MHC) and Health Information Quality & Authority's (HIQA) standards through the monitoring and implementation of quality improvement plans arising from inspections and self-assessment.
- Support services in the implementation of the HIQA National Standards for Infection Prevention and Control in Community Services.
- Continue to support staff in implementing HIQA Safer Better Healthcare Standards as a part of a continuous quality improvement cycle
- Continue to support CAHMS and Adult mental Health Services in the implementation of the Best Practice Guidelines in Mental Health
- Dangerous Goods Safety Advisor (DGSA): The Health and Safety Officer will continue to support the services in complying with the requirements associated with DGSA. Key areas for improvement will be identified and the Health and Safety Officer will provide support to build awareness and assist the services in their management of dangerous goods within CHDSK&WW.

Quality

Improving quality and safety requires us to further build the capacity and capability of frontline services to implement the *Framework for Improving Quality in our Health Service*. Key priorities for 2019 include:

- Promote the use of the *Framework for Improving Quality in our Health Service, part 1: Introducing the Framework* –using the six drivers for quality improvement
- Promote the continuous development of quality improvement skills amongst all staff through use of the *Improvement Knowledge and Skills Guide 2017*

- Support education programmes through the Diploma in Quality in Healthcare for multi-disciplinary teams and other programmes
- Support services to use frontline staff engagement to identify initiatives to improve services.
- Support quality improvement capacity building and the delivery of quality improvement collaboratives, including the Pressure ulcer to Zero Collaborative (PUTZ) across social and primary care services
- Enable managers to build capacity in quality improvement (Diploma, methodologies and toolkits) by acting as a resource for identification of quality improvement initiatives
- Strengthen quality and safety assurance including audit by assisting services in the review of outcomes of audits.
- Support services in the Implementation of the Children First Act (2015) across services
- Support services in the Implementation of the *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy & Procedures* (December 2014)
- Continue quality improvement in Medication Management and Safety through incident management and reports review.
- Support the rollout of assisted decision making

Health and Safety

A Health and Safety Officer was appointed in mid- 2018. The purpose and function of this role is to support and advise the management team in fulfilling their legislative responsibilities as set down under the Safety Health and Welfare at Work 2005. Consultation and communication with regard to health and safety is continuing to be developed further. Health and safety has being integrated as a standing item on all QPS committee meetings and is being replicated at service level. There is an on-going evaluation of the items / themes for inclusion and monitoring under health and safety.

Infection Prevention and Control

We will support the National Patient Safety Programme as applicable at CHO and divisional level. This programme aims to: Assist Managers to respond to the public health emergency by tackling CPE.

The HCAI committee will continue to oversee governance with respect to the management of infection and prevention and control within all services. There will be a focus on hand hygiene and standard precaution training, and identify unmet needs throughout out the CHO which will form the annual work plan and ensure appropriate measures are implemented.

Where applicable and within resources available, support quality improvement programmes in the area of Healthcare Associated Infections (HCAI) and support services with the

implementation of National Standards for the Prevention and Control of Healthcare Associated Infections in the Community setting.

Implement the guidelines for hand hygiene in Irish healthcare settings and continue hand hygiene training in all services in 2019.

Capacity and Capability

The Quality and Patient Safety (QPS) team will continue to build on their knowledge and skills by focussing on identified learning and training needs. This will enable the team’s capability to support services through education, communicating, advising and assisting in quality and safety.

The QPS will seek to develop capacity through strategic planning and focus on maintaining/restoring full QPS team complement. We will continue to advocate for further resources in Infection Prevention and Control and infrastructure necessary for improvement.

Training

The QPS team will continue to co-ordinate/provide QPS related training to build capacity in quality and safety in the CHO.

Quality Profile/Assurance and Verification

- The development and use of appropriate quality performance measures as identified nationally.
- Support services to comply with appropriate QPS related KPIs
- Assist heads of Services and service managers to monitor the implementation of action plans following reviews
- Further develop the capability to report, manage, investigate, disseminate, and implement learning from safety incidents
- Increase our analytical capability to understand quality and service user safety

Implementing Quality & Patient Safety Priorities in 2019

Key Result Area	Priority Action	Timeline
Governance, leadership & Accountability	Improved monitoring of Section 38 agencies through introduction of a standardised Quality and Safety Data Report at IMR meetings?	Q1-4
Capacity & Capability	Recruitment of three QPS Advisors to fill vacant posts	Q1-2

Capacity & Capability, Continual Professional Development	Identify QPS training needs for the QPS Team and seek training in key areas	Q1-4
Incident Management	Continue to support the implementation of the Incident Management Framework (2018) through providing training, support and advice	Q1 – Q4
	Support and guide services in the appropriate reporting and review of category 1 and 2 incidents as per the Incident Management Framework	
	Support services in the use of the falls and pressure ulcer incident management tools	
	Support services in the use of new concise reviews such as AAR	Q1-Q4
	Implement use of Incident Review Screens on the NIMS System for Category 1 Incidents	
	Produce Quarterly NIMs CHO reports. And analyse trends .	
	Support services in developing and implementing quality improvement plans following recommendations from reviews	
	Continue to develop and disseminate learning notices	
Risk Management	Quarterly review and update of Chief Officer Risk Register	Q1-4
Open Disclosure	Provide information on compliance with new legislation relating to Open Disclosure, i.e. The Civil Liability Bill part 4.(enacted September 2018) and Patient Safety Bill when completed, through training and communication	Q1-Q4
	Build capacity to provide training by participating in the national train the trainer programme.	
	Support the development of the e-learning module.	
	Support the implementation of the revised HSE Open Disclosure Policy & Guidelines on completion.	
Service User Engagement	Support services to progress service user engagement to comply with HIQA Safer Better HealthCare standards, HIQA residential standards & Mental Health Commission standards.	Q1-Q4
Compliance with Standards & Regulations	Support compliance with the Mental Health Commission's (MHC) and Health Information Quality & Authority's (HIQA) standards through the monitoring and implementation of quality improvement plans arising from inspections and self-assessment.	Q1-Q4
	Support services in the implementation of the HIQA National Standards for Infection Prevention and Control in Community Services.	

	<p>Continue to support staff in implementing HIQA Safer Better Healthcare Standards as a part of a continuous quality improvement cycle</p> <p>Continue to support CAHMS and Adult mental Health Services in the implementation of the Best Practice Guidelines in Mental Health</p> <p>DGSA - Communicate guidance and standards in relation to the management of dangerous goods within CHDSK & WW</p>	
Quality	<p>Promote the use of the <i>Framework for Improving Quality in our Health Service, part 1: Introducing the Framework</i> –using the six drivers for quality improvement</p> <p>Promote the continuous development of quality improvement skills amongst all staff through use of the <i>Improvement Knowledge and Skills Guide 2017</i></p> <p>Support education programmes through the Diploma in Quality in Healthcare for multi-disciplinary teams and other programmes</p> <p>Support quality improvement capacity building and the delivery of quality improvement collaboratives, including the Pressure ulcer to Zero Collaborative (PUTZ) across social and primary care services</p> <p>Enable managers to build capacity in quality improvement (Diploma, methodologies and toolkits) by acting as a resource for identification of quality improvement initiatives</p> <p>Strengthen quality and safety assurance including audit by assisting services in the review of outcomes of audits.</p> <p>Continue to support falls prevention programmes</p>	Q1-Q4
Infection Prevention and Control	<p>We will support the National Patient Safety Programme as applicable at CHO and divisional level. This programme aims to: Assist Managers to respond to the public health emergency by tackling CPE.</p> <p>The HCAI committee will continue to oversee governance with respect to the management of infection and prevention and control within all services.</p> <p>There will be a focus on hand hygiene and standard precaution training, and identifying unmet needs throughout out the CHO which will form the annual work plan</p> <p>Support services with the implementation of National Standards for the Prevention and Control of Healthcare Associated Infections in the Community setting</p>	

	<p>Where applicable and within resources available, support quality improvement programmes in the area of Healthcare Associated Infections (HCAI)</p> <p>Implement the guidelines for hand hygiene in Irish healthcare settings and continue hand hygiene training in all services in 2019.</p>	
Health and Safety	In order to further develop communication and consultation in relation to health and safety, the Health and Safety Officer will attend quarterly QPS meetings and provide guidance to local services on items for inclusion on local QPS/ management meetings	
Training	Co-ordinate/provide QPS related training	Q1-Q4

5. Population Health

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

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

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

Services Provided

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

- National Policy Priority Programmes for tobacco, alcohol, healthy eating, active living, sexual health and crisis pregnancy and child health provide expertise, strategic advice and direction to address known preventable lifestyle risk factors by designing and developing evidence based best practice policies, programmes and initiatives.
- Health Promotion and Improvement provides a range of education and training programmes focused primarily on building the capacity of staff across the health service and in key external bodies who are ideally placed to positively influence health behaviour. Health and wellbeing services work with people across a variety of settings in the community, in hospitals, in schools and in workplaces.
- Public health services which protect our population from threats to their health and wellbeing through the design and oversight of national immunisation and vaccination programmes and actions for the prevention and control of infectious diseases.
- National screening services which provide population-based screening programmes for BreastCheck, CervicalCheck, BowelScreen and Diabetic RetinaScreen.

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

Context

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

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

Building upon Sláintecare and HSE structural reforms and enablers create greater capacity within the organisation to lead and deliver upon the health and wellbeing reform agenda. The development and implementation of comprehensive Healthy Ireland plans in CHOs and Hospital Groups will deliver upon the health and wellbeing reform agenda locally, improving the health and wellbeing of the local population by reducing the burden of chronic disease, improving staff health and wellbeing. The transition of Health Promotion and Improvement to CHOs will significantly augment existing health and wellbeing resources supporting accelerated embedding and integration of health and wellbeing across services locally.

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

Brexit has potential risk and possible implications for official controls, in particular the controls for food imports / exports that the Environmental Health Service has legal responsibility to enforce. As Irish Water continues infrastructural development, a significant budgetary issue for the Environmental Health Service in 2019 will be identifying and agreeing a sustainable funding model to ensure compliance with fluoridation requirements in public water supplies. The introduction of the Public Health (Alcohol) Act 2018 represents an opportunity for the Environmental Health Service to have a positive impact on reducing alcohol consumption through the enforcement of the Act.

Opportunities:

Opportunities in 2019 to further enhance this work include the following:

- Through the development and implementation of comprehensive Healthy Ireland Plans, the CHO will make a significant impact in contributing to Slaintecare and improving the Health and Wellbeing of the local communities.
- Through the implementation of the MECC programme, chronic disease prevention and management will be an integral and routine part of clinical care by a greater proportion of healthcare professionals.
- The transition of Health Promotion and Improvement staff will support the Implementation of the Healthy Ireland plans within the CHO

Challenges:

- Allocation of budget to support the Health and Wellbeing Function within the CHO.
- Delay in decision on Sub-structure to support Health & Wellbeing function.
- Challenges to delivery of Influenza uptake rate of 60%, due to temporary resource allocation in terms of budget and WTE.
- Transition of limited Health Promotion and Improvement function to assist with implementation of the CHO plan.
- Progress with research function of the Warmth and Wellbeing project due to resource dependent.

Priorities and Actions

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

Chronic disease prevention and self-management support

- Implement CHO7s Healthy Ireland plans to deliver actions and embed prevention, early detection and self-management support among their staff and the communities they serve.
- Complete the MECC training programme with frontline staff which is the key enabler in promoting lifestyle health behaviour change with service users.
- Continue to implement MECC Framework in all CHO7 and Hospital Groups.
- Continue to implement Living Well with a Chronic Condition: Framework for Self-Management Support.
- Improve access and uptake of structured patient education programmes for patients with Type 2 Diabetes in the community.

National Policy Priority Programmes

- Tobacco Free Ireland
- Support the national roll-out of IT patient management system which will manage timely referral to services and integrated care for smokers trying to quit.

- Support the implementation of national clinical guidelines for healthcare professionals to inform clinical practice in the identification, diagnosis and treatment of patients who smoke.
- Continue to run innovative communication campaigns and tobacco cessation services targeting smokers in high prevalence groups.
- Support patients and staff to quit and stay quit through improved compliance with HSE Tobacco Free Campus.
- Support the integration of the national maternity IT system with Quit Manager to improve referral rates of pregnant women into intensive cessation service.

Alcohol

- Support the alcohol drinking guidelines to reduce alcohol consumption as outlined in our HI Implementation Plan 2018-2022.
- Promote and support the askaboutalcohol campaign to increase awareness of the risks associated with alcohol intake.
- Support the implementation of the Public Health (Alcohol) Act 2018.

Healthy Eating and Active Living

- Support the nutritional care for adults through the implementation of the National Clinical Guideline for Nutrition Screening and the Use of Oral Nutrition Support for Adults in the Acute Care Setting.
- Increase access and availability of healthier food for staff and visitors through the implementation of the Minimum Nutrition Standards for food and beverage provision for staff and visitors in healthcare settings.
- Increase families' awareness of healthy lifestyle behaviours to prevent childhood obesity by continuing to deliver the START campaign.
- Support the public to increase their participation in physical activity working in collaboration with the Local Sports Partnership network.
- Improve nutrition knowledge, dietary behaviour and cooking skills amongst targeted groups through the delivery of community cooking programmes.

Sexual Health and Crisis Pregnancy Programme (SHCPP)

- Continue the provision and expansion of vaccines (HPV, Hepatitis B Vaccine) to at risk groups in line with National Immunisation Advisory Committee recommendations. .
- Provide targeted services and supports for Men who have Sex with Men (MSM).
- Promote the availability of a Freephone counselling and information service to people experiencing an unplanned pregnancy.

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- Support the Implementation of sexual health promotion training for professionals in the youth sector, those working with at risk-groups, and for parents.
- Support the delivery of targeted outreach programmes and campaigns to at risk groups.
- Promote sexual health and 'safer sex' public advertising campaigns which will encourage sexually active adults to have safer sex, to include contraceptive advice and prevention of sexually transmitted infections.

Mental Health and Wellbeing

- Support volunteers and professionals working with young people in the community to build capacity for youth mental health.

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

- Build operational capacity and prioritise existing resources in operational services to support the implementation of *Healthy Ireland* plans in CHO7
- Provide training to support the CHO7 Healthy Ireland Implementation Plan based on national priorities and local training needs.
- Lead the design, development and implementation of an operating model for health and wellbeing in CHO7 including transition of Health Promotion and Improvement.
- Improve co-ordination, collaboration and input to multi-agency partnerships to ensure joined up approaches to public health priorities.
 - Improve the health and wellbeing of children and young people by providing national agreed training programmes and resources for the education sector.
 - Continue to provide guidance to Local Community Development Committees and Children and Young People Services Committees.
 - Promote the development of the Women's Health Action Plan in collaboration with the DoH and the National Women's Council of Ireland.
 - Further develop partnership working such as Healthy Cities and Counties (Healthy Tallaght & Healthy Kildare) workplaces, campuses, and education to improve the health of the population.
 - Progress the next phase of the Warmth and Wellbeing Pilot Scheme in collaboration with the DoH and the Department of Communications, Climate Action and Environment.
 - Collaborate with the DoH on the development of a climate change adaption plan for the health sector.

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

- Continue progress to ensure the timing and content of the screening and surveillance programme are consistent with the evidence base and standardised across the country in line with *First Five – A whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028* as follows:
 - Commence the implementation of the revised model for screening for developmental dysplasia of the hip.
 - Implementation of the standardised child developmental screening tool for children aged 21 to 24 months (Ages and Stages Questionnaire 3).
 - Provide support for mothers to breastfeed and for families, by increasing knowledge and skills of professionals through completion of online eLearning modules and skills-based training.
 - Support families by increasing knowledge and skills of professionals through the completion of eLearning modules and skills-based training.
 - Support parents with high quality, evidence-based information (www.mychild.ie) and services on various aspects of parenting to support child development, positive mental health and family relationships.
 - Continue progress towards the breastfeeding target rate set out in *Breastfeeding in a Healthy Ireland – Health Service Breastfeeding Action Plan 2016-2021* (i.e. annual 2% increase in breastfeeding duration rates over the period 2016-2021), through the implementation of the HSE Breastfeeding Implementation Plan.

Improve staff health and wellbeing

- Increase the number of staff participating in staff health and wellbeing initiatives.
- Deliver Steps to Health and Love Life Love Walking workplace physical activity promotion.
- Continue to support the leadership and momentum in place at local level, focusing on evidence-based initiatives to improve staff 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.
- Early Years Intervention including the National Healthy Childhood and Nurture Infant Health and Wellbeing Programmes.

- Protect our population from threats to health and wellbeing through infectious disease control, immunisation, and environmental health services with strong emphasis on the Influenza Campaign 2019/2020
- Improve staff health and wellbeing.
- Improve collaboration and input to multi-agency partnerships to ensure joined up approaches to Health and Wellbeing.

