Community Healthcare Organisation Dublin North City and County

Delivery Plan 2019

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

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

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

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

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

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

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Foreword from the Chief Officer

Welcome to the Operational Delivery Plan for Community Healthcare Organisation Dublin North City & County (CHO DNCC). The Health Service Executive (HSE) National Service Plan 2019 (NSP) details the services to be provided by the HSE in 2019. The CHO DNCC Delivery Plan serves the same purpose, specifically for the population of our area. This delivery plan aims to provide clarity on the services we intend to provide over 2019, together with our priorities, focusing on a number of key themes that signal a direction towards a more sustainable and safe healthcare service for the people of Dublin North City and County.

The opportunities and challenges in respect of delivery are also set out within the plan. Services are delivered via the service headings of Primary Care, Disabilities, Older Persons, Mental Health and Health and Wellbeing. Our actions and goals will be dependent primarily on the financial and human resources available to us. All service provision will be subject to compliance with same and will be managed in terms of the Balanced Scorecard quadrants of Quality and Safety, Access & Integration, Finance, Governance & Compliance and Workforce.

The CHO DNCC 2019 Delivery Plan builds on the key achievements of 2018. Highlights of progress made in 2018 are detailed below:

- 4 Primary Care Centres opened in 2018 centralising primary care, mental health and addiction services which were previously located over a number of sites
- Community Eye Care Multidisciplinary Team established following approval of proposal to develop Primary Care Eye Services
- Implementation of the Speech and Language Therapy Service waiting list initiative with positive impact on service delivery
- Implementation of revised model for psychology services with appointment of 13 Assistant Psychology Posts and 5 Clinical Psychology Posts
- €502k funding received for a number of projects under the Winter initiative, primarily focused on Aids and Appliances. 1,193 persons were positively impacted as a result of this funding.
- Establishment of Children First Steering and Working Groups with dedicated project lead. In 2018 a total of 5,233 persons completed the online training module which significantly exceeded the target of 3,940
- Reconfigured and consolidated substance misuse treatment services in Dublin 15 area in collaboration with Dublin 15 Drug & Alcohol Task Force
- Throughout 2018 CHO DNCC enhanced its representation on the Programme Implementation Board (PIB) of the North East Inner City (NEIC), along with its representation on the Sub Groups of the PIB
- In 2018 SAOR Training (Screening and Brief Intervention for problem alcohol and substance use) was provided to 282 health professionals, which significantly exceeded CHO DNCC performance targets

- Sexual and Gender based violence training provided to 90 HSE staff within CHO DNCC
- Community based Hep C Treatment initiative commenced in DNCC with the pilot site launched in City Clinic
- Child Health Development Officer appointed
- Staff Flu Immunisation – Winter 2018/2019 flu vaccination campaign yielded an uptake of 49% in Long Term Care Facilities, which was the highest uptake rate reported nationally
- Rollout of Values in Action in 2018 with 2-day boot camp held for champions in June followed by backstage leader events to ensure middle and Senior Management are aware of their role in positively influencing the rollout of VIA
- Connecting for Life (CFL) CHO DNCC Suicide Prevention Action Plan completed, launched and implementation committee established
- Reconfiguration of CAMHs teams from 5 to 8 now co-terminus with Primary Care Networks
- Transition of seven service users to more appropriate settings under St. Josephs Intellectual Disability Service (SJIDS) Project Plan and Hillview Unit decommissioned
- €62m allocated to provide Home Support
- Opening of adult respite centre (Bower House) under the Disability Services Respite Development Programme
- Disabilities Day Opportunities Coordinator appointed
- Staff Health & Wellbeing month held in October 2018 in nine locations throughout CHO DNCC. Thirty-three staff health and wellbeing projects were funded and supported across the CHO
- Fifty-six staff attended a range of programmes delivered by Leadership, Education and Talent Development
- Health & Safety Advisor appointed to support the Chief Officer, Heads of Service and service managers to discharge their duties and ensure legislative compliance with Safety, Health and Welfare at Work Act 2005

CHO Priorities for 2019

In line with the National Service Pan, this plan is underpinned by our priorities for 2019 which are to:

- Maintain a safe level of service cognisant of budget allocation
- Balance the increased demand for services within our existing capacity
- Seek to ensure the delivery of high quality and safe services
- Identify opportunities to reduce costs or improve value for money whilst delivering an appropriate balance of services as well as best care models in primary card, disability, mental health and older person's services
- Implement new service developments in line with allocated funding

Health and Wellbeing

- Implement the CHO DNCC Healthy Ireland plan to deliver actions and embed prevention, early detection and self-management support among our staff and the community in CHO DNCC
- Development of a Healthy Communities site within the CHO with a focus on reducing health inequalities within a specific community. A cross divisional, interagency, community partnership approach will be taken which will include community and service user engagement
- Develop CHO DNCC supports in relation to self-care and Self-Management for persons with Chronic Disease in collaboration with the national programme and the self-management (SMS) framework
- Implementation of the Making Every Contact Count Programme across the CHO using a project management approach
- Implementation of a new sub structure under the CHO Head of Service for Health and Wellbeing to facilitate the development of a new Health Promotion and Improvement function within the CHO

Primary Care, Social Inclusion and Palliative Care

- Implementation of Community Health Network Learning Site
- Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care
- Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities etc.
- Improve access, quality and efficiency of palliative care services
- Strengthen accountability and compliance across all services whilst reviewing contractor arrangements

Mental Health

- Continue to progress St Joseph's Mental Health Intellectual Disability (MHID) Reconfiguration and Transition
- Progress the alignment of Mental Health teams to Primary Care Community Health Networks
- Progress implementation of CHO DNCC Connecting for Life Action plans through four cross-sectoral implementation Working Groups
- Develop an Adult and CAMHS MHID service in partnership with Section 38 Providers under the governance of Mental Health and in line with the national agreed model of care
- Implement agreed actions arising from the work of the National Youth Mental Health Taskforce
- Complete the evaluation of the National CIPC study for the CHO DNCC area and support increased access to talk therapies to improve treatment outcomes for service users

Social Care

Disability Services

- Reduce the waiting times for assessment of need under the *Disability Act 2005* through the provision of additional posts assigned from the National Disability Office
- Implementation of "Management of Residential Supports (including emergency placements) in HSE Community Healthcare Organisation Areas". This policy will inform the Head of Service - Social Care and Team, in relation to prioritisation of actions to be addressed
- Progress implementation of *Time to Move on from Congregated Settings – A Strategy for Community Inclusion* for people with disabilities supported to transition to homes in the community in 2019
- Progress implementation of *New Directions* national policy on the provision of day services for people with disabilities and strengthen the quality of day service provision throughout CHO DNCC

Services for Older People

- Provide older people appropriate home support following an acute hospital episode, focusing on delayed discharges, with a targeted approach in line with the Winter Plan 2019
- Enhance support to the community support project which commenced in 2018 with the provision to facilitate the current service in North Dublin, Louth, Meath and Midlands centres, in conjunction with ALONE
- Continue to progress the implementation of the Single Assessment Tool (SAT)
- Further develop the Integrated Care Programme for Older Persons

Significant CHO Priorities

- The establishment of a pilot CHO Contract Management Support Unit to operationalise the *Guidelines on Performance Monitoring* to continue to develop governance and oversight of the agencies funded by CHO DNCC to provide services on our behalf or in partnership with us
- Develop Health & Safety governance structures and consultation processes in CHO DNCC to meet the requirements of Section 26 of the Safety Health & Welfare at Work Act, 2005 and to ensure effective communication, co-operation and consultation in matters relating to health & safety in the workplace
- Improve and standardise emergency management structure within all divisions across CHO DNCC
- Continue to work with the North East Inner City Programme Board on initiatives to improve health and wellbeing in tandem with the recommendations of the *Mulvey Report (2017)*
- Deliver the successful implementation of National Integrated Staff Records & Pay Programme (NISRP) within CHO DNCC by Q2 2019
- Continue with implementation of nationally supported approaches to building leadership capacity and embedding values in practice across CHO DNCC (via Leadership Academy and Values in Action)
- Deliver a Pay and Staffing Strategy that complies with our overall pay budget and supports optimal service delivery within available resources for our CHO

- Continue to deliver supports that actively promote staff Health & Wellbeing in CHO DNCC
- Engage with the HSE Strategic Transformation Office to ensure advantageous integration with our hospital partners to provide patient focused outcomes

Risks to the Delivery of the CHO DNCC Delivery Plan

CHO DNCC will continue to prioritise service delivery in an equitable and transparent way in 2019. Throughout the CHO a number of mechanisms are in place to ensure effective use of resources which include monthly performance engagements with National Director Community Operations, CHO DNCC management team meetings, IMR meetings with Section 38 agencies, QPS governance meetings and a newly established Health and Safety governance committee. In addition, scheduled meetings are held with Grant Aided agencies, which incorporate some element of audit function.

Over 50% of CHO DNCC's budget is allocated for service provision to non-statutory service providers to provide health and social services on our behalf either through Service Arrangement or Grant Aid Agreement. This equates to approximately 172 arrangements. There is a requirement to provide a level of governance to ensure this aspect of service delivery is provided in an efficient, effective and safe manner whilst also ensuring value for money for the agreed quantum of service. The approval of a pilot Contract Management Support Unit (CMSU) project is welcomed and CHO DNCC will work to maximise the capacity and expertise in this team to address a number of previously highlighted concerns. Meeting the requirements of the performance monitoring guidelines will continue to be a priority for progression in 2019 to ensure that all managers are fully supported to deliver on the requirements as set out in the guidelines.

Structural reform challenges, together with allocated financial and human resources will impact on service delivery and risk in the following areas:

- Capacity to deliver Existing Level of Service (ELS) within allocated budget with a requirement for cost containment and value improvement measures which may impact on service provision
- Continued or accelerated demographic pressures over and above those planned for delivery in 2019
- The ability to recruit and retain skilled and qualified clinical staff which may impact on service delivery and key performance indicators
- Organisational capacity to support the reform programme will be essential to ensuring the overall governance and stability of services at CHO level
- Implementation of national priorities will continue to be a risk throughout the ongoing transition to a CHO structure
- Financial risks associated with statutory and regulatory compliance in a number of services including Health & Safety programme initiatives
- Meeting the level of changing needs and emergency placements for adults and children in both Disability Services and Mental Health. This may lead to an increase in court directed placements which will impact on the ability of our CHO to operate within our financial allocation
- The need to provide complex paediatric discharges packages within Primary Care

- The provision of respite and residential services to children with disabilities and the capacity to provide the appropriate number and type of placements for people who require alternative care
- Acute Mental Health Bed Capacity will continue to be a risk
- Meeting of HIQA and Mental Health Commission standards for both public long stay residential facilities and disability sector
- Non-integration of ICT systems; not fit for purpose from Clinical, HR and Financial perspective
- The provision of Home Support Services beyond those funded is of a particular risk in 2019 in the context of a continued focus on alleviation of pressures in Emergency Departments
- The extent of organisational capacity required to develop and align the required primary care, social care and mental health networks and primary care teams and the associated scaling of models and pathways of care required to deliver high quality services
- With the implementation of Sláintecare at a national level, there is a risk to the oversight and governance arrangements as part of the performance framework at CHO level
- Implementation of the CHO Healthy Ireland Plan is a challenge without dedicated personnel or financial resources to support implementation of the plan.
- The limited national Health Promotion resources transferring to the CHO will be a challenge in terms of meeting the demographic pressures within the CHO. Provision of health promotion support and implementation of the national health and wellbeing priority programmes to the CHO, acute hospitals, community and voluntary services is a risk in this context.
- Capacity to deliver NISRP within the required timeframe resulting in non-payment or incorrect payment of staff
- Capacity to achieve compliance with the 2019 Pay and Staffing Strategy and the impact on the number of WTE employed, which impacts on service level provision
- Risk to service user experience and service delivery due to Brexit implications in the context of free movement of service users to access services; free movement of personnel and the recognition of qualifications; procurement of products, medicines & equipment etc., including cross border cover arrangements

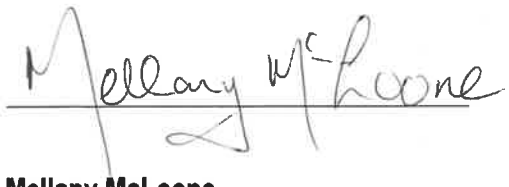
The above risks largely result from increased demand for services, increased regulatory requirements and staff recruitment and retention issues. It is acknowledged that our ability to expand or put in place additional new services in 2019, other than those specifically allowed for in the 2019 allocation will be curtailed. This will be challenging as we continue to re-structure our services in CHO DNCC in line with National Policy, whilst ensuring quality and equality of services across our organisation in an ever increasing demand led environment. However, CHO DNCC will continue to work towards maximising the delivery of services within the financial and human resources available while at the same time ensuring that quality and patient safety remains at the core of the delivery system.

Risk Areas

In identifying potential risks to the delivery of this plan, as above it is acknowledged that every effort will be made to mitigate these risks, though it may not be possible to eliminate them in full.

Conclusion

The CHO DNCC Delivery plan is an ambitious programme of work, and is highly dependent on the continued efforts, dedication and expertise of the CHO Management Team and staff of CHO DNCC and the ongoing collaboration and co-operation of colleagues from across the HSE, wider health system and beyond. The resilience and dedication shown by staff is acknowledged and appreciated and enables our CHO to continue to provide a high quality and safe service.



Mellany McLoone
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Dublin North City and County

1. Introduction

The National Service Plan (NSP) 2019 sets out the type and volume of health and social care services which the HSE expects to deliver nationally in 2019. NSP 2019 sets out available funding, planning assumptions agreed with or planned by the Department of Health and what can be delivered by realistic and achievable measures to improve the economy, efficiency and effectiveness of our services during 2019. The CHO DNCC Delivery Plan 2019 aims to provide details on the size and nature of our local population, the needs of patients and clients and how these are changing. The plan also sets out the current services that are in place to respond to these needs, the issues and challenges with these services and the opportunities for improvement. The plan provides a view of our transformational priorities, including Healthy Ireland, the Integrated Care Programmes and Sláintecare. Finally, the CHO DNCC Delivery Plan sets out the overarching priorities and specific actions to be progressed during 2019, to deliver both improved population health, and health and social care services, within the given financial framework and consistent with NSP 2019 priorities.

The Financial Position

The headline budget level for CHO DNCC in 2019 is **€710.599m**. This compares to the final 2018 budget of **€719.507m** which included **€13.940m** once off supplementary funding. In 2019 the total projected deficit, including Section 38 agencies, based on current run-rates is € 30.701m. A range of -service and non-service-impacting measures have been presented to national community services totalling €12.930m, which if agreed will reduce this deficit to €17.771m. In addition, there are cost pressures in a number of areas which may further increase this deficit. Addressing this deficit will require ongoing review of the current cost base. This deficit poses significant challenges to the delivery of services during the year ahead and requires continuous robust risk assessment.

An overview of Community Healthcare Organisation Dublin North City and County

Following on from the "Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group" (October 2014), CHO Dublin North City and County (CHO DNCC) was established, bringing together two former Integrated Service Areas; Dublin North City and North Dublin. Community Healthcare is the term used to describe the range of health and social care services provided by the HSE outside of the acute hospital system. Community Healthcare Organisation Dublin North City and County (CHO DNCC) is one of nine CHO's across the country and is responsible for providing care services to a population of 621, 405[1] in Dublin North City and County. A key priority for 2019 is to further progress the development of the structures and processes intended to ensure that the CHO area achieves high quality integrated services as close to home as possible, for the people of Dublin North City & County. We have established clear pathways on integration across

[1] Population based on Census 2016 results as per Health Atlas Finder https://finder.healthatlasireland.ie/

community, hospital and residential services to ensure clients receive quality care in the most appropriate setting with straightforward access. This will be a cornerstone in our progression of services for 2019.

In line with the ongoing implementation of the CHO structure, the responsibility for services will lie with the appointed Heads of Service. The appointment of the Heads of Service, Heads of Business (Finance and Human Resources) continues to be a driving force in the integration of services for the Health Service Reform. The establishment of the CHO will enhance our ability to deliver the direct line Accountability Framework which describes in detail the means by which the CHO is responsible for the efficiency and control of the provision of services, patient safety, finance and HR within our CHO area.

The measurement of the delivery of service in CHO DNCC is performed through a suite of Key Performance Indicators (KPI's), which are reported on monthly and published in the HSE Performance Reports (see pages 74 – 87). The achievement of KPI's is contingent on the type and volume of services being provided and the underlying assumptions about the level of demand for our services, access arrangements and efficiency and sufficient resources being maintained within the CHO. Staffing challenges including the ability to recruit and operate within advised WTE limits will also impact on our ability to meet KPI's. We will build on work undertaken in 2018 and further develop our reporting capabilities, broaden our research and information base and build greater capacity to support a culture of high performance. This will be done in the context of the implementation of the overall Accountability Framework in place within the HSE. The establishment of the Office of the National Director Community Operations provides opportunities for a more integrated approach to service delivery and improvement across the CHO's.

The need for change

The requirement for change in the Health Service is recognised and well documented (e.g. Sláintecare, *Future Health, CHO report* etc.). There are challenges faced by services in primary and community services in responding effectively to the planned, unplanned and emergency needs of patients, including services for people with disabilities and people who require mental health support. These challenges are further stretched with our changing demographic profile (see pages 9 - 10). In addition, there is a growing need nationally and locally to maintain or replace our current infrastructure and equipment.

Significant work will be undertaken in 2019, to plan for the changes required. For 2019, our objective is to maintain quality, deliver high-quality outcomes and recognise that there are opportunities, even in a constrained financial environment, to provide excellent health and social care services to our population. In doing so, the CHO will ensure that the resources available to health and social care 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 practice.

The CHO DNCC Delivery Plan 2019 pursues this approach, building on, and adding pace and momentum to the valuable integrated work already underway across the health and social care system in DNCC. This will be done in partnership with our acute hospital colleagues and Section 38 & 39 Service Providers. It is important that we strive to secure value for money, achieving maximum benefit

from the available financial, staffing and infrastructure resources. Details of our priority reform themes, associated initiatives and actions that we will seek to progress in 2019, are set out in the following chapters.

2. Our Population

According to the 2016 Census, there are just over 4.7m people living in Ireland, an increase of approximately 4% (170,000 people) since 2011. The population in CHO DNCC has increased from **586, 486** in 2011 to **621,405** in 2016. This represents an increase of approximately 6.9% (**39, 919**) in this CHO and demonstrates that 23.5% of the total national increase are living in CHO DNCC.

According to a recent report published by the Department of Health[2], the estimated population growth nationally between 2016 and 2018 was 2.0%, which equates to a possible increase of **12, 428** persons in CHO DNCC. The change to the size and diversity of the CHO DNCC population is exhibited across a number of profiles and while the main pressure will be the ageing population and the consequent impact across all service areas (including Residential, Home Care, Chronic Disease, Palliative Care, GP services), other profiles such as socio-economic (education, unemployment, homelessness), addiction and migrant population with complex needs, will bring considerable challenges in providing the required level of service to our population of 621,405.

The analysis of local demographic changes enables us to understand the growth and distribution of our CHO population. Information on demographic change is taken into account when considering the resources required (including finance) to maintain an existing level of service to a population which is changing in size and distribution. Unmet need, unmet demand and implementation of new services or initiatives are additional considerations when planning services.

