Community Healthcare Operational Plan 2018

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

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 National Director Community Healthcare

Introduction

This Community Healthcare Plan (CHP 2018), based on the National Service Plan 2018 (NSP 2018), sets out the type and volume of health and personal social services to be provided by Community Healthcare in the Health Service Executive (HSE) in 2018. It seeks to balance priorities across all of our services that will deliver on both the HSE Corporate Plan 2015–2017 and the NSP 2018. The Priorities of the Minister for Health and Government as set out in A Programme for a Partnership Government are also reflected, as well as recognition of the requirements set out in the recent Slaintecare report.

CHP 2018 provides detail on the services that will be delivered in the community in 2018. The plan details activity in Health & Wellbeing, Primary Care, Mental Health, Disability Services and Older Persons services. It also recognises that underpinning all of these actions is the goal of improving the health and wellbeing of the population and of ensuring that the services we deliver are safe and of high quality. The health service continues to deliver its services in an environment where the population is growing, the number of people seeking to access services is higher than ever before and where public expectations for quality services continue to increase. There will be an on-going and significant management challenge to balance demands and needs within the funding available to Community Healthcare and the wider HSE.

Achievements 2017

In 2017 there was considerable success in delivering health and social care services. It is planned that the closer integration of services in 2018 will deliver more effective and efficient service delivery in the coming year. Some of the achievements in 2017 include:

Health & Wellbeing

Structures are being put in place to enable implementation of Healthy Ireland at CHO level. Implementation plans for 6 CHOs have been drafted with preparatory work underway to progress the 2 remaining CHO plans.

The Making Every Contact Count (MECC) Framework and implementation plan for Health Behaviour Change in the health service was published in May 2017 and implementation is underway. It is estimated that there are around 30 million contacts within Ireland's health service annually. Making Every Contact Count aims to capitalise on the opportunities that occur every day for every health professional to support patients and to make healthy lifestyle

choices to support chronic disease prevention and self-management of existing chronic diseases.

The National Framework for Self-Management Support (SMS) and implementation plan for chronic conditions, Chronic Obstructive Pulmonary Disease (COPD), asthma, diabetes and cardiovascular disease entitled 'Living Well with a Chronic Condition: Framework for Self-Management Support' was launched in November 2017. SMS is the provision of education and supports, to increase patients' skills and confidence in managing their health problems.

Primary Care Services

Referrals to the Community Intervention Teams (CITs) increased by 35% compared with the previous year, approximately 37,800 referrals were dealt with by CIT services. An audit schedule has commenced and quality improvements have been implemented.

The primary care ultrasound initiative which provides direct access for GPs to ultrasound was further strengthened, reducing the need for referrals to outpatient departments. 20,278 ultrasounds were provided along the West Coast from Donegal to Cork .

Thirteen primary care centres were completed construction of which and 10 became operational, namely Tuam, Co. Galway, Borrisokane, Co. Tipperary, St. Finbarr's, Co. Cork, Ballyheigue, Co. Kerry, Springfield, Dublin, Celbridge, Co. Kildare, Blessington, Co. Wicklow, Mullingar, Co. Westmeath, Portmarnock, Co. Dublin and Grangegorman, Dublin.

Mental Health Services

Mental Health Engagement leads were appointed in all CHOs and Peer Support Workers are also now in place nationally.

The Best Practice Guidance for Mental Health was launched in April 2017 helping increase risk/safety literacy in the workforce & compliance in MH Services

The National Recovery Framework for Mental Health, the Perinatal Mental Health Model of Care and the Youth Mental Health Taskforce Report were all launched at the end of 2017.

Over 2000 development posts have been approved in the last five years, including a further 229 WTE posts approved across a range of services / disciplines under Programme for Government funding 2017. At the end of 2017, 97% of the 2012 and 2013 posts were appointed, 80% of the 2014 posts and nearly half of the 2015 posts. Over a third of the 2016 posts were appointed, with the further 120 Assisted Psychology posts and approved 2017 Eating Disorder, 7/7, Perinatal posts etc. to be recruited in early 2018. Three new CAMHs teams and a new POA team were put in place in 2017.

Disability Services

In relation to disability services, the implementation of 'Time to Move on from Congregated Settings' is moving apace with 140 people having moved from Institutionalised care settings to homes in the community with support in 2017.

The New Directions programme, which is about improving day services to enable people with a disability to have greater choice and options, benefited an additional 901 young school leavers. The Reconfiguration of '0 -18' disability network teams remains a critical part of reconfiguring existing services provided by HSE and our Voluntary partners.
Substantial work has been undertaken to establish the role of Disability Network Manager which will be complete in full in 2018. The first national conference for progressing disability services was held in Limerick where over 300 parents and staff shared learning and good practice.

Older Persons

Delayed discharges- the reduction to a yearend position of 470 delayed discharges (Adults) was achieved through the additional funding support through winter measures.

Commencement of the Single Funding Model of Home Support which will provide a more streamlined service.

Implementation of the Dementia strategy progressed which will assist with improving services and supports for people with dementia. The campaign for Dementia awareness was rolled out in 2017.

Challenges and Priorities 2018

The growing cost of delivering core services is such that the HSE and Community Healthcare will face a very significant financial challenge in 2018 in maintaining the existing level of overall activity, to which we are fully committed. In mitigating this challenge, we are conscious that maintaining services and driving improvements in patient safety and quality remain the over-riding priorities across the health sector, and all savings and efficiency measures will be assessed with these priorities in mind. Community Healthcare will play a full role in the recently implemented HSE Value Improvement Programme (VIP), to address the financial challenge in Community Healthcare and the wider HSE. Within the over-arching VIP we will focus on three broad priority themes:

- Improving value within existing services
- Improving value within non-direct service areas
- Strategic value improvement

Against this financial background, the CHP 2018 sets out the services that will be provided in 2018, together with our priorities, focusing on a small number of key themes that signal a direction towards a more sustainable and safer healthcare service for the people of Ireland.

CHP 2018 recognises that the current arrangements for service delivery in Ireland are characterised by an over-reliance on hospital-based care, with continuing opportunities to

deliver care more appropriately in primary and community settings. Accordingly, it is crucial that we seek now, as quickly as possible, within available resources and with appropriate transitional support to radically reshape how health and social care services are delivered in Ireland. Details on how these changes will be made are provided in Section 3 of this plan Building a Better Health Service.

Community Healthcare Plan

This plan contains the following elements:

- Identifies our key reform themes including, Improving population health, Delivering care closer to home, Improving quality, Safety and value and Developing links with specialist hospital care networks.
- Describes the Financial Framework that supports the plan, detailing the financial allocations to Community Healthcare at national and CHO level and also setting out specific areas of investment in 2018.
- Focuses on our workforce, all of whom are fundamental to delivering health and social care services across the country. Their contribution and commitment, much of which is showcased in our Achievement Awards, is at the heart of an effective health service, and their effective engagement is essential to successful transformation in the future.
- Provides details on priorities, actions and the type and volume of service that will be provided by our operational service areas set out in each of the health and wellbeing, primary care, mental health, disability and older persons sections.
- Lists the performance indicators against which performance will be measured. These indicators are dependent 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, including intended improvements.

Significant work will be undertaken in Community Healthcare during 2018, to plan for the changes required in line with the recently published all party Sláintecare Report. For 2018, our objective is to maintain quality, deliver good outcomes and recognise that there are opportunities, even in a constrained financial environment, to provide excellent health and social care services to the population. Community Healthcare will work to 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 and consistent with best available evidence.

Risk to the delivery of CHP 2018

The National Service Plan 2018 sets out the general potential risks for the wider health service and the requirements of the HSE's Integrated Risk Management policy. In identifying potential risks to the delivery of the level and type of services in this CHP 2018, it is acknowledged that while every effort will be made to mitigate these risks, it may not be possible to eliminate them in full. Particular management focus will be required to mitigate risk in the following areas including management arrangements and processes to prioritise service needs and ensure standardised waiting list arrangements.

- The budget and staffing assigned to CHP 2018 provides for an expected level of service demand. There is a risk that continued demographic pressures and increasing demand for services will be over and above the planned levels thus impacting on the ability to deliver services.
    - In respect of Primary Care there are risks in the capacity in General Practice and in the development of a new modernised contract for the provision of GP services. There also is risk associated with demand led schemes exceeding funded levels.
    - In Palliative Care there are challenges in respect of the provision of respite care and on the issue of palliative care teams to support consultants working without full teams.
    - In Mental Health, demographic pressures in under 18's and in the increased population over 65 will increase demand respectively for Child and Adolescent Mental Health and Psychiatry of Later Life services. There are also challenges to meet the demands for emergency placements within the available budget allocations.
    - Demographic changes over the next 12 months will result in almost 20,000 more people aged 65 and over, and approximately 6,000 more people living with a disability, with increasing levels of dependency. Capacity to meet the needs of this cohort will present a significant challenge, including meeting the demand for residential and respite services and the provision of emergency places for people with a disability.
    - Providing residential services for Older Persons within the available funding due to increasing staff costs, delivering services in buildings with older & challenging environments, reliance on Agency staffing to maintain roster arrangements and a lack of progress on having an agreed framework for staffing and skill-mix to provide these services.
    - Many Public Residential services have significant levels of multi-occupancy rooms which provides challenges to delivering services with appropriate dignity and privacy for residents, leading to a reduction in demand and a subsequent loss of income particularly in relation to the NHSS. The development of a funding model for short stay services in residential care settings based on occupancy levels will

need to be introduced carefully so as to ensure there is sufficient budget availability to provide such services in a sustainable manner.

- The capacity of NHSS (A Fair Deal) to maintain the wait time at four weeks given the number and complexity of variables involved and the underlying assumptions will be monitored and managed very closely in conjunction with the DoH.
- Meeting the demand for Older Persons Home Supports and particularly the increasing demands to support discharges of patients from acute hospitals to home remains a challenge and where the work-force requirement for these services is not increasing at the required level. This increased demand is also being met where there has been an increase in the costs of delivering Home Supports due to the level of complexity of those requiring the service as well as the provision of the service on an out of hours basis. Any further increases in cost could curtail the planned level of service to be provided.

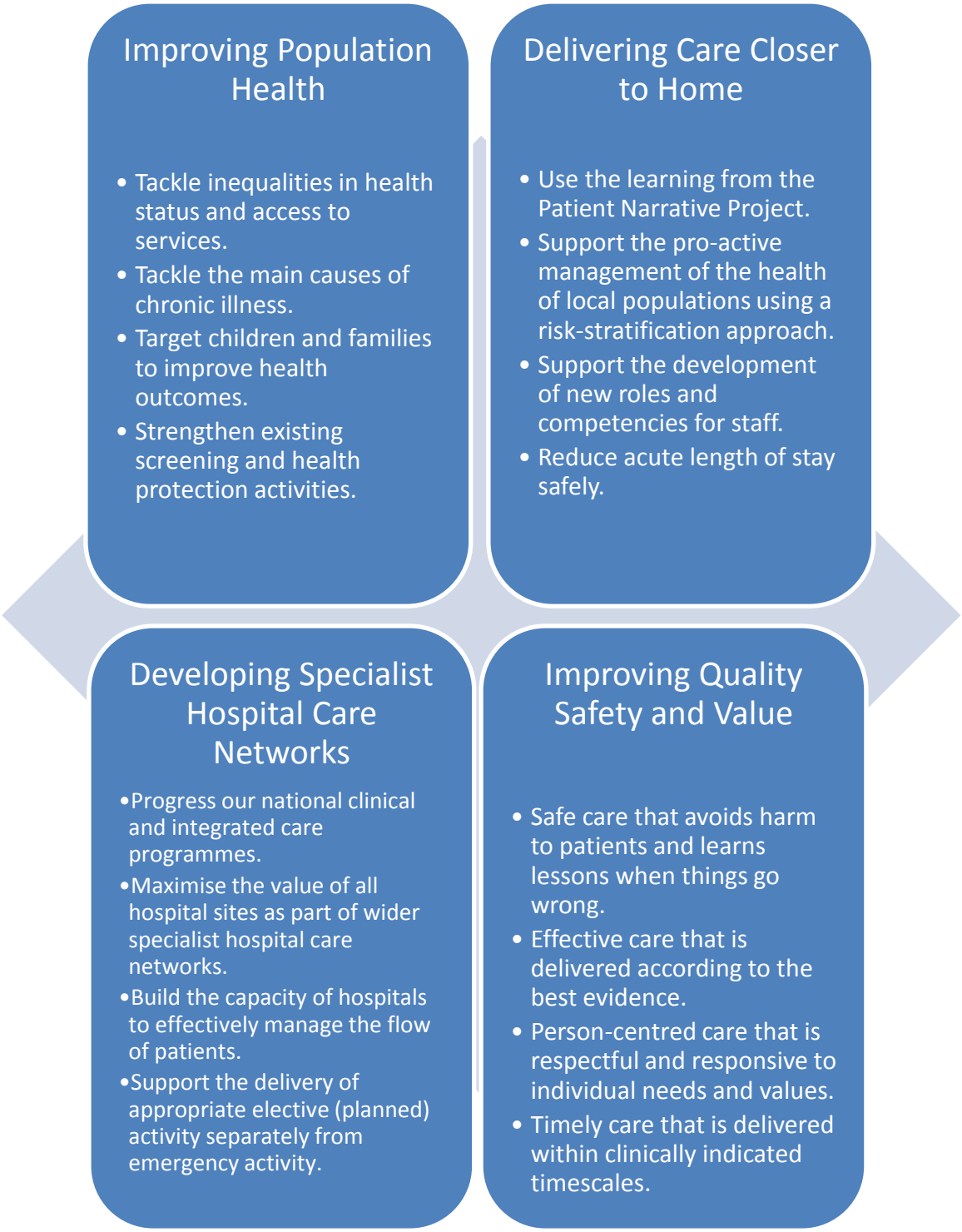
- Maintaining Regulatory requirements in public long-stay residential care facilities, mental health services and the disability sector which must be responded to within the limits of the revenue and capital funding available and without impacting on planned service levels.
- The capacity to recruit and retain a highly-skilled and qualified medical and clinical workforce, particularly in high-demand areas and specialties.
- The capacity to exercise effective control over pay and staff numbers in the context of safety and quality, regulatory, volume and practice driven pressures.
- The capacity and resources to continue to develop and involve staff in improving quality and safety and the culture of the organisation.
- The limitations of our clinical, business information, financial and HR systems. Specifically, the delivery of the plan is impeded by the lack of a robust performance management culture supported by good data in Community Health Services. This is exacerbated by the absence of a single national Health Information system and the dependence on a multitude of recording systems and processes.
- Progressing at scale and pace the required transformation agenda within the funding levels available. Maintaining a focus on whole-system reform, new ways of working and change management initiatives in the context of day to day service demands; competing strategic priorities and concurrent health reform programmes.
- Responding to urgent safety concerns and emergencies such as Carbapenemase-Producing Enterobacteriaceae (CPE). Working with the DDG Operations and the Department of Health's National Public Health Emergency Team (NPHET) to mitigate this risk, including how to manage emerging resource implications.

Anne O'Connor
National Director
Community Operations

Section 1:

Introduction
And Key Reform Themes

Section 1: Introduction and Key Reform Themes



1.1 Introduction

The NSP 2018 sets out the type and volume of health and social care services which the HSE expects to deliver in 2018. It has regard to available funding, planning assumptions agreed with or planned by the DoH and what can be delivered by realistic and achievable measures to improve the economy, efficiency and effectiveness of our services during 2018.

This Operational Plan for Community Healthcare (CHP 2018) details the specific actions to be progressed during 2018 to deliver improved population health and health and social care services within a given financial framework and consistent with Ministerial and Governmental priorities, as set out in the Programme for a Partnership Government 2016 and the HSE's Corporate Plan 2015-2017.

1.2 The need for change

As has been noted the current arrangements for service delivery in Ireland are characterised by an over-reliance on more costly, hospital-based care, with continuing opportunities to deliver care more appropriately in primary and community settings. There are challenges in responding effectively to the planned, unplanned and emergency needs of patients. Similar pressures are faced by primary and community services, including services for older persons, people with disabilities and people who need mental health supports, with demand outstripping supply in many areas. If we continue with our existing arrangements and approaches to service delivery, it will become more difficult for patients and staff as the capacity of available services is increasingly outstripped by the demands placed upon them.

It is essential that we seek now, as quickly as possible, within available resources and with appropriate transitional support to radically reshape how health and social care services are delivered in Ireland. Significant work will be undertaken in 2018, in line with Sláintecare, to plan for the changes required. For 2018, our objective is to maintain quality, deliver good outcomes and recognise that there are opportunities, even in a constrained financial environment, to provide excellent health and social care services to the population. The system 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 available evidence.

CHP 2018 pursues this approach, building on, and adding pace and momentum to the good work already underway across the health and social care system in Ireland. It will be more important than ever that we secure value for money, achieving maximum benefit from the available financial, staffing and infrastructure resources.

Details of our priority reform themes in Community Healthcare and the associated initiatives and actions that we will seek to progress in 2018, are set out below and in the following chapters.

1.3 Key reform themes

Consistent with the need to improve the health of the population and to radically reshape where and how services are provided, Community Healthcare shall be pursuing four key reform themes during 2018 and beyond.

1.3.1 Improving population health

Keeping people well, reducing ill health and supporting people to live as independently as possible, will all be essential if we are to manage the demands on the finite capacity of the health and social care system.

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 2018 and beyond, we will seek to progress a range of initiatives and actions that:

- 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 local communities to improve community health and wellbeing.
- Strengthen existing screening and health protection activities.

1.3.2 Delivering care closer to home

There is a significant opportunity to shift care out of acute and congregated institutions and into community and home settings. This is 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. Over time, the aim 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.

During 2018 and beyond, Community Healthcare will seek to progress a range of initiatives and actions that:

- Use the learning from the Patient Narrative Project: Your Voice Matters to inform service development.
- Support the development of local, integrated multi-disciplinary teams, working seamlessly to anticipate and respond to the needs of local populations.
- Support the pro-active management of the health of local populations using a risk-stratification approach.

- Strengthen staffing and infrastructure capacity in primary and community services, maximising the use of smaller hospital sites.
- Support the development of new roles and competencies for staff.
- Support general practitioners (GPs) 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.
- Reduce acute length of stay safely by building community services and capacity in rehabilitation, residential or home settings. Strengthen ambulatory services at the 'front door' of hospitals, with more multi-dimensional urgent and emergency care provision models and enhanced patient pathways, significantly reducing the need for patients to be admitted to hospitals.
- Support collaboration and integrated working across professions, provider organisations, across pre-hospital, acute and primary and Community Healthcare settings, and across localities.

1.3.3 Developing pathways to and from specialist hospital care networks

In parallel with the requirement to shift less complex acute care from hospital to community settings, there is a need to ensure that the secondary and tertiary care sectors are able to deliver the complex, specialised and emergency care that will be required by patients.

The key challenge for both Acute Hospital and Community Healthcare will be to ensure that there is a smooth and frictionless pathway between the services to ensure that patients are receiving the optimal care in the most appropriate treatment setting for their condition. This will require collaborative and integrated working across professions, across pre-hospital, acute and primary and community services settings.

During 2018 and beyond, Community Healthcare will seek to progress a range of initiatives and actions that:

- Progress our national clinical and integrated care programmes.
- Demonstrably support the delivery of safe, high quality care in community settings.
- Build the capacity of Community Healthcare to effectively manage the flow of patients between Acute and Community Services.

1.3.4 Improving quality, safety and value

In the context of the very significant financial and operational pressures faced by health and social care services in Ireland, it is essential that we ensure a relentless focus on improving quality, safety and delivering better value care.

Community Healthcare will continually seek to improve the quality of care and outcomes for patients, ensuring that care is safe, effective, person-centred, timely, efficient and equitable by providing:

- Safe care that avoids harm to patients and learns lessons when things go wrong.
- Effective care that is delivered according to the best evidence as to what is clinically effective in improving health outcomes, and consequently reducing or ceasing to provide services that are of limited benefit.
- Person-centred care that is respectful and responsive to individual needs and values, and partners with patients and service users in designing and delivering that care.
- Timely care that is delivered within clinically indicated timescales.
- Efficient care that avoids waste.
- Equitable care that is delivered to the same quality regardless of where patients live, their gender, background or socio-economic status.

There is a strong relationship between the quality of care and finance. Failure to deliver high quality care wastes resources and can lead to poor outcomes for patients. It is essential that we reduce variation in how care is delivered, ensuring that people receive timely and appropriate care in an appropriate setting provided by an appropriate professional.

During 2018 and beyond, Community Healthcare will seek to progress a range of initiatives and actions that:

- Ensure a systematic approach to delivering tangible quality and value improvement, both regionally and nationally, with a focus on organisation-wide and national programmes to ensure that quality and value improvement happens at scale.
- Develop the skills and capacity for quality improvement by training staff in the use of improvement techniques and encouraging them to identify and act on areas for improvement.
- Ensure appropriate data is available, regionally and nationally, to support the identification of improvement opportunities and to monitor the impact of improvement actions.

Section 2:

Our Population

Section 2: Our Population

2.1 Introduction

The following will give an overview of the demographic profile nationally and will provide a context for the challenges to Community Healthcare as a result of the population increases and demographic pressures.

2.2 Overview

Over 4.7m people live in Ireland according to the 2016 Census. This represents an increase of approximately 4% or almost 170,000 people since 2011. The greatest change in this time period is in the number of people aged 65 years and over, which increased from 11% in 2011 to 13% in 2016. Each year, the population aged over 65 years' increases by almost 20,000 people, and by over 2,500 for those aged 85 years and over. The number of adults aged 65 years and over will increase by up to 21%, or 131,000, by 2020. If the current trend continues, the number of adults aged 85 years and over is projected to increase by approximately 4% annually.

Over 344,000 births and 148,000 deaths have been registered since Census 2011, resulting in a natural increase in our population of over 196,000. A quarter of the population are children aged 0-17 years.

These figures help us understand the size, growth and distribution of the population – the demographic change. Information on demographic change is taken into account when considering the resources, including finance, required to maintain an existing level of public health and social care services 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.

2.3 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 years and men at 79.3 years. The greatest gains in life expectancy have been achieved in the older age groups, reflecting decreasing mortality rates from major diseases.

- Mortality rates from circulatory system diseases fell by 28% between 2006 and 2015 and cancer death rates decreased by 13% over the same period. Transport accident mortality rates have fallen by 51% in the past decade, and suicide rates by 6% (Health in Ireland - Key Trends 2016, DoH).

- Approximately three quarters of deaths in Ireland are due to three chronic diseases – cancer, cardiovascular disease and respiratory diseases. These are largely preventable by modifying lifestyle risk factors such as obesity, smoking and alcohol. From 2017 to 2022, it is estimated there will be more than a 17% increase in the number of adults aged 65 years and over with two or more chronic conditions.
- Approximately 86% of people aged 65 years and over have one or more chronic diseases, and 65% of people aged 65 years and over live with multi-morbidity (two or more chronic conditions) (The Irish Longitudinal Study on Ageing (TILDA), wave1, 2010).
- Arthritis affects 44% of those aged 65 years and over (The Irish Longitudinal Study on Ageing (TILDA), wave2, 2014).

2.4 Health Inequalities

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

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

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

2.5 Homelessness

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

2.6 Travellers and Roma

The 2016 Census recorded 30,987 Travellers living in the Republic of Ireland, an increase of 5.1% from Census 2011 (CSO, 2016). Irish Travellers are much younger than the general population. Almost three quarters of Travellers are aged 34 years or younger, while just over 7% are 55 years and over. The estimated Roma population is between 3,000 and 5,000 (Department of Justice, National Traveller and Roma Inclusion Strategy 2017-2021).

2.7 Healthy Ireland Framework

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

Section 3:

Building a better Health Service

Section 3: Building a Better Health Service

3.1 Introduction

Nationally a number of programmes are underway, supported by evidence that offer potential to shift the balance of care towards the community. Community Healthcare will prioritise the continuation and further support for initiatives under these programmes in 2018, in the knowledge that they will lay the necessary foundations for developing a more sustainable health service into the future.

3.2 Building strategic certainty in 2018

As outlined in the National Service Plan the case for scaling up the current and future capacity of the health services and at the same time shifting the balance in delivery to Community Healthcare is robust and overwhelming. The case for change and the requirements for transitional funding to support and underpin it are highlighted in Sláintecare.

A key priority for the health service in 2018 is to develop an agreed strategic position with the DoH and with our partners, in the interests of building a better health service, designed to meet the needs of our population which represents higher value care, in terms of return on the money invested in health. In 2018 Community Healthcare will prioritise the following actions to progress the reform agenda:

3.3 Actions 2018

- Participate in developing a comprehensive, integrated health service transformation and delivery plan, fully aligned with and in support of the forthcoming Sláintecare implementation plan.
- In conjunction with the wider HSE develop and embed governance arrangements to ensure all transformation funds are dedicated and not required to address operational funding deficits.
- In the case of Disability services, the Service Reform Fund has targeted €5m in order to ensure reconfiguration towards supports that are in line with government policy in respect of community living, reform of day services to person centered supports and further development of alternative “respite” models.
- Develop capacity to monitor, evaluate and report on the impact of agreed transitional funding.

3.4 Laying the foundations for transformation and sustainable long term healthcare delivery

Community Healthcare will support and implement the agreed national initiatives with the aim of reforming our services and seeking to deliver higher value care. A number of transformational programmes will continue in 2018, with a focus on:

- Building a leadership culture and enabling and supporting staff to live our values and further embed them in our working lives – Care, Compassion, Trust and Learning.
- Transformation through our workforce: Health Services People Strategy 2015-2018.
- Prevention through Healthy Ireland implementation and improved care management for patients with chronic conditions.
- Clinical leadership and clinical models of care, particularly care for the frail elderly and patient flow from Community Healthcare to hospitals and vice versa.
- Higher rates of efficiency growth across key service areas.
- Addressing serious information and knowledge management gaps in the healthcare system, and the creation of a research and development function.
- Enabling and supporting change in our delivery systems.
- Enhancing EU and North South Co-operation and preparing for Brexit.

3.5 Care, Compassion, Trust and Learning – Our culture and our values

Within our Community Healthcare services staff, managers, patients and service users are engaged in many formal and informal activities to improve the way we lead and act with staff and service users to ensure that the culture of our services is aligned with national core values. A challenge for all parts of Community Healthcare is to nurture cultures that ensure the delivery of continuously improving, high quality, safe and compassionate healthcare.

3.6 Values in Action

Values in Action is based on the understanding that, every day, thousands of health service staff around Ireland live our values of Care, Compassion, Trust and Learning. Sometimes this is very visible, sometimes it is not. Values in Action is a nationally supported approach to shaping the culture of the health services around these values, so that they are evident every day in every workplace. This is led at the local level by health service managers and by staff at every level of service through a peer to peer grassroots social movement. The objective of Values in Action is to create better working environments for our staff, and importantly, give patients and clients a positive experience when they come into contact with our health service. In 2018, Community Healthcare will:

- Grow our community of Values in Action champions across the health services to lead the movement in their workplaces.
- Support the roll-out of Values in Action in the Community Healthcare Organisations (CHOs),
- Promote the Integration of the behaviours that underpin Values in Action within other processes in the health service so that our nine behaviours are evident in all that we do for staff and patients.

3.7 Transformation through our workforce: Health Services People Strategy 2015-2018

Through our Health Services People Strategy 2015-2018, Community Healthcare recognise the vital role staff at all levels play in addressing the challenges health service delivery. Our commitment is to engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them.
Priorities in 2018 include:

- Embed an approach to staff engagement through our Staff Engagement Forum.
- Implement the Working Together for Health – A National Strategic Framework for Health and Social Care Workforce Planning, 2017 across the health services.
- Support Healthy Ireland and the Workplace Health and Wellbeing Unit to manage staff, support services and ensure that policies and procedures are designed to enable staff to maximise their work contributions and work life balance.
- Introduce performance management systems in areas of the public health sector where these are not already in place.

3.8 Leadership Academy

2017 marked a year that established the Leadership Academy and represents a strategic investment in developing staff at all levels. Community Health Services are committed to supporting development of leadership skills that patients, carers, service users and communities deserve. In 2018, we will enhance leadership development by supporting applicants for both of the two national flagship programmes.

3.9 Healthy Ireland: Chronic disease prevention and management

Community Healthcare advocates the need for a strong and comprehensive response to prevention and management of chronic diseases. Comprehensive chronic disease management offers the potential to redirect significant numbers of people from acute hospital inpatient, day case and outpatient care to primary care.

A national policy framework and health service implementation plan is already in place, Healthy Ireland in the Health Services - Implementation Plan 2015-2017, and the HSE has developed an Integrated Care Programme for the Prevention and Management of Chronic Disease to prioritise this work. Both of these will continue to be progressed in 2018. A significant element of our work will be to identify appropriate funding to support a shift in the balance of care for chronic disease management.

During 2018, we will continue to work with CHOs, Hospital Groups and external partners to implement the Healthy Ireland policy. Priorities in 2018 include:

- Implement actions in support of national policy priority programmes for tobacco, alcohol, healthy eating active living, healthy childhood, sexual health, positive ageing and wellbeing, and mental health.
- Progress the implementation of the national healthy childhood and nurture programmes.
- Progress the Integrated Care Programme for the Prevention and Management of Chronic Disease. In 2018, the programme will embed the existing demonstrator sites and complete the detailed planning for the provision of integrated care at scale.
- Agree feasible and evidence-based costs specifying the funding required to address chronic disease management.
- Implementation of an Integrated Falls prevention and Bone Health Programme to address falls prevention and healthy ageing.
- Implementation of the Irish National Dementia Strategy which will raise awareness and influence future development of Dementia services

3.10 National Clinical and Integrated Care Programmes

Underpinning the delivery of the reform agenda will be successful mobilisation of clinical leadership to fully engage in healthcare strategy, planning and management. This is a critical success factor in achieving longer term reform and transformation in healthcare delivery. The national clinical and integrated care programmes have embarked on a long term programme of work to re-design care from traditional hospital-centric models, to models of care delivered in the community. This will provide improved care and outcomes for patients, while ensuring the acute service is redesigned to meet the long term needs of the population. Tackling unwarranted variation, exploiting the potential to shift the balance of care, optimising technology and implementing evidence-based care will have a material impact on service delivery, and improved quality, safety and value.

The work of the national clinical and integrated care programmes to date, when piloted and evaluated, provides strong evidence to demonstrate that significant improvements in the delivery of health and social care services can be achieved when compared to previous models and ways of working.