Key Result Area	Priority Action	Timeframe	Lead
Improve the health and wellbeing of the population by reducing the burden of chronic disease	CHO Dublin South, Kildare and West Wicklow will support the implementation of the HI Implementation Plan 2018-2022 by establishing a Healthy Ireland Steering Group.	Q1-4	Heads of service
	Support Heads of Service, Community Groups by working in partnership with Local Authorities and Voluntary Organisations to implement the key priority actions; Healthy Eating and Active Living Wellbeing and Mental Health Positive Ageing Alcohol and Health Tobacco Free Ireland Healthy Childhood Self-Management Support Staff Health and Wellbeing Sexual Health Making Every Contact Count	Q1-4	HOS/H&W/Local Authorities
Improve the health and wellbeing of the population by reducing the burden of chronic disease	Making Every Contact Count (MECC)		
	Progress the Implementation of Making Every Contact Count (MECC) in Dublin South, Kildare and West Wicklow on a phased basis with the support of the National MECC Framework	Q1-4	HOS/H&W
	Assist HOS to identify pilot sites and continually promote the release of frontline staff to attend MECC training to enable them to conduct brief interventions with their patients on Healthy Eating, Active Living, Tobacco and Alcohol use.	Q1-4	HOS/H&W
Improve the health and wellbeing of the population by reducing the burden of chronic disease	Tobacco Free Ireland:		

	Continue to run innovative communication campaigns and tobacco cessation services targeting smokers in high prevalence groups.	Q1-4	HOS/H&W
	Support patients and staff to quit and stay quit through improved compliance with HSE Tobacco Free Campus	Q1-4	HOS/H&W
	100% of approved Centres in Residential, Mental Health and Disability Residential (Section 38 & Section 39) will implement HSE Tobacco Free Campus Policy.	Q1-4	HOS/H&W
	Assign a nominated tobacco lead from senior management in each CHO to support monitoring and implementation of local Tobacco Free Campus Policies across all sites and services	Q1-4	HOS/H&W
	Smoking cessation service information and QUIT support resources will be displayed in all appropriate CHO Sites.	Q1-4	HOS/H&W
Improve the health and wellbeing of the population by reducing the burden of chronic disease	Healthy Eating active Living (HEAL)		
	Continue to promote HEAL across the population of CHO7 by supporting local initiatives through Partnerships.	Q1-4	HOS/H&W
	Staff working across all divisions will be supported and encouraged to actively engage with staff initiatives to achieve Healthy Ireland targets under HEAL policy.	Q1-4	HOS/HW
	Increase access and availability of healthier food for staff and visitors through the implementation of the Minimum Nutrition Standards for food and beverages provision for staff and visitors in healthcare settings.	Q1-4	HOS/H&W

	Continue to implement calorie posting and healthier vending policies in all locations throughout Dublin South, Kildare and West Wicklow	Q1-4	HOS/H&W
Improve the health and wellbeing of the population by reducing the burden of chronic disease	Alcohol		
	Support the implementation of the Public Health (Alcohol) Act 2018	Q1-4	PC/H&W
	Promote the Alcohol drinking guidelines to support the reduction of alcohol consumption.	Q1-4	PC/H&W
	Challenge social norms and myths relating to alcohol harm by providing evidence based information on harm and the social and psychological impacts on families and children.	Q1-4	HOS/H&W
	Promote and support www.askaboutalcohol.ie and the alcohol and drug helpline as the main source of information and support on drugs and alcohol. To promote www.drugs.ie as the main source of information on illegal drugs across Dublin South, Kildare & West Wicklow.	Q1-4	HOS/H&W
Improve the health and wellbeing of the population by reducing the burden of chronic disease.	Continue to build on positive outcomes for staff health and wellbeing where improvement in perceptions of actions are reflected in the National 'Your Opinion Counts Survey 2018'	Q1-4	HOS/H&W
	Implement staff health and wellbeing initiatives at local level using effective communication campaigns e.g. #quit, #askaboutalcohol, #dementia, #understandtogether, #breastfeeding	Q1-4	HOS/H&W

	Continue to support the leadership and momentum in place at local level, focusing on evidence-based initiatives to improve staff health and wellbeing.	Q1-4	HOS/H&W
	Increase the number of staff participating in staff health and wellbeing initiatives.	Q1-4	HOS/H&W
	Implement CHO Activity Plan for 2018 consisting of:		
	Staff Health Screening Programme	Q1-4	HOS/H&W
	Wellness workshops for Mind, Body and Spirit.	Q1-4	HOS/H&W
	Enhance Coaching/Mentoring Service for staff	Q1&4	H&W
	Offer Free Flu Vaccination clinics	Q3	H&W
	Deliver Steps to Health and Love Life Love Walking workplace physical activity promotion.	Q1&4	H&W/PC
	Support for Healthy Ireland Initiatives planned and undertaken by local champions and nationally.	Q1-4	H&W
Improve the health and wellbeing of the population by reducing the burden of chronic disease	Self- Management Support Coordinator		
	To support implementation of CHO Healthy Ireland Plan Self-management Support actions.	Q1-4	H&W
	To map and create a directory of Self-management Support programmes/initiatives and supports and resources within the CHO. To incorporate mapping for signposting for MECC learning sites into Directory of Services.	Q1-4	H&W

	<p>Develop and implement CHO implementation plan for Self-management Support for chronic conditions in line with the National Self-management Support framework for Chronic Disease: COPD, Asthma, and Diabetes and Cardiovascular disease. The plan will focus on the agreed national priorities for initial phase of implementation i.e. Cardiac rehabilitation, Pulmonary Rehab, Diabetes, Structured patient education, Asthma Education and Patient Information materials.</p>	Q2-4	H&W
	<p>To engage and build alliances with health and social care professionals , Hospital group Healthy Ireland Leads and voluntary and community organisations to implement the Self-management Support framework locally..</p>	Q1-4	H&W
	<p>To engage and build alliances with patient and carer organisations to assist with the development and dissemination of a patient/carer friendly resource to self-management support and to ensure their involvement in the development and roll-out of self-management support services locally.</p>	Q1-4	H&W
	<p>Support development of evidence-based self-management support programmes in the CHO area</p>	Q2-4	H&W
	<p>Work with HSE senior managers to establish clear structures and governance of the Self-management Support Programme at National and local level.</p>	Q1-4	HOS/H&W

	To assist in the development of a national and local communications plan/campaign for self-management support, and implement that plan locally at CHO level	Q1-4	H&W
Build Upon Sláintecare and HSE Structural reforms and enablers to create greater capacity within the CHOs to lead and deliver upon a cross sectoral health and wellbeing reform agenda	Healthy Eating and Active Living (HEAL)		
	Continue to support Healthy Eating Active Living under the Healthy Ireland guidelines.	Q1-4	HOS/H&W
	Support the public to increase their participation in physical activity working in collaboration with the Local Sports Partnership network.	Q1-4	HOS/H&W
Build Upon Slaintecare and HSE Structural reforms and enablers to create greater capacity within the CHOs to lead and deliver upon cross sectoral health and wellbeing reform agenda.	Positive Ageing		
	Support the development of new and existing partnerships within the community through LCDC's and local community inclusive cultural programs for service users.	Q1-4	PC/H&W
	Increase awareness and create compassionate inclusive communities for people with dementia and their carers, by building a network of local partnerships under the Dementia Understand Together campaign and Age Allianz. Continue support for the Local Dementia Choir in CHO	Q1-4	HOS/H&W

	Continue to work in partnership with the Age Friendly Alliance coordinators across the CHO.	Q1-4	SC/H&W
	Support the development of a community intervention plan to increase physical activity levels in adults over 50 years of age, in collaboration with Primary Care and local sports partnerships.	Q1-4	SC/H&W/PC
	Warmth and Wellbeing Research Pilot Scheme:		
	Resource dependent: Health and Wellbeing will continue to support the 3 year research scheme under the Government's Strategy to combat Energy Poverty and the Healthy Ireland Framework in partnership with Department of Health, Sustainability Energy of Ireland (SEAI), Department of Communication, Climate Action and Environment. This will be resource dependant for 2019.	Q1-4	H&W
Build Upon Slaintecare and HSE Structural reforms and enablers to create greater capacity within the CHOs to lead and deliver upon cross sectoral health and wellbeing reform agenda.	Local community Development Committee (LCDC): build upon Slaintecare and HSE structural reforms and enablers to create greater capacity within the organisation to lead and deliver upon a cross-sectoral health and wellbeing reform agenda.		
	Await engagement in relation to the development of new sub-structures under the CHO Heads of Service, Health and Wellbeing in collaboration with the National Director, Community Operations & Performance to facilitate the development of a new Health Promotion and Improvement function in the CHO		
	Promote physical activity within the Community as per Slaintecare report.		

	Continue to work with local partnerships to support the populations e.g. mental health, community support groups etc.	Q1-4	H&W
	Promote HI Implementation plan 2018-2022 through LCDC representatives.	Q1-4	SC/H&W
	Support the implementation of the health and wellbeing actions in the LECP, and the wider determinants of health in Dublin City, Dublin South and Kildare and West Wicklow.	Q1-4	SC/H&W
	Support the development of National Implementation plan to promote positive ageing and improve physical activity levels in collaboration with local agencies through participation in Age Friendly County Committees and Age Allianz through supporting the implementation of agreed national action through LCDC and other local partnerships	Q1-4	SC/H&W
	Continue to work in partnership with Children and Young Peoples Services Committee (CYPSC)	Q1-4	SC/H&W/PC
	Continue to support Health Cities and Counties in collaboration with Health & Wellbeing Division in Tallaght and to develop Kildare Healthy County.	Q1-4	H&W
	Continue to support park runs and other physical activity in conjunctions with Sports Partnerships	Q1-4	H&W
Build Upon Slaintecare and HSE Structural reforms and enablers to create greater capacity within the CHOs to lead and deliver upon cross sectoral health and wellbeing reform agenda.	Partnerships:		

	Support the implementation and oversight of Warmth and Wellbeing pilot scheme in partnership with key stakeholders – resource dependent.	Q1-4	H&W
	Work with existing local community groups to support Wellbeing initiatives within communities	Q1-4	SC/H&W/PC
	Pro-actively facilitate local translation and implementation of national policy (HEAL, Positive Aging, Mental Health and Wellbeing) through partnerships with relevant organisations such as Sports Partnerships, Local Authorities, Local Development Companies in line with Slaintecare guidelines.	Q1-4	HOS/H&W
	Support and influence the spend on HI funding received from Department of Health and other government agencies to ensure HI Priority areas remains the focus for spending.	Q1-4	HOS/H&W
	Support the implementation of Connect for Life with Communities through the partnership model.	Q1-4	MH/H&W
Progress the Early Years Intervention Programme including the National Healthy Childhood and Nurture Infant Health and Wellbeing Programme.	Healthy Eating Active Living: (HEAL)		
	Support the implementation of the Healthy Eating, Active Living Action Plan for Healthy Childhood relating to Healthy Childhood	Q1-4	PC
	Promote physical activity within the Community as per Slaintecare report.	Q1-4	HOS/H&W

	Continue to increase families awareness of healthy lifestyle behaviours to prevent childhood obesity by continuing to deliver the START campaign through our Primary Care Services and Partnerships.	Q1-4	PC/H&W
	Progress the Early Years Intervention Programme including the National Healthy Childhood and Nurture Infant Health and Wellbeing Programme.	Q1-4	PC/H&W
	Support the embedding of evidence based framework for the prevention of childhood obesity.	Q1-4	HOS/H&W
	Improve nutrition knowledge, dietary behaviour and cooking skills amongst targeted groups through the delivery of community cooking programmes.	Q1-4	HOS/H&W
	Continue to support the release of Public Health Nurses to partake in the Nutrition reference pack for infants 0 – 12 months training across Dublin South, Kildare and West Wicklow.	Q1-4	PC/H&W
	National Healthy Childhood Programme: as outlined in our CHO HI Implementation Plan 2018-2022 and to build upon Slaintecare and HSE structural reforms and enablers to create greater capacity within the organisation to lead and deliver upon a cross-sectoral health and wellbeing reform agenda.		
	Support the implementation of the Framework for the National Healthy Childhood Programme, including the Nurture – Infant Health & Wellbeing Programme	Q1-4	PC/H&W

	<p>1. Support the delivery and implementation of the relevant actions from the Breastfeeding Action</p> <p>2. Support the implementation of the Breastfeeding Policy for Primary Care Teams and Community Health Care Setting.</p> <p>3. Support Primary Care with breastfeeding KPI targets, including sharing relevant data with teams.</p> <p>4. Support staff to implement the breastfeeding policy of the wider population through working with Partnerships..</p>	Q1-4	HOS/H&W/ PC
	<p>Continue to progress towards the breastfeeding target rate set out in <i>Breastfeeding in a Healthy Ireland - Health Service Breastfeeding Action Plan 2016-2021</i> (i.e. annual 2% increase in breastfeeding duration rates over the period 2016-2021) through the implementation of the HSE Breastfeeding Implementation Plan.</p>	Q1-4	PC
	<p>Support the implementation of the National Physical Activity Plan for Healthy Childhood</p>	Q1-4	HOS/H&W
	<p>Support initiatives to prevent post natal depression in mothers (children 0-3yrs)</p>	Q1-4	HOS/H&W
Protect our population from threats to their health and wellbeing	Wellbeing and Mental Health		
	<p>Support the development of the forthcoming National Mental Health promotional plan.</p>	Q1-4	HOS/H&W

	Support the development of Health and Wellbeing Community Referral pathways through voluntary and community organisations using the social prescribing model of care in Tallaght and Athy, based on the HSE guidelines.	Q1-4	HOS/H&W
	Support initiatives to prevent post natal depression in mothers (children 0-3yrs)	Q1-4	HOS/H&W
	Support the promotion and development of mental health promotion based on <i>Connecting for Life</i> – Ireland’s National Strategy to Reduce Suicide 2015-2020 through staff participation and partner in implementation of finalised draft.	Q1-4	MH/SC/H&W
	Support initiatives to promote positive mental health among older people living in the community and residential setting	Q1-4	MH/H&W
	Support initiatives to promote positive mental health among staff using the ‘ <i>little things campaign</i> ’	Q1-4	HOS/H&W
Protect the Population from threats to health and wellbeing	Immunisation		
	Support delivery of Immunisation programmes within the CHO to include increased uptake rates of:		
	School Immunisation programme (SIP) with a particular focus on HPV across Dublin South, Kildare & West Wicklow	Q1-4	PC/H&W
	Rota Virus and Men B programme.	Q1-4	HOS/H&W

	Develop Flu Plan for 2019/2020 with the aim of reaching the uptake rate of 60% in 2019 in Dublin South, Kildare & West Wicklow by appointing a Flu Lead as per recommendation of Dr Kevin Kelleher, Assistant National Director, Department of Public Health.	Q3-4	H&W
Protect the Population from threats to health and wellbeing	Protection and Surveillance		
	Support actions required to respond to AMR (including CPE) as outlined in the iNAP-Ireland's National Action Plan on Antimicrobial Resistance 2017-2020 by ensuring a hand hygiene training programme is implemented for all directly managed community residential services in 2019.	Q1-4	PC/H&W
	Continue to support the CHO governance steering group for the prevention, surveillance and management of HCAI s and AMR and the implementation of the agreed action plan to be in line with new governance structures across Dublin South, Kildare & West Wicklow.	Q1-4	PC/H&W
	Provide coordination and targeted support on actions required to ensure a comprehensive whole system response to CPE as part of a cross-sectoral approach as outlined in INAP – Ireland's national action plan on antimicrobial resistance 2017 – 2020 across Dublin South & Kildare West Wicklow	Q1-4	PC/H&W

	Chief Officer to nominate a member of the CHO Management Team as the Infection Prevention Control/(IPC)/Antimicrobial Stewardship (AMS) lead and commence the development of a CHO plan for HCAI/AMR governance and human resources for next 3 years.	Q1-4	PC/H&W
Protect the Population from threats to health and wellbeing	Screening Services		
	Promote and support the National screening service in the uptake of screening amongst relevant eligible populations through Breast Check, Cervical Check, Bowel Screen and Diabetic Retina Screen Programmes	Q1-4	H&W
Protect the Population from threats to health and wellbeing	Sexual Health:		
	Work collaboratively with relevant partners to support and educate the population on positive sexual health through HI priority actions.	Q1-4	HOS
	Continue to provide the expansion of vaccines (HPV, Hepatitis B vaccine) to at risk groups in line with National Immunisation Advisory Committee recommendations.	Q1-4	PC/H&W
	Promote a Freephone counselling service and information service to people experiencing an unplanned pregnancy, when available.	Q1-4	PC/H&W
	Provide targeted services and supports for Men who have Sex with Men (MSM)	Q1-4	PC/H&W

	Promote sexual health and 'safer sex' public advertising campaigns which will encourage sexually active adults to have safer sex, to include contraceptive advice and prevention of sexually transmitted infections.	Q1-4	PC/H&W
Protect our population from threats to their health and wellbeing	Emergency Management (EM)		
	Provide training to ensure key Emergency Management members are familiar with their roles and responsibilities in major emergencies	Q1	H&W
	Identify and develop an Emergency Management Crisis Team (EMCT) operation centre to provide coordination and executive decision making in the event of a major emergency or any type of incident that warrants activations & additional space to accommodate the Dublin South, Kildare and West Wicklow Emergency Management office and interagency office.	Q1	H&W
	The HSE is taking the Regional lead for the roll out of Emergency Management in 2019 - Support the Chief Officer in this role. Further challenges remain e.g. transport.	Q1	H&W
	Promote the Health and Wellbeing initiatives within Communities with the support of partnerships under Healthy Ireland Agenda	Q1-4	H&W
	Build operational capacity and prioritise existing resources in operational services to support the implementation of the Healthy Ireland Plan 2018-2022 in this CHO	Q1-4	H&W

6. Health and Social Care Delivery

6.1 Primary Care

Services Provided

Primary care services deliver care to service users close to home through a community-based approach. A wide range of core services are provided by GPs, nursing and HSCPs, working with wider community services (older people, disability, mental health, palliative) and acute hospital services in response to service user needs.

In 2019 the key quantum of services will be

- 60,802 patients to avail of physiotherapy.
- 43,229 patients to avail of occupational therapy.
- 27,700 patients to avail of speech and language therapy.
- 30,320 patients to avail of the community nursing service.
- 89054 GP out of hours contacts.
- 7992 referrals to community intervention teams (CITs) to facilitate a high volume of complex hospital avoidance and early discharge.