Population growth in CHO DNCC has been a significant factor in increasing demands for all services in recent years. A number of descriptive statistics pertaining to the population within CHO DNCC are illustrated in the tables below[3]:

Table 1: CHO DNCC Population profile by age group ascending as per Census 2016 data

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

In CHO DNCC 25.8% of the population (160,446 people) are aged 19 years or under while 11.5% (71,761 people) of the population are over 65 years of age.

Since Census 2011, the most significant CHO DNCC population increases occurred within the aged 5 to 19 year cohort (11,201 people) and the aged 20 to 64 year cohort (19,463 people).

Table 2: CHO DNCC Population profile by nationality as per Census 2016 data

[2] *Health in Ireland, Key Trends 2018*, Department of Health https://health.gov.ie/wp-content/uploads/2018/12/Key-Trends-2018.pdf
[3] Demographic data based on Census 2016 figures https://finder.healthatlasireland.ie/

Nationality	Number of people	Change since Census 2011
Irish	495,909	31,346
UK	8,266	-380
Polish	18,250	-613
Lithuanian	5,624	-383
Elsewhere in EU	37,141	9,275
Elsewhere in world	29,449	-6,571
Not stated	26,766	17,660

In CHO DNCC 20.2% of the population (125,496 people) were born overseas. Since Census 2011, there has been a 5.39% increase in the number of Irish nationals (31,346 people) within the CHO DNCC area.

Table 3: CHO DNCC Population profile by deprivation level – HP Index as per Census 2016 data

Deprivation Level – HP Index	Number of people	Change since Census 2011
Extremely affluent	15,778	-137
Very affluent	58,411	5,592
Affluent	132,489	16,440
Marginally above average	167,177	17,345
Marginally below average	130,254	5,779
Disadvantaged	74,013	-2,207
Very disadvantaged	32,395	-2,425
Extremely disadvantaged	10,887	-469

In CHO DNCC 60.1% of the population (373,855 people) were reported as above average on the deprivation level HP index with 39.9% (247,549 people) reported as below average. This represents an overall decrease of 2.5% in the number of persons reported below average since Census 2011.

Life Expectancy and Health Status

Life expectancy in Ireland has increased by almost two and a half years since 2005 and is now above the EU average, with women at just over 83.6 years and men at 79.9 years. Consequently, our CHO population is growing older, with the number of people aged 65 years and over increasing from 10.5% in 2011 to 11.5% in 2016. This trend is set to continue with forecasts predicting the number of people aged over 65 will increase by a further 18% (nationally) in the next five years. The increase in our older persons' population is welcome and is an acknowledgement of improved health, supported by health services which are continuingly developing and other societal changes. Increased longevity offers opportunities and also requires a response to ensure that health and social care services are delivered at adequate levels, in an integrated way, to meet the needs of our older population.

A particular focus is required for the management of chronic illness. Almost two thirds of people in the older age group now live with two or more chronic conditions and these affect the quality of their lives. While mortality rates across all major causes have declined since 2008, approximately three quarters of deaths in Ireland are due to three chronic diseases - cancer, cardiovascular disease, and respiratory disease. These diseases are significantly related to lifestyle-based health determinants such as smoking, alcohol consumption, lack of exercise and obesity.

Health Inequalities

Inequalities in health are closely linked with wider social determinants such as living and working conditions, access to services and cultural and physical environments. There is a strong link between poverty, socio-economic status and health. Based on 2017 national figures, approximately 10, 749 (6.7 %) children within CHO DNCC experienced consistent poverty *(Survey in Income and Living Conditions (SILC) 2017, Central Statistics Office (CSO).*

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

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

Homeless

The numbers of people experiencing homelessness is increasing year-on-year in Ireland. Nationally, latest figures indicate that over 9,500 people are homeless, with more than a third of these being children. The total number of people reported as homeless rose by 13.5% from December 2017 to December 2018 *(Department of Housing, Planning and Local Government; Homeless Report, December 2018).*

Homelessness is a significant issue for the Dublin area and particularly for CHO DNCC, as a large proportion of single homeless adults (67%) and homeless families (77%) are situated in Dublin. This is of particular concern, as homelessness in this cohort is a marker for complex tri-morbidity e.g. a combination of physical ill-health with dual diagnosis of mental health and substance misuse. Furthermore, many of the homeless population in Dublin are placed in temporary accommodation in Dublin North Inner City. This presents additional challenges to ensure health supports are available at the right place at the right time.

Travellers and Roma

Census 2016 recorded 30,987 Travellers living in the Republic of Ireland, of which a total of 2,801 are living in CHO Dublin North City and County. This represents an increase of 5.3% in the CHO population in contrast to Census 2011 figures. Irish Travellers are much younger than the general population. Almost three quarters of Travellers are aged 34 years or younger, while just over 7% are 55 years and over. The estimated national Roma population is between 3,000 and 5,000 (*Department of Justice, National Traveller and Roma Inclusion Strategy 2017-2021).*

Pavee Point Traveller & Roma Centre has coordinated the Traveller Health Unit (THU) since 1998 on behalf of the HSE in the Eastern region, which covers Community Healthcare Organisations in areas 6, 7 and 9 (Greater Dublin, Wicklow and Kildare). This represents approximately 8,000 Travellers. Funding for the THU is allocated via nine Primary Health Care for Travellers Projects (PHCPs) in the

Eastern region. These nine PHCPs employ an average of eight community health workers, who undertake health advocacy in a range of health arenas e.g. health education; child health; women's health; mental health; social determinants; work (including accommodation and environmental health issues); immunisation and health alerts; addiction; diet & exercise; health and well-being etc.

Healthy Ireland Framework

The Healthy Ireland framework was adopted by the Irish government in response to Ireland's changing health & wellbeing profile. It crosses all government departments to ensure that a collaborative approach is taken to improve the country's physical and mental health and wellbeing. It ensures that wellbeing is valued and supported at every level of society and is everyone's responsibility. The *Healthy Ireland* framework sets out a comprehensive and co-ordinated plan to improve health and wellbeing over the coming years. This is being actively implemented across all areas of the HSE, including CHO DNCC.

Health outcomes are determined by the complex interaction between our lifestyle, local environment, broader social and economic factors, access to healthcare and other services, as well as our genes, age and sex. As previously stated, increased morbidity and mortality are strongly related to lifestyle-based health determinants such as smoking, alcohol consumption, lack of exercise and obesity. They are also related to inequalities in our society. In particular, there is evidence that chronic conditions and lifestyle behaviours are influenced by socio economic status, levels of education, employment and housing. In CHO DNCC there are 247, 549 people (40%) of our citizens living below the average deprivation levels (*See Table 3*).

CHO DNCC will continue to promote health and wellbeing as part of everything we do in order that staff, service users and the general population will benefit.

CHO DNCC Healthy Ireland Implementation Plan 2018 - 2022

The CHO DNCC Healthy Ireland Implementation plan, launched in 2018, aims to support and empower our service users, our communities and our staff to achieve their fullest health potential. This plan will build on existing health and wellbeing practices across the CHO such as service user education and staff health and wellbeing events. Improvements in health and wellbeing will lead to better outcomes, healthier communities and staff, with the added benefit of utilising resources to enhance health promotion. CHO DNCC will work in partnership with all those in the community voluntary sector and other statuary agencies to achieve health improvements for those living and working in CHO DNCC.

There are a number of key themes featured within the plan including healthy childhood, healthy eating and active living, tobacco free Ireland, alcohol, wellbeing & mental health, sexual health, positive ageing, staff health and wellbeing. An action plan has been devised for each of these themes which will be implemented within all services in CHO DNCC over a five year period from 2018 – 2022. The plan will be delivered within resources available.

3. Reform and Transformation

Implementation of Sláintecare

The Sláintecare Report (2017) and Sláintecare Implementation Strategy (2018) signal a new direction for the delivery of health and social care services in Ireland with the potential to create a far more sustainable, equitable, cost effective system and one that delivers better value for patients and service users. At its core, the strategy focuses on establishing programmes of work to move to a community-led model, providing local populations with access to a comprehensive range of non-acute services at every stage of their lives. This will enable our healthcare system 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.

Internationally, the strategic repositioning of health services is recognised as a better approach to meet the challenges of escalating demand from an ageing population and the prevalence of chronic diseases, while at the same time ensuring better access to care, addressing inequalities in health and delivering sustainability and best value for population health.

Sláintecare sets out the need for the shift from the provision of care from acute to community settings, supporting the prevention and management of chronic disease at community level. The strategic direction outlined in Sláintecare and the current provision of community services is underpinned by a number of strategies including Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group, Healthy Ireland, Transforming Lives, The Irish National Dementia Strategy, Vision for Change, Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020 and The National Carers' Strategy – Recognised, Supported, Empowered etc.

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

CHO DNCC is committed to working with the *Sláintecare* Programme Office and all relevant stakeholders to play our part in successfully bridging the gap between the vision for health service transformation in Ireland and delivery of that change in our local communities. These changes will result in more positive experiences and better outcomes for patients, service users and their families.

Improving population health

Keeping people well, reducing ill health and supporting people to live as independently as possible, will be essential if we are to manage the demands on the finite capacity of the health and social care services across the CHO. Prevention is the most cost-effective way to maintain the health of the population in a sustainable manner, creating healthy populations that benefit everyone. During 2019

and beyond CHO DNCC will seek to progress a population needs analysis to inform a range of initiatives and actions to:

- Tackle inequalities in health status and access to services
- Support the independence and social inclusion of older people, people with disabilities, people with long term health conditions and vulnerable groups
- Tackle the main causes of chronic illness
- Target children and families to improve health outcomes
- Secure the engagement of our local communities to improve community health and wellbeing
- Strengthen existing screening and health protection activities

Delivering care closer to home

In line with Future Health & Sláintecare Reports, the ultimate aim of the health service is to meet the vast majority of the population's health and social care needs in local settings, with institutional and hospital-based care being reserved for only those individuals requiring complex, specialised and emergency care. This is deemed more convenient for patients and supports them to self-manage and live more independently, offers better value for money, and facilitates greater service integration and proactive delivery of care. During 2019 and beyond, CHO DNCC will seek to progress a range of initiatives and actions that:

- Support the development of local, integrated multi-disciplinary teams, working seamlessly to anticipate and respond to the needs of local populations
- Strengthen staffing and infrastructure capacity in primary and community services
- Support the development of new roles and competencies for staff
- Support general practitioners (GP's) to work individually and collectively, with access to diagnostics and specialist opinion, to minimise referrals to acute services to those patients who truly need them
- Demonstrably provide health and social care closer to the home, at the lowest appropriate level of complexity, significantly reducing the need for patients to attend hospital
- Support collaboration and integrated working across professions, across pre-hospital, acute and primary and community services settings, and across localities

Alignment and Integration of CHO's and Hospital Groups

Integrated care models have the potential to address the growing complexity of client needs by responding to the multiple conditions of clients in a coordinated way. '*Future Health*' has outlined how the structures within the health system will be developed to support people to access care with greater ease, and also places health promotion and prevention of ill-health as core pillars of reform. CHO DNCC is committed to building on the existing integrated approach to patient care in order that service users get the care they need, when they need it, in ways that are user friendly and achieve the desired results whilst providing value for money.

National Integrated Staff & Pay Records (NISRP)

The National Integrated Staff Records & Pay Programme (NISRP) will provide the foundation on which we will build a strong 'Hire to Retire' support structure for our staff. This initiative will support the delivery of comprehensive workforce information to health service managers and staff via an integrated staff record and pay service; enabling greater control, analysis and management of the HSE's annual spend of 70% of budget on staffing. This is a welcome development that will replace many different HR and payroll systems. Managers will have more access to information to enable strategic decision making.

An engaged, well developed and valued workforce are at the core of our objective to deliver the best possible care to our patients and service users' and we need to ensure that we harness changes in technology to make it more convenient for staff to access and use our business services. The NISRP will put in place effective business processes for staff records and payroll services to make our services more accessible and effective for staff. Included in the programme is the introduction of Employee Self Service which will give staff greater control over their personal information and allow them electronically update their file, request leave, check payslips etc. providing a more efficient experience for those using these services. Automating processes where possible and exploiting developments in digital technology will allow many of our staff transition from manual transactional work to more knowledge based roles. The availability of comprehensive workforce information on completion of the NISRP Programme will ensure we have the information we need to manage the resources in the health service in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money.

Delivering Programmes of Work aligned to the National Sláintecare Office Action Plan

The CHO will work collaboratively with the National Director Community Operations and team, National Directors for Strategy & Planning, and the National Sláintecare Office to develop innovative projects with a focus on integration with our Hospital Partners.

Programme Health Service Improvement – CHO Programme Management Office (PMO)

Ireland has a lot to be proud of in many areas of health: longer life expectancy, fewer people smoking, a focus on mental health and better nutritional education.

However, the current health status of our growing and ageing population, lifestyle trends, and inequalities in health outcomes tell us that we need to make changes to ensure our health service delivers the services that people require. This demand places pressures on the health service and its staff. As healthcare in Ireland continues to evolve under mounting cost and quality pressures, the need for project management becomes ever more apparent. Understanding and applying the foundations of project management can significantly improve outcomes across health care delivery settings. Project

management has emerged as one of the most prominent professional skills of our time because its use can help control costs, reduce risk, and improve outcomes.

To support this approach a Project Management Office was established in CHO DNCC in October 2017. The guiding principle of our PMO is that all that all change is appropriately planned and implemented in a managed and systematic way and that identified projects should aim to make it possible to implement integrated models of care, with an emphasis on developing Primary Care services.

4. Clinical Quality and Patient Safety

Introduction

CHO DNCC places high priority on the quality of services delivered, on person centred care and on the safety of those who both use, and work, within our community health services. We aim to improve quality, strengthen safety and manage and mitigate risk through leadership and clear lines of accountability for quality and safety in each of our service areas. We are committed to promoting a culture of openness and transparency for both service users and staff. Throughout 2019, we will continue to build on the structures and processes in place for quality improvement, patient safety and health & safety. In addition, we will continue to promote the capacity and capability of services to initiate and sustain both safe practice and quality improvement.

Governance, Leadership & Accountability

The established Quality & Safety Governance Committee structure in CHO DNCC will continue to provide accountability for an integrated and consistent approach to quality and safety including the oversight and management of risk registers, serious incidents and shared learning, across all services. The quality & safety governance structure will continue to contribute to the development and maintenance of a culture of continuous quality improvement that promotes high quality, safe, effective and person centred care across the services in compliance with HSE policies and external regulatory requirements. In 2019, the CHO DNCC Quality & Safety Team aims to enhance the surveillance and oversight of patient safety and health & safety information through the regular collation and analysis of safety data from all services.

Infection Prevention & Control Committee

The CHO DNCC Infection Prevention & Control (IPC) Committee will continue to oversee governance in relation to the management of infection prevention and control across all services in the CHO area including the emerging challenge of Carbapenemase Producing Enterobacteriaceae (CPE) and the development of a CHO IPC infrastructure to support the services.

Health & Safety Committee Structure

A Health & Safety Advisor was appointed to CHO DNCC in 2018 to support the Chief Officer, Heads of Service and service managers to discharge their duties and ensure legislative compliance with Safety, Health and Welfare at Work Act 2005. A CHO Health and Safety Committee and supporting structures at service level will be established in 2019 in order to provide effective communication and foster a positive safety culture across services in our CHO. This Health and Safety Committee structure is being initiated to meet the requirements of section 26 of the Safety Health and Welfare at Work Act 2005 which requires organisations to have arrangements in place for consultation between management and staff on health and safety matters in the workplace.

Incident Management

CHO DNCC will continue to actively support staff and services in the implementation of the new Incident Management Framework through provision of targeted training and development of localised guidance documentation. There will be a strong focus in 2019 on improving performance in serious incident reporting and management of both Category 1 incidents and Serious Reportable Events in line with national requirements for all services. This will be supported through greater use of the National Incident Management System (NIMS) to monitor compliance and quality improvement outcomes from incident reviews across all services. This methodology will provide the necessary platform for analysis of incident trends and patterns and related sharing of learning across the services.

Open Disclosure

One of the key recommendations from the Scally Report (2018) pertains to Open Disclosure. Our Quality & Safety Team will continue to support and deliver Open Disclosure Training and dissemination of information to key clinical staff across the services in order to embed the practice of open, compassionate and transparent communications with service users. This includes expressing regret for what has happened, keeping the patient informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse event. This year, training will include information and support for services in order to comply with new legislation relating to Open Disclosure, i.e. Part 4 –Civil Liabilities Act 2017. Participation in national 'train the trainer' open disclosure programmes will facilitate the delivery of this key priority.

Service User Engagement

We will continue to support services to progress service user feedback processes to ensure the implementation of service user engagement as part of the HIQA Safer Better HealthCare standards, HIQA residential standards & Mental Health Commission standards. A mapping exercise of service user engagement across services will be undertaken in 2019.

Compliance with Standards and Regulations

There will be continued focus on promoting and maintaining standards in 2019 including:

- Continue to support clinical teams in both CAMHS & Adult Mental Health Services to participate in the assessment and implementation process for the Best Practice Guidelines in Mental Health.
- Support services in their compliance with the Mental Health Commission's (MHC) and Health Information Quality & Authority's (HIQA) standards through the monitoring and implementation of quality improvement plans arising from inspections and self-assessment.
- Continue to engage staff in the self-assessment and implementation process for the HIQA Safer Better Health Care Standards in the Primary Care Services.

- Support services in assessment and implementation of the new HIQA regulatory standards for Infection Prevention & Control in the Community Setting (2018)

Safer Healthcare Practice

In keeping with national HSE Patient Safety priorities, we will continue to work across services on promoting evidence based quality improvement initiatives that are targeted at enhancing health & social care outcomes and in reducing harm. The main priorities aligned with the HSE Patient Safety Strategy for CHO DNCC include the supporting of services in the assessment and implementation of the new HIQA standards for Infection Prevention & Control in Community Services, continuing to spread the pressure ulcer collaborative across services and continuing to support falls prevention programmes and to promote the use of the falls incident management tool.

Quality Improvement, Education & Learning

The CHO DNCC Quality & Safety team will continue to build on current knowledge, skills and capacity through targeted learning and training to support services with the expertise required to address the complex patient safety issues arising within the community setting.

The Quality & Patient Safety Team will continue to work with front line services within the CHO on quality improvement projects with the aim of supporting and collaborating in constructive quality improvements to patient's experiences of care and improvement to clinical outcomes.

In addition, we will support staff participation in continuing professional development and learning initiatives delivered by the National Quality Improvement Division and Quality Assurance & Verification Division including clinical audit training, incident and risk management, 'After Action Review' (AAR) and Open Disclosure, while remaining mindful of service delivery demands.

