



Midlands Louth Meath Community Health Organisation Operational Plan 2019

Contents

Foreword from Chief Officer Midlands Louth Meath	3
Section 1 Introduction	9
Section 2 Clinical Quality Patient Safety	16
Section 3 Programme Management Office	20
Section 4 Health and Wellbeing.....	21
Section 5 Primary Care Services.....	29
Section 6 Mental Health Services	38
Section 7 Disability Services.....	47
Section 8 Older Person Services	52
Section 9 Workforce	58
Appendices.....	62
Appendix 3: Scorecard and Performance Indicator Suite and Activity 2019	63
Primary Care	63
Social Inclusion.....	76
Palliative Care	77
Mental Health	78
Disability Services.....	84
Older Persons Services.....	86
Health & Wellbeing.....	88
Appendix 4: Capital Infrastructure.....	91

Foreword from Chief Officer Midlands Louth Meath



This Midlands Louth Meath CHO Plan 2019 sets out the details of Community services operations for 2019, building on the HSE National Service Plan 2019. In 2019 a key priority for Midlands Louth Meath CHO is to ensure that our resources are targeted towards providing for those clients and patients most in need of our community services and ensuring that these services are delivered efficiently and effectively, consistent with best available evidence. It is important that our priorities reflect the national priorities as set out in the Community Healthcare Plan 2019 and the HSE National Service Plan 2019.

This plan details the Services that will be delivered during 2019 across counties Louth, Meath, Laois, Offaly, Longford and Westmeath in the divisions of Social Care, Mental Health, Health & Wellbeing and Primary Care.

Sláintecare

I welcome the intention that new structures will provide a better balance between central decision- making and flexibility and responsiveness as outlined in Sláintecare. This will present us with an opportunity to have more effective planning across the full range of services within our community and to respond to local populations needs moving towards population based budgeting which I have advocated.

Implementing the Sláintecare Strategy will focus 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 and providing care closer to home.

Our Focus

Our focus in our 2019 plan is to build capacity and capability for longer term planning and sustainable and effective service design. It will support a more streamlined and responsive approach to planning, performance and management with a particular focus on integration of services and longer term planning and transformation ,with a strong focus on prevention and population health improvement. It will be framed taking into account key strategic themes including:

- Improving Population Health
- Delivering Care closer to home
- Improving Quality Safety and Value
- Enabling Strategic objectives

With a particular focus on Clinical Risk, Ministerial Priorities, Transformation and Reform, Capacity, Evidence Based Treatments

A key focus for the CHO Senior Leadership in 2019 is to maintain quality, deliver good outcomes and recognise that there are opportunities even in a constrained financial environment to continue to develop and provide high quality services to the people in our CHO area.

I have a dedicated leadership team and workforce who are committed to providing a high quality service to the people in our CHO. I recognise the vital role our staff play in delivering our services and we are committed to their support and development in 2019.

Funding for 2019

Total funding available to Midlands Louth Meath Community Healthcare Organisation (CHO) in 2019 will be €520.39 million. MLM CHO faces a very significant challenge in 2019 in maintaining the existing level of services. The CHO Leadership Team in Midlands Louth Meath is fully committed to addressing this challenge which will involve the examination of the current operational model of all our services to ensure maximum efficiency and effectiveness whilst maintaining safe levels of health service.

Value Improvement Programme

Continue the work of our Value Improvement Programme Plan which is aimed at improving value within existing services. Each initiative has a Project Delivery Plan approved at the appropriate governance forum. All projects are reviewed at quarterly Strategic Meetings held by the CHO Senior Leadership Team. While some of these projects are already showing improving value others will need longer periods of time in order to deliver value improvements.

In each of our four divisions we aim to improve quality, strengthen safety, give the greatest access to services to the people of MLM CHO as possible and work within the resources available. Through demonstrating our effectiveness and providing evidence of performance we will advocate for continued growth as additional resources become available into the future. We view ourselves not only as a service provider, not only as a commissioner of services through our partner organisations but also as an advocate for the people we serve.

Achievements in 2018

- Midlands Louth Meath CHO Healthy Ireland Plan 2018 – 2023 was published and launched and our action plan agreed.
- We have built on our integrated approach with our partners in acute hospital care to implement the Healthy Ireland Framework to begin to shift the balance of care for chronic disease management from acute hospital settings. We are supporting national policy programmes for tobacco, alcohol, healthy eating, active living, healthy childhood, positive ageing and wellbeing and mental health.
- We have commenced the implementation of the National Framework for Self-Management Support which will help reduce levels of chronic disease and improve the health and wellbeing of the CHO population as well as improving shared care with acute partners.
- We have published and launched the CHO Connecting for Life Action Plan 2018-2020 in conjunction with multi-agency stakeholders.
- Hosted a Master Class on Violence and Aggression to share our learning from the introduction of the BVC risk assessment within our Mental Health services as approved by the Health & Safety Authority.
- We are providing increased Respite for clients with a Disability following the opening of Bower House Respite services on 9th April, 2019.
- We commissioned and opened two state of the art Primary Care Centres in Drogheda and Tullamore.
- Clonbrusk Primary Care Centre won the Primary Care Centre of the Year 2018 at the Irish Healthcare Awards acknowledging the range of high quality services provided at the centre.
- CADS building in Portlaoise opened providing additional clinics and additional outreach clinics for Social Inclusion.
- Community Intervention Team services commenced in Laois and Offaly.
- We completed the refurbishment of an existing HSE building to provide suitable accommodation for Social Inclusion services in Drogheda

- Developed a needle exchange programme in Louth and Meath.
- We have agreed a Project proposal for SAP project on workforce planning to support reconfiguration and sustainability across the services.
- We have commenced implementation of the Children First Act 2015 which confers new statutory obligations on the HSE employees, HSE funded services and contracted services to report child abuse and neglect.
- We improved the level of flu vaccine uptake among Health Care Workers within our services to 32.4% from 31.7% the previous year.
- Launched of a new EU INTERREG VA funded project called mPower in Drogheda, Co. Louth. This project is targeting those over 65 years of age, living with long-term conditions or chronic illness within the Drogheda area.
- The first annual Midlands Louth Meath staff excellence awards were launched with awards in 5 categories:
 - Health & Wellbeing
 - Service Innovation
 - Service Integration
 - Value Improvement
 - Service User Experience Award

Challenges for 2019

- Our current waiting list and the increase in demand for Home Support is of a particular risk in 2019 in the context of our integrated working with our acute hospital partners to minimise admissions to hospital, facilitate early discharge to home and the 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.
- Non-integration of ICT systems which are not fit for purpose from Clinical, Financial and HR perspectives remains an issue for 2019.
- Demographic pressures over and above those planned for 2019 including an increase in the requirement for Primary Care Services for our young population particularly when we have challenges recruiting staff within some grades.
- Meeting statutory obligations under the Disability Acts in relation to Assessment of

Needs.

- The deficit in our CHO in terms of access to CAMHS beds.
- To reduce the dependency on agency and overtime through review of staffing levels, skill mix and most importantly proactive recruitment.
- Delays in commencing learning sites for Community Healthcare Networks leading to a further delay in the full implementation of CHNs which will see teams and services operate in a more integrated way.
- Review Oral Health (Dental and Orthodontic) needs for Midlands Louth Meath CHO and implement changes/seek additional supports as necessary.

Quality and Safety

In each of our four divisions we aim to improve quality, strengthen safety, give the greatest access to services to the people of MLM CHO as possible and work within the resources available. Through demonstrating our effectiveness and providing evidence of performance we will advocate for continued growth as additional resources become available into the future. We view ourselves not only as a service provider, not only as a commissioner of services through our partner organisations but also as an advocate for the people we serve.

Performance and Accountability Framework

The enhanced HSE's Accountability Framework was further developed in 2018. This sets out the means by which the HSE and in particular the National Acute, Community and Service Operations will be held to account for their performance in relation to access to services, the quality and safety of those services, doing this within the financial resources available and by effectively harnessing the efforts of its overall workforce.

The Midlands Louth Meath CHO Leadership Team will try to maintain existing levels of services in line with financial resources available whilst noting specific developments relating to emergency and home respite support services as well as day/rehabilitative training interventions. The CHO is cognisant that the demand for disability supports and services is growing in a significant way. We will ensure throughout 2019 that effective monitoring of the impact in this area will be part of on-going planning processes with the National Director for Operations in respect of the 2019 process. Midlands Louth Meath CHO need to implement additional value improvement measures to provide services within our budget allocation for 2019. Our Value Improvement Programme will target improvement opportunities to address the overall community financial challenge while maintaining levels of activity.

Across the four Care Groups, Health and Wellbeing, Primary Care, Mental Health and Social Care within the MLM CHO area, there are specific individual challenges and they will be

referred to later in the plan.

Conclusion

Midlands Louth Meath CHO has a number of challenges in the year ahead. In 2019 our objective is to maintain quality, deliver good outcomes and recognise that there are opportunities, even in a constrained financial environment, to provide excellent health and social care services to the people in our area. This will involve ensuring that the resources we have available are targeted towards providing care and support for those patients and clients most in need and ensuring that these services are delivered efficiently and effectively, consistent with best evidence available. However balancing demands and needs within the funding available will be a significant and ongoing challenge for my leadership team in 2019.

I believe that staff within Midlands Louth Meath CHO are capable and committed to delivering the best service available subject to the funding allocation for our area and I look forward to working with my colleagues across the HSE, the Independent and Voluntary Sector in implementing this operational plan in 2019.

Signed: Chief Officer

Date: _____

Section 1 Introduction

Introduction

The launch of the Sláintecare Implementation Strategy sets out the blueprint for the way our services will be provided into the future with a focus on chronic disease prevention and management.

The Midlands Louth Meath CHO will endeavour to continue to strengthen services in the community so that health and social care is delivered at home or closer to homes and that hospital admission is prevented where possible. The CHO will work to enhance the co-ordination and integration of services within the CHO, with our hospital group partners and with our statutory, voluntary and community partners. Midlands Louth Meath CHO will prioritise the following Sláintecare themes to work towards a CHO that is responsive to the needs of the people in our CHO and which uses our resources to their full potential.

Key Sláintecare themes:

1. Promote the health of our people to prevent illness
2. Bring the majority of care into the community thereby delivering care closer to home
3. Create an integrated system of care
4. Create a system where care is provided on the basis of need, not the ability to pay
5. Ensure accountability and performance within our health service
6. Deliver a health service that has the capacity and ability to plan for and manage changing needs.

The focus of the Midlands Louth Meath CHO 2019 Plan is on the delivery of services in Health & Wellbeing, Primary Care, Mental Health, Disabilities and Older Persons services. The plan strives to balance the many priorities across all of our services and seeks to plan and respond, as effectively as possible, to the predictable increases in demand for services in 2019. Midlands Louth Meath CHO will prioritise its resources towards providing care and support for those patients and service users most in need, and ensuring that these services are delivered efficiently and effectively, consistent with best available evidence. We will build on our 2018 Value Improvement Plan to secure value for money, achieving maximum benefit from the available financial, staffing and infrastructure resources. Midlands Louth

Meath CHO have built strong integrated relationships with our Acute colleagues and the independent voluntary sector and will continue to build on these relationships within 2019 which will include an integrated overarching governance for Chronic Disease Management Programmes.

The Plan sets out our overarching priorities and specific actions to be progressed by Community Healthcare including the delivery plans of the CHO's during 2019 to deliver improved population health, and health services within the defined financial framework.

The Midlands Louth Meath CHO's Healthy Ireland plan provides an opportunity for health and wellbeing services to support the health service to shift from treating patients to keeping people healthy and well. The plan will outline key priorities to help reduce the burden of chronic diseases and improve the health and wellbeing of people who use our services, our staff and the wider CHO population.

Our Population

The most recent National Census of 2016 indicates that the population in Midlands Louth Meath CHO Area has increased from 589,442 to 615,258, representing an overall increase of 4.4%. MLM CHO has the fourth largest population of all CHO's nationally.

MLM CHO has the largest number of children and young people under the age of 18 years and has the 4th largest number of people over 65 years of all CHO's. The older person population is expected to grow by a further 18% in the next five years. MLM CHO therefore needs to achieve maximum benefit from available budget to provide services to meet the healthcare needs of these two cohorts of clients.

The Midlands Louth Meath CHO catchment area stretches from the border with Northern Ireland in Louth, south towards counties Dublin, Kildare, Carlow, Kilkenny & Tipperary, and west towards counties Monaghan, Cavan, Leitrim, Roscommon, & Galway. The area covers approximately 10,500 square kilometres in total, and takes in counties Louth, Meath, Laois, Offaly, Westmeath, Longford and a small part of South East Cavan. It includes rural and commuter communities, each presenting different challenges for health service delivery.

According to Census 2016, 619,281 people live in the Midlands Louth Meath CHO area, 13% of the total population of Ireland. The population increase in the Midlands Louth Meath CHO area (4.5%) since Census 2011 and that of most of the counties in the area was higher than the increase for Ireland as a whole (3.8%) for that period. **This is shown in Table 1**

	Population 2011	Population 2016	Actual Change	% Change
County Meath	184,135	195,044	10,909	5.9
County Louth	122,897	128,884	5,987	4.9
County Laois	80,559	84,697	4,138	5.1
County Longford	39,000	40,873	1,873	4.8

County Offaly	76,687	77,961	1,274	1.7
County Westmeath	86,164	88,770	2,606	3.0
Total *	589,442	616,229	26,787	4.5
Midlands Louth Meath CHO 8 *	592,388	619,281	26,893	4.5
Ireland	4,588,252	4,761,865	173,613	3.8

Health Inequalities

Socially excluded groups have complex health needs, experience very poor health outcomes across a range of indicators like chronic disease, morbidity, mortality and self-reported health. Socially excluded groups include people who are homeless, people with substance use disorders, Travellers, asylum- seekers, prisoners and survivors of institutional abuse. These populations require a lot of support across a range of healthcare areas. The health inequalities experienced differ in their severity and their complexity, compared to those for the wider population. Our Social Inclusion services address the needs of many socially excluded groups and this is an area where more and enhanced service integration is required to meet the needs of these vulnerable citizens.