Financial Position:

CHO7	€m	€m
Primary Care Statutory Services		
2018 Budget		
		189.61
<u>Budget Reductions:</u>		
		(10.51)
<u>Budget Increases:</u>		
19 PCP	1.89	
Post Grad Medical & Dental Board/Homeless Services	1.66	
Budget Transfer/Drugs Strategy	0.66	
16 DoH hld fnds release -MH Dev Funding/Staff Transfer / Secondment	0.66	
Budget Transfer	0.24	
Tier 4 Funding - Social Inclusion Special Projects	0.09	5.20
2019 Budget As per Rosetta		
		184.30
% Budget Reduction 18 to 19		(3%)
CHO7	€m	€m
Core Primary Care		

2018 Budget		
Core Primary Care		87.83
<u>Budget Reductions:</u>		
Core Primary Care	(6.22)	(6.22)
<u>Budget Increases:</u>		
19 PCP	1.51	
Post Grad Medical & Dental Board	0.04	
Budget Transfer	0.22	
16 DoH hld fnds release -MH Dev Funding	0.62	2.39
2019 Budget As per Rosetta		
Core Primary Care	84.01	84.01
% Budget Reduction 18 to 19		(4%)
CHO7	€m	€m
Social Inclusion		
2018 Budget		
Social Inclusion	50.89	50.89
<u>Budget Reductions:</u>		
Social Inclusion	(4.28)	(4.28)
<u>Budget Increases:</u>		
19 PCP	0.31	
Homeless Services	1.63	
Drugs Strategy	0.44	
Staff Transfer / Secondment	0.04	
Budget Transfer	0.24	
Tier 4 Funding - Social Inclusion Special Projects	0.09	2.75
2019 Budget As per Rosetta		
Social Inclusion		49.35
% Budget Reduction 18 to 19		(3%)
CHO7	€m	€m
Palliative Care		
2018 Budget		
Palliative Care		3.26
<u>Budget Reductions:</u>		
Palliative Care	(0.01)	(0.01)
<u>Budget Increases:</u>		
19 PCP	0.06	0.06
2019 Budget As per Rosetta		
Palliative Care		3.32

% Budget Reduction 18 to 19		2%
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CHO7	€m	€m
Demand Led Schemes		
2018 Budget		
Demand Led Schemes		47.63
<u>Budget Reductions:</u>		
		0.00
<u>Budget Increases:</u>		
		0.00
2019 Budget As per Rosetta		
Demand Led Schemes		47.63
% Budget Reduction 18 to 19		0%

Issues and Opportunities

Ensuring accessible, comprehensive, continuous, and co-ordinated primary care is central to better serving the needs of the population. Internationally, the strategic repositioning of health services away from acute settings is recognised as a better approach to meet the challenges of escalating demand from an ageing population and the prevalence of chronic diseases, while at the same time ensuring better access to care, addressing inequalities in health and delivering sustainability and best value for population health.

In line with *Sláintecare*, the longer-term focus is on providing improved, speedier and earlier access to services through the provision of a bigger range of primary care services. A challenge in delivering on this objective is the requirement to maintain current capacity in existing services, and to build additional capacity to enable a broader range of primary care services to be provided in the community. It will be necessary for the increase in capacity to be put in place in a structured way, resulting in the maximum scale and quantum of services being provided in the community with the appropriate care pathways and access to scheduled and unscheduled care. CHO Dublin South Kildare and West Wicklow needs to be appropriately resourced with the capacity to plan for population health and conduct community assessments to inform the prioritisation of capacity building activities. A key risk area for primary care services in CHO Dublin South, Kildare and West Wicklow will be the ability to meet the quantum of service targets due to the high number of staff resignations and retirements and the length of time recruiting replacement workers. The length of time from resignation to refilling posts is minimum 6 months. This is added to the lack of ability to replace the high numbers of maternity leaves across services within the paybill and employment management framework.

In 2019, a number of service redesigns are taking place in primary care under the

governance and leadership of the HSE commissioning teams, which will commence building additional capacity and implementing service delivery models. Primary care will also face financial risks in property management due to the number of new centres opened that have not been adequately funded to date. To contain costs primary care has committed to auditing expenditure and ensuring costs are prioritised based on risk.

Expected growth in demand led schemes particularly in the area of high tech medicines, health amendment card and the cervical check support scheme poses a challenge, with a projected deficit of € 2.7M. Cost containment in hardship medicine (aids and appliances) will continue, combined with procurement savings to achieve break even. The CHO is currently the national demonstration site for the cross government project to introduce therapies into school and early years settings. The CHO will continue to work with the Department of Education, National Council for Special Education, Department of Health and the Department of Children and Youth Affairs to introduce a 3 tier model for the provision of Speech and Language Therapy and Occupational Therapy in early years, primary and secondary school settings and to assist in the evaluation of the project in 2019.

CHO implementation will enter an exciting phase in 2019 with the establishment of CHNs. The networks are a key building block in the establishment of the infrastructure to deliver *Sláintecare*. CHN managers will manage the delivery of primary care services and co-ordinate the integration of services within / outside CHNs through the identification of clear access and referral pathways to services for older people, people with disabilities, people with mental illness and to acute hospitals. Implementation of the networks will commence in 2019 with the establishment of nine learning sites including, one in CHO Dublin South Kildare and West Wicklow, involving the management of primary care staff by the network manager, working collaboratively with community nursing and GPs. In CHNs the move to collaborative and cross-boundary working that encourages primary and secondary care to be aligned in one system closer to the community, will facilitate a more streamlined co-ordinated transfer of care and improved service user experience. As service users move through their healthcare journey, CHNs will support service users and their families and co-ordinate their care in acute hospitals as required.

Within the overall resource package, opportunities to make improvements in areas such as CHN services will be developed through:

- Recruitment of posts in Q 3, to XXX see additional patients in 2019, with a full year impact in 2020 . The specific profile of community nursing and therapies will be determined early in 2019.
- An increase in general practice access to diagnostic imaging with 4000 ultrasounds

The commissioning of primary care centres continues to be a key enabler for the effective and efficient delivery of Primary Care Team (PCT) and CHN services. Opportunities in CHO Dublin South, Kildare and West Wicklow in 2018 included the commissioning/ official

opening of five primary care centers across the CHO bringing primary care services together, providing improved facilities closer to home for service users. In 2019 a further 4 primary care center developments are expected to commence. In addition, the expansion of Springfield Primary Care Center to include a primary care diagnostic centre and Primary Care Eye \Centre is expected to be completed in Q4.

Building capacity in general practice

To achieve a shift to primary care-centred health services, it is accepted that there is a need to ensure that general practice is sustainable. Areas of focus for CHO Dublin South Kildare and West Wicklow in 2019 include;

- Analysis of population needs for GP services
- Facilitating significant and strategically aligned service development such as in the areas of chronic disease, CHN model and special items of service.
- Introduction of a framework for the delivery of GP OOH services in the Dub Doc Area. Capacity will be enhanced through modernisation including IT systems and enhancement of clinical and corporate governance structure.

Chronic disease management

A population level approach, at CHN level, to the management of chronic disease involves moving a step further upstream from the level of the individual, to assess whole population needs with a view of targeting different interventions at individual risk groups. An enhanced GP contractual framework would lead to better health surveillance for chronic disease through the introduction of structured chronic disease prevention and management in general practice on a phased basis for a number of specific conditions.

A key area of concern for CHO Dublin South Kildare and West Wicklow is the ability to recruit and retain staff in the integrated care programmes for chronic disease management. Streamlining of the national programmes and the development of a service delivery framework to enable roll out and testing of Models of Care for Chronic Disease is urgently required to ensure more coherent practices and to support staff in demonstration sites. A targeted approach to recruitment and retention through meaningful staff engagement is required.

ICT

ICT investment is critical for the redesign of services and to support capacity building to deliver safe and effective services. In 2018 CHO Dublin South Kildare and West Wicklow delivered fully on the rollout of IT and smart phone technology to all primary care staff in the CHO. The CHO will progress the implementation of NIMIS to primary care physiotherapists and GP access to a diagnostic booking system in the Tallaght area in 2019.

The lack of a community EHR/ Primary Care Management System to support primary care,

integrated care programmes and the development of CHNs is a significant risk for the CHO. The introduction of an IT management system is urgently required to build primary care capacity.

Improve integration between community and acute services to promote a modernised and streamlined delivery model

In conjunction with acute services, a strategic elective care plan is being developed that will promote the redesign of services, implementing clinically recommended care pathways that will reduce variability in clinical practices and manage the quality and safety of patient care through standardised processes. Access by primary care services to specialist advice, appropriate diagnostic imaging and alternative pathways, underpinned by appropriate technology, will support the management of patients in primary and community healthcare as much as possible, while reserving the acute hospital for high acuity care.

Priorities and Actions

Primary care will continue to focus on improving the quality, safety, access and responsiveness of services and working to integrate the delivery of other community services.

CHN – Network operating model

- Develop CHNs in line with *Sláintecare*.
- Implement CHN learning site following consultation.
- Build the governance of CHNs with new structures at primary care level.
- Deploy a pilot ICT solution to support the new CHN learning sites.

Primary care services

- Improve access for primary care occupational therapy services with a focus on addressing patients waiting over 52 weeks, through the appointment of additional occupational therapists.
- Develop and enhance CHNs through the recruitment of additional posts across nursing, physiotherapy and other health and social care professionals.
- Improve access waiting times for oral health and orthodontic services for children within existing resources.
- Implement, within existing resources and on a phased basis, the recommendations from the reviews of the primary care physiotherapy, occupational therapy and speech and language therapy services, psychology service, dietetic model of care, lymphoedema model of care, GP out of hours service, primary care eye care services and civil

registration, when published.

- Provide additional packages of care for children discharged from hospital with complex medical conditions.
- Continue to advance development of CIT and Outpatient Parenteral Antimicrobial Therapy (OPAT) services with a focus on increased referrals of complex hospital avoidance and early discharge cases, and develop and implement quality improvement initiatives.
- Ensure treatment is offered to patients with hepatitis C in line with the National Hepatitis C Treatment Programme goal of eliminating hepatitis C by 2026.
- Primary care centres: Rialto PCC will be completed in Q4 2019, and commissioned in 2020.
- Tallaght – extension to Russell PCC will be completed in Q4 2019. Baltinglass, Athy and Boot Road Clondalkin will all commence development in 2019 with completion in 2020.

Deliver safe high quality termination of pregnancy services on a universal basis

In line with the Health (Regulation of Termination of Pregnancy) Bill 2018, a primarily community led service will be delivered by GPs in primary care settings and women’s health service providers with appropriate access and care pathways to acute hospital services as required. Services will be available from January 2019.

- Deliver termination of pregnancy (ToP) services to ensure they can be accessed in community settings through primary care providers on a universal basis, free of charge.
- Support and enable the implementation of a safe, high quality ToP service in the acute hospital system.
- Support staff working across HSE services through education and training to roll out ToP services in line with clinical guidelines and model of care.

Operational Plan Actions		
Key Result Area	Priority Action	Q
Primary Care		
1. Promote optimum health of the population in collaboration with other services		
	Support the Early Years Intervention Programme including the National Healthy Childhood and Nurture Infant Health and Wellbeing Programmes	Q1-4
	Continue to support the primary childhood immunisation (PCI) programme and school immunisation programme (SIP) and implement the extension of the existing national HPV vaccination programme to boys.	Q1-4

	Develop and implement, in collaboration with health and wellbeing, an action plan to roll out training for primary care staff to complete brief intervention training as proposed by national programme for 'Making every contact count'(MECC)	Q1
	Staff will deliver the key messages of MECC regarding smoking, alcohol and drugs, healthy eating and physical exercise to service users during routine consultations	Q1-4
	Support the delivery of relevant actions from the Breastfeeding Action Plan. Implement the Breastfeeding policy for Primary Care Teams and Community Health Care Setting. Strive to achieve the breastfeeding KPI targets, including sharing relevant data with teams. Support staff to undertake and update on relevant breastfeeding training. Provide information on breastfeeding to all pregnant women as part of the new antenatal contact.	Q1-4
	Continue the implementation of the standardised developmental screening tool for children aged 21 to 24 months (Ages and Stages Questionnaire 3) as part of the Healthy Childhood Programme	Q1-4
	Support the dissemination of infant and child nutrition information. Support the implementation of Healthy Weight for Children Prevention programme, currently in development.	Q1-4
	Support the provision of population and evidence-based parenting programmes. Staff to provide appropriate information on parenting at each child health contact. Ensure staff are aware of the local and regional availability of parenting supports i.e. parent and toddler groups etc. Provide additional support for those parents/families identified with greater need. Enable staff to attend the infant mental health training programme.	Q1-4
	Work to improve take up across the CHO, under all immunisation campaigns/programmes. Specific Focus will be on Influenza Vaccination for Over 65's and Staff and the HPV for girls and boys .	Q1-4
	Implement a social prescribing programme building on the learning from effective models.	Q1-4
	Continue to support and roll out the Connecting for Life program across the CHO.	Q1-4
	Meet the requirements of the National HEP C Programme within Existing Resources.	Q1-4
2. Deliver timely, integrated and clinically effective services in adherence with statutory requirements		Q1-4
	Continue to work with the national division to improve access for service users across all age groups particularly concentrating on utilisation of additional resources to reduce waiting times greater than 52 weeks and 12 weeks line with national KPIs	Q1-4
	Improve access for primary care occupational therapy services with a focus on addressing patients waiting over 52 weeks, through the appointment of additional occupational therapists	Q1-4
	Continue to implement the recommendations relating to the recruitment and retention of graduate nurses.	Q1-4
	CHO 7 will support any recommendations in the GPOOH review when published and will continue to develop out of hours services in partnership with GP's to ensure full coverage across the CHO for GP out of hours services.	Q1-4

	Utilise additional winter action plan funding to extend rostering and triage in the KDOC and TLC services to promote hospital and ED avoidance.	Q1
	EYE Services - CHO will continue to reduce the current waiting list through a combination of in-house resource and collaboration with the national lead for the PCET report. CHO hub – completion planned for Q4 2019.	Q1-4
	Continue with key stakeholders to progress integrated care pathways for Diabetes and COPD and Asthma across the CHO.	Q1-4
	Continue to support and work with co-ordinators for self-management support to develop self-management programmes for chronic conditions	Q1-4
	Continue to work with DOH, DES, NCSE and DCYA to support the demonstration project Therapies in schools and early years settings for SLT and OT	Q1-4
3. Strengthen Clinical and Service quality within Primary Care Services		
	Continue to monitor quality dashboard	Q1-4
	Ensure treatment is offered to patients with hepatitis C in line with the National Hepatitis C Treatment Programme goal of eliminating hepatitis C by 2026.	Q1-4
	Implement the recommendations from the reviews of the primary care physiotherapy, occupational therapy and speech and language therapy services, psychology service, dietetic model of care, lymphoedema model of care, GP out of hours service, primary care eye care services and civil registration, when published	Q1-4
	Continued utilisation of the 'train the trainer' programme to ensure all staff are compliant with the Hand Hygiene national guidance.	Q1-4
4. Improve integration between community and acute services to promote a modernised and streamlined delivery model		
	Continue to support the development of the Tallaght Cross Academic Primary Care Centre in developing new and innovative models of care, research opportunities, greater integration of GP, HSE and acute services.	Q1-4
	Provision of Primary Care Diagnostic Services on at Springfield Primary Care Centre in collaboration with Tallaght University Hospital Service initiation Q1 2019 in TUH with commissioning of new centre in Q4 2019	Q1-4
	Continue to advance development of CIT and Outpatient Parenteral Antimicrobial Therapy (OPAT) services with a focus on increased referrals of complex hospital avoidance and early discharge cases, and develop and implement quality improvement initiatives.	Q1-4
	Provide additional packages of care for children discharged from hospital with complex medical conditions.	Q1-4
	Continue Community Rapid Response team for WAT to February 2019 and complete review of effectiveness in collaboration with Tallaght University Hospital and Naas General Hospital with view to service development in Q4 2019	Q1-4

	Continue to enhance the local implementation groups (LIG) for integrated care programmes for chronic disease management established in 2017. Support the recruitment to the CNS and podiatry posts. Continue to work with the programme for integrated care for respiratory conditions to continue the development of integrated pathways of care for COPD and asthma. Continue to roll out structured patient education for people with type 2 diabetes across the CHO	Q1-4
5. Ensure that the views of service users, family members and carers, are central to the design and delivery of Primary Care Services		
	Implementation of learning notices as a result of complaints and incidents	Q1-4
	Continue to work with health and wellbeing to provide community-based liaison and range of supports to women and families affected by the Cervical Check controversy.	Q1-4
	Progress the implementation of the National Safer Better Healthcare Standards. Support the implementation of the Incident Management Framework. Continue to develop a robust risk management system.	Q1-4
	Continue to offer open disclosure training and ensure all new staff are targeted.	Q1-4
	Implementation of After Action Review training for HOD's and service managers	Q1-4
	Analysis of 2018 patient experience survey and implementation of QIPs to address gaps identified. Completion of patient experience survey 2019	Q1-4
6. Enable the provision of Primary Care services by highly trained and engaged staff and fit for purpose infrastructure		
	Deliver the NURTURE programme actions in particular training for PHN's/Practice Nurses/SMO's. Child Health Development Co-Ordinator in post and primary function is roll out of this programme	Q1-4
	Develop training needs analysis for staff including Children's 1 st , hand hygiene, QPS and the development of a CPD protocol for HSCPs.	Q1-4
	Support staff working across HSE services through education and training to roll out ToP services in line with clinical guidelines and model of care.	Q1-4
	Following consultation, implement CHN learning site including development of governance structures	Q1-4
	Primary care centres: Rialto PCC will be completed in Q4 2019, and commissioned in 2020. Tallaght – extension to Russell PCC will be completed and operational in Q4 2019. Commencement of Boot Rd Clondalkin, Athy and Baltinglass in Q 1 2019	Q1-4
	Support the roll out of the DOH Healthy Workplace Framework and the HSE implementation of same when finalised.	Q1-4

	Review Children First Statement at all our centres and associated risks in Q4. Develop and maintain a register of relevant services and relevant (mandated) persons. Implement principles and practice of Governance. Implement a record management policy when disseminated. Local Implementation Committee is established and on-going.	
	Continue to Support the OoCIO review of IT infrastructure needs in health centres / PC centres to support access to clinical and administrative systems in support of patient care.	

Social Inclusion Services

Services Provided

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

Issues and Opportunities

Ensuring that we improve health outcomes for socially excluded groups in society is a key priority. Capacity to meet government commitments as set out in the Irish Refugee Protection Programme, Rebuilding Ireland Action Plan for Housing and Homelessness, 2016, Housing First Implementation National Implementation Plan 2018-2021, 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, will support more effective social inclusion services. In 2018 the HSE and Dublin Simon Community opened a step-up/step-down facility in Ushers Island to facilitate hospital discharges of medically complex homeless persons who would otherwise remain in acute facilities.

Primary Care faces a financial challenge associated with the homeless service, particularly with the growth of care packages for those who are homeless and have complex care needs. A monthly budget allocation for care packages will assist in containing cost growth in this area.

Priorities and Actions

Improve health outcomes for socially excluded groups who experience severe health inequalities including those with addiction issues, the homeless, refugees, asylum seekers and members of Traveller and Roma communities.