Implementing Quality & Patient Safety Priorities in 2019

Priority	Priority Action	Timeline	Lead
Governance, leadership & Accountability	To develop a health and safety committee structure in CHO DNCC to meet the requirements of section 26 of the Safety Health and Welfare at Work Act 2005 and to ensure effective communication, co-operation and consultation in matters of health and safety at work.	Q1	QPS Manager
Capacity & Capability, Continual Professional Development	**Quality & Patient Safety Team Development** Collaborate with National Community Healthcare QPS Office, QID & QAVD to further develop the skills and expertise of the QPS Team including AAR training, Open Disclosure TTT, Quality Improvement methodologies. **Quality Improvement Knowledge & Skills Development for Frontline Staff & Managers** Participation of multidisciplinary front line teams on the RCPI's 'Diploma in Leadership and Quality in Healthcare'.	Q1-4	QPS Team
Incident Management	**Incident Management Framework (2018)** Continue to actively support staff and services in the **implementation of the Incident Management Framework (2018)** through provision of targeted training and development of localised guidance documentation on management of serious incidents. Support services in developing and implementing quality improvement plans arising from incident reviews **Accurate and timely Serious Incident Reporting & Management** Continue to actively support services in the reporting & management of Category 1 serious incidents & Serious Reportable Events within National KPI timeframes through advice and targeted education. **NIMs Surveillance** Produce Quarterly NIMs reports. Analyse trends and patterns arising from incident reporting and management.	Q1 – Q4 Q1-Q4	QPS Team

Open Disclosure	**Increase capacity to deliver Open Disclosure Training** QPS Advisors to participate in 'train the trainer' Open Disclosure Training to increase the capacity for Open Disclosure Training Deliver targeted Open Disclosure training programmes to key clinical staff across services. **Open Disclosure Policy** Support the implementation of the revised HSE Open Disclosure Policy & Guidelines on completion as per Scally Report. Prepare an **Annual Report on Open Disclosure** Activity.	Q1-Q4 TBC Q4	QPS Team QPS Manager
Service User Engagement	**Map** service user engagement across services Support services to progress service user engagement in compliance with HIQA Safer Better HealthCare standards, HIQA residential standards & Mental Health Commission standards.	Q1-Q4	QPS Team

5. Population Health & Health and Wellbeing

A fundamental goal of the health service is to support the health of its population. *Healthy Ireland* is the national strategy for improved health and wellbeing. This strategy is underpinned by a whole-system philosophy involving cross-government and cross-societal responsibility. *Sláintecare* recognises the importance of supporting people to look after and protect their own health and wellbeing. CHO DNCC 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 health trends visible within our health service, for example, 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 health inequalities, changing lifestyles, chronic disease patterns and ageing population trends are altering our population's healthcare needs. This is creating an unsustainable horizon for the future provision of our health and social care services in Ireland. As healthcare providers, we are constantly focused on improving people's Health and Wellbeing. However, through the lever of the healthcare system we can only address a small portion of the factors that actually determine overall health outcomes. Improving and sustaining health and wellbeing across the life course will require consideration of the wider determinants and action on many levels. Factors such as living conditions, education, lifestyle, environment and transport all influence an individual's health. Health outcomes are determined by the complex interaction between our lifestyle, local environment, broader social and economic factors, access to healthcare and other services, as well as our genes, age and sex.

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

Services Provided

The Health & Wellbeing division in CHO DNCC is responsible for:

- Leading on the implementation of the CHO DNCC Healthy Ireland Implementation Plan 2018 - 2022
- Leading on HCAI/Infection Prevention Control within CHO DNCC
- Promoting national screening services across CHO DNCC
- Supporting the management of infectious disease outbreaks within the community
- Supporting implementation of the chronic disease management programme
- Coordination of the staff influenza vaccinations programme
- Progressing the implementation of key actions from the Making Every Contact Count (MECC) Framework as part of the CHO DNCC Healthy Ireland implementation plan
- Liaising with Local Community Development Committee/Children and Young Person's service committees in Fingal & Dublin Council areas in relation to Healthy Ireland collaborative projects
- Work in partnership with CHO HR to promote and deliver CHO DNCC staff health & wellbeing activities

- Promoting and increasing the uptake of the childhood immunisation programme
- Developing and supporting self-management support programmes for chronic disease
- Co-ordination of the Emergency Planning function within CHO DNCC

Issues and Opportunities

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

Healthy Ireland Plan

The CHO DNCC Healthy Ireland Implementation plan, launched in April 2018, is a welcome opportunity to support those within CHO DNCC to live healthy and fulfilling lives. The implementation plan outlines ninety specific actions in relation to Healthy Childhood, Healthy Eating & Active Living, Tobacco Free Ireland, Alcohol & Health, Wellbeing & Mental Health, Sexual Health, Positive Aging, Making Every Contact Count, Self-Management Supports, and Strengthening Partnerships & Staff Health & Wellbeing. This implementation plan is being progressed using a project management approach. The CHO DNCC Healthy Ireland Steering Group meets on a quarterly basis to prioritise actions and monitor progress with the plan. Implementation of the CHO Healthy Ireland Plan is a challenge without dedicated personnel or financial resources to support implementation of the plan.

Healthy Communities CHO DNCC

As part of implementation of the CHO DNCC Healthy Ireland plan a Healthy Communities site will be developed within the CHO in 2019. This Healthy Communities site will focus on reducing health inequalities within a specific community through implementation of the Healthy Ireland Plan. A cross divisional, interagency approach will be taken which will include community and service user engagement.

Transition of Health Promotion and Improvement

In 2019 the governance for Health Promotion and Improvement will transfer to the CHO. Health Promotion and Improvement services aim to embed preventative health measures and messages in models of health service delivery and in the settings where people are born, live, learn, socialise and work.

The transition of Health Promotion and Improvement to the CHO will provide an opportunity to develop the population health approach within the CHO, embedding health and wellbeing across services

locally and addressing local issues as they arise. The limited resources transferring will be a challenge in terms

of meeting the demographic pressures within the CHO. Provision of health promotion support and implementation of the national health and wellbeing priority programmes to the CHO, acute hospitals, community and voluntary services is a risk in this context.

Local Community Development Committee (LCDC)/Children & Young People's Services Committee (CYPSC)

In 2018 we supported Fingal County Council in the development of a Fingal Healthy Ireland Plan. This will guide the application and approval process for Healthy Ireland grants and other actions over the next 3 years. This collaborative approach supports an evidence based approach to funding of Healthy Ireland projects within Fingal. Support and engagement with the LCDC's and CYPSC's will continue in 2019.

Self-Management Support

A Self-Management Support Coordinator was appointed to CHO DNCC in 2018. A key priority for this role is the development of a directory of services to support self-management of chronic disease within CHO DNCC and this initiative is well advanced. Opportunities to coordinate and further develop self-management supports within the CHO have been identified and will be a priority for 2019.

Making Every Contact Count Programme

Through the implementation of the Making Every Contact Count (MECC) Programme, chronic disease prevention will be an integral and routine part of clinical care by all healthcare professionals, enabling them to capitalise on the opportunities that occur every day to support individuals to make healthier lifestyle choices. CHO DNCC has identified a number of implementation sites in 2019 to progress the integration of Making Every Contact Count into routine clinical care.

Staff Influenza Vaccinations

Each year the influenza vaccination is offered to health care workers in order to prevent the spread of flu to vulnerable patients and to staff. A CHO DNCC Influenza Lead was appointed in October 2017 to co-ordinate the influenza vaccination programme within CHO DNCC. Peer vaccination is a critical factor in the success of this programme and specific training was provided to staff to enable this. This enhanced focus has resulted in a significant increase in the uptake of staff flu vaccinations in 2018/2019. In December 2018, CHO DNCC had the highest uptake among staff in residential units of all the CHO's. It is important that we strive to build on progress to date and continue to improve uptake in 2019 across all staff groups.

Staff Health & Wellbeing Initiatives

To deliver high quality patient care CHO DNCC requires staff that are healthy and well at work. Looking after the health and wellbeing of staff directly contributes to the delivery of quality patient care. During

2018 funding was made available in CHO DNCC for a number of staff health & wellbeing initiatives Thirty-three projects were supported via a Healthy Ireland small grant scheme across the CHO in each division including lunchtime Pilates, staff choir, evening yoga, t-shirts for walking groups, table tennis resources and bike racks. We also supported the Staff Health & Wellbeing month with health checks, fruit breaks and healthy lunches.

Priorities 2019

- Implement the CHO DNCC Healthy Ireland plan to deliver actions and embed prevention, early detection and self-management support among our staff and the community in CHO DNCC
- Development of a Healthy Communities site within the CHO with a focus on reducing health inequalities within a specific community. A cross divisional, interagency, community partnership approach will be taken which will include community and service user engagement
- Develop CHO DNCC supports in relation to self-care and Self-Management for persons with Chronic Disease in collaboration with the national programme and the self-management (SMS) framework
- Continue to actively promote the uptake of the Staff Influenza vaccine and build on improvements to date
- Implementation of the Making Every Contact Count Programme across the CHO using a project management approach
- Work in partnership with CHO HR to promote staff Health & Wellbeing in with a view to increasing the number of staff engaging in staff health & wellbeing initiatives
- Promote national cancer screening service uptake in CHO DNCC in collaboration with the National Screening Services
- Continue to strengthen cross-sectoral partnerships to improve health outcomes and address health inequalities in the community in CHO DNCC
- Implementation of a new sub structure under the CHO Head of Service for Health and Wellbeing to facilitate the development of a new Health Promotion and Improvement function within the CHO

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Implement CHO Healthy Ireland plan to deliver actions and embed prevention, early detection and self-management support among our staff and the community in CHO DNCC.	Actions for 2019 in the CHO DNCC Healthy Ireland plan will be implemented and progress will be monitored using a Project Management Approach. These will include actions in relation to Healthy Childhood, Healthy Eating & Active Living, Tobacco Free Ireland, Alcohol & Health, Wellbeing & Mental Health, Sexual Health, Positive Aging, Making Every Contact Count, Self-Management Supports, and Strengthening Partnerships & Staff Health & Wellbeing. The CHO DNCC Healthy Ireland steering committee will meet on a quarterly basis to guide and monitor progress with the plan. A Healthy Communities site will be developed within the CHO with a focus on reducing health inequalities within a specific community. A cross divisional, interagency approach will be taken which will include community and service user engagement.	Q1-Q4	Head of Service Health & Wellbeing
Develop CHO DNCC supports in relation to self-care and Self-Management for persons with Chronic Disease in collaboration with the national programme and the self-management (SMS) framework	A directory of SMS programmes available in CHO DNCC will be published and a digital version developed. Engagement will take place with staff across all divisions to build awareness and promote self-management supports and services and pathways within the area. Service gaps in relation to self-management supports will be identified. Work will continue with the voluntary and community sector to coordinate the provision of self-management support programmes for service users with complex chronic diseases in CHO DNCC, ensuring a geographical and population spread. Digital health and wellbeing messaging will be rolled out in key sites across the CHO through the provision of digital screens and health messaging. Continued engagement with the integrated care teams for chronic disease to develop pathways for patients with chronic disease within CHO DNCC.	Q1-Q4	Head of Service Health & Wellbeing
Improve Staff Flu	Continue to actively promote the uptake of the Staff	Q1 & Q3-Q4	Head of

Immunisation uptake	Flu vaccine and build on improvements to date through: • Development of the annual flu plan and communication plan • Continued coordination of the CHO Flu committee • Supporting the peer vaccination programme • Site engagement, education, promotion, implementation of the flu plan and monitoring of uptake by the Flu lead		Service Health & Wellbeing
Implementation of the Making Every Contact Count Programme	An implementation plan for 2019 will be developed using a project management approach. The Making Every Contact Count (MECC) programme will be implemented in CHO DNCC with a site in Mental Health, Primary Care & Social Care and in an integrated primary care network site. Support will be provided for each site by the Healthy Ireland lead. Learning from the implementation sites will inform the approach going forward. A local communication plan will be developed to support staff in training for and implementation of MECC and to promote MECC with service users.	Q1-Q4	Head of Service Health & Wellbeing
Strengthening Community Partnerships	Continue to actively engage with the Fingal Local development committee (LCDC) and Children and young person's committee (CYPSC) as the HSE representative. Support the implementation of the Fingal LCDC /CYPSC Healthy Ireland plan. As a member of the LCDC/CYPSC actively promote use of evidence based health & wellbeing activities in supporting Healthy Ireland grant applications.	Q1-Q4	Head of Service Health & Wellbeing
Increase activity levels of citizens in CHO DNCC in line with the Get Ireland Active National Plan	Develop a social prescribing model in CHO DNCC in partnership with local community groups and the LCDC	Q 3- 4	Head of Service Health & Wellbeing

Increase healthy eating amongst citizens in CHO DNCC in line with the healthy weight for all national plan	Continue to deliver and expand the community cooking programmes such as "Cook It" and "Healthy Food made easy" via community partnerships	Q 1 - 4	Head of Service Health & Wellbeing
Tobacco Free Campus	Online self-audit to be completed by all Social Care and Mental health services in line with Global network for tobacco free care. Cessation service posters to be placed in all HSE sites. Ensure all HSE sites in CHO DNCC have materials & resources on display in relation to the national #QUIT Campaign. Regular communication with regard to cessation supports to take place within the CHO.	Q 2- 4	Head of Service Health & Wellbeing
National Screening Programmes	Promote uptake of the national screening programmes in CHO DNCC. Engage with minority communities to ensure they have access to screening programmes in CHO DNCC.	Q 1 – 4	Head of Service Health & Wellbeing
Emergency Planning	Continuation of CHO DNCC Emergency Management Committee to support the emergency planning programme within CHO DNCC, developing cross divisional responses as issues arise.	Q 1 – 4	Head of Service Health & Wellbeing
HCAI/IPC	Support capacity building for prevention, surveillance and management of HCAIs and AMR by ensuring an infection prevention control and antimicrobial stewardship committee is in place.	Q 2 - 4	Head of Service Health & Wellbeing
Health Promotion and Improvement	Develop new sub structure under the CHO HOS Health and Wellbeing to facilitate the development of a new Health Promotion and Improvement function within the CHO.	Q 2 – 4	Head of Service Health & Wellbeing
Alcohol	Promote and support the askaboutalcohol campaign to increase awareness of the risks associated with alcohol intake.	Q 3-4	Head of Service Health & Wellbeing

Health and Social Care Delivery

6.1 Primary Care

Services Provided

Primary care services in CHO DNCC plays a central role in co-ordinating and delivering a wide range of integrated services in collaboration with other divisions. The Primary Care Team (PCT) is the central point for service delivery which actively engages to address the medical and social care needs of its defined population in conjunction with a wider range of Health and Social Care Network (HSCN) services.

Over the last number of years, work has been underway to fulfil the vision for primary care services whereby the health of the population is managed, as far as possible, within a primary care setting. This approach is now aligned with the Healthy Ireland framework and Sláintecare, noting the importance of Primary Care to the delivery of health improvement gains. Building on the foundation work to date in primary care, the services will continue to work to realise the capacity to provide focused front line responses to patient needs. Some existing integrated and cross divisional services include the Winter Initiative/Delayed Discharge Initiative, the Speech and Language Therapy Wait List Initiative (across both Primary Care and Social Care services), the Review of Ophthalmology Services being undertaken by Primary Care in conjunction with Temple Street Children's Hospital, implementation of the Eye Service Review, management of orthodontic services across a regional structure to include CHO Midlands/Louth Meath (CHO 8) and CHO 1, Audiology Services across Community Healthcare East (CHO 6), Community Healthcare Dublin South, Kildare & West Wicklow (CHO 7) and CHO DNCC, and a leading role in the development and implementation of a Children's Dental General Anaesthesiology Unit, a substantial development between the Children's Hospital Group and Primary Care in the Dublin region.

The Primary Care Services provided in CHO DNCC are also reflective of the complexities of our area. Our Addiction Service is one of the largest in the country and we continue to work with the many homeless families living in temporary accommodation. Community nursing services continue to work closely with the homeless population living in temporary accommodation providing targeted interventions in relation to the determinants of health, delivery of the universal child health service and health promotion. The reception centre in Balseskin is also within our service area and provides specialist primary care psychology services to adult refugees/asylum seekers. A three-person team of nurses are located on site providing antenatal, postnatal and health screening services to the residents.

Our Primary Care Service will actively engage with the implementation of Sláintecare strategy to ensure we continue to provide high quality, accessible and safe care that meets the needs of our population in CHO DNCC by delivering more effective integrated care in the community, expanding current community-based care service delivery, and supporting a greater shift towards community-based care.

Our delivery plan for Primary Care Services provides clarity as to the services we intend to provide over 2019, building on progress made over recent years. This plan details the priority actions we will undertake over the year. Our actions and goals in primary care services and the cross divisional

activities which we will continue to support, will be dependent primarily on financial and human resources available to us.

Projected Deficit

The projected deficit for primary care services is €1.9m which relates to demand led schemes. Significant reduction in approvals for Aids & Appliances will be required in order to achieve breakeven. The implications of this reduction will be the development of waiting lists for Priority 1 & 2 clients. This will have a direct impact on enabling discharges from acute hospitals impacting on delayed discharges.

Population Served

Primary Care Services are provided to a mixed urban/rural population of 621, 405 via:

- 12 Health and Social Care Networks.
- 52 Primary Care Teams.
- Access to CHO Audiology, Orthodontic, Addiction, Ophthalmology and GP Out of Hours Services. Social Inclusion including Balseskin Reception Centre.
- Access to CHO nursing services to include:
    - Tissue Viability Specialist Nursing, providing standard and specialised wound clinics,
    - Clinical Nurse Specialists (CNS) providing chronic disease management services and supports (Diabetes, Respiratory),
    - Dedicated nurse led school screening and immunisation teams,
    - Nurse led second tier Paediatric Hearing Clinic,
    - Nurse led Enuresis interventions and clinics,
    - PHN Lactation consultants providing breast feeding support and facilitated groups for mothers and infants,
    - Nurse led male and suprapubic catherisation service

Services Provided

Primary Care Services provided include:

- Public Health Nursing
- Physiotherapy Services
- Occupational Therapy
- Speech & Language Therapy
- Psychology Services
- Social Work Services
- GP Out of Hours Services (DDOC)
- Primary Care Unit & GP Training
- Palliative Care
- Community Intervention Teams
- Primary Care Counselling
- Community Schemes
- Ophthalmology
- Audiology
- Dental Services
- Orthodontics
- Area Medical Doctors
- Dietetics
- Homebirth Service

Issues and Opportunities

Demographics CHO DNCC and Primary Care Impact

As outlined in Chapter 2, the change to the size and diversity of the CHO DNCC population is exhibited across a number of profiles and while the main pressure will be the ageing population and the consequent impact across all service areas (including Residential, Home Care, Chronic Disease, Palliative Care, GP services), the increased demand for primary care services will have significant capacity/resource implications for CHO DNCC. This is of particular significance as the focus of care shifts towards a primary care model in line with Sláintecare.

Our capacity to maintain existing levels of service due to increased demand and resource limitations will continue to impact across primary care services. Our ability to meet Key Performance Indicator activity levels in some primary care services is a further indication of the challenges in service delivery during 2018.

Children First

CHO DNCC will continue to implement the provisions of the Children First Act 2015 in 2019. CHO DNCC fully supports the statutory obligations on HSE employees, funded services and contracted services to report child abuse/neglect. We will support staff to meet statutory obligations under Children First and the Childcare Act. A Children First Steering Group and Operational Group has been established in CHO DNCC and a Children First Project Lead in now in place to support this work.