Approximately three quarters of deaths in Ireland are due to three chronic diseases – cancer, cardiovascular disease and respiratory diseases. These are largely preventable by modifying lifestyle risk factors such as obesity, smoking and alcohol. From 2017 to 2022, it is estimated there will be more than a 17% increase in the number of adults aged 65 years and over with two or more chronic conditions.

Homeless

The Homeless figure in Midlands Louth Meath CHO in November 2018 was 327. The breakdown was 118 in the Midlands and 209 in Louth Meath.

(Source: Department of Housing, Planning and Local Government; Homeless Report, November, 2018.

Travellers and Roma

Irish Travellers represent 0.7% of the general population and 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. In the rural towns Longford has the second highest number of Travellers (730) with Navan, Mullingar and Dundalk all having over 500 Travellers. In 2019 MLM CHO will continue to develop closer working relationships between Traveller Primary Care Health Projects, Mental Health and Health and Wellbeing.

LGBT

The Midlands Louth Meath CHO will support the development of the first national LGBT youth strategy. The importance of developing a healthy attitude to sexual orientation and gender identity builds a foundation for positive health and wellbeing into adulthood and older people. The Midlands Louth Meath CHO will work to ensure that staff are skilled and

knowledgeable in the area of LGBT and are confident in the delivery of advice and support in addressing the needs of LGBT service users.

Addiction

Guided by the National Strategy, 'Reducing Harm, Supporting Recovery', the Midlands Louth Meath CHO will continue to progress actions to reduce the harm caused by substance misuse. Partnership between the CHO, community and voluntary sectors will be key to achieving integrated, person-centred services that ensures people have a voice in their own treatment and rehabilitation care plan. From a prevention perspective, the CHO will be seeking to provide high quality drug and alcohol education in order to promote health and wellbeing and reduce the levels of addiction in our communities.

MLM CHO is committed to improving the health outcomes for those with addiction issues. MLM CHO will ensure that adults deemed appropriate for treatment for substance use receive treatment within one calendar month within resources. Work has been completed on a new Community Addiction Services Unit on St. Fintan's Campus, Portlaoise which will improve service delivery for clients.

Chronic Disease

Midlands Louth Meath CHO will continue its active engagement with acute colleagues in an integrated approach to roll-out the National Framework and Implementation Plan for Self-management Support for Chronic Conditions: COPD, Asthma, Diabetes and Cardiovascular disease.

The three most common chronic diseases are cancer, cardiovascular disease and respiratory disease. These diseases give rise to three quarters of deaths in Ireland. It is estimated that over 1.07m people over the age of 18 years currently have one or more chronic diseases. However, chronic disease increases with age, the highest prevalence observed in the population aged 50 years and over. The number of people in this age cohort, living with one or more chronic disease, is estimated to increase by 40% from 2016 levels, to 1.09m in 2030. Multi-morbidity is common in older people with 45.3% of adults aged 65 years and over affected by arthritis, 44.4% by high blood pressure, 11.8% by diabetes and 3.7% by stroke.

Many diseases and premature deaths are preventable. An overwhelming body of evidence has established that many chronic diseases are attributable to a number of known factors – smoking, high blood pressure, obesity, high cholesterol, alcohol misuse, physical inactivity and poor diet. Prevention is the most cost-effective way to maintain the health of the population in a sustainable manner, creating healthy populations that benefit everyone. They are also related to inequalities in our society. The Midlands Louth Meath Healthy Ireland Implementation Plan sets out a comprehensive and co-ordinated plan to improve health and wellbeing of the people in our community over the coming years. Having

completed our consultation during 2017 we launched our MLM CHO Healthy Ireland Implementation Plan in Q4, 2018.

Keeping people well, reducing ill health and supporting people to live as independently as possible, will all be essential if we are to manage the demands on the finite capacity of the health and social care system. Community care is the appropriate setting to meet the vast majority of all health needs. The services and resources available within the primary care setting have the potential to prevent the development of conditions which might later require hospitalisation. They can also facilitate earlier hospital discharge. Midlands Louth Meath CHO recognises that Community Care needs to become the central focus of the health system.

Clinical & Service Quality and Improvement

Midlands Louth Meath CHO is committed to improving the quality of care and improvement of services to our people. This includes the establishment of a Community Healthcare QPS Oversight and Advisory Group. Improving quality is everybody's business and to achieve real and sustained improvements we must find new and better ways to achieve the outcomes that will best meet patient needs. The QPS Oversight & Advisory Group has priority actions for each care group to be achieved in 2019.

Service Redesign & Improvement

As outlined in Sláintecare, Community Healthcare is committed to exploring and demonstrating how these new models of care can be expanded in a sustainable manner and that will deliver a demonstrable impact in patient care, patient experience and patient outcomes. This will involve a greater focus on planning and increased investment over a number of years, to ensure the foundations for these service changes and improvements are in place, are sustainable, monitored and are effective.

In line with Sláintecare the longer-term vision continues to be on providing improved access to services, the provision of an expanded range of primary care services, diagnostics and integrated community healthcare services appropriate to each life stage of our population from maternity through to palliative care.

Integrated Care

Integrated care will also facilitate more effective planning across the full range of services and at national and regional level to respond to defined needs of local populations and ensure that Healthcare is delivered at the lowest appropriate level of complexity through a health service that is well organised and managed to enable comprehensive care pathways that patients can easily access and service providers can easily deliver.

Performance and Accountability

Midlands Louth Meath CHO welcomes the new accountability structures developed under

Sláintecare which identified the requirement for governance and accountability to be strengthened, enabling integrated care to develop which will create an efficient and cost effective health services which meet patients' needs in a timely manner.

Reform & Transformation

Midlands Louth Meath CHO has begun work on identifying and agreeing its Strategic Priorities and Actions in line with the four Sláintecare Strategic Goals. This will form the basis of an Implementation Plan for the CHO.

Sláintecare 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 enable our CHO to provide care closer to home for patients and service users, to be more responsive to needs and deliver better outcomes, with a strong focus on prevention and population health improvement.

There will be challenges for us in terms of service delivery with changes in the demographic and morbidity profile in our population, in addition to regulatory and care requirements are driving this increase. The system has also under-invested in the necessary data, information and ICT systems that are needed to more effectively manage services, routinely share information and respond to patients' needs.

Primary Care Networks

We have identified Mullingar as our agreed pilot site for the roll out of a Primary Care Network in line with National direction.

Mental Health

The development of mental health services within primary care settings was one of the crucial components of *A Vision for Change*. The critical role of Counselling in Primary Care in providing access to counselling for common mental health disorders is highlighted by increasing demand for the service in the Midlands Louth Meath CHO.

Service Challenges

Budget for 2019 and the challenges it presents –

Midlands Louth Meath CHO is acutely aware of its legal requirement to protect and promote the health and wellbeing of the population, having regard to the resources available to it, and by making the most efficient and effective use of those resources. Accordingly we will plan, within the level of available resource, to maximise the delivery of safe service activity levels subject to the delivery, service and financial risks being managed within the overall plan. This has required us to consider carefully how the entirety of funding made available to the Community Healthcare is being used and whether there is scope to reshape or

reprioritise activities where this can deliver better outcomes.

Where there is scope to reduce costs or improve value for money in how and / or where services are delivered, we have reflected this within our planning considerations. Details in this regard are provided in the subsequent sections of the Plan and in particular the finance section. However, even with cost reductions and improved efficiency, it is not possible to respond fully to the level of health and social care needs expected in 2019. Inevitably, difficult choices have had to be made, in order that we continue as far as possible to respond to the most important patient and service users' needs while operating within the resources available.

Midlands Louth Meath CHO has identified the following risks to the delivery of the services the people in our community will require in 2019:

- There is risk that service delivery could be affected due to the restrictions/delays on recruitment on some staffing grades and the availability of some professions across the CHO.
- There is a risk business continuity will not be sustainable due to the projected financial overspend
- Risk of non –compliance with Assessment of Need Process due to vacant posts.
- Risk of Clients receiving inequitable service due to the historical inequity of funding base per population within all services in the CHO.
- Risk of harm to clients due to the lack of availability of CAMHS MHID service within Louth/Meath
- There is a risk of non-compliance with Health and Safety Legislation due to the changes in the national / regional support structures and the evolving structures across the CHO
- There is a risk to service users and staff who require access to specialist centres and are currently inappropriately placed. MLM CHO Mental Health and Disability Services

Midlands Louth Meath CHO will keep these and other risks under on-going review to ensure that they are mitigated as far as possible but as can be seen a number of these risks are outside the control of services and are not amenable to mitigation.

Section 2 Clinical Quality Patient Safety

Midlands Louth Meath CHO is committed to providing care that is person centred, effective, and safe and which leads to better health and wellbeing. This Section of this plan details the specific actions that will be taken to progress our clinical and service quality improvement strategy.

Oversight, Learning & Improvement

To enable the Chief Office to govern the CHO for Quality & Patient Safety, a Community Healthcare QPS Oversight & Advisory Group is being convened in 2019. This group will replace the individual oversight groups which existed under the former Primary Care, Social Care & Mental Health Divisions. The priority actions for this new governance group will be to;

- Oversee compliance with the HSE Incident Management Framework (2018) across Community Healthcare.
- Examine trends in the types and severities of incidents reported via NIMS and make recommendations to the National Director for preventative action and quality improvement.
- Issue a quarterly Quality & Safety Bulletin to all CHOs detailing the trends in patient safety surveillance and sharing valuable learning from completed patient safety reviews.
- Issue an annual report on the quality and safety of Community Healthcare to the National Director, Chief Officers and Chief Clinical Officer to ensure safety related business intelligence is at the centre of our future planning

QUALITY & SAFETY Local Actions to Implementing Priorities in 2019

KEY Primary Care Operational Plan Actions		
Key Result Area	Priority Action	Q
Incident Management Framework	<ul style="list-style-type: none"> Continue implementation of the HSE Incident Management Framework Provide targeted training across the CHO in relation to IMF Framework Support Divisions to ensure that Category 1 and 2 incidents are managed in line with the Incident Management Framework. Support the development of an AAR Resource in each Care Group 	Q 1 - Q4
Risk Management	<ul style="list-style-type: none"> Continue implementation of the CHO8 Risk Management Policy Provide targeted training in respect of Risk Management across all care groups Conduct Audit of Risk Management Policy rollout 	Q 1 - Q4
KPIs	<ul style="list-style-type: none"> Participate with the National CHO QS office in the development and reporting of revised KPI's Participation with National Office via National QS Leads Group 	Q 1 - Q4
Compliance/ Standards	<ul style="list-style-type: none"> Support compliance with Regulatory and Oversight Bodies In partnership with National Office provide compliance update to the MLM QS Committee on a quarterly basis Support the development of SBHC Standards in Primary Care Support the implementation of Mental Health Best Practice Guidelines 	Q 1 - Q4
Health and Safety	<ul style="list-style-type: none"> Develop a CHO8 Health and Safety Operational Plan Health and Safety Operational Plan in Place and Actions implemented 	Q 1 - Q4

Open Disclosure	<ul style="list-style-type: none"> • Develop Open Disclosure Sub Committee • Lead identified • Targeted training programme put in place 	Q 1 - Q4
Staff and User engagement	<ul style="list-style-type: none"> • Commence Quality Walk Rounds by Senior Managers • Pilot undertaken. • Agreed programme of walk rounds put in place 	Q 1 - Q4
Audit	<ul style="list-style-type: none"> • Support the development of an Audit Plan in each Care Group • Each Care Group will have in place a targeted Audit Plan for 2019 	Q 1 - Q4

Specific Patient Safety Priorities 2019

Evidence from Community Healthcare surveillance data in 2018, together with the outputs from the work to design the HSE Patient Safety Strategy (detailed in the National Service Plan), and from notable review reports (e.g. Scally, the National Independent Review Panel) point to recurring multi-annual causes of harm. These are leading causes of avoidable harm not only in Ireland but across the world. In 2019 these will continue to be our priority areas, but our approach to addressing them will change. In order to ensure that no section of our population is underserved on any particular priority an integrated whole population approach will be taken - for example our work on falls will not be limited to Older People Services, our work on violence and aggression will not be limited to Mental Health Services and so on.

Given the increased patient/service user acuity and dependency in the community we will also look for synergies with the quality and patient safety work within acute hospitals and have more integrated learning events than in the past – bringing community and acute hospital staff together. Below are our core deliverables on 2019 priorities as aligned to the HSE Patient Safety Strategy;

- Map and enhance the Infection Prevent and Control assets across Community Healthcare Organisations in collaboration with the National HCAI Team.
- To continue the work of Pressure Ulcer to Zero by extending beyond Older Peoples Services to all care groups (Primary Care, Disability Services and Mental Health).
- To assess the impact of falls prevention work to date in Community Healthcare and refocus our approach as needed in light of new models of care, changing acuity and

dependency.

- To strengthen our links with the National Office for Suicide Prevention, providing them with expanded surveillance data beyond Mental Health services to inform Connecting for Life.

Regulatory Compliance

Year-on-year the compliance of our services with HIQA Safer Better Healthcare and the Mental Health Commission National Quality Standards for Mental Health Services continues to improve. There are however significant non-compliances remaining across all settings – with a particular challenge in Disability Services. We also have new regulatory standards for Infection Prevention Control in the Community and continue to assess our Primary Care Services against Safer Better Healthcare. While large parts of our Mental Health Service are unregulated we welcome the learning received from the Mental Health Commission, for example on Community Residences, and we continue to work on quality improvement using the HSE Best Practice Guidance for Mental Health Services.