In 2018, the national clinical and integrated care programmes are focused on developing new integrated care models and pathways to ensure safe, timely, efficient healthcare which is provided as close to home as possible. The associated priorities and actions for Community Health services are set out below.

3.11 Delivering care closer to home

Community Healthcare will design new community-based models to provide improved care and outcomes for service users, close to their home and at the lowest level of complexity that is deemed safe, and redesign care from traditional secondary care models to community-based models.

Integrated care and user feedback are key to developing models and delivery of care that can succeed in moving away from institutional and acute settings, to appropriate care as close to the person as possible. The Patient Narrative Project: Your Voice Matters, positions the patient / service user voice centrally in a partnership approach to the design and delivery of healthcare through the integrated care programmes. Phase 1 of the project has established that people in Ireland want to experience person-centred, co-ordinated care when they require a number of health services at one time or over time. In 2018, phase 2 of the project will create a process to hear and use the experiences of a large number of individuals, who require multiple health services, to influence and guide the development of current and future services and strategy. This will provide information to support service planning.

3.11.1 Integrated Care Programme for the Prevention and Management of Chronic Disease (ICPCD)

The objective of the Integrated Care Programmes is to design an integrated model of care that treats patients at the lowest level of complexity that is safe, timely, efficient and as close to home as possible. The Integrated Care Programme for the Prevention and Management of Chronic Disease (ICPCD) focuses on a number of chronic diseases that impact a large number of health service users i.e. Diabetes, Asthma, Chronic Obstructive Pulmonary Disease (COPD) or Cardiovascular disease.

3.11.2 Integrated Care Programme for Children

This programme aims to improve the way in which healthcare services are designed and delivered to children and their families. In 2018, the programme will complete the design of the screening programme for infants at risk of developmental dysplasia of the hip, continue to progress the consultant delivered services pilot in Waterford and continue the development of an integrated care pathway for children with neuromuscular disorders. The programme will also work with key stakeholders to design an implementation plan for the national model of care for paediatric healthcare services, within existing resource levels.

3.11.3 Integrated Care Programme for Older Persons

This programme is building on local initiatives to incrementally develop pathways for older people across primary and secondary care, especially those with more complex care needs. They will consolidate the deployment of the 10 Step Framework and evaluate the impact on the current 12 sites. In 2018, further work will be progressed to estimate costs for developing care for frail elderly and to model the potential impact on patterns of health service utilisation between primary care and acute hospital care. Community Healthcare will work with wider HSE colleagues to examine the policy and service implications of widening eligibility for older persons' services with the aim of rebalancing service use between acute hospital care and primary care. Eligibility may be a barrier for some social and community services, and reduced access to social care for older people is associated with increased hospitalisation.

3.11.4 Integrated Care Programme for Patient Flow

This programme is developing a standardised approach to managing patient flow in a number of areas including urgent and emergency care, scheduled care, outpatients and community healthcare. The programme will develop a plan to support the reorganisation of urgent and emergency care in line with best outcomes and the best experience for patients.

In parallel with the requirement to shift less complex acute care from hospital to community settings, there is a need to ensure that the secondary and tertiary care sectors are able to deliver the complex, specialised and emergency care that will be required by patients. The provision of integrated care is a key element of this model of care.

3.12 Develop links to specialist hospital care networks

It will be essential to redesign acute service to meet the long term needs of the population, providing timely access to the right services, regionally and nationally, that consistently deliver best clinical outcomes. In parallel there is a requirement to develop models that allow the shift of less complex acute care from hospital to community settings and to ensure focus is not lost on the continued development of community services that are able to deliver the community healthcare services that will be required by patients. The provision of integrated care is a key element of this model of care.

3.13 National Clinical Programmes

- Stroke NCP will continue to support on a pilot basis the work of early discharge teams.
- Develop a national nursing transfer tool to support the transfer of residents between residential services to acute hospitals.
- Further develop and implement integrated care pathways in Mental Health Services including the clinical care programme for eating disorders. The investment in the clinical care programme for Eating Disorders will see a reduction in ED attendances and re-attendances for this patient cohort and an overall improvement in patient experiences and outcomes.

3.14 Improving performance, efficiencies and effectiveness

3.14.1 Performance and Accountability Framework

The Performance and Accountability Framework has been enhanced in 2018 in line with new governance arrangements and organisational changes at a national level. In light of these changes performance oversight and escalation processes within Community Healthcare Services will be updated and clearly specified. Oversight process' will also be put in place though 2018 to support the explicit intent that performance be managed across Access to and Integration of services, the Quality and Safety of those services, achieving this within specific Finance, Governance and Compliance requirements, and by effectively harnessing the efforts of our Workforce.

The emphasis within the framework is on recognizing good performance and on improving performance at all levels of the health service. It also sets out how CHOs, and individual managers are held to account for their performance.

3.14.2 Performance Management Unit

At a National level there will be the development of A Performance Management Unit in place in 2018. Community Healthcare Services will support this development. Its role will include to:

- Act as an immediate response unit to support performance improvement and drive whole system performance improvement.
- Co-ordinate selected national performance improvement initiatives linked to whole system improvement and to spread best practice.
- Develop metrics to monitor service improvement.
- Develop national capability in improvement techniques such as Lean.
- Establish a Value Improvement Programme supported by a unit to improve service value, aligned to outcomes, through economy, efficiency and effectiveness in the use of resources.
- Identify across both CHOs and national services opportunities to reduce cost and improve productivity.
- Work with clinical, management and staff in a collaborative way while maintaining the role of constructive challenge.
- Develop the ability to carry out comparative benchmarking through the use of existing and new data.

3.15 Research and development

Health research is essential to generate new knowledge to inform evidence-based practice. Knowledge and learning are also key requirements for effective change and transition planning for the health services in Ireland.

Community Healthcare will work closely with the new research and development function which is being established during 2018 to support the delivery of key actions originally set out in the Action Plan for Health Research 2009-2013.

3.16 Implementing eHealth Ireland

Through 2018 Community Healthcare services will continue to support implementation of the eHealth Strategy for Ireland. The modern Irish health service will depend upon high quality information and digital technology. Fragmentation of data sources in health has long been recognised as a major obstacle to the effective use of information in support of new ways of working to achieve person-centred care. In 2018, Community Health Services will support work being undertaken centrally in order to consolidate information services into a single function based on the following principles:

- Provision of a single source of data.
- Clear responsibility for the delivery of information for analysis.
- Capacity to collect and clean data and create information sets.

3.17 Enabling and supporting sustainable and enduring change

Since 2014, the health service has established and resourced a national function the Programme for Health Service Improvement (PHSI) to support long term transformation of the heath service and to take an evidence-led, consultative and outcomes focused approach to all changes. Community Healthcare will liaise closely with Programme for Health Service Improvement (PHSI) in the development of an implementation plan for Sláintecare.

The plan for Community Healthcare in 2018 is to develop a community focused project management function that will build on the success of the Project Management Office (PMO) in Mental Health Services. The Community Healthcare PMO will focus on service improvement initiatives across community healthcare and will assist in delivering on the required change agenda.

3.18 Enhancing EU and North South Co-Operation and preparing for Brexit

There are services where it makes sense to develop an all-island approach or where provision needs to be made for patients or professionals moving across the border on the island to receive a service.

Given the potential strategic impact of Brexit, the HSE has established a steering group in order to prepare for the UK's withdrawal from the EU. The EU / North South Unit have taken on the project management of the Brexit process as it affects health services. Community Healthcare will work closely with colleagues in the North South Unit to ensure services are prepared and business ready following the UKs withdrawal from the EU should that occur.

Section 4:

Quality and Safety

Section 4: Quality and Patient Safety in Community Healthcare

4.1 Introduction

The HSE places significant emphasis on the quality of services delivered and on the safety of those who use them. A three-year National Safety Programme to develop and oversee the implementation of national safety priorities and initiatives across all parts of the health system is continuing and Community Healthcare will work with the National Patient Safety Office to deliver on national patient safety priorities.

Over the past two years Quality & Patient Safety (QPS) teams have been established as part of each Community Healthcare Organisation (CHO). These teams as part of CHO management will be the cornerstone of the regional implementation of the HSE Patient Safety Strategy aligned to the National Patient Safety Strategy. During 2018 the CHO QPS teams will be supported to build their capacity and capability to carry out this vital role in Community Healthcare. CHO QPS team, CHO Senior Management Teams and the National Community Operations Management Team will together enable the effective governance of Quality & Patient Safety as required by the HSE Performance and Accountability Framework.

4.2 Patient Safety Priorities in Community Healthcare

Insufficient attention to patient safety is a leading cause of harm across healthcare systems worldwide. It impacts on health outcomes causing increased morbidity, temporary or permanent disability and sometimes even death. The safety of patients and service users is therefore the number one priority for the health service.

The National Patient Safety Programme will continue the work already undertaken in supporting improvements in patient safety across the entire health system to ensure changes are integrated into the 'business as usual' activities of individual services. In line with the National Patient Safety Programme the priorities for Community Healthcare are:

- To improve the quality of the experience of care and patient satisfaction with the services we offer in Health and Wellbeing, Primary Care, Mental Health Disability and Older Persons services.
- To implement targeted national Community Operations patient safety initiatives on key priority areas in the National Patient Safety Programme such as:

- The prevention of healthcare associated infection (HCAI) in the community, including CPE, and the effective stewardship of the use of anti-microbials to tackle resistance (AMR) across all community settings.
- Addressing the priorities we identified in our surveillance of patient safety in the community including falls, pressure ulcers and medication errors.
- Collaborating with the National Office for Suicide Prevention (NOSP) to implement an effective suicide prevention strategy across the community.

- To continue to implement Safer Better Healthcare, Best Practice Guidance for Mental Health Services, and HIQA/MHC standards for the review of patient safety incidents.
- To establish the National Incident Management Systems (NIMS) as the single platform for incident reporting and management for Community Healthcare.
- To improve Community Healthcare compliance with HIQA & MHC regulatory requirements.
- To oversee the implementation of new statutory and regulatory processes relevant to Community Healthcare such as Children First and Assisted Decision Making.

4.3 Patient and Service User Engagement

A key focus will be to listen to the views and opinions of patients and service users and consider them in how services are planned, delivered and improved. Key priorities for Community Healthcare in 2018 include:

- Use the feedback received from the relevant 'National Patient Experience Surveys' and the 'Patient Narrative Project: Your Voice Matters' to inform health service priorities and actions.
- Involving patients and family members in the design, delivery and evaluation of services through the National Patient Forum, Patients for Patient Safety Ireland, and focus groups with the Patient Representative Panel and the Mental Health Engagement process.
- Ensure that the information gathered through the HSE's feedback systems 'Your Service Your Say', the National Appeals Service Office and the Confidential Recipient are used to inform health service priorities and actions.
- Implement the national complaints system including enhanced functionality to report on complaints management performance via the National Incident Management System (NIMS).

4.4 Quality Improvement Priorities in Community Healthcare

In order to know what areas are priorities for improvement the effective surveillance of quality and safety is required to inform the improvement agenda. Once evidence based priorities for improvement are identified, staff at all levels, but particularly CHO QPS teams need the capacity and capability to lead and deliver improvements for the community they work in.

Information on the quality and safety of our services and on the extent and potential for avoidable harm can come from many sources including service user complaints and feedback as mentioned above but also from regulators (HIQA, MHC, HSA etc.), the National Incident Management Systems (NIMS) and from our implementation of the HSE Integrated Risk Management Policy.
In order to improve in a way that is responsive to the actual needs of communities all of these sources of information need to be considered together as they apply to populations. In 2018 an integrated approach to national level surveillance of quality and safety will be developed as part of the HSE Patient Safety Strategy.

Improving quality and safety requires Community Healthcare to further build the capacity and capability of frontline services to implement the Framework for Improving Quality in our Health Service. It will do this by:

- Further developing quality and safety teams across CHOs.
- Providing resources and toolkits to staff to support them in implementing the Framework for Improving Quality in our Health Service.
- Promoting the continuous development of quality improvement skills amongst all Community Healthcare staff through use of the Improvement Knowledge and Skills Guide, 2017.

4.5 Risk and Incident Management

Robust quality and patient safety systems and processes, that are an integral part of the day to day operations of healthcare delivery, are essential to maintain standards of care, identify areas for improvement, support learning and responses when things go wrong, and manage risk.

Key priorities for Community Healthcare in 2018 include:

- Implementing the HSE Incident Management Framework across all CHOs to farther develop the capability to manage, report, review, disseminate learning and implement recommendations from safety incidents that occur.
- Implementing the HSE Integrated Risk Management Policy 2017 to link risk and risk management horizontally and vertically throughout the organisation.
- Ensuring that risk and incident management are not separating processes but are interoperating as part of our overall approach to patient safety
- Engage fully with and contribute to the development of the National Independent Review Panel.

Section 5:

Finance

Section 5: Finance

5.1 Introduction

The headline budget level for Community Services in 2018 is €5,794m which represents a €281m / 5% year on year budget increase over budget 2017. This is €198m / 4% above the cost of delivering services in 2017 of €5,596m, including activity related and other cost variances. Included within this amount is also €93.5m provided under the heading of 'development monies' which will be allocated in line with Department of Health (DoH) direction so as to maintain and expand existing services while also driving new developments and other improvements.

The HSE acknowledges its legal requirement to protect and promote the health and wellbeing of the population, having regard to the resources available to it and by making the most efficient and effective use of those resources. As part of the formulation of the HSE National Service Plan 2018 (NSP 2018) the DoH provided the HSE, by letter dated 8th December 2017, with a set of planning assumptions to be utilised in the finalisation of the NSP 2018. Taking account of these assumptions, the HSE estimates that there will be a financial challenge within the Community Healthcare Services areas of approximately €98m / 1.7% excluding what the HSE refers to as pensions and demand-led areas. This is after significant measures have been taken to avoid unfunded cost growths and on-going routine efforts to operate services within available resources. The pension and demand-led areas above are made up primarily of the areas covered by the DoH provided assumptions along with local demand-led schemes and overseas treatment.

5.2 Approach to addressing the financial challenge 2018

While there are a number of opportunities to secure improved value that are within the remit and role of the HSE to deliver, there are others that will require wider consideration of policy, legislation and regulatory issues and therefore will benefit from the involvement and support of the DoH and other stakeholders. Recognising the necessity to secure improved value, the HSE is taking forward a systematic review of its existing activities to drive value with a view to taking forward, from the beginning of 2018, a comprehensive Value Improvement Programme.

5.3 Value Improvement Programme

A total of €150m Value Improvement Programme (VIP) savings target is assumed deliverable in 2018 as per DOH written planning assumption of which €52m relates to Community Services. This will be held at HSE Centre pending identification of strategic initiatives via shared DOH and HSE governance process. This has enabled €150m of otherwise unfunded ELS costs to be funded in the 4 most challenged service areas of which €52m relates to Community Services. The financial challenge noted above is before the application of this €52m of funding and reduces the challenge in 2018 to circa €47m. The Value Improvement Programme will be a single over-arching programme, but with three broad priority themes:

5.3.1 Priority theme 1: Improving value within existing services

Within this theme, we will identify realistic and achievable opportunities to improve economy, efficiency and effectiveness prioritised within, but not restricted to, the specific service areas that have the greatest financial challenges in 2018. Our aim will be to secure reductions in the costs and / or improvements in the efficiency of the services we are currently providing to patients in these and other areas. Working with CHOs and other stakeholders, we will systematically assess existing service delivery arrangements across providers, informed by appropriate national and international benchmarking, with a view to maximising value.

5.3.2 Priority theme 2: Improving value within non-direct service areas

Within this theme, we will identify realistic and achievable opportunities to reduce the costs of corporate and other overhead-type costs that exist at national and local level across our health and social care services. Working with CHOs we will systematically assess the full range of overhead activities across the organisation to identify opportunities to reduce expenditure, thereby maximising the resources available for direct service user activities.

5.3.3 Priority theme 3: Strategic value improvement

Within this theme, we will identify the strategic changes that are required to ensure that, from 2018 and thereafter, the resources available to health and social care in Ireland are prioritised and committed to in a way that will ensure the best outcomes for service users.

The Programme, under these themes will seek to improve services while also seeking to mitigate the operational financial challenge for 2018. This should only be delivered via realistic and achievable measures that do not adversely impact services.

Through the Value Improvement Programme, we will target improvement opportunities to address the overall Community Healthcare financial challenge while maintaining levels of activity. The Programme, under the themes already outlined will seek to improve services while also seeking to mitigate the operational financial challenge in community services for 2018. This should only be delivered via realistic and achievable measures that do not adversely impact services.

5.4 Community Healthcare Services budget 2018

The total community services budget is illustrated in table 1 below. The table outlines the total funding that has been made available to community healthcare areas in 2018.

Table 1: Budget framework 2018

Community Healthcare Area	2018 Primary Care				Social Care			Mental Health	2018 Total Community Budgets
	Primary Care	Social Inclusion	Palliative Care	Total Primary Care	Disabilities	Older Persons	Total Social Care		
	€m	€m	€m	€m	€m	€m	€m	€m	€m
CHO1	104.6	2.6	6.3	113.5	133.0	80.4	213.4	74.3	401.2
CHO2	106.6	6.3	7.0	119.9	170.3	75.4	245.6	105.2	470.7
CHO3	68.8	8.6	11.6	89.0	156.1	67.7	223.7	66.6	379.3
CHO4	130.3	16.4	10.8	157.5	229.6	122.4	352.0	118.1	627.6
CHO5	100.5	8.1	1.4	110.0	167.4	72.8	240.2	99.2	449.4
CHO6	77.2	2.6	0.5	80.3	188.2	62.0	250.2	59.2	389.7
CHO7	130.3	46.8	24.9	202.0	223.1	89.5	312.6	92.9	607.5
CHO8	144.5	5.2	6.2	155.9	215.7	65.5	281.1	95.3	532.3
CHO9	136.1	34.9	11.0	182.0	278.4	101.4	379.9	116.9	678.8
National	76.6	6.5	1.1	84.2	6.0	16.5	22.6	75.1	181.9
Regional	11.9			11.9	31.7	45.9	77.7		89.6
Nursing Home Support Scheme						944.5	944.5		944.5
Sub Total (Excl. DoH Held Funding)	**1087.4**	**138.0**	**80.8**	**1306.2**	**1799.5**	**1744.0**	**3543.5**	**902.8**	**5752.6**
DoH Held Funding	25.0	6.5	0.0	31.5	15.0	32.0	47.0	15.0	93.5
Total Community Budget 2018	**1112.4**	**144.5**	**80.8**	**1337.7**	**1814.5**	**1776.0**	**3590.5**	**917.8**	**5846.1**

The level of funding provided by DoH is described below under each relevant funded heading.

5.5 Existing level of service

The cost of maintaining existing services increases each year due to a variety of factors including: The incremental costs of developments commenced during 2017, impacts of national pay agreements (primarily public sector-wide), increases in drugs and other clinical non-pay costs including health technology innovations, additional costs associated with demographic factors & Inflation-related price increases.

5.5.1 Full year effect of 2017 developments - €31.5m

The incremental cost of developments and commitments approved in 2017 is €31.5m. This includes the cost of providing services which commenced part way through 2017, over a full year in 2018.

5.5.2 Pay rate funding (including Lansdowne Road Agreement) - €96.3m

This funding is provided in respect of the growth in pay costs associated with the Lansdowne Road Agreement (LRA), Labour Relations Commission recommendations and other pay pressures. It is provided to offset the increased cost of employing existing levels of staff and does not allow for an increase in staff numbers. It is noted that some unavoidable pay-related costs, identified as part of the estimates process, were not funded within the overall allocation. The most significant of these relate to the net cost of increments, which must be paid in line with approved public pay policy.

5.5.3 Demographics and inflation - €32.5m

Additional funding of €32.5m has been received to offset inflationary costs and the impact of demographics on maintaining services in 2018. Demographic pressures include increases in and the ageing of the population.

5.5.4 Other ELS funding (including adjustments) - €13.7m

Additional funding of €13.7m has been received for areas such as NHSS (€9.7m) and disability services (€9m). In addition, reductions have been applied to primary care (€5m) giving a net increase under this heading of €13.7m.

5.5.5 Expanding Existing Services / developing new services - €103.5m

Within the total allocation of €5.794m, funding of €103.5m will be applied to enhance or expand existing services, including responding to demographic pressures, and to commence new approved service developments.

A total of €93.5m of this €103.5m is being held by the DoH in the first instance. This funding will be released to the HSE on approval of implementation plans and commencement of specific developments. Funding is being held to support the following:

- Primary care services – €25m for service developments including lease costs of new primary care centres, GP training and diagnostics, therapies and nursing.
- Social inclusion – €6.5m for the drug strategy.
- Mental health services – €15m to initiate new developments in 2018 with a recurring full year value of up to €35m. (In addition, there will be €35m allocated to mental health services in 2019, bringing the total increase for 2019 to €55m and resulting in an increase of €105m over the three years 2017 – 2019).
- Disability services – €25m for school leavers, respite and HIQA related costs.
- Older persons' services – €32m for home support in the community and access to scheduled and unscheduled care – home support.

As indicated previously, given the extent of the financial challenges the plan assumes that development funding will be allocated in order to maintain and expand existing services while also driving new developments and other improvements. The effect of the funding held at the DoH on the 2018 community budgets is illustrated in Table 1.

5.6 Key risk areas

Community Healthcare Services have modelled the expected level of activity that the 2018 funding will pay for and identified service areas where the HSE is expected to address service demands, even where these exceed the available funding. It has also assessed the costs that cannot be avoided or are fixed, and formed an estimate of the likely scale of financial challenge facing our health and social care services in 2018, before cost mitigation measures.

5.7 Operational service areas

5.7.1 Disability services

In the case of some services, given that the HSE is the statutory provider of last resort and the realities around the relatively fixed nature of certain costs, there is a requirement to respond to need even if this exceeds what can be supported by the available funding level. Within disability services this primarily relates to residential places and emergency cases.

In looking forward to 2018, including the key risk areas, the financial challenge within disability services, before cost mitigation, is estimated to be €72.5m (€30.4m after VIP funding) / 4.1% / 1.7% after application of the DoH provided planning assumptions and significant cost avoidance. This relates primarily to the unfunded costs of providing residential care to people with an intellectual disability, including emergency provision and cost of responding to unfunded regulatory requirements notified by HIQA or the courts.

5.7.2 Primary care services

The likely financial challenge for primary care services in 2018 is €15m (€8.1m after VIP funding) 1.4% / 0.75% after application of the DoH provided planning assumptions and significant cost avoidance. This principally relates to the provision of support for complex paediatric discharges, medical & surgical supplies and virus reference laboratory services. This is before cost mitigation measures.

5.7.3 Older persons' services

Managing the year on year growth in demand for community-based social services is one of the key challenges for older person's services in 2018. The additional funding received, while welcome, does not allow the services to keep pace with the increasing demand and demographic pressures within the community. Specific pressures are evident in the areas of the NHSS, home support, and short stay and transitional care beds, where the level of provision is directly determined by the funding available.

The financial challenge within older persons' services, before cost mitigation, can be reduced to €10.2m / 1.2% after application of the DoH provided planning assumption, cost avoidance and VIP funding. To part address this financial challenge, the HSE, in partnership with the DoH, our staff and suppliers, will during 2018, seek to implement realistic and achievable measures to improve efficiency and effectiveness.

Separately, the NHSS budget for 2018 has been set at €961.7m, in accordance with the letter of determination received by the HSE. This represents an increase of €21.7m from Budget 2017. The DoH has advised the HSE to operate on the overriding assumption that the waiting time is to be limited to no more than four weeks. In the event that actual expenditure, driven by maintaining this four week limit, emerges in 2018 at a level higher than the notified budget level, the DoH and HSE will engage to seek solutions which do not adversely impact services.

5.7.4 Mental Health services

Similar to previous financial years, Mental Health Services will rely on a combination of the timing of funded development posts and adherence to funded workforce plans to break even financially. The key financial challenge for 2018 will be around managing the level of growth in agency and emergency residential placements beyond funded levels while also managing service risk. Currently, the underlying core deficit being carried by Mental Health services amounts to €52m. This is being offset by the time related savings available from unfilled funded development posts. It should be noted that this time related savings position relates to the inability of CHOs to recruit permanent staff which in turn generates increased service risk and presents considerable sustainability challenges.

There is a requirement to begin immediately in 2018 to identify how the current unsustainable funding model in Mental Health can be addressed to minimise the continued reliance on time related savings which will not be available to this extent into the future as posts are filled. This

requires examination of the current operational model of all our services to ensure maximum efficiency and effectiveness whilst maintaining safe levels of mental health services.

The cost of providing the existing services at the 2017 level will grow in 2018 due to a variety of factors including national pay agreements / public pay policy requirements, quality and safety requirements, new drug and other clinical non pay costs and price rises. Mental Health recognises and is concerned about existing level of service costs that will need to be funded in 2018 from close management of the timing of development funding. Mental Health continues to refine its detailed analysis of resources (staff & facilities) and the populations to which these resources are allocated. This has informed the wider allocation process for the 2015, 2016 and 2017 development monies across areas, services and teams. This approach is being enhanced and systemised and will continue to be used to allocate the 2018 development funds of €15m maximising equity across regions, age and social need as appropriate.

5.7.5 Local demand-led schemes

The budget has been set in accordance with funding levels received. This will allow the HSE to fund a maximum of €251.5m for these services. The costs within these schemes are largely demand-led, including drug costs in relation to HIV and statutory allowances such as Blind Welfare allowance, and are therefore not amenable to normal budgetary control measures.

Section 6:

Workforce

Section 6: Workforce

6.1 The Health Services People Strategy 2015-2018

Community Healthcare Services is committed to putting people at the heart of everything we do, delivering high quality safe healthcare to our service users, communities and wider population. The Health Services People Strategy 2015-2018 was developed in recognition of the vital role our workforce plays in delivering safer better healthcare. We recognise the vital role of staff at all levels in addressing the many challenges in delivering health services and the strategy, which extends to the entire health sector workforce, is underpinned by the commitment to engage, develop, value and support the workforce. The strategy provides the anchor to support HR developments throughout the system. Key priorities in 2018 include:

- Continued implementation of the People Strategy across community healthcare.
- Progress to the next phase of implementation of the strategy, building on progress to date.
- Build on evidence of what is working well and use this data to inform future developments.
- Enhance connections and foster collaboration.

6.1.1 Change management:

- Deliver the Health Services Change Model 2nd Edition and accompanying literature review.
- Put in place a range of accessible supports to further enhance organisational and change management capacity.

6.1.2 HR operating model:

- Work with HR business partners, national HR services and HR shared services in an integrated manner to support people managers across the service delivery areas.
- Collective leadership - Continue to build and enhance leadership development, capacity and capability through the Health Service Leadership Academy.
- Empowerment and engagement - Undertake the third staff survey and further develop and implement staff engagement and staff health and wellbeing programmes in response to what staff are telling us.
- Team working - Prioritise developing a team-working action plan in line with the strategy, in recognition of the importance of teams in the delivery of health and social care interventions.
- Diversity, equality and inclusion (DEI) - Ensure a planned, systematic approach to the mainstreaming of DEI in employment in the HSE.
- Performance and outcomes - Introduce performance management systems in areas of the public health sector where these are not already in place.

- Recognising performance and achievement - Continue the annual HSE Achievement Awards to recognise, celebrate, and share endeavours and examples of excellence across the health services.

6.1.3 Workforce planning:

- Operationalise the Working Together for Health – A National Strategic Framework for Health and Social Care Workforce Planning, 2017 across the health services.
- Upgrade and further enhance the capability of HSELanD.
- Support the planning, development and implementation of the National Integrated Staff Records and Payroll Programme.
- Monitor and support the implementation of the Pay and Staffing Strategy 2018.
- Implement and operationalise the Staff Health and Wellbeing Strategy that was launched in 2017.
- Occupational Health and Safety Management - Improve organisational compliance by increasing capacity and capability of health and safety functions, at national level and across the service delivery organisations.

6.2 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. The following table details the Community Healthcare Workforce at 31st December 2017[1].

Service Area	WTE Dec 2016	WTE Dec 2017	Change 16-17	% Change 16-17
Community Services	**50,174**	**51,721**	**+1,547**	**+3.1%**
Mental Health	948	942	-6	-0.6%
Primary Care	1,238	1,169	-69	-5.6%
Social Care	3,159	3,326	+167	+5.3%
CHO 1	**5,345**	**5,437**	**+92**	**+1.7%**
Mental Health	1,283	1,307	+24	+1.9%
Primary Care	1,255	1,104	-151	-12.0%
Social Care	2,714	2,981	+266	+9.8%
CHO 2	**5,252**	**5,391**	**+140**	**+2.7%**
Mental Health	781	784	+2	+0.3%
Primary Care	671	725	+54	+8.1%
Social Care	2,641	2,660	+20	+0.7%
CHO 3	**4,093**	**4,169**	**+76**	**+1.9%**
Mental Health	1,407	1,477	+70	+5.0%
Primary Care	1,188	1,307	+120	+10.1%
Social Care	5,044	5,198	+154	+3.0%
CHO 4	**7,639**	**7,983**	**+344**	**+4.5%**

[1] This table reflects actual staffing at 31st December 2017 and includes home help staff.

Mental Health	1,221	1,197	-24	-1.9%
Primary Care	891	919	+28	+3.1%
Social Care	2,613	2,964	+351	+13.4%
CHO 5	**4,725**	**5,080**	**+355**	**+7.5%**
Mental Health	559	564	+4	+0.8%
Primary Care	779	802	+23	+3.0%
Social Care	2,997	2,396	-601	-20.0%
CHO 6	**4,335**	**3,762**	**-573**	**-13.2%**
Mental Health	828	859	+32	+3.8%
Primary Care	1,749	1,757	+7	+0.4%
Social Care	3,110	3,899	+789	+25.4%
CHO 7	**5,687**	**6,515**	**+828**	**+14.6%**
Mental Health	1,041	1,080	+39	+3.7%
Primary Care	1,476	1,455	-21	-1.4%
Social Care	3,515	3,576	+61	+1.7%
CHO 8	**6,033**	**6,111**	**+79**	**+1.3%**
Mental Health	1,224	1,228	+4	+0.3%
Primary Care	1,138	1,215	+77	+6.7%
Social Care	3,897	3,969	+72	+1.8%
CHO 9	**6,260**	**6,412**	**+152**	**+2.4%**
Primary Care	366	392	+26	+7.1%
PCRS	**366**	**392**	**+26**	**+7.1%**
Mental Health	336	360	+25	+7.3%
Primary Care	90	91	+1	+0.9%
Social Care	14	17	+3	+19.1%
Other Community Services	**440**	**468**	**+28**	**+6.4%**

6.3 Pay and Staffing Strategy 2018 and Funded Workforce Plans

The 2018 Pay and Staffing Strategy is a continuation of the 2017 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:

- 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 reinvestment purposes in the health sector workforce and to address any unfunded pay cost pressures.
- Ensure CHO Chief Officers and Hospital Group CEOs have delegated authority to manage their pay and staffing requirements.