Oral Health Services

Oral health services will continue to meet challenges in 2019. CHO DNCC dental services will continue to face the challenge of maintaining existing levels of service with an increasing child population. Orthodontic services in this area continue to be managed under a regional governance structure. Orthodontic services continue to be provided on a regional basis and this will be reviewed in 2019.

National Access Policy

We welcome the adoption of the National Access Policy by Primary Care. Initial mapping in CHO DNCC estimated that approximately 50% of the population is getting a service. This means that there is a 50% "unmet need" in the community. This will impact on the overall waiting lists in Primary Care to meet new service requirements.

Ophthalmology

CHO DNCC is committed to working on implementing the recommendations of the review in partnership with the acute hospital sector. Ongoing implementation of Eye Review will be challenging in the absence of appropriate staffing requirements.

Primary Care Adult Home Care Packages

The provision of primary care adult home care packages will continue to be a challenge in CHO DNCC in 2019. There remains a need to develop and resource a CHO-wide dedicated nurse led review team

for home care packages to ensure compliance with national guidelines and efficient use of the home support resource.

Primary Care Paediatric Home Care Packages

There is a requirement for the development of specialist nursing resource to oversee the care provision to children with complex needs and life limiting conditions and to implement to recommendations from the national clinical audit of this service.

Primary Care Networks

In light of the rising increase in population across CHO DNCC, a mapping exercise is being undertaken. It is likely that this will result in an increase in the number of Community Health Networks (CHN's). A priority for 2019 will be to re-align the current CHN's with local population density and to complete the agreed realignment of populations and clinical resources. In line with national policy we will put in place the structure for the Network Learning Site in CHO DNCC.

Public Health Nursing Services

Expansion of the HPV immunisation programme to adolescent boys from September 2019 will require further development of the existing immunisation resource to ensure delivery of the schedule within the approved timelines. A positive development has been the new appointment of Child Health Programme Development Officers in each CHO area to support the roll out of the Early Years Intervention Programme including the National Healthy Childhood and Nurture Infant Health and Wellbeing Programmes. School Screening teams also need to be expanded to incorporate the requirements of the National Healthy Childhood programme. The implementation and roll out of National Child Health Metrics is also supported. There is a requirement for the development of specialist nursing resource to oversee the care provision to children with complex needs and life limiting conditions and to implement to recommendations from the national clinical audit of this service.

Recruitment

The ability to recruit staff in a timely manner, and to recruit appropriately qualified staff, will continue to be a significant challenge for CHO DNCC in 2019. The ongoing challenge to achieve national targets in nursing recruitment will continue to be monitored.

Key Performance Indicators and Metric targets

Metric targets will continue to be challenging in 2019. Targeted initiatives will continue to be required into 2019 to meet existing levels of service and any additional Stretch Metric targets that are set.

Children's Dental GA Service in Connolly Satellite Clinic

The new National Children's Hospital satellite clinic to be based on site on Connolly Hospital, will in conjunction with the dental services in CHO DNCC, provide access to secondary care and GA. This is a cross CHO initiative which will benefit a number of CHO's and delivery is dependent on national support and funding for implementation. CHO DNCC will continue to work collaboratively with the Chief Operations Office, Children's Health Ireland to deliver on this development.

Primary Care Facilities CHO DNCC

Primary Care facilities will be further enhanced in CHO DNCC in 2019 with the opening of the new Primary Care Centre in Summerhill. This will benefit our services users in CHO DNCC through the delivery of an integrated multidisciplinary primary care service, providing staff with purpose built facilities that will meet our quality driven service requirements, and fostering relationships with our academic partners.

National Priority - GP Contract

CHO DNCC welcomes the development of a new, modernised contract for the provision of GP services and engagement on service developments that can be introduced in 2019.

Diagnostics

The additional funding made available under the Winter Initiative 2018/19 enabled CHO DNCC to fund direct diagnostic access for GP's. This initiative reduced the requirement to refer patients to ED's and was widely welcomed by both GP's and service users. We will endeavour to continue this initiative within current capacity in 2019.

Value Improvement Programme

- In 2019 CHO DNCC will continue to actively engage in the implementation of the schedule of change improvements as part of the National Community Funded Schemes (CFS) Service Improvement Programme. This value improvement programme has the aim of improving the quality and sustainability of the CFS through the establishment of national standards, equity of access, value for money, and functional processes, assisted by a management system that facilitates compliance with those standards and objectives in the provision of services to patients in each CHO.
- In 2019 primary care services CHO DNCC will continue to support the Values in Action project, creating a culture in our service that reflects our values.
- Ongoing review of non-pay expenditure.
- Ensure maximisation of agency conversion process.

Chronic Disease

- Support the national priority to implement the Integrated Care Programme for the Prevention and Management of Chronic Disease.
- Expand and build on the Clinical Nurse Specialists (CNS) providing chronic disease management services and supports (Diabetes, Respiratory) within the ICP structure

Community Intervention Teams

- Support national priorities and continue to focus on our CIT in facilitating complex hospital avoidance and early discharge cases.

CHO DNCC Priorities and Actions for 2019

Primary Care

- Improve quality, safety, access to, and responsiveness of, primary care services to support the decisive shift of services to primary care demonstrated by:
    - Improved KPI activity related specifically to CIT, Hospital avoidance and assisting early discharge from hospital
    - Supporting more complex clients in the home, specifically complex paediatric and adult clients, through increased Home Support Packages in Primary Care and increased access to aids and appliances
    - Improved access to diagnostics for GPs to support hospital avoidance
    - Facilitate the introduction of the HPV vaccination of boys across CHO DNCC, subject to additional resources being made available
    - Progress the Early Years Intervention Programme
    - Antimicrobial Resistance and Infection Prevention and Control - progress is subject to successful recruitment to the position of infection control nurse (Community facing) across the CHO
- Support initiatives for our therapy services in relation to performance, and to address wait list challenges, specifically Dietetic Service, Occupational Therapy Service and Ophthalmology Service
- Continue to deliver on the development and enhancement of community healthcare networks in line with *Sláintecare*, to include the ongoing implementation in 2019 of one learning site in CHO DNCC
- Promote the further integration of community services, specifically:
    - Further development of Healthlink team for homelessness
    - Integration of orthodontic service into CHO DNCC services
    - During 2019, to pilot the appointment of a focused care worker in a GP practice in an area of deprivation to support social inclusion

Palliative Care

- Improve access, quality and efficiency of palliative care services, specifically to review KPI activity where we are not meeting national targets.

Social Inclusion

Social Inclusion plays a key role in supporting equity of access to services and provides targeted interventions to improve the health outcomes of minority groups which encompass Irish Travellers, Roma, and other members of diverse ethnic and cultural groups, such as asylum seekers, refugees and migrants, lesbian, gay, bisexual and transgender service users.

Specific interventions are provided to address addiction issues, homelessness and medical complexities. Members of these groups characteristically present with a complex range of health and support needs

which require multi-agency and multi-faceted interventions. The Health Service promotes and leads on integrated approaches at different levels across statutory and voluntary sectors. A critical success factor is the continued development of integrated care planning and case management approaches between all relevant agencies and service providers.

Addiction Services

Addiction Services in CHO DNCC work with five local drug task force areas and one Regional task force for the provision of services. Addiction services are provided via:

- 2,286 weekly treatments for substance misuse provided in 8 Treatment centres and 10 Satellite clinics.
- 8 Stabilisation/Medical Detoxification beds in Beaumont Hospital.
- 6 Community based Detoxification beds in Cuan Dara.
- 14 Long Stay Residential Rehabilitation beds in Keltoi.
- Needle exchange / health promotion units across the Area.
- Under 18 service SASSY (counselling - preventative service).
- Stabilisation Centre (SOILSE) day service.
- Family Education Centre (TALBOT).
- Provision of 25 Service Level Agreements (mainstream) and 48 interim task force projects to voluntary groups.

The Addiction Service will continue to support the provision of an integrated range of preventative, therapeutic and rehabilitation services to meet the diverse health and social care needs of our service users in an accountable, accessible and equitable manner. The aim of the service is to improve the health outcomes for people with all substance addictions including alcohol.

Homeless Services

Homeless Services provide funding for the provision of the following range of Homeless Services via service level agreement with Voluntary providers:

- 895 emergency places;
- 149 long term places in supported accommodation including specialised mental health facilities.
- 8 outreach teams (includes medical/nursing as well as support services).

Asylum Services

Balseskin Reception Centre in CHO DNCC acts as the main reception centre for asylum seekers. It has a well-developed, comprehensive model of health needs assessment/screening provided by a team of experienced Medical Officers, nurses, midwives, GPs and psychologists, with established formal links to necessary tertiary services. Outside of normal GP appointments, in 2018, we offered 1,699 medical

screening appointments to asylum seekers, of which 1,371 or 81% were taken up. In addition, there were 2,396 reviews, including emergency appointments. There remain ongoing challenges accessing mainstream mental health services for residents at Balseskin.

North East Inner City (NEIC) Initiative

We are actively engaged with the Programme Implementation Board of the NEIC to oversee the long term social and economic regeneration of the North East Inner City area.

Issues and Opportunities

Additional funding to allow for the expansion of the Healthlink Team for Homelessness was received in 2018 and expansion will be ongoing in 2019.

We welcome the national priority for 2019 to improve access to primary care services for refugees in emergency reception and orientation centres / resettlement phase, with the particular focus on increasing access to mental health supports as this is of particular relevance in CHO DNCC.

We will continue to work with our colleagues in our local mental health services to provide targeted interventions as a means of reducing health inequalities in the Traveller and Roma communities, with a focus on improving mental health and reducing the rate of suicide.

CHO DNCC Priorities and Actions for 2019

- Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers and Traveller and Roma Communities.
- Continue to support the work of the Programme Implementation Board (PIB) of the NEIC to promote and build the interagency relationships in the NEIC area; along with developing in partnership, current and future cross agency services.

Addiction Services

- Develop an additional stabilisation service to enhance service deliver within the North Inner City area.
- Development and implementation of an integrated approach to care planning within the North Inner City area
- Expansion of community based care services to ensure an inter-agency approach to minimise the harms from misuse of substances and to promote rehabilitation and recovery in line with "Reducing Harm Supporting Recovery" (RHSR) strategy
- Ensure the continued rollout of SAOR training programme within the community and to expand to include identified acute hospital staff in CHO DNCC area.

Primary Care

- Continued delivery of Naloxone training and distribution to target a reduction in drug related death and non-fatal overdoses Ref National Drugs Strategy action 2.2.30b within CHO DNCC.
- To review the rollout of the pilot implementation of non-direct supervision of urine drug testing and ensure the rollout is extended to all remaining HSE sites.
- Increase the uptake of community based Hep C treatment initiative Ref National Drugs Strategy action 2.2.28

Homeless Services

- Ongoing expansion of the CHO DNCC Health link team for homelessness.
- Support the pilot implementation and evaluation of the Dublin Homeless Hospital Discharge Protocol and model of care, via the Inclusion Health Network, and support the effective implementation of a homeless discharge protocol with CHO DNCC.
- In line with the National Drugs Strategy ensure that there is greater integrated joint working to address the complex health needs of the homeless population within CHO DNCC, through shared assessment and care planning.

Social Inclusion for other vulnerable people and communities

- Support the implementation of the relevant obligations in line with the EU (recast) Reception Conditions Directive based on available resources.
- Facilitate the development of additional supports to Travellers so as to access Mental Health services, using a community development approach with a mental health focus

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
National Priority	Implementation of the Community Health Network Learning Site	Q2	Head of Primary Care Service
Primary Care - quality, safety, access and responsiveness	Improved KPI activity related specifically to CIT, Hospital avoidance and assisting early discharge from hospital	Q1 - 4	General Manager Primary Care
Primary Care - quality, safety, access and responsiveness	Supporting more complex clients in the home, specifically complex paediatric and adult clients, through increased Home Support Packages in Primary Care and increased access to aids and appliances	Q1 - 4	Head of Primary Care Service
Primary Care - quality, safety, access and responsiveness	Improved access to diagnostics for GPs to support hospital avoidance as part of Winter Planning	Q4	Head of Primary Care Service
Primary Care - quality, safety, access and responsiveness	Expansion of the Vaccination teams to facilitate the introduction of the HPV vaccination of boys across CHO DNCC subject to availability of additional resources	Q3 - 4	General Manager Primary Care
Primary Care - quality, safety, access and responsiveness	Progress the Early Years Intervention Programme including the National Healthy Childhood and Nurture Infant Health and Wellbeing programmes	Q1- 4	Head of Primary Care Service
Primary Care - quality, safety, access and responsiveness	Antimicrobial Resistance and Infection Prevention and Control - progress is subject to the successful recruitment to the position of infection control nurse (Community facing) across the CHO	Q4	General Manager Primary Care
Primary Care - Performance	Continue to improve access for Primary Care Dietetic Service with a focus on addressing patients waiting over 105 weeks.	Q1 - 4	General Manager Primary Care
Primary Care - Performance	Continue to improve access for Primary Care Occupational Therapy service with a focus on addressing patients waiting over 52 weeks	Q1 - 4	General Manager Primary Care
Primary Care -	Improve access to Ophthalmology services for	Q1 - 4	General Manager

Performance	paediatric clients in conjunction with acute services		Primary Care
Primary Care - Integration	Integration of governance of regional Orthodontic service within CHO DNCC	Q3 - 4	Head of Primary Care Service
Primary Care - Integration	Pilot the appointment of a focused care worker in a GP practice in an area of deprivation to support social inclusion	Q2 - 4	Head of Primary Care Service
Palliative Care Services	Improve access, quality and efficiency of palliative care services, specifically to review KPI activity where we are not meeting national targets.	Q1 - 2	CEO, St. Francis Hospice
Social Inclusion	Ongoing development of the Healthlink Team for Homeless Services .	Q2 - 4	General Manager Social Inclusion/Addiction
Social Inclusion	Development of Stabilisation Service (North Inner City) for Addiction Services	Q2 - 4	General Manager Social Inclusion/Addiction
Social Inclusion	Development and implementation of an integrated approach to care planning within the North Inner City area	Q2 - 4	General Manager Social Inclusion/Addiction
Social Inclusion	Expansion of community based care services to ensure an inter-agency approach to minimise the harms from misuse of substances and to promote rehabilitation and recovery in line with RHSR	Q2 - 4	General Manager Social Inclusion/Addiction
Social Inclusion	Extend the rollout of SAOR training programme within the community and to expand to include identified acute hospital staff in CHO DNCC area.	Q1 - 4	General Manager Social Inclusion/Addiction
Social Inclusion	Extend the delivery of Naloxone training and distribution within CHO DNCC.	Q1 - 4	General Manager Social Inclusion/Addiction
Social Inclusion	Review the rollout of the pilot implementation of non-direct supervision of urine drug testing and ensure the rollout is extended to all remaining HSE sites within CHO DNCC.	Q1 - 4	General Manager Social Inclusion/Addiction
Social Inclusion	Increase the uptake of community based Hep C treatment initiative with CHO DNCC	Q1 - 4	General Manager Social Inclusion/Addiction
Social Inclusion	Continued expansion of the HSE CHO DNCC Health link team for homelessness	Q1 - 4	General Manager Social Inclusion/Addiction
Social Inclusion	Support the pilot implementation and evaluation of the Dublin Homeless Hospital Discharge Protocol and model of care, via the Inclusion Health	Q 4	General Manager Social Inclusion/Addiction

	Network, and support the effective implementation of a homeless discharge protocol with CHO DNCC.		
Social Inclusion	Ensure that there is greater integrated joint working to address the complex health needs of the homeless population within CHO DNCC, through shared assessment and care planning.	Q4	General Manager Social Inclusion/Addiction
Social Inclusion	Facilitate the development of additional supports to Travellers so as to access Mental Health services, using a community development approach with a mental health focus	Q1 - 4	General Manager Social Inclusion/Addiction

6.2 Mental Health

Services Provided

Mental Health Services in CHO Dublin North City & County (CHO DNCC) are provided to a population of 621,405 via Child and Adolescent Mental Health Service (CAMHS), General Adult Service, Mental Health Intellectual Disability (MHID) Service and Psychiatry of Old Age (POA) Service.

Child and Adolescent Mental Health Service (CAMHS) and General Adult Services provide assessment and treatment at out-patient and day hospital levels. Psychiatry of Old Age is a home based assessment and treatment is augmented by Day Hospital and Outpatient Services when necessary. This is facilitated by way of Community Mental Health Teams throughout the area.

Child and Adolescent, Acute General Adult and Psychiatry of Old Age Acute In-Patient care is provided in four locations (Ashlin Centre, Beaumont Hospital, Connolly, Mater and St. Vincent's Hospital, Fairview). Two of these sites, Mater and St. Vincent's Hospital, provide the service in partnership with the HSE via Service Arrangements.

There are sub-specialist services within General Adult Mental Health Services CHO DNCC, such as Rehabilitation Psychiatry and Liaison Psychiatry (Beaumont, Connolly and Mater Hospitals) & Homeless Mental Health.

The Mental Health Intellectual Disability Service is provided on a statutory basis (St. Joseph's Intellectual Disability Service) and also in partnership with two Section 38 agencies (Daughters of Charity and St. Michael's House) who provide assessment and treatment to clients attending their services. The Mental Health of Intellectual Disability - St. Joseph's Intellectual Disability Service includes an Approved Centre under the Mental Health Act, 2001 as well as community residential and outreach services.

CHO DNCC operates a Regional Psychiatric Intensive Care Service in the purpose built mental health facility in the Phoenix Care Centre, Grangegorman and provides a highly specialised psychiatric intensive care service for the entire Dublin North, Louth, Meath, Cavan, Monaghan, South Dublin Wicklow and Kildare regions for males and covers all nine CHO's for female referrals.

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

Projected Deficit

There is a projected deficit of €5.10m across all mental health services in CHO DNCC including the Section 38 service providers. A number of value improvement and cost containment measures have been presented to national community services totalling €3.2m. This include a range of service

and non-service impacting measures. Further discussion and a detailed risk assessment is required prior to the implementation of service-impacting measures.

In 2019 there will be reduced performance in terms of KPI's, no new service developments, no additional external placements and reduced maintenance which could have implications for Health & Safety / Mental Health Commission compliance. Engagement with relevant Section 38 agencies will continue through the IMR process in 2019 in order to achieve a breakeven position.

Issues and Opportunities

The significant population growth of 7% in CHO DNCC against a national average of 3.5% will bring ongoing demands for an increased service across all age groups, particularly in under 18's and the increased population over 65 years.

Demographic profiles have demonstrated an ageing population in Dublin North City & County with clients living longer and resulting in more complex physical needs, particularly in those with a mental health diagnosis. These needs will impact on service delivery across all Mental Health Services, and the Psychiatry of Old Age Service in particular in provision future services. CHO DNCC will need to develop services to respond to the needs of older adults in line with these changing demographics. Consideration is also required on meeting the needs of clients with cultural, language and diversity challenges in order to facilitate their access and treatment to mental health services.

Across CHO DNCC there are currently there are eight CAMHS Teams with average 66% of the staffing requirements; 20 General Adult Teams with average 65% of the staffing requirements and Psychiatry of Old Age (POA) with average 53.3% staffing requirements as per Vision for Change.