Risks to Delivery of the Community Healthcare QPS Work Plan

- There are real challenges to incident reporting faced in the Community that range from a lack of ICT to the fact that some funded agencies, e.g., Section 39 Organisations do not have access to NIMS. However timely reporting of the most serious, Category 1 Incidents should be achievable and so this will be a specific focus in 2019. The new incident management functionality introduced to NIMS in 2018 to manage incident reviews has had limited uptake to date so a targeted intervention on this will be supported by a collaboratively delivered training programme across Community Healthcare Organisations.
- Our ability to achieve full regulatory compliance across mental health, primary care, disability and older people's services is limited by both our current estate and allocated budget. A focus on the highest risk non-compliances, those which are most directly patient and service user related (such as care planning and safeguarding) will be prioritised.
- Due to ongoing HSE service reform, including significant structural changes, the hierarchy and mechanisms for effective risk management are undergoing change at national level, and this has the potential to negatively impact our ability to operationalise the HSE integrated Risk Management Policy (2017).

Section 3 Programme Management Office

The National Programme for Health Service Improvement (PHSI) was established by the HSE in 2016 to provide a single overarching body to coordinate and drive the delivery of a range of service improvement programmes and projects arising from strategies, frameworks, policies, reviews and recommendations published by the Department of Health (DoH), the Health Service Executive (HSE) and the Health Information and Quality Authority (HIQA). To support Health Service Improvement at local level, Programme Management Offices have been established in each CHO and Hospital Group with the appointment of a Portfolio Lead; Programme Manager and Support Officer .

The Programme Management Office for MLM CHO works through the Heads of Services and Functions to provide programme and project management support to all HSE community health care services in Laois, Offaly, Longford, Westmeath, Louth and Meath. It is also working with the MLM CHO Leadership Team to develop a strategic CHO Project Portfolio to ensure that as well as focussing on doing projects well, that we are also doing the right projects in order to achieve sustainable service improvement and change.

Services provided

The MLM CHO Programme Management Office (PMO) was established in the last quarter of 2017 with the vision to support and accelerate the delivery of the service improvement reforms set out in the CHO Report and any key service improvement projects necessary within each care group/service in MLM CHO. The office provides training on how to manage projects following our PMO procedure and also assists project teams and sponsors with project and strategic planning.

The PMO office is staffed as follows:

Ms C. Horne, Portfolio Lead

Ms C. McCann, Programme Manager

Ms K. Gaffey, Support Officer

Ms A. Lynam, Systems Support

The Programme Management Office can be contacted at: cho8.pmo@hse.ie or 057 93 59788.

HSE staff can access the Midlands Louth Meath PMO resources at:

http://hsenet.hse.ie/communityhealthcare/area8/Programme_Management_Office/

Section 4 Health and Wellbeing

Introduction

Health and Wellbeing seeks to provide people and communities with accurate information on how to improve their wellbeing and empower them to make healthier choices. It is about helping the population of the CHO to stay healthy and well by focusing on prevention, health promotion and improvement, reducing health inequalities and protecting people from threats to their health and wellbeing.

Healthy Ireland is the national strategy for improved Health and Well Being. This is a Government led initiative which aims to create an Irish Society where everyone can enjoy good physical and mental health, and where wellbeing is valued and supported at every level of society. This strategy is underpinned by a whole-system philosophy involving cross government and cross societal responsibility. The Midlands Louth Meath CHO 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 populations 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 Midlands Louth Meath CHO developed a Healthy Ireland Implementation plan in 2018. The development of the plan involved a process of staff engagement and wide consultation across the services. The plan is focused on the opportunities that the CHO has to implement evidence based interventions to reduce chronic disease and to support and encourage lifestyle behaviour change among the people living in the CHO area, whilst also improving the health and wellbeing of the staff working in the CHO. The implementation of the actions of the CHO's Healthy Ireland plan will require the continued development of partnerships with local hospital group(s), voluntary and community groups and local authorities and other statutory bodies. Actions relating to the following programmes are reflected in the Midlands Louth Meath CHO Healthy Ireland Plan:

- Healthy Childhood
- Tobacco
- Alcohol
- Healthy Eating Active Living (HEAL)

- Mental Health and Wellbeing
- Sexual Health
- Positive Ageing
- Making Every Contact Count
- Chronic Illness and Self - Management
- Screening and Immunisation
- Staff Health and Wellbeing
- Strengthening Partnerships

Health and Wellbeing will also support and promote the national screening programmes for BreastCheck, Cervical Check, Bowel Screen and Diabetic Retina Screen, particularly in areas of low uptake rates within the CHO. These programmes aim to reduce morbidity and mortality in the population through early detection and treatment. In addition, the Health and Wellbeing service will continue to support the National Priority Programmes.

During 2019, the CHO will also work with relevant stakeholders to build upon Slaintecare and HSE structural reforms and enablers within the organisation to lead and deliver upon cross sectoral health and wellbeing reform agenda. This will include the design, development and implementation of an operating model for Health and Wellbeing within the CHOs including the transition of Health Promotion and Improvement staff to the Midlands Louth Meath CHO.

The following sets out the priority operational plan actions for 2019. It should be noted that the achievement of many of the health and wellbeing priority actions in the CHO is dependent on the resource capacity in the care group areas, particularly in primary care services, in addition to the capacity within the Health Promotion and Improvement service.

Priorities 2019 - Health and Well Being

- Implement the 2019 actions of the Midlands Louth Meath CHO Healthy Ireland Implementation plan
- Improve the health and wellbeing of the CHO population by reducing the burden of Chronic Disease
- Through the implementation of the MECC programme and the National SMS Framework, chronic disease prevention and management will be an integral and routine part of clinical care by a greater proportion of healthcare professionals in the CHO

- Improve Staff Health and Well Being in the CHO
- Transition the Health Promotion and Improvement services to the CHO to create greater capacity within the CHO to lead and deliver improved health and wellbeing
- Improve collaboration and input to multi-agency partnerships to ensure joined up cross sectoral approaches to Health and Wellbeing priorities
- Progress the National Healthy Childhood and Nurture Infant Health and Wellbeing Programmes in the CHO
- Continue to protect the CHO population from threats to health and wellbeing through infectious disease control and immunisation

Implementing Priorities in 2019

Health & Wellbeing Operational Plan Actions		
Key Result Area	Priority Action	Q
Implement the 2019 actions of the CHO Healthy Ireland Implementation Plan which include actions for: 'Healthy Childhood' 'Live Well, Age Well' and 'Staff Health and Wellbeing'	<ul style="list-style-type: none"> • Convene quarterly meetings of the Healthy Ireland Steering Group to guide and oversee the implementation of the actions from CHO Healthy Ireland Implementation Plan 	Q1 - Q4
	<ul style="list-style-type: none"> • Work with Project Management Office to establish monitoring and reporting system and to initiate project groups to achieve 2019 Healthy Ireland Implementation plan actions 	Q1 - Q4
	<ul style="list-style-type: none"> • Continue to develop and strengthen partnerships with the three hospital groups aligned to the CHO to achieve integrated actions as part of the CHO Healthy Ireland Implementation plan 	Q1 - Q4
Commence implementation of Making Every Contact Count (MECC) training programme	<ul style="list-style-type: none"> • Identify initial sites to implement the MECC programme to inform roll out to the next phase sites 	Q1
	<ul style="list-style-type: none"> • Commence roll out of training package for MECC 	Q1 - Q4
	<ul style="list-style-type: none"> • Release frontline staff to attend training to enable them to conduct a brief 	Q1 - Q4

	<p>health behaviour change intervention with their service users.</p> <ul style="list-style-type: none"> • Ensure that each implementation site has access to directory of services that signposts local services that support Health and Wellbeing 	Q1 - Q4
<p>Chronic Disease</p> <p>Self Management Support for Chronic Diseases</p>	<ul style="list-style-type: none"> • Establish a COPD Steering Group to develop and support integrated and responsive services that support people living with COPD across the CHO area. This forum will report to the current integrated MLM CHO/Hospital Group Senior Management Forum • Establish working groups to achieve the objectives of the COPD steering group eg strengthening integrated care pathways, e-health initiatives, health informatics etc • Develop CHO implementation action plan for SMS for chronic conditions in line with the National SMS framework and implementation plan for Self-Management • Support for Chronic Disease: COPD, Asthma, and Diabetes and Cardiovascular disease • Complete the mapping of SMS support across the CHO including both community and hospital based services • Complete the directory on community and hospital based SMS services (pdf and online) • Support the development and dissemination of a patient/carer friendly guide to self-management support and adapt for other formats i.e. video • Support the development of evidence based, innovative self-management support programmes and initiatives in 	<p>Q1</p> <p>Q1 - Q4</p> <p>Q1 – Q2</p> <p>Q1 - Q4</p> <p>Q1 – Q3</p> <p>Q1 - Q4</p> <p>Q1 - Q4</p> <p>Q1 - Q4</p>

	<p>the CHO area, including through negotiation of grant agreements for delivery of services locally.</p> <ul style="list-style-type: none"> • Assist in the development of Key Performance Indicators (KPIs) for the implementation of the self-management support framework 	
<p>Build a culture to support staff health and wellbeing</p>	<ul style="list-style-type: none"> • Lead out on the development of Healthcare Awards to acknowledge and recognise the efforts of staff across the CHO • Engage with staff in the CHO to improve staff health and wellbeing • Identify evidence based health and wellbeing initiatives to promote positive mental health among staff, in particular stress management, building on the feedback from the Irish Heart Foundation initiative carried out in 2018 	<p>Q1</p> <p>Q2 - Q4</p> <p>Q2 - Q4</p>

Operational Plan Actions		
Key Result Area	Priority Action	Q
Build upon Structural reforms and enablers to create greater capacity to deliver improved health and wellbeing	<ul style="list-style-type: none"> Support the design, development and implementation of an agreed operating model for health and wellbeing in the CHOs. 	Q1 – Q3
	<ul style="list-style-type: none"> Facilitate and support the transition of Health Promotion and Improvement services into the CHO, ensuring a robust due diligence process 	Q2
Progress the National Healthy Childhood and Nurture Infant Health and Wellbeing Programme	<ul style="list-style-type: none"> Support the establishment and development of the CHO child health governance structure to progress the implementation of the Nurture Infant Health and Wellbeing Programme and the National Healthy Childhood Programme 	Q1 – Q4
	<ul style="list-style-type: none"> Support the implementation of the HSE Breastfeeding Action plan 	Q1 – Q4
Positive Ageing	<ul style="list-style-type: none"> Continue to work with Social Care and Primary Care in leading the promotion and roll out of social prescribing in Co. Louth as part of the mPOWER EU project. A Community Navigator has been appointed to lead out on the development of well being plans for older people with one or more chronic condition 	Q1 – Q4
	<ul style="list-style-type: none"> Support the Hospital/MLM CHO project looking at the use of e-health to promote self-management in older people with COPD 	Q1 – Q4
Strengthen cross-sectoral partnerships for improved health outcomes and address health inequalities	<ul style="list-style-type: none"> Continue to support HSE representatives on the six Local Community Development committees (LCDCs) within the CHO to contribute to the implementation of actions that support and promote health and wellbeing. 	Q1 – Q4
	<ul style="list-style-type: none"> Engage/support the HSE representatives of the CYPSCs within the CHO to contribute to the implementation of actions that support and promote the health and wellbeing of children and young people 	Q1 – Q4

Tobacco Free Ireland	<ul style="list-style-type: none"> Support service users and staff to QUIT and stay quit through improved compliance with HSE Tobacco Free Campus Support the national roll out of the Tobacco Free Ireland IT patient management system 	<p>Q1 – Q4</p> <p>Q1 – Q4</p>
Healthy Eating and Active Living	<ul style="list-style-type: none"> Continue to support the roll out of the “START” campaign to encourage parents and guardians to make healthy choices for their children. Maintain the existing level of community development programmes that support healthy lifestyles and the prevention and management of overweight and obesity in children and adults eg Cook It programmes. Deliver structured patient education programmes for people living with Type 2 Diabetes in the community, as per KPI targets eg XPERT, DESMOND programmes Maintain the level of existing physical activity programmes such as Smart Start/Be Active and extend these programmes, where resources allow 	<p>Q1 – Q4</p> <p>Q1 – Q4</p> <p>Q1 – Q4</p> <p>Q1 – Q4</p>
Protect our population from threats to their health and wellbeing	<ul style="list-style-type: none"> Support the improvement of primary childhood immunisation and school immunisation programme uptake rates Develop and implement a flu plan for 2019/2020 to improve influenza vaccine uptake rates amongst staff in frontline settings and among persons aged 65 and over Improve influenza vaccine uptake rates amongst healthcare staff in long term facilities in the community In partnership with Quality and Safety , provide co-ordination across the CHO for capacity building for the prevention, surveillance and management of HCAs and antimicrobial resistance (AMR) Support actions required to respond to AMR (including CPE) as outlined in iNAP – Irelands National Action Plan on Antimicrobial Resistance 2017- 2020 by ensuring hand hygiene training programmes are 	<p>Q1 – Q4</p> <p>Q2 – Q4</p> <p>Q3 – Q4</p> <p>Q1 – Q4</p> <p>Q1 – Q4</p>

	<p>implemented for all directly managed community residential services</p> <ul style="list-style-type: none">• Promote the uptake of Breast Check, Cervical Check, Bowel Screen and Diabetic Retina screening programmes amongst eligible populations in collaboration with the National Screening Service	Q1 – Q4
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Section 5 Primary Care Services

Introduction

Primary care services deliver care to service users close to home through a community-based approach. Primary care services include primary care teams (PCTs), community network services, general practice and community schemes. The PCT is the starting point for service delivery, consisting of general practice, community nursing, physiotherapy, occupational therapy and speech and language therapy and covers populations of approximately 7,000 to 10,000 people. Community network services include audiology, ophthalmology, dietetics, podiatry, psychology and oral health services and are typically provided for populations of approximately 50,000 people. Other primary care services include Palliative Care Services, GP out of hours, diagnostic services and community intervention teams (CITs). Primary care services work with wider community services (Older Persons; Disability; Palliative Care; Mental Health) and acute hospital services to provide integrated care that is responsive to service user needs.