Pay and staff monitoring, management and control, at all levels, will be further enhanced in 2018 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 2018.
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.

6.4 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. The HSE will support the work of the Public Service Pay Commission as established under the Agreement.

6.5 Workforce planning

The DoH published Working Together for Health – A National Strategic Framework for Health and Social Care Workforce Planning in 2017, providing an integrated, dynamic and multi-disciplinary approach to workforce planning at all levels of the health service. The HSE will support work to commence the operationalisation of the framework for the health sector in 2018. The implementation will be guided by the relevant work streams of the Health Services People Strategy 2015-2018, in conjunction with the Programme for Health Service Improvement.
Particular attention will be directed to the further development of measures to support the sourcing, recruitment, and retention of nursing and midwifery staff in light of identified shortages.
As part of overall workforce planning, workforce plans for the new Children's Hospital and Paediatric Outpatient and Urgent Care Centre will be progressed.
Mental Health Services are progressing a 2018 Funded Workforce Plan and a Workforce Action Plan which is aimed at the development of existing staff and recruitment of new staff, the organisation will gain from the learning that can be transferred from Mental Health Services.

6.6 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. The negotiations on the task transfer initiative will be concluded and implementation of revised work practices 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 relevant 'Specialist Register'.

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

6.7 Enhancing Nursing and Midwifery Services

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

- Develop and test innovative approaches to leadership, professional development and advancing nursing and midwifery professional practice.
- Expand implementation of the Caring Behaviours System for Ireland to additional sites.
- Support and progress initiatives through engagement with the Chief Nursing Officer's Office, DoH, including the roll-out of the Framework for Staffing and Skill Mix for Nursing (phase 1 and 2) and the advanced nurse practitioner and community nursing projects.
- Progress the development of nursing and midwifery performance indicators in line with the DoH framework. This includes implementing the Nursing and Midwifery Quality Care-Metrics system nationally on an incremental basis.
- Provision of:
    - A minimum of 1,500 postgraduate education programmes for nurses and midwives.
    - Education to increase to 1,030 the number of nurses and midwives with authority to prescribe medicines.
    - Education to increase to 340 the number of nurses and midwives with authority to prescribe ionising radiation (x-ray).
- Implement the Nursing and Midwifery Agreement;
    - Provide six national foundation education programmes for nurses in critical care, surgical pre- assessment, acute medicine unscheduled care, frailty, emergency care and anaesthetic recovery room nursing.
    - Commission a national education programme to prepare 130 nurses for advanced practitioner roles.
    - Expand the public health nurse (PHN) sponsorship programme to 150 nurses.
    - Expand the sponsorship for healthcare workers to train as nurses to 30 places, incorporating both academic fees and salaries.

- Develop a national framework and establish an online resource to support and guide professional development planning for all nurses and midwives.
- Expand education provision by centres of nursing and midwifery.
- Establish a nursing postgraduate entry programme.

6.8 Health and Social Care Professions

Health and Social Care Professions (HSCP) refers to approximately 25 professions who provide services and interventions in diagnosis, therapy and social care, impacting on the health, wellbeing and quality of life of people. Community Healthcare HSCP staff includes therapists, social workers, psychologists, radiographers, medical scientists and dieticians among others (See Appendix 2 for detail). The services in which they work include primary care, mental health, older persons', disability and residential services. Key priorities in 2018 include:

- Continue to implement the priority actions outlined in the HSCP Education and Development Strategy 2016-2019.
- Strengthen and support evidence-based, integrated HSCP practice, including input to clinical and integrated care programmes.
- Drive quality improvement and efficiencies by extending HSCP scope of practice as appropriate.

6.9 European Working Time Directive

The HSE is committed to maintaining and progressing compliance with the requirements of the European Working Time Directive (EWTD) for both non-consultant hospital doctors (NCHDs) and staff in Community Healthcare. 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.

6.10 Code of Conduct for Health and Social Care Providers

The application and adherence to the Code of Conduct remains a key priority for the health services. It continues to be an important driver in the delivery of the patient safety agenda, both in terms of policy and service delivery.

Section 7:

Service Delivery

Section 7: Service Delivery

Section 7.1: Health & Wellbeing Reform and Healthy Ireland

7.1.1 Introduction / Strategic Context

Improving the health and wellbeing of Ireland's population is a national priority and a key element of the healthcare reform agenda. As part of this reform and in response to Ireland's changing health and wellbeing profile, Healthy Ireland (HI) – A Framework for Improved Health and Wellbeing was adopted by the Irish Government in 2013. This framework is overseen by a Cabinet Committee on Social Policy. Implementation of Healthy Ireland is led out by the Department of Health on a cross-government basis.

Since the establishment of the Health and Wellbeing Division in mid-2013 the HSE has taken a leadership role in implementing the Healthy Ireland framework, on a whole-system level throughout the public health service. This commitment is reflected in the HSE's Corporate Plan 2015-2017 Building a high quality health service for a healthier Ireland which identifies the promotion of 'health and wellbeing as part of everything we do' within its five strategic goals. Significant reforms have been underway in all of the services that made up the former Health and Wellbeing Division in the HSE, in addition to hospital and community services. An implementation plan for Healthy Ireland in the health service published in July 2015, set out the actions and actors required to make Healthy Ireland a reality. Implementation teams have been established, with clear governance and accountability mechanisms to support the systematic roll-out of this plan across the health service and with cross-sectoral stakeholders and partners.

Policy Priority Programmes have been developed and national leads have been put in place for a range of policy domains, ranging from healthy eating/active living to sexual health. This has resulted in a real translation of national strategy into local planning and delivery across the organisation with capability for this developed and standardised. Research and Communications capability to support this work continues to be developed. Outcome measurement features strongly in this regard with a view to honing our strategies to more effectively target inequity in health outcomes. Significant leadership and capacity has also been augmented at Community Healthcare Organisation (CHO) and Hospital Group (HG) levels to translate national policy into local level benefit for patients, service users and staff.

While Policy Priority Programmes are a support and an enabler for this work, additional capability has been developed nationally to drive it forward with health service managers and

key external partners. A national Healthy Ireland team, with planning and performance oversight capability is in place to progress this agenda which spans all levels of healthcare management and delivery. For example, work is being coordinated nationally to increase the skill base of all health service representatives on local authority structures, such as the Local Community Development Committees, to ensure the health service is playing a strong role in supporting local community approaches to health improvement.

Opportunities in 2018 to further enhance this work include:

- Publication of the Department of Health's Implementation Plan for Sláintecare. The Sláintecare report places a significant emphasis on health and wellbeing and Healthy Ireland implementation.
- The development and roll-out of a national public communications campaign, led by the Department of An Taoiseach.
- Corporate restructuring in the HSE that will:
    - Provide an opportunity for Health and Wellbeing reforms to be embedded into the core strategic planning capability of the organisation. Restructuring will place responsibility for prioritising and coordinating Healthy Ireland implementation in the Office of the Deputy Director General, Strategy and Planning and will be led by the National Director for Strategic Planning and Transformation.
    - Provide an opportunity for more consistent and integrated implementation of strategy through local services at CHO and HG levels, through the Deputy Director General Operations, the National Director for Community Operations and National Director for Acute Operations.

Keeping people well, reducing ill health and supporting people to live as independently as possible are all essential if we are to manage the demands on the finite capacity of the health and social care system. 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 2018 and beyond, and in line with new ways of working, we will seek to progress a range of initiatives and actions that:

- Tackle inequalities in health status and access to services.
- Tackle the main causes of chronic illness.
- Target children and families to improve health outcomes.
- Secure the engagement of local communities to improve community health and wellbeing.
- Strengthen health protection activities.

Consistent with the need to improve the health of the population and to radically reshape where and how services are provided, Health and Wellbeing priorities and actions will support the organisation to pursue its key reform themes during 2018, namely improving population health, delivering care closer to home, improving quality, safety and value.

7.1.2 Population

Health and Wellbeing is about helping our whole population to stay healthy and well by focusing on prevention, health promotion and improvement, reducing health inequalities, and protecting people from threats to their health and wellbeing.

7.1.3 Services provided

As part of the promotion and protection of health and wellbeing, a number of national services are provided.

- The National Screening Service provides population-based screening programmes for BreastCheck, CervicalCheck, BowelScreen and Diabetic RetinaScreen. These programmes aim to reduce morbidity and mortality in the population through early detection and treatment across the programmes.
- The Environmental Health service protects the health of the population by taking preventative actions and enforcing legislation in areas such as tobacco, food, alcohol, sunbeds and water fluoridation.
- The Health Promotion and Improvement service provides a range of preventative health education and training services, focused on positively influencing the key lifestyle determinants of health such as smoking, alcohol, sexual health, healthy eating and physical activity.
- The Public Health service protects our population from threats to their health and wellbeing through its provision of national immunisation and vaccination programmes, national infectious disease monitoring and health screening.

7.1.4 Corporate restructuring and Health & Wellbeing services in 2018

During 2018 the following governance changes will be completed:

- The National Screening Service (NSS) will transition (end of February 2018) and be managed by the National Director of the National Cancer Control Programme (NCCP) under the CCO.
- The Environmental Health Service (EHS) will transition (end of Q1 2018) and be managed by the National Director for National Services (NS) under the CCO.
- The Health Promotion and Improvement Service will commence a phased transition (commencing Q2 2018) to the National Director for Community Operations where these services will be managed by Chief Officers in Community Healthcare Organisations.

- The Public Health service including the National Immunisation Office (NIO) and the Health Protection Surveillance Centre (HPSC) will be managed by the National Director Strategic Planning and Transformation until such time that a decision is made on future governance arrangements and/or a future operating model is further developed.
- Research and Development services, the national Healthy Ireland team, Policy Priority Programmes, national Health Promotion and Improvement functions will be led by the National Director for Strategic Planning and Transformation.
- The Clinical Lead for Health and Wellbeing and associated team will continue to be led by the National Director Strategic Planning and Transformation.
- All of the remaining Health and Wellbeing metrics/KPIs will transfer to operational areas under the COO (end Q1 2018). For example, all child health KPIs will transition to community operations.

7.1.5 Achievements 2017

7.1.5.1 Implementing Healthy Ireland Framework

- Implementation of Healthy Ireland plans is well underway in Saolta, UL, Dublin Midlands, RCSI and Ireland East Hospital Groups. Dublin Midlands Hospital Group launched their implementation plan in October and work is well underway to ensure its implementation in 2018.
- Structures are being put in place to enable implementation of Healthy Ireland at CHO level. Implementation plans for 6 CHOs have been drafted with preparatory work underway to progress the 2 remaining CHOs plans.
- A Healthy Ireland fund was established by the DoH under a national initiative to improve health and wellbeing. This new fund, which was allocated 'kick start' funding of €5 million in 2017, aims to support partnership working to assist implementation of key national policies and plans under Healthy Ireland dealing with issues such as physical activity, obesity prevention and creating a tobacco-free society.
- The Healthy Ireland campaign is encouraging people to get active, eat well and mind their mental wellbeing across radio, digital, social and print media with the message small changes can make a big difference to your physical and mental health and wellbeing. A range of information was provided to support this Government led national initiative to promote health and wellbeing across the country.

7.1.5.2 Making Every Contact Count (MECC):

- Publication of MECC Framework and implementation plan for Health Behaviour Change in the health service. Implementation is underway.
- Completion of a national undergraduate curriculum on MECC in collaboration with all medical and nursing schools in the State.
- Completion of phase 1 blended learning course for all healthcare staff.
- Towards ensuring that we are measuring our overall performance, two new MECC KPIs have been put in place for 2018.
- The first phase of the new Healthy Ireland Network was established and launched. It aims to mobilise various organisations across the country to support combined efforts to boost the national movement for health and wellbeing.
- *Healthy and Positive Ageing for All Research Strategy 2015-2019* was published to support and promote research that aims to improve people's lives as they age.
- The *Healthy Ireland* workplace framework was developed in partnership with the DoH. It can be adapted to any workplace setting and provides help in creating and sustaining healthy workplaces.
- Provision of targeted support to promote and generate momentum for the staff health and wellbeing agenda across all services continued. This focused on healthy workplaces, encouraging physical activity, reducing sedentary behaviour / work practices, addressing the physical workplace and its surroundings and promoting positive mental health and wellbeing.

7.1.5.3 Planning and Research

- *Planning for Health*: Trends and Priorities to Inform Service Planning 2017 was published.
- A number of strategic plans and guidance were developed across a range of services including child health, dietetics, chronic disease, nutrition, healthy eating and sexual health
- A new research and development function was established, further developing health intelligence capability.

7.1.5.4 Reduce chronic disease and improve health and wellbeing of the population

- Tobacco Free Ireland – Findings from the *Healthy Ireland Survey 2017* indicated that 47% of all who have smoked in the past 12 months have made an attempt to quit. The 2017 Quit campaign focused on the fact that in Ireland there are now more quitters than smokers. This pro-quitting message aims to lessen the fear that surrounds quitting and showcases a community of ex-smokers that people will be more likely to engage with.
- An integrated model of care for prevention and management of chronic disease was developed together with the blueprint for requirements for the GP contract for the development of an integrated care pathway.

- The national self-management support (SMS) framework and implementation plan for chronic conditions, COPD, asthma, diabetes and cardiovascular disease, '*Living Well with a Chronic Condition: Framework for Self-Management Support*' was developed and launched in November 2017. Self-management support is the provision of education and supportive interventions, to increase patients' skills and confidence in managing their health problems. This is being implemented through the appointment of self-management support co-ordinators now appointed in each CHO. Two of the nine self-management support co-ordinators were appointed in December 2017 and a further four are being appointed in early 2018.
- A clinical lead for obesity was appointed to progress implementation of *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 – 2025*.
- As part of the implementation of the *National Sexual Health Strategy 2015 – 2020,* the HPV vaccine was extended to high risk groups including men aged between 16 and 26 years who have sex with men.
- Work commenced on developing a revised model to support the implementation of the WHO/UNICEF 10 steps to successful breastfeeding which is the basis of the Baby Friendly Health Initiative in Ireland.
- Work continued to support and promote the uptake of BreastCheck, CervicalCheck, BowelScreen and Diabetic Retina Screen amongst relevant populations in collaboration with the National Screening Service.

7.1.5.5 Protecting the population from threats to their health and wellbeing

- The influenza vaccine campaign was launched in November with a strong emphasis on increasing uptake rates among healthcare workers. Flu vaccine guidelines were updated in relation to vaccination for those living with cancer.
- *Ireland's National Action Plan on Antimicrobial Resistance 2017 – 2020* was published. A Healthcare-associated infection and antimicrobial resistance (HCAI/AMR) response team was established to work with all Hospital Groups and CHOs to progress AMR stewardship programmes and infection control procedures. A national clinical lead was appointed to streamline and integrate HCAI / AMR related activity across the HSE. The *www.hse.ie/hcai* website was also developed including information resource packs, training programmes and links to international sites.
- As a public health response to the CPE/CRE (Carbapenemase Producing Enterobacteriaceae / Carbapenem-resistant Enterobacteriaceae) superbug, a national public health emergency team was convened by Minister Simon Harris to provide advice, guidance, support and direction on the surveillance and management of CPE at national level and in line with Ireland's *National Action Plan on Antimicrobial Resistance 2017 – 2020*.
- The *Environmental Health Service Review 2016* was published providing an insight for both internal and external stakeholders on the breadth of the role of this service setting out the broad range of activities undertaken.

- While compliance with the *Public Health (Tobacco) Act 2002* was high, there were 10 prosecution cases in 2017 which resulted in convictions for tobacco related offences.
- The Environmental Health service carried out 33,162 (target 33,000) official food control surveillance inspections of food businesses to protect public health and assure compliance with food safety requirements. Of those planned, and planned surveillance inspections, 20.7% had either an unsatisfactory, unsatisfactory significant, unsatisfactory serious outcome. There were 2,818 food related complaints received – 501 food complaints and 2,317 food business complaints.
- Year three of the Public Health Sunbeds Inspection Programme was completed with 32 establishments having undergone a test purchase inspection during the year.
- To ensure compliance with Fluoridation of Water Supplies Regulations 2007 and the statutory range of concentration of fluoride in public drinking water supplies, 2,460 drinking samples were taken to assess compliance with the statutory range of concentration of fluoride.

7.1.6 Priorities 2018 – Health & Wellbeing

The purpose of this plan is to support new ways of working by providing a planning link to the Health and Wellbeing service delivery section of the National Service Plan 2018 (NSP 2018).

It is intended to guide the development of CHO Operational Plans 2018 by setting out the Health and Wellbeing priorities for the organisation, the volume of services in the NSP2018, supporting demographic information and data/metrics to support the new ways of working in 2018.

Priorities for 2018 are:

- Implementation of Healthy Ireland (HI) in Community Healthcare Organisations
- Improve the health and wellbeing of the population
- Protect our population from threats to their health and wellbeing.

NSP and Operational Plan Actions		
Key Result Area	**Priority Actions**	**Q**
Implementation of Healthy Ireland (HI) in Community Healthcare Organisations	Complete the development and publication of *Healthy Ireland* implementation plans for all CHOs	Q1 - Q4
	Progress implementation of key actions set out in CHO *Healthy Ireland* implementation plans	Q1 - Q4
	Progress the implementation of key actions for *Making Every Contact Count (MECC) Framework* as part of the CHO *Healthy Ireland* implementation plan	Q1 – Q4
	Release frontline staff to attend MECC training to enable them to conduct a brief health behaviour change intervention with their patients	Q1 - Q4
	Develop a strategic approach to self-care and self-management support in 2018 in collaboration with the national programme and the *Self-Management Support (SMS) Framework*	Q1 - Q4
	Develop the role of CHO representative on the Local Community Development Committees (LCDC) and the Children and Young People's Services Committee (CYPSC)	Q1 – Q4
	Develop partnerships with local Hospital Group(s) on *Healthy Ireland* implementation	Q1 – Q4
	Support uptake of the HSE Staff Engagement Survey which will include health and wellbeing measures and this will support the establishment of baseline measures for CHOs	Q1 – Q4
	Implement joined up staff health and wellbeing initiatives at local level using effective communications campaigns (e.g. #littlethings; #quit; #askaboutalcohol; #dementia; #understandtogether; #breastfeeding)	Q1 – Q4
	Support and develop staff health and wellbeing initiatives as part of the CHO Healthy Ireland implementation plan	Q1 – Q4
	Support the implementation of the HSE Breastfeeding Action Plan 2016-2021	Q1 – Q4
	Support the development of the forthcoming national mental health promotional plan	Q1 – Q4

Improve the health and wellbeing of the population	Develop new sub-structures under the CHO Heads of Service, Health and Wellbeing in collaboration with the National Director, Community Service Operations to facilitate the development of a new Health Promotion and Improvement function within the CHO	Q1 – Q4
	Promote the uptake of BreastCheck, CervicalCheck, Bowelscreen and Diabetic RetinaScreen programmes amongst relevant eligible populations	Q1 – Q4
	Continue to progress the implementation of chronic disease demonstrator projects within the CHOs	Q1 – Q4
	Deliver structured patient education programmes for people with type 2 diabetes	Q1 – Q4
	Implement calorie posting and healthier vending policies in CHO sites and services	Q1 – Q4
	Support the role out of the 'START' campaign to encourage parents and guardians to start making healthy choices for their children	Q1 – Q4
	Deliver community based structured healthy cooking programmes	Q1 – Q4
	Deliver nutrition reference pack training (for infants aged 0-12 months) to public health nurses in the CHO	Q1 – Q4
	Support people to access national and local QUIT smoking cessation services	Q1 – Q4
	Progress and support the implementation of the national tobacco free campus policy across all CHO sites and services	Q1 – Q4
	Support the implementation of the National Healthy Childhood and Nurture Programmes	Q1 – Q4
	Support the roll out of HSE national alcohol risk communication campaign www.askaboutalcohol.ie	Q1 – Q4
	Support the HaPAI research project in CHO 3 to develop a community intervention to increase physical activity levels in adults over 50 years of age	Q1 – Q4

Protect our population from threats to their health and wellbeing	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 and chaired by the Chief Officer	Q1 – Q4
	Nominate a member of the CHO management team as Infection Prevention Control (IPC)/ Antimicrobial Stewardship (AMS) lead and commence the development of CHO plan for HCAI/AMR governance and human resources for the next 3 years	Q1 – Q4
	Support actions required to respond to AMR (including CPE) as outlined in *iNAP – Ireland's National Action Plan on Antimicrobial Resistance 2017-2020* by ensuring that a hand hygiene training programme is implemented for (1) all directly managed community residential services in 2018 and (2) that service level agreements with contracted services are reviewed to determine whether they address patient safety requirements for Infection Prevention Control (IPC)/ Antimicrobial stewardship (AMS) with specific reference to hand hygiene	Q1 – Q4
	Improve vaccination uptake rates on the primary childhood immunisation (PCI) programme and school immunisation programme (SIP)	Q1 – Q4
	Improve influenza uptake rates among persons aged 65 and over with a medical card/ GP visit card through local engagement with healthcare professionals	Q1 – Q4
	Improve influenza uptake rates amongst healthcare staff in long-term care facilities in the community	Q1 – Q4

Section 7.2: Primary Care

7.2.1 Introduction / Strategic Context

The Primary Care section of this plan sets out the type and volume of services for primary care, social inclusion, palliative care and primary care reimbursement services expected to be delivered in 2018. It has regard to available funding, planning assumptions agreed with or advised by the Department of Health (DoH) and what can be delivered by realistic and achievable measures to improve the economy, efficiency and effectiveness of our services during 2018. The development of primary care services is a key element of the overall Health Reform Programme. A decisive shift to primary care in the Irish health system is required to bring about improvements to the health and wellbeing of the population and better integrated health services. A key objective (as set out below) aims to achieve a more balanced health service by ensuring that the vast majority of patients and clients who require planned care are managed within primary and community based settings.

7.2.2 Population

The increased population and the changing demographics will present challenges for Primary Care services. There will be challenges in service delivery in respect of the younger and older cohorts of the population.

Although our birth rate is decreasing, our child population (aged 0 to 17 years) represents approximately 25% of our total population (Census 2016), approximately 7.4% above the EU average of 18.8%. Approximately 25% of our three, five and nine-year-old population are either overweight or obese (Growing up in Ireland, 2011). 11% of our children experience consistent poverty (SILC 2014, CSO).

The demand for community nursing services for children is projected to increase by 4% in 2018. The extension of free GP care to children aged under 6 years and adults aged 70 years and over has resulted in a significant increase in visits of these groups to GP services.

In respect of the adult population it is projected that demand for most primary care teams (PCTs) and network services by adults aged 18 to 64 years will increase minimally in 2018 with a moderate increase of 3% expected to 2022. A person aged 14 to 64 attends a GP practice, on average, between three and five times a year, with the number of consultations increasing with age.

A person aged 64 years and over attends on average, seven times a year (Health in Ireland – Key Trends 2016, DoH). This impacts, not just on general practice, but referral as appropriate, to other PCTs and network services, the provision of aids and appliances, medical and surgical supplies and referrals to acute hospital services.

Approximately 65% of people aged 65 years and over have two or more chronic conditions. Ireland is facing a growth in chronic diseases. The current and future needs of people with chronic disease are best met through primary care where disease can be prevented, progress

slowed, health and wellbeing maintained and use of hospital services reduced. Chronic disease programmes in primary care are delivered mainly by GPs, practice nurses, specialist integrated care nurses, physiotherapists (respiratory), podiatrists and dieticians.

Approximately three quarters of all deaths in Ireland are due to three chronic diseases – cancer, cardiovascular disease (diseases of the heart and circulation including angina, heart attacks and strokes) and respiratory disease (disease of the lungs and airways such as chronic obstructive pulmonary disease (COPD)). These diseases are significantly related to lifestyle-based health determinants such as smoking, alcohol consumption, lack of exercise and obesity.

The prevalence of age-related disease is also increasing and primary care services have a role to play in supporting people suffering from dementia, and their families.

Additionally there is a need to recognise the unequal distribution of health across our population. Studies have consistently illustrated that vulnerable groups such as homeless, Traveller and migrant populations all face greater health needs than the general population. Primary care has a role to play in relation to the health of people who are homeless and in delivering the commitments made by government through policy and programmes such as the refugee relocation programme.

7.2.3 Services Provided

Primary care services include primary care teams, community network services, general practice, schemes reimbursement, social inclusion and palliative care services; reference to primary care throughout this plan includes reference to all of these services.

7.2.4 Programme for Government (PfG) Funding

In 2017 - €2m PfG funding was provided for homeless services and €5m for development of psychology services in primary care – this was supported from the €35m Mental Health Programme for Government Funding.

7.2.5 Achievements 2017

- Referrals to the Community Intervention Teams (CITs) increased by 35% compared with the previous year, approximately 38,207 referrals were dealt with by CIT services. An audit schedule has commenced and quality improvements have been implemented.
- The primary care ultrasound initiative which provides direct access for GPs to ultrasound was further strengthened, reducing the need for referrals to outpatient departments. 20,652 ultrasounds were provided along the West Coast from Donegal to Cork .
- 13 primary care centres completed construction of which and 10 became operational, namely Tuam, Co. Galway, Borrisokane, Co. Tipperary, St. Finbarr's Cork, Ballyheigue, Co. Kerry, Springfield, Dublin, Celbridge, Co. Kildare, Blessington, Co. Wicklow, Mullingar, Co. Westmeath, Portmarnock, Co. Dublin and Grangegorman, Dublin.

- The first national Primary Care Eye Services Review Group Report was published which estimates that 60% of existing outpatient activity could be moved to the community, allowing hospital services to focus on patients who require more specialist diagnostics or treatments.
- A new National Clinical Guideline for Hepatitis C Screening was published in order to reduce the overall health and economic impact of Hepatitis C infection. A successive clinical lead for the National Hepatitis C Treatment Programme was appointed. Improved commercial terms in relation to the cost of drugs used in treating Hepatitis C infection allowed 48% more patients receive treatment in 2017 than in 2016. Two pilot treatment programmes for hepatitis C commenced in 2017 in the HSE addiction service setting.
- With the support of €4m funding, implementation of Service improvement initiatives enabled the reduction of waiting times for speech and language therapy services across CHOs. 81 of the 83 speech and language therapy posts were filled and an additional 45,985 appointments were undertaken.
- 98% new-born babies visited by a PHN within 72 hours.
- 508 paediatric homecare packages were provided to support babies at home.
- 318 people on average each month were supported by specialist palliative day care services.
- 487,510 people with GP visit cards.
- 1,609,820 people with medical cards.
- 1,065,230 contacts with GP Out-of-Hours.
- 79 million items submitted as claims for payment.
- €2.7bn paid in reimbursement fees.

7.2.5.1 Addiction

- Improved access to addiction treatment services for adults and children with 98.5% of people over 18 years of age commencing treatment within one calendar month and 96.5% of people under 18 years of age commencing treatment within one week of assessment.
- Creation of individual rehabilitation pathways to meet the needs of those affected by drug misuse in line with the National Drugs Rehabilitation Framework. Of people who commenced treatment 63% of those aged over 18 had an assigned Key Worker and 74% of people had a written care plan. 84% of those aged under 18 years had an assigned Key Worker and 85% had a written care plan. Delivery of screening and brief intervention training for alcohol and substance misuse (SAOR) training to 1,239 staff, which is 59.3% more than expected for the year. The increase variance can be attributed to the SAOR Train the Trainer Programme which allowed for additional trainers in CHOs 1, 6, 7 and 9.
- Training in the administration and provision of naloxone was provided to 86 staff, homeless services and voluntary providers and train the trainer for facilitator trainers for the programme was provided to 14 people. 1,039 naloxone products provided to services, a two-fold increase on 2016.

7.2.5.2 Homeless

In line with Rebuilding Ireland, Action Plan for Housing and Homelessness our focus is to improve health outcomes for those experiencing or at risk of homelessness, particularly those with addiction and mental health needs. With the support of an additional funding to address the complex and diverse needs of homeless people a number of areas were progressed including:

- Expansion of access to a key worker, case management, GP and nursing services through the CHO homeless action teams in each CHO.
- Development of targets, outcomes and quality standards with Section 39 service providers to support enhanced monitoring and evaluation of existing service arrangements.
- Establishment of an oversight committee to finalise the discharge protocol for homeless persons in acute hospitals and mental health facilities in line with the National Hospital Discharge Protocol for Homelessness (Guidance Framework). Pilot activities commenced in CHO 2, 5, 6, 7 and 9 staff were recruited in St. James's Hospital and the Mater Miserocordiae University Hospital to progress hospital discharges.
- Provision of in-reach specialty primary care and mental health services to homeless accommodation.

7.2.5.3 Traveller, refugees, asylum seekers and Roma communities

- The National Traveller and Roma Inclusion Strategy 2017 – 2021 was launched. This is a cross-Departmental initiative to improve the lives of Traveller and Roma communities in Ireland.
- Worked in partnership with Sonas Domestic Violence Charity, a domestic, sexual and gender based charity a Train the Trainer Programme was developed and delivered.
- A mobile health screening unit – funded under Dormant Accounts and operated by Safetynet – was rolled out from March as an innovative means of providing health screening and basic primary care to refugees, as well as to other marginalised groups.
- Training on intercultural awareness and practice was undertaken by staff working with marginalised groups across all CHOs.827 members of the Traveller community received health information on type 2 diabetes and cardiovascular health.

7.2.5.4 Palliative Care

- A 15-bed specialist inpatient unit opened in University Hospital Kerry.
- The new Palliative Care Development Framework 2017-2019, informing the development of adult palliative care services was launched. Its aim is to ensure a seamless care pathway across inpatient, homecare, nursing home, acute hospital and day care services.
- Following an evaluation of the Children's Palliative Care Programme in 2016 work is progressing to recruit a national co-ordinator for children's palliative care and also a children's Clinical Nurse Co-ordinator for children with life limiting conditions for Kerry.