The funding available will provide for an agreed level of Mental Health Services across CHO DNCC. However, where demand for service exceeds what can be supplied, taking account of realistic and achievable efficiencies, we will be required to manage within the available resources, while seeking to prioritise service to those in greatest need.

Maintaining regulatory compliance in Mental Health Services must be responded to within the limits of the revenue and capital funding available without impacting on planned service levels.

Additional resources are required to support the needs of the homeless population and traveller populations with mental health issues in this CHO area.

Children First

CHO DNCC will continue to implement the provisions of the Children First Act 2015 in 2019. CHO DNCC fully supports the statutory obligations on HSE employees, funded services and contracted services to report child abuse/neglect. We will support staff to meet statutory obligations under Children First and the Childcare Act. A Children First Steering Group and Operational Group has been established in CHO DNCC and a Children First Project Lead in now in place to support this work.

Priorities and Actions

Mental Health Strategic Priorities

- Continue to progress St. Joseph's Mental Health Intellectual Disability (MHID), Reconfiguration and Transition
- In line with Sláintecare we will continue to reconfigure Mental Health teams to Primary Care Networks Community
- Focus will be given to the development of specialist services for the population with National Clinical Programmes
- Progress implementation of CHO DNCC Connecting for Life Action plans through four cross-sectoral implementation Working Groups
- Develop an implementation plan for the National Framework for Recovery in Mental Health
- Develop an Adult and CAMHS MHID service in partnership with S38 Providers under the governance of Mental Health in line with the national agreed model of care
- Further to the commencement of the Mental Health Service Co-ordinator for Traveller's post, an implementation plan will be developed with agreed Mental Health improvements and projects
- Complete the evaluation of the National CIPC study for the CHO DNCC area and support increased access to talk therapies to improve treatment outcomes for service users
- Implement agreed actions arising from the work of the National Youth Mental Health Taskforce.

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Continue to progress St Joseph's Mental Health Intellectual Disability, MHID, Reconfiguration and Transition.	Continue to progress St Joseph's Mental Health Intellectual Disability, MHID, Reconfiguration and Transition through local steering group and implementation plan.	Q1-4	Head of Mental Health /Head of Social Care and Mental Health Management Team
In line with Sláintecare, we will continue to reconfigure Mental Health teams to Primary Care Networks Community.	Develop an implementation plan to progress development of double sector teams in Primary Care Centres.	Q1-4	Head of Mental Health /Head of Primary Care and Mental Health Management Team
Focus will be given to the development of specialist services for the population with National Clinical Programmes.	Develop an implementation plan with all stakeholders.	Q1-4	Head of Mental Health /Head of Primary Care and Mental Health Management Team
Promote the Mental Health of the population in collaboration with other services and agencies including the loss of life by suicide	Progress implementation of CHODNCC *Connecting For Life* Action Plan. This will be progressed through the delivery of evidence based evaluated progress through NGO's and other stakeholders through 4 Working Groups launched in January 2019.	Q1-4	ROSP's/Working Group Leads
Develop an implementation plan for the National Framework for Recovery in Mental Health.	Improve coordination and delivery of Service Reform Fund initiative. Deliver an implementation plan for the National Framework for Recovery in Mental Health (2018-2020).	Q1-4	Mental Health Management Team and Service Improvement and Reform Lead
Develop an Adult and CAMHS MHID service in partnership with S38 Providers under the governance of Mental Health in line with the national agreed model of care.	Develop implementation plan with Head of Service Social Care and Section 38 Providers.	Q1-4	Head of Mental Health /Head of Social Care and S38 Providers
Further to the commencement of the Mental Health Service Co-ordinator for Traveller's post, an implementation plan will be developed with agreed Mental Health improvements and projects.	An implementation plan will be developed with all stakeholders	Q1-4	Head of Mental Health /Traveller Co-ordinator and Mental Health Management Team
Complete the evaluation of	Gather data and complete data analysis	Q 4	Director of

Priority	Priority Action	Timeline	Lead
the National CIPC study for the CHO DNCC area and support increased access to talk therapies to improve treatment outcomes for service users.	relating to client outcomes in counselling including client medication usage during and after counselling.		Counselling CIPC Clinical Coordinator
Implement agreed actions arising from the work of the National Youth Mental Health Taskforce	CHO DNCC Mental Health Service will support the agreed actions arising from the work of the National Youth Mental Health Taskforce in conjunction with local stakeholders through CYSPC, local Children Services and Jigsaw.	Q1-4	Head of Mental Health /CAMHS Management Team

6.3 Disability Services

Disability Services Provided

A wide range of services are provided to children and adults with a disability including day, respite, residential, multi-disciplinary and a range of additional supports through advocacy, personal assistants and home supports. Disability services focus on supporting and enabling people with disabilities to maximise their full potential, living ordinary lives in ordinary places, as independently as possible. Disability services strive to ensure the voices of service users and their families are heard, and are fully involved in planning and improving services to meet their needs. Disability services are delivered through a combination of HSE directly provided services and with statutory, non-statutory and private providers.

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

The HSE Disability Services Team participates and engages with other government departments and services in the development of cross-sectoral strategies to improve the quality of disability services, to maximise access to services and to provide support for children and adults people with disabilities.

Priorities

Value Improvement Actions

- Continue to monitor and implement Quality Improvement initiatives ensuring compliance with the 2007 Health Act as inspected by HIQA
- Implementation of "Management of Residential Supports (including emergency placements) in HSE Community Healthcare Organisation Areas". This policy will inform the Head of Service - Social Care in relation to prioritisation of actions to be addressed
- Promote Health & Wellbeing throughout all aspects of service provision in line HSE National Policy

Disability Act 2005 – Assessment of Need

- Reduce the waiting times for assessment of need under the *Disability Act 2005* through the provision of additional posts assigned from the National Disability Office
- Progress Disability Services for Children and Young People (0-18) Programme with the establishment of 12 Disability Network Teams which are aligned to our Primary Care Networks

Disability Capital Development Plan 2019-2024

- Disability Capital Development Plan 2019-2024 to be developed and finalised in conjunction with Estates following consultation with Section 38/39 Organisations in late 2018. This plan will identify quality and quantity of the existing estate across HSE and Section 38/39 Organisations. It will identify the priorities for investment of multiple funding streams to deliver key service physical infrastructure needs

Residential Services

- Continue to provide residential places and deliver new residential places for prioritised need
- Progress implementation of *Time to Move on from Congregated Settings – A Strategy for Community Inclusion* for people with disabilities supported to transition to homes in the community in 2019

Respite Services

- Continue to provide centre-based respite and alternative innovative models of day respite for adults and children
- Enhance the delivery of children's' services with a new dedicated residential based respite service for children with disabilities throughout CHO DNCC

Day services and Supports

- Progress implementation of *New Directions* national policy on the provision of day services for people with disabilities and strengthen the quality of day service provision throughout CHO DNCC
- Implement the interim standards for *New Directions* through the EASI (Evaluation, Action and Service Improvement) process commenced in 2018
- Progress the provision of Day Service Supports in CHO DNCC in line with the national profiling process for school leavers and those graduating from rehabilitative training programmes

Personal Assistance and Home Support

- Continue to deliver home support and personal assistance hours to people with disabilities in CHO DNCC
- Deliver additional home support and personal assistance hours to alleviate the demand for emergency residential places

Service Arrangements

- Strengthen and enhance governance and accountability for statutory and non-statutory providers

Safeguarding Vulnerable Adults & Children's' First Legislation and Policy

- Continue the execution and monitoring of *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures, 2014* and the Children First Legislation

Projected Deficit

There is a projected deficit of €13.90m across all disability services in CHO DNCC including €3.5m in the Section 38 service providers. A number of value improvement and cost containment measures have been presented to national community services totalling €3.10m. In 2019 there will be reduced performance in terms of KPI's, in particular Assessment of Need. The indicated actions and priorities for Disability services in our CHO, including provision of the agreed level of service as set out in this plan, are at minimum predicated on delivery of committed non-service impacting cost management measures across the CHO. However, it is agreed nationally, that delivery of full financial breakeven for Disability in the CHO, without other interventions nationally, may necessitate implementation of indicated service impacting measures but which, at this stage, are not included in this CHO's delivery plan. This will require further review and national direction as the year progresses as part of the service and financial control and management requirements.

This will result in no new service developments with the exception of expected additional funding for services such school leaver day places. There will also be a reduction in external placements and home care.

There will be particular challenges for the Section 38 service providers and discussions have commenced regarding the service-impacting measures that will need to be implemented in order to achieve breakeven position. The governance of this deficit and associated risks will be managed through the provisions of the formal Service Arrangement process between CHO DNCC and relevant Section 38 service providers. There is a requirement to ensure that maximum savings are achieved in non-service impacting areas such as agency/overtime spend and procurement savings.

All Section 38/39 service providers funded through CHO DNCC are required to achieve a breakeven position in 2019 and this will be monitored the Service Arrangement process.

Issues and Opportunities

To meet the demographic challenges associated with the increase in the number of people living with a disability, the increase in age and life expectancy and the changing needs of people with a disability, collaborative working is required across the wider health and social care setting with the aim of improving access to services for all people with a disability.

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

- *Time to Move on from Congregated Settings – A Strategy for Community Inclusion* in respect of residential centres to support the transition of people from institutional settings to community-based living.
- *New Directions* Programme is improving day services and supports and aims to meet the needs of school leavers and those graduating from rehabilitative training.

While it is important to recognise this progress, it has only been achieved through high levels of unplanned expenditure both capital and revenue over the last two years. In 2019 further improvement in regulatory compliance will only be achieved in the context of available resources.

A significant underlying challenge relates to the latent unmet need for residential and respite care, which exists in our services as a result of the absence of investment during the economic downturn. At the same time, our CHO database figures indicate an annual requirement of up to 50 new residential places per year to meet identified needs. As a result of this CHO DNCC is now experiencing a high annual demand for unplanned emergency residential places to respond to the most urgent cases on our waiting list leading to significant unplanned over-expenditure annually.

While CHO DNCC will continue to work with service users, families, health services colleagues, voluntary sector partners and private providers in addressing service requirements within the funding provided, a critical challenge for 2019 and future years will be the development of a more sustainable model of service and supports which achieve these key policy objectives within the resources available.

In this context, a particular challenge in 2019 will be to maximise the capacity of the service to respond to residential care needs. In excess of 8,568 residential places will be provided nationally in 2019. The service will seek to maximise current residential and respite capacity to ensure an appropriate response to emerging needs during the year. Emergency cases will continue to be addressed on an individual prioritised basis.

In recognising the service pressures and capacity issues in the sector, for 2019, CHO DNCC will work with all providers of residential services to implement measures to maximise to the greatest possible extent, the use of existing residential capacity and improve overall value for money in this sector. A range of control measures have been implemented at CHO level over the past two years and these arrangements will be further enhanced in 2019 to ensure that all service providers at local level prioritise the placement of the most urgent cases including the most effective use of placements provided for in 2019.

In addition, in order to achieve this objective, the Head of Social Care will work closely with the dedicated team at national level with responsibility for co-ordination and oversight of all residential places including the most effective use of placements provided for in 2019.

In 2019 there will be an ongoing challenge in relation to compliance with the *Disability Act 2005*. In particular access to therapy services for children. This challenge will be addressed on a phased basis with the implementation of Progressing Disability Services for Children & Young People.

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

Children First

CHO DNCC will continue to implement the provisions of the Children First Act 2015 in 2019. CHO DNCC fully supports the statutory obligations on HSE employees, funded services and contracted services to report child abuse/neglect. We will support staff to meet statutory obligations under Children First and the Childcare Act. A Children First Steering Group and Operational Group has been established in CHO DNCC and a Children First Project Lead in now in place to support this work.

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Value Improvement Actions , Residential Services & Governance	Monitor and review quality improvement plans with relevant Service Providers in relation to HIQA Standards for Residential Care as set out in the 2007 Health Act through IMR AND Operational forums Monthly CHO DNCC Resource allocation management meetings Continue to provide residential places and deliver new residential places for prioritised need. Progress implementation of *Time to Move on from Congregated Settings – A Strategy for Community Inclusion* for people with disabilities supported to transition to homes in the community in 2019.	Monthly and Quarterly as relevant	Head of Social Care &GM
Disability Act & Progressing Disability Services	Implement action plans to reduce the waiting times for assessment of need in line with the *Disability Act 2005* through the provision of additional posts. Continue the Implementation of the EIT Project Plan through PMO. Support the reconfiguration of the Children's Disability Teams in partnership with Primary Care colleagues in line with PDS.	Q1 – Q4	Head of Social Care &GM PDS Manager
Respite Services	Enhance the delivery of children's' services with a new dedicated residential based respite service for children with disabilities throughout CHO DNCC.	Q1	Head of Social Care

6.4 Older Persons' Services

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

CHO DNCC will work with the National Older Persons services to implement the recommendations of *Sláintecare*, in the areas of integration of services across hospital and community services to face the challenge of the increase in demographics of older people.

Priorities

- Enhance the provision of home support to older persons through continued quality review and assessment in conjunction with the roll out of the Single Assessment Tool Initiative
- Continue to provide day care and other community supports either directly or in partnership with other providers
- Continue to provide a broad range of other community and voluntary services including, meals on wheels, social satellite services, befriending services etc.
- Target people in acute hospitals, who require home support, in order to be discharged home, with renewed focus during the winter period in line with the Winter Plan 2019
- Support National Older Person Services in relation to the development of plans for a new statutory scheme and system of regulation for home support services
- Maximise the use of residential care services including transitional care, to support hospital avoidance and discharge requirements
- Continue the execution and monitoring of *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures, 2014* and the Children's' First Legislation
- Maintain the current provision of memory technology resource rooms providing a network of resources for people with dementia and their families / carers
- Continue the roll-out of the Dementia Understand Together campaign with a specific focus on community activation
- Enhance support to the community support project which commenced in 2018 with the provision to facilitate the current service in North Dublin, Louth, Meath and Midlands centres, in conjunction with ALONE
- *National Carers' Strategy – Recognised, Supported, Empowered.* Continue to implement the health and social care related actions in *The National Carers' Strategy – Recognised, Supported, Empowered* and support the DoH to elaborate an action plan for the further implementation of the strategy

Projected Deficit

There is a projected deficit of €8.95m across older person's services in CHO DNCC including €0.850m in the Section 38 service providers. A number of value improvement and cost containment measures have been presented to national community services totalling €3.65m. These measures include both service and non-service impacting measures. CHO DNCC will make every effort to minimise the impact of these measures on older people and their families. This will result in no new service developments and a weekly set target on Home Care spend which may, at certain times, result in an increase in delayed discharges in the acute sector. This includes, but is not limited to, an increase in the number of NHSS applications and a significant reduction in rehab and transitional care beds. A reduction in home support will have a direct impact on acute delayed discharges and the level of service provision in the community. There will also be reduced performance in terms of KPI's. Further discussion and a detailed risk assessment is required prior to the implementation of any service-impacting measures.

Issues and Opportunities

In 2019, CHO DNCC will continue to deliver home support hours to over 6,000 people including intensive home care packages. Given the significant and growing pressure of an ageing population and increasing demand for service, it will be essential that CHO DNCC maximise the utilisation of current resources prioritising those requiring discharge from acute hospitals.

A key component in our winter plan will be to improve responses to frail older people in Q1 2019. It is likely then that the demand for services will outstrip the available provision impacting on waiting lists. Home support services will continue to be delivered through a single funding model and we will examine options to develop a single assessment process to integrate home support services for both older people and those with a disability to simplify and streamline access for service users.

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

Support to carers is vital in their work in maintaining older people in their own homes and communities. Identifying carers and their needs as early as possible, is of critical importance if they are to be supported in their caring role. The introduction of the Carers' Needs Assessment Tool will be a key step in helping to identify carers at all stages and will also play a role in identifying the supports required. We will also explore how we will enhance support to carers from within our own workforce.

In relation to residential service provision, our approach this year having regard to the available resource will be to maximise access to the NHSS for eligible applicants, supporting 23,042 people on average at any one time in long stay care through the NHSS. The requirement to achieve a breakeven position in Older Persons means that we will be unable to maintain the waiting list at the current four-week level and this will create challenges particularly during the peak period of demand during winter 2019.

Maintaining the required workforce and skill set is a challenge across all services and has led to a reliance on agency staffing particularly in residential care services. With the support of the Department of Health (DoH), agreeing a model of residential care staffing and skill mix is a priority for 2019 to assist in developing a sustainable recruitment and retention process. The outcome of the DoH-led value for money (VFM) study will help inform this process. These workforce and cost of care issues also impact our short stay public residential care services. In this overall context, we will review the use of our current short stay bed stock to maximise supports for acute hospital discharge and facilitate hospital avoidance while maintaining an emphasis on a person-centred care approach.

CHO DNCC will continue to work with providers in the context of the outcome of the tender 2018 in developing home support services in a sustainable way through our home care forum in CHO DNCC.

The implementation of *The Irish National Dementia Strategy* progresses with a focus on developing care pathways across all care settings, implementing flexible and personalised approaches to care. One of the biggest challenges is the growing number of people living with dementia, many of whom have complex care needs, and the demands this places on available services.

The support of communities and voluntary agencies, is hugely valued in both social and health service provision. Integration of services including, local and community-based activity is a key fundamental to maintaining older people at home and is a key element in the continuing development of our Integrated Care Pathways for Older Persons.

The implementation of *The Irish National Dementia Strategy* progresses with a focus on developing care pathways across all care settings, implementing flexible and personalized approaches to care and improving access to diagnostic services and early intervention. One of the biggest challenges is the growing number of people living with dementia, many of whom have complex care needs, and the demands this places on available services. CHO DNCC will implement the learning and outcomes from the HSE / Genio-supported dementia specific initiatives which focus on personalised and flexible approaches to care.

The support of communities and voluntary agencies, is hugely valued in both social and health service provision. Integration of services including, local and community based activity is a key fundamental to maintaining older people at home. The role out of Integrated Care Programmes across the entire CHO DNCC area is pivotal in terms of achieving this fundamental goal.

Transitional care funding has been increased to address the increased demand from acute hospitals in supporting discharge from hospital to residential care settings. Additional funding of almost €4m will be assigned on an ongoing basis to provide an increase in weekly approvals for transitional care by 40 per week to facilitate discharges of 213 people in acute hospitals for both convalescence care and for patients finalising their NHSS applications.

Nursing Homes Support Scheme

The NHSS is forecast to support over 22,700 people in residential care at year end in 2019, with a net budget of over €970m. While every effort will be made to maintain the waiting list for funding under the Scheme at the lowest level possible it is anticipated that waiting times will increase in the course of the year.

Cost Reduction and Economies

It is recognised that cost reducing measures are difficult to achieve. It is particularly difficult at a time of scarcity of staff in key areas and the expensive pay costs such as agency recruitment. There will be particular project management focus in 2019 supported by Human Resources and Health Business Services to focus on savings to be achieved to the level required.