Issues and Opportunities

Population and Demographic Changes

The demand for primary care services is highly influenced by demographic and population changes. While birth rates are decreasing, the child population (aged 0 to 17 years) represents 25% of our total population, approximately 7% more than the EU average. The population is also ageing. The number of people aged 65 years and over has increased from 11% in 2011 to 13% in 2016. Each year, the population aged 65 years and over increases by almost 20,000 people, and by over 2,500 for those aged 85 years and over.

Chronic Disease

The increased prevalence of chronic disease in society places additional demands on health services. Approximately 65% of people aged 65 years and over currently have two or more chronic medical conditions and the prevalence of age-related disease continues to show signs of increase.

The ICP for the Prevention and Management of Chronic Disease will work with acute and primary care services to support the design, piloting and evaluation of models of care within a service development framework.

Service Redesign

Ensuring accessible, comprehensive, continuous, and co-ordinated primary care is central to better serving the needs of the population. *Sláintecare* positions Community Healthcare Networks (CHNs) as the 'fundamental unit of organisation for the delivery of services' in the community. CHNs are geographically-based units delivering services to an average population of 50,000. There will be 96 CHNs and each CHO will have between eight and 14

CHNs. The implementation of CHNs will see a co-ordinated multi-disciplinary approach to care provision, providing better outcomes for people requiring services and supports both within and across networks. The development of CHNs is a critical step in transforming our healthcare system and will enable real change that will be experienced by all who use our services and work in the HSE.

Implementation of the networks will commence in 2019 with the establishment of nine learning sites, involving the management of primary care staff by the network manager, working collaboratively with community nursing and GPs. The development and implementation of this service redesign will take place under the governance and leadership of the commissioning teams.

Integration

Primary care services aim to improve integration within and between community and acute services to promote a modernised and streamlined delivery model.

- **Community Intervention Teams (CITs):** CITs serve to prevent unnecessary hospital admission or attendance, and to enable early discharge of patients appropriate for CIT care. The CIT, through its fast-tracked provision of services enhances the overall Primary Care system, providing access to nursing and home care support seven days per week.
- **National Outpatient Parenteral Antimicrobial Therapy Programme (OPAT):** The overarching aim of the OPAT programme is to ensure that no patient receiving intravenous (IV) antibiotics, who could be treated out of hospital, remains in acute hospital. The OPAT programme saved 28,865 bed days for referrals in 2018. The programme is supported by skilled nurses, and many patients are taught to self-administer.
- **Paediatric Homecare Packages:** The HSE is committed to supporting the provision of high-quality safe homecare for children and young people with complex medical conditions. Primary Care has implemented a standardised approach to the funding of these homecare packages to ensure equity of access nationally, aligned with safe clinical practice locally. In 2018 a total of 377 paediatric homecare packages, at a cost of €30M were provided across community services for children with complex medical needs. These arrangements have supported children to live at home with their families, and supported families in meeting their children's healthcare needs.

Resource Allocation

Primary care will continue to focus on improving the quality, safety, access and responsiveness of services, including through use of the €20 million development funding in 2019, to support the decisive shift of services to primary care.

However, a key issue in primary care for 2019 will be the capacity to maintain existing levels of service in a number of key areas due to overall resource constraints. While recognising these service pressures, primary care services will seek to maximise the use of available resources to respond to the priority needs of our population. It will be more important than ever that we secure value for money, achieving maximum benefit from the available financial, staffing and infrastructure resources. There is an acceptance that in some services there will not be the clinical capacity to meet with demand.

GP Services

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 both for current GPs in practice and those entering the profession. GPs will be expected to play a central role in achieving this shift of emphasis towards primary care service. 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. The aim is to develop a contract which has a population health focus providing, in particular, for health promotion and disease prevention and for the structured care of chronic conditions. Contract negotiations with GPs are on-going. The HSE (PC S&P) will work with the DoHC with the objective of reaching agreement with GP representatives on service developments that can be introduced during 2019.

Termination of Pregnancy

The HSE is committed to the delivery of 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

Priorities 2019

1. Promote optimum health of the population in collaboration with other services

- Continue the implementation of the standardized developmental screening tool for children aged 21 to 24 months (Ages and Stages Questionnaire 3) as part of the Healthy Childhood Programme
- Support the implementation of the HSE Breastfeeding Action Plan in Primary Care services
- Where applicable, antenatal education providers within Primary Care will support and promote the implementation of the My Pregnancy book at antenatal contacts.
- Support the Early Years Intervention Programme including the National Healthy Childhood and Nurture Infant Health and Wellbeing Programmes
- Continue to support the primary childhood immunisation (PCI) programme and school immunisation programme (SIP) and the extension of the existing national HPV vaccination programme to boys.
- Continue to support the promotion of infectious disease control and immunisation.
- Support the implementation of CHO project plans for *Making Every Contact Count (MECC)*.
- Continue to support patient education programmes for people with Type 2 Diabetes in the community
- Integrate Health and Wellbeing initiatives within Primary Care in order to improve Staff Health and Well Being. Support improvement plans to increase influenza vaccination amongst healthcare staff, persons aged 65 and over with a medical card/ GP visit card .

2. Deliver timely, integrated and clinically effective services in adherence with statutory requirements

Community Health Networks

- Recruitment of 130 wte posts on a half year basis, with an estimated 4,500 additional patients to be seen in 2019, with a full year impact in 2020 of 9,000 additional patients. The specific profile of community nursing and therapy posts will be determined in consultation with CHOs early in 2019.
- 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

3. Community Nursing

- It is estimated that 743,605 patients will avail of the community nursing services in 2019
- The HSE will continue to implement the recommendations relating to the recruitment and retention of graduate nurses.
- Ensure full complement of permanent Director of Public Health Nurses are in place for MLM CHO

4. GP Diagnostics

- Liaise with Hospitals and colleagues nationally to increase information on, and access for general practice to diagnostic imaging

5. GP Out of Hours

- Support roll-out of the GP OOH Contract when agreed
- New accommodation of GP OOH for Navan and surrounding areas
- Work with NEDOC & MIDOC in ensuring continued transparency in SLAs to meet demands based on available resources and enhanced working and integration as appropriate

6. Occupational Therapy

- Improve access for primary care occupational therapy services with a focus on addressing patients waiting over 52 weeks, through the appointment of 40 occupational therapists in Q1 2019 nationally.
- Midlands Louth Meath CHO will engage with Primary Care Operations who will work with the wider Community Operations team and partners in Strategy, Planning and Transformation to implement the recommendations of the Occupational Therapy Review.

7. Oral Health

- Improve access waiting times for oral health and orthodontic services for children within existing resources.
- Continue to engage with colleagues nationally to secure solutions/funding for the clinical deficit in Oral Health (Dental and Orthodontics) in Midlands Louth Meath

CHO and address significant unmet demand and waiting lists.

8. Physiotherapy

- Midlands Louth Meath CHO will engage with Primary Care Operations will work with the wider Community Operations team and partners in Strategy, Planning and Transformation to implement the recommendations of the Physiotherapy Review.

9. Speech and Language Therapy

- Midlands Louth Meath CHO will engage with Primary Care Operations will work with the wider Community Operations team and partners in Strategy, Planning and Transformation to implement the recommendations of the Speech and Language Therapy Review

10. Strengthen Clinical and Service quality within Primary Care Services

- Enhance clinical governance through establishing clarity on the role of clinical leads within Primary Care services
- Continue improvements in compliance with national standards for the prevention and control of healthcare associated infections across community services.
- Complete the transition of the Home Birth service from Primary Care to the Acute Hospital Service
- Provide Hepatitis C interventions in line with the National Hepatitis C Treatment Programme with the goal of eliminating hepatitis C by 2026

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

- 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.
- Refocus 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.
- Continue roll-out of theof community intervention teams (CITs) to facilitate a high volume of complex hospital avoidance and early discharge in Midlands Louth Meath CHO with a focus on introducing same to Longford Westmeath (funding dependent).Continue to support the governance and delivery of paediatric homecare packages following discharge from hospital.

12. Ensure that the views of service users, family members and carers, are central to the design and delivery of Primary Care Services

- Ensure compliance with the standards of *Person Centred Care and Support* detailed in the National Standards for Safer, Better Health Care across all Primary Care services
- Our priority actions will aim to improve partnering with patients, service users and families and will play a key role in supporting the implementation of relevant learning from the *Scoping Inquiry into the CervicalCheck Screening Programme, 2018 (Sally Report)*, building on the existing work in the area of open disclosure and communication with patients.
- Continue to provide community-based liaison and range of supports to women and families affected by the Cervical Check controversy. This approach has ensured a local response to individual client needs with national oversight and direction
- Implement service improvements arising from feedback received through Your Service Your Say in Primary Care

13. Enable the provision of Primary Care services by highly trained and engaged staff and fit for purpose infrastructure

- In 2019, 202 GP training places will be provided nationally to maintain and support the workforce required to provide Primary Care services now and into the future.
- Deliver on HSE commitments to support the graduate PHN programme. To continue the implementation of the Ages and Stages Questionnaire (ASQ 3) under the Healthy Childhood Programme, by supporting relevant staff to attend the training to support this roll out
- To support staff training and development through engagement with training provided through the Healthy Childhood Programme.
- The commissioning of primary care centres continues to be a key enabler for the effective and efficient delivery of PCT and network services.
- A significant challenge is maintaining the required workforce and skillset across all community services which has led to a reliance on agency staffing.

Social Inclusion Services

Population served

Improving health outcomes for the most vulnerable in society is the key focus of social inclusion services. This includes provision of targeted interventions for people from marginalised groups who experience health inequalities, have difficulties accessing services and present with multiple, complex health and support needs. Various studies have illustrated that homeless, Traveller and migrant populations face greater healthcare needs than the general population. Primary care has a major role to play in relation to the health of people with addictions or who are homeless and in delivering on commitments such as the Refugee Relocation Programme. Vulnerable people and communities include Travellers and Roma, asylum seekers, refugees and lesbian, gay, bisexual, transgender and intersex service users.

Services provided

Social inclusion works across a range of statutory services in partnership with the community and voluntary sectors, to improve access to health services for disadvantaged groups. Examples include the 9,700 clients receiving opioid substitution treatments, 1,600 clients attending the pharmacy needle exchange programme and 1,000 homeless clients admitted to emergency accommodation who have their health needs addressed within two weeks of admission.

Issues and opportunities

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

Challenges/Risks to Delivery of Service

It is possible that there may be an Inability to meet the demand for services due inadequate resources . The impact of this could:

- Lead to increased waiting lists
- An inability to meet KPIs
- Reduced service

KEY Primary Care Operational Plan Actions		
Key Result Area	Priority Action	Q
Pilot Network Learning Site in Mullingar in line with National governance and support	<ul style="list-style-type: none"> Recruitment of Network Manager 	Q1 – Q4
To ensure physical infrastructure is planned for and developed to meet service needs with focus on Primary Care Centres (Portlaoise, Birr, Navan, Bettystown-Laytown, Dundalk); Inpatient Palliative Care Services (Tullamore and Drogheda), Addiction Services (Dundalk, Portlaoise) and GP OOH (Navan)	<ul style="list-style-type: none"> Continue to work with HODs and Estates to prioritise capital works 	Q1 – Q4
To ensure Heads of Discipline receive necessary training and support through roll-out of HOD Training Days (8/12) and Service Days (3/12)	<ul style="list-style-type: none"> Provide training to HODs 	Q1 – Q4
To ensure ongoing performance management of finance, wte and activity for Midlands Louth Meath Primary Care	<ul style="list-style-type: none"> Ongoing Governance Meetings 	Q1 – Q4
To continue to review business continuity plans during times of emergency and winter period	<ul style="list-style-type: none"> Work closely with CHO and Acute Care colleagues on WAT groups. 	Q1 – Q4
Support the MECC programme in conjunction with MHS and H&W.	<ul style="list-style-type: none"> Work with Mental Health & Health & Wellbeing to identify initial sites to implement the MECC Programme with a view to further roll out over the CHO. 	Q1 – Q4

Section 6 Mental Health Services

Introduction / Strategic Context

The National Service Plan 2019 and this Mental Health section of the Community Healthcare Operational Plan sets out the actions that Mental Health services will deliver over the course of 2019. These actions will deliver on the mental health service vision, mission and strategic priorities, national policies including Vision for Change and Connecting for Life and the Sláintecare Implementation Strategy (2018). This plan recognises that the foundation for all of these actions is the overarching aim to improve the health and wellbeing of the population and to ensure that the services we deliver are safe and of high quality and centred around the needs of the people who avail of these services.

Population served

The Midlands Louth Meath Mental Health Services comprises Louth Meath Mental Health Service (LMMHS) and the Midlands Mental Health Services (MMHS) which delivers psychiatric services to a total population of 619,281 (Census, 2016). The Midlands area incorporates 2 former Mental Health (MH) Catchment Areas (CAs) of Laois/ Offaly and Longford/Westmeath. The Mental Health Services in Midlands Louth Meath CHO are committed to the delivery of high-quality, accessible, safe and service-user centred services in compliance with all regulatory requirements.