- Prioritise the expansion of community-based healthcare services to minimise the harms from misuse of substances and to promote rehabilitation and recovery, in line with Reducing Harm Supporting Recovery.

- Continue to implement the health-led response to the Reducing Harm Supporting Recovery with an emphasis on strengthening governance structures.
- Mental health and social inclusion services working together will develop a model of service for co-occurring mental health and substance misuse concerns among at risk groups.
- Implement the health actions, identified as a priority in 2019, in Rebuilding Ireland Action Plan for Housing and Homelessness, 2016, and Reducing Harm Supporting Recovery in order to provide the most appropriate primary care and specialist addiction / mental health services for homeless people.
- Implement new models of care for homeless people with complex and multiple needs, as part of an integrated housing and health policy response, in line with the Housing First National Implementation Plan 2018-2021.
- Implement the recommendations of HSE Intercultural Health Strategy 2018-2023 on a phased, prioritised basis.
- Improve access to primary care services for refugees in emergency reception and orientation centres / resettlement phase, in line with the EU Reception Conditions Directive 2013 / 33 / EU to support people seeking asylum, with particular regard to development and implementation of a vulnerability assessment.
- Finalise and implement the Traveller Health Action Plan (Due to be launched in March 2019) in line with the National Traveller and Roma Inclusion Strategy 2017-2021.
- Implement agreed HSE assigned actions under the Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021 within existing resources.
- Progress identified actions in the mental health / social inclusion area in conjunction with mental health services.
- Support the implementation of Rebuilding Ireland through participation in the implementation of improving the care planning for older and disabled homeless clients. (as per DRHE homeless Plan).
- Participate in development of homeless mental health service for those not currently in receipt of service in partnership with St. James Hospital and Nat. Social Inclusion Office.
- Participate in homeless hospital discharge group.

Operational Plan Actions		
Key Result Area	Priority Action	Q
Social Inclusion		
Addiction		
Prioritise the expansion of community-based care services to minimise the harms from misuse of substances and to promote rehabilitation and recovery, in line with <i>RHSR</i>	Progress the implementation of the National Safer Better Healthcare standards	Q1-4
	Transfer Cuan Dara service to newly re-furbished site in St. Loman's.	Q1
	Prioritise the expansion of community-based care services to minimise the harms from misuse of substances and to promote rehabilitation and recovery, in line with <i>RHSR</i> .	Q1-4
	Continue to implement the health-led response to the <i>RHSR</i> with an emphasis on strengthening governance structures.	Q1-4
	Promote www.askaboutalcohol.ie web site in conjunction with local Drug and Alcohol Task Forces in line with the action 1.1.4 of Connecting for Life.	Q1-4
	Expand mental health services for people with alcohol addiction presenting in acute hospitals. Particularly regarding people presenting to hospitals with alcohol related symptoms; providing interventions in hospital and providing referral pathways to community based services for those who need it. (all CHOs except CHO 1- already in place)	Q3
	Expand responses to those with mental health and addiction issues- link to Dual Diagnosis Mental Health clinical programme	Q3
	Continued delivery of naloxone training and distribution to target a reduction in drug-related deaths and non-fatal overdoses. Ref NDS action 2.2.30b (all CHOs)	Q1-4
	Continued targeted increase to buprenorphine / naloxone and buprenorphine only products (cross CHOs)	Q1-4
	Relevant HSE Staff to engage with <i>hidden harm</i> training. Ref NDS action 1.3.9.	Q4
	Strengthen the implementation of the National Drugs Rehabilitation Framework (NDRF). Ref NDS Action 2.1.12	Q1-4
	Pilot common addiction homeless assessment tool in targeted CHO areas	Q1-4
	Complete on-line NDRF training with HSEland and rollout to relevant staff.	Q1-4
	Complete on-line SAOR training with HSEland.	Q1-4
	Deliver SAOR training with relevant staff.	Q1-4
	Upskill existing trainers and increase number of trainers.	Q1-4
	(all CHO areas)	
	Continue to roll out suicide prevention training to staff working with vulnerable groups in line with 'Connecting for Life', the National Strategy to reduce suicide and self-harm.	Q1-4

	Continue to support the development of the Clinical Programme in Dual Diagnosis which is being managed by Mental Health	Q1-4
	Increase the uptake of the community based hepatitis C treatment initiative Ref NDS Action 2.2.28.	Q1-4
	Monitor the implementation of non-direct supervision of urine drug testing in line with obligations under the Public Sector Duty to address the human rights of service users.	Q1-4
Homeless Services		
Implement the health actions, identified as a priority in 2019, in <i>Rebuilding Ireland Action Plan for Housing and Homelessness, 2016</i> , and <i>RHSR</i> in order to provide the most appropriate primary care and specialist addiction / mental health services for homeless people.	Support the implementation of Rebuilding Ireland through participation in the implementation project which will improve the care planning for older and disabled homeless clients . (as per DRHE homeless Plan).	Q1-4
	Participate in development of homeless mental health service for those not currently in receipt of service in partnership with St. James Hospital and Nat. Social Inclusion Office.	Q1-4
	Participate in homeless hospital discharge group	Q1-4
	Use the six drivers in the Framework for Improving Services (2016) to promote the quality and safety of services.	Q1-4
	Enhanced supports for homeless people with mental health and addiction issues, by increasing the capacity of the HSE Outreach services in the Dublin Area.	Q1-4
	Establish governance steering group to monitor recently opened Step up-Step down centre (Ushers Island) opened in Q4 2018. Evaluate outcomes.	Q1
	Implement the health actions, identified as a priority in 2019, in <i>Rebuilding Ireland Action Plan for Housing and Homelessness, 2016</i> , and <i>RHSR</i> in order to provide the most appropriate primary care and specialist addiction / mental health services for homeless people.	Q1-4
	Implement new models of care for homeless people with complex and multiple needs, as part of an integrated housing and health policy response, in line with the Housing First National Implementation Plan 2018-2021.	Q1-4
	Oversee pilot implementation and evaluation of the Dublin Homeless Hospital Discharge Protocol and model of care, via the Inclusion Health Network, and support the effective implementation of a homeless discharge protocol in each CHO/hospital group.	Q4
	Pursue actions in line with the National Drug Strategy to ensure integrated joint working that address the complex health needs of the homeless population, through shared assessment and care planning.	Q4
	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. (Aligned to Action 1.13).	Q4
	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. (Aligned to Action 1.16).	Q4

Social inclusion for vulnerable people and other communities	Develop the implementation plan to deliver the actions of the National Traveller Roma Inclusion Strategy (NTRIS)	Q1-4
	Implement agreed HSE assigned actions under the <i>Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021</i> within existing resources.A35	Q1-4
	Implement the recommendations of HSE National Intercultural Health Strategy 2018-2023 on a phased, prioritised basis	Q1-4
	Improve and maintain access to primary care services for refugees in Direct Provision, emergency reception and orientation centres / resettlement phase, with a focus on chronic disease management, increasing access to mental health supports and addressing the oral health needs of children and adults	Q1-4
	Implement relevant actions in line with the EU (recast) Reception Conditions Directive to support people seeking asylum, with particular regard to development and implementation of a Vulnerability Assessment.	Q1-4
	Extensive obligations assigned to the HSE via the Recast Asylum Directive: Mental health assessment and associated assessment of trauma forms a significant element	Q2
	Support Travellers to access Mental Health services, using a community development approach with a mental health focus.	Q2
	Implement the Traveller Health Action	Q1-4

Palliative Care Services

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 either at home, in hospices or 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 and Actions

Improve access, quality and efficiency of palliative care services

- 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.
- Support the DoH in the revision of national palliative care policy.
- Continue the implementation of the Children’s Palliative Care Programme within available resources.

Key Result Area	Priority Action	Timeline
Primary Care		
Palliative Care		
	Continue to support and align CHO 7 with the palliative care framework. (3 Year Framework)	Q1 - 4
	Commence the implementation of the Palliative Care Model of Care.	Q1-4
	Continue the implementation of the <i>Palliative Care Services – Three Year Development Framework 2017-2019</i>	Q1-4
	Continue to partner local voluntary organisations to improve access to quality care in the community.	Q1-4
	Support the DoH in the revision of national palliative care policy	Q1-4
	Continue the implementation of the Children’s Palliative Care Programme within available resources.	Q1-4

6.2 Disability Services

Introduction / Strategic Context

Enabling people with disabilities to achieve their full potential, living ordinary lives in ordinary places, as independently as possible while ensuring that the voice of service users and their families are heard and that they are fully involved in planning and improving services to meet their needs.

Population

2016 – (Disability)

- Dublin South, Kildare and West Wicklow: 92,678
- Kildare/West Wicklow: 30,051
- Dublin South West: 24,462
- Dublin South City: 18,004
- Dublin West: 21,427

13.5% of the population of Ireland have stated they have a disability in 2016 representing an increase of 8% on the 2011 figures, of that 6.7% are under the age of 20.

Services Provided

- Residential Care
- Day Services
- Respite Services
- Home Support services
- Children's disability services

The Delivery of Social Care supports and services to people with a disability across the spectrum of day, residential and home support provision. The majority of Disability Services in Dublin South, Kildare and West Wicklow are provided through Section 38 and Section 39 funded agencies and with the ever growing demand for residential and respite places for children and young adults this limits the flexibility available to meet the changing needs of the population.

In 2018

- A total of 18 people were placed in emergency residential accommodation.
- An average of 353 people with disabilities a month availed of respite throughout the year.
- Approximately 1,593,495 hours of personal assistant / home support hours were provided to people with disabilities in 2018

Financial position:

CHO 7 Disabilities	€m	€m
2018 Budget As per Rosetta		85.68
<u>Budget Reductions</u>		
Once off 2019	(6.34)	
2018 Placements once off	(2.00)	
Other	(0.08)	
<u>s39s</u>		
Once off funding	(2.16)	
School Leavers once off	(0.87)	
<u>Transfers from other service areas (including other CHOs)</u>	(0.82)	(12.26)
<u>Budget Increases</u>		
2019 Placements	1.67	
Supplementary Budget	3.21	
<u>s39s</u>		
Other	0.60	
School Leavers	2.14	
<u>s38s funding 2019</u>	5.51	13.13
2019 Budget As per Rosetta		86.55
% Budget Reduction 18 to 19 Statutory services only		-4%

Challenges and Opportunities

Challenges

- There is an ever increasing demand for residential placements across the CHO, specifically the growing need for residential care in a younger age group, presenting with ASD and complex behaviours that challenge, and amongst an older age group who can no longer be cared for at home by ageing parents or in an existing care setting. Availability of placements is limited in the voluntary providers, with an ever growing reliance on private providers.
- There are significant resource deficits across all children's disability teams as demand continues to increase for services. Dublin South West remains of great concern, as current waiting times for access to School Age Teams is at 42 months. However, waiting times have increased across all children's services in 2018, due to staff retention and shortages, and changes to the application of the Assessment of Need process locally, which, while leading to a reduction in applications for Assessment of Need has conversely led to an increase in direct referrals to disability teams.
- Services such as children's respite provision and specialist autism services continue to be in high demand. This is evident in the provision of children's emergency residential placements in 2018

(10 in total) and in the 2018 Report of the Review of the Irish Health Services for Individuals with Autism Spectrum Disorders recommending clear pathways to services.

- Insufficient financial allocations across disability organisations to address growing demand and changing needs of service users.
- Significant HIQA challenges presenting across all of the voluntary agencies e.g. environmental, safeguarding concerns, staffing which lead to increasing costs.
- Lack of suitable and affordable accommodation in the greater Dublin area suitable for disability population to progress Congregated Settings policy.
- Increase in demand for day services and lack of affordable accommodation to develop local hubs under New Directions policy.
- Increased number of school leavers in 2019 with complex support needs who require day service options. Service providers have advised that they are having recruitment and retention difficulties in terms of employing staff who have the necessary skills and experience to support people with complex needs in day services.

Opportunities

- Opportunity to centralise Assessment of Need processes across the CHO to align with guidelines in the draft Standard Operating Procedures.
- Opportunity to continue to work collaboratively with primary care colleagues to implement the National Access Policy, commencing with Kildare West Wicklow which has reconfigured into Children's Disability Network Teams.
- Opportunity to continue to implement a significant change management project in disability units in Cherry Orchard Hospital to ensure continued compliance with Disability regulations and standards following registration of the centre in October 2018. This includes commencement of a comprehensive person centred discovery process further purpose of future transition plans.
- Opportunity to enhance the role of the emergency Residential Placement committee in 2019 in line with revised national guidelines.
- Opportunity to streamline processes across children's disability services with introduction of children's disability network team manager in 2019
- Opportunity to transition to lead agency model with Children's' Disability Networks in Kildare West Wicklow.
- Opportunity to develop a shared care model of residential service provision for children which will support children to continue to live at home with their families through a shared care approach.
- Opportunity to develop the HSE Occupational Guidance Service to enable the service to support the Implementation of New Directions and assist service providers to continue with the phased introduction of the New Directions Interim Standards across all Day Service Locations in the CHO.

Disability Risk associated with projected deficit position

There are significant levels of risk associated with the provision of Disability Services to both children and adults. Consideration has been given to the reduction of the following services to further reduce the projected financial deficit in 2019. The clinical and personal safety risks are outlined within each service

1. Reduction in Emergency Residential Placement

In 2018 CHO7 placed 10 children in fulltime residential care at a cost of €4.5m as it was no longer safe for them to remain at home. There are a further 17 children named on the Emergency Residential Placement list as being in need of residential care in 2019 at a potential cost of €8.5m. In order to mitigate the risks associated with children being placed in fulltime residential care from an early age and to achieve improved value for money, we are planning the development of a Shared Care Facility at a cost of €1.3m, which would support 8 of the 17 children to remain connected to their families on a shared care basis rather than being admitted to fulltime residential care. This is also a much more cost effective measure and will certainly reduce the potential deficit relating to Emergency placements.

2. Closing of Respite Services

Currently 46 children avail of regular respite in CHO7 via a HSE funded service. This does not include children who receive respite via the Section 38 organisations. Consideration was given to closing this respite service (Breffni House)– potential saving €1.2m. However, the clinical risks associated with closing this service could be catastrophic, not only for the children themselves but also for their families who are totally dependent on this service in order to continue to care for their child at home.

3. Reduction of Home Support hours

The demand for Home Support has grown beyond all reasonable expectation over the last number of years. Families are completely dependent on this external support given the complexity of their children's /family member's presenting needs. To impose any significant reduction on the current levels of home support being provided would result in family breakdown and many more families seeking residential care placements. However, the CHO has committed to reviewing the Home support service in disabilities in line with the work completed in older persons in 2018 with the intention of delivering a €0.3m (10%) cut of the estimated deficit in 2019

4. Reduction of full time residential placements

The demand for fulltime residential places for both children and adults is increasing. The reasons vary but generally stem from the fact that families can no longer cope, or an elderly parent passes away leaving an adult dependent with no one to care for them. In 2018, CHO7 placed 32 clients in residential care, all of which were in crisis. It is inevitable that in

2019 a number of clients will require placement, particularly in the light of a proposed reduction in either the Home Support or Respite Services.

The clinical risks linked with a reduction in service provision as outlined in 4 areas above in order to reach a breakeven position would have devastating consequences on children and families. This CHO will endeavour to maintain existing levels of services in line with financial resources available, and will work in partnership with the Social Care Group to manage expenditure within its approved allocation. However the CHO is cognisant that the demand for disability supports and services is growing in a significant way and will ensure throughout 2019 effective monitoring of the impact in this area as part of on-going planning processes with the National Social Care Division in respect of the 2020 estimates process.

CHO7 is actively engaging with the National Divisions in relation to these issues, however, the measures required to address the financial challenge may result in restrictions to accessing services as demand grows.

Priorities 2019 - Disability Services

- Continue to progress implementation of the national policy for reform of the disability services Transforming Lives.
- Continue to manage demand for residential placements that arises in 2018, in conjunction with our voluntary providers, from our existing resources. Review and management of current residential placements will continue in 2018 in line with National guidance documents.
- Continue with the implementation of a “*Time to Move on from Congregated Settings*” with a particular focus on agreed priority sites within the allocated resources and challenges associated with this.
- Progress implementation of New Directions national policy on the provision of day services for people with disabilities.
- Continue to implement Progressing Disability Services for Children and Young People (0-18) Programme in the South Dublin region.
- Progress implementing the recommendations of the 2017 review of the reconfiguration of the Children’s Disability Network Teams in Kildare West Wicklow and the transition to a lead agency model for the teams.
- Continue to monitor compliance with HIQA residential standards and support the implementation of action plans throughout 2019. Working collaboratively with agencies to improve the implementation of Quality and Standards in their service, in line with available resources.
- To progress the transition plans in the disability units, Cherry Orchard Hospital as per conditions attached to registration.
- Continue to oversee the implementation of additional respite service provision allocated in the 2018 National Service Plan.

- Finalise the transition of autism services in Dunfirth Farm from the Irish Society for Autism to Inspire Wellbeing.
- Conduct a comprehensive review into disability home support provision across the CHO.
- Review the collection of Key Performance Indicators across the CHO in line with National targets.
- To organise Day Service options for 2019 School Leavers and Rehabilitation Training exits.
- Continue to support the Implementation of New Directions Interim Standards for day services.
- To update all Day Service recipients on the Occupational Guidance Service database.