A key task for 2019 is to deliver services within the envelope of funding provided and to do so in a cost effective manner while maintaining and where possible improving the quality of the service itself. A range of cost containment measures are required. These measures include:

- Reduction of reliance on agency and over-time particularly in residential care settings
- Prioritisation of services to those most in need, based on risk assessment particularly in the area of home support
- Agreeing and implementing the required workforce skill-mix and staffing levels in public residential care settings with support from the Department of Health
- Efficiencies in non-pay areas including procurement travel and subsistence costs, etc.
- Reviews of service provision in areas of low demand e.g. day centres, residential care centres with low bed numbers will be undertaken and service replicated where possible in alternative locations following a cost benefit analysis and local consultation

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Provision of Home Support	Increase the provision and improve the quality of home support to older people	Q1-Q4	Head of Social Care /GM
Community involvement	Improve the current structures for consultation with older person's key stakeholders. Continue to participate on the older Persons Fora in consultation with Fingal County County and Dublin City Council. Implement the Fingal Age Friendly Initiatives Project in relation to supporting and developing services which facilitate older people to remain living within their communities through PMO.	Q1-Q4	
Integrated Care for Older Persons Programmes	Continue to support the development, enhancement and roll out of Integrated Care Teams cross divisions	Q1-Q4	Head of Social Care /GM
Values Improvement Programme	Continued focus on reducing the Cost of Care in Community Nursing Units within CHO DNCC	Q1-Q4	Head of Social Care /GM
SAT	Continued focus in 2019 on the roll out and implementation of the single assessment tool in CHO DNCC	Q1-Q4	Head of Social Care /GM
HIQA Registration	• Project plan for redesign and re-registration of Claremont and Seanchara to continue in 2019 • Develop Major Capital Development Plans for Grangegorman and Connolly Community Nursing Units.	Q1-Q4	Head of Social Care /GM

7. Finance

Introduction

The headline budget level for CHO DNCC in 2019 is **€710.599m**. This compares to the final 2018 budget of **€719.507m** which included **€13.940m** once off 2018 supplementary funding.

In addition to the funding detailed in this plan funding has also been provided by Department of Health (DoH) to HSE under the heading of 'development monies' which will held by the DoH in the first instance and will be allocated in 2019 in line with DoH / HSE direction so as to maintain and expand existing services while also driving new developments and other improvements.

There is an overarching legal requirement to protect and promote the health and wellbeing of the population, having regard to the resources available and by making the most efficient and effective use of those resources. While the CHO acknowledges the additional funding received, many challenges remain in providing existing levels of service (ELS) within the funding envelope being made available, while dealing with ever increasing pressures arising from demographic and other areas. These specific challenges are detailed in the relevant sections of this chapter.

CHO Budget Table

Table 1: 2018-2019 Expenditure and Allocation by Division – (Statutory and Section 38)

Statutory & Section 38 Services	Outturn 2018 (€m)	Advised Budget 2019 (€m)
Corporate Total	4.409	4.330
Primary Care	86.971	84.890
Palliative Care	11.056	11.885
Social Inclusion	36.952	37.240
Primary Care Total (exc schemes)	134.980	134.015
Local Schemes	54.346	52.397
Primary Care Overall Total	189.326	186.41
Mental Health Total	118.778	118.218
Disability Services	294.242	292.933
Older Persons	113.751	108.706
Social Care Total	407.994	401.639
CHO DNCC Total	720.506	710.599

Note: The budgets outlined in Table 1 are inclusive of the funding provided by community services as outlined in the 2019 community operational plan. The budget also includes once-off funding provided by other HSE functions for the provision of services in 2019.

2018 Performance

For fiscal 2018, net expenditure in CHO DNCC amounted to **€720.506m** against an allocation of **€719.507m**.

The 2018 outturn represents a significant achievement in light of the range of service pressures across services and growing service needs driven to a large extent by demographics. This result was achieved by the management team and staff of the CHO through continuing focus on costs throughout the organisation and managing a range of cost pressures within the available budget envelope including:

- Regulatory compliance, particularly in the disability sector
- External client placements in Disability services and Mental Health
- Home Help and Homecare Packages in Older Persons
- Agency costs arising from HIQA notices, staff attrition and duration of recruitment process. This is particularly evident in the voluntary (section 38) sector
- GP Training Scheme

CHO DNCC is fully committed to delivering efficiencies and savings within its budget, whilst acknowledging the requirement to continue to provide safe and effective services to a growing and ageing population.

Financial Risk Areas

The main 2019 financial risk areas in CHO DNCC are as follows:

- The current spend run rate in a number of services exceeds the allocation provided and will need to be managed down through additional efficiencies and cost reduction initiatives. Detailed risk assessments will be undertaken prior to the implementation of any service impacting measures
- Demand for disability residential places, respite and emergency places
- Home help hours and home care packages for older persons being discharged from hospitals
- Fair Deal rates for Public Nursing Homes
- Compliance with HIQA standards which may entail incremental expenditure on staffing and / or infrastructure
- Extra maintenance cost arising from age of buildings
- Sustainability of funding base given that a significant component is received as once off funding
- The continuing requirement to address frontline staff deficits through agency staff
- Local Demand Led Schemes
- Cost in Primary Care of adult and paediatric home care packages
- Demand for Mental Health private placements
- Historic and projected 2019 financial deficits in some Section 38 agencies
- Impact of demographics

CHO DNCC is actively engaging with the National Director Community Operations in relation to all of the above risks in the context of the Performance Accountability Framework and this process will continue in 2019.

Value Improvement Programme

HSE has identified an overall financial challenge in 2019 and is seeking to achieve cost reductions and efficiencies across all areas and services to mitigate this challenge. As part of this programme CHO DNCC will continue to focus on pay, non-pay and income in order to realise savings and efficiencies which will assist in delivering an overall balanced budget position for 2019.

Pay Bill Management

CHO DNCC has a robust pay bill management process in place which is overseen by the CHO DNCC pay bill management committee. The purpose of this committee is to manage and implement the Pay-bill Management and Control National Framework (2015) and to ensure that CHO DNCC is operating within the notified pay budget. This committee will continuously monitor and manage the run rate of pay and will take remedial action where necessary in order to ensure that care divisions operate within their 2019 pay budget. The committee will act as the assurance and approval mechanism at CHO level and all recruitment will continue to be subject to the pay bill management process.

2019 Financial Management Strategy

Each Head of Service will manage the financial resource within their area with the objectives of delivering the maximum amount of safe services and managing service risks and will work in partnership with national care divisions to manage financial risk areas. The CHO finance function will provide a full range of financial management supports to the management team including transaction processing, compliance, spend reporting & variance analysis, spend projections and forecasts, decision support and budget management.

8.Workforce

The Workforce Position

Government policy on public service numbers and costs is focused on ensuring that the health workforce operates within the pay budgets available. Community Healthcare Organisation Dublin North City & County (DNCC) manages a WTE of 6,634 (Statutory and Voluntary December 2018 figure – Source – Health Service Personnel Census).

Dec 2018 (Dec 2017 figure:)	WTE Dec 2018	WTE change since Nov 2018	WTE change since Dec 2017	% change since Dec 2017
Overall	**6,634**	**+46**	**+196**	**+3.0%**
HSE	**3,548**	**+3**	**+91**	**+2.6%**
Section 38	**3,086**	**+42**	**+105**	**+3.5%**

The Health Services People Strategy

People Strategy 2019 – 2024 (revised)

Building on progress to date and following a robust review process undertaken by National HR the revised People Strategy 2019 - 2024 will guide all organisational people services & HR activity in 2019 with an emphasis on **Leadership, Talent and Capability** enabling people and culture change.

The Health Services People Strategy (revised) is positioned to *"build a resilient workforce that is supported and enabled to deliver the Sláintecare vision."* This will include dedicated focus on workforce planning, enhancing leadership and accountability and building organisational capacity. Supporting the delivery system and working with key strategic partners will be a priority to ensure relevance and connectivity to meeting people's needs and local service requirements. This will be enabled by ongoing attention to progressing national frameworks and standards that can add value and support the delivery system.

Accelerating progress to date on the implementation of the People Strategy and extending the reach and relevance into the delivery system as partners is a key focus for 2019. This will require greater connectivity between National HR and CHO Dublin North City & County (DNCC).

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

A key enabler to deliver the 2019 HR priorities is the relationships between CHO HR and services provided through National HR and Health Business Services e.g. National Recruitment Services. CHO HR do not have the resources and/or necessary expertise to deliver some aspects of the 2019 CHO Operational Plan and are dependent on the services provided through National HR and HBS to deliver these priorities in partnership with CHO HR.

People's Needs Defining Change - Health Services Change Guide

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

2019 Priorities and actions

The People Strategy 2019 - 2024 (revised) identifies eight people management priorities and the operational plan for CHO DNCC details actions under these priorities:

Leadership and Culture

Securing availability and promotion of leadership development programmes was a key feature of work achieved in 2018 and this work will continue in 2019.

- CHO HR will continue to work with Leadership, Education & Talent Development (LETD) to ensure that two of each of the following programmes will be available to staff working in CHO DNCC: First-time Managers Programme, People Management – The Legal Framework and Leaders in Management in 2019. A target of 35 participants across all programmes has been set.
- CHO DNCC will continue our relationship with the HSE Leadership Academy. Staff will be encouraged to participate in Leading Care I, Leading Care II and Leading Care III when it becomes available in 2019 and a target of 4 participants across all programmes has been set.
- CHO DNCC will continue our relationship with the Gradlink programme and two places will be offered in 2019.
- CHO DNCC will run a Leadership Learning Event no later than quarter 2, 2019 to showcase projects undertaken by staff over the past two years, to discuss how these projects could be extended beyond the original service

Staff Engagement

Values in Action is an ongoing project within CHO DNCC and the Head of HR is a member of the Project Team. CHO HR will support an improved culture for staff and patients through embedding the Values in Action Project, to live our values of Care, Compassion, Trust & Learning through the nine behaviours.

- CHO HR will ensure that all programmes delivered reference Values in Action (ViA) to ensure that projects undertaken by participants will clearly reference how they promote the multiplication of some of the nine behaviours.
- CHO HR in partnership with CHO Communications will update the CHO DNCC Information Booklet.
- CHO HR in partnership with CHO Communications will ensure that two staff information sessions are held in difference locations across the CHO in 2019.
- CHO DNCC will participate in the HSE Anti Bullying Day on 28th February 2019.

2018 Staff Survey

CHO DHCC increased the participation with the 2018 Staff Survey within CHO DNCC from a 16% response rate in 2016 to 21% in 2018.

- CHO DNCC will organise Post Survey Feedback and Planning Events no later than March 2019 which will enable staff to input on what are the most pressing areas for improvement and to develop plans to address these areas.
- The staff input from these events will inform the development of our CHO action plan to address the issues raised by staff from the survey and this will be finalised and approved by the CHO DNCC Management Team no later than 31st May 2019.
- CHO HR will commence the implementation of the recommendations contained in the Action Plan by quarter 3, 2019.

Learning and Development

In consultation with Corporate Leadership, Education, Talent and Development (LETD) our CHO will continue to support staff development. CHO HR in consultation with LETD will agree priorities for 2019 to build capacity of staff to meet the organisational requirements and to support front-line managers to undertake their people management role. This will include:

- Ten staff from CHO DNCC will attend the Clerical Administrative Development programme.
- Two *'How to give effective feedback to staff'* programmes will be delivered in 2019.
- One day Retirement Planning seminar will be made available to staff working in CHO DNCC.

This will be supplemented by CHO HR through local HR information sessions on a variety of HR policies and procedures e.g. Dignity at Work, Trust in Care, Attendance Management and Disciplinary Procedure.

- Eight local CHO HR information sessions will take place in 2019.
- Six CHO induction programmes will be delivered in 2019.

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. CHO DNCC will support work to commence the operationalisation of the framework for the health sector in 2019.

Particular attention will be directed to the further development of measures to support the sourcing, recruitment, and retention of nursing staff in light of identified shortages. The priorities and actions include:

- The implementation of the Learning Site for the Primary Care Network within CHO DNCC. Once the national negotiations are finalised and a framework agreed, CHO DNCC will implement in partnership between CHO Primary Care, Project Management Office and CHO HR.
- The recruitment of the Children's Disability Network Manager for the four agencies to commence the implementation of Progressing Disabilities in CHO DNCC. The interviews for these posts will be finalised by March 2019.
- CHO DNCC will work in partnership with the three other agencies to deliver the reconfiguration of all staff into 12 Disability Network Teams no later than June 2019.
- CHO DNCC will work in partnership with Workforce Planning & Infomatics to implement the recommendations from the National Workforce Planning Survey.

Evidence and Knowledge

Pay and Staffing Strategy 2019 and Funded Workforce Plans

The 2019 Pay and Staffing Strategy is a continuation of the 2018 strategy, central to which is compliance with allocated pay expenditure budgets. Overall pay expenditure, which is made up of direct employment costs, overtime and agency, will continue to be robustly monitored, managed and controlled to ensure compliance with allocated pay budgets as set out in annual funded workforce plans at divisional and service delivery organisation level. These plans are required to:

- Take account of any first charges in pay overruns that may arise from 2018 noting the risk impact on service delivery in 2019.
- Continue to operate strictly within allocated pay frameworks, while ensuring that services are maintained to the maximum extent and that the service priorities determined by Government are addressed.
- Comply strictly with public sector pay policy and public sector appointments.
- Identify further opportunities for pay savings to allow for re-investment purposes in the health sector workforce and to address any unfunded pay cost pressures.
- CHO DNCC will continue to manage the pay and staffing requirements through the Paybill Committee which meets on a monthly basis. The procedure for approving posts will be reviewed and circulated to managers by 28th February 2019.

- Head of HR will put a similar process in place with the Section 38 agencies no later than April 2019.

Pay and staff monitoring, management, and control, at all levels, will be further enhanced in 2019 in line with the *Performance and Accountability Framework*. Early intervention and effective plans to address any deviation from the approved funded workforce plans will be central to ensuring full pay budget adherence at the end of 2019.

An integrated approach, with Service Managers being supported by HR and Finance, will 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.

HR Data 2018

CHO HR will continue to produce integrated HR reports on a monthly and quarterly basis. The reports will include data on employment figures, starters and leavers, agency figures, absenteeism, paybill approvals, recruitment activity, paybill posts approved and attendance at leadership programmes. These reports will be reviewed in consultation with the relevant stakeholders during quarter 2, 2019.

Performance

CHO DNCC will undertake the following actions to ensure that staff and teams can channel their energy and maximise performance to meet organisational targets:

Staff Health & Wellbeing

- CHO HR in partnership with Health & Wellbeing will provide eight mini health checks for staff in CHO DNCC.
- CHO HR will continue to lead the CHO Staff Health & Wellbeing Group and three meetings will be held in 2019.
- A Staff Health & Wellbeing booklet will be produced by May 2019.
- One month in 2019 will be designated as CHO DNCC Staff Health & Wellbeing month in 2019 and various activities will take place during this month.
- Ten monthly staff health and wellbeing messages will be produced in 2019.

Garda Vetting

- CHO HR will produce three reports in 2019 for Heads of Service to advise where staff Garda Vetting needs to be updated on SAP HR and update all records that are received from local line managers. The objective is to ensure that all staff in CHO DNCC have accurate and up to date Garda Vetting records recorded on SAP HR.

National Workplace Investigations Unit

- CHO DNCC will continue to work with the National Workplace Investigations Unit to improve the investigations process in our CHO and ensure that suitable nominees attend the training provided.

Medical Staffing

- CHO DNCC will recruit a Medical Manpower Officer no later than June 2019. The introduction of this post will improve the recruitment of NCHD's within CHO DNCC, manage and co-ordination of consultant vacancies and advertisements, achieve 100% compliance with DIME system and be the CHO DNCC contact person for the National Doctors training & Planning Unit.

Partnering

CHO DNCC will undertake the following actions to effectively develop and support partnership with staff, service managers and other relevant stakeholders:

- The Head of HR will continue to ensure that the voice of the service user is included in all appropriate training that is delivered to staff within the CHO throughout 2019 with a particular focus on personal accountability.
- The Joint Consultation and Engagement Forum established in the CHO DNCC with Trade Union partners and representatives for all the Divisions, Finance, Communications and the Chief Officer. This forum will meet three times in 2019.

Human Resource Professional Services

CHO DNCC will undertake the following actions to design HR services that create value and enhance people capacity to deliver CHO priorities:

Implementation of National Integrated HR & Payroll Project

- A key priority for 2019 is the implementation of The National Integrated Staff Records and Pay Programme (NiSRP) within CHO DNCC by June 2019. These staff records and payroll systems will be fully integrated and will support the needs of a modern health system employer, enhancing available workforce information for managers.
- The Programme will modernise the way CHO DNCC connects with staff, improving access for them to their staff record and pay details via online employee and manager self-service.
- The potential benefits of full implementation of NiSRP include
    - One Staff Records technical system that will give full coverage of all CHO DNCC service staff related data.
    - One payroll technical platform linked to the staff records system which will give full costs for staff internal and agency hour by hour leading to better workforce analysis and planning.

- Full staff service history from a current date which will improve pension services into the future.
- A direct link between on line time returns and payroll will eliminate the amount of time spent checking and validating manual returns.
- Employee & Manager Self Service will make the staff records service more accessible and help ensure the information on file is more accurate. Staff will be able to check their record to ensure it is accurate and complete and arrange to have it changed if necessary.

Recruitment

CHO DNCC Recruitment Unit will continue to

- Manage recruitment campaigns i.e. temporary and permanent for Service Managers.
- To act as the single point of contact between managers and HBS Recruit, thus reducing the workload for Service Managers and ensuring consistency of standards within our CHO.
- To be responsible for all elements of recruitment from approval through to contracting stage.
- To ensure that appropriate standards are complied with in line with relevant legislation, the CPSA codes of practice and policies, GDPR and Data Protection.

HR Practice within CHO DNCC

- Continue to develop CHO HR Guidance documents on specific HSE HR policies and procedures where the need is identified by manager and staff.
- Two guidance documents will be produced in 2019 and these will be supported by local HR information workshops to support consistency of HR practice within CHO DNCC.

Public Service Stability Agreement 2018 - 2020

The Public Service Stability Agreement which represents an extension of the Lansdowne Road Agreement was negotiated between government and unions in 2017 and will continue until December 2020. It provides for the continuation of the phased approach towards pay restoration, targeted primarily at low-paid personnel, as well as providing a number of general pay adjustments in the course of the Agreement. The Agreement builds on the provisions of previous agreements to support reform and change in the health services. CHO DNCC will continue to support the work of the Public Service Pay Commission as established under the Agreement.

Strategic Review of Medical Training and Career Structure (MacCraith Report)

The outstanding recommendations of this report will continue to be implemented and in particular the issue of friendly flexible working arrangements will, service dependent, be supported.

- CHO DNCC Mental Health and HR will recruit a dedicated Medical Manpower Officer no later than June 2019 who will support the implementation of the recommendations from this report.

The negotiations on the task transfer initiative will be concluded and implementation of revised work practices shall be prioritised.

Further action will be taken to advance streamlined training, protected training time and measures to support recruitment and retention. Remedial and risk mitigation actions will be taken in respect of consultants that do not hold registration on the 'Specialist Division'.

CHO DNCC will consider findings of the report, when published, concerning public health physicians arising from recommendation 3.5 as set out in the MacCraith Report.