Services provided

Team/Service	Midlands	Louth-Meath	Total
General Adult teams	8	9	17
Psychiatry of Old Age	2	3	5
CAMHS	6	6	12
Rehabilitation and Recovery team	2	1	3
CAMHS Mental Health Intellectual Disability	0.5	0	0.5
Mental Health Intellectual Disability (Adult)	1	1 * shared with Cavan Monaghan	2
Mental Health Services for people with co-morbid severe mental illness and substance abuse problems	1	0	0
Day Hospitals	12	2	14
Day Centres	9	3	12
Adult Acute In-Patient Beds	60 (+10 KWW)	46	116
Adult Non Acute Beds	92	75	167
Assertive Outreach Teams	2	2	4
Home Based Treatment Teams	0	2	2

- All acute in-patient units are now co-located or located close to a major hospital
- Mental Health Liaison services operate in the following acute General Hospitals in the region:
 - OLOL, Drogheda; Midlands Regional Hospital Mullingar; Midlands Regional Hospital Tullamore; Midlands Regional Hospital Portlaoise.
- National Clinical Programmes for Eating Disorders (ED) and Early Intervention in Psychosis (EIP) are under development.
- Substance Misuse Mental Health Services are provided by Addiction counsellors within the Adult Community Mental Health Teams in Laois Offaly and by a 0.5 consultant lead team in Longford Westmeath
- There is also provision for a self harm service, Alcohol Counsellors, Family Therapy, Cognitive Behaviour Therapy, Community Support Team, Affective Disorder Team, Dialectal Behavioural Therapy, Clozapine service
- A 7/7 day community mental health service is now available in Midlands, Louth Meath. Access is via a Home Based Treatment team in Louth Meath and via a Day Hospital in Laois Offaly.

National Counselling Service

The HSE National Counselling Service (NCS) in the Midlands Louth Meath CHO provides a range of services including Counselling for Adults who have Experienced Childhood Abuse, which provides counselling for moderate to severe mental health problems arising from the impact of childhood abuse and trauma, and the Counselling in Primary Care service (CIPC) which delivers short term counselling to clients presenting with mild to moderate mental health issues. Counselling in Primary Care Service (CIPC) is currently available to people who hold a medical card holders. The development of mental health services within primary care settings was one of the crucial components of A Vision for Change. The critical role of Counselling in Primary Care in providing access to counselling for common mental health disorders is highlighted by increasing demand for the service in the Midlands Louth Meath CHO.

Issues and opportunities

Opportunities

- A seven day community mental health services was developed across the Midlands Louth Meath CHO
 - 2017 Development Funding was allocated to enhance the Home Based Team in Louth Meath which provides services on a seven day basis to service users in their own homes
 - The 2017 Development Funding allocation facilitated the development of weekend Day Hospital provision in the community in Laois Offaly
- Service reform Fund
 - Midlands Louth Meath CHO Mental Health services secured a grant from the Genio Trust of €115,000 in 2017 and €1,300,000 in 2018 for the Service Reform Fund (Mental Health). This funding is being utilised over the next 2 years, along with a further opportunity to apply for additional funds for a fourth year in 2019, to support our commitment to provide:
 - Recovery focused culture change with a priority to develop engagement with People with Lived Experience, HSE staff and NGOs
 - Reconfiguration to provide maximum capacity for transition of residents to community living options.
 - Workforce planning to support reconfiguration and sustainability.
 - Relationship and community provision to support People with Lived Experience's personal recovery journeys.
 - Training and development of all stakeholder groups.
 - Governance, planning and on-going evaluation.
- Connecting for Life
 - The Midlands Louth Meath successfully launched a 3 year Connecting for Life plan for the six counties of Laois, Offaly, Longford, Westmeath, Louth and Meath in partnership with multiple agencies and stakeholder groups.
 - Throughout 2019, HSE CfL actions will be implemented through each catchment area management team with oversight at a CHO level with

statutory and non-statutory partners.

- Enhance engagement with Service Users and families through the continued development of Service User Local Fora in catchment area (3 fora in Midlands Louth Meath CHO)
- A National Evaluation of the Counselling in Primary Care service is currently underway to examine the impact and outcomes of Counselling in Primary Care across Ireland. This evaluation will provide evidence of the effectiveness and quality of the Counselling in Primary Care service and is the first such study of its kind in Ireland.

Issues include

- Shortage of staff across all professions including qualified nursing staff to fill vacant positions
- lack of appropriate accommodation, particularly in Dundalk, to deliver safe and quality Adult, Psychiatry of Later Life (POLL) and CAMHS mental health services and day hospital services for adults
- Further development of Mental Health Intellectual Disability services towards Vision for Change is required to facilitate access and quality services to this high need population.

Mental Health Priorities 2019

Our priority in 2019 will continue to be the delivery of services to the population in line with our strategic priorities set out below. Our programmatic approach to the improvement of services, underpinned by a commitment to Recovery will be supported by engagement with those who use our services and their families, including the implementation of the Mental Health Recovery Framework.

Our key priorities are as follows and the detail and timeframe of the work to be undertaken is set out in the action table below:

- Further enhance the community mental health team capacity for CAMHs, general adult and psychiatry of later life at a consistent level across all areas including the appointment of agreed new staffing.
- Develop adult and child mental health intellectual disability teams including the

appointment of agreed new staffing.

- Through the performance management process, seek to ensure that current resources allocated to the Catchment Management Teams are utilised in an effective manner which maximises outcomes for service users.
- Progress implementation of Connecting for Life – Ireland’s National Strategy to Reduce Suicide 2015-2020 through implementation of Connecting for Life plans at CHO level by delivering evaluated evidence-based programmes through non-governmental organisations and implementation of the national training plan for suicide reduction.
- The youth mental health taskforce made a number of recommendations including the development of awareness campaigns and training around youth mental health, increased investment in digital youth mental health supports and improving provision of mental health supports to young people at primary care level. All of these initiatives will be supported nationally and at CHO level.
- Continue to support the embedding of best practice guidelines and also Improve compliance through monitoring services, in collaboration with the Mental Health Commission (MHC), to achieve real time oversight supported by ICT automation
- Progress development and implementation of the National Clinical Programmes for Eating Disorders (ED) and Early Intervention in Psychosis (EIP)
- Improve mental health engagement in the design and delivery of services through the continued and enhanced development of forums in each area, in conjunction with service users, family members and carers.
- Enhance service responses to improve the physical health of mental health service users
- Continue investment in facilities that improve the environment in which mental health services are delivered in line with available resources. The priority developments for 2019 in Midlands Louth Meath include securing accommodation in Dundalk and Longford for Adult, Psychiatry of Later Life (POLL) and CAMHS mental health services and day hospital services for adults; Commencement of the CAMHS extension to Mullingar Primary Care Centre.
- Continue to support initiatives to develop and enhance and embed a recovery focused service and culture change.

Challenges/Risks to Service Delivery

Number of unfunded Pay for positions currently providing essential services as per Vision for Change policy.

Non Pay deficit for the provision of the running costs of community services and ACs, rents and essential external placements for MH service users who require specialist treatment unavailable locally or who are unable to sustain independent living.

Expenditure shocks associated with court rulings for HSE provided placements for individuals who do not present with a major mental illness but who pose a risk to themselves or to the public.

Implementing Priorities in 2019

KEY Mental Health Service Operational Plan Actions		
Key Result Area	Priority Action	Q
Promote the mental health of the population in collaboration with other services and agencies including reducing the loss of life by suicide.	<ul style="list-style-type: none"> Provision of CfL implementation group to support the delivery of HSE CfL actions 	Q1
	<ul style="list-style-type: none"> Midterm review CfL 	Q3
	<ul style="list-style-type: none"> Create links with Healthy Ireland Implementation Group and local CMTs to support community based positive mental health programmes 	Q2
Design integrated, evidence-based and recovery-focused mental health services.	<ul style="list-style-type: none"> Prepare application for round 3 SRF. 	Q1
	<ul style="list-style-type: none"> IPS workers will be established in 3 teams across the CHO 	
	<ul style="list-style-type: none"> Housing Coordinator will be in post and working in partnership with SRF/Recovery committees and local authorities and CMHTs 	Q1
	<ul style="list-style-type: none"> Support the development and capacity of CHO Recovery committee to deliver on recommendations of National Recovery Framework 	Q1

<p>Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.</p>	<ul style="list-style-type: none"> • Offer 1780 new/referral appointments within CAMHS services in 2019 	Q4
	<ul style="list-style-type: none"> • Offer 3490 new/referral appointments within GA services in 2019 	Q4
	<ul style="list-style-type: none"> • Offer 940 new/referral appointments within POA services in 2019 	Q4
	<ul style="list-style-type: none"> • Maximise the use of 7/7 service within the CHO by filling all development post vacancies offering 90 appointments per month through this service. 	Q4
	<ul style="list-style-type: none"> • Work in collaboration with CAWT and H&W via HI actions to support the physical health of mental health service users. 	Q4
	<ul style="list-style-type: none"> • Provide accessible and timely counselling in primary care services within nationally agreed timeframe. 	Q1
	<ul style="list-style-type: none"> • Contribute to the national Talk Therapies Service improvement project with the aim of improving outcomes for service users. 	Q1 – Q4
	<ul style="list-style-type: none"> • Provision of effective intervention to adults with MH difficulties that arise as a result of the impact of childhood trauma and abuse. 	Q4
	<ul style="list-style-type: none"> • Develop Clinical outcome evaluation through implementation of COREnet system within the NCS service for adults who have experienced childhood abuse 	Q1 – Q4
	<ul style="list-style-type: none"> • Complete the CIPC National Research Study. Gather data and complete data analysis relating to client outcomes in counselling including client medication usage during and after counselling. 	Q4
<ul style="list-style-type: none"> • Engage with MHC via new ICT system 	Q4	

	<ul style="list-style-type: none"> • Support the roll out of QSUS self-assessment teams across the CHO • Support clinical responses to the national clinical care programmes • Comply with the HSE Incident management framework • Comply with the National Standards for the conduct of review of Patient Safety Incidents • Ensure that the HSE Risk Management Process is in place in compliance with the HSE Risk Management Policy. 	<p>Q3</p> <p>Q1 – Q4</p> <p>Q1</p> <p>Q1 – Q4</p> <p>Q1 - Q4</p>
<p>Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.</p>	<ul style="list-style-type: none"> • Provision of one MLM MH CHO Area engagement forum. • Provision of three local engagement for a linked to three catchment management teams • Service user representatives will become permanent members of all 3 CMTs and will work in partnership in the design and delivery of services in the CHO. 	<p>Q3</p> <p>Q3</p>

<p>Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.</p>	<ul style="list-style-type: none"> • Maintain and embed Funds and Position Management SAPHR project 	Q1 - Q4
	<ul style="list-style-type: none"> • Allocate development posts/funding as per VfC 	Q1 - Q4
	<ul style="list-style-type: none"> • Support HSE doctors in consultant posts who are not on the specialist register to progress their specialist applications and continue to escalate business cases and updated risk assessments to A/DG for approval 	Q1 - Q4
	<ul style="list-style-type: none"> • Continue to apply Paybill guidelines to support the delivery of a safe level of service within the confines of resource allocation 	Q1 - Q4
	<ul style="list-style-type: none"> • Compliance with Agency framework 	Q1 - Q4

Section 7 Disability Services

Introduction / Strategic Context

The overarching policy framework requires that disability services focus on enabling people with disabilities to achieve their full potential, living ordinary lives in ordinary places, as independently as possible while ensuring that the voices of service users and their families are heard, and that they are fully involved in planning and improving services to meet their needs.

Population

The rate of disability has risen in Ireland over the last number of years with an additional 47,796 or 13.5% of the population now reporting at least one disability since 2011 (Census 2016). The rate of reported disability has risen to 5.9% for those aged 0 to 14 years and 9.3% for those aged 15 to 24 years. This has led to an increased demand across all services for children and young people. Over the past nine years, registrations on the National Intellectual Disability Database (NIDD) have increased by over 2,000 to a current total of 28,275.

The rate of those aged 65 years and over with a reported disability has risen by 20,319 to 9.5% since 2011. People are living longer and adults with intellectual disability have age-related illnesses and conditions. In addition, more people with a disability are presenting with more complex needs. Of people reporting with a disability, the number of people aged 35 years and over with moderate, severe and profound intellectual disability has increased from 28.5% in 1974 to 49.3% in 2016 (NIDD, 2016). There are 10,679 people who will require alternative, additional or enhanced services in the period 2017-2021.

This change in demographics, increased life expectancy and changing needs for those with a physical, sensory or intellectual disability has led to a significant increase in the need for disability services across all settings. This includes day supports, residential and respite services, personal assistant and home support services.

Services Provided

A wide range of disability services are provided to those with physical, sensory, intellectual disability and autism. Disability services are delivered through a mix of HSE direct provision as well as through voluntary Section 38 and 39 service providers, and private providers.

In 2019, the quantum of services will be:

- 845 people with a disability are supported by a range of residential supports
- 2011 people with disabilities access day places and supports in over 120 locations throughout the CHO.
- 8 new emergency residential places.

- On a quarterly basis:
 - 7012 people with disabilities will avail of respite.
 - People with disabilities will avail of 227 personal assistant hours & 1164 home support packages.