- National Clinical Effectiveness Committee (NCEC) guidelines were developed on the management of cancer pain and the management of constipation in palliative care patients.
- Eleven projects were completed under the design and dignity grant scheme. These projects improve the hospital environment for palliative care patients, their families and staff.

7.2.6 Priorities 2018

7.2.6.1 Primary Care

- Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care.
- Implement the primary care elements of eHealth Strategy for Ireland, 2013 to funded levels.

7.2.6.2 Social Inclusion

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

7.2.6.3 Palliative Care

- Improve access, quality and efficiency of palliative care services.

7.2.6.4 Primary Care Reimbursement (PCRS)

- Ensure equitable access to services in line with health policy, regulations and within service level arrangements governing administration of health schemes through reimbursement of contractors.
- Implement the provisions of the Framework Agreement on the Supply and Pricing of Medicines 2016-2020.
- Strengthen accountability and compliance.

7.2.7 Action Table: Implementing priorities 2018 in line with Corporate Plan goals

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Corporate Plan Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier.		
Immunisation	NSP Action: Improve influenza vaccination uptake rates for those aged 65 years and over, and among staff in frontline settings.	Q1 – Q4
	Operational Plan Action: ▪ % uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card – 75%. ▪ % of health care workers who have received Flu vaccine in the 2017-2018 influenza season – 65%.	Q4 Q4
Healthy Ireland	▪ Implement actions in support of national policy priority programmes for tobacco, alcohol, healthy eating, active living, sexual health, positive ageing and wellbeing and mental health.	Q1 – Q4
Nurture	▪ Progress the implementation of the healthy childhood and nurture programmes.	Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Corporate Plan Goal 2 Provide fair, equitable and timely access to quality, safe health services that people need.		
Community Intervention Teams (CITs)	NSP Action: Expand CIT and outpatient parenteral antimicrobial therapy coverage and services, and refocus CITs to facilitate a high volume of complex hospital avoidance and early discharge cases, and strengthen the governance and quality of services provided.	Q1 – Q4
	Operational Plan Action: ▪ Develop a Model of Care for CIT. ▪ Prioritise and complete audit of CIT/OPAT services. ▪ Expand CIT services in the following areas: ➢ CHO 2 – Galway/Roscommon ➢ CHO 3 – Midwest ➢ CHO 4 - Cork ➢ CHO 5 – Waterford ➢ CHO 5 – South Tipperary ➢ CHO 5 – Carlow Kilkenny	Q2 Q4 Q3

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	➢ CHO 7 - Dublin South ➢ CHO 9 – Dublin North ▪ Establish CIT services in the following areas: ➢ CHO 1 – Sligo ➢ CHO 8 – Laois/Offaly ▪ Support hospitals in increasing the proportion of patients who are taught to self-administer compounded IV antibiotics SOPAT. ▪ Provide treatment for in excess of 38,000 referrals.	Q3 Q4 Q4
Complex Paediatrics	NSP Action: Provide additional packages of care for children discharged from hospital with complex medical conditions to funded levels.	
	Operational Plan Action: Support approximately 584 packages of care for children discharged from hospital with complex medical conditions.	Q4
Occupational Therapy	NSP Action: Improve access for primary care occupational therapy service with a focus on addressing patients waiting over 52 weeks.	
	Operational Plan Actions: Recruit 40 primary care Occupational Therapists to provide services to an additional 2,697 patients waiting over 52 weeks.	Q4
GP Out of Hours	NSP Action: Expand structured GP out of hours provision in CHO 6.	
	Operational Plan Actions: Support an additional 9,000 patient contacts per month equating to 81,000 additional patient contacts in CHO 6.	Q2
Chronic Disease	NSP Action: Implement the Integrated Care Programme for the Prevention and Management of Chronic Disease.	
	Operational Plan Actions: ▪ Conduct a review, led by a dedicated project manager, of primary care chronic disease posts (podiatry, dietetics, physiotherapy and clinical nurse specialists) to review governance, implement service improvement initiatives and data reporting. ▪ Identify availability of ambulatory blood pressure monitoring, ECG, spirometry, echocardiography and BNP testing for patients attending GPs. ▪ Develop and agree a primary care dataset and associated metadata for chronic disease services/staff.	Q3 Q2 Q1

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	▪ Develop and implement an IT solution/system for primary care chronic disease staff, led by Integrated Care Programme Chronic Disease.	Q3
	Asthma/COPD Advice Line	
	▪ Provide an easily assessable support, education and information service to people with asthma or COPD to help them better understand and manager their disease.	Q4
	▪ Implement recommendations from the Project Evaluation - 2017 Joint Asthma and COPD Advice Line Service.	Q1
	▪ Mainstream this service to operational governance.	Q1
Diagnostics	NSP Action: Increase the provision of diagnostic services in primary care sites.	
	Operational Plan Actions: ▪ Provide approximately of 20,278 ultrasounds across the following primary care sites: ▪ CHO 1: Donegal - Letterkenny Primary Care Centre 3,510 and Sligo Primary Care Centre) 915. ▪ CHO 2: Galway East Primary Care Centre – 2,850, Castlebar Primary Care Centre - 1,233 and Roscommon Primary Care Centre – 669. ▪ CHO 3: Limerick St. Camillus Hospital – 3,545. ▪ CHO 4: Cork City/Mallow – 6,584 and Kerry (Ballyheigue and Kenmare) – 972. ▪ Evaluate the primary care ultrasound initiative to inform service development.	Q4
	New 2018 ultrasound proposals	
	▪ Expand GP access to ultrasound nationally by working with CHOs to establish local service provision by way of mixed model approach. This includes CHOs 1 (Cavan/Monaghan), 5, 6, 7, 8 and 9.	Q4
	▪ Determine GP direct access referral for X-ray with a view to addressing any service gaps.	
	▪ Expanded GP access to x-ray (5,500 additional x-rays) in the following CHOs: ▪ CHO 2 (Tuam) – 2,000 x-rays. ▪ CHO 5 (Carlow and Cashel) – 1,500 x-rays (Q4). ▪ CHO 7 (Tallaght) – 2,000 x-rays.	Q4 Q4 Q4 Q4 Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Service Reviews	NSP Action: Implement, within existing resources and on a phased basis, the recommendations from the reviews of the primary care physiotherapy, occupational therapy and speech and language therapy services, psychology service, dietetic model of care, GP Out of Hours service, primary care eye care services and civil registration.	Q1 – Q4
	Operational Plan Actions:	
Physiotherapy and Occupational Therapy	Primary Care Physiotherapy and Occupational Therapy Reviews ▪ Improve waiting times for Occupational Therapy and Physiotherapy Services by implementing within available resources, the recommendations of the Occupational Therapy and Physiotherapy Services Review Reports (when agreed).	Q1 – Q4
Speech and Language Therapy	Speech and Language Therapy ▪ Finalise the recruitment of the 2016/2017 posts and. ▪ Implement, when agreed the Primary Care Speech and Language Therapy Model of Care.	Q1 Q4
Psychology	Primary Care Psychology ▪ Conclude the recruitment of 114 Assistant Psychologists and 20 Staff Grade Psychologists: ➢ CHO 1: 11 Assistant Psychologists. ➢ CHO 2: 11 Assistant Psychologists. ➢ CHO 3: 10 Assistant Psychologists and 4 Staff Grade Psychologists. ➢ CHO 4: 16 Assistant Psychologists and 7 Staff Grade Psychologists. ➢ CHO 5: 13 Assistant Psychologists. ➢ CHO 6: 8 Assistant Psychologists. ➢ CHO 7: 16 Assistant Psychologists and 4 Staff Grade Psychologists. ➢ CHO 8: 16 Assistant Psychologists. ➢ CHO 9: 13 Assistant Psychologists and 5 Staff Grade Psychologists. ▪ Implement revised children and adolescent primary care psychology model, in collaboration with Mental Health.	Q4 Q4
Dietetics	Primary Care Dietetics ▪ Agree a model of service delivery for community dietetics.	

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	▪ Implement, within existing resources prioritised recommendations from the model of service. ▪ Develop paediatric dietetic services to enable integrated care and the implementation of the Nurture programme.	Q2 Q4 Q4
GP Out of Hours	GP Out of Hours ▪ Implement recommendations to: ➢ Enhance future provision of GP Out of Hours services based on available evidence and value for money. ➢ Improve performance and assurance oversight of GP Out of Hours services. ▪ Develop an enhanced performance data set and key performance indicators to ensure service effectiveness and value for money.	Q4 Q4
Eye Services	Primary Care Eye Services ▪ Oversee national procurement process for equipment and consumables. ▪ Support the Head of Contracts to agree updated eye care contracts ▪ Standardise the preschool vision screening surveillance process ▪ Establish a primary care eye team in South Dublin.	Q4 Q4 Q1 Q3
Islands	Island Services Review Report ▪ Implement, on a phased basis and within existing resources, recommendations from the Civil Registration Review Report.	Q4
Civil Registration	Civil Registration ▪ Implement on a phased basis and within existing resources, recommendations from the Civil Registration Review Report.	Q4
Dental and Orthodontic Services	NSP Action: Improve access waiting times for orthodontic services for children.	
	Operational Plan Action: ▪ Re-establish the National Oral Health Office ▪ Implement targeted screening for areas that do not have access for 11-13 year olds to ensure national equity. ▪ Provide treatment for 11-13 year-old children in all CHO areas, prioritising public dental health i.e. fissure sealants. ▪ Continue waiting list initiative for children's orthodontic service	Q1 Q3 Q3

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	for long-waiters by reducing the waiting list to three years or under. ▪ Implement the Clinical Governance Framework for oral health services, with a timeframe agreed for completion of infection control standards. ▪ Review clinical requirements (treatment schedule) for DTSS in collaboration with PCRS. ▪ Agree a protocol with a view to implementation for complex oral health cases.	Q4 Q2 Q2 Q1
Primary Care Centres	NSP Action: Commission additional primary care centres.	
	Operational Plan Actions: Commission additional primary care centres – 19 developments (15 primary care centres, 1 orthodontic initiative, 1 addiction unit, 1 radiology initiative and 1 hospice equipping development).	Q1 – Q4
Hepatitis C	NSP Actions: - Ensure treatment is offered to patients with hepatitis C in line with the National Hepatitis C Treatment Programme goal of eliminating hepatitis C by 2026. - Develop integrated models of hepatitis C treatment across community and acute settings and implement screening guidelines.	Q1 – Q4
	Operational Plan Actions:	
	Hepatitis C Treatment Programme goal of eliminating hepatitis C by 2026 ▪ Provide treatment to approximately 1,500 patients in line with goal of eliminating Hepatitis C by 2026. ▪ Review prioritisation and selection clinical criteria of patients for treatment through the National Hepatitis C Treatment Programme Clinical Advisory Group. ▪ Develop and implement treatment plans for all treatment sites in line with the national treatment target. ▪ Develop and implement performance metrics for all Hepatitis C treatment sites to drive treatment volume and monitor performance. ▪ Improve surveillance, screening and links to care through interface with all Hep C initiatives. ▪ Monitor developments in relation to therapeutic treatments and continued liaison with industry to achieve optimum value for money in drug procurement.	Q4 Q1 Q4 Q4 Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	▪ Devise strategies for the continued identification of patients for treatment and development of pathways to care.	Q4 Q4
	Models of Hep C treatment across community and acute settings ▪ Further develop a hepatitis C treatment programme in the addiction services /community settings with key stakeholders. ▪ Further develop existing pilot community treatment sites commenced in 2017. ▪ Explore feasibility to develop a hepatitis C treatment programme in the prison setting.	Q4 Q4 Q4
	Hep C Treatment Registry ▪ Continue the development of a national hepatitis C treatment registry electronic platform, through engagement with ICT. ▪ Further develop the national hepatitis C registry to provide clinical information on overall patient outcomes.	Q2 Q2
Children with disability or developmental delay (Access Policy)	Operational Plan Actions: ▪ Implement, within existing resources, Access policy in primary care setting.	Q4
Lymphodema	Operational Plan Actions: ▪ Agree a Lymphodema model of care.	
Audiology	Operational Plan Actions: National audiology clinical management system (NACMS) ▪ Pilot the national audiology clinical management system NACMS in Talacare primary care services. ▪ Complete pilot NACMS in Grange Gorman community Audiology services. ▪ Commence phased roll out of NACMS across Community Audiology services. ▪ On learning from community roll out commence roll out of NACMS into acute audiology services. Enhance the Bone Anchored Hearing (BAHA) Programme.	Q1 Q2 Q4 Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	▪ Establish a formal commissioning process for HSE BAHA service including reporting and monitoring on key performance metrics with quality assurance provided by the Integrated Audiology programme. School Hearing Screening ▪ Review clinical requirement for a school screening ICT system. ▪ Identify ICT systems that can interface with UNHS system to provide a robust national school screening ICT system in collaboration with the National Childhood Screening and Surveillance Group. ▪ Develop and agree a business case to support introduction of school screening ICT system.	Q2 Q1 Q2 Q4
Dementia	Operational Plan Action Dementia Strategy Continue to deliver the Primary Care Education, Pathways and Research in Dementia (PREPARED) education programme to primary care teams in collaboration with the Dementia Office and Social Care services.	Q1 – Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Corporate Plan Goal 3: Foster a culture that is honest, compassionate, transparent and accountable.		
Quality	**NSP Action:** Quality - Promote quality and safety of services in line with the *Framework for Improving Quality in our Health Service*. - Promote safe services in line with the Integrated Risk Management and Incident Management Frameworks. - Support initiatives to develop a more person-centred approach through the roll-out of the primary care patient experience survey.	
	Operational Plan Actions:	
National Standards for	▪ Provide support and advice to CHOs in implementing the National Standards for Safer Better Healthcare.	Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Safer Better Healthcare	▪ Support the implementation of national safety programmes.	Q4
Risk and Incident Management	<u>Risk Management:</u> ▪ Support the management and monitoring of the Primary Care Risk register. ▪ Oversee and support the implementation of the HSE Integrated Risk Management Policy across CHOs with quarterly review and analysis of CHO risk register. <u>Incident Management:</u> ▪ Collaborate with other services to agree a cross service approach to support implementation of the Incident Management Framework. ▪ Support the National Incident Management System (NIMS) Steering Group work programme. ▪ Analyse incident data (NIMS) to elicit key themes and trends within primary care.	Q1 – Q4 Q1 – Q4 Q1 – Q4 Q1 – Q4
Patient Experience Survey	▪ Oversee and support CHOs in conducting patient experience surveys in primary care. ▪ Commence analysis of 2017/2018 Primary Care Patient Experience surveys in collaboration with QID.	Q1 – Q4 Q4
Structures	▪ Support the establishment of primary care quality and safety structures within CHOs.	Q1 – Q4
Quality Measurement	▪ Undertake quarterly analysis of dashboard returns, risk registers, incidents to elicit areas of underperformance/potential risk and seek assurance from CHOs through the performance framework regarding quality and safety of services.	Q1 – Q4
Children First	**NSP Action:** Implement the *Children First Act* in Primary Care, conferring new statutory obligations on all HSE employees, funded services and contracted services to report child abuse / neglect.	Q1 – Q4
	Operational Plan Actions: ▪ Revise the HSE Child Protection Policy and develop a corporate Safeguarding Statement and templates to inform local safeguarding statements training and briefings. ▪ Delegate Children First Training Officers to CHO areas. ▪ Assist in developing governance structures to drive required actions such as oversight and implementation committees. ▪ All staff to complete eLearning programme on Children First website.	Q1 – Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	▪ Agree a list of mandated persons for each area. ▪ Ensure all agencies funded and contracted are aware of their obligations in relation to Children First legislation and provide assurance in relation to same.	

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Corporate Plan Goal 4: Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them.		
Nursing	**NSP Action:** Work with key stakeholders to progress the integrated model of care for community nursing and midwifery.	Q1 – Q4
	Operational Plan Actions: Pilot the DoH model of care for community nursing and midwifery in one CHO area.	Q4
Community Nursing	Design (informed by base line audit undertaken in 2017), a standardised template for use by all public health nursing staff to allow safe and quality assured administration of medications prescribed by medical practitioners in consultation with GPs.	Q4
	Implement, agreed prioritised actions from the National Quality Improvement/Practice Development Governance Framework for Public Health Nursing Services with a focus on tissue viability.	Q4
GP Manpower Planning	▪ Identify remote rural communities based on a defined set of criteria where maintaining GP services is likely to be challenging in the years ahead. ▪ Identify a range of measures to support efforts to maintain GP services in these communities ▪ Formulate an appropriate and costed package of measures specific to each individual case to attract and retain GP services in such communities.	Q1
GP Training	Agree a service level agreement on the delivery of the GP Training Programme.	Q2

	NSP and Operational Plan Actions	

Key Result Area	Priority Actions	Q
Corporate Plan 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.		
	NSP Actions: - Roll out primary care eHealth systems to support safe and effective provision of services. - Develop a primary care patient management system to support safe and efficient delivery of services.	Q1 – Q4
	Operational Plan Actions	
Primary Care eHealth Programme	▪ Continue deployment of technology to support mobile clinical workers in primary care to enable more effective work practices and better access to technology. ▪ Review and address infrastructure deficits in health centres to support access to clinical and administrative systems in support of patient care. ▪ Commence deployment of the National Audiology Clinical Management System. ▪ Complete upgrades to all sites using the orthodontic system – Orthotrak. ▪ Continue to build on the work of ePrescribing for primary care, to support the effective and value for money prescribing/medication use. This initiative is an essential building block for the shared care record. ▪ Continue deployment of healthmail to priority areas, guided by the evaluation of the healthmail service. ▪ Continue development of GP practice systems to include provision of electronic sick certificates to the Department of Social Protection. ▪ Support electronic ordering of diagnostics by GPs for national systems such as the Medical Laboratory Information System and the National Integrated Medical Imaging System. ▪ Continue support of GP access to electronic shared care records for the Maternity and Newborn Clinical Information System. ▪ Continue to support the Immunisation System project team by providing an Office of CIO resource to enable project to progress through the deployment phase.	Q1 – Q4
Primary Care Management System	▪ Commence procurement, configuration and initial deployment of the Primary Care Management System.	Q1 – Q4
Community Funded Schemes Projects	▪ Implement policy and value for money projects for community demand led schemes in relation to aids and appliances, respiratory products, orthotics, prosthetics and specialised	Q1 – Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	footwear, incontinence wear, urinary, ostomy and bowel care, nutrition, bandages and dressings.	

Section 7.3: Mental Health

7.3.1 Introduction / Strategic Context

The National Service Plan 2018 and this Mental Health section of the Community Healthcare Operational Plan sets out the actions that Mental Health services will deliver over the course of 2018. These actions will deliver on our corporate goals, the priorities as set out in A Programme for a Partnership Government specific to mental health services and most significantly the mental health service vision, mission and strategic priorities. This plan recognises that the underpinning all of these actions is the goal of improving the health and wellbeing of the population and of ensuring that the services we deliver are safe and of high quality.

7.3.2 Population

Mental Health Services will likely be impacted by increased demand for services due to the increases in the population of children aged 0-17 years and in the increase in the number of those aged over 65 years. The total population under 18 years in the 2016 census was 1,190,502 persons, an increase of 41,815 or 3.6 % on the 2011 figure. The proportion of the population under 18 years remains at 25 % of the total population. The majority of the illness burden in childhood and more so in adolescence, is caused by mental disorders and the majority of adult mental disorders have their onset in adolescence. In 2016, there were 13,499 referrals accepted by the Community Child and Adolescent Mental Health service which is a 1% increase on 2015. In the period from 2012, the number of referrals accepted has increased overall by 26% nationally.

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 years and men at 79.3 years. The greatest gains in life expectancy have been achieved in the older age groups, reflecting decreasing mortality rates from major diseases.

As indicated above there has been a significant increase in the number of people aged 65 years from 11% of the population in 2011 to 13% in 2016. Each year, the population aged over 65 years increases by almost 20,000 people, and by over 2,500 for those aged 85 years and over. Mental health service users of 65 years and over will have increasing mental and physical health needs as they age. In addition, existing service users who “graduate” to the over 65 years of age category will typically have complex healthcare needs. Dementia is the most common reason for admission to long-term care and it is estimated that 44,000 persons in Ireland have dementia and that this will increase to 104,000 by 2036.

The number of people experiencing homelessness is increasing year on year in Ireland. Nationally, latest figures indicate that over 8,000 people are homeless, with more than a third

of these being children. Mental Health Services will be required to develop further services to address the mental health needs of those affected by homelessness.

Traveller mental health is another key issue for mental health services. The 2016 Census recorded 30,987 Travellers living in the Republic of Ireland, an increase of 5.1% from Census 2011. (CSO, 2016). Irish Travellers are much younger than the general population. Almost three quarters of Travellers are aged 34 years or younger, while just over 7% are 55 years and over. This mental health section details service developments using PfG funding in Traveller mental health.

7.3.3 Services Provided

The modern mental health service, integrated with other areas of the wider health service, extends from promoting positive mental health and suicide prevention through to supporting those experiencing severe and disabling mental illness. Services are provided within the nine Community Health Organisations and the National Forensic Service and include specialised secondary care services for children and adolescents, adults, older persons and those with an intellectual disability and a mental illness.

7.3.4 Mental Health Achievements 2017

- Over 2000 development posts were approved in the period from 2012 to 2017 and by the end of 2017, including a further 229 WTE posts approved across a range of services / disciplines under Programme for Government funding 2017. At the end of 2017, 97% of the 2012 and 2013 posts were appointed, 80% of the 2014 posts and nearly half of the 2015 posts. Over a third of the 2016 posts were appointed, with the further 120 Assisted Psychology posts and approved 2017 Eating Disorder, 7/7, Perinatal posts etc. are to be recruited in early 2018.
- Mental Health Engagement leads appointed in all CHOs and Peer Support Workers are also now in place nationally.
- Best Practice Guidance was launched April 2017 helping increase risk/safety literacy in the workforce & compliance in MH Services.
- National Framework for Recovery in Mental Health was launched in November 2017.
- The Perinatal Mental Health Model of Care and the Youth Mental Health Taskforce were both launched in December 2017.
- A review group was established to evaluate and assess the CAMHS standard operating procedure. The group includes services users and family members.
- Three new CAMHs teams were put in place, increasing the total to 69 teams nationally and one further new POA team was also developed increasing the total to 30 teams nationally.
- Implementation of the suicide strategy Connecting for Life 2015-2020 was further progressed, including launch of local plans in CHOs etc.
- CAMHS, General Adult and POA targets for first appointments offered and first appointments seen were all on or ahead of national targets in 2017.

- A further €3m investment was made in service infrastructure for improved safety & service user experience and Deer Lodge Continuing Care Unit was opened in Kerry.
- Traveller co-ordinator posts for each CHO were advertised and a steering group established to develop a joint stepped model of care across mental health and primary care for Travellers with mental health needs.
- Promoting positive mental health via integrated media campaign - #littlethings has 70,000 followers on Facebook & 2.5 million page views for yourmentalhealth.ie since Oct 14.
- 10,304 children / adolescents seen by child and adolescent mental health services (CAMHS)
- 226 admitted to CAMHs acute inpatient units.
- 28,513 adults seen by mental health services.
- 12,155 admitted to adult acute inpatient units.
- 8,614 psychiatry of old age patients seen by mental health services.

7.3.5 National Forensic Mental Health Services

The National Forensic Mental Health Service (NFMHS) provides specialist forensic mental health services from its base in the Central Mental Hospital (CMH), for individuals referred from the nine CHO areas within the HSE, the Irish Prison Service (IPS), and the Courts Service of Ireland and from the Irish Youth Justice Service (IYJS). In addition, the service provides consultation and advice to the Garda Síochána and the Courts Service of Ireland.

7.3.6 Forensic Population

The demand for forensic mental health services continues to increase in line with a growing and ageing and cosmopolitan population. There has been an increase in the number of people found Not Guilty by Reason of Insanity (NGRI) by the courts, a high rate of referrals from the IPS including those with high security needs and high rate of referrals from CHOs with increased waiting times and lengths of stay prior to their admission to the CMH. This has significant implications for the HSE as all these groups have complex and co-morbid conditions with significant risk in multiple settings. The service has seen an increase in the number of people with a diagnosis of autism admitted to the service. The expanded role to the IPS has identified the gap between prison and local services with an increased risk of homelessness and loss of contact with mental health services. Enhanced prison in reach teams in some prisons have provided better care co-ordination and pathways management for this complex group.

7.3.7 Forensic Services Provided

The Central Mental Hospital is the only Designated Centre in the State for those individuals found Not Guilty by Reason of Insanity (NGRI) under the Criminal Law (Insanity) Act. It is also an Approved Centre for people detained under Section 21(2) of the Mental Health Act. Through the Forensic Recover & Rehabilitation team it offers on-going follow-up for former inpatients in the community.

Construction of the New Forensic Hospital at Portrane has commenced with an expected completion date late 2019. The bed capacity of the new hospital is 170. In addition to male and female adult beds there are 10 F-CAMHS beds, 10 F-Mental Health Intellectual Disability beds and a 30 bedded Intensive Care Rehabilitation Unit. A scoping exercise has been completed to identify the various transition programmes and work streams necessary for the successful transfer of the service to the new site. A major focus for the service and the HSE in the next two years will involve the transition and commissioning of the new service. In addition to maintaining and managing the current service there is a need to enhance the current service in order to build sufficient capacity before moving to the new campus.

7.3.8 National Forensic Service Priorities for 2018

The National Forensic Mental Health Service has set a number of priorities which will be enhanced and progressed further in 2018.

- To develop a project management approach for the move of the CMH to new site in Portrane in 2020 via:
  - The support of the MHD Project Management Office to secure dedicated programme management resources for the development and delivery of work force planning, ICT infrastructure, shared services, change management, the development of new services etc.
  - The recruitment of key posts to include QSUS and Hospital administration, Head of Service and HR Manager.
- To open Unit 5 within the Hospital to meet the needs of patients requiring admission to the CMH from Approved Centres, under Section 21(2) of the Mental Health Act 2001.
- To develop a dedicated service for Violent & Disruptive and/or Special Security Needs Prisoners within the CMH.
- To improve current bed capacity and quality of care in the Central Mental Hospital (CMH) through:-
  - The sourcing of appropriate placements for long stay patients currently in CMH who no longer require the therapeutic security and specialist treatment programmes of the CMH.
  - The diversion of low risk patients from the IPS and CMH to CHOs where feasible.

7.3.9 Programme for Government Funding and 2018 Allocation

The 2018 Opening Mental Health Budget of €902.8m (before the additional €15m in 2018) will allow for an increase in spending from €861.1m in 2017 to €902.8m in 2018. This increase is driven by the full year costs of posts / initiatives related to the Programme for Government (PfG) Investments 2017 (€20m) and Pay cost pressures funding of €22.5m for 2018.

The timing of the PFG posts in particular will need to be carefully managed to ensure that the Mental Health service delivers a balanced budget in 2018. The inclusion of the further €15m from the 2018 Programme for Partnership Government allows the maximum spend to increase to €917.8m, an increase in spend in 2018 of €57.5m equating to 6.7%

Mental Health Services continues to refine its detailed analysis of resources (staff & facilities) and the populations to which these resources are allocated. This has informed the wider allocation process for the 2015, 2016 and 2017 development monies across areas, services and teams. This approach is being enhanced and systemised and will continue to be used to allocate the 2018 development funds of €15m maximising equity across regions, age and social need as appropriate.

7.3.10 Mental Health Priorities 2018

Our priority in 2018 will continue to be the delivery of services to the population in line with our strategic priorities set out below. Our programmatic approach to the improvement of services, underpinned by a commitment to Recovery will be supported by engagement with those who use our services and their families, including the implementation of the Mental Health Recovery Framework published in 2017. Improving Youth Mental Health will also be a key priority in 2018.

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

- Progress implementation of Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020 through implementation of Connecting for Life plans at CHO level by delivering evaluated evidence-based programmes through non-governmental organisations and implementation of the national training plan for suicide reduction.
- Implement agreed actions arising from the work of the National Youth Mental Health Taskforce for those aged 18 to 25 years including the appointment of agreed Youth Mental Health Co-ordinators.
- Increase access to counselling services for young persons in primary care through the appointment of assistant psychologist posts nationally who will provide psychological interventions / supports in primary care to those under 18 years.
- Progress development and implementation of the five agreed national clinical programmes.

- Implement the recently launched model of care for specialist perinatal mental health services through the appointment of agreed new staffing resources nationally.
- Deliver a major improvement initiative to increase the numbers of CAMHs referrals to be seen in 2018 by 27%, compared to 2017 i.e. over 3,000 additional service users year on year. This will be dependent on agreement with our existing multi-disciplinary teams to the delivery of incentivised work taking place outside core hours, as well as the continued delivery of the current activity in parallel with this targeted improvement. This will be funded, once-off, through the new Programme for a Partnership Government 2018 funding.
- Develop a seven day per week service for CAMHs to ensure supports for vulnerable young persons in line with Connecting for Life.
- Develop eating disorder specialist community teams in line with approved funding.
- Expand out of hours responses for general adult mental health services by moving to the 7/7 model and appointment of agreed new staffing.
- Implement the actions of the recently launched National Framework for Recovery in Mental Health (2018-2020).
- Complete and launch the mental health engagement standards to ensure a consistent national model of engagement by service users and carers.