Enhancing Nursing Services

Strategic leadership and workforce development is supported by education and training, safe clinical evidence-based practice, a consistent and standardised approach, avoidance of duplication of effort while supporting legal and regulatory requirements at all levels. Key priorities in 2018 include:

- Strengthen the capacity of nurses and teams to meet the healthcare and wellbeing needs of the population through collaboration on policy, regulatory, professional and education matters, leadership, professional development, educational sponsorship, workforce planning, role expansion, effective communication, informatics and professional support.
- Support and progress initiatives, including the roll-out of the Framework for Staffing and Skill Mix for Nursing (phase 1 and 2);
- Support nurses to participate in programmes to prepare for advanced practitioner roles.
- Support nurses in education programmes

Health and Social Care Professions

Health and Social Care Professions (HSCP) refer to about 25 groups of professionals who provide services which impact on the health, wellbeing and quality of life of people. The HCSP group make up 633 WTE (October 2017) of CHO DNCC workforce and include therapists, social workers, psychologists and dieticians among others. The services in which they work include acute hospital, community and primary care, mental health, older persons', disability and residential services. Key priorities in 2018 include:

- Support National HSCP Office to implement the priority actions outlined in the *HSCP Education and Development Strategy 2016-2019*, within CHO DNCC.
- Support managers to strengthen and support evidence-based HSCP practice.

European Working Time Directive

The HSE is committed to maintaining and progressing compliance with the requirements of the European Working Time Directive (EWTD) for both non-consultant hospital doctors (NCHDs) and staff working in the social care and mental health sectors. 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.

Attendance Management

This continues to be a key priority and service managers, with the support of HR, will continue to build on the progress made over recent years in improving attendance levels and promoting regular attendance at work. The national performance target for 2019 remains at 3.5%.

- Two HR information workshops will be held in CHO DNCC on the Managing Attendance policy
- A HR information workshop will be held in CHO DNCC on the Sick Pay Scheme which includes the application of Critical Illness protocol, Temporary Rehabilitation Remuneration etc.

Appendices

Appendix 1: Financial Tables

Table 1: 2018-2019 Expenditure and Allocation by Division – (Statutory and Section 38)

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Social Care Total	407.994	401.639
CHO DNCC Total	720.506	710.599

Appendix 2: HR Information*

Total Workforce Position CHO DNCC as at December 2018

Dec 2018 (Dec 2017 figure: 6,438)	WTE Dec 2018	WTE change since Dec 17	% change since Dec 17	WTE change since Nov 18
Overall	6634	+196	+3.0%	+46
HSE	3548	+91	+2.6%	+3
Section 38	3086	+105	+3.5%	+42

Workforce Position by Division CHO DNCC as at December 2018

Dec 2018 (Dec 2017 figure: 6,438)	WTE Dec 2018	WTE change since Dec 17	% change since Dec 17	WTE change since Nov 18
Overall	6634	+196	+3.0%	+46
Mental Health	1301	+81	+6.6%	+11
Primary Care	1300	+61	+4.9%	-5
Disabilities	3125	+24	+0.8%	+26
Older People	908	+30	+3.4%	+14
Social Care	4033	+54	+1.4%	+40

Workforce Position by Employment Staff Group CHO DNCC as at December 2018

Dec 2018 (Dec 2017 figure: 6,438)	WTE Dec 2018	WTE change since Dec 17	% change since Dec 17	WTE change since Nov 18
Overall	6634	+196	+3.0%	+46
Medical/ Dental	292	+10	+3.7%	+1
Nursing	2013	+43	+2.2%	+11
Health & Social Care	1576	+44	+2.9%	+10
Management/ Admin	746	+66	+9.7%	+6
General Support	522	-18	-3.3%	-2
Patient & Client Care	1485	+50	+3.5%	+21

*As per CHO DNCC Employment Report December 2018 https://www.hse.ie/eng/staff/resources/our-workforce/cho-9-employment-report-.html

Appendix 3: National Scorecard and Performance Indicator Suite

Primary Care			
Key Performance Indicators Service Planning 2019	Reporting Period	2019 National Target / Expected Activity	2019 DNCC Target / Expected Activity
Community Diagnostics (Privately Provided Service)			
No. of ultrasound referrals accepted	M	25,480	No target
No. of ultrasound examinations undertaken	M	25,480	No target
Community Intervention Teams Referrals by referral category		**45,432**	**5,640**
Admission Avoidance (includes OPAT)	M	1,380	120
Hospital Avoidance	M	33,180	4,308
Early discharge (includes OPAT)	M	7,068	492
Unscheduled referrals from community sources	M	3,804	720
Outpatient Parenteral Antimicrobial Therapy (OPAT) Re-admission rate %	M	≤5%	≤5%
Community Intervention Teams Referrals by referral source		**45,432**	**5,640**
ED / Hospital wards / Units	M	29,736	3,468
GP Referral	M	11,148	1,680
Community Referral	M	2,760	240
OPAT Referral	M	1,788	252
GP Out of Hours			
No. of contacts with GP Out of Hours Service	M	1,147,496	No target
Physiotherapy			
No. of physiotherapy patient referrals	M	199,236	17.172
No. of physiotherapy patients seen for a first time assessment	M	162,549	12,880
No. of physiotherapy patients treated in the reporting month (monthly target)	M	34,926	2,840
No. of physiotherapy service face to face contacts/visits	M	709,764	62,064
Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period	M	34,023	4,781
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M	No target	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	M	No target	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	M	No target	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	M	No target	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period > 52 weeks	M	No target	No target
% of new physiotherapy patients seen for assessment within 12 weeks	M	81%	81%
% of physiotherapy patients on waiting list for assessment ≤ 26 weeks	M	84%	84%
% of physiotherapy patients on waiting list for assessment ≤ 39 weeks	M	91%	91%
% of physiotherapy patients on waiting list for assessment ≤ to 52 weeks	M	95%	95%
Occupational Therapy			
No. of occupational therapy service user referrals	M	94,800	11,760
No. of new occupational therapy service users seen for a first assessment	M	94,678	10,543
No. of occupational therapy service users treated (direct and indirect) monthly target	M	21,803	2,668
Total no. of occupational therapy service users on the assessment waiting list at the end of the reporting period	M	31,220	3,793
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M	No target	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	M	No target	No target

Primary Care			
Key Performance Indicators Service Planning 2019	Reporting Period	2019 National Target / Expected Activity	2019 DNCC Target / Expected Activity
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	M	No target	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	M	No target	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period > 52 weeks	M	No target	No target
% of new occupational therapy service users seen for assessment within 12 weeks	M	68%	68%
% of occupational therapy service users on waiting list for assessment ≤ 26 weeks	M	54%	54%
% of occupational therapy service users on waiting list for assessment ≤ 39 weeks	M	67%	67%
% of occupational therapy service users on waiting list for assessment ≤ to 52 weeks	M	85%	85%
Primary Care – Speech and Language Therapy			
Primary Care – Speech and Language Therapy			
No. of speech and language therapy patient referrals	M	50,892	8,004
Existing speech and language therapy patients seen in the month	M	19,514	2,163
New speech and language therapy patients seen for initial assessment	M	45,635	7,491
Total no. of speech and language therapy patients waiting initial assessment at end of the reporting period	M	14,236	2,488
Total no. of speech and language therapy patients waiting initial therapy at end of the reporting period	M	7,939	1,131
% of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks	M	100%	100%
% of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks	M	100%	100%
Primary Care – Speech and Language Therapy Service Improvement Initiative			
New speech and language therapy patients seen for initial assessment	M	3,882	673
No. of speech and language therapy initial therapy appointments	M	16,956	2,389
No. of speech and language therapy further therapy appointments	M	20,062	3,108
Primary Care - Podiatry			
No. of podiatry patient referrals	M	11,184	No target
Existing podiatry patients seen in the month	M	6,187	No target
New podiatry patients seen	M	8,856	No target
Total no. of podiatry patients on the treatment waiting list at the end of the reporting period	M	3,654	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M	No target	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	M	No target	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	M	No target	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	M	No target	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period > 52 weeks	M	No target	No target
% of podiatry patients on waiting list for treatment ≤ 12 weeks	M	32%	No target
% of podiatry patients on waiting list for treatment ≤ 26 weeks	M	52%	No target
% of podiatry patients on waiting list for treatment ≤ 39 weeks	M	65%	No target
% of podiatry patients on waiting list for treatment ≤ to 52 weeks	M	77%	No target
No. of patients with diabetic active foot disease treated in the reporting month	M	566	1
No. of treatment contacts for diabetic active foot disease in the reporting month	M	1,113	1
Primary Care – Ophthalmology			
No. of ophthalmology patient referrals	M	24,888	2,388
Existing ophthalmology patients seen in the month	M	6,080	324
New ophthalmology patients seen	M	26,232	1,500
Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period	M	20,203	4,457

Primary Care			
Key Performance Indicators Service Planning 2019	Reporting Period	2019 National Target / Expected Activity	2019 DNCC Target / Expected Activity
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M	No target	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	M	No target	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	M	No target	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	M	No target	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period > 52 weeks	M	No target	No target
% of ophthalmology patients on waiting list for treatment ≤ 12 weeks	M	26%	26%
% of ophthalmology patients on waiting list for treatment ≤ 26 weeks	M	46%	46%
% of ophthalmology patients on waiting list for treatment ≤ 39 weeks	M	58%	58%
% of ophthalmology patients on waiting list for treatment ≤ 52 weeks	M	66%	66%
Primary Care – Audiology**			
No. of audiology patient referrals	M	20,256	2,688
Existing audiology patients seen in the month	M	2,899	393
New audiology patients seen	M	17,760	2,320
Total no. of audiology patients on the treatment waiting list at the end of the reporting period	M	15,088	753
No. of audiology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M	No target	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	M	No target	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	M	No target	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	M	No target	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period > 52 weeks	M	No target	No target
% of audiology patients on waiting list for treatment ≤ 12 weeks	M	41%	41%
% of audiology patients on waiting list for treatment ≤ 26 weeks	M	64%	64%
% of audiology patients on waiting list for treatment ≤ 39 weeks	M	78%	78%
% of audiology patients on waiting list for treatment ≤ to 52 weeks	M	88%	88%
National New-born Hearing Screening Programme			
Total no. and % of eligible babies whose screening was complete by four weeks	Q, 1 Qtr. in Arrears	TBC	Service inc with 6 / 7
No. of babies identified with primary childhood hearing impairment referred to audiology services from the screening programme	Q, 1 Qtr. in Arrears	TBC	Service inc with 6 / 7
No. and % of babies from screening programme identified with a hearing loss by six months of age	Q, 1 Qtr. in Arrears	TBC	Service inc with 6 / 7
Primary Care – Dietetics			
No. of dietetic patient referrals	M	34,788	2,568
Existing dietetic patients seen in the month	M	3,459	156
New dietetic patients seen	M	21,874	1,381
Total no. of dietetic patients on the treatment waiting list at the end of the reporting period	M	16,085	971
No. of dietetic patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M	No target	No target
No. of dietetic patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	M	No target	No target
No. of dietetic patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	M	No target	No target

Primary Care			
Key Performance Indicators Service Planning 2019	Reporting Period	2019 National Target / Expected Activity	2019 DNCC Target / Expected Activity
No. of dietetic patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	M	No target	No target
No. of dietetic patients on the treatment waiting list at the end of the reporting period > 52 weeks	M	No target	No target
% of dietetic patients on waiting list for treatment ≤ 12 weeks	M	37%	37%
% of dietetic patients on waiting list for treatment ≤ 26 weeks	M	59%	59%
% of dietetic patients on waiting list for treatment ≤ 39 weeks	M	71%	71%
% of dietetic patients on waiting list for treatment ≤ to 52 weeks	M	79%	79%
Primary Care – Psychology			
No. of psychology patient referrals	M	12,948	1,344
Existing psychology patients seen in the month	M	2,550	137
New psychology patients seen	M	10,884	1,032
Total no. of psychology patients on the treatment waiting list at the end of the reporting period	M	7,919	1,344
No. of psychology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	M	No target	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	M	No target	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	M	No target	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	M	No target	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period > 52 weeks	M	No target	No target
% of psychology patients on waiting list for treatment ≤ 12 weeks	M	36%	36%
% of psychology patients on waiting list for treatment ≤ 26 weeks	M	49%	49%
% of psychology patients on waiting list for treatment ≤ 39 weeks	M	64%	64%
% of psychology patients on waiting list for treatment ≤ to 52 weeks	M	81%	81%
Primary Care – Nursing			
No. of nursing patient referrals	M	140,832	14,748
Existing nursing patients seen in the month	M 1 Mth in Arrears	52,063	2,757
New nursing patients seen	M 1 Mth in Arrears	118,849	11,975
% of new patients accepted onto the nursing caseload and seen within 12 weeks	M 1 Mth in Arrears	100%	100%
Child Health			
% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	M 1 Mth in Arrears	95%	95%
% of new-born babies visited by a PHN within 72 hours of discharge from maternity services	Q	98%	98%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q 1 Qtr. in Arrears	58%	58%
% of babies breastfed exclusively at first PHN visit	Q 1 Qtr. in Arrears	48%	48%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	Q 1 Qtr. in Arrears	40%	40%
% of babies breastfed exclusively at three month PHN visit	Q 1 Qtr. in Arrears	30%	30%
Oral Health Primary Dental Care			
No. of new oral health patients in target groups attending for scheduled assessment	M	162,336	20,892
No. of new oral health patients attending for unscheduled assessment	M	64,812	9,564
% of new oral health patients who commenced treatment within three months of scheduled oral health assessment	M	90%	90%

Appendix 3: National Scorecard, National Performance Indicator Suite and Activity 2019

Primary Care			
Key Performance Indicators Service Planning 2019	Reporting Period	2019 National Target / Expected Activity	2019 DNCC Target / Expected Activity
Orthodontics			
No. of orthodontic patients receiving active treatment at the end of the reporting period	Q	18,000	No Target
No. and % of orthodontic patients seen for assessment within 6 months	Q	2,459 46%	No Target
% of orthodontic patients on the waiting list for assessment ≤ 12 months	Q	100%	No Target
% of orthodontic patients on the treatment waiting list ≤ two years	Q	75%	No Target
% of orthodontic patients (grades 4 and 5) on treatment waiting list less than four years	Q	99%	No Target
No. of orthodontic patients on the assessment waiting list at the end of the reporting period	Q	8,722	No Target
No. of orthodontic patients (grade 4) on the treatment waiting list at the end of the reporting period	Q	9,432	No Target
No. of orthodontic patients (grade 5) on the treatment waiting list at the end of the reporting period	Q	8,426	No Target
% of orthodontic patients (grades 4 and 5) on the treatment waiting list longer than four years	Q	<6%	No Target
Services to persons with Hepatitis C			
No. of Health Amendment Act 1996 cardholders who were reviewed	Q	340	50

Social Inclusion		
Performance Activity / KPI (Wording as per NSP/OP)	2019 National Target / Expected Activity	2019 DNCC Target / Expected Activity
No. of pharmacies recruited to provide a Pharmacy Needle Exchange Programme	95	No Target
No of unique individuals attending the Pharmacy Needle Exchange Programme	1,650	No Target
No. of pharmacy needle exchange packs provided as per the Pharmacy Needle Exchange Programme	No Target	No Target
No. of clean needles provided each month as per the Pharmacy Needle Exchange Programme	22,559	No Target
Average no. of clean needles (and accompanying injecting paraphernalia per unique individual each month	14	14
No. of needle / syringe packs returned as per the Pharmacy Needle Exchange Programme	643	No Target
% of needle / syringe packs returned as per the Pharmacy Needle Exchange Programme	41%	41%

Social Inclusion			
Performance Activity / KPI (Wording as per NSP/OP)	Reporting Period	2019 National Target / Expected Activity	2019 DNCC Expected Activity / Target
Substance Misuse			
No. of substance misusers who present for treatment	Q 1 Qtr. in Arrears	6,188	499
No. of substance misusers who present for treatment who receive an assessment within two weeks	Q 1 Qtr. in Arrears	6,188	499
%. of substance misusers who present for treatment who receive an assessment within two weeks	Q 1 Qtr. in Arrears	100%	100%
No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	Q 1 Qtr. in Arrears	5,188	419

Social Inclusion			
Performance Activity / KPI (Wording as per NSP/OP)	Reporting Period	2019 National Target / Expected Activity	2019 DNCC Expected Activity / Target
No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following assessment	Q 1 Qtr. in Arrears	4,884	419
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q 1 Qtr. in Arrears	100%	100%
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	Q 1 Qtr. in Arrears	340	60
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Q 1 Qtr. in Arrears	340	60
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Q 1 Qtr. in Arrears	100%	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	Q 1 Qtr. in Arrears	100%	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	Q 1 Qtr. in Arrears	100%	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker	Q 1 Qtr. in Arrears	100%	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	Q 1 Qtr. in Arrears	100%	100%
Opioid Substitution			
Total no. of clients in receipt of opioid substitution treatment (outside prisons)	M 1 Mth in Arrears	10,063	2,926
No. of clients in opioid substitution treatment in clinics	M 1 Mth in Arrears	5,339	1,649
No. of clients in opioid substitution treatment with level 2 GP's	M 1 Mth in Arrears	2,240	602
No. of clients in opioid substitution treatment with level 1 GP's	M 1 Mth in Arrears	2,487	676
No. of clients transferred from clinics to level 1 GP's	M 1 Mth in Arrears	300	83
No. of clients transferred from clinics to level 2 GP's	M 1 Mth in Arrears	140	50
No. of clients transferred from level 2 to level 1 GPs	M 1 Mth in Arrears	150	40
No. of clients transferred from level 2 to level 1 GPs	M, 1 in Arrears	150	40
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	M, 1 in Arrears	880	144
Total no. of new clients in receipt of opioid substitution treatment (clinics)	M, 1 in Arrears	772	120
Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)	M, 1 in Arrears	108	24
Average waiting time from referral to assessment for opioid substitution treatment	M, 1 in Arrears	4 days	4 days
Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced	M, 1 in Arrears	28 days	28 days
No. of pharmacies providing opioid substitution treatment	M, 1 in Arrears	711	119
No. of people obtaining opioid substitution treatment from pharmacies	M, 1 in Arrears	7,007	1,825

Appendix 3: National Scorecard, National Performance Indicator Suite and Activity 2019

Social Inclusion			
Performance Activity / KPI (Wording as per NSP/OP)	Reporting Period	2019 National Target / Expected Activity	2019 DNCC Expected Activity / Target
Alcohol Misuse			
No. of problem alcohol users who present for treatment	Q, 1 Qtr. in Arrears	4,380	224
No. of problem alcohol users who present for treatment who receive an assessment within two weeks	Q, 1 Qtr. in Arrears	4,380	224
% of problem alcohol users who present for treatment who receive an assessment within two weeks	Q, 1 Qtr. in Arrears	100%	100%
No. of problem alcohol users (over 18 years) for whom treatment has commenced following assessment	Q, 1 Qtr. in Arrears	4,052	216
No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q, 1 Qtr. in Arrears	4,052	216
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q, 1 Qtr. in Arrears	100%	100%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	Q, 1 Qtr. in Arrears	44	0
% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan	Q, 1 Qtr. in Arrears	100%	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have an assigned key worker	Q, 1 Qtr. in Arrears	100%	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan	Q, 1 Qtr. in Arrears	100%	100%
No. of staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use	Q, 1 Qtr. in Arrears	880	150
Needle Exchange			
No. of pharmacies recruited to provide Needle Exchange Programme	Q, 1 Qtr. in Arrears	95	0
No. of unique individuals attending pharmacy needle exchange	Q, 1 Qtr. in Arrears	1,650	0
Total no. of clean needles provided each month	Q, 1 Qtr. in Arrears	22,559	0
Average no. of clean needles (and accompanying injecting paraphernalia) per unique individual each month	Q, 1 Qtr. in Arrears	14	0
No. and % of needle / syringe packs returned	Q, 1 Qtr. in Arrears	643 (41%)	0
Homeless Services			
No. and % of individual service users admitted to homeless emergency accommodation hostels who have medical cards	Q	968 (75%)	94 (75%)
No. and % of service users admitted during the quarter who did not have a valid medical card on admission and who were assisted by hostel staff to acquire a medical card during the quarter	Q	262 (70%)	58 (70%)
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	1,126 (87%)	109 (87%)
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical / general health, mental health and addiction issues as part of their care / support plan	Q	1,111 (86%)	108 (86%)
No. of people who received information on cardiovascular health or participated in related initiatives	Q	3,735	912 inclusive of CHOs 6/7/9