Priorities 2019

- Continue the implementation of Safeguarding Vulnerable Persons at Risk of Abuse - National Policy and Procedures, 2014 and the programme of system wide change led by the National Task Force to ensure quality and safety of all services through empowering and safeguarding vulnerable people.
- Continue to fully implement Progressing Disability Services for Children and Young People with the following as key priorities:
 - Conclude Recruitment of Children’s Disability Network Manager Post(s).
 - Advance the reconfiguration of existing Children’s Disability Services Resources into Network Teams.
 - Implementation of the National Access Policy in line with
 - Recruit an additional 19 New Therapy Posts to reduce waiting times for disability assessment of need
- Progress implementation of the national policy for reform of the disability services Transforming Lives - the programme for implementing the Value for Money and Policy Review of Disability Services in Ireland, 2012 with priority focus on;
 - Implementation of Service Reform Fund programme
- Progress implementation of Time to Move on from Congregated Settings, 2011.
- Progress implementation of New Directions national policy on the provision of day services for people with disabilities.
- Continue to Implement National Quality Improvement Action Plan for Disability Services with the following as key priorities:
 - Establish a programme of support across the delivery system that ensures better and more effective engagement with HIQA/ the Regulator; this is to support regulatory compliance whilst at the same time ensuring HSE can maintain and control financial expenditure within the Budget parameters as set out in NSP 2019.
- Continue to develop our workforce to ensure the delivery of a person-centred social care model of service.
- Continue to support operational roll out of the Joint HSE and Tusla Interagency Protocol, including internal supporting protocols for CAMHS, Primary Care and Disability through the dedicated joint workshop sessions.
- Fully implement recommendations arising from the Children’s Ombudsman Report (ref: Molly’s Case).
- Strengthen and enhance governance and accountability of CHOs as well as non-statutory service providers through implementation of agreed “Service

Improvement” action plans. This includes a specific focus on Value Improvement regarding effective utilisation and management of existing disability resource as well as the overall management and governance of emergency residential interventions.

- Specific operational guidance and support will be provided by the National Disability Specialist team in this area.

Challenges/ Risks to Service delivery

Cognisance needs to be paid to the inherent risks identified within the Disability Care Group’s Risk Register. There are two particular areas of concern.

1. The limited number of funded placements in the 2019 Operational Plan i.e. 90 nationally, against a backdrop of increasing emerging demand which far outweighs the capacity to address the need in a timely manner. This is compounded by the lack of capital investment to plan and address the need in a strategic manner in association with our Section 38 & 39 colleagues.
2. There is an additional challenge going forward in 2019 to maintain the 2018 level of home sup
3. port service provision due to the increased costs in delivering the service

KEY Disability Operational Plan Actions		
Key Result Area	Priority Action	Q
Implementation of PDS	<ul style="list-style-type: none"> • Meeting with HOSC & HoPC planned for March 2019 to plan the implementation of the National Access Policy in partnership with Primary Care. • Training to be arranged for both PC & SC therapists beginning in Q2. 	<p>Q1 - Q4</p> <p>Q2</p>

<p>Progress the reconfiguration of existing services into Children's Disability Network Teams, in partnership with colleagues in the Section 38 & 39 providers of Children's Services in the MLM CHO</p>	<ul style="list-style-type: none"> • Complete the reassignment of Disability funded Children's Team therapists to the network teams. • Appoint Children's Disability Network Managers to the 12 networks. • Establish a working group with the Clinical Leads to provide appropriate clinical governance led by the Children's Disability Network Manager's. • Appoint a PDS lead for 2 years to support the role out of PDS. • Complete an audit on inter-disciplinary team performance to achieve national & area KPI's. 	<p>Q1 - Q4</p> <p>Q4</p> <p>Q1 - Q4</p>
<p>Further development of Home Sharing and Alternative Respite across the CHO in line with home sharing report recommendations</p>	<ul style="list-style-type: none"> • Appoint via Section 39, a Senior Social Worker to ensure in line with best practice, appropriate governance processes are in place for the safeguarding of all adults and children • Provide for the training needs of host families in the Home Sharing arrangements for clients with complex needs. (Adults & Children) • Support the role out of Home Sharing with Section 38/39 partners 	<p>Q1 - Q4</p> <p>Q1 - Q4</p> <p>Q1 - Q4</p>
<p>Implementation of the Joint HSE TULSA Protocol</p>	<ul style="list-style-type: none"> • Establish a working group with Tulsa and engage with regular face to face meetings in respect of children in care with a disability. • Update the identification in Q1 of the clients/children with a disability who are encompassed by the Molly Report. 	<p>Q1 - Q4</p> <p>Q1</p>

<p>Enhanced Governance & Accountability of the Service Arrangements.</p>	<ul style="list-style-type: none"> • Establish a key lead in each county to strengthen the governance of the service arrangements. • All schedule 10's will be completed as required to reflect changes in services or funding and be recorded on the SPG • Regular planned formal meetings are scheduled for 2019 • A Monthly Reporting Template was issued for completion by each Service Provider prior to SA Monitoring Meetings which will reflect deaths, exits and transfers, SRE's Complaints, H&S, Protected Disclosures and HIQA inspections as appropriate 	<p>Q1 - Q4</p> <p>Q1 - Q4</p> <p>Q1 - Q4</p> <p>Q1 - Q4</p>
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Section 8 Older Person Services

Introduction / Strategic Context

Older Person Services (OPS) are delivered through a community-based approach, supporting older people to live in their own homes and communities and, when needed, within high quality residential care facilities.

In 2019, further measures will be taken to improve services for those remaining at home and to address issues associated with unscheduled care through sustained investment in home support services and transitional care.

The on-going implementation of Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures, 2014 together with the completion of a review of that policy is a key service provision for all parts of the health service including older persons who may be vulnerable and requiring support, whether they are in their own homes or in residential care.

Amongst the challenges for the Midlands Louth Meath CHO in delivering services to older people in 2019 will be the best use of the available resource in response to the ever increasing demand for services in both volume and complexity.

Population

The largest increase in Ireland's population is within the older age groups. The number of people aged 65 years and over has increased from 61,749 in 2011 to 74,534 in 2016 in Midlands Louth Meath CHO, an overall increase of 21%. Of those aged 85 years and over there has been an increase of 924 people (14% increase)

This increase in the older persons' population is welcome; it is an acknowledgment of improved health and greater longevity. It brings opportunities as well as presenting the challenge to ensure that health and social care services can be delivered at adequate levels and in an integrated manner to meet the needs of older people.

Services Provided

A wide range of services are provided including home supports, short stay and long stay residential care, transitional care and day care, through HSE direct provision and through voluntary and private providers. These are direct supports provided for older people and should be understood in the wider support system of the HSE which also includes primary care community nursing, allied health professionals, GPs, acute and other specialist services.

- In 2019 home support services will be delivered to 5,609 people totalling 1,720,000 hours.
- 607 long stay and 60 short stay public beds directly provided by the HSE will be available to accommodate admissions through the 16 HSE Community Nursing Units.
- A total of 76 respite beds are available to support families and clients across the CHO. Thirty four transitional beds are currently available in Louth to support step down clients from the acute setting.

Delayed Discharges

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. As well as preventing people from becoming delayed in their discharge, there is a continued need to focus on those who do become delayed for a variety of reasons. Increased improvement in engagement between all parts of the Health System in 2018 has continued to deliver results in what is a pressured and complex environment with significant increasing demand. The establishment of Winter Action Teams (WAT) at local level linked to a cohesive national plan in winter 2018 has aided improved processes.

Winter Measures Summary for 2019

The Social Care initiatives targeted all hospitals with a specific emphasis on nine (9) focus sites, identified by the Service Delivery Unit (SDU):

- A total of 36 Home Support Packages, targeted at Tullamore Hospital, (504 hours) were funded nationally to support the early discharge of patients from the acute setting. All packages were fully utilised over the focus period and all hours will be recycled during 2019 to facilitate improved patient flow across the CHO.
- Additional Aids & Appliances funding in partnership with Primary Care to a total value of €4m nationally was provided across all CHO's.
- Three short steam beds were opened in Abbeyleix Community Nursing Unit, Co Laois to assist with the early discharge of patients from Portlaoise Hospital. These beds will continue to operate throughout 2019.

Priorities and Key Actions 2019

Home Care

- The Single Funding Model of Home Support which commenced in 2018 will be further embedded in 2019 with a particular focus on strengthening governance, management, capability, quality, and reliability. The process of recruiting key management leads has commenced.
- The options for service users will widen resulting from the Tender Framework 2018 and the envisaged growth of direct HSE provision in some areas of the CHO.
- The revised 2018 contract for HSE Home Support staff will take full effect leading to improved roster and deployment arrangements.
- The 34 Home Support Packages introduced for Winter 2018/19 will be sustained throughout the year and any availability resulting from these hours will continue to be prioritised at patient flow and acute hospital discharges.

Dementia

- The maintenance of 2 sites utilising memory technology resource rooms providing a network of resource to people with dementia and their carers will be continued.
- Older Person Services will work closely with the National Dementia Office and local dementia services to develop an implementation plan in line with the National Dementia strategy. A project management approach will be taken in order to progress this initiative.

NHSS/Residential and HSE Public Units

- The reconfiguration of the local NHSS offices throughout CHO1 and the Midlands Louth Meath CHO will be completed in 2019, with one regional centralised office located in Tullamore.
- Legislative changes for the NHSS scheme including for those with farms and small businesses will be introduced commensurate on the appropriate statutory orders.
- The pursuit of the implementation of the 2016-2021 Capital Plan for public residential units will be a focus with our colleagues in HSE Estates to ensure maximum regulatory compliance of our built environment by the critical regulatory date of 2021. Increased capital costs and the demands on the overall health capital resource will present some challenges to this programme of work.

Assessment Tools

- Continue with the roll out of the Single Assessment Tool (SAT) across the CHO. To date one acute site is using the SAT for all referrals to long term care and for home support services in Louth / Meath. Longford/Westmeath community are using SAT for all referrals to long term care and home support.
- In conjunction with our colleagues in Community Strategy we will also work to develop a module of SAT specific to assessing the needs of carers and to trial its implementation.

Challenges/Risk to Service Delivery

A key risk for home support services is the potential negative impact of cost containment measures across the CHO in 2019.

The CHO may see a reduction in the provision of home support hours with an increase to overall waiting lists for Older Persons.

An on-going lack of demand for short stay and long stay beds in residential units will negatively impact on our cost of care and KPI bed occupancy rates if the trend continues. The CHO are monitoring bed occupancy rates on a daily basis.

KEY Older Persons' Service Operational Plan Actions		
Key Result Area	Priority Action	Q
Home Support Services Implement the Single Funded Model of Home Support in MLM CHO This will be achieved by strengthening the governance and management in Older Person Services.	• Assign an Older Person's Manager in Longford/Westmeath and Laois/Offaly.	Q1
	• Appoint a dedicated Home Support Manager in Longford/Westmeath and Laois/Offaly.	Q2
	• Implement the national guidelines and procedures for the standardised implementation of the Home Support service.	Q1 - Q4
	• Complete the new Health Care Support Assistant contract for new HSE employees.	Q2
	• Establish a working group for the development of an e-rostering system for home support.	Q3

<p>Residential Services: To achieve the recommended national KPI bed occupancy of 95% in all Community Nursing Units. This is inclusive of long stay and short stay beds.</p>	<ul style="list-style-type: none"> • Continue to monitor bed occupancy on a daily basis. • Continue individual monthly performance meetings with the Director of Nursing in each of the Community Nursing Units. • Review the demand for bed type in each area and make recommendations to community operations for specific change to bed type based on need and demand. 	<p>On-going</p> <p>On-going</p> <p>Q2</p>
<p>Further roll out of the Single Assessment Tool (SAT) across the CHO</p>	<ul style="list-style-type: none"> • Build on existing work to further the roll out of SAT to all community sites incorporating acute services. 	<p>Q1 - Q4</p>
<p>Day Services</p>	<ul style="list-style-type: none"> • Establish a key lead to work on the proposed national review of current day care services provision. • Establish a CHO baseline of existing services provided, including WTE staffing, attendance and health needs of the older people attending the service. 	<p>Q3</p> <p>Q3</p>
<p>Continue with the development of a Dementia specific plan for Older Persons across the CHO in line with the Dementia Strategy</p>	<ul style="list-style-type: none"> • The dementia project manager will complete mapping of current services for older persons with dementia and dementia carers to inform future development and gaps in current services. • Support the roll out of dementia training to staff and carers across the CHO in conjunction with the National Dementia office. • Work with mPower colleagues and community navigators to progress and assist with the utilisation of memory technology to assist older persons. 	<p>Q1 - Q4</p> <p>Q1 - Q4</p> <p>Q1 - Q4</p>

<p>Reconfigure the local Nursing Home Support Scheme offices of CHO1 and the MLM CHO to one regional NHSS office</p>	<ul style="list-style-type: none"> • Appoint a regional manager to the NHSS office Tullamore. • Work with Head of Service for NHSS in progressing with a project management approach to the regionalisation of this office. This will be achieved by: <ul style="list-style-type: none"> ➤ IR negotiation. ➤ Identifying suitable premises. ➤ ICT requirements. ➤ HR staff redeployment and recruitment. ➤ Seamless transfer of services from the local office to the regional office Tullamore. 	<p>Q1 - Q4</p> <p>Q1 - Q4</p>
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Section 9 Workforce

The Health Services People Strategy

The Health Services People Strategy 2015-2018 was developed in recognition of the vital role our workforce plays in delivering safer better healthcare. It is a Strategy that extends to the entire health sector workforce at all levels and is underpinned by its commitment to engage, develop, value and support the workforce. Following a process of review a revised People Strategy 2019-2024 will guide all organisational people services & HR activity in 2019 with an emphasis on Leadership, Talent and Capability enabling people and culture change and supporting the people development agenda.

In 2019 work will continue on developing the HR operating model within Midlands Louth Meath CHO, building on the work to date undertaken with PWC and the Heads of HR across all CHOs, with due regard to national discussions on CHO implementation and the implementation of Slaintecare.

We will continue to contribute to the development of staff engagement as a core organisational priority and as a foundation for improved performance. A series of workshops will be arranged with staff in Q2 on the Staff Survey 2018 to feedback on the results and to identify and explore actions with managers and staff to address the findings. Staff health and wellbeing will be a key focus in 2019 in progressing the engagement agenda.