Achievements 2018

- Transition of services from Irish Society for Autism to Inspire Wellbeing in October 2018.
- The registration of the Disability Units, Lísbrí and Elm in Cherry Orchard Hospital.
- The delivering of additional respite services for young adults in line with the Governments €10 million Respite investment programme. In total 236 respite nights were provided.
- The transition of 18 adults from congregated settings to appropriate accommodation in the community as per the policy *“Time to Move on from Congregated Settings”*.
- The roll out of the New Directions Policy for day services in Dublin South, Kildare and West Wicklow is progressing well.
- Established strong links with Tulsa arising from the Children’s Ombudsman (ref: Molly Cases) the joint HSE and Tulsa integrated protocol

Priorities and Key Actions Disability Services 2019

Operational Plan Actions		
Key Result Area	Priority Action	Q
Improve the health and wellbeing for people with a Disability	Continue to support the health initiative for people with a disability through our partnership approach with the voluntary organisations in line with national health and wellbeing plans.	Q1-Q4
	Community Healthcare Dublin South, Kildare and West Wicklow will continue to implement The National policy for reform of the disability services <i>Transforming Lives</i>	Q1-Q4
	Improve compliance with residential care standards as regulated by HIQA	Q1-Q4
	Continue to progress effective use of resources utilisation a social care model in the disability units in Community Healthcare Dublin South, Kildare and West Wicklow	Q1-Q4
Key Result Area	Priority Action	Q
Continue to Implement the Disability Act 2005 – including Assessment of Need	Continue to implement quality improvement plan across Community Healthcare Dublin South, Kildare and West Wicklow to ensure waiting times for Assessment of Need under the Disability Act 2005 are reduced.	Q1-Q4

	Support the role out of additional posts for Assessment of Need	Q1-Q4
	Progress centralisation of the Assessment of Need administrative function across Community Healthcare Dublin South, Kildare and West Wicklow to ensure standardisation of processes.	Q1-Q4
	Progress Disability Services for Children and Young People (0-18) Programme will continue to implement the recommendations of the review carried out in 2016/2017 into Children's Disability Services in Kildare West Wicklow following their 2014 reconfiguration under Progressing Disabilities for Children and Young People.	Q1-Q4
	Implement the progression to a lead agency model in Kildare West Wicklow in line with recommendations of Progress Disability Services for Children and Young People (0-18) Programme	Q1-Q4
	Review the current Governance arrangements in Kildare West Wicklow the move to a lead agency model in line with the 2017 Review of Services.	Q2-Q4
	Implementation of Progressing Disabilities will continue in the in the South Dublin area.	Q1-Q4
Key Result Area	Priority Action	Q
Progress implementation of Time to Move on From Congregated Settings	Community Healthcare Dublin South, Kildare and West Wicklow will continue to implement policy on 'Time to Move on from Congregated settings'. 17 service users have been identified to move in to community settings in 2018.	Q1-Q4
	Community Healthcare Dublin South, Kildare and West Wicklow will continue to work with voluntary agencies and private providers to manage demand for residential placements emergencies during 2019	Q1-Q4
	Community Healthcare Dublin South, Kildare and West Wicklow will continue to implement the nationally agreed format to prioritise residential placements	Q1-Q4
Key Result Area	Priority Action	Q
Provide high quality respite care to persons with disabilities and their families	Community Healthcare Dublin South, Kildare and West Wicklow will continue to monitor the additional respite service which commenced in 2018	Q1-Q4
	Community Healthcare Dublin South, Kildare and West Wicklow will conduct a review of current in home respite provision across the CHO to ensure value for money	Q1-Q4
	Implement the objectives of the project proposal agreed through the Service Reform Fund for three alternative respite initiatives	Q1-Q4
Key Result Area	Priority Action	Q
Continue to Provide day services and supports to persons with disabilities	Community Healthcare Dublin South, Kildare and West Wicklow will continue to implement the interim standards for New Directions in all day service in 2019	Q1-Q4
	Community Healthcare Dublin South, Kildare and West	Q1-Q4

	Wicklow will continue to implement New Directions in all day services.	
	Community Healthcare Dublin South, Kildare and West Wicklow will implement the person centre planning framework with a disability day service provider if appropriate	Q1-Q4
Key Result Area	Priority Action	Q
Strengthen and enhance the governance and accountability of service providers, Section 38's & Section 39's and private providers	Support the review of Part 1 and Part 3 of the service arrangements for section 38 and section 39 providers and private providers taking into account recommendations from independent review group	Q1-Q4
	Working collaboratively with agencies to improve the implementation of Quality and Standards in their service, in line with available resources.	Q1-Q4
	Review the collection of key performance indicators across the Community Healthcare Dublin South, Kildare and West Wicklow	Q1-Q4
Key Result Area	Priority Action	Q
Advance the personal budgets demonstration projects	Community Healthcare Dublin South, Kildare and West Wicklow will support the pilot projects for the implementation of personalised budgets.	Q1-Q4
	Community Healthcare Dublin South, Kildare and West Wicklow will progress the implementation of the a single standardised tool	Q1-Q4
Key Result Area	Priority Action	Q
Commence the implementation of the National Policy and Strategy for Provision of Neuro-Rehabilitation	Community Healthcare Dublin South, Kildare and West Wicklow will participate in a pilot project with CHO6 to support the role out of the national policy and strategy for the provision of neuro-rehabilitation service in Ireland 2011 -2015	Q1-Q4
Key Result Area	Priority Action	Q
Implement the recommendations arising from the report of the review of the Irish Health Services for Individuals with Autism Spectrum Disorders	Support establishment of a National Programme Board with responsibility for implementing the recommendations of the report of the review of the Irish Health Services for Individuals with Autism Spectrum Disorders carried out in 2017	Q1-Q4
Key Result Area	Priority Action	Q
Safeguarding Vulnerable Persons at Risk	Disability Services will continue to support the implementation of the National Safeguarding Vulnerable Persons at Risk of abuse policy and the revised version to be issued in 2019 by participating in the Community Healthcare Dublin South, Kildare and West Wicklow– Safeguarding Committee.	Q1-Q4

	Disability Services will continue to promote awareness of the policy and implement on-going training for all staff and designated offices, in line with available resources.	Q1-Q4
Key Result Area	Priority Action	Q
Irish Society for Autism / Wellbeing	As a priority complete outstanding actions following the transition of services from Irish Society for Autism to Inspire Wellbeing. This includes completing the handover from the HSE as registered provider of services under the Health Act 2005 to Inspire wellbeing	Q1-Q4

6.3 Older Persons' Services

Population Served

The largest increase in Ireland's demographic structure is within the older age groups. The number of people aged 65 years and over has increased nationally from 11.6% in 2011 to 13.3% in 2016. According to 2016 census, the largest increases in persons' aged 65 and over were concentrated in South Dublin (34.1%) and Kildare (32.2%).

2016 – Census (Over 65s)

- Kildare / West Wicklow 24,437
- Dublin South City 16,339
- Dublin South West 21,268
- Dublin West 14,532
- CHO7 Total 75,576

Services provided

Older Persons' Services are delivered through a community based approach, supporting older people to live in their own homes and communities and where necessary, to avail of high quality residential care. A wide range of services are provided in CHO 7 Dublin South, Kildare and West Wicklow for older people. These include home support provided by HSE direct employees in addition to, home support provided by both voluntary and private providers. Other services include: transitional care, day care, short and long stay residential care. Older Persons' Services aim to maximise the potential of older people, their families and local communities.

Community Health Care Organisation Dublin South, Kildare and West Wicklow, will work with the Department of Health (DoH) to implement the recommendations of *Sláintecare* to ensure that social care can be delivered in an integrated manner to meet the needs of older people.

Services provided for Older People include:

- Integrated models of service delivery in partnership with Acute Hospitals
- Home Support Services including Intensive Home Support
- Residential, respite and short stay services
- Day Care Services
- Meals on Wheels Services through HSE and Voluntary Providers
- Nursing Home Support Scheme
- Rollout of National Influenza Vaccination Campaign in Long Stay Units / Nursing homes
- Chiropody Services
- Dementia Awareness / Services for people with Dementia

Financial position:

CHO7	€m	€m
2018 Budget Excluding C&S		84.75
<u>Budget Reductions:</u>		
Cost Containment Measures in 2019 not in 2018	(1.17)	
Once off Funding 2018 not received 2019	(9.33)	
Pay Budget Adjustment Fair Deal in 2019	(0.61)	(11.11)
<u>Budget Increases:</u>		
PCP included in 2019 Budget not in 2018 Budget	1.12	
Homecare Recurring Budget 19 to Cover FY 2018 HCP	3.51	
Homecare Budget to come March 19	1.44	6.07
2019 Budget excluding C&S (include March 19 HC)		79.71

Challenges and Opportunities:

Challenges

- Managing the growing pressure of an ageing population with the increasing demand for Home Support services, will be a major challenge for CHO 7 Dublin South, Kildare and West Wicklow in 2019 (The population in South Dublin and Kildare over 65 years has increased by a third since 2016)
- The dearth of nursing staff within Older Persons' Residential Care Settings in CHO 7 Dublin South, Kildare and West Wicklow has resulted in a reliance on agency staff in the centres. This remains a challenge in the centres for 2019
- There are challenges in achieving full occupancy in the HSE public residential centres for older people due to the availability of private nursing homes in CHO 7
- There is an identified need for additional supports in the community to prevent unnecessary admissions to acute hospitals
- Maintaining a focus on older people within the patient flow system includes using supports to help avoid hospital, and if admission is necessary, to leave hospital in a timely fashion. Increased demands each winter to ensure the timely discharge of older people from the three acute hospitals, St James Hospital (SJH), Tallaght University Hospital (TUH) and Naas General Hospital in CHO 7 will continue to be challenging in 2019 / 2020 in addition to, increasing demands from

other acute hospitals in the surrounding area. CHO 7 will continue to support the discharge of older people from the acute sector within available resources

- The development of day centres for older people remains challenging whilst working within available resources and efforts continue to reduce waiting lists for these services in CHO 7

Opportunities

- Continue the centralisation of Home Support Services in CHO 7 Dublin South, Kildare and West Wicklow in order to provide a more flexible person-centred service to achieve a Single Funded Model of Home Care in line with national policy
- Continue to provide support to carers in their role of caring for older people. Identifying carers and their needs as early as possible, is of crucial importance if they are to be supported in maintaining older people in their homes and communities
- The introduction of the Carers Needs Assessment Tool will be a key step in helping to identify carers and will also play a role in identifying the supports required
- Collect data in relation to Intensive home care packages in order to inform future planning for people diagnosed with Dementia
- Work in partnership with local authorities and voluntary providers to enhance services for people diagnosed with Dementia in CHO 7 Dublin South, Kildare and West Wicklow
- Progress the implementation of the Winter Initiative 2019 / 2020 and actively participate in the Winter Action Team (WAT) to support older people at home
- Provide older people with appropriate supports following an acute hospital episode and maintain focus on Delayed Discharges
- CHO 7 Dublin South, Kildare and West Wicklow will continue to improve communication links with our acute hospital partners in the Dublin Midlands Hospital Group to ensure discharge planning is optimised
- Continue to standardise residential services for older persons in CHO7 Dublin South, Kildare and West Wicklow in order to achieve value for money within the older person's units
- Continue to develop day services for older people in CHO 7 Dublin South, Kildare and West Wicklow
- Continue to roll out the Single Assessment Tool (SAT) in the community and across the acute sector in CHO Dublin South, Kildare and West Wicklow
- Identification of Baltinglass Community Hospital as the learning site for Older Persons' Services for Making Every Contact Count (MECC)
- Cherry Orchard Hospital identified as a pilot site to roll out HSE Values in Action (ViA) for Older Persons' Services in CHO 7 Dublin South, Kildare and West Wicklow
- CHO 7 Dublin South, Kildare and West Wicklow will continue to support 'Good Morning Kildare' a friendly telephone service to older people in Kildare and surrounding areas to support independent living and social connection
- CHO 7 Dublin South, Kildare and West Wicklow will continue to rollout the Befriending Service for older people in conjunction with ALONE
- Continue to support the Age Friendly Alliance in partnership with local County Councils

Priorities 2019 - Older Persons' Services

- CHO 7 Dublin South, Kildare and West Wicklow will continue to provide older persons with home support
- Approximately 6,179 people in CHO 7 Dublin South, Kildare and West Wicklow will receive home support services. This includes direct and indirect care hours as well intensive home support

- Continue to support the delivery of home support services through a Single Funded Model of care
- CHO 7 Dublin South, Kildare and West Wicklow will continue to support, in line with national policy, the delivery of home support in order to limit delayed discharges during the winter period and to support the acute hospitals
- CHO 7 Dublin South, Kildare and West Wicklow will continue to provide day care and other community supports either directly or in partnership with other providers. 3, 000 places per week will be provided across 16 voluntary and 10 HSE run day care centres in CHO 7 Dublin South, Kildare and West Wicklow. These centres range from those providing lunch and social interaction up to being able to care for persons with advanced dementia. Some centres only operate 1 - 2 days per week and others over the 5 days
- Continue the standardisation of processes within the seven Older Persons' Residential care settings in CHO 7 Dublin South, Kildare and West Wicklow in order to maximise the use of existing resources, improve service provision and deliver best value for money
- Open 15 Step down Beds in Belvilla Residential Care Setting for Older People in partnership with TUH
- Provide quality and safe residential and transitional care to meet the needs of older persons
- CHO 7 Dublin South, Kildare and West Wicklow will continue to administer the Nursing Homes Support Scheme within available resources
- Continue to implement *The Irish National Dementia Strategy* through the National Dementia Office
- Continue the roll-out of the *Dementia Understand Together* campaign with a specific focus on community activation
- CHO 7 Dublin South, Kildare and West Wicklow will continue to progress the roll-out of the revised HSE safeguarding policy in line with DoH national policy
- Prepare for the Introduction of HIQA new national standards in adult safeguarding
- CHO 7 Dublin South, Kildare and West Wicklow will support the development of the DoH national policy in adult safeguarding
- CHO 7 Dublin South, Kildare and West Wicklow will continue to support the Falls Prevention and Bone Health programme
- Support the AFFINITY and bone health programme across all services in developing an integrated approach to the prevention and management of falls
- Continue the implementation of *The National Carers' Strategy – Recognised, Supported, Empowered* and support the DoH to elaborate an action plan for the further implementation of the strategy
- CHO 7 Dublin South, Kildare and West Wicklow will continue the implementation of the Integrated Care Programme for Older Persons'

Progress the Capital Projects in CHO 7 Dublin South, Kildare and West Wicklow

- Tymon North, Tallaght: The new 100 bed unit at Tymon North will significantly enhance the level of services available to older people who need long term care in South Dublin. The new unit, currently under construction, will be a purpose built state of the art facility. It is estimated that construction will be completed by June 2019 with a view to open beds in September 2019
- Peamount, Newcastle: The new 100 Bed Unit at its Newcastle Site in West Dublin which will provide 50 Replacement Older Persons Residential Beds in addition to a new 50 Bed Unit to expand Rehabilitation Services

Achievements 2018

- Registration of seven Older Persons' Residential Care Settings in CHO 7 Dublin South, Kildare and West Wicklow by the Health Information and Quality Authority (HIQA) until 2021
- Successful move of 34 residents from Mount Carmel to Belvilla, a newly refurbished, bespoke residential care setting for older people, located on the South Circular Road
- Development of home care support model in CHO 7 Dublin South, Kildare and West Wicklow to standardise processes in line with a single funded model of home care in addition to, centralising home support services to improve efficiencies
- Reaching target occupancy level of 95% in the seven Older Persons' Residential Care Settings in CHO 7 Dublin South, Kildare and West Wicklow

Priorities and Key Actions Older Persons' Services 2019

Operational Plan Actions			
Key Result Area	Priority Action	Q	Lead
Improve the health and wellbeing of Older Persons'	CHO 7 will continue the roll out of the dementia initiatives in accordance with the National Dementia Strategy, 2014	Q1-4	Manager of Older Persons
	CHO7 will assist in the delivery of the nationwide social media campaign <i>Dementia Understand Together</i> , in association with Health and Wellbeing services. CHO 7 will continue to contribute to the evaluation of the mapping of services of people who have been diagnosed with dementia, which are currently available on the website www.understandtogether.ie .	Q1-4	Manager of Older Persons
	Older Person Services will support the continued roll out of Dementia training to staff and carers	Q1-4	Manager of Older Persons
	CHO 7 will continue to work closely with Genio and the National Social Care Division in the delivery of person centred Home Care Packages to people who have been diagnosed with Dementia. Older Person Services will assist Genio in collating data related to Intensive Home Care Packages in order to inform future planning for Intensive Home Care Packages within CHO 7	Q1-4	Manager of Older Persons
	CHO 7 will support the further development of the Dementia Specific support initiatives in St. James Hospital	Q1-4	Manager of Older Persons
	CHO 7 will support the work of the National Dementia Office in developing a model for a dementia registry	Q1-4	General Manager Older Persons

	CHO 7 will continue to support the implementation of SAT (Single Assessment Tool) in conjunction with Tallaght Hospital while extending the implementation of SAT to the other acute hospitals and to the community	Q1-4	Manager of Older Persons
Operational Plan Actions			
Key Result Area	Priority Action	Q	Lead
Home Support Services / Integrated Care	CHO7 will implement the <i>single funding model</i> for home support services in addition to improving quality of home care services through review and audit, and as part of an overall home support service improvement plan	Q1-4	General Manager /Manger of Older Persons
	CHO7 will continue to prioritise home care and transitional care resources through the winter initiative plan 2018/2019 in order to limit delayed discharges and support hospital avoidance	Q1-4	General Manager /Manger of Older Persons
	The Home Care working group will be further developed in CHO 7 to assist in the rolling out of the new Home Care Model in line with National Requirements	Q1-4	General Manager Older Persons
	Older Person Services will progress the establishment of an Audit Team for home care within the CHO to ensure standardised practises are in place	Q1-4	General Manager Older Persons and Manager of Older Persons
	CHO 7 will develop day care services within the area and will work in partnership with Primary Care and voluntary services to develop day care within the CHO	Q1-4	Manager of Older Persons
	Older Person Services will continue to support the Integrated care programme in CHO 7 in conjunction with Tallaght Hospital and the older persons' team	Q1-4	General Manager Older Persons
Operational Plan Actions			
Key Result Area	Priority Action	Q	Lead
NHSS / Residential and HSE Public Units	CHO 7 will continue to evaluate the process in The Nursing Home Support Scheme to provide an efficient service while maintaining a four week waiting time for funding approval	Q1-4	Manager of Nursing Home Support Scheme
	CHO 7 will, in line with legislation,		

	implement changes for the NHSS scheme. Changes for those with farms and small businesses will be introduced commensurate on the appropriate statutory orders.	Q1-4	Manager of Nursing Home Support Scheme HOS – Social Care
	CHO 7 will support the standardisation of long term residential care services within the 7 Older persons units to maximise quality, accountability and value for money within residential older person's services	Q1-4	General Manager Older Persons
Operational Plan Actions			
Key Result Area	Priority Action	Q	Lead
Safeguarding - Vulnerable Persons at Risk	Older Person Services will continue to support the implementation of the National Safeguarding Vulnerable Persons at Risk of abuse policy and the revised version to be issued in 2019 by participating in the Community Healthcare Dublin South, Kildare and West Wicklow Safeguarding Committee	Q1-4	Principal Social Worker - Safeguarding Team
	Older Person Services will continue to promote awareness of the Safeguarding policy and implement on-going training for all staff and designated offices, in line with available resources	Q1-4	Principal Social Worker - Safeguarding Team and HOS – Social Care
	CHO 7 will prepare for the Introduction of HIQA / Mental Health Commission proposed national standards in adult safeguarding for Older Persons' Services	Q1-4	Principal Social Worker - Safeguarding Team and HOS – Social Care
Operational Plan Actions			
Key Result Area	Priority Action	Q	Lead
Recognition of Carers	CHO 7 will continue to support the intentions of the National Carers Strategy <i>Recognised Supported Empowered</i>	Q1-4	Manager of Older Persons and SAT Clinical Lead
	CHO7 will support the introduction of the Carers Needs Assessment Tool which will be a key step in helping to identify carers and will also play a role in identifying the supports required	Q1-4	Manager of Older Persons and SAT Clinical Lead

6.4 Mental Health

Our Population

CHO 7 includes the former Dublin West/South West Mental Health Service (Loman's / Tallaght), the Dublin South City Mental Health Service (St James's) and Kildare West Wicklow. While serving a total population of 697,644 the service also includes Child and Adolescent Mental Health Services. In addition services for people with intellectual disabilities who have mental health needs are delivered by a number of providers including Stewarts Hospital Palmerstown, Cheeverstown House Services, Dublin South City Intellectual Disability Service, St John of Gods and Peamount Hospital.