Social Inclusion			
Performance Activity / KPI (Wording as per NSP/OP)	Reporting Period	2019 National Target / Expected Activity	2019 DNCC Expected Activity / Target
No. of people who received information on or participated in positive mental health initiatives	Q	3,735	912 inclusive of CHOs 6/7/9

Palliative Care			
Performance Activity / KPI (Wording as per NSP/OP)		2019 National Target / Expected Activity	2019 DNCC Target / Expected Activity
Access to specialist inpatient bed within seven days during the reporting year		98%	98%
No. accessing specialist inpatient bed within seven days (during the reporting year)		3,809	618
% of patients triaged within one working day of referral (Inpatient Unit)		90%	90%
Access to specialist palliative care services in the community provided within seven days (normal place of residence)		90%	90%
% of patients triaged within one working day of referral (Community)		95%	95%
No. of patients who received specialist palliative care treatment in their normal place of residence in the month		3,405	306
No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)		280	32
No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)		97	34
Inpatient Services			
Access to specialist inpatient bed within seven days (during the reporting month)	M	98%	98%
No. accessing specialist inpatient bed within seven days (monthly cumulative)	M	3,809	618
Access to specialist palliative care inpatient bed from eight to14 days (during the reporting month)	M	2%	2%
% patients triaged within one working day of referral (Inpatient Unit)	M	90%	90%
No. of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	M	477	85
No. of new patients seen or admitted to the specialist palliative care service (monthly cumulative)	M	3,150	602
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	M	3,813	607
Community Palliative Care Services			
Access to specialist palliative care services in the community provided within seven days (Normal place of residence) (during the reporting month)	M	90%	90%
Access to specialist palliative care services in the community provided to patients in their place of residence within eight to 14 days (Normal place of residence) (during the reporting month)	M	8%	8%
Access to specialist palliative care services in the community provided to patients in their place of residence within 15+ days (Normal place of residence) (during the reporting month)	M	2%	2%
% patients triaged within one working day of referral (Community)	M	95%	95%
No. of patients who received specialist palliative care treatment in their normal place of residence during the month	M	3,405	306
No. of new patients seen by specialist palliative care services in their normal place of residence (monthly cumulative)	M	9,899	1,037
Day Care			
No. of patients in receipt of specialist palliative day care services (during the reporting month)	M	334	61

Palliative Care			
Performance Activity / KPI (Wording as per NSP/OP)	Reporting Period	2019 National Target / Expected Activity	2019 DNCC Target / Expected Activity
No. of new patients who received specialist palliative day care services (monthly cumulative)	M	979	141
Intermediate Care			
No. of patients in receipt of care in designated palliative care support beds (during the reporting month)	M	141	0
Bereavement Services			
No. of family units who received bereavement services during the month	M	645	60
No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse) during the reporting month	M	280	32
No. of new children in the care of the specialist paediatric palliative care team in an acute hospital setting (monthly Cumulative)	M	75	25 Children's Acute
Number of children in the care of the Acute Specialist palliative care team (during the reporting month)	M	97	34 Children's Acute
No. of new children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (monthly Cumulative)	M	100	5
No. of new referrals for inpatient services seen by the specialist palliative care team (monthly Cumulative)	M	12,182	
Specialist palliative care services provided in the acute setting to new patients and re-referrals within two days (monthly Cumulative)	M	14553	
Percentage of patients who were referred to Specialist palliative care services in an acute hospital who were seen within 2 days	M	95%	

Mental Health			
Key Performance Indicators Service Planning 2019	Report Frequency	2019 National Target / Expected Activity	2019 DNCC Target / Expected Activity
Community Mental Health General Adult			
% of accepted referrals / re-referrals offered first appointment within 12 weeks by General Adult Community Mental Health Team	M	90%	90%
% of accepted referrals / re-referrals offered first appointment *and seen* within 12 weeks by General Adult Community Mental Health Team	M	75%	75%
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	M	< 22%	< 22%
No. of General Adult Community Mental Health Teams	M	114 (119 returns)	17
No. of referrals (including re-referred) received by General Adult Community Mental Health Teams	M	43,819	4,057
No. of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	M	39,437	3,652
No. of new (including re-referred) General Adult Community Mental Health Team cases offered first appointment for the current month (seen and DNA below)	M	35,035	3,645
No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	M	28,716	2,987
No. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	M	6,319	658
No. of cases closed/discharged by General Adult Community Mental Health Teams	M	27,606	2,557
Psychiatry of Later Life Mental Health			

Mental Health			
Key Performance Indicators Service Planning 2019	Report Frequency	2019 National Target / Expected Activity	2019 DNCC Target / Expected Activity
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	M	98%	98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	M	95%	95%
%. of new (including re-referred) Later Life Psychiatry Team cases offered appointment and DNA in the current month	M	< 3%	< 3%
No. of Psychiatry of Later Life Community Mental Health Teams	M	31	2
No. of referrals (including re-referred) received by Psychiatry of Later Life Mental Health Teams	M	12,455	1,824
No. of Referrals (including re-referred) accepted by Psychiatry of Later Life Community Mental Health Teams	M	11,211	1,642
No. of new (including re-referred) Later Life Psychiatry Team cases offered first appointment for the current month (seen and DNA below)	M	9,163	1,124
No. of new (including re-referred) Later Life Psychiatry Team cases seen in the current month	M	8,896	1,091
No. of new (including re-referred) Later Life Psychiatry cases offered appointment and DNA in the current month	M	267	33
No. of cases closed/discharged by Later Life Psychiatry Community Mental Health Teams	M	8,969	1,314
Child & Adolescent Community Mental Health			
Admissions of children to Child and Adolescent Inpatient Units as a % of the total No. of admissions to children in mental health acute inpatient units.	M	75%	N/A
Percentage of Bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of Bed days used by children in mental health acute inpatient units	M	95%	95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams	M	78%	78%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams	M	72%	72%
%. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	M	< 10%	< 10%
% of accepted referrals / re-referrals offered first appointment and seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs	M	95%	95%
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	M	New KPI 2019	New KPI 2019
No. of child and adolescent Community Mental Health Teams	M	70	8
No. of child and adolescent Day Hospital Teams	M	4	1
No. of Paediatric Liaison Teams	M	3	1
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	M	296	48
No. of children / adolescents admitted to adult HSE mental health inpatient units	M	30	N/A
i). <16 years	M	0	N/A
ii). <17 years	M	0	N/A
iii). <18 years	M	30	N/A
No. of child / adolescent referrals (including re-referred) received by mental health services	M	18,128	1,497
No. of child / adolescent referrals (including re-referred) accepted by mental health services	M	13,069	1,077
No. of new (including re-referred) CAMHs Team cases offered first appointment for the current month (seen and DNA below)	M	11,919	885

Mental Health			
Key Performance Indicators Service Planning 2019	Report Frequency	2019 National Target / Expected Activity	2019 DNCC Target / Expected Activity
No. of new (including re-referred) child/adolescent referrals seen in the current month	M	10,833	804
No. of cases closed / discharged by CAMHS service	M	10,454	862
No. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	M	1,086	81
Total No. to be seen for a first appointment by expected wait time at the end of each month.	M	2,498	161
0-3 months	M	1,142	78
3-6 months	M	550	47
6-9 months	M	454	24
9-12 months	M	352	12
> 12 months	M	0	0
12-15 months	M	0	0
15-18 months	M	0	0
> 18 months	M	0	0
18-21 months	M	0	0
21-24 months	M	0	0
24-27 months	M	0	0
27-30 months	M	0	0
30-33 months	M	0	0
33-36 months	M	0	0
36-39 months	M	0	0
39-42 months	M	0	0
42-45 months	M	0	0
45-48 months	M	0	0
>48 months	M	0	0
Adult Acute Inpatient			
No. of admissions to adult acute inpatient units	Q in arrears	12,148	1,668
Median length of stay	Q in arrears	11	11
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	Q in arrears	62.9	78.8
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	Q in arrears	23.0	30.9
Acute re-admissions as % of admissions	Q in arrears	63%	61%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	Q in arrears	39.9	47.9
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	Q in arrears	21.3	22.6
No. of adult involuntary admissions	Q in arrears	1,918	358
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	Q in arrears	9.9	16.7

Disability Services		
Performance Activity / KPI (Wording as per NSP/OP)	2019 National Target / Expected Activity	2019 DNCC Target / Expected Activity
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	1,284
% of child assessments completed within the timelines as provided for in the regulations	100%	100%
% of school leavers and Rehabilitation Training (RT) graduates who have been provided with a placement	100%	100%
% of Children's Disability Network Teams established	100%	100%
No. of Children's disability Network Teams established	80	No target
No. of residential places for people with a disability	8,568	1,424
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	43
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,282	315
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	3,470
No of day only respite sessions accessed by people with a disability(ID/Autism and Physical and Sensory Disability)	32622	3,176
No of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,559	673
No. of overnights (with or without day respite) accessed by people with a disability(ID/Autism and Physical and Sensory Disability)	182,506	18,901
No. of PA Service hours delivered to adults with a physical and / or sensory disability	1,630,000	322,682
No. of adults with a physical and / or sensory disability in receipt of a PA service	2,535	226
No. of Home Support Service Hours delivered to people with a disability (ID/Autism and Physical and Sensory Disability)	3,080,000	457,314
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	8,094	1,221

Services for Older People		
Performance Activity / KPI (Wording as per NSP/OP)	2019 National Target / Expected Activity	2019 DNCC Target / Expected Activity
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	100%	100%

Services for Older People		
Performance Activity / KPI (Wording as per NSP/OP)	2019 National Target / Expected Activity	2019 DNCC Target / Expected Activity
an interim Safeguarding Plan.		
% 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		
% of Service improvement priorities implemented		
Home Support		
No. of Home Support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))	17,900,000	2,813,000
No. of people in receipt of Home Support (excluding provision from Intensive Home Care Packages(IHCPs)) - each person counted once only	53,182	6,689
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	391
No. of Short Stay Beds in Public Long Stay Units	1,850	248
% 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

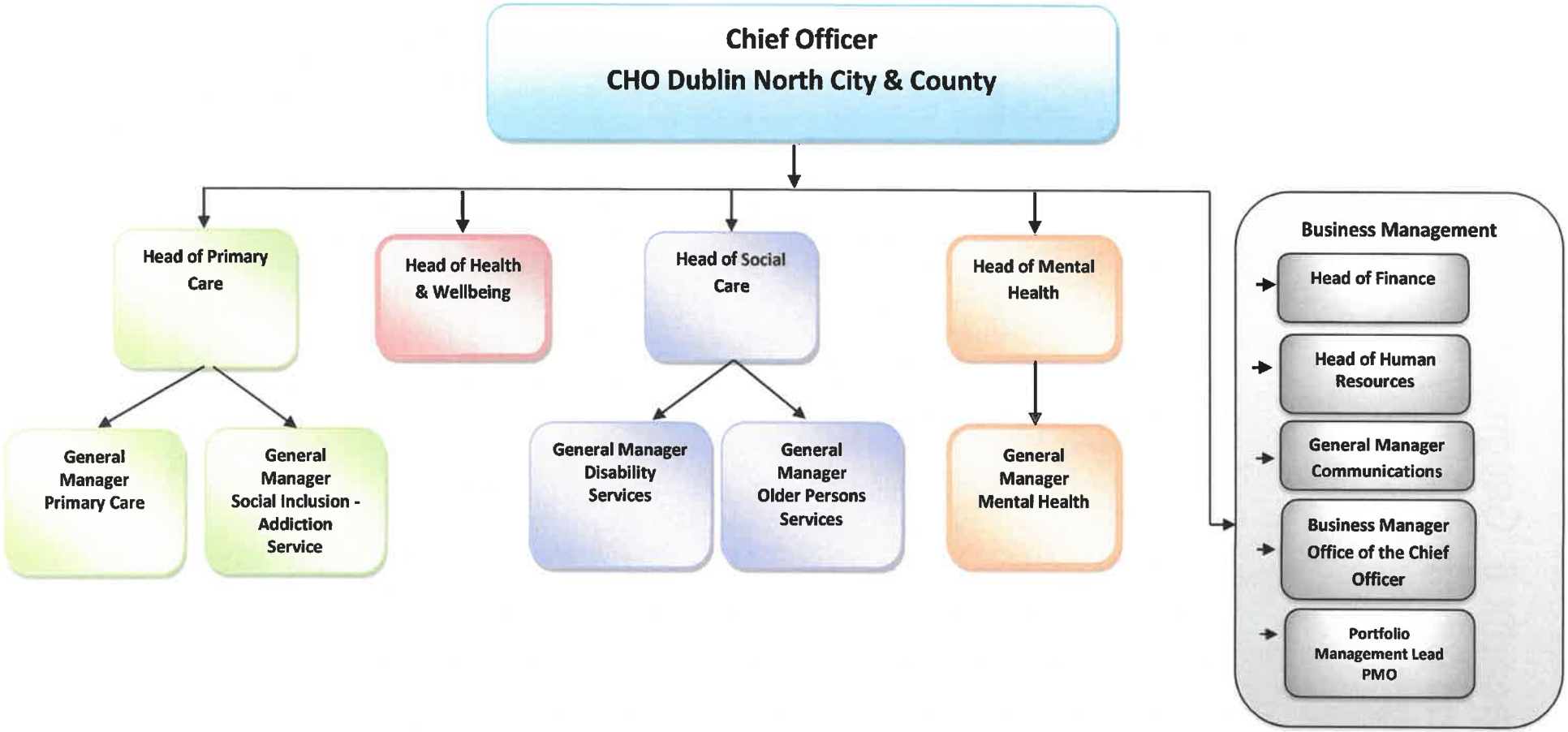
Health & Wellbeing			
Key Performance Indicators Service Planning 2019	Report Frequency	2019 National Target / Expected Activity	2019 DNCC Target / Expected Activity
No. of smokers who received face to face or telephone intensive cessation support from a cessation counsellor	Q-1Q	11,500	
No. of smokers who are receiving online cessation support services	Q		
% of smokers on cessation programmes who were quit at four weeks	Q-1Q	45%	
No. of unique runners completing a 5k park run	M	220,946	
No. of people attending a HSE funded structured community based healthy cooking programme	Q	4,400	
No. of people who have completed a structured patient education programme for type 2 diabetes	M	4,190	2019
% 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)	Q-1Q	95%	95%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	Q-1Q	95%	95%

Health & Wellbeing			
Key Performance Indicators Service Planning 2019	Report Frequency	2019 National Target / Expected Activity	2019 DNCC Target / Expected Activity
% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC1)	Q-1Q	95%	95%
% children at 12 months of age who have received two doses of the Meningococcal group B vaccine (MenB2)	Q-1Q	95%	95%
% children at 12 months of age who have received two doses of Rotavirus vaccine (Rota2)	Q-1Q	95%	95%
% children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenza type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	Q-1Q	95%	95%
% children aged 24 months who have received 2 doses Meningococcal C (MenC2) vaccine	Q-1Q	95%	95%
% children aged 24 months who have received 1 dose Haemophilus influenza type B (Hib) vaccine	Q-1Q	95%	95%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	Q-1Q	95%	95%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Q-1Q	95%	95%
% of children aged 24 months who have received three doses of the Meningococcal group B vaccine (MenB3)	Q-1Q	95%	95%
% of children aged 24 months who have received two doses of the Rotavirus vaccine (Rota2)	Q-1Q	95%	95%
% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	A	95%	95%
% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	A	95%	95%
% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	A	95%	95%
% of first year girls who have received two doses of HPV Vaccine	A	85%	85%
% of first year students who have received one dose meningococcal C (MenC) vaccine	A	95%	95%
% of health care workers who have received seasonal Flu vaccine in the 2018-2019 influenza season (acute hospitals)	A	60%	60%
% of health care workers who have received seasonal Flu vaccine in the 2018-2019 influenza season (long term care facilities in the community)	A	60%	60%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	A	75%	75%
No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule	Q	500	
No. of individual outbreak associated cases of infectious disease (ID) notified under the national ID reporting schedule	Q	5090	
% of identified TB contacts, for whom screening was indicated, who were screened.	Q-1Q	>/=80%	
No. of frontline Staff to complete the eLearning Making Every Contact Count Training in brief intervention	Q	1,425	
No. of frontline Staff to complete the Face to Face Module of the Making Every Contact Count Training in brief intervention	Q	284	

Appendix 4: Capital Infrastructure

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 9: Dublin North, Dublin North Central, Dublin North West									
Roselawn Health Centre, Blanchardstown, Dublin 15	Refurbishment of Roselawn Health Centre to complete provision of Primary Care Services in the Corduff / Blanchardstown network	Q4 2019 **Q3 2020**	Q1 2020 **Q4 2020**	0	0	1.03	1.17	0	0
Dublin North East Inner City (Summerhill), Dublin1	Primary Care Centre by PPP	Q4 2018	Q1 2019	0	0	0.00	0.00	0	0
Disability Services									
CHO 9: Dublin North, Dublin North Central, Dublin North West									
Daughters of Charity, Rosalie, Portmarnock, Dublin 13	Two units of purchase/refurbishment to meet housing requirements for eight people transitioning from congregated settings	Phased delivery 2019	Phased delivery 2019	0	8	0.80	1.20	0	0
Mental Health Services									
CHO 9: Dublin North, Dublin North Central, Dublin North West									
Stanhope Terrace, Dublin North Central	Refurbishment of Stanhope Terrace to provide accommodation for 10 people currently in the Weir Home	Q4 2019 **Q3 2020**	Q1 2020 **Q4 2020**	0	10	1.95	2.23	0	0
St. Ita's, Portrane, Co. Dublin	Upgrade ground floor, kitchen area	Q2 2019	Q3 2019	0	0	0.85	1.20	0	0
Older Persons' Services									
CHO 9: Dublin North, Dublin North Central, Dublin North West									
Seancara / Clarehaven Community Nursing Unit, Dublin 11	Upgrade, extension and refurbishment to achieve HIQA compliance	Q4 2018 **Q4 2019**	Q1 2019 **Q1 2020**	0	0	4.60	6.20	0	0

Appendix 5: Organisational Structure CHO Dublin North City and County



Appendix 6: Geographical Region - CHO Dublin North City and County