7.3.11 Action Table: Implementing priorities 2018 in line with Corporate Plan goals

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Mental Health Priority 1:- Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide.		
Implement a national research and evaluation plan to support the monitoring and evaluation of Connecting for Life	Development and delivery of survey of how people currently understand suicidal behaviour and disseminate findings	Q1 – Q4
	Further developing monitoring and evaluation systems of the CfL strategy	Q1 – Q4
	Monitoring and Evaluation of delivery of Suicide Prevention training programmes –	Q1 – Q4
	Evaluation of Implementation of CfL by the NOSP Monitoring and Evalaution Team using a range of methods including surveys, key informant inerviews and quarterly monitoring systems.	Q1 – Q4
	Production of quarterly monitoring and evaluation implementation data dashboards & bi-annual reports	Q1 – Q4
	On-going assessment of data sources on suicide and self-harm to improve the quality of data	Q1 – Q4
	Detailed analysis of coroners files (2015) to fulfill NOSP's obligations under CFL actions 7.2 and 7.4.1 -	Q1 – Q4
	Case study documenting the Irish Prison Services monitoring system (incorporating National Suicide Research Foundation analysis of all data for 2017) and dissemination of findings.	Q2
	Conduct review of SCAN services nationally.	Q1 – Q4
	Establish an on-going tracking system and conduct a retrospective analysis of media clippings (media monitoring project) over the last decade to inform current understanding of media reporting and suicide	Q1 – Q4
Deliver evaluated evidence-based programmes through non-governmental organisations including services for priority groups in line with Connecting for Life	Form Working Group to advise, select & oversee an evaluation programme of work for innovative approaches to suicide prevention	Q2
	Work with NGO sector to identify evidence-informed programmes for priority groups and to evaluate in line with Connecting for Life as need arises	Q3
Increase	On-going development of guidance and protocol documents for use	Q1 – Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
community capacity to respond to suicide and self-harm	by communities.	
	On-going development and maintenance of repository of evidence-based tools, resources, guidelines and protocols for use by / to support communities in responding to incidences of suicide.	Q1 – Q4
Implement National Training Plan for Suicide Prevention/Reduction .	Deliver suicide prevention training for frontline professionals.	Q1 – Q4
	Identify additional education needs of mental health professionals.	Q1 – Q4
	Devise and deploy a survey of attitudes to suicide, to suicide prevention measures, to professional roles and training needs in relation to preventive measures and practice.	Q2
	Finalisation and launch of online training programme.	Q2
	Detailed training programme and implementation plan agreed. Begin software support tool development with ICGP .	Q2 – Q3
	GP training will be delivered in 2018 following research in 2017 which indicated the need for this intervention.	Q4
	Suicide training will be provided to Psychiatrists in training.	Q4
	Funding allocated to Resource Officers for suicide prevention training in 2018. Targets established for training for 2018 based on analysis of 2017 participant rates.	Q1-Q4
	Based on participation rates for new programmes in 2017, targets for online and face to face training will be established for 2018 - 2020 (Action 2.3.2)	Q1 – Q4
Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations and implement the standards through an appropriate structure	Draft quality standards for suicide prevention services provided by statutory and non-statutory organisations.	Q1
	The testing process for the draft standards will take place in Q2.	Q2
	Standards and Guidance will be launched in Q3 2018	Q3
	Phased implementation of Standards and Guidance to commence in Q4.	Q4
Implement CfL Communications actions	On-going communication activities to promote and drive implementation of the CfL strategy including, quarterly newsletter, CfL website, events, implementation meetings and media engagement.	Q1 – Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	Further develop www.yourmentalhealth.ie and the #littlethings campaign through audit of current website in terms of content, accessibility as well as independent evaluation of campaigns.	Q1 – Q4
	Publication and dissemination of new media guidelines. Development and promotion of code of best practice for online platforms around suicide content.	Q4
	A revised media monitoring service will be established in 2018.	Q1
Implement agreed actions from YMH Taskforce as they relate to the promotion of mental health amongst young people	The HSE will recruit a National Lead for Youth Mental Health and a Lead for Youth Mental Health in each Community Health Organisation (CHO) to co-ordinate the provision of services and address gaps in service provision for this cohort.	Q4
	Deliver increased age-appropriate, scalable digital mental health supports in conjunction with existing providers to ensure access to an active listening service and dynamic signposting tool.	Q1 – Q4
Improve access by Young People to appropriate locally based early intervention and prevention services.	Continue to improve access to youth mental health services within the HSE including Jigsaw and other funded services.	Q1 – Q4
Develop structures for implementation of Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015–2020 recommendations in mental health services across all .	Ensure full integration of CHO implementation plans with National CfL Implementation Plans to ensure optimal use of resources.	Q2
	Report on activities of CfL through the national cross sectoral steering and implementation groups quarterly	Q1 – Q4
Evaluate current bereavement support	Commission an evaluation of bereavement support services across Ireland to inform future funding streams for bereavement support and information service providers in the community.	Q1 – Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
resources (including information resources), services.	Approve and support the dissemination of quality assured information resources for people bereaved following a sudden death, including deaths by suicide.	Q1 – Q4
	Evaluation of mental health stigma reduction activity at a population level and among CfL priority groups	Q1 – Q4
Develop enhanced suicide bereavement support services in line with agreed standards and practices.	Finalise national model of care for suicide bereavement and commissioning of bereavement services informed by standards.	Q1 – Q4
	Sign off programme content for bereavement programmes x 2 (professional and community).	Q1
	Design and publish bereavement programmes.	Q1 – Q2
	Develop implementation plan to support delivery of training for trainers (T4T) nationally	Q3
National Forensic Service development of primary care services with specified standards in line with best practice and mental health commission requirements	Implement a programme to improve the physical healh of service users of the National Forensic Service. This will include referral to an obesity clinic provided by Loughlinstown Hospital to commence in Q1 2018. Evaluate obesity Intervention.	Q1
Enhance the physical health of service users of the national forensic service.	Continue to provide programmes and education surrounding smoking cessation.	Q1-Q4
	Develop business case to recruit key lead for implementing smoking cessation programme and to work with addiction programmes both on the current site and the move to a no smoking campus in 2020.	Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Mental Health Priority 2:- Design integrated, evidence based and recovery focused mental health services.		
Continue the development of specialist Eating Disorder in Adult and CAMHS Mental Health services.	Publish a model of care for Eating Disorders.	Q1
	Develop and support delivery of a national training plan for eating disorders in line with model of care.	Q2
	Support and oversee the implementation of model of care in first 3 leader teams.	Q4
	Publish clinical practice guidelines as identified in the MoC.	Q4
	Oversee and monitor a supervision structure for Family Behavioural Therapy to develop and maintain competent clinicians.	Q3
	Oversee and monitor a supervision structure for CBTe to develop and maintain competent clinicians.	Q3
Complete the model of care for Early Intervention in Psychosis	Publish a model of care for Early Intervention in Psychosis.	Q4
	Oversee and monitor the implementation of EIP hub and spoke model in 3 demonstration sites across HSE	Q1 – Q4
	Complete and publish standard operating procedures for CBTp and IPS	Q3
	Continue to support supervision structure for BFT to develop and maintain competent clinicians across services	Q1 – Q4
	Participate in the evaluation of EIP demonstration sites	Q3
Further develop DeafHear national service.	Deliver an enhanced service for people with mental health issues and who are deaf will be delivered during 2018.	Q4
Support the establishment of the Attention Deficit Hyperactivity (ADHD) Disorder clinical programme	Submit the HSE National Working Group draft Model of Care to the College of Psychiatry.	Q1
	Commence recruitment and development of 3 multidisciplinary ADHD Clinics from 2017 PFG funding.	Q2
	Commence the development of a national training programme for staff.	Q2
	Design data gathering tool & analyse data from pilot site teams when in place.	Q3
	Finalise completion of ADHD in Adults MOC with College of Psychiatry.	Q3
	Commence development and recruitment of a further 3 multidisciplinary ADHD clinics from 2018 PFG funding.	Q4
Implement the Specialist Perinatal Mental Health Model of Care (published in Nov. 2017)	Continue the development and recruitment of 2017 PFG funding (1m) of Perinatal Mental Health posts	Q2
	Commence the development of training plan for Specialist Perinatal Mental Health Services	Q2
	Complete the recruitment of 6 multidisciplinary Perinatal HUB teams from 2018 PFG funding (€2m).	Q3

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	Develop a plan to deliver the proposed Mother and Baby Unit	Q4
Continue to develop a Model of Care for the Co-morbidity of Substance Use and Mental Disorders (Dual Diagnosis) National Clinical Programme	Draft Model of Care to College of Psychiatry.	Q 4
	Support the commencement of multidisciplinary teams for pilot sites from 2017 PFG funding.	Q3
	Design a clear clinical pathway for patients including connectivity with primary care and acute services.	Q3
	Draft Model of Care to College of Psychiatry and commence a number of multidisciplinary pilot sites.	Q4
Ensure appropriate pathways in place to support the physical health needs of mental health service users.	Scoping document finalised on current provision and plan under development for enhanced capacity in 2018	Q1
	On completion of scoping a programme will be developed to enhance the physical health of mental health service users	Q3
National Forensic Service development of primary care services with specified standards in line with best practice and mental health commission requirements	Implement a programme to improve the physical healh of service users of the National Forensic Service. This will include referral to an obesity clinic provided by Loughlinstown Hospital to commence in Q1 2018. Evaluate obesity Intervention.	Q1
Increase access to counselling services for under 18s in primary care through the appointment of assistant psychologist posts nationally	Train newly appointed assistant psychologists in the delivery of MindWise, the online computerised CBT programme developed by HSE Primary Care.	Q1

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
which will provide interventions in primary care to reduce the need for onward referrals to specialist mental health services.		
Expand additional High Obs capacity funded in 2016 for Limerick and Kerry	Funding has been allocated to complete the expansion of high OPS capacity in Limerick and Kerry. This will result in the units being fully operational by Q4 2018. Engagement with staff is ongoing in relation to staffing levels.	Q4
Further develop low secure, high dependency rehabilitation services for those with severe mental illness and complex presentations through investment in new services.	Open an additional 25 beds will become operational on a phased basis by the end of 2018.	Q4
Increase capacity in the national forensic service for those admitted under section 21(2) of the Mental Health Act, 2001 and enhance prison in-reach services.	Continue recruitment of sufficient staff staff to open unit in National Forensic Hospital. CMH	Q3
	Further enhance the existing prison in reach services in three locations, Castlerea Limerick and Cork.	Q4
	Recruit and appoint agreed new staff.	Q1 – Q4
National Forensic	Strengthen existing management team	Q2

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Service - Put in place a project management resource to arrange the transfer of the National Forensic Hospital to its new site.	Recruit project management resource.	Q3
Deliver agreed stepped model of care for those who are homeless and with mental illness	Enhanced Mental Health Services - establish integrative ways of working between the Primary Care Team (Safety Net), Community Mental Health Teams and the specialist mental health homeless team.	Q3
	Case Management/Collaborative working: Further develop structures and operational processes to ensure seamless service provision for this group.	Q2
Enhance provision of independent supported living for mental health service users though implementation of relevant actions for mental health of the Housing Strategy for People with a Disability.	Commence national roll-out of independent supported living for mental health service users commencing in CHO's 2, 5 and 8 in 2018,	Q1
	As part of the Service Reform Fund – Funding has been allocated to each CHO to recruit a housing coordinator on a specified purpose contract until December 2020.	
Appoint and develop peer support workers across mental health services.	Completion of evaluation of existing initiative and roll out of additional peer support workers where indicated.	Q3
Develop a seven day per week service for CAMHs to ensure supports for	Continue to progress the provision of CAMHs on call services to ED Departments.	Q1 – Q4
	Develop a model of care for CAMHS 7/7 services.	

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
vulnerable young persons.		
Progress day hospital services within CAMHs.	Assess clinical need /carry out scoping exercise to ascertain the number and location of day hospitals services and sites required.	Q1 – Q4
Team Coordinator Implementation	Implement the revised job specification across the existing 22 general adult sites.	Q2
	Develop an implementation plan for the roll out of the team coordinator nationally.	Q2
Implement a targeted initiative to transfer individuals currently inappropriately placed within the CMH and the IPS	Develop business cases for a further 3 placements in the private sector for 2018.	Q1
	Review projected model for community and prison in-reach in conjunction with new NFH and enhanced capacity.	Q1 – Q4
Develop early intervention and prevention services for adolescents to ensure timely access	Psychology, CMHN and social work post recruited. In reach service to Oberstown commenced. Plan to enhance screening programme and use as evidence benchmark for future service development.	
To progress the development of a national service to the IPS	In reach service to Castlerea prison commenced. Recruitment campaign 2017 did not yield a Consultant Psychiatrist. Interim service to continue within existing resources.	Q2
	Interim in reach service to Cork prison commenced. Recruitment of Consultant Psychiatrist to be progressed in 2018.	
	Interim in reach prison service to Limerick prison to be progressed in 2018.	Q3
Opening of a VDP/SSN suite	Minor capital works to be completed to provide more secure placement in Q1 2018.	Q1

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Mental Health Priority 3: Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.		
Enhancement of Community Teams for Children, Adults, Later Life and MHID	Based on prioritisation by CHOs of their needs in enhancing provision of community teams across the specialties, a further 54.5 posts were approved under PfG 2017 and these are being recruited in 2018.	Q4
Expand Transgender Services (adult).	Recruitment of a Consultant, 0.5 Psychologist and 0.5 CNS approved nationally under PfG 2017 for transgender services managed through CHO 6 where full costs will be incurred in 2018.	Q4
Implement Tobacco Free Campus Policy in Mental Health Settings	100% of Approved Centres; and 100% of community residences implementing the Tobacco Free Campus Policy.	Q3
	Train and up skill the staff in the mental health services to screen and support smokers to quit.	Q1 – Q4
	Implement co produced 'stop smoking' module in recovery colleges	Q1 – Q4
Expand out of hours responses for general adult mental health services by moving to the 7 / 7 model and appointment of agreed new staffing.	Recruitment of 47 staff to implement the model of care developed in 2017.	Q1 – Q4
Improve assessment and management of patients who present to ED following self harm act.	Establish a governance structure to oversee the implementation of clinical programme	Q1
	Develop and support delivery of a national training plan for NCHD and CNS clinicians.	Q2
	Support and oversee the implementation of model of care in national paediatric hospitals	Q4
	Establish an national clinical audit and research committee	Q1
	Oversee and monitor the monthly submission of data from all sites	Q1 – Q4
	Publish data from sites.	Q4
Enhance Jigsaw and other early intervention services specific to those aged 18	Embed current Jigsaw provision to ensure optimal service provision nationally.	Q1
	Scope and commission an evaluation of the efficacy of the Jigsaw model based on relevant mental health outcome measures and the overall service model 'fit' within the wider health system.	Q2

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
to 25 years identified as requiring particular community-based responses.		
Enhance access by older adolescents to specialist mental health services and, for those requiring acute admission, their continued appropriate placement and care in child and adolescent-specific settings.	Seek to implement the 16-17 year old protocol across all sites nationally.	Q1 – Q4
	Continue to monitor and performance manage admission of young persons to non-specialist services to ensure compliance with the national target of 95%.	Q1 – Q4
	Support implementation of CAMHS SOP based on review of current level of implementation across teams, including 16/17 years protocol.	Q1 – Q4
	Complete scoping exercise and make recommendations for the inclusion of CAMHS in the ARI process	Q1-Q3
Improve coordination and delivery of Service Reform Fund initiative	Deliver governance documentation.	Q2
	Ensure delivery of CHO plans to maximise use of significant new funding available from the SRF in recovery, housing and employment.	Q2
	9 housing coordinators to be recruited	Q2
	Funding has been allocated to employ 28.5 IPS workers across alll CHO's from employment agencies. Inserted by J McCusker	Q2
Improve delivery of recovery services nationally.	Deliver an implementation plan for the National Framework for Recovery in Mental Health (2018-2020) launched in 2017.	Q1 – Q2
	A monitoring and evaluation strategy will be developed to ensure that the recovery framework is being delivered.	Q2
	Implement national recovery framework in each CHO.	
Recovery education and wellbeing programme advanced.	Co produced Recovery Education Business plans (2018/2019) completed and implementation commenced.	Q1 – Q4
	Co Produced Recovery Principles and Practice Workshop being rollout to all mental health teams.	Q1 – Q4
	Co produced Recovery in Practice workshop pilot evaluated and available to all mental health teams.	Q1 – Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	Enhance the number of Peer educators to led on the development and delivery of co produced recovery education programmes.	Q1 – Q4
Ensure integration of CAMHs in New Paediatric Hospital	Continue to progress through the existing established working group	Q1 – Q4
Expand provision of mental health services for travellers through improved multi agency approach provided for by PFG funding 2015	Recruit Traveller Co-ordinators in each CHO and a National Lead for Traveller Mental Health Services.	Q3 – Q4
Enhancement of Community Teams for Children, Adults, Later Life and MHID.	Continue to work with the NRS to achieve sufficient staffing to open the unit through targeted recruitment campaign.	Q3
National Forensic Service - Implement a targeted initiative to transfer individuals currently inappropriately placed within the CMH and the IPS	Develop business cases for a further 3 placements in the private sector for 2018.	Q1
	Review projected model for community and prison in-reach in conjunction with new NFH and enhanced capacity	Q1 – Q4
National Forensic Service Further development of recovery based services	Service Reform Fund funding secured. Review phase 1 expenditure and outcomes in line with vision to enhance recovery principles within service. Implement phase 2 and ensure evidence of stakeholder involvement and co-production with patients and carers group.	Q2
National Forensic Service Develop early intervention and prevention	Psychology, CMHN and social work post recruited. In reach service to Oberstown commenced. Plan to enhance screening programme and use as evidence / benchmark for future service development.	Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
services for adolescents to ensure timely access.		
National Forensic Services Development of QSUS and Risk Management Infrastructure	Grade 7 QSUS post currently in recruitment process with NRS	Q2
Implement a service wide learning framework – providing targeted products and support to address priority issues identified such as physical health monitoring and management	Establish mental health quality and safety Community of Practice (National, regional and local QSUS and QPS staff). Present trends from national quality and safety data to inform local safety interventions. Supported by seminars in Q2 and Q4	Q1 – Q4
Implementation of the recently published (January 2018) national incident management framework.	Support the implementation of a framework of assurance relating to incident and risk management.	Q2
	Ongoing monitoring of incident management - Including the roll out of NIMS in Mental Health and the delivery of the revised HSE Incident Management Framework (2018)	Q1 – Q4
Improved quality surveillance and regulatory compliance.	Roll out of the HSE Best Practice Guidance for Mental Health services (2017) including online quality surveillance.	Q1 – Q4
Develop national compliance reporting and monitoring framework against the Mental Health	Implement real time oversight and monitoring of compliance with intensive support for services facing regulatory action by the MHC.	Q2

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Commission (MHC) regulatory framework		

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Mental Health Priority 4:- Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.		
Improve engagement by service users families and carers in design and delivery of services	Develop and embed the mechanisms for engagement through the on-going development of local and area fora.	Q1 – Q4
	Build the capacity of service users, families and carers to engage with the planning, design, delivery and evaluation of mental health services by the provision of training.	Q2
	Through the Enhancing Teamwork Initiative – to continue to work with community mental health teams, service users, families and carers to enhance the skill mix of service professionals. – inserted by J McCusker	Q2
	Examine feedback and data collection systems for CHOs, and support development of structures with the Area Leads of MHE	Q3
	Develop of the evidence base for effective practice in service user, family member and carer engagement.	Q1 – Q4
Promote awareness for all Mental Heath Services on the inclusion and involvement of service users, families and carers in all areas of design and delivery of services.	MHE will develop a standard approach for engagement with service areas to ensure the inclusion of service users / carers perspectives on the design, development and delivery of services.	Q1 – Q4
	MHE will deliver staff training and development.	Q1 – Q4
Develop standardised approach to inclusion of family members in care planning for service users	A guidance document to support the implementation of the national framework for recovery in mental health services is being finalised and will be published in Q1. This will address the role of family members in care planning.	Q1

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Development of national standards for MHE engagement for all stakeholders	Establish working group to develop standards.	Q2
Improve CAMHS advocacy.	A National Steering Group for the planned expansion for national CAMHS Advocacy will be established. A local project management group has been established in CHO2 to develop advocacy services for young people.	Q2
National Forensic Service Identify, and promote the development of programmes which enhance collaboration and partnership with service users, family members and carers	Enhance engagement with Service Users and Family members through the co-production of a recovery college as part of SRF funding.	Q1 – Q4
	Roll out of recovery principles training across the service.	Q1
	Recruitment of peer educator posts to offer co-produced programmes within the recovery college.	Q1 – Q4
	Develop a business case to identify resources necessary to implement the Victims Charter.	Q3
	Continued engagement with Families and Carers in relation to the New Build as part of the transition programme. Patient and Carer's Newsletter commenced.	Q1 – Q4
	To work with Mental Health Engagement Office to recruit an Area Lead for Mental Health Engagement.	Q1 – Q4
Identify, and promote the development of programmes which enhance collaboration and partnership with service users, family members and carers	Enhance engagement with Service Users and Family members through the co-production of a recovery college as part of SRF funding.	Q1 – Q4
	Roll out of recovery principles training across the service	Q1
	Recruitment of peer educator posts to offer co-produced programmes within the recovery college	Q1 – Q4
	Develop a business case to identify resources necessary to implement the Victims Charter	Q3
	Continued engagement with Families and Carers in relation to the New Build as part of the transition programme. Patient and Carer's Newsletter commenced.	Q1 – Q4
	To work with Mental Health Engagement Office to recruit an Area Lead for Mental Health Engagement	Q1 – Q4
Review the Implementation of the national policy on Safeguarding	Review local policy and identify key lead for Safeguarding Vulnerable Persons at Risk of Abuse	Q1 – Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Vulnerable Persons at Risk of Abuse		

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Mental Health Priority 5:- Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.		
Work with the Business Information Unit to enhance the performance management system for Community Healthcare	Prepare draft performance report.	Q1
	Pilot report with CHO's.	Q1
	Implement Revised performance reports.	Q1
Improve Workforce planning.	Complete workforce data analytics to address future workforce supply requirements.	Q2
	Work with Health Business Services (HBS) to develop data and reporting capability on HR SAP system	Q2
	Optimise the recruitment and retention of staff and maximise the available skill sets	Q1 – Q4
Increase supply of Mental Health nursing staff.	Continue to implement Post Grad Nursing Programme through 36 places which have been allocated in 2018.	Q1 – Q4
	Increase recruitment in Nursing including Advanced Nurse Practitioner posts that be put in place in 2018 utilising PfG funding 2017.	Q4
	Review feasibility of non-nursing post graduate programme.	
Improve costing and resource allocation model.	Work with Finance to improve and standardise the comparative resource / costing model across each of the Community Operations functions.	Q2
	Deliver enhanced model of resource allocation based on health needs assessment aligned to population and deprivation across Community Services.	Q1 – Q4
Progress the implementation of the National Mental Health	Implement Phase 1 of eRostering Project following sign off of contract on February 2018.	Q1
	Complete Infrastructure Project implementation in line with eRostering.	Q1 – Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
ICT Framework Programme	Implement IPMS Pilot Sites in CHO 7 CHO 2	Q3
	Develop a project plan for all out of IPMS or community system nationally.	
Enhance programme management and service improvement capacity of Mental Health Services	Embed Programme / Project Management function and Service Improvement Function across Community Healthcare	Q1 – Q4
National Forensic Services The key priority of 2018 is the implementation of the transition project for the new build.	Recruitment of identified posts to support implementation of the transition project.	Q1 – Q4
	Commence the implementation of the transition programme.	Q1 – Q4
	Develop a PMO team	Q1 – Q4
	Establish the governance structure for the transition programme	Q1 – Q4
	Continue to monitor the building programme	Q1 – Q4
National Forensic Services Develop appropriately skilled staff in partnership with professional bodies, the HSE and the DoH&C; and third level organisations in the context of a work force development strategy	Continue to provide clinical advice to the building project	Q1 – Q4
	Commence the various work streams identified in the scoping exercise to enable the successful transition.	Q1 – Q4
	Develop Workforce plan for new build in line with design brief	Q1 – Q4
Support the Implementation of Children's First training in line with the HSE national plan as it relates to mental health staff	All staff to utilise HSE land to complete Children First training.	Q1

Section 7.4: Disability Services

7.4.1 Introduction / Strategic Context

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

7.4.2 Population

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

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

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

7.4.3 Services Provided

A wide range of disability services are provided to those with physical, sensory, intellectual disability and autism. Over 60% of the resources available are allocated to provide a range of residential services to approximately 8,400 people with a disability. A further 20% is targeted at the provision of over 18,000 day places and supports to nearly 25,000 people. The remaining 20% provides respite care services to just over 5,700 people, over 4m personal assistant and home support hours, as well as multi-disciplinary teams and other community services and supports. Disability services are delivered through a mix of HSE direct provision as well as through voluntary section 38 and 39 service providers, and private providers.

7.4.4 Achievements 2017

- Time to move on from congregated settings - supporting the people to move from institutionalised settings to homes in the community:
  - 147 people transitioned from institutional settings to appropriate accommodation in the community. Time to Move on from Congregated Settings, 2011 identified over 4,000 people in congregated settings; this has now been reduced to below 2,371.
  - Work continued in relation to the implementation of the community inclusion strategy.
  - Implementation of recommendations from the McCoy Review – Áras Attracta were advanced to support the move to community living. Eight people transitioned from Áras Attracta to the community during the year.

- Transforming Lives – reform programme to move towards community based, person-centred models of care:
  - Work progressed on the development of a standardised assessment tool in disability services to better inform and guide person- centred care planning. Training for assessment officers regarding its implementation has commenced.
  - The report from the Inter-Departmental Working Group on Comprehensive Employment Strategy is currently with the Minister for consideration. Work also progressed to develop key messages to reinforce the positive potential of people with disabilities in the context of their ability for employment.
  - To support the development of an equitable, standardised model of care for people with autism spectrum disorder (ASD), a review of the level of supports and services available to people with ASD was undertaken, inviting service users, parents, staff and advocacy groups to contribute. The review is now finalised and has been submitted to the DoH for consideration.
  - 1.5 million personal assistant hours provided.
  - 2.8 million home support hours provided.
  - 158,296 respite overnights provided.

- New Directions – improving day services to enable people to have choice and options about how they live their lives and how they spend their time:
  - Implementation groups were established in each CHO to progress delivery on New Directions.
  - Additional day services and rehabilitation training was provided, benefiting 901 young school leavers.

- A self-assessment tool and quality improvement plans were developed to address any service gaps, and this was piloted in 18 sites.
- 16,290 people attended other day services.
- 97% new school leavers provided with day care placement.

- Services for children and young people – ensuring one clear pathway to services:
  - Reconfiguration of 0-18s disability services into children's disability network teams is progressing. The appointment of children's disability network managers, a critical enabler to facilitate the continued roll-out of this programme, will be further progressed in 2018.
  - *www.informingfamilies.ie* developed by parents and professionals, was launched and has become a powerful support tool for both staff who must inform families of their child's disability, and parents dealing with life- altering news and coming to terms with their child's extra needs.
  - The first national conference for progressing disability services for children and young people was held in Limerick. It brought together more than 300 parents and staff to share learning and good practice in the provision of disability services for children and young people and was an opportunity to explore innovative ideas and celebrate achievements to date. Over 500 delegates also joined the conference via Webinar.

- Service Improvement Team – building capability and analysis:
  - Service improvement teams are ensuring that resources are used to best effect within services and that sustainable models of care are implemented. Work continued on linking activity and outputs, costs, quality and outcomes. The work already commenced in 2016 on a comparative analysis of 45 organisations (both section 38 and section 39) continued.

7.4.5 Priorities 2018

- Continue the implementation of Safeguarding Vulnerable Persons at Risk of Abuse - National Policy and Procedures, 2014 and the programme of system wide change led by the National Task Force to ensure quality and safety of all services through empowering and safeguarding vulnerable people.
- Deliver on Governments €10m commitment to increase Respite service supports across the nine CHOs.
- Progress implementation of the national policy for reform of the disability services Transforming Lives - the programme for implementing the Value for Money and Policy Review of Disability Services in Ireland, 2012.
- Progress implementation of Time to Move on from Congregated Settings, 2011.
- Progress implementation of New Directions national policy on the provision of day services for people with disabilities.

- Progress Disability Services for Children and Young People (0-18) Programme, including the full implementation of the agreed National Access Policy.
- Progress implementation of the National Policy and Strategy for the Provision of Neuro-Rehabilitation Services in Ireland 2011-2015.
- Develop a National Case Management System eHealth resource system for CHOs and service providers to track and co-ordinate residential and home support/ emergency respite services. This system will play a crucial role in facilitating management information relating to service and resource planning.
- Develop an awareness throughout the HSE of the National Disability Inclusion Strategy 2017-2021
- Continue to develop our workforce to ensure the delivery of a person-centred social care model of service.
- Strengthen and enhance governance and accountability for CHOs, service providers / statutory section 38 and 39 service providers, and private providers.
- Build capacity of CHOs and service providers to improve regulatory compliance through the implementation of a 3-year Quality Improvement Action Plan in partnership with HSEs Quality Improvement Division.