A number of other key stakeholders are also based in the locality and it is planned that the Mental Health Service will formalise links and promote the integration agenda with these services as part of the emerging requirements. These services include the HSE National Counselling Service and Counselling in Primary Care (NCS, CIPC) Addiction Services, Homeless services and EVE-Community Based Recovery Programmes. The Cloverhill /Wheatfield prison complex is also located within the catchment area.

Services Provided

CHO 7	
Service	No. Provided
Approved Centres	3
CAMHS Approved Centres	1
Continuing Care Units	0
CAMHS Community MH Teams	9
GA Community MH Teams	2
PLL Community MH Teams	3
MHID Community MH Teams	1
Day Hospitals	14
Day Centres	10
24h Staffed Community Residences	8
Homeless	1
Rehabilitation	3

The general adult services in CHO 7 are largely community-oriented with an emphasis on delivering care in the community and have well developed community mental health and homecare teams (CMHTs) in most areas. The catchment area also has Psychiatry of Later Life (PLL) teams and 2 Rehabilitation teams in Dublin South Central and a team in Kildare West Wicklow. The demands on the Psychiatry of Later Life team have increased year on year as the at risk population has increased

in size and also according as the number of nursing home beds in the catchment area increases. The service also includes a multi-disciplinary team for the provision of mental health services to the homeless population in South Dublin.

The Lakeview Acute Unit in Naas Hospital can only operate with the assistance of access of up to 10 additional beds in Portlaoise as well as the cooperation of its sister services in Tallaght and St James' Hospitals.

Psychological Medicine Liaison services are provided within the two acute hospitals in Tallaght & St James's. Child & Adolescent Mental Health Services are delivered in three Community services for the catchment area.

The HSE National Counselling Service provides counselling and psychotherapy services across 18 locations in CHO 7 through CIPC and Alba. .

EVE provides community-based, recovery-oriented programmes for over 1400 adults who experience mental health difficulties, Asperger's Syndrome, and physical and sensory disabilities in twenty one locations, eleven of which are in CHO 7 with the remainder in CHO's 6 & 9.

A key priority for the CHO 7 Mental Health Services in 2019 is to reconfigure the services in line with the Community Healthcare Organisation report and this will continue throughout 2019.

CHO7 will continue to seek opportunities for investment in services with a view to both building the existing community capacity while also seeking service developments in line with National Policy and Clinical Programmes. Priority issues include the further strengthening of Community Teams, to seek final approval for the redevelopment of Lakeview, while also working with our colleagues in Estates and the National Office to identify new ways of working and models of care that will identify opportunities for the development of additional step down options for service users and service innovations such as collaborations with the Service Reform Fund.

Despite significant investment in mental health services in the Area under Programme for Government developments, the gap remains between resourcing of services in CHO 7 and comparable services nationally. However, the service has secured PFG development posts in 2017-18. Such developments over the past number of years include resources for the Eating Disorder Service in CAMHS, the Commencement of a Liaison Service for the Kildare West Wicklow service integrated with Naas General Hospital and the on-going development of the Rehab services across the sector, A Grade VII Traveller Mental Health post and the continuing development of the ADHD services across Dublin South.

Financial position:

CHO7	€m	€m
2018 Budget		94.09
<u>Budget Reductions:</u>		
TRS Development Posts Held Centrally	(3.31)	
Full Year costs of 2017 Placements and 2018 Placements	(4.50)	
NOSP	(0.11)	
Minor Works	(0.60)	(8.52)
<u>Budget Increases:</u>		
PCP 2019	1.45	
PFG 13-15, 16 and 17 Posts Filled in 2018	1.21	
Unfunded Costs Capitation	1.50	
Lakeview Design	0.30	
Post Grad HD Nursing Students	0.41	
Other	0.11	4.98
2019 Budget As per Rosetta		90.56
<u>TRS Held Centrally for 2019</u>		
PFG 13-17 Unfilled Posts		2.20
PFG 2018 excl VFC includes Perinatal of €0.362m		0.97
PFG 2018 VFC TBC		0.84
2019 Budget including Centrally held TRS		94.56
% Budget Reduction 18 to 19 (Excluding PCP & Lakeview)		(1%)

Issues and opportunities

2019 will see significant developments in services across CHO7, particularly in MHID and Eating Disorder in CAMHS.

Services generally remain underfunded in comparison with national norms and significant risks remain across the full range of services and the priority is to endeavour to retain existing levels of service from 2018. One of the main risks will be our ability to maintain regulatory compliance with regards to the capital infrastructural deficits across the Area. There continues to be an impact following the necessary closure of acute beds in the St. James's sector along with our need to rely on the private sector to support our acute inpatient requirements both there and in Kildare.

The indicated 2019 financial allocation for this service presupposes that there will be no additional unfunded cost pressures this year.

The budget therefore assumes that there may be limited availability of additional step down/ long stay placements for patients in 2019 despite the continuing number of delayed discharges in each unit which already operate at a significantly high level of occupancy due to the limited number of acute beds. In addition, the allocation assumes that recruitment to approved staff posts will be phased towards the later part of the year. The risks associated with the current low staffing levels require that vacant posts are filled without delay. CHO 7 will work closely with the Mental Health Division to manage the situation throughout the year by examining the current levels of external placements and seek opportunities that will lead to service reconfiguration locally over the next number of years while also seeking an appropriate allocation of beds in the national service development of the Specialist Rehabilitation Unit later this year.

Opportunities

In 2019 we will continue to develop the Mental Health Engagement service as we established the Area Fora in most regions during 2018.

ARI is a National Mental Health Division initiative that brings together people who provide our services, those who use them and their families and community supports, to work on how we make our mental health services more recovery focused. Mental health services will continue to engage with these principles and support the funded projects that are rolling out the framework.

Challenges

Services generally remain underfunded in comparison with national norms and significant risks remain across the full range of services priority is to retain existing levels of service from 2018 while continuing with key developments in line with the National Clinical Programmes, and regional services. One of the main risks will be our ability to maintain regulatory compliance with regards to the capital infrastructural deficits across the Area. There is already an impact on our ability to maintain previous level of service due to the permanent loss of 4 beds in St James's acute unit in 2018. This was necessary for refurbishment and to meet the requirements of the Mental Health Commission. We have continued to rely on the private sector to support our acute inpatient requirements both in St James's sector and in KWW.

The indicated 2019 financial allocation for this service presupposes that there will be no additional unfunded cost pressures this year. A significant proportion of the allocation is once off which limits the service to plan accordingly.

The budget therefore assumes that there may be limited availability of additional step down/ long stay placements for patients in 2019 which will lead to impacts of delayed discharges on each unit which already operate at a significantly high level of occupancy due to the limited number of acute beds. In addition, the allocation assumes that recruitment to approved staff posts will be phased towards the later part of the year. The risks associated with the current low staffing levels require that vacant posts are filled without delay. CHO 7 will work closely with Community Operations Mental Health to manage the situation throughout the year by examining the current levels of external placements and seek opportunities that will lead to service reconfiguration locally over the next number of years. The development of the Specialist Rehabilitation Unit in 2018 has been welcome however the admission criteria to the SRU limit the effectiveness of this initiative in alleviating our need for additional high support services/beds.

There is also the requirement to begin immediately in 2019 to identify in consultation with National Operations Mental Health how the current unsustainable funding model in Mental Health can be addressed to minimise the continued reliance on once-off funding which will not be available to this extent in 2019. This requires examination of the current operational model of all our services to ensure maximum efficiency and effectiveness whilst maintaining safe levels of mental health services.

Achievements 2018

- Commenced the rollout of Eating Disorder programme in CAMHS
- Launched the Connecting for Life plans for Dublin South Central and Kildare West Wicklow
- Development of the 7/ 7 services across all areas in the CHO with an Additional 5 posts in place.
- Development of the appropriate governance structures across the CHO to support the implementation and roll out of the National Recovery Framework for Mental Health 2018 – 2020.
- Creation of 4 Area Fora as part of Mental Health Engagement programme

Priorities 2019

- **Sláintecare** recognises the importance of supporting people to look after and protect their own health and wellbeing. Healthy Ireland is the national strategy for improved health and wellbeing. This strategy is underpinned by a whole-system philosophy involving cross-government and cross-societal responsibility. Mental health service will continue to collaborate and input to multi-agency partnerships to ensure joined up approaches to Health and Wellbeing for the population of the CHO.
- Continuing to support and promote community resilience programmes like the **Be Well D10** and **Be Well Feel Well** initiatives in Dublin South Central and Kildare West Wicklow
- Progress implementation of Connecting for Life – Irelands National Strategy to Reduce Suicide 2015 – 2020 and continue to deliver evaluated evidence- based programmes through both

government and non – governmental as set out in the national training plan for suicide reduction.

- Increase capacity in Community Mental Health Services across specialties through the service development process and revised recruitment & retention initiatives across all disciplines.
- Work with sports, community and voluntary groups to develop resilience and reduce demand for mental health services.
- Progress development and implementation of the five agreed clinical programmes, specifically the development of the model of care for attention deficit hyperactivity disorder in adults and model of care for dual diagnosis as well as implementation of individual placement support workers for early intervention in psychosis clinical programme.
- Implement the recommendations of A National Framework for Recovery in Mental Health, 2018 – 2020
- Further Develop and deliver enhanced peer support workers in line with A Vision for Change recommendations subject to the availability of resources.
- Develop eating disorder specialist community teams in both adult and CAMHS services subject to the availability of resources.
- On-going support for Jigsaw and other early intervention services specific to those age 18 – 25 years identified as requiring particular community-based responses.
- Develop adult and child mental health intellectual disability teams including the appointment of agreed new staffing subject to resources.
- Further enhance the community mental health team capacity for CAMHS, General adult psychiatry of later life at a consistent level across all areas including the appointment of agreed new staffing.
- Continue to implement a revised HSE Incident Management Framework 2018.
- Continue the implementation of the mental health engagement standards to ensure a consistent model of engagement by service users and engagement.
- Implement the recently developed CAMHS advocacy model.
- Participate in the development of a HSE- wide programme for the implementation of the assisted decision-making legislation in mental health services delivery.
- Move towards more equitable resource allocation models based on an updated costing model for mental health services in line with a vision for change and continue the mental health multi – year approach to budgeting.
- Continue to enhance the services to meet the needs of those with severe and enduring mental illness with complex presentations through the development of rehab and assertive outreach services in line with approved PfG posts and other service reconfiguration.
- Continue to make proposals for service developments through the National Office with a view to developing specialist clinical responses through the Mental Health Clinical Programmes.
- Continue the development of QPS structures within the CHO in conjunction with the Quality & Safety Manager to achieve enhanced safety of mental health services, including improved regulatory compliance and incident management processes.
- Enhancing services across the CHO to address service needs in MHID. Continued engagement with the Voluntary Sector in order to develop an integrated team and service.
- Continue to integrate all of the services, in 2019, including Child & Adolescent Mental Health Services, into one integrated service.
- Continue to develop a service to support the physical health needs of mental health service users in inpatient units and extended to the Community.
- Staff working in Mental Health will be supported and encouraged to actively engage in initiatives to achieve the Health & Wellbeing division, Healthy Ireland targets.
- Continue participation on Project Team on the National Children’s Hospital, in 2019, to develop plans with the Mental Health Division and the Children’s Hospital Group for the Child & Adolescent Mental Health component of the services to be provided at that location.

- Further development of Home Based Care Teams in line with commitments made by the Mental Health Division.
- Progress the feasibility and design of Capital Projects at St. James's Acute Unit and commence works at Lakeview.
- Implement the rollout of CAMHS SOP's for 16 and 17 year olds with the Community CAMHS Teams while also continuing to comply with the SOP in relation to catchment areas for inpatient unit admissions,
- Develop structures to embed EVE services within the Community Mental Health Services across CHO

Actions 2019

Key Result Area - Connecting for Life	Priority Action	Timeline
	Continue implementation of the local Connecting for Life Action Plans in line with the National Frameworks.	1-4
	Continue collaboration with Healthy Ireland plans and objectives through engagement with multi agency initiatives.	1-4
	Roll out of Self Harm Programme in St. James's and Tallaght Hospitals.	1-4
	Put in place, targeted campaigns to resource local communities around suicide awareness and mental health stigma reduction (with particular focus on priority group in CFL).	1-4
	Work with local organisations and individuals to ensure wide availability of ASIST training, safeTALK, Understanding Self Harm training.	1-4
	Continue to respond and provide support to local communities where instances of suicide occur, including developing and updating local suicide critical incident protocols if appropriate.	1-4
	Mental health services will continue to collaborate and input to multi-agency partnerships to ensure joined up approaches to Health and Wellbeing for the population by continuing with early intervention and resilience programmes like Be well D10 and Be Well Feel Well.	1-4
Key result area - CAMHS	Priority Action	Timeline
	Continue to develop the Eating Disorders Clinical Programme in the CAMHS service in CHO7 and complete filling of posts allocated to the community based team.	1-4
	Development of recovery education plan in line with ARI principles on recovery.	1-4
	Appoint a Dietician Manager to enhance the governance of Dietetic service in General Adult, Psychiatry of Old Age and CAMHS services. Through the ARI Group, develop a Recovery Education Plan.	1-4

	Continue with engagement days for staff across CHO 7 on ARI principles and practice. Continue rollout of Recovery Principles training across CHO 7.	Q2
	Complete recruitment of Grade VII to progress the development of services for homeless mentally ill and Traveller mental health through improved multi agency approach with the appointment of staff provided for under Programme for Government and 0.5 Consultant to augment the Homeless service.	1-4
	Progress approved projects funded by Service Reform fund through Advancing Recovery Ireland. . Continuing the rollout of Recovery Principles training across CHO 7	1-4
	Recruit additional approved post and reconfigure current Mental Health Intellectual Disability (MHID) service in three Teams across CHO 7.	1-4
	Seek to Increase the capacity of Psychiatry of Later Life to include in-reach to Nursing Homes in CHO7, to include recruitment of additional consultant.	1-4
	Develop an SOP with the General Hospitals for provision of care to patients with medical needs while in Acute Psychiatric settings.	1-4
	Collaborate with Jigsaw (Tallaght, Dublin City) in the development of their service under the Clinical Programme for young people and continue roll out across CHO	1-4
	Increase capacity in community Mental Health Services across specialities through the service development process and revised recruitment & retention initiatives across all disciplines.	
	Further development of Home Based Care Teams in line with commitments made by the Mental Health Division.	1-4
Key result area - QPS	Priority Action	Timeline
	Continue the Implementation of the Training Plan for Best Practice Guidance in Mental Health Services Q 1-4 Support Line Managers in the implementation of the HSE Incident Management Framework & HGSE Risk Management Policy Q 1-4.	1-4
	Continue to support and build the capacity of service users, families and carers to engage with the planning, design, delivery and evaluation of mental health services. This includes the provision of training and the implementation of the standardised reimbursement methods.	1-4
Key Result area - Training	Priority Action	Timeline
	Continue with the improvement of communication to all staff across the CHO. Further the development of Schwarz rounds to support and development of staff	Q1-2
	CHO 7 will continue to progress the implementation personal development plans with all staff including regular supervision.	Q1-4

Support to the development and roll out of Clinical Programmes by seeking appropriate resources to allow CHO7 to implement
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Q1-4

7. Finance

Context

CHO7 will receive a total revenue allocation of €638.8m in 2019 to provide health and social care services within its catchment area. This includes €7.8m for pay awards and is a decrease of €28.6m or 4% on the final revenue allocation in 2018, principally due to once-off allocations not returned. This is a significant resource although measuring it against the backdrop of economic and other factors puts it in perspective. Population growth is expected to grow 4% nationally by 2021 (4.9% in CHO7), there is a rising demand for more complex services to support people and there is insufficient funding for pay cost pressures and non-pay inflation.

Incoming Deficit

CHO7 net expenditure in 2018 amounted to €657.5m against a final budget allocation of €662.1m which was enhanced by significant once-off allocations. Thus, a structural deficit and consequent financial challenge remains in 2019 driven in particular by the following:

- Regulatory compliance, particularly in Social Care Services
- Long stay placements in private external facilities for Disabilities and Mental Health Services
- Agency staff cost due to HIQA notices, staff attrition and delays in the recruitment process
- Increasing demand for Home Care services.

CHO7 is fully committed to delivering efficiencies where possible whilst acknowledging the need to continue providing safe and effective services to a growing and ageing population.

