



Community Healthcare
Organisation Area 1

**Healthy Ireland
Implementation Plan**

2018-2023

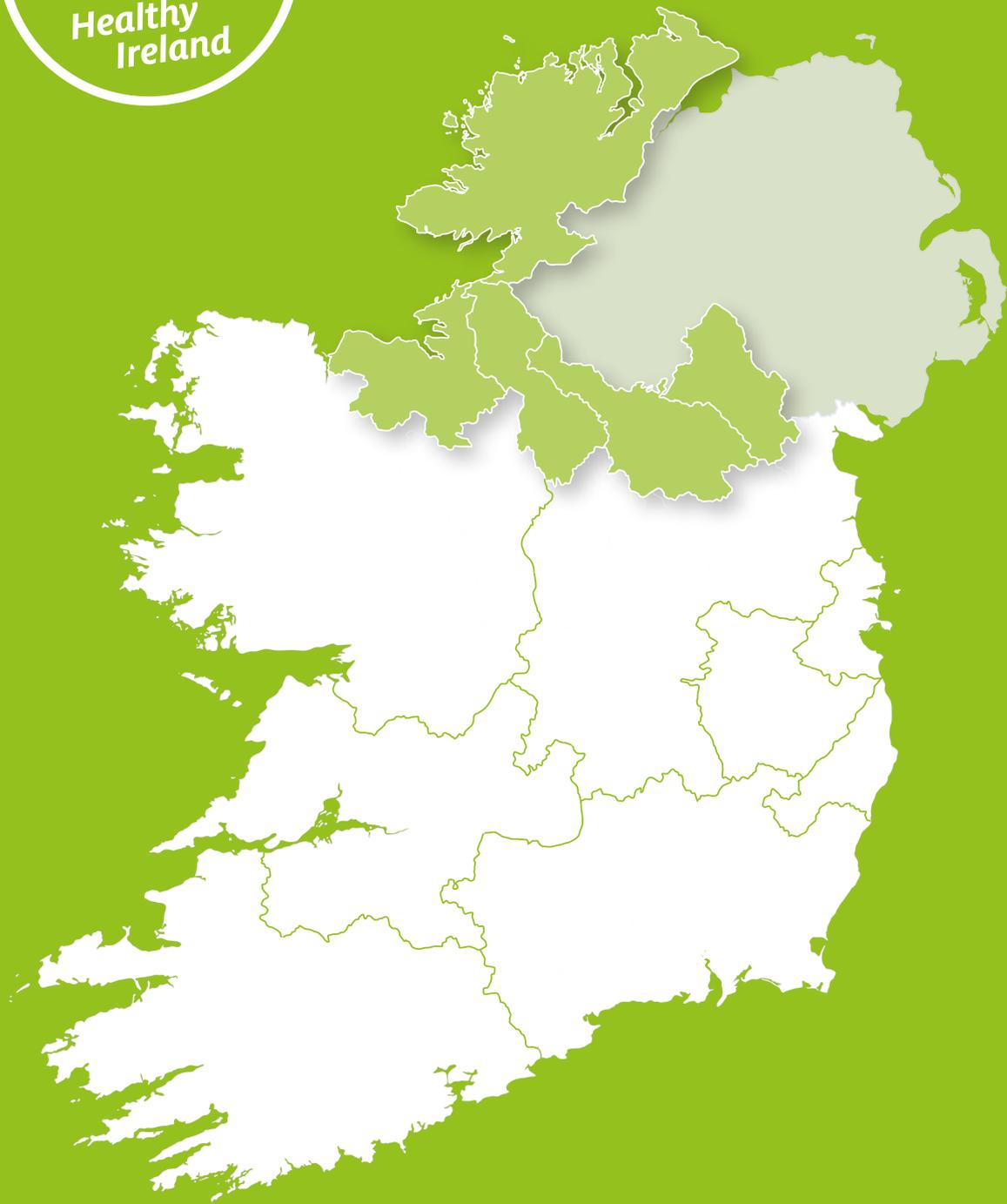
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-  Community Healthcare Organisation Area 1
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Joint Foreword from the National Director, Strategic Planning and Transformation and the A/National Director, Community Operations

The Department of Health led cross-governmental *Healthy Ireland Framework* is our national strategy for improved health and wellbeing. *Healthy Ireland* brings together people and organisations from across the country to address the social, economic and environmental factors that contribute to poor physical and mental health and to address health inequalities. *Healthy Ireland* reflects our shared commitment in the health sector, and more widely, to support people to be as healthy and well as they can.

The Department of Health's *Sláintecare Implementation Plan 2018* is seeking to embed the principles of *Healthy Ireland* in the design of all models of care so that they permeate interactions between the health services and the public. It recognises the key leadership role the health system needs to continue to play in driving this whole-system shift towards a culture that places greater emphasis and value on prevention and keeping people well, and that over time will realise the vision of *Healthy Ireland*.

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The Department of Health's *Sláintecare Implementation Plan 2018* is seeking to embed the principles of *Healthy Ireland* in the design of all models of care so that they permeate interactions between the health services and the public.”

To deliver on this commitment within the health service the HSE published its *Healthy Ireland in the Health Services National Implementation Plan*. The Plan identified three strategic priorities - Systems Reform, Reducing the Burden of Chronic Disease and Staff Health and Wellbeing. We are delighted that this HSE *Community Healthcare Organisation Area 1 (CHO 1) Healthy Ireland Implementation Plan 2018-2023* has translated these priority areas, into concrete, tangible actions for delivery at local level that can make a real lasting difference for their population.