7.4.6 Action Table: Implementing priorities 2018 in line with Corporate Plan goals

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Corporate Goal 2: Provide Fair equitable and timely access to quality, safe health services that people need.		
Transforming Lives Implementing a time to move on from congregated settings : a strategy for community inclusion	Support the transition of 170 people from institutional settings to community based living in line with Time to Move On from Congregated Settings policy.	Q1 - Q4
	Each CHO will revise where appropriate the implementation plans, commenced in 2016 setting out the road map for transition to community living with specific milestones for 2017 and 2018. The implementation plans will determine how key actions and	Q1 - Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	milestones will be achieved in 2017 – 2018.	
	Each CHO will engage in the Service Reform Fund process as required	Q1 - Q4
	Each CHO will support and facilitate the transitions of residents from the following centres: CHO1 will faciliate the transfer of the following residents to community settings - HSE Cregg house – 20 CHO2 will faciliate the transfer of the following residents to community settings - HSE Aras Attracta -31 - BOC John Paul Centre Galway -4 CHO 3 will faciliate the transfer of the following residents to community settings - DOC St Vincent's Centre Lisnagry Limerick -4 CHO 4 will faciliate the transfer of the following residents to community settings - HSE, St Raphaels Centre, Youghal - 20 - SJOG Beaufort – 4 CHO 5 will faciliate the transfer of the following residents to community settings - St Patrick's Kilkenny -29 - Carriage Lee Chairde – 4 CHO 6 will faciliate the transfer of the following residents to community settings - Southside ID Services HSE – 12 CHO 7 will faciliate the transfer of the following residents to community settings - SJOG, St Raphaels Centre, Celbridge - 8 CHO 8 will faciliate the transfer of the following residents to community settings - SJOG, St Marys Campus, Drumcar – 30 CHO 9 will faciliate the transfer of the following residents to community settings - St Joseph's ID HSE - 4	Q1 - Q4
Personalised Budgets	Support the work of the Taskforce on Personalised Budgets, arising from A Programme for a Partnership Government.	Q1 - Q4
National and Local Consultative Process	Each CHO will continue the development of a local consultative forum consistent with the terms of reference nationally circulated which will link with the National Consultative Forum as part of an overall consultative process for the disability sector. Each local consultative forum will have a number of sub groups:	Q1 - Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	- *Time to Move on from Congregated Settings* - New Directions - Progressing disability services for children and young people (LIG's already in place but need to be connected to overall disability services) - Service user engagement - Safeguarding	
Improving Quality in Disability Services (Regulatory Compliance)	At national level disabilities will put in place a 3 year action plan to support CHO Chief Officers, Section 38/39 and for profit providers, their teams and service provider organisations in improving quality and safety of services across the disability sector.	Q1 - Q4
Transforming Lives: Implementing Policy through the Transforming Lives Working Group Process in collaboration with the DoH	Working Group 1 Finalise the Report on Future Needs for Disability Services.	Q1
	Working Group 2 - Work with disability colleagues and with each CHO to oversee and review the implementation of action plans by each service to support targeted 2018 activity .This will identify how service providers will transition residents from congregated settings into the community in line with policy and determine how key actions and milestones will be achieved in 2017 -2018 - Review current residential provision to determine and agree recommendations in relation to the appropriate model of service for individuals with significant specialist care needs.	Q1 - Q4
	Work Group 3 - Finalise and implement a consultative process for service users in line with recommendations in the Report of Working Group 3 *Plan for Effective Participation*	Q1
	Working Group 4 - Complete the research and recommend the quality	Q2

<table>
<tr><th></th><th colspan="2">NSP and Operational Plan Actions</th><th></th></tr>
<tr><th>Key Result Area</th><th colspan="2">Priority Actions</th><th>Q</th></tr>
<tr><td></td><td colspan="2">framework to support the development of key performance indicators relevant to the nine national quality outcomes for people with a disability</td><td></td></tr>
<tr><td></td><td colspan="2">Working Group 5
- Continue the development of a comprehensive IT system in consultation with the National which incorporates the relevant recommendations of Working Group 5 Management & Information's Systems Report.
- Review and revise existing KPI's
- Develop KPI's based on quality outcomes framework once available, for people with a disability in line with the working group recommendations
- Continue the implementation of a web based system which will act as a single point of information and advice on disability services for service users, family and the community.</td><td>Q1 - Q4</td></tr>
<tr><td>New Directions Programme for School Leavers and RT Graduates 2017</td><td colspan="2">Each CHO will provide additional day service supports for approximately 1,500/1,600 school leavers and those graduating from RT programmes in 2018 that have a requirement:
<table>
<tr><th>HSE CHO</th><th>RT Leaver</th><th>School Leaver</th><th>Total</th></tr>
<tr><td>CHO Area 1</td><td>36</td><td>96</td><td>132</td></tr>
<tr><td>CHO Area 2</td><td>31</td><td>111</td><td>142</td></tr>
<tr><td>CHO Area 3</td><td>54</td><td>91</td><td>145</td></tr>
<tr><td>CHO Area 4**</td><td>57</td><td>185</td><td>242**</td></tr>
<tr><td>CHO Area 5</td><td>82</td><td>138</td><td>220</td></tr>
<tr><td>CHO Area 6</td><td>39</td><td>85</td><td>124</td></tr>
<tr><td>CHO Area 7</td><td>84</td><td>144</td><td>228</td></tr>
<tr><td>CHO Area 8</td><td>62</td><td>130</td><td>192</td></tr>
<tr><td>CHO Area 9**</td><td>48</td><td>98</td><td>146**</td></tr>
<tr><td>Total</td><td>493</td><td>1078</td><td>1571</td></tr>
</table>
*Data above preliminary and indicative
** 2017 end of year data used as 2018 data not finalised in areas as yet.</td><td>Q1 - Q4</td></tr>
<tr><td></td><td colspan="2">Each CHO will provide by mid-January 2018 updated data regarding all individuals requiring a HSE funded day service in 2018 (Mid-January 2018)</td><td>Q1</td></tr>
<tr><td></td><td colspan="2">Each CHO will identify the capacity available from within current resources to meet the needs of school leavers and those graduating from RT in 2018</td><td>Q1</td></tr>
<tr><td></td><td colspan="2">Each CHO will advise on the accommodation requirements for new day service entrants 2018</td><td>Q1</td></tr>
<tr><td></td><td colspan="2">Each CHO will complete the profiling exercise for each individual by</td><td>Q1</td></tr>
</table>

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	end of January 2018	
	The National Working Group will coordinate the outcomes from the profiling exercise and make recommendations on the allocation of funding	Q1
	The National Working Group will continue to refine an appeals process to address any issues arising from the resource allocation process that do not accurately reflect individual's needs	Q2
	Each CHO will be informed of the resource being allocated to meet the needs of School Leavers by the end of March 2018 and will prepare and deliver appropriate service responses with the provider sector during April and May 2018 so that families can be communicated with before the end of May 2018	Q1
	Each CHO will provide detailed information regarding the final agreed allocation of new funding to all service providers	Q3
	Each CHO will provide final data reports regarding the commencement of school leavers in services	Q4
	Each CHO will participate in the validation of the school leaver funding process.	Q1
New Directions Policy Implementation 2017	The National New Directions Implementation Group will continue to lead national coordination and guidance on policy implementation. This work will be facilitated by the 9 CHO New Directions Implementation Groups	
	A communication process to support national and local implementation progress will be agreed and implemented	Q1
	The CHO leads for implementation of the Interim Standards will be provided with training to support the implementation of the Self-Assessment process	Q1
	The plan to implement the Self-Assessment and Continuous Quality Improvement plan underpinning the Interim Standards will be completed.	Q1
	The Self-Assessment and Quality Improvement plan will be implemented in all CHOs.	Q1 – Q3
	The Person Centred Framework will be completed.	Q1
	Support tools and training materials/courses will be identified to support the implementation of the Person Centred Planning Framework.Q1	Q1 – Q2
	A plan will be developed to support the implementation of the Person centred Framework.	Q2
	Each CHO will progress the implementation of the Person centred Planning Framework in line with the agreed plan.	Q2 – Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	An eLearning suite of modules to support the implementation process will be developed and rolled out on a phased basis throughout the country	Q2 – Q4
	Each CHO will complete a training needs analysis to develop a schedule for person centred planning training in line with identified priorities	Q2
	The OGS Database will be adjusted to facilitate the inputting of all adults in receipt of HSE funded day services.	Q2
	Each CHO will participate in the work required to ensure that accurate data is collated in regard to the total cohort currently in receipt of day services	Q3 - Q4
	The National New Directions Group will continue to advocate for the necessary cross sectoral structure required to advance key recommendations in new Directions	Q1 - Q4
Comprehensive Employment Strategy	The National Cross Divisional Group will support the implementation of the recommendations attributed to the HSE in the Comprehensive Employment Strategy	Q1 - Q4
	Key Messages to positive reinforce people's ability to work will be completed and a plan developed to facilitate the distribution of these Key Messages throughout the system.	Q2
	Each CHO will continue to support the implementation of the recommendations attributed to the HSE in the Comprehensive Employment Strategy	Q1 - Q4
Progressing Disability Services for Children and Young People (0–18) Programme	Reconfigure 0–18s disability services into children's disability network teams to support the implementation of the programme with the following milestones: - Reconfigure 0–18s disability services into children's disability network teams - Implement the National Access Policy in collaboration with primary care to ensure one clear pathway of access for all children with a disability into their local services - Evaluate the effectiveness of the national policy on access to services for children with a disability or developmental delay in collaboration with primary care - Improve *Disability Act* Compliance for assessment of need with a particular emphasis on putting in place improvement plans for CHOs that have substantial compliance operational challenges.	Q1 - Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	CHO1 - Cavan Monaghan will reconfigure its school age services into two school age teams (SATs) - Donegal will reconfigure its school age services into four SATs - Sligo Leitrim will reconfigure its school age services into two SATs	Q1 - Q4
	CHO2 - Galway will reconfigure its school age services into four SATs - Mayo will reconfigure its existing two Early Intervention Teams (EITs) and school age services into three x 0-18 children's disability network teams - Roscommon will reconfigure its school age services into one SAT	Q1 - Q4
	CHO 4 - North Cork will reconfigure its children's services into two x 0-18 teams - North Lee will reconfigure its children's services into three x 0-18 teams - South Lee will reconfigure its children's services into four x 0-18 teams	Q1 - Q4
	CHO 5 - Carlow Kilkenny will reconfigure its services into three x 0-18 teams - S. Tipperary will reconfigure its remaining services into one EIT and 2 SATs - Waterford will reconfigure its services into four EITs and 4 SATS - Wexford will reconfigure its services into four EITs and 4 SATs	Q1 - Q4
	CHO 6 - Dublin South/South East will reconfigure its services into four x 0-18 teams - Wicklow will reconfigure its services into three x 0-18 teams	Q1 - Q4
	CHO 7 - Dublin South Central will reconfigure its services into five x 0-18 teams	Q1 - Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	- Dublin South West will reconfigure its services into three x 0-18 teams	
	CHO 8 - Louth will reconfigure its school age services into two SATs - Midlands will reconfigure its school services into five SATs	Q1 - Q4
	CHO 9 - North Dublin will reconfigure its services into 12 x 0-18 teams	Q1 - Q4
	Develop an Interagency Agreement Template and Guidance for Children's Disability Network Work Teams	Q1 - Q4
	Finalise and disseminate a suite of evidence based health service supports to assist children with a disability to participate in mainstream preschool as a benchmarking guide for services nationally	Q1 - Q4
	Monitor effectiveness of protocols for health service staff working with Levels four (Early Years Specialists), five (Minor Capitation and Equipment) and seven (additional preschool assistance) of AIM (Access and Inclusion Model) supporting children with a disability to access the Early Child Care and Education programme	Q1 - Q4
	Roll out HSE Midwest's MIS (Management Information System) in partnership with OCIO as an interim measure for Children's Disability Network Teams to support child and family centred practice model underpinned by the *Outcomes for Children and their Families Framework*	Q1 - Q4
	Complete demonstration sites for implementation of *Outcomes for Children and their Families Framework, a Performance Management and Accountability Framework for Children's Disability Network Teams*	Q1 - Q4
	Deliver two Progressing Disability Services Workshops nationally to showcase good practice models e.g. joint working with CAMHS, screening and diagnosis of ASD, child and family centred practice, poster presentations	Q1 - Q4
	Continue Phase two roll out of *Outcomes for Children and their Families Framework* across Children's Disability Network Teams	Q1 - Q4
	Complete implementation of National Policy on Access to Services for children with a disability or developmental delay in collaboration with primary care with children's disability network teams as they are established	Q1 - Q4
	Monitor effectiveness of National Policy on access to services for	Q1 - Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	children with a disability or developmental delay in collaboration with primary care	
Respite National Task Group	At national level the Head of Operations for Disability Services will chair a National Respite Task Group to implement a targeted programme of New Respite Services as follows: -€5m to provide an additional respite house in each of the nine CHO areas which will support 450 individuals in a full year and 251 in 2018 -€3m for an additional 3 respite houses in the greater Dublin areas (CHOs 7,8,9) to support a further 225 individuals in a full year and 143 in 2018 -€2m for alternative models of respite provision to support 250 individuals with disability	Q1 - Q4
Emergency Places and Supports Provided to People with a Disability	Each of the nine CHOs will continue to have in place *Residential Care/Executive Management Committees* that will have the overarching responsibility of managing and co-ordinating residential placements and supports (including emergency placements) within their respective CHOs. These management committees will be led by the CHO Head of Social Care on behalf of the Chief Officer and will include senior management participation by funded relevant section 38 and 39 residential providers. The National Disability Team will undertake a review of the effectiveness of implementation of the agreed policy underpinning the above with CHOS and which will include consultation with Disability Umbrella bodies. The objective here is to ensure these arrangements are fit for purpose and can demonstrate effective use of the resources being deployed in this area.	Q1 - Q4
	Undertake a formal review of the above policy in 2018 and implement any refinements required.	Q3 - Q4
Neuro-Rehabiliation Strategy	Finalise and progress the implementation of the framework for neuro-rehabilitation strategy and establish an innovative pilot day service aimed at supporting people with severe acquired brain injuries	Q2
	Examine how a collaborative “care pathways model” for people with complex neuro-rehabilitation care and support / accommodation needs in CHO 6, 7 and 9 and involving the National Rehabilitation Hospital, Peamount Hospital and the Royal Hospital Donnybrook can be progressed.	Q1 - Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Corporate Goal 3: Foster a culture that is honest, compassionate, transparent and accountable.		
Enhance Governance and Management	Develop an eHealth resource for providers in respect of an online case management system that facilitates the effective management and tracking of all residential and home support/ emergency respite services across all CHOs.	Q1 - Q4
	Implement the improvements from the findings / signposts of the completed SIT based reports	Q1 - Q4
	Build capacity in CHOs to respond innovatively to existing and changing levels of support requirements	Q1 - Q4
	Complete comparative analysis of public voluntary and private providers to deliver enhanced understanding for CHOs and organisations in relation to capacity to meet existing, new and changing levels of support requirements via the Service Improvement process.	Q1 - Q4
	Complete all service arrangements by 28th February 2018	
	Complete all grant aid agreements by 28th February 2018	
	Community Operations at National level will put in place revised structures to govern and have oversight of the Service Arrangement process.	Q2
Implement Safeguarding Vulnerable Persons at Risk of Abuse - National Policy and Procedures, 2014 and implement assisted decision-making	Embed operation of the national independent review panel for disability services across all CHOs.	Q1 - Q4
	Contribiute to and participate in the review of the Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures, 2014 on a cross-divisional basis, having regard to emerging legislation on assisted decision-making and prepare an action plan for implementation.	Q1 - Q4
	Continue to support the National Safeguarding Committee	Q1 - Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Corporate Goal 4: Engage, develop and value our workforce to deliver the best possible care and services to people who depend on them.		
Continue to develop our workforce to ensure the delivery of a person-centred social care model of service	Realign workforce to person-centred social care model with a specific focus on congregated settings (voluntary and statutory).	Q1 - Q4
	Further embed workforce plan in association with the National Recruitment Service for locations where trends indicated that there is significant staff turnover.	Q1 - Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Corporate 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.		
Strengthen and enhance governance and accountability for CHOs, service providers / statutory section 38 and 39 service providers, and private providers	Strengthen capacity in CHOs to implement the governance and management arrangements as set out by the National Compliance Unit in a consistent way across all service providers.	Q1 - Q4
	Continue engagement with the DoH national working group on HSE funded disability services, to drive the potential for strategic alliances and collaborative partnerships between service providers.	Q1 - Q4
	Develop a national case management eHealth resource system for CHOs and providers to track and co-ordinate residential and home support / emergency respite services. This system will effectively provide for management information requirements in respect of	Q1 - Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	service planning. .	
	Support the development of the National Ability Support System in collaboration with the DoH and the Health Research Board.	Q1 - Q4
	Implement and initiate the CHO home support operating model including the substructure design in each CHO for disability services	Q1 - Q4
Service Improvement Team	Disseminate findings / signposts of the completed SIT based reports. The focus of the SIT approach will in particular focus on service providers with very significant regulatory, governance and financial performance challenges.	Q1 - Q4
	Develop in collaboration with CHOs and provider partners a *Resource Allocation and Cost Model* that will involve a deeper analysis of the cost base in the sector	Q1 - Q4
Quality & Safety	Further enhance and build capacity in CHOs to monitor and respond innovatively to existing and changing levels of support requirements.	Q1 - Q4
	Enhance governance in relation to monitoring CHO compliance with Statutory requirements.	Q1 - Q4
	Enhance governance for service arrangements.	Q1 - Q4
	Further embed effective governance and accountability for section 38 and section 39 agencies	Q1 - Q4
	Each CHO to establish Residents Councils / Family Forums / Service User Panels or equivalent in Social Care.	Q1 - Q4
	Quality and Safety Committees are in place within CHOs	Q1 - Q4
	Each CHO to have a HCAI or Infection Control Committee in place	Q1 - Q4
	Each CHO to have a Drugs and Therapeutic Committee in place	Q1 - Q4
	Each CHO to have a Health & Safety Committee in place	Q1 - Q4
	Each CHO are reporting monthly on the Social Care Quality and Safety Dashboard	Q1 - Q4
	Each CHO to review and analyse incidents (numbers, types, trends)	Q1 - Q4
	Each CHO will have a process in place to ensure the recommendations of any serious investigations are implemented, and learning shared to include SRE's/Serious Incident Investigations	Q1 - Q4
	Each CHO will review and analyse complaints (numbers, types,	Q1 - Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	trends)	
	Each CHO to have an active integrated Social Care Risk Register in place	Q1 - Q4
	The Quality and Safety team will introduce a process to ensure that recommendations from incident investigations, reviews, inspection reports and other sources of best practice are implemented and audited for effectiveness across the Division	Q1 - Q4
	A "Shared Learning" template will be developed to standardise the way in which learning from all sources is disseminated internally for social care, cross divisionally and nationally.	Q1 - Q4
	Review and monitor the % of compliance with outcomes of designated centres following HIQA inspections	Q1 - Q4
	Support CHOs and funded service providers to achieve registration of remaining disability centres with HIQA by October 2018.	Q1 - Q4
	Implement a system to review trends from the collation of HIQA Notification Forms submitted by HSE provided-services	Q1 - Q4
	Development of a sepsis awareness programme through the establishment of a working group in disability services	Q1 - Q4
	Medication Management: Distribute medication management framework to older persons services and monitor effectiveness through audit	Q1 - Q4
	Provide additional dedicated resource in the area of dietetics to support individual dietary needs and to advise on diverse and healthy options in social care residential care services.	Q1 - Q4
	Each CHO will nominate appropriate person to hold one workshop for Person in Charge (PIC)/Persons Participating in Management (PPIM's)	Q1 - Q4
	Further to the workshop the positive learning will be disseminated across the sector in the CHO	Q1 - Q4
	Staff will be released to engage with person centred culture programme and to embed person centredness in the disability services.	Q1 - Q4

Section 7.5: Older persons

7.5.1 Introduction / Strategic Context

Older persons' services are delivered through a community-based approach, supporting older people to live in their own homes and communities and, when needed, high quality residential care will also be provided.

In 2018 there will be measures within older persons' services to improve unscheduled care access through investment of a total of €25m in additional home support, transitional care and bed capacity in rehabilitation settings. Home support and transitional care will be increased over the full year.

The Nursing Homes Support Scheme (NHSS) is forecast in 2018, to support 23,334 people in residential care at year end with a budget of almost €962m.

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

7.5.2 Population

The largest increase in Ireland's population is within the older age groups. The number of people aged 65 years and over has increased from 11% in 2011 to 13% in 2016. Each year, the population aged 65 years and over increases by almost 20,000 people, and by over 2,500 for those aged 85 years and over. We now have 456 centenarians, an increase of 17.2% from 2011 (Census 2016). Recent research suggests that the projected increase in the population aged 80 years and over may be up 94% (135,000) in 2030, from a base in 2015.

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

It is also important to acknowledge the role of carers in the context of their support to older people. There are over 195,000 carers (people providing regular unpaid help for a friend / family member) providing at least 6.6m hours of care per week (Census 2016). Almost 1,800 carers are aged over 85 years.

7.5.3 Services Provided

A wide range of services are provided including home supports, short stay and long stay residential care, transitional care and day care, through HSE direct provision and through voluntary and private providers.

In 2018 there will be measures within older persons' services to improve unscheduled care access through investment of a total of €25m in additional home support, transitional care and bed capacity in rehabilitation settings. Home support and transitional care will be increased over the full year as follows:

- €18.25m for home support services will provide 754,000 hours to support 1,170 people to leave hospitals.
- €3.55m for transitional care (additional 20 approvals to an average of 170 per week).
- €1.4m for rehabilitation and step down beds in Limerick (4 beds) and Cork (30 beds).
- €0.85m for complex case discharges from acute hospitals.
- €0.65m for an additional 6 beds in the National Rehabilitation Hospital.
- €0.45m for out-reach specialist team and day hospital in Our Lady's Campus, Cashel.

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

7.5.4 Achievements 2017

7.5.4.1 Delayed Discharges

- With the additional funding support through Winter Measures as outlined below, a reduction to a 2017 Year End position of 470 Delayed Discharges (Adults) was achieved, reducing DD numbers by 100 from October to December.

7.5.4.2 Winter Measures Summary for 2017

The Social Care initiatives targeted 9 Focus Sites, identified by the SDU, taking into account 4 other hospitals with particular on-going Delayed Discharge issues, overall providing additional resources to 13 Sites. Below is summary of the activity/targets achieved in 2017:

- A total of 45 HCPs per week were dedicated to specific acute hospitals for each week of the period commencing 16th October. This provided an overall additional 495 HCPs to the end of December 2017.
- Additional approvals for Transitional Care funding were targeted to specific acute hospitals to support discharge of additional patients requiring further residential care services. This provided an additional 220 approvals for Transitional Care to the end of December 2017.
- Additional funding was also provided to open short stay/rehab beds in Cork, Limerick and NRH to assist with acute hospital discharges. Funding was also provided to support 10 Highly Complex patient discharges from acute hospitals.

7.5.4.3 Home Care

- Work continued on developing the 'model of care' for home support services with the commencement of a Single Funding Model of Home Support to commence in 2018
- Work on-going with the DOH in preparation for regulation and statutory scheme.

7.5.4.4 Dementia

- A new Dementia 'Understand Together' campaign was rolled out to raise awareness and reduce stigma.
- A new website www.understandtogether.ie was also developed in conjunction with the Alzheimer Society of Ireland. The website provides information on dementia and services available around the country.
- Plans were finalised with each CHO for new Memory Technology Libraries to become operational in 2018.

7.5.4.5 Integrated Care Programme

- Work continued with the integrated care programme for older people to support the transfer of learning from pioneer sites established in 2016 to 12 demonstrator sites. This included undertaking mapping exercises, population planning and processing performance data collection.

7.5.4.6 NHSS/Residential

- Nursing Homes Support Scheme funded 22,949 long term public and private residential places in 2017
- The target of maintaining the wait time for funding approval at no more than 4 weeks was achieved consistently throughout 2017
- Access to clear information and guidance in relation to the Nursing Homes Support Scheme is vital to those requiring care and their families. Online supports were further revised to facilitate smooth navigation through the various steps involved in the process and are available on www.hse.ie

7.5.4.6 Single Assessment Tool

- Work has progressed in 2017 on the roll out of the Single Assessment Tool (SAT) across all CHOs to enable staff to better assess and plan older people's care.
- An international pilot of the carer needs assessment tool was completed. The final Family Carer Needs Assessment Form was assessed in a pre-piloting scoping exercise both in Ireland and in Belgium, to assess the acceptability of the assessment for carers.
- The Assessment Form is now available for use internationally in any country using interRAI assessment systems. In Ireland it is planned to pilot the Carer Needs Assessment in a CHO across all care groups to test its suitability for implementation.

7.5.4.7 Safeguarding

- Training and Awareness target of 17,000 achieved.
- Phase 1 of the Review of the National Safeguarding Policy completed.
- Additional Social Worker posts recruited in each CHO in 2017.
- Survey carried out to provide a baseline on attitudes to safeguarding to help develop a public awareness campaign.
- National Safeguarding Committee (NSC) undertook a Review of the current practice in the use of Wardship for adults in Ireland to be launched 18/01/2018.

7.5.5 Priorities 2018

- Provide older people with appropriate supports following an acute hospital episode focusing on delayed discharges.
- Implement the single funding model for home support services and improve quality of service through review and audit, and as part of an overall home support service improvement plan.
- Finalise the review of the Safeguarding Policy to ensure that the learning from its implementation over the previous years is fully aligned.
- Implement The Irish National Dementia Strategy, 2014 through the National Dementia Office.
- Further develop the Integrated Care Programme for Older Persons.
- Continue to administer the NHSS within the available budget and implement the outstanding recommendations of the review of the scheme.
- Continue to provide day care and other community supports either directly or in partnership with other providers.
- Continue to engage with service users to ensure that services are responsive and person-centred.
- Continue to progress the implementation of the Single Assessment Tool (SAT) across all CHOs.

7.5.6 Action Table: Implementing priorities 2018 in line with Corporate Plan goals

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Nursing Homes Support Scheme	Increase the average number of people per week (average bed weeks) supported under the scheme by 7, from 22,647 to 22,654, with a total of 23,334 people receiving support by the end of 2018. [expected 2017 year end outturn is 23,292] The provision of the additional €21.7m on expected 2017 outturn will fund estimated increase in activity during 2018. (2018 Budget - €961.7m).	Q1 – Q4
	The average number of people on the National Placement List during the year will be 580-630, with an average wait time of no greater than 4 weeks, based on presumptions agreed with DOH.	Q1 – Q4
Transitional Care	Provide on average 172 Transitional care approvals per week to all acute hospitals to support older people moving to long stay care and/ or requiring convalescence.	Q1 – Q4
	Establishment of a Project Team for the future development of Mount Carmel Hospital.	Q2 – Q4
Complex care Group	Further develop the working group established in 2017 to review the appropriate discharge of patients with high complex needs from acute hospitals.	Q1 – Q4
	Establishment of Complex Care Clinical Advisory Group.	Q1
	Establishment of Central Management Committee.	Q1
	Establishment of Local Management Committees in each CHO Area.	Q2
Implement The Irish National Dementia Strategy, 2014 through the National Dementia Office.	Continue to communicate key messages of the Understand Together campaign including staff of front line public services.	Q1 – Q4
	Evaluate the impact of the Understand Together Campaign	Q4
	On-going updating and management of www.understandtogether.ie,	Q4
Intensive Homecare Packages for	On-going delivery of Dementia-IHCPs.	Q1 – Q4
	Work with key stakeholders in 8 pilot sites nationally to develop a process for the design and delivery of personalised	Q1 – Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
People with Dementia.	intensive homecare packages to people with dementia • Galway • Limerick • Waterford • Dublin North • Dublin West • Dublin South • Dublin South East • Cork	
	Finalise evaluation report of the effectiveness of IHCPs, including recommendations for the future development of Dementia-IHCP services.	Q4
Post-Diagnostic Support Pathway	Launch literature review of post-diagnostic supports.	Q1
	Develop and evaluate a post-diagnostic support pathway that will guide a person with dementia to the supports and services appropriate for maintaining their well-being and independence after diagnosis.	Q1 – Q4
Dementia Diagnostic Project	Develop dementia diagnostic pathway for Ireland across primary, secondary and tertiary services.	Q1 – Q4
Dementia Registries Project	Develop and test an appropriate and workable model to collect, store and manage data on people who have dementia.	Q1 – Q4
Dementia Education	Support on-going education across the community and acute settings including workshops/online modules and educational awareness programmes	Q1 – Q4
Development of Community Services& Supports	Roll-out of community activation programme nationally to support communities to be more inclusive and supportive of people living with dementia and their families.	Q1 – Q2
	Support the establishment of Memory Technology Resource Rooms (MTRRs) in each CHO(9) and the development of a national MTRR service	Q1 – Q4
Medication Guidance Documents	Development of evidence based guidelines for health care professionals to guide the use of psychotropic medications, including antipsychotic medications, in people with dementia.	Q1 – Q4
Acute Care	Support adoption of Delirium Algorithm in all acute hospitals	Q1 – Q2

<table>
<tr><th></th><th colspan="2">NSP and Operational Plan Actions</th><th></th></tr>
<tr><th>Key Result Area</th><th colspan="2">Priority Actions</th><th>Q</th></tr>
<tr><td></td><td colspan="2">nationally to support timely identification of delirium in the acute hospital.</td><td></td></tr>
<tr><td></td><td colspan="2">Develop a framework for implementation of dementia pathways in acute hospitals.</td><td>Q3 – Q4</td></tr>
<tr><td></td><td colspan="2">Support the adoption of the ‘Dementia Inclusive Design for Acute Hospitals from a Universal Design Perspective’ guidelines.</td><td>Q2</td></tr>
<tr><td>The National Carers’ Strategy, 2012</td><td colspan="2">Continue to work with the Department of Health in supporting carers’ in line with new policy as directed by the DH.</td><td>Q1 – Q4</td></tr>
<tr><td></td><td colspan="2">Leading a multi-divisional group to continue the implementation of the current (2012) National Carers Strategy, Recognised, Supported, and Empowered.</td><td>Q1 – Q4</td></tr>
<tr><td></td><td colspan="2">Work with the SAT project team in the testing and implementation of a Carers Needs Assessment.</td><td>Q1 – Q4</td></tr>
<tr><td></td><td colspan="2">Continue to consult with the Older Persons Councils/Age Friendly County programme in the continued development of carer’s supports.</td><td>Q1 – Q4</td></tr>
<tr><td></td><td colspan="2">Progress the recommendations of the HSE multi divisional Review Group on Respite services.</td><td>Q1 – Q2</td></tr>
<tr><td></td><td colspan="2">Through the HSE multi divisional Carers Strategy group develop a HSE Policy & Guidelines for the early identification of carers.</td><td>Q1 – Q3</td></tr>
<tr><td>Provide older people with appropriate supports following an acute hospital episode focusing on delayed discharges</td><td colspan="2">- Continue to provide dedicated home supports and transitional care to acute hospitals as part of the 2017 / 2018 winter measures.
- Deliver Home Support to 50,500 older people at any time to enable them to return to, or remain at, home for as long as appropriate to their needs
<table>
<tr><th>CHO</th><th>No of people in receipt of Home Support</th></tr>
<tr><td>CHO 1</td><td>5,370</td></tr>
<tr><td>CHO 2</td><td>4,528</td></tr>
<tr><td>CHO 3</td><td>3,979</td></tr>
<tr><td>CHO 4</td><td>8,177</td></tr>
<tr><td>CHO 5</td><td>5,861</td></tr>
</table></td><td>Q1 – Q4</td></tr>
</table>