Pay and Staffing Strategy 2018 and Funded Workforce Plans

The 2019 Pay and Staffing Strategy is a continuation of strategy in this area over the last few years, 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.

The WTE limits set for Midlands Louth Meath CHO will be carefully monitored and managed throughout 2019.

A key objective in 2019 will be to focus on reducing and / or controlling pay costs, including agency and overtime, and implementing cost containment plans, in addition to maximising the performance and productivity of the health workforce. An assessment of agency use to determine scope for its reduction will be undertaken in Q1 and Q2 across all Care Groups and plans will be agreed address the findings.

Workforce Planning

The DoH published a National Strategic Framework for Health Workforce Planning – Working Together for Health in 2017, providing an integrated, dynamic and multi-disciplinary approach to workforce planning at all levels of the health service. We will work with National HR on the implementation of the strategic framework as it applies to our CHO and to further the workforce planning goals in the revised People Strategy.

European Working Time Directive

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

HR System

Work will continue in 2019 to build the org structure on SAP HR that better reflects operational requirements, supports the introduction of the National integrated Staff Records and Pay programme in due course, and enables Funds and Position Management. This is expected to be completed by Q3.

Risks

- There are staffing risks that may impact on the capacity of Midlands Louth Meath to achieve the ambitions set out in this Plan.
- The constraints that will apply arising from the need to remain within WTE and affordability limits will put pressure on the capacity of the system to deliver safer health and social care services with the resources that are available.
- Brexit remains a significant issue in terms of the cross border movement of staff, particularly in the North East part of the CHO.
- The impact of the constrained recruitment environment over the last decade has resulted in an ageing workforce profile. This is likely to continue to be the reality for the immediate future and brings with it potential risks for staff given the complex and diverse operating environment.

Section 10 Finance & Value

Budget 2019

The 2019 initial allocation for Midlands Louth Meath CHO is detailed below. These figures are based on the Rosetta balance at end February 2019.

Midlands Louth Meath CHO	Primary Care*	Mental Health	Disability Services	Older Persons	Office of Chief Officer	Total
	€m	€m	€m	€m	€m	€m
Base budget 2019	127.511	88.985	219.405	67.212	3.703	506.816
Pay Cost Pressures	1.318	0.914	1.900	1.273		5.405
Increments	0.405	0.809				1.214
Other additions	0.654	2.810	1.520	1.739		6.723
2019 EP			1.670			1.670
CCP Cuts				- 1.441		- 1.441
Revised Budget 2019	129.888	93.518	224.495	68.783	3.703	520.387

*Excludes Demand Led Services

Outturn for 2018 was as follows:

Midlands Louth Meath CHO	Primary Care	Mental Health	Disability Services	Older Persons	Office of Chief Officer	Total
Actual Outturn 2018	160.276	98.551	224.154	70.384	5.126	558.491
Closing Budget 2018	159.168	96.982	224.123	70.31	3.712	554.295
Deficit 2018	1.108	1.569	0.031	0.074	1.414	4.196

The financial outturn for MLM CHO in 2018 was a deficit of €4.196, with a final budget of €554.295. It is evident from the 2019 allocation that a financial breakeven for the CHO presents many challenges. Considerable assistance will be required from the National Care Groups to achieve this.

Financial challenge 2019

A best estimate of the Financial Challenge for 2019 is €18.622m prior to cost containment measures. Nationally, the HSE have adopted a range of actions / initiatives to address the financial challenge in 2019 and the key measures that will be adopted in Midlands Louth Meath CHO include but are not limited to -

- Procurement – Reduction in prices and costs via contracting

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

Risks to Operational Service Areas resulting from 2019 Funding Position

Midlands Louth Meath Community Healthcare has modelled the expected level of activity that the 2019 funding will cover and identified service areas where the HSE is expected to address service demands beyond its funding envelope. It has looked at what cost savings can be made and has also assessed the costs that cannot be avoided or are fixed. In the case of some services, given that the HSE is the statutory provider of last resort and the realities around the relatively fixed nature of certain costs, there is often pressure to respond to need even if this exceeds the available funding level.

Value Improvement Programme

The Value Improvement Programme (VIP) commenced in 2018 responding to the requirements laid out in NSP2018 to support services and corporate units in realising cash savings, improvements in efficiency and service effectiveness. Value Improvement for NSP2019 will be a more balanced approach across the four aims at the core of the programme, population health, patient experience, per capita cost and staff experience.

VIP is a multi-year programme, reaching beyond what could be perceived as purely cost saving measures and will deliver on all four aims. The key underpinning principle of the Programme is that value does not come at the expense of service quantum or quality. Indeed, the goal is to improve quality and quantum by driving efficiency and effectiveness equally.

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

Finance – Supporting Service Delivery

Finance provides strategic and operational financial support, direction and advice to services within the HSE to achieve the organisational goals of providing high quality, integrated health and personal social services. The objectives of the finance team are to support the HSE to secure and account for the maximum appropriate investment in health and social care and to support our services to deliver and demonstrate value for money in the widest sense of that phrase (including safe, effective and efficient services).

Appendices

Appendix 3: Scorecard and Performance Indicator Suite and Activity 2019

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 8
Community Intervention Teams Referrals by referral category				38,180	43,084	45,432		4,296
Admission Avoidance (includes OPAT)	NSP	Quality and Safety	M	1,186	609	1,380	CHO	216
Hospital Avoidance	NSP	Quality and Safety	M	28,417	34,090	33,180	CHO	2,796
Early discharge (includes OPAT)	NSP	Quality and Safety	M	5,997	5,200	7,068	CHO	684
Unscheduled referrals from community sources	NSP	Quality and Safety	M	2,580	3,185	3,804	CHO	600
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	4,296
ED / Hospital wards / Units	OP	Access and Integration	M	25,104	29,719	29,736	CHO	2,832
GP Referral	OP	Access and	M	8,938	9,621	11,148	CHO	1,176

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 8
		Integration						
Community Referral	OP	Access and Integration	M	2,484	2,723	2,760	CHO	84
OPAT Referral	OP	Access and Integration	M	1,654	1,021	1,788	CHO	204
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	27,132
No. of physiotherapy patients seen for a first time assessment	OP	Access and Integration	M	162,554	160,488	162,549	CHO	22,292
No. of physiotherapy patients treated in the reporting month (monthly target)	OP	Access and Integration	M	34,927	34,605	34,926	CHO	5,035
No. of physiotherapy service face to face contacts/visits	OP	Access and Integration	M	726,724	709,764	709,764	CHO	102,072
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	5,321
% of new physiotherapy patients seen for assessment within 12 weeks	NSP	Access and Integration	M	80%	81%	81%	CHO	81%

Key Performance Indicators Service Planning 2019				2018	2018	2019		2019 Expected Activity / Target
KPI Title	NSP/ OP	Performance Area	Reporting Period	2018 National Target / Expected Activity	2018 Projected outturn	2019 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 8
% 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	15,948
No. of new occupational therapy service users seen for a first assessment	OP	Access and Integration	M	90,700	91,740	94,678	CHO	14,385
No. of occupational therapy service users treated (direct and indirect) monthly target	OP	Access and Integration	M	20,513	21,803	21,803	CHO	3,483
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	5,419
% 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%

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 8
% 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								
No. of speech and language therapy patient referrals	OP	Access and Integration	M	51,763	50,892	50,892	CHO	8,388
Existing speech and language therapy patients seen in the month	OP	Access and Integration	M	19,515	19,621	19,514	CHO	2,847
New speech and language therapy patients seen for initial assessment	OP	Access and Integration	M	45,631	42,432	45,635	CHO	7,065
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	2,236
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	596
% of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access and Integration	M	100%	96%	100%	CHO	100%
% of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks	NSP	Access and Integration	M	100%	93%	100%	CHO	100%
Primary Care – Speech and Language Therapy Service Improvement Initiative								

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 8
New speech and language therapy patients seen for initial assessment	OP	Access and Integration	M	5,659	3,882	3,882	CHO	732
No. of speech and language therapy initial therapy appointments	OP	Access and Integration	M	18,940	16,956	16,956	CHO	3,505
No. of speech and language therapy further therapy appointments	OP	Access and Integration	M	21,732	20,062	20,062	CHO	671
Primary Care – Podiatry Updated 18/1/19								
No. of podiatry patient referrals	OP	Access and Integration	M	10,749	11,184	11,184	CHO	3,840
Existing podiatry patients seen in the month	OP	Access and Integration	M	5,656	6,187	6,187	CHO	878
New podiatry patients seen	OP	Access and Integration	M	6,339	8,856	8,856	CHO	816
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	519
% of podiatry patients on waiting list for treatment ≤ 12 weeks	NSP	Access and Integration	M	26%	32%	32%	CHO	32%
% of podiatry patients on waiting list for treatment ≤ 26 weeks	OP	Access and Integration	M	43%	52%	52%	CHO	52%
% of podiatry patients on waiting list for treatment ≤ 39 weeks	OP	Access and Integration	M	61%	65%	65%	CHO	65%

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 8
% of podiatry patients on waiting list for treatment ≤ to 52 weeks	NSP	Access and Integration	M	77%	75%	77%	CHO	77%
No. of patients with diabetic active foot disease treated in the reporting month	OP	Quality and Safety	M	502	552	566	CHO	53
No. of treatment contacts for diabetic active foot disease in the reporting month	OP	Access and Integration	M	878	1,077	1,113	CHO	121
Primary Care – Ophthalmology								
No. of ophthalmology patient referrals	OP	Access and Integration	M	28,286	24,888	24,888	CHO	2,232
Existing ophthalmology patients seen in the month	OP	Access and Integration	M	5,923	6,080	6,080	CHO	370
New ophthalmology patients seen	OP	Access and Integration	M	25,314	26,232	26,232	CHO	864
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	506
% 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%

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 8
% of ophthalmology patients on waiting list for treatment ≤ 39 weeks	OP	Access and Integration	M	58%	49%	58%	CHO	58%
% of ophthalmology patients on waiting list for treatment ≤ 52 weeks	NSP	Access and Integration	M	66%	59%	66%	CHO	66%
Primary Care – Audiology								
No. of audiology patient referrals	OP	Access and Integration	M	21,139	20,256	20,256	CHO	2,268
Existing audiology patients seen in the month	OP	Access and Integration	M	2,899	2,849	2,899	CHO	238
New audiology patients seen	OP	Access and Integration	M	17,765	16,512	17,760	CHO	1,140
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	2,521
% 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%
% of audiology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access and Integration	M	88%	87%	88%	CHO	88%

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 8
National Newborn 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	TBA >95%			National. CHO number baseline to be established in 2018	>95%
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			CHO	10 TBA
No. and % of babies from screening programme identified with a hearing loss by six months of age	OP	Quality and Safety	Q, 1 Qtr in Arrears	71 ≥80%			CHO	8 TBA ≥80%
Primary Care – Dietetics								
No. of dietetic patient referrals	OP	Access and Integration	M	34,015	34,788	34,788	CHO	5,256
Existing dietetic patients seen in the month	OP	Access and Integration	M	3,459	3,349	3,459	CHO	371

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 8
New dietetic patients seen	OP	Access and Integration	M	21,873	23,028	21,874	CHO	2,539
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	2,610
% of dietetic patients on waiting list for treatment ≤ 12 weeks	NSP	Access and Integration	M	37%	34%	37%	CHO	37%
% of dietetic patients on waiting list for treatment ≤ 26 weeks	OP	Access and Integration	M	59%	52%	59%	CHO	59%
% of dietetic patients on waiting list for treatment ≤ 39 weeks	OP	Access and Integration	M	71%	62%	71%	CHO	71%
% of dietetic patients on waiting list for treatment ≤ to 52 weeks	NSP	Access and Integration	M	79%	70%	79%	CHO	79%
Primary Care – Psychology								
No. of psychology patient referrals	OP	Access and Integration	M	12,480	12,948	12,948	CHO	2,580
Existing psychology patients seen in the month	OP	Access and Integration	M	2,240	2,550	2,550	CHO	566
New psychology patients seen	OP	Access and Integration	M	13,144	10,884	10,884	CHO	1,656
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	729

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 8
% of psychology patients on waiting list for treatment ≤ 12 weeks	NSP	Access and Integration	M	36%	27%	36%	CHO	36%
% of psychology patients on waiting list for treatment ≤ 26 weeks	OP	Access and Integration	M	48%	49%	49%	CHO	49%
% of psychology patients on waiting list for treatment ≤ 39 weeks	OP	Access and Integration	M	62%	64%	64%	CHO	64%
% of psychology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access and Integration	M	81%	75%	81%	CHO	81%
Primary Care – Nursing								
No. of nursing patient referrals	OP	Access and Integration	M	139,184	140,832	140,832	CHO	20,856
Existing nursing patients seen in the month	OP	Access and Integration	M Mth in Arrears	52,063	49,436	52,063	CHO	5,856
New nursing patients seen	OP	Access and Integration	M Mth in Arrears	118,849	134,916	118,849	CHO	13,107
% of new patients accepted onto the nursing caseload and seen within 12 weeks	NSP	Access and Integration	M Mth in Arrears	96%	99%	100%	CHO	100%
Child Health								

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 8
% 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 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								
No. of new oral health patients in target groups attending for scheduled assessment	OP	Access and Integration	M	131,386	139,152	162,336	CHO	20,016
No. of new oral health patients attending for unscheduled assessment	OP	Access and Integration	M	62,081	64,812	64,812	CHO	7,776
% 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%