2018 – 2019 CHO7 Net Expenditure and Budget Allocation by Division

€m	2018				2019			
	Actual	Plan	Deficit / <Surplus>	Deficit / <Surplus> (%)	Projection	Plan	Deficit / <Surplus> after Cost Containment	Deficit / <Surplus> (%)
Statutory Services & Section 38 Agencies								
Primary Care	85.09	87.83	<2.75>	-3.13%	84.29	84.01	0.29	0.34%
Social Inclusion	51.12	50.89	0.24	0.46%	49.35	49.35	-	0.00%
Palliative Care	26.39	26.04	0.35	1.36%	26.22	26.22	-	0.00%
Subtotal (exc. DLS)	162.60	164.76	<2.16>	-1.31%	159.86	159.57	0.29	0.18%
Demand Led Schemes	49.19	47.63	1.56	3.28%	47.63	47.63	-	0.00%
Primary Care Total	211.79	212.38	<0.60>	-0.28%	207.49	207.20	0.29	0.14%
Mental Health Total	93.00	94.09	<1.10>	-1.17%	95.61	94.56	1.05	1.11%
Older Persons	104.50	107.21	<2.71>	-2.53%	100.92	97.30	3.63	3.73%
Disability Services	246.29	246.09	0.19	0.08%	254.48	241.49	13.00	5.38%
Social Care Total	350.79	353.30	<2.51>	-0.71%	355.41	338.78	16.62	4.91%
CHO HQ	1.97	2.37	<0.40>	-16.82%	2.22	2.22	-	0.00%
Total	657.54	662.1	<4.61>	-0.70%	660.72	642.76	17.96	2.79%

2019 Development Funding / New Initiatives

There has been some development funding in 2019 but it is relatively minor as in prior years. However, sufficient funding has not been provided to maintain 2018 levels of service.

Service Pressures / Existing Levels of Service (“ELS”)

CHO7 net expenditure is projected to increase in 2019 to maintain ELS. Examples of where these increases will occur are as follows:

- Full year costs of services commenced during 2018, including external long stay placements and de-congregation
- Medical and Nursing agency due to the on-going market and availability issues in recruiting and retaining these staff
- Impact of national pay agreements (including the Public Service Stability Agreement)
- Increments
- Quality and safety requirements including HIQA compliance
- Continuing increase in demand for Home Care
- Other clinical non-pay cost increases due largely to health technology and inflation
- Additional costs associated with demographic factors.

While the 2019 allocation provides additional funding towards ELS, our analysis indicates it is not sufficient to fully fund the level of service provided in 2018 due to for e.g. budget reductions in Disabilities and Mental Health. Consequently, significant financial challenges are expected in the provision of these and other services.

Savings and Efficiency Measures

Included in the allocation for CHO7 are savings in the sum of €5m that will have to be met through pay and non-pay efficiencies. The scope for achieving further savings is extremely limited due to the cumulative effect of similar budgetary measures in recent years.

Specific measures include the following:

- Agency conversion and reduction
- Procurement and Contract Management – extension of HSE contracts to Section 38 Agencies
- Transport Rationalisation
- Demand management in Home Support service provision
- Reduction in service provision for Disabilities and Mental Health.

However, as previously stated, it will be a major challenge to remain within the budget allocation for 2019 and services will be adversely affected in achieving this.

Financial Risks

Sufficient funding is not available to meet the 2018 expenditure plus the impact of national pay agreements. Particular areas of concern are Disabilities, Mental Health and Older Persons Services as these received significant once-off allocations in 2018. Many of the underlying factors driving these deficits will rollover into 2019 and are listed below.

- Provision of external / emergency long stay placements, particularly in the Disabilities sector
- Continued increase in demand for additional and enhanced Disabilities Home Support
- Additional pay costs associated with the use of Agency staff arising from recruitment challenges
- Compliance with HIQA standards that may entail incremental expenditure on staffing and/or infrastructure
- An increasing requirement to meet the individualised needs of service users that is putting pressure on the funding available for school leavers in the Intellectual Disability and Autism sectors
- On-going homelessness crisis placing pressure on associated health services
- Demographic issues, with the 2016 census showing a 4.9% increase in population in CHO7.

This CHO will endeavour to maintain existing levels of service in line with financial resources available, and will work in partnership with National Community Operations to manage expenditure within its approved allocation. The CHO is cognisant that the demand for disabilities supports and services is growing in a significant way and will ensure throughout 2019 effective monitoring of the impact in this area as part of on-going planning processes with National Community Operations in respect of the 2020 estimates process.

CHO7 is actively engaging with National Community Operations in relation to these issues, however, the measures required to address the financial challenge will result in service reduction.

Pay Bill Management

Pay bill management is a key element of the national and local budget management strategy. The WTE control limits for 2019 clearly highlight the requirement for each CHO to remain within their notified allocation. Recruitment must not breach this requirement in the current year, or create unsustainable levels in the future. CHO7 will continue to review skill mix and pursue agency conversion / avoidance and the achievement of a 3.5% absenteeism target.

8. Workforce

The Health Services People Strategy 2019-2024

CHO 7 HR will in 2019 work toward the building of a sustainable, resilient workforce that is supported to deliver services in the context of the Slaintecare programme within the framework of the Revised People Strategy 2019-2024. To support human resource developments in the area the following are amongst the key priorities for CHO 7 in 2019:

- Working with Health Business Services (HBS) to attract, recruit and retain staff through the development of a CHO 7 Recruitment Plan to cover all vacancies and agency and overtime conversion across all service delivery units in CHO 7.
- Subject to available resources CHO 7 will continue to evolve the local HR operating model to ensure that the local HR offering to the system is relevant and meets the needs of employees, local service delivery units and National requirements.
- CHO 7 will continue to contribute to the development of staff engagement as a core organisational priority and as a foundation for improved performance.
- CHO 7 HR will in conjunction with CHO 7 Health and Wellbeing analyse and develop staff engagement and staff health and wellbeing programmes around the results of the third staff survey.
- In conjunction with Learning, Education and Talent Development (LETD) develop and provide relevant training across all disciplines and grades within CHO 7.

In addition to implementing the People Strategy CHO 7 HR will in conjunction with National HR focus on the implementation of the following;

- Working together for Health-A National Strategic Framework for Health and Social Care Workforce Planning
- Strategic Review of Medical Training and Career Structure (MacCraith Report)
- Public Service Stability Agreement
- Consultant Contract 2008 Settlement Agreement

Key to all of the above is the challenging implementation of the National Integrated Staff Records & Pay Programme (NiSRP) in full within CHO 7.

Peoples Needs Defining Change-Health Services Change Guide

This wide ranging policy framework will guide all CHO 7 approaches to change within the area. It will be of particular importance in delivering the change required to further develop Community Healthcare Organisation structures in partnership with staff, their representative associations and other healthcare delivery partners.

Wellbeing and Engagement

CHO 7 will continue to work with the Workplace Health and Wellbeing Unit in ensuring all staff can avail of the full range of services. Appropriate case management will be supported which will assist in

Appendix 1: Financial Tables

preventing illness or injury at work. This will be provided via timely rehabilitation services through our Occupational Health services.

The Workforce Position

Government policy on public service numbers and costs is focused on ensuring that the health workforce operates within the pay budgets available. CHO 7 will work within allocated resources focusing on ensuring that the workforce operates within the pay budgets available. The staff numbers for CHO 7 as of December 2018 are set out in the Appendices.

Pay and Staffing Strategy 2019

The 2019 Pay and Staffing Strategy is a continuation of the 2018 strategy, central to which is compliance with allocated pay expenditure budgets. Overall pay expenditure, which is made up of direct employment costs, overtime and agency, will continue to be robustly monitored, managed and controlled to ensure compliance with allocated pay budgets as set out in annual funded workforce plans for the area. To ensure that the CHO can through their delegated authority be supported to manage their pay and staffing requirements our specific plan will allow us to:

- Operate strictly within allocated pay frameworks, while ensuring that services are maintained to the maximum extent and that the service priorities determined by Government are addressed.
- Take account of any first charges in pay overruns that may arise from 2018 noting the risk impact on service delivery in 2019.
- Identify opportunities for pay savings to allow for re-investment purposes such as agency and overtime conversion opportunities.
- Form recruitment panels to assist with accelerating the agency and overtime conversion process.
- Comply strictly with public sector pay policy and public sector appointments.
- Continue to robustly manage Attendance Management in line with the provisions of the relevant HSE policies and procedures.

Capability and Learning

In conjunction with Learning, Education and Talent Development (LETD) develop a plan for 2019 to include legislative and mandatory training, and support and participation in the National Leadership Academy. CHO 7 will continue to offer development opportunities for staff and teams in line with local needs, priorities and service outcomes.

CHO 7 will continue to participate in the upgrade and further enhancement of the capability of the online learning site HSELand.

Performance and Partnering

CHO 7 will continue to comply with its responsibilities within the context of the Public Service Stability Agreement. In addition CHO 7 will maintain and where required progress compliance with the requirements of the European Working Time Directive.

Code of Conduct for Health and Social Service Providers

CHO 7 will ensure adherence to Supporting a Culture of Safety, Quality and Kindness: A Code of Conduct for Health and Social Service Providers 2018. This will ensure the safety of those accessing services whilst supporting our staff in providing safe services.

Key result area -	Priority Action	Timeline
Workforce Plan	Further develop a CHO 7 Recruitment Plan to cover planned retirements agency conversion and national nurse recruitment initiatives. This work will take cognisance of any changes to the National recruitment model.	
Workforce Plan	Liaise with Heads of Service/HBS/NRS regarding possible retirements for January to June 2019, and establish if panels exist or are scheduled.	Q1
Workforce Plan	Establish list of possible retirements for July to December 2019. Liaise with HBS around existing and proposed panels for the grades identified	Q2
Workforce Plan	Update HBS monthly reports to validate the information and ensure the reports are fit for purpose.	Q1
LETD Plan	In conjunction with LETD develop a plan to include legislative and mandatory training, and support the National Leadership Academy.	Q1-Q4
LETD Plan	Team building initiatives for management teams.	Q1-Q4
LETD Plan	In conjunction with services and LETD develop a full list of training courses to cover legislative, mandatory, and professional development	Q1
LETD Plan	Agree a plan with each Head of Service around the delivery of these courses.	Q1-Q3
LETD Plan	Support the National Leadership Academy.	Q1-Q4
PNS	Continue to review a detailed CHO 7 staff listing to ensure all staff are coded in correct cost centres	Q3
	Implement NiSRP programme in full within CHO7	Q3

Appendix 1: Financial Tables

PNS	Establish working groups to assess information, establish best model for each area, and plan for future recruitment.	Q3 - Q4
Technology	Best uses of technology including analysis of all data return processes, assess e Rostering programme	
Workforce Plan	Subject to available resources CHO 7 will continue to develop local HR operating model ensuring the local HR offering to the system is relevant and meets the needs of local service delivery units and national requirements.	

Appendix 1: Financial Tables

€m	2018				2019			
	Actual	Plan	Deficit / <Surplus>	Deficit / <Surplus> (%)	Projection	Plan	Deficit / <Surplus> after Cost Containment	Deficit / <Surplus> (%)
Statutory Services								
Primary Care	85.09	87.83	<2.75>	-3.13%	84.29	84.01	0.29	0.34%
Social Inclusion	51.12	50.89	0.24	0.46%	49.35	49.35	-	0.00%
Palliative Care	3.32	3.26	0.06	1.84%	3.32	3.32	-	0.00%
Subtotal (exc. DLS)	139.53	141.98	<2.45>	-1.73%	136.96	136.67	0.29	0.21%
Demand Led Schemes	49.19	47.63	1.56	3.28%	47.63	47.63	-	0.00%
Primary Care Total	188.72	189.61	<0.89>	-0.47%	184.59	184.30	0.29	0.16%
Mental Health Total	93.00	94.09	<1.10>	-1.17%	95.61	94.56	1.05	1.11%
Older Persons	91.72	94.48	<2.76>	-2.92%	89.84	86.21	3.63	4.21%
Disability Services	85.66	85.68	<0.02>	-0.02%	90.46	81.04	9.43	11.63%
Social Care Total	177.39	180.16	<2.78>	-1.54%	180.30	167.25	13.05	7.80%
CHO HQ	1.97	2.37	<0.40>	-16.82%	2.22	2.22	-	0.00%
Total	461.07	466.24	<5.17>	-1.11%	462.72	448.33	14.39	3.21%

€m	2018				2019			
	Actual	Plan	Deficit / <Surplus>	Deficit / <Surplus> (%)	Projection	Plan	Deficit / <Surplus> after Cost Containment	Deficit / <Surplus> (%)
Section 38 Agencies								
Palliative Care	23.07	22.77	0.29	1.29%	22.90	22.90	-	0.00%
Primary Care Total	23.07	22.77	0.29	1.29%	22.90	22.90	-	0.00%
Older Persons	12.77	12.72	0.05	0.41%	11.08	11.08	-	0.00%
Disabilities	160.63	160.41	0.21	0.13%	164.02	160.45	3.57	2.22%
Social Care Total	173.40	173.14	0.26	0.15%	175.10	171.53	3.57	2.08%
Total	196.47	195.91	0.56	0.29%	198.00	194.43	3.57	1.84%

Appendix 2:

HR Information

HR Information Workforce CHO 7

Dec 2018 (Dec 2017 figure: 6,406)	WTE Dec 2018	WTE change since Dec 17	% change since Dec 17	WTE change since Nov 18
Overall	6,557.	+151.	+2.4%	+36.
Medical/ Dental	265.	+10.	+3.9%	+2.
Nursing	1,701.	-24.	-1.4%	+3.
Health & Social Care Professionals	1,096.	+46.	+4.4%	+8.
Management/ Admin	618.	+8.	+1.3%	-1.
General Support	486.	-8.	-1.5%	+40.
Patient & Client Care	2,392.	+119.	+5.2%	-15.

CHO 7 Employment by Division: Dec 2018

Dec 2018 (Dec 2017 figure: 6,406)	WTE Dec 2018	WTE change since Dec 17	% change since Dec 17	WTE change since Nov 18
Overall	6,557.	+151.	+2.4%	+36.
Mental Health	835.	-25.	-2.9%	-1.
Primary Care	1,776.	+85.	+5.0%	+6.
Disabilities	2,903.	+111.	+4.0%	+26.
Older People	1,044.	-20.	-1.8%	+5.
Social Care	3,947.	+91.	+2.4%	+31.

CHO 7 Employment by Administration (HSE / S38): December 2018

Dec 2018 (Dec 2017 figure: 6,406)	WTE Dec 2018	WTE change since Dec 17	% change since Dec 17	WTE change since Nov 18
Overall	6,557.	+151.	+2.4%	+36.
HSE	3,252.	+43.	+1.3%	+10.
Section 38	3,306.	+109.	+3.4%	+27.

CHO 7 Employment by Division: Dec 2018

Dec 2018 (Dec 2017 figure: 6,406)	WTE Dec 2018	WTE change since Dec 17	% change since Dec 17	WTE change since Nov 18
Overall	6,557.	+151.	+2.4%	+36.
Mental Health	835.	-25.	-2.9%	-1.
Primary Care	1,776.	+85.	+5.0%	+6.
Disabilities	2,903.	+111.	+4.0%	+26.
Older People	1,044.	-20.	-1.8%	+5.
Social Care	3,947.	+91.	+2.4%	+31.

CHO7 Employment by Section 38 Agency December 2018 – Social Care

Dec 2018 (Dec 2017 figure: 385)	WTE Dec 2018	WTE change since Dec 17	% change since Dec 17	WTE change since Nov 18
Overall	406.	+21.	+5.4%	+1.
Medical/ Dental	1.	+	%	+
Nursing	146.	+5.	+3.6%	+1.
Health & Social Care Professionals	63.	-1.	-2.3%	+2.
Management/ Admin	25.	+4.	+17.5%	+
General Support	29.	+2.	+5.5%	-1.
Patient & Client Care	142.	+12.	+9.2%	-2.

Kare, Newbridge, Co Kildare

Dec 2018 (Dec 2017 figure: 327)	WTE Dec 2018	WTE change since Dec 17	% change since Dec 17	WTE change since Nov 18
Overall	335.	+9.	+2.7%	+8.
Nursing	36.	+3.	+7.9%	+
Health & Social Care Professionals	76.	-1.	-1.5%	+3.
Management/ Admin	28.	+2.	+6.5%	-.
General Support	1.	+	%	+
Patient & Client Care	194.	+6.	+2.9%	+5.

Peamount Hospital (Newcastle)

Dec 2018 (Dec 2017 figure: 466)	WTE Dec 2018	WTE change since Dec 17	% change since Dec 17	WTE change since Nov 18
Overall	458.	-8.	-1.6%	-4.
Medical/ Dental	7.	-2.	-19.2%	-1.

Appendix 3: Scorecard and Performance Indicator Suite

Nursing	106.	-2.	-1.6%	-1.
Health & Social Care Professionals	39.	+1.	+1.3%	-1.
Management/ Admin	33.	-5.	-12.1%	-1.
General Support	58.	-2.	-4.0%	+2.
Patient & Client Care	215.	+2.	+1.1%	-2.

Stewart's Hospital, (Palmerstown)

Dec 2018 (Dec 2017 figure: 795)	WTE Dec 2018	WTE change since Dec 17	% change since Dec 17	WTE change since Nov 18
Overall	858.	+63.	+7.9%	+5.
Medical/ Dental	1.	-1.	-42.7%	+
Nursing	109.	-7.	-5.7%	+1.
Health & Social Care Professionals	41.	+14.	+51.0%	-1.
Management/ Admin	56.	+7.	+13.4%	+2.
General Support	67.	-2.	-2.2%	-1.
Patient & Client Care	583.	+52.	+9.7%	+4.

St. John of God Liffey Services

Dec 2018 (Dec 2017 figure: 722)	WTE Dec 2018	WTE change since Dec 17	% change since Dec 17	WTE change since Nov 18
Overall	754.	+33.	+4.5%	+16.
Medical/ Dental	1.	+	%	-.
Nursing	109.	+2.	+1.7%	+
Health & Social Care Professionals	267.	+26.	+10.6%	+5.
Management/ Admin	35.	+2.	+5.9%	+1.
General Support	52.	-4.	-7.8%	+
Patient & Client Care	290.	+8.	+2.7%	+10.