<table>
<tr><th></th><th colspan="3">NSP and Operational Plan Actions</th><th></th></tr>
<tr><th>Key Result Area</th><th colspan="3">Priority Actions</th><th>Q</th></tr>
<tr><td></td><td></td><td colspan="2"><table>
<tr><td>CHO 6</td><td>4,800</td></tr>
<tr><td>CHO 7</td><td>3,564</td></tr>
<tr><td>CHO 8</td><td>5,597</td></tr>
<tr><td>CHO 9</td><td>8,624</td></tr>
<tr><td>Total</td><td>50,500</td></tr>
</table></td><td></td></tr>
<tr><td>Deliver17.094m Home Support Hours</td><td></td><td colspan="2"><table>
<tr><th>CHO</th><th>No of Home Support Hours</th></tr>
<tr><td>CHO 1</td><td>1.800m</td></tr>
<tr><td>CHO 2</td><td>1.930m</td></tr>
<tr><td>CHO 3</td><td>1.439m</td></tr>
<tr><td>CHO 4</td><td>2.700m</td></tr>
<tr><td>CHO 5</td><td>1.880m</td></tr>
<tr><td>CHO 6</td><td>1.135m</td></tr>
<tr><td>CHO 7</td><td>1.915m</td></tr>
<tr><td>CHO 8</td><td>1.760m</td></tr>
<tr><td>CHO 9</td><td>2.535m</td></tr>
<tr><td>Total</td><td>17.094m</td></tr>
</table></td><td>Q1 – Q4</td></tr>
<tr><td>Continue to Provide Intensive HCPs</td><td>-</td><td colspan="2">Provide IHCPs, including IHCPs for persons with dementia, to 235 people at any time, delivering an estimated 360,000 support hours in 2018 (in addition to Home Support 17.094m hours)</td><td>Q1 – Q4</td></tr>
<tr><td>Implement the single funding model for home support services and improve quality of service through review and audit, and as part of an overall home support service improvement plan</td><td>-</td><td colspan="2">Support the DoH in the development of plans for a new statutory scheme and system of regulation for home support services.</td><td>Q1 – Q4</td></tr>
<tr><td></td><td>-</td><td colspan="2">Commence a single funding home support service for</td><td>Q1 – Q4</td></tr>
</table>

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	older people	
	- Work towards implementation of consumer directed home support	Q1 – Q4
	- Progress implementation of National Standards for Safer Better Healthcare as applicable to home support for older people	Q1 – Q4
Continue to provide day care services and other community supports either directly or in partnership with voluntary organisations so as to ensure that older people are provided with the necessary supports to remain active and participate in their local communities	- Collect key activity data on current level of day care service on a phased basis: • Baseline data 1 survey • Baseline data 2 survey • Service Profile survey • Client profile survey	Q1 Q2 Q3 Q4
	- Analyse the data from each phase of the survey to develop a project plan to implement a best practice approach to day services nationally.	Q1 – Q4
Further develop the Integrated Care Programme for Older Persons	- Consolidate 12 sites as per 10 step framework.	Q4
	- Evaluate and transfer learning from pioneer sites established in 2016/2017 to other locations.	Q3
	- Develop new South Tipperary site	Q2
	- Complete recruitment of Integrated Care, Older Person Teams (IC OPT) in new sites	Q1
	- Work with national divisions and DoH to address integration enablers (Policy, Workforce, Finance, ICT)	Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
Continue to administer the NHSS within available budget and implement the outstanding recommendations of the review of the scheme	- Closely monitor the NHSS budget on an on-going basis during the year. - Continue to implement the findings from the NHSS review.	Q1 – Q4
	- Improve efficiency and responsiveness following the work completed in 2017 in reconfiguring to five regional nursing homes support offices.	Q1 – Q4
	- Support the DOH and interdepartmental agency/working group in relation to the value for money and policy review of the cost differentials in public and private/voluntary residential facilities and the examination of additional charges in nursing homes.	Q1 – Q4
Provide quality Residential services	- Continue to refurbish/replace public residential care centres in line with Capital Plan funding provision	Q1 – Q4
Dublin City Age Friendly Houing with Care Working Group –Path Finder Project Inchicore	- The HSE will continue to hold membership both from a national and local operational level on this Steering group to continue progress with pathfinder project for 'Housing with Care/Support Project in Inchicore.	Q1 – Q4
Support Co – Ordination Project HSE\Alone	- Extend pilot Support Co-Ordination Project to CHOs 6, 7 and 8 by supporting the funding costs of employing additional Support Co-Ordinators for these CHO areas	Q1 – Q4
Short stay bed Project	- Progress the development of the 'money follows the patient' payment model with finance within a pilot project. - Based on the outcome of the pilot project progress to full implementation for short stay public residential care across all CHOs on a phased basis	Q1 – Q4
Finalise the review of the Safeguarding Policy to ensure that the learning	- Complete the review of the National Safeguarding Policy on a cross-divisional basis, having regard to emerging legislation on assisted decision-making and prepare an action plan for implementation.	Q1 – Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
from its implementation over the previous years is fully aligned		
	- Support the strategic planning process of the Intersectoral Committee on Safeguarding.	Q1 – Q4
	- Support the DoH in development of a national health sector policy on safeguarding adults at risk and associated legislation, subject to Government approval.	Q1 – Q4
Continue to engage with service users to ensure that services are responsive and person-centred	- Ensure effective implementation of recommendations arising from inspections by HIQA.	Q1 – Q4
	- Continue to work collaboratively through the service improvement team with CHOs, to provide support through evidence-based decision-making and ensure practices are in line with required standards.	Q1 – Q4
	- Continue to self-evaluate and implement quality improvement plans to support person-centred care in public residential services.	Q1 – Q4
	- Ensure that all service users and their families are aware of the role of the Confidential Recipient	Q1 – Q4
Service Arrangements	- Monitor and assist with the completion of National SLAs Services for Older People –Part 1 and 2 Schedules for services commissioned by service for older people	Q1 – Q3
	- All SLAs to be completed by Chief Officers by 28th February 2018	Q1
	- Provide a summary report related to services for older people of the national monthly reports provided by the compliance unit to national office services for older people on a monthly basis	Q1 – Q4
Quality & Safety	- **Governance For Quality and Safety**	
	- Each CHO will establish Residents Councils / Family Forums / Service User Panels or equivalent in Social Care	Q2
	- Quality & Safety Committees are in place within CHOs	Q2

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	- Continue to support the Q&S structures and the appointment of Q&S workforce aligned with the QPS operating model drafted by PWC	Q1 – Q4
	- Each CHO will have a HCAI or infection control Committee in place	Q2
	- Each CHO will have a Drugs and Therapeutic Committee in place	Q4
	- Each CHO will have a Health & Safety Committee in place	Q2
	- Each CHO will report monthly on the Social Care Quality and Safety Dashboard	Q1 – Q4
	- Further develop the Social Care Division Quality Profile to include additional quality measurement data for triangulation and identifying quality improvement initiatives for 2018	Q2
	- Extend the CSP to other intelligence to include NIMS data analysis, learning themes emerging from recommendations and other data sources, etc.	Q4
	- Extend the executive walk rounds	Q1 – Q4
	- **Safe Care & Support**	
	- Each CHO will review and analyse incidents (numbers, types, trends). Develop incident management beyond data collection to a position of early anticipation of emerging trends and issues that threaten the Division's Quality and Safety objectives whilst contributing to a safer environment for all service users	Q1 – Q4
	- Each CHO will have a process in place to ensure the recommendations of any serious investigations are implemented, and learning shared to include SRE's/serious incident investigations	Q1 – Q4
	- Each CHO will review and analyse complaints (numbers, types, trends)	Q1 – Q4
	- Each CHO will have an active integrated Social Care Risk Register in place. Ensure that CHO Risk Registers become the primary source of Risk Notification using the information to deliver high quality safe services, maintain good governance and deliver agreed objectives whilst complying with regulatory, statutory and HSE requirements.	Q1 – Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	- Support and monitor CHOs in achieving regulatory compliance with the Safety Health and Welfare at Work Act 2005 and Statutory Instruments.	Q1 – Q4
	- The Quality and Safety team will introduce a process to ensure that recommendations from incident investigations, reviews, inspection reports and other sources of best practice are implemented and audited for effectiveness across the Division	Q4
	- A "Shared Learning" template will be developed to standardise the way in which learning from all sources is disseminated internally for social care, cross divisionally and nationally	Q4
	- Guidelines for the Recognition and Escalation of the Deteriorating Client in Residential Care Settings to be developed	Q3
	- Appoint nine dietician positions to the nine CHOs and one fixed term contract to be appointed.	Q3
	- Establish Phase IV Pressure Ulcers to Zero in areas identified in CHO1 and CHO2.	Q1
	- **Open Disclosure**	
	- Provide assurance that the *Open Disclosure Policy* is in place and demonstrate implementation by having a named open disclosure lead per CHO	Q1
	- Open Disclosure Trainers providing an on-going training programme which will be recorded on a national database and will be monitored by the social care division	Q1 – Q4
	- Monitor the percentage of recording of using the *Open Disclosure Policy* on the National Incident Management System (NIMS)	Q1 – Q4
	- **Person Centred Care and Support**	
	- Each CHO will conduct annual service user experience surveys amongst representative samples of their social care service user population	Q4
	- **Effective Care and Support**	
	- % of compliance with outcomes of designated centres following HIQA inspections by CHO	Q1 – Q4
	- Each CHO will have a system to review the trends from the collation of HIQA Notification Forms submitted by HSE provided-services	Q2

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	- Develop Medication Management Guidance Framework for older persons services and monitor effectiveness through audit	Q4
Emergency Planning	- All older persons residential units and other HSE older person services must have in place: - Emergency plans - Evacuation Plans - Severe Weather Warning Plans - CHO Emergency Plan	Q2
	- All HSE funded older person services must have in place as appropriate: - Emergency plans - Evacuation Plans - Severe Weather Warning Plans	Q2
Continue to foster engagement with our workforce to deliver best possible care & support	- Provide on-going person-centred learning programmes to staff working in residential care. And Home Support	HR
	- Commence audit reviews of home support services to ensure standardised practices are in place.	Q1 – Q4
	- Work cross-divisionally/ cross-sectorally with all areas, to develop and implement an Integrated Falls Prevention and Bone Health Programme. This is a multi -year project over 2018- 2023. The work plan for 2018 is as follows: • To coordinate mapping and gap analysis of existing services across acute residential and community settings. • To identify best practice in each sector in collaboration with experts, clinical champions and service users • To develop a framework to guide development and scaling up of CHO/Hospital Group/ Hospital falls and falls related injury prevention services • To develop a prioritised development plan including cost effectiveness analysis and budgetary impact of same • To collaborate with relevant stakeholders to progress the agenda of healthy ageing and falls prevention in the context of the person centred approach.	Q1 – Q3 Q1 – Q3 Q3 – Q4 Q3 – Q4 Q1 – Q4

	NSP and Operational Plan Actions	
Key Result Area	**Priority Actions**	**Q**
	- To recommend an evaluation framework including a data set for measuring and monitoring Falls Prevention and Bone Health services.	Q1 – Q3
	- Progress the CHO substructure design for older persons' services.	Q1 – Q4
	The Service Improvement Team Leader will support the local managers of residential services to focus on the following range of measures - Support the DON's and the leadership in the community hospitals and residential settings to implement a best practice model within the resources available - Complete and implement the Skill Mix Review of direct care costs across all centres and commence the process of reviewing indirect care costs. - Review nursing management structures in order to strengthen governance arrangements in public residential care facilities - Continue to provide forensic analysis in conjunction with Finance in respect of cost of care per bed per week to each CHO in order to assist with workforce planning and cost containment initiatives.	Q1 – Q4
Continue to progress the implementation of the Single Assessment Tool (SAT) across all CHOs	- Influence service delivery and strategic planning for older persons' services through reviewing and optimising options in relation to SAT roll-out across home support home care and residential services	Q1 – Q4
	- Further develop the working group established in 2017 to review Care Needs Assessment & Home Care Prioritisation	Q1 – Q4
	- Progress implementation of SAT across all CHOs for assessment of care needs for older people seeking access to community care and long stay residential care.	Q1 – Q4
	- Completion of implementation plan - Identification sites - Delivery of training by CHO SAT Clinical Leads - Leading to older people being assessed with SAT in both community and hospital locations	Q1 – Q4
	- Progress the development of Carers Needs Assessment.	Q1 – Q4

Appendices

Appendices

Appendix 1: Financial Tables

Community Healthcare Area	2018 Primary Care				Social Care			Mental Health	2018 Total Community Budgets
	Primary Care	Social Inclusion	Palliative Care	Total Primary Care	Disabilities	Older Persons	Total Social Care		
	€m	€m	€m	€m	€m	€m	€m	€m	€m
CHO1	104.6	2.6	6.3	113.5	133.0	80.4	213.4	74.3	401.2
CHO2	106.6	6.3	7.0	119.9	170.3	75.4	245.6	105.2	470.7
CHO3	68.8	8.6	11.6	89.0	156.1	67.7	223.7	66.6	379.3
CHO4	130.3	16.4	10.8	157.5	229.6	122.4	352.0	118.1	627.6
CHO5	100.5	8.1	1.4	110.0	167.4	72.8	240.2	99.2	449.4
CHO6	77.2	2.6	0.5	80.3	188.2	62.0	250.2	59.2	389.7
CHO7	130.3	46.8	24.9	202.0	223.1	89.5	312.6	92.9	607.5
CHO8	144.5	5.2	6.2	155.9	215.7	65.5	281.1	95.3	532.3
CHO9	136.1	34.9	11.0	182.0	278.4	101.4	379.9	116.9	678.8
National	76.6	6.5	1.1	84.2	6.0	16.5	22.6	75.1	181.9
Regional	11.9			11.9	31.7	45.9	77.7		89.6
Nursing Home Support Scheme						944.5	944.5		944.5
Sub Total (Excl. DoH Held Funding)	**1087.4**	**138.0**	**80.8**	**1306.2**	**1799.5**	**1744.0**	**3543.5**	**902.8**	**5752.6**
DoH Held Funding	25.0	6.5	0.0	31.5	15.0	32.0	47.0	15.0	93.5
Total Community Budget 2018	**1112.4**	**144.5**	**80.8**	**1337.7**	**1814.5**	**1776.0**	**3590.5**	**917.8**	**5846.1**

Appendix 2: HR Information

CHO by Division December 2017[2]

Service Area	WTE Dec 2016	WTE Dec 2017	Change 16-17	% Change 16-17
Community Services	**50,174**	**51,721**	**+1,547**	**+3.1%**
Mental Health	948	942	-6	-0.6%
Primary Care	1,238	1,169	-69	-5.6%
Social Care	3,159	3,326	+167	+5.3%
CHO 1	**5,345**	**5,437**	**+92**	**+1.7%**
Mental Health	1,283	1,307	+24	+1.9%
Primary Care	1,255	1,104	-151	-12.0%
Social Care	2,714	2,981	+266	+9.8%
CHO 2	**5,252**	**5,391**	**+140**	**+2.7%**
Mental Health	781	784	+2	+0.3%
Primary Care	671	725	+54	+8.1%
Social Care	2,641	2,660	+20	+0.7%
CHO 3	**4,093**	**4,169**	**+76**	**+1.9%**
Mental Health	1,407	1,477	+70	+5.0%
Primary Care	1,188	1,307	+120	+10.1%
Social Care	5,044	5,198	+154	+3.0%
CHO 4	**7,639**	**7,983**	**+344**	**+4.5%**
Mental Health	1,221	1,197	-24	-1.9%
Primary Care	891	919	+28	+3.1%
Social Care	2,613	2,964	+351	+13.4%
CHO 5	**4,725**	**5,080**	**+355**	**+7.5%**
Mental Health	559	564	+4	+0.8%
Primary Care	779	802	+23	+3.0%
Social Care	2,997	2,396	-601	-20.0%
CHO 6	**4,335**	**3,762**	**-573**	**-13.2%**
Mental Health	828	859	+32	+3.8%
Primary Care	1,749	1,757	+7	+0.4%
Social Care	3,110	3,899	+789	+25.4%
CHO 7	**5,687**	**6,515**	**+828**	**+14.6%**
Mental Health	1,041	1,080	+39	+3.7%
Primary Care	1,476	1,455	-21	-1.4%
Social Care	3,515	3,576	+61	+1.7%
CHO 8	**6,033**	**6,111**	**+79**	**+1.3%**
Mental Health	1,224	1,228	+4	+0.3%
Primary Care	1,138	1,215	+77	+6.7%
Social Care	3,897	3,969	+72	+1.8%
CHO 9	**6,260**	**6,412**	**+152**	**+2.4%**
Primary Care	366	392	+26	+7.1%
PCRS	**366**	**392**	**+26**	**+7.1%**
Mental Health	336	360	+25	+7.3%
Primary Care	90	91	+1	+0.9%
Social Care	14	17	+3	+19.1%
other Community Services	**440**	**468**	**+28**	**+6.4%**

[2] [2] This table reflects actual staffing at 31st December 2017 and includes home help staff.

CHO by Staff Group December 2017

Service Area	WTE Dec 2016	WTE Dec 2017	Change 16-17	% Change 16-17
Community Services	**50,174**	**51,721**	**+1,547**	**+3.1%**
Consultants	33	33	+0	+1.0%
NCHDs	78	81	+4	+4.9%
Medical (other) & Dental	57	58	+1	+2.0%
Nurse Manager	354	340	-14	-4.0%
Nurse Specialist	89	92	+4	+4.1%
Staff Nurse	1,061	1,062	+1	+0.1%
Public Health Nurse	146	153	+6	+4.4%
Nursing Student	9	11	+2	+26.9%
Nursing (other)	5	5	+0	+2.3%
Therapists (OT, Physio, SLT)	282	284	+2	+0.8%
Health Professionals (other)	213	219	+5	+2.6%
Management (VIII+)	46	48	+2	+4.3%
Clerical & Supervisory (III to VII)	547	555	+9	+1.6%
Care	1,509	1,570	+61	+4.0%
Support	370	363	-7	-2.0%
Home Help	547	562	+15	+2.8%
CHO 1	**5,345**	**5,437**	**+92**	**+1.7%**
Consultants	37	39	+2	+5.1%
NCHDs	96	106	+9	+9.5%
Medical (other) & Dental	62	62	+0	+0.3%
Nurse Manager	295	301	+6	+2.0%
Nurse Specialist	67	81	+14	+20.8%
Staff Nurse	958	935	-23	-2.4%
Public Health Nurse	176	174	-2	-1.2%
Nursing Student	11	29	+18	+164.9%
Nursing (other)		2	+2	
Therapists (OT, Physio, SLT)	278	293	+15	+5.4%
Health Professionals (other)	453	462	+9	+2.1%
Management (VIII+)	48	54	+6	+11.9%
Clerical & Supervisory (III to VII)	549	588	+39	+7.0%
Care	1,516	1,573	+57	+3.8%
Support	256	244	-12	-4.7%
Home Help	449	448	-1	-0.2%
CHO 2	**5,252**	**5,391**	**+140**	**+2.7%**
Consultants	28	27	-1	-3.0%
NCHDs	62	64	+1	+2.1%
Medical (other) & Dental	53	58	+5	+8.8%
Nurse Manager	252	247	-4	-1.8%
Nurse Specialist	42	45	+3	+7.3%
Staff Nurse	816	793	-23	-2.9%
Public Health Nurse	114	120	+6	+5.4%
Nursing Student	7	8	+1	+7.1%
Nursing (other)	9	9	+0	+0.0%
Therapists (OT, Physio, SLT)	183	194	+11	+6.2%
Health Professionals (other)	433	459	+26	+6.0%
Management (VIII+)	33	33	+0	+0.3%

Service Area	WTE Dec 2016	WTE Dec 2017	Change 16-17	% Change 16-17
Clerical & Supervisory (III to VII)	397	430	+34	+8.5%
Care	1,218	1,262	+43	+3.6%
Support	259	248	-12	-4.5%
Home Help	186	172	-14	-7.3%
CHO 3	**4,093**	**4,169**	**+76**	**+1.9%**
Consultants	50	51	+1	+2.1%
NCHDs	117	127	+10	+8.3%
Medical (other) & Dental	114	121	+8	+6.9%
Nurse Manager	390	385	-5	-1.3%
Nurse Specialist	60	69	+9	+14.1%
Staff Nurse	1,566	1,605	+39	+2.5%
Public Health Nurse	216	217	+1	+0.5%
Nursing Student	17	25	+9	+51.5%
Nursing (other)	1	1	+0	+0.0%
Therapists (OT, Physio, SLT)	385	412	+27	+7.1%
Health Professionals (other)	542	572	+30	+5.5%
Management (VIII+)	57	65	+8	+14.6%
Clerical & Supervisory (III to VII)	551	595	+44	+8.0%
Care	2,076	2,210	+135	+6.5%
Support	417	395	-21	-5.1%
Home Help	1,083	1,133	+50	+4.6%
CHO 4	**7,639**	**7,983**	**+344**	**+4.5%**
Consultants	34	32	-2	-6.4%
NCHDs	61	69	+8	+13.5%
Medical (other) & Dental	61	64	+3	+4.6%
Nurse Manager	336	325	-11	-3.3%
Nurse Specialist	47	52	+5	+11.5%
Staff Nurse	959	956	-3	-0.3%
Public Health Nurse	167	164	-3	-1.6%
Nursing Student	11	21	+11	+102.9%
Nursing (other)	3	4	+1	+36.7%
Therapists (OT, Physio, SLT)	310	322	+12	+3.9%
Health Professionals (other)	330	351	+21	+6.2%
Management (VIII+)	32	37	+6	+17.9%
Clerical & Supervisory (III to VII)	422	423	+1	+0.3%
Care	1,176	1,234	+59	+5.0%
Support	425	399	-26	-6.2%
Home Help	353	628	+275	+77.8%
CHO 5	**4,725**	**5,080**	**+355**	**+7.5%**
Consultants	50	50	+0	+1.0%
NCHDs	76	80	+4	+4.7%
Medical (other) & Dental	52	55	+3	+5.1%
Nurse Manager	266	229	-37	-13.8%
Nurse Specialist	22	23	+1	+3.1%
Staff Nurse	710	623	-87	-12.2%
Public Health Nurse	118	123	+5	+4.0%
Nursing Student	15	19	+4	+29.0%
Nursing (other)	3	3	-0	-7.4%
Therapists (OT, Physio, SLT)	313	300	-13	-4.1%
Health Professionals (other)	748	562	-186	-24.9%

Service Area	WTE Dec 2016	WTE Dec 2017	Change 16-17	% Change 16-17
Management (VIII+)	72	73	+1	+1.1%
Clerical & Supervisory (III to VII)	462	452	-10	-2.2%
Care	1,106	903	-203	-18.4%
Support	322	267	-55	-17.0%
CHO 6	**4,335**	**3,762**	**-573**	**-13.2%**
Consultants	58	56	-2	-3.8%
NCHDs	126	125	-1	-0.5%
Medical (other) & Dental	85	89	+4	+4.4%
Nurse Manager	375	402	+27	+7.2%
Nurse Specialist	68	80	+12	+18.0%
Staff Nurse	955	1,030	+75	+7.9%
Public Health Nurse	181	187	+6	+3.3%
Nursing Student	25	24	-1	-2.2%
Nursing (other)	13	9	-4	-28.1%
Therapists (OT, Physio, SLT)	398	420	+22	+5.5%
Health Professionals (other)	411	648	+236	+57.5%
Management (VIII+)	63	67	+4	+6.7%
Clerical & Supervisory (III to VII)	499	550	+51	+10.1%
Care	1,829	2,178	+349	+19.0%
Support	442	498	+56	+12.6%
Home Help	159	152	-6	-3.9%
CHO 7	**5,687**	**6,515**	**+828**	**+14.6%**
Consultants	42	40	-1	-3.5%
NCHDs	125	128	+3	+2.5%
Medical (other) & Dental	76	74	-2	-2.6%
Nurse Manager	382	386	+3	+0.8%
Nurse Specialist	98	97	-1	-0.6%
Staff Nurse	1,038	1,011	-26	-2.5%
Public Health Nurse	199	198	-1	-0.4%
Nursing Student	18	14	-4	-22.0%
Nursing (other)	6	9	+2	+36.3%
Therapists (OT, Physio, SLT)	353	371	+19	+5.3%
Health Professionals (other)	577	636	+59	+10.2%
Management (VIII+)	59	63	+4	+7.7%
Clerical & Supervisory (III to VII)	670	672	+2	+0.3%
Care	1,776	1,794	+18	+1.0%
Support	217	211	-6	-2.9%
Home Help	397	407	+10	+2.4%
CHO 8	**6,033**	**6,111**	**+79**	**+1.3%**
Consultants	68	70	+2	+3.1%
NCHDs	136	143	+7	+4.9%
Medical (other) & Dental	73	69	-4	-5.7%
Nurse Manager	456	463	+7	+1.6%
Nurse Specialist	58	79	+20	+34.4%
Staff Nurse	1,222	1,204	-17	-1.4%
Public Health Nurse	177	173	-4	-2.1%
Nursing Student	24	29	+6	+24.3%
Nursing (other)	20	22	+3	+12.9%
Therapists (OT, Physio, SLT)	428	456	+28	+6.6%
Health Professionals (other)	1,039	1,075	+37	+3.5%

Service Area	WTE Dec 2016	WTE Dec 2017	Change 16-17	% Change 16-17
Management (VIII+)	55	66	+11	+20.3%
Clerical & Supervisory (III to VII)	581	615	+33	+5.7%
Care	1,370	1,408	+38	+2.8%
Support	554	540	-14	-2.5%
CHO 9	**6,260**	**6,412**	**+152**	**+2.4%**
Health Professionals (other)	13	16	+3	+22.6%
Management (VIII+)	11	15	+4	+36.4%
Clerical & Supervisory (III to VII)	339	358	+19	+5.6%
Support	3	3	+0	+0.0%
PCRS	**366**	**392**	**+26**	**+7.1%**
Consultants	12	13	+1	+6.6%
NCHDs	10	12	+2	+19.4%
Nurse Manager	60	57	-3	-4.7%
Nurse Specialist	2	3	+1	+50.0%
Staff Nurse	135	146	+11	+8.2%
Therapists (OT, Physio, SLT)	9	10	+1	+14.2%
Health Professionals (other)	30	29	-2	-5.3%
Management (VIII+)	43	52	+9	+19.7%
Clerical & Supervisory (III to VII)	90	100	+10	+10.9%
Care	35	33	-2	-4.9%
Support	13	13	-0	-1.4%
other Community Services	**440**	**468**	**+28**	**+6.4%**

CHO by Admin December 2017

Service Area	WTE Dec 2016	WTE Dec 2017	Change 16-17	% Change 16-17
Community Services	**50,174**	**51,721**	**+1,547**	**+3.1%**
Health Service Executive	5,345	5,437	+92	+1.7%
CHO 1	**5,345**	**5,437**	**+92**	**+1.7%**
Health Service Executive	4,122	4,203	+81	+2.0%
Voluntary Agencies (Non-Acute)	1,130	1,189	+59	+5.2%
CHO 2	**5,252**	**5,391**	**+140**	**+2.7%**
Health Service Executive	2,543	2,557	+14	+0.5%
Voluntary Agencies (Non-Acute)	1,550	1,612	+63	+4.0%
CHO 3	**4,093**	**4,169**	**+76**	**+1.9%**
Health Service Executive	5,581	5,857	+276	+4.9%
Voluntary Agencies (Non-Acute)	2,058	2,126	+68	+3.3%
CHO 4	**7,639**	**7,983**	**+344**	**+4.5%**
Health Service Executive	3,781	4,066	+286	+7.6%
Voluntary Agencies (Non-Acute)	945	1,014	+70	+7.4%
CHO 5	**4,725**	**5,080**	**+355**	**+7.5%**
Health Service Executive	1,548	1,590	+42	+2.7%
Voluntary Agencies (Non-Acute)	2,786	2,171	-615	-22.1%
CHO 6	**4,335**	**3,762**	**-573**	**-13.2%**
Health Service Executive	3,358	3,318	-40	-1.2%
Voluntary Agencies (Non-Acute)	2,329	3,197	+868	+37.3%
CHO 7	**5,687**	**6,515**	**+828**	**+14.6%**

Service Area	WTE Dec 2016	WTE Dec 2017	Change 16-17	% Change 16-17
Health Service Executive	4,656	4,642	-14	-0.3%
Voluntary Agencies (Non-Acute)	1,376	1,469	+93	+6.8%
CHO 8	**6,033**	**6,111**	**+79**	**+1.3%**
Health Service Executive	3,327	3,431	+105	+3.1%
Voluntary Agencies (Non-Acute)	2,933	2,981	+48	+1.6%
CHO 9	**6,260**	**6,412**	**+152**	**+2.4%**
PCRS	**366**	**392**	**+26**	**+7.1%**
other Community Services	**440**	**468**	**+28**	**+6.4%**

Appendix 3: Scorecard and Performance Indicator Suite

Scorecard

National Scorecard		
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
Quality and Safety	**Complaints investigated within 30 days**	% of complaints investigated within 30 working days of being acknowledged by complaints officer
	Serious Incidents	% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident
	Child Health	% of newborn babies visited by a PHN within 72 hours of discharge from maternity services
		% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age
		% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine
	CAMHs Bed Days Used	% of bed days used in HSE child and adolescent acute inpatient units as a total of bed days used by children in mental health acute inpatient units
	HIQA Inspection Compliance	% compliance with regulations following HIQA inspection of disability residential services
	HCAI Rates	Rate of new cases of hospital acquired Staph. Aureus bloodstream infection (<1 per 10,000 bed days used)
		Rate of new cases of hospital acquired C. difficile infection (<2 per 10,000 bed days used)
		No. of new cases of CPE
	Urgent Colonoscopy within four weeks	No. of people waiting > four weeks for access to an urgent colonoscopy
	Surgery	% of emergency hip fracture surgery carried out within 48 hours
	Healthy Ireland	% of smokers on cessation programmes who were quit at one month
Access and Integration	**Therapy Waiting Lists**	Speech and Language: % on waiting list for assessment ≤52 weeks
		Physiotherapy: % on waiting list for assessment ≤52 weeks
		Occupational Therapy: % on waiting list for assessment ≤52 weeks
	CAMHs Access to First Appointment	% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs
	Delayed Discharges	No. of beds subject to delayed discharges

National Scorecard		
Scorecard Quadrant	Priority Area	Key Performance Indicator
	Disability Act Compliance	% of assessments completed within the timelines as provided for in the regulations
	Ambulance Response Times	% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
		% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
	Emergency Department Patient Experience Time	% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration
		% of all attendees at ED who are discharged or admitted within six hours of registration
	Waiting times for procedures	% of adults waiting <15 months for an elective procedure (inpatient)
		% of adults waiting <15 months for an elective procedure (day case)
		% of children waiting <15 months for an elective procedure (inpatient)
		% of children waiting <15 months for an elective procedure (day case)
		% of people waiting <52 weeks for first access to OPD services
	Cancer	Breast cancer: % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of two weeks for urgent referrals
		Lung Cancer: % of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres
		Prostate cancer: % of patients attending prostate rapid access clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres
		% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)
	Older Persons	No. of home support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))
Finance, Governance and Compliance	**Financial Management**	Net expenditure variance from plan (total expenditure)
		Gross expenditure variance from plan (pay + non-pay)

National Scorecard		
Scorecard Quadrant	Priority Area	Key Performance Indicator
		% of the monetary value of service arrangements signed
	Governance and Compliance	Procurement - expenditure (non-pay) under management
		% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received
Workforce	**EWTD**	<48 hour working week
	Attendance Management	% absence rates by staff category
	Funded Workforce Plan	Pay expenditure variance from plan

Performance Indicator Suite

Note: 2017 and 2018 expected activity and targets are assumed to be judged on a performance that is equal or greater than (≥) unless otherwise stated (i.e. if less than (<) or, less than or equal to symbol (≤) is included in the target).