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 8
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 46%	National/ former region	
% of orthodontic patients on the waiting list for assessment ≤ 12 months	OP	Access and Integration	Q	100%	95%	100%	National/ former region	
% of orthodontic patients on the treatment waiting list ≤ two years	OP	Access and Integration	Q	75%	58%	75%	National/ former region	
% of orthodontic patients (grades 4 and 5) on treatment waiting list less than four years	OP	Access and Integration	Q	99%	94%	99%	National/ former region	
No. of orthodontic patients on the assessment waiting list at the end of the reporting period	OP	Access and Integration	Q	7,199	8,722	8,722	National/ former region	
No. of orthodontic patients (grade 4) on the treatment waiting list at the end of the reporting period	OP	Access and Integration	Q	9,566	9,432	9,432	National/ former region	

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 8
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	
% 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								

Social Inclusion

Performance Activity / KPI (Wording as per NSP/OP)	Target/EA Full Year	CHO 8
Number of pharmacies recruited to provide a Pharmacy Needle Exchange Programme	95	26
No of unique individuals attending the Pharmacy Needle Exchange Programme	1,650	516
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	6,926
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	208
% of needle / syringe packs returned as per the Pharmacy Needle Exchange Programme	41%	41%

Palliative Care

Palliative Care	Target/EA Full Year	CHO 8
Access to specialist inpatient bed within seven days during the reporting year	98%	
No. accessing specialist inpatient bed within seven days (during the reporting year)	3,809	
% of patients triaged within one working day of referral (Inpatient Unit)	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	437
No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)	280	23
No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)	97	

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	CHO8
% 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%
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	3,632
No. of admissions to adult acute inpatient units	NSP Vol	Access /Activity	Q in arrears	12,148	CHO	1,479
No. of Psychiatry of Later Life referrals seen by mental health services	NSP Vol	Access /Activity	M	8,896	CHO	1,001
No. of CAMHs referrals received by mental health services	NSP Vol	Access /Activity	M	18,128	CHO	3,021
No. of CAMHs referrals seen by mental health services	NSP Vol	Access /Activity	M	10,833	CHO	1,824
Total No. to be seen for a first appointment at the end of each month.	OP	Access /Activity	M	2,498	CHO	334
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	171
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	1,479
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	49.4

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	23.9
Acute re-admissions as % of admissions	OP	Access /Activity	Q in arrears	63%	CHO	51%
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	25.6
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	15.0
No. of adult involuntary admissions	OP	Access /Activity	Q in arrears	1,918	CHO	223
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	OP	Access /Activity	Q in arrears	9.9	CHO	7.5
Number of General Adult Community Mental Health Teams	OP	Access	M	114 (119 returns)	CHO	17
Number of referrals (including re-referred) received by General Adult Community Mental Health Teams	OP	Access /Activity	M	43,819	CHO	6,196
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	OP	Access /Activity	M	39,437	CHO	5,576
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	4,431
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	3,632
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	799
% 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	3,903
Number of Psychiatry of Later Life Community Mental Health Teams	OP	Access	M	31	CHO	5
Number of referrals (including re-referred) received by Psychiatry of Later Life Mental Health Teams	OP	Access /Activity	M	12,455	CHO	1,853

Number of Referrals (including re-referred) accepted by Psychiatry of Later Life Community Mental Health Teams	OP	Access /Activity	M	11,211	CHO	1,667
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	1,031
No. of new (including re-referred) Later Life Psychiatry Team cases seen in the current month	OP	Access /Activity	M	8,896	CHO	1,001
No. of new (including re-referred) Later Life Psychiatry cases offered appointment and DNA in the current month	OP	Access /Activity	M	267	CHO	30
Number of cases closed/discharged by Later Life Psychiatry Community Mental Health Teams	OP	Access /Activity	M	8,969	CHO	1,333
No. of child and adolescent Community Mental Health Teams	OP	Access	M	70	CHO	11
No. of child and adolescent Day Hospital Teams	OP	Access	M	4	CHO	0
No. of Paediatric Liaison Teams	OP	Access	M	3	CHO	0
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	OP	Access /Activity	M	296	CHO	N/A
No. of children / adolescents admitted to adult HSE mental health inpatient units	OP	Access /Activity	M	30	National	N/A
i). <16 years	OP	Access /Activity	M	0	National	N/A
ii). <17 years	OP	Access /Activity	M	0	National	N/A
iii). <18 years	OP	Access /Activity	M	30	National	N/A
No. of child / adolescent referrals (including re-referred) received by mental health services	OP	Access /Activity	M	18,128	CHO	3,021
No. of child / adolescent referrals (including re-referred) accepted by mental health services	OP	Access /Activity	M	13,069	CHO	2,174
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	2,007
No. of new (including re-referred) child/adolescent referrals seen in the current month	OP	Access /Activity	M	10,833	CHO	1,824

No. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	OP	Access /Activity	M	1,086	CHO	183
No. of cases closed / discharged by CAMHS service	OP	Access /Activity	M	10,454	CHO	1,739
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	334
i) 0-3 months	OP	Access /Activity	M	1,142	CHO	163
ii). 3-6 months	OP	Access /Activity	M	550	CHO	72
iii). 6-9 months	OP	Access /Activity	M	454	CHO	50
iv). 9-12 months	OP	Access /Activity	M	352	CHO	49
v). > 12 months	OP	Access /Activity	M	0	CHO	0
12-15 months	OP	Access /Activity	M	0	CHO	0
15-18 months	OP	Access /Activity	M	0	CHO	0
> 18 months	OP	Access /Activity	M	0	CHO	0
18-21 months	OP	Access /Activity	M	0	CHO	0
21-24 months	OP	Access /Activity	M	0	CHO	0
24-27 months	OP	Access /Activity	M	0	CHO	0
27-30 months	OP	Access /Activity	M	0	CHO	0
30-33 months	OP	Access /Activity	M	0	CHO	0
33-36 months	OP	Access /Activity	M	0	CHO	0
36-39 months	OP	Access /Activity	M	0	CHO	0

39-42 months	OP	Access /Activity	M	0	CHO	0
42-45 months	OP	Access /Activity	M	0	CHO	0
45-48 months	OP	Access /Activity	M	0	CHO	0
>48 months	OP	Access /Activity	M	0	CHO	0

Disability Services

Performance Activity / KPI (Wording as per NSP/OP)	Target/EA Full Year	CHO 8
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	647
% 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 Childrens disability Network Teams established	80	No target 7
No. of residential places for people with a disability	8,568	895
No. of new emergency places provided to people with a Disability	90	
Facilitate the movement of people from congregated to community settings	160	8
No of people with a disability in receipt of work/work-like activity services (ID/Autism and Physical and sensory disability)	2,513	240
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,282	184
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	2,373
No of day only respite sessions accessed by people with a disability(ID/Autism and Physical and Sensory Disability)	32622	1,201

No of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,559	699
No. of overnights (with or without day respite) accessed by people with a disability(ID/Autism and Physical and Sensory Disability)	182,506	21,735
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1,630,000	184,199
No. of adults with a physical and / or sensory disability in receipt of a PA service	2,535	281
No. of Home Support Service Hours delivered to people with a disability (ID/Autism and Physical and Sensory Disability)	3,080,000	489,482
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	8,094	1,281
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

Older Persons Services

Performance Activity / KPI (Wording as per NSP/OP)	Target/EA Full Year	CHO 8
Quality		
% of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Services for Older People		
% of compliance with Regulations following HIQA inspection of HSE direct-provided Older Persons Residential Services	80%	N/A
% of CHO Quality and Safety Committees with responsibilities to include governance of the quality and safety of Older Persons' Services who have met in this reporting month		
Safeguarding		
% of Preliminary Screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	100%	100%
% of Preliminary Screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan.	100%	100%
Deliver on Service Improvement Priorities		
Deliver on Service Improvement Priorities: %of Service improvement priorities implemented		
Home Support		
No. of Home Support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))	17,900,000	1,720,000
No. of people in receipt of Home Support (excluding provision from Intensive Home Care Packages(IHCPs)) - each person counted once only	53,182	5,609
Intensive Home Care Packages		
Total No. of persons in receipt of an Intensive Home Care Package (IHCP)	235	N/A
% of clients in receipt of an IHCP with a Key Worker Assigned	100%	100%
No. of Home Support hours provided from Intensive Home Care Packages	360,000	N/A
NHSS		
No. of persons funded under NHSS in long term residential care during the reporting month	23,042	N/A
% of clients with NHSS who are in receipt of Ancillary State Support	13.5%	N/A

% of clients who have Common Summary Assessment Report (CSARs) processed within 6 weeks	90%	N/A
Public Beds		
No. of NHSS Beds in Public Long Stay Units	4,900	584
No. of Short Stay Beds in Public Long Stay Units	1,850	51
% 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

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	CHO8
KPI Title							
No. of smokers who received face to face or telephone intensive cessation support from a cessation counsellor		NSP	Access /Activity	Q-1Q	11,500	CHO/HG/ Nat Quitline	
No. of smokers who are receiving online cessation support services		NSP		Q	??	National	
% of smokers on cessation programmes who were quit at four weeks		NSP	Access /Activity	Q-1Q	45%	National	
No. of unique runners completing a 5k parkrun		DOP	Quality	M	220,946	CHO/LHO	
No. of people attending a HSE funded structured community based healthy cooking programme		DOP	Access /Activity	Q	4,400	CHO	
No. of people who have completed a structured patient education programme for type 2 diabetes		NSP	Access /Activity	M	4,190	CHO	605
% children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenzae type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6 in 1)		DOP	Access /Activity	Q-1Q	95%	LHO/CHO	95%

% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	DOP	Access /Activity	Q-1Q	95%	LHO/CHO	95%
% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC1)	DOP	Access /Activity	Q-1Q	95%	LHO/CHO	95%
% children at 12 months of age who have received two doses of the Meningococcal group B vaccine (MenB2)	DOP		Q-1Q	95%	LHO/CHO	95%
% children at 12 months of age who have received two doses of Rotavirus vaccine (Rota2)	DOP		Q-1Q	95%	LHO/CHO	95%
% children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	NSP	Access /Activity	Q-1Q	95%	LHO/CHO	95%
% children aged 24 months who have received 2 doses Meningococcal C (MenC2) vaccine	DOP	Access /Activity	Q-1Q	95%	LHO/CHO	95%
% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	DOP	Access /Activity	Q-1Q	95%	LHO/CHO	95%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	DOP	Access /Activity	Q-1Q	95%	LHO/CHO	95%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	NSP	Access /Activity	Q-1Q	95%	LHO/CHO	95%
% of children aged 24 months who have received three doses of the Meningococcal group B vaccine (MenB3)	DOP		Q-1Q	95%	LHO/CHO	95%
% of children aged 24 months who have received two doses of the Rotavirus vaccine (Rota2)	DOP		Q-1Q	95%	LHO/CHO	95%
% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	DOP	Access /Activity	A	95%	LHO/CHO	95%
% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	DOP	Access /Activity	A	95%	LHO/CHO	95%

% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	DOP	Access /Activity	A	95%	LHO/CHO	95%
% of first year girls who have received two doses of HPV Vaccine	NSP	Access /Activity	A	85%	LHO/CHO	85%
% of first year students who have received one dose meningococcal C (MenC) vaccine	DOP	Access /Activity	A	95%	LHO/CHO	95%
% of health care workers who have received seasonal Flu vaccine in the 2018-2019 influenza season (acute hospitals)	NSP	Access /Activity	A	60%	National / HG	60%
% of health care workers who have received seasonal Flu vaccine in the 2018-2019 influenza season (long term care facilities in the community)	NSP	Access /Activity	A	60%	National /CHO/LHO	60%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	NSP	Access /Activity	A	75%	LHO/CHO	75%
No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule	NSP	Access /Activity	Q	500	National	
No. of individual outbreak associated cases of infectious disease (ID) notified under the national ID reporting schedule	DOP	Access /Activity	Q	5090	National	
% of identified TB contacts, for whom screening was indicated, who were screened.	DOP	Quality	Q-1Q	>/=80%	National	
No. of frontline Staff to complete the eLearning Making Every Contact Count Training in brief intervention	NSP	Workforce	Q	1,425	National	
No. of frontline Staff to complete the Face to Face Module of the Makeine Every Contact Count Training in brief intervention	NSP	Workforce	Q	284	National	

Appendix 4: Capital Infrastructure

This appendix outlines capital projects that: 1) were completed in 2017 / 2018 and will be operational in 2019; 2) are due to be completed and operational in 2019; or 3) are due to be completed in 2019 and will be operational in 2020

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
						2019	Total	WTE	Rev Costs €m
Community Healthcare									
Primary Care Services									
CHO 8: Laois, Offaly, Longford, Westmeath, Louth, Meath									
St. Fintan's campus, Portlaoise, Co. Laois	Community Addiction Services Unit - new facility for counselling and support services	Q1 2019	Q1 2019	0	0	0.59	3.10	0	0
Disability Services									
CHO 8: Laois, Offaly, Longford, Westmeath, Louth, Meath									
Muiriosa, Delvin, Co. Westmeath	One unit of purchase / refurbishment to meet housing requirements for two people transitioning from congregated settings	Q1 2019	Q1 2019	0	2	0.19	0.47	0	0
Mental Health Services									
CHO 8: Laois, Offaly, Longford, Westmeath, Louth, Meath									
St. Loman's Mullingar, Co. Westmeath	Refurbishment of former Children and Family Unit to facilitate removal of Mental Health staff from the main building	Q1 2019	Q1 2019	0	0	0.24	1.40	0	0
Older Persons' Services									
CHO 8: Laois, Offaly, Longford, Westmeath, Louth, Meath									
St. Joseph's Community Nursing Unit, Trim, Co. Meath	Upgrade and refurbishment to achieve HIQA compliance (including 12 bed dementia unit) and two respite specific beds in new build of dementia unit	Q1 2019	Q1 2019	0	14	0.12	6.35	0	0