CHO 7 Employment by S38 Agency: December 2018 – Primary Care

Our Lady's Hospice & Care Services

Dec 2018 (Dec 2017 figure: 503)	WTE Dec 2018	WTE change since Dec 17	% change since Dec 17	WTE change since Nov 18
Overall	494.	-9.	-1.8%	+
Medical/ Dental	19.	+	+1.7%	+1.
Nursing	174.	-3.	-1.9%	+
Health & Social Care Professionals	61.	+1.	+2.2%	+2.

Appendix 3: Scorecard and Performance Indicator Suite

Management/ Admin	48.	-4.	-7.9%	-.
General Support	83.	-2.	-2.0%	+36.
Patient & Client Care	108.	-2.	-1.5%	-38.

Appendix 3A - National Scorecard and Performance Indicator Suite

National Scorecard

National Scorecard		
Scorecard Quadrant	Priority Area	Key Performance Indicator
Quality and Safety	Complaints investigated within 30 days	% of complaints investigated within 30 working days of being acknowledged by complaints officer
	Serious Incidents	% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident
		% of newborn babies visited by a PHN within 72 hours of discharge from maternity services
	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
		% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine
	CAMHs Bed Days Used	% 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
	HIQA Inspection Compliance	% compliance with regulations following HIQA inspection of disability residential services
	HCAI Rates	Rate of new cases of hospital acquired Staph. Aureus bloodstream infection
		Rate of new cases of hospital acquired C. difficile infection
		% of acute hospitals implementing the requirements for screening of patient with CPE guidelines
	Urgent Colonoscopy within 4 weeks	No. of people waiting > 4 weeks for access to an urgent colonoscopy
	Surgery	% hip fracture surgery carried out within 48 hours of initial assessment (Hip Fracture Database)
		% of surgical re-admissions to the same hospital within 30 days of discharge
	Medical	% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge
	Ambulance Turnaround	% of ambulance turnaround delays escalated where ambulance crews were not cleared nationally (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework within 30 minutes
	Chronic Disease Management	No. of people who have completed a structured patient education programme for type 2 diabetes
Healthy Ireland	% of smokers on cessation programmes who were quit at four weeks	

Appendix 3: Scorecard and Performance Indicator Suite

National Scorecard		
Scorecard Quadrant	Priority Area	Key Performance Indicator
Access and Integration	Therapy Waiting Lists	Physiotherapy – % on waiting list for assessment ≤ 52 weeks
		Occupational Therapy – % on waiting list for assessment ≤ 52 weeks
		Speech and Language Therapy – % on waiting list for assessment ≤ 52 weeks
		Psychology – % on waiting list for treatment ≤ 52 weeks
	CAMHs Access to First Appointment	% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs
	Delayed Discharges	Number of beds subject to delayed discharge
	Disability Act Compliance	% of child assessments completed within the timelines as provided for in the regulations
	Ambulance Response Times	% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
		% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
	Emergency Department Patient Experience Time	% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration
		% of all attendees at ED who are discharged or admitted within six hours of registration
	Waiting times for procedures	% of adults waiting < 15 months for an elective procedure (inpatient and day case)
		% of children waiting < 15 months for an elective procedure (inpatient and day case)
		% of people waiting < 52 weeks for first access to OPD services
Cancer	% of new patients attending rapid access breast, lung and prostate clinics within recommended timeframe	
	% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	
Older Persons	No. of home support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))	
Finance, Governance and Compliance	Financial Management	Net expenditure variance from plan (pay + non-pay - income)
	Governance and Compliance	% of the monetary value of service arrangements signed
		Procurement – expenditure (non-pay) under management
		% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received
Workforce	EWTD	<48 hour working week
	Attendance Management	% absence rates by staff category

Appendix 3: Scorecard and Performance Indicator Suite

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 7
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		7,992
Admission Avoidance (includes OPAT)	NSP	Quality and Safety	M	1,186	609	1,380	CHO	84
Hospital Avoidance	NSP	Quality and Safety	M	28,417	34,090	33,180	CHO	6,960
Early discharge (includes OPAT)	NSP	Quality and Safety	M	5,997	5,200	7,068	CHO	732

Appendix 3: Scorecard and Performance Indicator Suite

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 7
Unscheduled referrals from community sources	NSP	Quality and Safety	M	2,580	3,185	3,804	CHO	216
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	7,992
ED / Hospital wards / Units	OP	Access and Integration	M	25,104	29,719	29,736	CHO	6,432
GP Referral	OP	Access and Integration	M	8,938	9,621	11,148	CHO	1,032
Community Referral	OP	Access and Integration	M	2,484	2,723	2,760	CHO	252
OPAT Referral	OP	Access and	M	1,654	1,021	1,788	CHO	276

Appendix 3: Scorecard and Performance Indicator Suite

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 7
		Integration						
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	23,568
No. of physiotherapy patients seen for a first time assessment	OP	Access and Integration	M	162,554	160,488	162,549	CHO	16,990
No. of physiotherapy patients treated in the reporting month (monthly target)	OP	Access and Integration	M	34,927	34,605	34,926	CHO	3,651
No. of physiotherapy service face to face contacts/visits	OP	Access and Integration	M	726,724	709,764	709,764	CHO	73,872

Appendix 3: Scorecard and Performance Indicator Suite

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 7
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	3,601
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
No. of physiotherapy patients on the assessment waiting list at the end of the	OP	Access and Integration	M	No target	1,756	No target	CHO	No target

Appendix 3: Scorecard and Performance Indicator Suite

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 7
reporting period > 52 weeks								
% 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	13,488
No. of new occupational therapy service users seen for a first assessment	OP	Access and Integration	M	90,700	91,740	94,678	CHO	15,957

Appendix 3: Scorecard and Performance Indicator Suite

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 7
No. of occupational therapy service users treated (direct and indirect) monthly target	OP	Access and Integration	M	20,513	21,803	21,803	CHO	2,818
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	4,017
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 weeks	OP	Access and Integration	M	No target	4,108	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of	OP	Access and Integration	M	No target	3,005	No target	CHO	No target

Appendix 3: Scorecard and Performance Indicator Suite

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 7
the reporting period >39 weeks but ≤ 52 weeks								
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 waiting list for assessment ≤ to 52 weeks	NSP	Access and Integration	M	85%	76%	85%	CHO	85%
Primary Care – Speech and Language Therapy								

Appendix 3: Scorecard and Performance Indicator Suite

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 7
No. of speech and language therapy patient referrals	OP	Access and Integration	M	51,763	50,892	50,892	CHO	6,180
Existing speech and language therapy patients seen in the month	OP	Access and Integration	M	19,515	19,621	19,514	CHO	1,857
New speech and language therapy patients seen for initial assessment	OP	Access and Integration	M	45,631	42,432	45,635	CHO	5,416
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	2,244
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	1,516
% 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%

Appendix 3: Scorecard and Performance Indicator Suite

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 7
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	439
No. of speech and language therapy initial therapy appointments	OP	Access and Integration	M	18,940	16,956	16,956	CHO	2,217
No. of speech and language therapy further therapy appointments	OP	Access and Integration	M	21,732	20,062	20,062	CHO	5,033
Primary Care - Podiatry								
No. of podiatry patient referrals	OP	Access and Integration	M	10,749	11,184	11,184	CHO	No direct 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

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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 7
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 period >26 weeks but ≤ 39 weeks	OP	Access and Integration	M	No target	462	No target	CHO	No direct service
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	OP	Access and Integration	M	No target	909	No target	CHO	No direct service

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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 7
period > 52 weeks								
% 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 disease treated in the reporting month	OP	Quality and Safety	M	502	552	566	CHO	5
No. of treatment contacts for diabetic active foot disease in the reporting month	OP	Access and Integration	M	878	1,077	1,113	CHO	12
Primary Care – Ophthalmology								

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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 7
No. of ophthalmology patient referrals	OP	Access and Integration	M	28,286	24,888	24,888	CHO	1,044
Existing ophthalmology patients seen in the month	OP	Access and Integration	M	5,923	6,080	6,080	CHO	306
New ophthalmology patients seen	OP	Access and Integration	M	25,314	26,232	26,232	CHO	744
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	1,401
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	OP	Access and Integration	M	No target	4,599	No target	CHO	No target
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	OP	Access and	M	No target	2,271	No target	CHO	No target

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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 7
reporting period >26 weeks but ≤ 39 weeks		Integration						
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 for treatment ≤ 26 weeks	OP	Access and Integration	M	46%	38%	46%	CHO	46%
% 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%

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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 7
Primary Care – Audiology								
No. of audiology patient referrals	OP	Access and Integration	M	21,139	20,256	20,256	CHO	2,796
Existing audiology patients seen in the month	OP	Access and Integration	M	2,899	2,849	2,899	CHO	486
New audiology patients seen	OP	Access and Integration	M	17,765	16,512	17,760	CHO	3,210
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	933
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	No target
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	No target

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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 7
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	No target
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	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period > 52 weeks	OP	Access and Integration	M	No target	1,992	No target	CHO	No target
% of audiology patients on waiting list for treatment ≤ 12 weeks	NSP	Access and Integration	M	41%	38%	41%	CHO	41%
% of audiology patients on waiting list for treatment ≤ 26 weeks	OP	Access and Integration	M	64%	60%	64%	CHO	64%
% of audiology patients on waiting list for treatment ≤ 39 weeks	OP	Access and Integration	M	78%	75%	78%	CHO	78%

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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 7
% of audiology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access and Integration	M	88%	87%	88%	CHO	88%
National New-born Hearing Screening Programme								
Total no. and % of eligible babies whose screening was complete by four weeks	OP	Access and Integration	Q, 1 Qtr in Arrears	64,027 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	90 TBA			CHO	
No. and % of babies from screening	OP	Quality and Safety	Q, 1 Qtr in Arrears	71			CHO	

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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 7
programme identified with a hearing loss by six months of age				TBA ≥80%				
Primary Care – Dietetics								
No. of dietetic patient referrals	OP	Access and Integration	M	34,015	34,788	34,788	CHO	3,096
Existing dietetic patients seen in the month	OP	Access and Integration	M	3,459	3,349	3,459	CHO	304
New dietetic patients seen	OP	Access and Integration	M	21,873	23,028	21,874	CHO	2,232
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	1,177
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

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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 7
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 period >26 weeks but ≤ 39 weeks	OP	Access and Integration	M	No target	1,598	No target	CHO	No target
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%

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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 7
% 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%
Primary Care – Psychology								
No. of psychology patient referrals	OP	Access and Integration	M	12,480	12,948	12,948	CHO	1,428
Existing psychology patients seen in the month	OP	Access and Integration	M	2,240	2,550	2,550	CHO	209
New psychology patients seen	OP	Access and Integration	M	13,144	10,884	10,884	CHO	1,644
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	1,100
No. of psychology patients on the treatment waiting list at the end of the	OP	Access and	M	No target	2,168	No target	CHO	No target

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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 7
reporting period 0 - ≤ 12 weeks		Integration						
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
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%

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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 7
% 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%
Primary Care – Nursing								
No. of nursing patient referrals	OP	Access and Integration	M	139,184	140,832	140,832	CHO	20,136
Existing nursing patients seen in the month	OP	Access and Integration	M I Mth in Arrears	52,063	49,436	52,063	CHO	1,344
New nursing patients seen	OP	Access and Integration	M I Mth in Arrears	118,849	134,916	118,849	CHO	1,183
% 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								

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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 7
% 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 services	NSP	Quality and Safety	Q	98%	96%	98%	CHO	98%
% 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								

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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 7
No. of new oral health patients in target groups attending for scheduled assessment	OP	Access and Integration	M	131,386	139,152	139,152 162,336	CHO	28,068
No. of new oral health patients attending for unscheduled assessment	OP	Access and Integration	M	62,081	64,812	64,812	CHO	11,712
% 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%	2,459 2,406	National/ former region	

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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 7
						46%		
% 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 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	OP	Access and Integration	Q	9,566	9,432	9,432	National/ former	

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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 7
reporting period							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 waiting list waiting longer than four years % of orthodontic patients (grades 4 and 5) on the treatment waiting list longer than four years	NSP	Access and Integration	Q	<1%	6%	<6%	National/ former region	
Services to persons with Hepatitis C								
No. of Health Amendment Act 1996 cardholders who were reviewed REMOVE SHADING NO LONGER NSP	OP	Quality and Safety	Q	459	119	340	National	60

Appendix 3: Scorecard and Performance Indicator Suite

KPI Social Inclusion

Performance Activity / KPI (Wording as per NSP/OP)	Target/EA Full Year	CHO 7
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%

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KPI's Palliative Care

Palliative Care	Target/EA Full Year	CHO 7
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	715 712
% 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	238
No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)	280	37
No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)	97	63

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KPI's Mental Health

Key Performance Indicators 2019	Service Planning			Report Frequency			
KPI Title		Reported against NSP	KPI Type Access/ Quality /Access Activity		2019 National Target / Expected Activity	Reported at National / CHO / HG Level	CHO7
% 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%

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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	2,822
No. of admissions to adult acute inpatient units	NSP Vol	Access /Activity	Q in arrears	12,148	CHO	1,207
No. of Psychiatry of Later Life referrals seen by mental health services	NSP Vol	Access /Activity	M	8,896	CHO	463
No. of CAMHs referrals received by mental health services	NSP Vol	Access /Activity	M	18,128	CHO	2,537

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No. of CAMHs referrals seen by mental health services	NSP Vol	Access /Activity	M	10,833	CHO	1,274
Total No. to be seen for a first appointment at the end of each month.	OP	Access /Activity	M	2,498	CHO	235
Total No. to be seen 0-3 months	OP	Access /Activity	M	1,142	CHO	163
Total No. on waiting list for a first appointment waiting > 3 months	OP	Access /Activity	M	1,356	CHO	72
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	1,207
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	44.8
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	19.1
Acute re-admissions as % of admissions	OP	Access /Activity	Q in arrears	63%	CHO	58%
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	25.8
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	20.6
No. of adult involuntary admissions	OP	Access /Activity	Q in arrears	1,918	CHO	224
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	OP	Access /Activity	Q in arrears	9.9	CHO	8.3

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Number of General Adult Community Mental Health Teams	OP	Access	M	114 (119 returns)	CHO	12
Number of referrals (including re-referred) received by General Adult Community Mental Health Teams	OP	Access /Activity	M	43,819	CHO	5,200
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	OP	Access /Activity	M	39,437	CHO	4,680
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	3,443
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	2,822
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	621
% 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	3,276
Number of Psychiatry of Later Life Community Mental Health Teams	OP	Access	M	31	CHO	3
Number of referrals (including re-referred) received by Psychiatry of Later Life Mental Health Teams	OP	Access /Activity	M	12,455	CHO	888
Number of Referrals (including re-referred) accepted by Psychiatry of Later Life Community Mental Health Teams	OP	Access /Activity	M	11,211	CHO	799

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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	477
No. of new (including re-referred) Later Life Psychiatry Team cases seen in the current month	OP	Access /Activity	M	8,896	CHO	463
No. of new (including re-referred) Later Life Psychiatry cases offered appointment and DNA in the current month	OP	Access /Activity	M	267	CHO	14
Number of cases closed/discharged by Later Life Psychiatry Community Mental Health Teams	OP	Access /Activity	M	8,969	CHO	639
No. of child and adolescent Community Mental Health Teams	OP	Access	M	70	CHO	9
No. of child and adolescent Day Hospital Teams	OP	Access	M	4	CHO	1
No. of Paediatric Liaison Teams	OP	Access	M	3	CHO	2
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	OP	Access /Activity	M	296	CHO	88
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	2,537

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No. of child / adolescent referrals (including re-referred) accepted by mental health services	OP	Access /Activity	M	13,069	CHO	1,826
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	1,400
No. of new (including re-referred) child/adolescent referrals seen in the current month	OP	Access /Activity	M	10,833	CHO	1,274
No. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	OP	Access /Activity	M	1,086	CHO	126
No. of cases closed / discharged by CAMHS service	OP	Access /Activity	M	10,454	CHO	1,460
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	235
i) 0-3 months	OP	Access /Activity	M	1,142	CHO	163
ii). 3-6 months	OP	Access /Activity	M	550	CHO	52
iii). 6-9 months	OP	Access /Activity	M	454	CHO	16
iv). 9-12 months	OP	Access /Activity	M	352	CHO	4
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

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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

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KPI's Disability Services

Performance Activity / KPI (Wording as per NSP/OP)	Target/EA Full Year	CHO 7
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	800
% 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	No target
No. of residential places for people with a disability	8,568	1,195
No. of new emergency places provided to people with a Disability	90	
Facilitate the movement of people from congregated to community settings	160	19
No of people with a disability in receipt of work/work-like activity services (ID/Autism and Physical and sensory disability)	2,513	195
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,282	254
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	2,769
No of day only respite sessions accessed by people with a disability(ID/Autism and Physical and Sensory Disability)	32622	5,663

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No of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,559	884
No. of overnights (with or without day respite) accessed by people with a disability(ID/Autism and Physical and Sensory Disability)	182,506	23,325
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1,630,000	39,282
No. of adults with a physical and / or sensory disability in receipt of a PA service	2,535	52
No. of Home Support Service Hours delivered to people with a disability (ID/Autism and Physical and Sensory Disability)	3,080,000	501,063
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	8,094	1,161
Percentage of "Transforming Lives" priorities Implemented	100%	Retired
Percentage of Service improvement priorities implemented	100%	Retired
% of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Disability Services	100%	Retired
% 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%	Retired

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KPI's Older Persons Services

Performance Activity / KPI (Wording as per NSP/OP)	Target/EA Full Year	CHO 7
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	2,130,000
No. of people in receipt of Home Support (excluding provision from Intensive Home Care Packages(IHCPs)) - each person counted once only	53,182	6,192
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

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% 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	625
No. of Short Stay Beds in Public Long Stay Units	1,850	197
% 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

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KPI's Health & Wellbeing

Key Performance Indicators Planning 2018	Service	Reported against NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2019 National Target / Expected Activity	Reported at National / CHO / HG Level	CHO7
KPI Title						HG7	
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		

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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	423
% 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%

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% 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%

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% 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%

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% 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	

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% 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
Service Area									

Appendix 5: Organisational Structure

Best practice is to include organisation chart showing the internal structure of the CHO