Health and Wellbeing					
Indicator	**Performance Area**	**Reporting Period**	**NSP 2017 Expected Activity / Target**	**Projected Outturn 2017**	**Expected Activity / Target 2018**
National Screening Service BreastCheck No. of women in the eligible population who have had a complete mammogram	Access and Integration	M	155,000	155,000	170,000
% BreastCheck screening uptake rate		Q (1 Qtr in arrears)	70%	70%	70%
% of women offered hospital admission for treatment within three weeks of diagnosis of breast cancer		Bi-annual (1 Qtr in arrears)	90%	90%	90%
CervicalCheck No. of unique women who have had one or more smear tests in a primary care setting		M	242,000	255,000	255,000
% of eligible women with at least one satisfactory CervicalCheck screening in a five year period		Q (1 Qtr in arrears)	80%	79.7%	80%
BowelScreen No. of clients who have completed a satisfactory BowelScreen FIT test		M	106,875	118,000	125,000
% of client uptake rate in the BowelScreen Programme		Q (1 Qtr in arrears)	45%	41%	45%
Diabetic RetinaScreen No. of Diabetic RetinaScreen clients screened with final grading result		M	87,000	91,000	93,000
% Diabetic RetinaScreen uptake rate		Q (1 Qtr in arrears)	56%	65%	65%
Environmental Health No. of initial tobacco sales to minors test purchase inspections carried out		Q	384	324	384
No. of test purchases carried out under the *Public Health (Sunbeds) Act 2014*		Bi-annual	32	32	32

Health and Wellbeing					
Indicator	**Performance Area**	**Reporting Period**	**NSP 2017 Expected Activity / Target**	**Projected Outturn 2017**	**Expected Activity / Target 2018**
No. of mystery shopper inspections carried out under the *Public Health (Sunbeds) Act 2014*			32	32	32
No. of establishments receiving a planned inspection under the *Public Health (Sunbeds) Act 2014*		Q	New NSP PI 2018	New NSP PI 2018	225
No. of official food control planned, and planned surveillance, inspections of food businesses.			33,000	32,210	33,000
No. of inspections of e-cigarette and refill container manufacturers, importers, distributors and retailers under *E.U. (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016*			New NSP PI 2018	New NSP PI 2018	40
Tobacco No. of smokers who received intensive cessation support from a cessation counsellor		M	13,000	13,476	13,000
% of smokers on cessation programmes who were quit at one month	Quality and Safety	Q (1 Qtr in arrears)	45%	50.7%	45%
Chronic Disease Management No. of people who have completed a structured patient education programme for diabetes		M	2,440	2,055	4,500
Immunisations and Vaccines % of children aged 24 months who have received three doses of the 6 in 1 vaccine		Q (1 Qtr in arrears)	95%	94.8%	95%
% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine			95%	92.4%	95%
% of first year girls who have received two doses of HPV vaccine		Annual	85%	49.4%	85%
% of healthcare workers who have received seasonal Flu vaccine in the 2017-2018 influenza season (acute hospitals)	Quality and Safety	Annual	40%	33.7%	65%
% of healthcare workers who have received seasonal Flu vaccine in the 2017-2018 influenza season (long term care facilities in the community)			40%	27.1%	65%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit			75%	56%	75%

Health and Wellbeing					
Indicator	**Performance Area**	**Reporting Period**	**NSP 2017 Expected Activity / Target**	**Projected Outturn 2017**	**Expected Activity / Target 2018**
card					
Public Health No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule		Q	500	573	500
Making Every Contact Count No. of frontline staff to complete the online Making Every Contact Count training in brief intervention	Access and Integration		New NSP PI 2018	New NSP PI 2018	7,523
No. of frontline staff to complete the face to face module of Making Every Contact Count training in brief intervention			New NSP PI 2018	New NSP PI 2018	1,505

Primary Care Services					
Indicator	**Performance Area**	**Reporting Period**	**NSP 2017 Expected Activity / Target**	**Projected Outturn 2017**	**Expected Activity / Target 2018**
Primary Care Services					
Community Intervention Teams No. of referrals	Quality and Safety	M	32,861	36,500	38,180
***Health Amendment Act*: Services to persons with State Acquired Hepatitis C** No. of *Health Amendment Act* card holders who were reviewed		Q	586	127	459
Healthcare Associated Infections: Medication Management Consumption of antibiotics in community settings (defined daily doses per 1,000 population)			<21.7	21.5	<21.7
GP Activity No. of contacts with GP Out of Hours Service	Access and Integration	M	1,055,388	1,024,151	1,105,151
Nursing No. of patients seen			898,944	743,605	743,605
% of new patients accepted onto the nursing caseload and seen within 12 weeks			100%	96%	96%
Therapies / Community Healthcare Network Services Total no. of patients seen			1,549,256	1,517,489	1,524,864

Primary Care Services					
Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018
Physiotherapy No. of patients seen	Access and Integration	M	613,320	581,661	581,661
% of new patients seen for assessment within 12 weeks			81%	80%	80%
% on waiting list for assessment ≤52 weeks			98%	93%	93%
Occupational Therapy No. of patients seen			338,705	334,139	336,836
% of new service users seen for assessment within 12 weeks			72%	68%	68%
% on waiting list for assessment ≤52 weeks			92%	77%	85%
Speech and Language Therapy No. of patients seen			265,182	278,862	279,803
% on waiting list for assessment ≤52 weeks			100%	96%	100%
% on waiting list for treatment ≤52 weeks			100%	94%	100%
Podiatry No. of patients seen			74,952	74,206	74,206
% on waiting list for treatment ≤12 weeks			44%	26%	26%
% on waiting list for treatment ≤52 weeks			88%	77%	77%
Ophthalmology No. of patients seen			97,150	96,404	96,404
% on waiting list for treatment ≤12 weeks			50%	26%	26%

Primary Care Services					
Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018
% on waiting list for treatment ≤52 weeks			81%	66%	66%
Audiology No. of patients seen			56,834	52,548	52,548
% on waiting list for treatment ≤12 weeks			50%	41%	41%
% on waiting list for treatment ≤52 weeks			95%	88%	88%
Dietetics No. of patients seen			65,217	63,382	63,382
% on waiting list for treatment ≤12 weeks			48%	37%	37%
% on waiting list for treatment ≤52 weeks			96%	79%	79%
Psychology No. of patients seen			37,896	36,287	40,024
% on waiting list for treatment ≤12 weeks			60%	26%	36%
% on waiting list for treatment ≤52 weeks			100%	71%	81%
Oral Health % of new patients who commenced treatment within three months of scheduled oral health assessment			88%	92%	92%
Orthodontics No. and % of patients seen for assessment within six months	Access and Integration	Q	2,632 75%	2,483 46%	2,483 46%
Reduce the proportion of patients (grades 4 and 5) on the treatment waiting list waiting longer than four years		Q	<5%	4%	<1%

Primary Care Services					
Indicator	**Performance Area**	**Reporting Period**	**NSP 2017 Expected Activity / Target**	**Projected Outturn 2017**	**Expected Activity / Target 2018**
Paediatric Homecare Packages No. of packages		M	514	524	584
GP Trainees No. of trainees		Annual	187	170	198
National Virus Reference Laboratory No. of tests		M (1 Mth in arrears)	627,684	855,288	855,288
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	Quality and Safety		95%	93%	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services		Q	98%	98%	98%
% of babies breastfed (exclusively and not exclusively) at first PHN visit		Q (1 Qtr in arrears)	58%	55%	58%
% of babies breastfed exclusively at first PHN visit			New NSP PI 2018	New NSP PI 2018	48%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit			40%	39%	40%
% of babies breastfed exclusively at three month PHN visit			New NSP PI 2018	New NSP PI 2018	30%
Social Inclusion Services					
Opioid Substitution No. of clients in receipt of opioid substitution treatment (outside prisons)	Access and Integration	M (1 Mth in arrears)	9,700	9,748	10,028
Average waiting time from referral to assessment for opioid substitution treatment			4 days	3 days	3 days
Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced			28 days	16 days	28 days
Needle Exchange No. of unique individuals attending pharmacy needle exchange		Q (1 Qtr in arrears)	1,647	1,628	1,628

Primary Care Services					
Indicator	**Performance Area**	**Reporting Period**	**NSP 2017 Expected Activity / Target**	**Projected Outturn 2017**	**Expected Activity / Target 2018**
Homeless Services No. of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Quality and Safety	Q	1,272	1,035	1,035
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Quality and Safety	Q (1 Qtr in arrears)	85%	73%	73%
Traveller Health No. of people who received information on type 2 diabetes or participated in related initiatives			New NSP PI 2018	New NSP PI 2018	3,735
No. of people who received information on cardiovascular health or participated in related initiatives			New NSP PI 2018	New NSP PI 2018	3,735
Substance Misuse No. and % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Access and Integration		100%	4,298 98%	4,946 100%
No. and % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment			100%	326 98%	333 100%
Palliative Care Services					
Inpatient Palliative Care Services No. accessing specialist inpatient beds	Access and Integration	M	3,555	3,379	3,595
Access to specialist inpatient bed within seven days			98%	98%	98%
% of patients triaged within one working day of referral (inpatient unit)	Quality and Safety		90%	95%	95%
% of patients with a multi-disciplinary care plan documented within five working days of initial assessment (inpatient unit)			90%	52%	90%
Community Palliative Care Services No. of patients who received specialist palliative care treatment in their normal place of residence in the month	Access and Integration		3,620	3,349	3,376

Primary Care Services					
Indicator	**Performance Area**	**Reporting Period**	**NSP 2017 Expected Activity / Target**	**Projected Outturn 2017**	**Expected Activity / Target 2018**
Access to specialist palliative care services in the community provided within seven days (normal place of residence)			95%	93%	95%
% of patients triaged within one working day of referral (community)	Quality and Safety		90%	94%	94%
Children's Palliative Care Services No. of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)	Access and Integration		269	292	280
No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)			20	97	97
Primary Care Reimbursement Service					
Medical Cards No. of persons covered by medical cards as at 31st December	Access and Integration	M	1,672,654	1,612,020	1,564,230
No. of persons covered by GP visit cards as at 31st December			528,593	484,344	492,293
Total			**2,201,247**	**2,096,364**	**2,056,523**
% of completed medical card / GP visit card applications processed within 15 days	Access and Integration	M	96%	70%	96%
% of medical card / GP visit card applications, assigned for medical officer review, processed within five days	Quality and Safety		91%	85%	91%
% of medical card / GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff			95%	95%	95%
General Medical Services Scheme Total no. of items prescribed	Access and Integration		57,821,617	58,224,900	56,854,793
No. of prescriptions			18,811,508	18,860,700	18,721,471
Long Term Illness Scheme Total no. of items prescribed			8,657,750	8,237,342	8,241,730

Primary Care Services					
Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018
No. of claims			2,407,912	2,309,099	2,342,248
Drug Payment Scheme Total no. of items prescribed			8,305,797	7,203,504	7,872,735
No. of claims			2,411,929	2,211,362	2,389,599
Other Schemes No. of high tech drugs scheme claims			660,125	645,579	650,150
No. of dental treatment services scheme treatments			1,256,417	1,236,648	1,261,381
No. of community ophthalmic services scheme treatments			857,617	852,834	869,891

Mental Health Services					
Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018
General Adult Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks / three months by General Adult Community Mental Health Team	Access and Integration	M	90%	94.2%	90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / three months by General Adult Community Mental Health Team			75%	75.3%	75%
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month			20%	21.1%	<20%
No. of adult referrals seen by mental health services			39,321	29,107	29,135
No. of admissions to adult acute inpatient units		Q (1 Qtr in arrears)	13,104	12,133	12,692

Mental Health Services					
Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018
Psychiatry of Later Life Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks / three months by Psychiatry of Later Life Community Mental Health Teams	Access and Integration	M	98%	97.8%	98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / three months by Psychiatry of Later Life Community Mental Health Teams			95%	95.8%	95%
% of new (including re-referred) Psychiatry of Later Life Psychiatry Team cases offered appointment and DNA in the current month			3%	2.1%	<3%
No. of Psychiatry of Later Life referrals seen by mental health services			10,013	8,683	9,045
Child and Adolescent Mental Health Services Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units			95%	73.7%	95%
% 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			95%	97.1%	95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / three months by Child and Adolescent Community Mental Health Teams			78%	79.1%	78%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / three months by Child and Adolescent Community Mental Health Teams			72%	71.4%	72%
% of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month			10%	10.4%	<10%
% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams			New NSP PI 2018	New NSP PI 2018	100%

Mental Health Services					
Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018
excluding DNAs					
No. of CAMHs referrals received by mental health services			18,496	18,892	18,831
No. of CAMHs referrals seen by mental health services			14,365	11,286	14,365

Disability and Older Persons' Services					
Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018
Safeguarding % of preliminary screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	Quality and Safety	Q (1 Mth in arrears)	100%	88.6%	100%
% of preliminary screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan			100%	90.7%	100%

Disability Services					
Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018
Quality % of compliance with regulations following HIQA inspection of disability residential services	Quality and Safety	Q (2 Qtrs in arrears)	80%	78.4%	80%
% of CHO quality and safety committees in place with responsibilities to include governance of the quality and safety of HSE provided Disability Services who have met in this reporting month		M (1 Mth in arrears)	New NSP PI 2018	New NSP PI 2018	100%

Disability Services					
Indicator	**Performance Area**	**Reporting Period**	**NSP 2017 Expected Activity / Target**	**Projected Outturn 2017**	**Expected Activity / Target 2018**
% of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Disability Services		Q	100%	33.3%	100%
Residential Places No. of residential places for people with a disability	Access and Integration	M	8,371	8,371	8,399[(i)]
New Emergency Places and Supports Provided to People with a Disability No. of new emergency places provided to people with a disability			185	128	130
No. of new home supports for emergency cases No. of in home respite supports for emergency cases			210	75	135 120
Total no. of new Emergency and Support Places			**395**	**203**	**385**
***Transforming Lives* – VfM Policy Review** Deliver on VfM implementation priorities	Access and Integration	Bi-annual	100%	100%	100%
Congregated Settings Facilitate the movement of people from congregated to community settings	Access and Integration	Q	223	161	170
Day Services including School Leavers No. of people with a disability in receipt of work / work-like activity services (ID / autism and physical and sensory disability)		Bi-annual	3,253	2,752	2,752
No. of people (all disabilities) in receipt of rehabilitation training (RT)		M	2,870	2,368	2,432
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)		Bi-annual	18,672	18,772	19,672
% of school leavers and rehabilitation training (RT) graduates who have been provided with a placement		Annual	100%	100%	100%
Respite Services No. of day only respite sessions accessed by people with a disability		Q (1 Mth in arrears)	41,100	42,552	42,552
No. of overnights (with or without day			182,506	161,262	182,506

Disability Services					
Indicator	**Performance Area**	**Reporting Period**	**NSP 2017 Expected Activity / Target**	**Projected Outturn 2017**	**Expected Activity / Target 2018**
respite) accessed by people with a disability					
No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)			6,320	5,720	6,320
One additional respite house in each of the nine CHO areas - no. of individuals supported		M	New NSP PI 2018	New NSP PI 2018	251
Three additional respite houses in the greater Dublin Region - no. of individuals supported			New NSP PI 2018	New NSP PI 2018	143
Alternative models of respite provision including Home Sharing, Saturday Club, Extended Day – no. of individuals supported			New NSP PI 2018	New NSP PI 2018	250
Personal Assistance (PA) No. of PA service hours delivered to adults with a physical and / or sensory disability		Q (1 Mth in arrears)	1.4m	1.462m	1.46m
No. of adults with a physical and / or sensory disability in receipt of a PA service			2,357	2,255	2,357
Home Support Service No. of home support hours delivered to persons with a disability			2.75m	2.93m	2.93m
No. of people with a disability in receipt of home support services (ID / autism and physical and sensory disability)			7,447	7,126	7,447
***Disability Act* Compliance** No. of requests for assessments of need received		Q	6,234	6,548	6,548
% of assessments completed within the timelines as provided for in the regulations			100%	26%	100%
Progressing Disability Services for Children and Young People (0-18s) Programme No. of Children's Disability Network Teams established		M	129	56	129
% of Children's Disability Network Teams established	Access and Integration	M	100%	43%	100%
Service Improvement Team Process Deliver on service improvement priorities		Bi-annual	100%	100%	100%
(i) The residential placements take account of an increase of 128 emergency places during 2017 together with a reduction of 100 places in congregated settings due to vacancies in congregated settings not being replaced to improve compliance with HIQA standards					

Older Persons' Services					
Indicator	**Performance Area**	**Reporting Period**	**NSP 2017 Expected Activity / Target**	**Projected Outturn 2017**	**Expected Activity / Target 2018**
Quality % of compliance with regulations following HIQA inspection of HSE direct-provided Older Persons' Residential Services	Quality and Safety	Q (2 Qtrs in arrears)	New NSP PI 2018	83.2%	80%
% 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		M (1 Mth in arrears)	New NSP PI 2018	New NSP PI 2018	100%
% of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Older Persons' Services		Q	100%	77.7%	100%
Home Support No. of home support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))	Access and Integration	M	New NSP PI 2018[ii]	16.340m	17.094m
No. of people in receipt of home support (excluding provision from Intensive Home Care Packages (IHCPs)) – each person counted once only			New NSP PI 2018[ii]	New NSP PI 2018	50,500
Intensive Homecare Packages (IHCPs) Total no. of persons in receipt of an Intensive Home Care Package			190	235	235
No. of home support hours provided from Intensive Home Care Packages			New NSP PI 2018[ii]	New NSP PI 2018	360,000
% of clients in receipt of an IHCP with a key worker assigned			100%	75.9%	100%
Transitional Care No. of people at any given time being supported through transitional care in alternative care settings		M (1 Mth in arrears)	600	879	879
No. of persons in acute hospitals approved for transitional care to move to alternative care settings			7,820	9,160	9,160
Nursing Homes Support Scheme (NHSS) No. of persons funded under NHSS in long term residential care during the reporting month	Access and Integration	M	23,292[iii]	23,292	23,334

Disability Services					
Indicator	Performance Area	Reporting Period	NSP 2017 Expected Activity / Target	Projected Outturn 2017	Expected Activity / Target 2018
No. of NHSS beds in public long stay units			5,088	5,016	5,096
No. of short stay beds in public long stay units			1,918	2,053	2,053
% of population over 65 years in NHSS funded beds (based on 2016 Census figures)			4%	4%	≤4%
% of clients with NHSS who are in receipt of ancillary state support			10%	12%	10%
% of clients who have Common Summary Assessment Reports (CSARs) processed within six weeks			90%	88.8%	90%
Service Improvement Team Process Deliver on service improvement priorities		Bi-annual	100%	100%	100%
(ii) The new home support measures with a target delivery of 17.094m hours for 50,500 people is the equivalent of the combination of home help target of 10.57m hours plus home care package recipient target of 20,175. This assumes the numbers receiving the home support measures will be 50,500 people with each person counted once.					
(iii) Previous figure of 23,603 amended in agreement with the DoH in October 2017					

Appendix 4: Capital Infrastructure

This appendix outlines capital projects that: 1) were completed in 2016 / 2017 and will be operational in 2018; 2) are due to be completed and operational in 2018; or 3) are due to be completed in 2018 and will be operational in 2019

Facility	Project details	Project Fully Completion Operational		Additional Beds	Replace-ment Beds	Capital Cost €m		2018 Implications	
						2018	Total	WTE	Rev Costs €m
Primary Care Services									
CHO 1: Donegal, Sligo, Leitrim, Cavan, Monaghan									
Killybegs CNU, Co. Donegal Carndonagh CNU, Co. Donegal, Dungloe CNU, Co. Donegal, Donegal CNU	Purchase of radiology and diagnostic equipment for the primary care service in Donegal including installation	Q1 2018	Q2 2018	0	0	0.60	1.60	0	0
CHO 2: Galway, Roscommon, Mayo									
Westport, Co. Mayo	Primary Care Centre by PPP	Q1 2018	Q1 2018	0	0	0.00	0.00	0	0
CHO 4: Cork, Kerry									
Knocknaheeny, Fairhill, Gurranebraher, Cork City	Primary Care Centre	Q1 2018	Q1 2018	0	0	3.00	18.35	0	0
CHO 5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford									
Wexford	Primary Care Centre by PPP	Q2 2018	Q2 2018	0	0	0.00	0.00	0	0
Carrick on Suir, Co. Tipperary	Primary Care Centre by PPP	Q1 2018	Q1 2018	0	0	0.00	0.00	0	0
Dungarvan, Co. Waterford	Primary Care Centre by PPP	Q1 2018	Q1 2018	0	0	0.00	0.00	0	0
Waterford City East	Primary Care Centre by PPP	Q2 2018	Q2 2018	0	0	0.00	0.00	0	0
CHO 6: Wicklow, Dun Laoghaire, Dublin South East									

Facility	Project details	Project Fully Completion Operational		Additional Beds	Replace-ment Beds	Capital Cost €m		2018 Implications	
						2018	Total	WTE	Rev Costs €m
Simms Building, Tallaght, Dublin	Purchase and fit-out of the building to provide accommodation for orthodontic services (currently in St. James's Hospital)	Q4 2017	Q1 2018	0	0	0.10	6.50	0	0
Churchtown / Nutgrove, Dublin	Extension to Primary Care Centre, by lease agreement	Q3 2018	Q4 2018	0	0	0.10	0.10	0	0
Royal Hospital, Donnybrook, Dublin	Primary Care Centre, by lease agreement	Q3 2018	Q3 2018	0	0	0.10	0.10	0	0
CHO 7: Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West									
Kilnamanagh / Tymon (Junction House), Dublin	Primary Care Centre, by lease agreement	Q2 2018	Q3 2018	0	0	0.45	0.45	0	0
Cashel Road / Walkinstown (Crumlin), Dublin	Primary Care Centre, by lease agreement	Q2 2018	Q2 2018	0	0	0.30	0.30	0	0
Kilcock, Co. Kildare	Primary Care Centre by PPP	Q1 2018	Q2 2018	0	0	0.00	0.00	0	0
Our Lady's Hospice, Harold's Cross, Dublin	Equipping of new hospice.	Q1 2018	Q1 2018	0	0	0.20	1.20	0	0
CHO 8: Laois, Offaly, Longford, Westmeath, Louth, Meath									
Drogheda North, Co. Louth	Primary Care Centre, by lease agreement	Q2 2018	Q2 2018	0	0	0.30	0.30	0	0
Tullamore, Co. Offaly	Primary Care Centre, by lease agreement	Q2 2018	Q3 2018	0	0	0.30	0.30	0	0
St. Fintan's Campus, Portlaoise, Co. Laois	Community addiction services unit - new facility for counselling and support services	Q4 2018	Q1 2019	0	0	2.40	2.95	0	0
CHO 9: Dublin North, Dublin North Central, Dublin North West									
Coolock (Coolock South combined with Coolock North Darndale), Dublin	Primary Care Centre by PPP	Q1 2018	Q1 2018	0	0	0.00	0.00	0	0
Dublin North East Inner City (Summerhill), Dublin	Primary Care Centre by PPP	Q2 2018	Q2 2018	0	0	0.00	0.00	0	0

Facility	Project details	Project Fully Completion Operational		Additional Beds	Replace-ment Beds	Capital Cost €m		2018 Implications	
						2018	Total	WTE	Rev Costs €m
Mental Health Services									
CHO 1: Donegal, Sligo, Leitrim, Cavan, Monaghan									
St. Conal's Hospital, Letterkenny, Co. Donegal	Phased upgrade of building fabric	Q2 2018	Q2 2018	0	0	0.40	1.72	0	0
CHO 3: Clare, Limerick, North Tipperary									
St. Joseph's Hospital, Ennis, Co. Clare	Refurbishment of Gort Glas (at front of St. Joseph's) to provide a Mental Health Day Centre	Q4 2017	Q1 2018	0	0	0.14	1.50	0	0
CHO 4: Cork, Kerry									
University Hospital Kerry	Refurbishment and upgrade of the acute mental health unit phase 2.	Q4 2018	Q4 2018	0	0	1.40	2.10	0	0
CHO 5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford									
University Hospital Waterford	Further upgrade acute mental health unit to comply with recommendations of the Mental Health Commission Report	Q4 2017	Q1 2018	0	0	0.05	0.60	0	0
CHO 9: Dublin North, Dublin North Central, Dublin North West									
Stanhope Terrace, Dublin North Central	Refurbishment of Stanhope Terrace to provide accommodation for 13 people currently in Weir Home	Q4 2018	Q1 2019	0	0	2.50	2.20	0	0
Disability Services									
CHO 1: Donegal, Sligo, Leitrim, Cavan, Monaghan									
Cregg House and Cloonamahon, Co. Sligo	Nine units at varying stages of purchase / new build / refurbishment to meet housing requirements for 28 people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019	0	28	0.50	3.50	0	0
CHO 2: Galway, Roscommon, Mayo									

Facility	Project details	Project Fully Completion Operational		Additional Beds	Replace-ment Beds	Capital Cost €m		2018 Implications	
						2018	Total	WTE	Rev Costs €m
Aras Attracta, Swinford, Co Mayo	11 units at varying stages of purchase / new build / refurbishment to meet housing requirements for 39 people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019	0	39	2.00	6.00	0	0
	Fire safety and infrastructural upgrade	Q1 2018	Q1 2018	0	0	0.15	0.40	0	0
Brothers of Charity, Galway	One unit for purchase / new build to meet housing requirements for four people transitioning from a congregated setting	Q3 2018	Q4 2018	0	4	0.70	0.78	0	0
CHO 3: Clare, Limerick, North Tipperary									
Daughters of Charity, Co. Limerick Daughters of Charity, Roscrea, Co. Tipperary Brothers of Charity, Co. Limerick	Seven units at varying stages of purchase / new build / refurbishment to meet housing requirements for 26 people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019	0	26	2.00	4.00	0	0
CHO 4: Cork, Kerry									
Cluain Fhionnain, Co. Kerry St. Raphael's, Youghal, Co. Cork COPE Foundation, Ashville, Co. Cork St. John of God, Beaufort Campus, Killarney, Co Kerry Brothers of Charity, Co. Cork	Eight units at varying stages of purchase / new build / refurbishment to meet housing requirements for 24 people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019	0	24	1.20	5.00	0	0
CHO 5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford									
St. Patrick's Centre, Co. Kilkenny	Four units at varying stages of purchase / new build / refurbishment to meet housing requirements for 15 people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019	0	15	1.30	2.40	0	0
CHO 6: Wicklow, Dun Laoghaire, Dublin South East									

Facility	Project details	Project Fully Completion Operational		Additional Beds	Replace-ment Beds	Capital Cost €m		2018 Implications	
						2018	Total	WTE	Rev Costs €m
Sunbeam, Rosanna, Bray, Co. Wicklow	Two units at varying stages of purchase / new build / refurbishment to meet housing requirements for eight people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019	0	8	0.02	1.30	0	0
Southside Intellectual Disability Service: Hawthorns, Stillorgan, Co. Dublin and Aishling House, Newtown Grove, Maynooth, Co. Kildare	Two units at varying stages of purchase / new build / refurbishment to meet housing requirements for seven people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019	0	7	0.50	1.20	0	0
CHO 7: Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West									
St. John of God, St. Raphael's Centre, Celbridge, Co. Kildare	Five units at varying stages of purchase / new build / refurbishment to meet housing requirements for 17 people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019	0	17	0.25	2.50	0	0
CHO 8: Laois, Offaly, Longford, Westmeath, Louth, Meath									
St. John of God, St. Mary's Campus, Drumcar, Co. Louth Muiriosa, Delvin, Co. Westmeath	Eight units at varying stages of purchase / new build / refurbishment to meet housing requirements for 19 people transitioning from congregated settings	Phased 2018 / 2019	Phased 2018 / 2019	0	19	1.20	3.70	0	0
CHO 9: Dublin North, Dublin North Central, Dublin North West									
Daughters of Charity, Rosalie, Portmarnock, Dublin	Two units at varying stages of purchase / new build / refurbishment to meet housing requirements for eight people transitioning from congregated settings	Q4 2017	Q1 2018	0	8	0.06	0.93	0	0
Grangegorman, Dublin	Relocation of Eve Holdings to 1-5 Grangegorman Villas to facilitate development of Grangegorman PCC	Q4 2018	Q1 2019	0	0	1.17	1.97	0	0

Facility	Project details	Project Fully Completion Operational		Additional Beds	Replace-ment Beds	Capital Cost €m		2018 Implications	
						2018	Total	WTE	Rev Costs €m
Older Persons' Services									
CHO 3: Clare, Limerick, North Tipperary									
St. Camillus, Co. Limerick	Refurbishment of unit 5 to relocate the children and family service from the main building to facilitate the development of a new CNU	Q1 2018	Q1 2018	0	0	0.10	0.50	0	0
CHO 7: Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West									
Tymon North, Tallaght, Dublin	100 bed CNU to address capacity deficit	Q4 2018	Q1 2019	45	55	17.82	22.68	0	0
CHO 8: Laois, Offaly, Longford, Westmeath, Louth, Meath									
St. Joseph's CNU, Trim, Co. Meath	HIQA compliance (including 12 bed dementia unit)	Q4 2018	Q4 2018	0	50	2.66	6.67	0	0
St. Loman's, Mullingar, Co. Westmeath	Refurbishment of former Children and Family Unit to facilitate removal of staff from the main building	Q4 2017	Q1 2018	0	0	0.10	0.60	0	0
CHO 9: Dublin North, Dublin North Central, Dublin North West									
Sean Cara and Clarehaven, Glasnevin, Dublin	Refurbishment and upgrade (to achieve HIQA compliance)	Q3 2018	Q4 2018	0	25	2.20	3.48	0	0