This *Healthy Ireland Implementation Plan* while identifying some of the challenges for the population of 391,281 living in CHO 1, has set out a roadmap to support their population to improve their health and wellbeing. CHO 1's population live mainly in rural areas, some bordering Northern Ireland, with a low population density, and with island communities. The unemployment rates in CHO 1 are the highest in the country, there are large areas of deprivation and low rates of 3rd level education.

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This Healthy Ireland Implementation Plan while identifying some of the challenges for the population of 391,281 living in CHO 1, has set out a roadmap to support their population to improve their health and wellbeing.”

CHO 1's *Healthy Ireland Implementation Plan* identifies the priority that needs to be placed on both the social determinants of health together with empowering and supporting positive lifestyle changes. The plan also identifies the work already done by CHO 1 to build on existing partnerships; such as a number of well-established cross border partnerships, and their work as leaders in the field in prioritising the health and wellbeing agenda through their support for social prescribing and self-management supports, amongst others.

We would like to take this opportunity to commend the CHO 1 HI Steering Group, the CHO Management Team, in particular John Hayes, Chief Officer, and Cara O'Neill, Head of Health and Wellbeing, and all their staff, on the development of this Plan. The publication of this plan shows their combined commitment to making major systemic and cultural shifts in how healthcare providers do their business. We would also like to acknowledge the staff co-ordinating and supporting this work locally and nationally, particularly Sarah McCormack, HSE National HI Lead, whose work in supporting the planning process and in forging positive working relationships at national and local level strengthens our capability for implementation.

We wish CHO 1 and their partners every success with the implementation of this Healthy Ireland plan.



A handwritten signature in black ink that reads "Stephanie O'Keeffe".

Dr. Stephanie O'Keeffe
National Director
Strategic Planning and Transformation
Health Service Executive



A handwritten signature in black ink that reads "David Walsh".

David Walsh
A/National Director,
Community Operations
Health Service Executive

Foreword from Chief Officer

I am pleased to endorse the CHO 1 Healthy Ireland Implementation Plan. This plan gives us a clear roadmap of what we will need to have done by 2024 to prevent and reduce chronic illness, improve staff health and wellbeing, and implement the many health service reforms/improvements aligned to Healthy Ireland.

This area is facing a significant challenge with the increasing incidence of chronic disease, many of which can be prevented through the promotion of positive mental health and wellbeing, adopting healthy lifestyle behaviours and making healthier choices. This plan builds on the innovative and pioneering work that is already underway through:

- our Child Health Committee;
- the Services Reform Programme in our Mental Health Services;
- the implementation of our 'Connecting for Life' Plans;
- the facilitation and implementation of integrated care for people with chronic diseases, through our Long-term Conditions Programme;
- the five cross border EU funded Interreg VA projects and through the work of the Integrated Care Team for Older People.

This innovation is all about improving the quality of services and having a positive impact on the people for whom we provide care.

I would like to acknowledge and thank the large number of staff for attending the 19 Healthy Ireland workshops which took place across Cavan, Donegal, Leitrim, Monaghan and Sligo. Staff really engaged with this process and the actions in this plan are based on the key priority areas identified. I would like to thank Ms Cara O'Neill, Head of Health and Wellbeing, and the Healthy Ireland Steering Group for their work in developing this plan.



The next challenge is implementing this ambitious plan and I have every confidence that this plan will be prioritised by the Executive Management Team, health service managers, clinicians, support staff and through our many partner organisations. I look forward to the implementation of this plan to improve the health and wellbeing of the population we serve.

John Hayes
Chief Officer, CHO Area 1

Foreword from the Head of Health and Wellbeing

I am delighted to present this CHO 1 Healthy Ireland Implementation Plan which sets out our commitments in delivering Healthy Ireland priorities over the next 5 years. These commitments translate into very real actions across all our services, in collaboration with staff, our partners and the community and voluntary sector.

These actions will help us achieve our vision of a CHO 1 in which communities, and especially our young people, will thrive and where people will have better health and more confidence to live healthier lives. Ultimately, this plan sets out the actions to improve the health and wellbeing of people living in Cavan, Donegal, Leitrim, Monaghan and Sligo.

I would like to acknowledge and thank the 700 staff who either attended one of the 19 Healthy Ireland staff consultation workshops, completed an online survey or made a submission as part of the development of this plan. Their feedback, energy and willingness to embrace the Healthy Ireland agenda was so encouraging.

I would like to sincerely thank the Healthy Ireland Steering Group for championing this work, for their support and commitment in delivering this plan. A special word of thanks to the Chairs of the Healthy Ireland Sub Groups and the Editorial Sub Group who so generously gave of their time with the final drafting and editing of this plan. I would like to acknowledge and thank the Department of Public Health Medicine and the Health Promotion and Improvement Service for their huge contribution throughout the development of this plan. Sincere thanks also to the CHO 1 Health and Wellbeing Team, especially the administrative staff, for their input and support.

I would like to thank the CHO 1 Executive Management Team for their commitment to the Healthy Ireland agenda, and welcome their on-going support during the implementation of this plan.

Finally I would like to thank National Strategic Planning and Transformation and the Healthy Ireland Lead for their advice and guidance in developing this plan.

I look forward to the implementation of this plan over the next five years so that we can really make a difference to the health and wellbeing of the people within our communities.



Cara O'Neill
Head of Service for Health and Wellbeing,
CHO Area 1

Acknowledgements

Many people have contributed to the development of this Plan, thank you for being so generous with your time. In particular, special thanks to:

- Our staff for their positivity and support for the Healthy Ireland agenda
- Our Healthy Ireland Steering Group, Chairpersons and Sub Group Members
- Liz Martin, Health Promotion Officer, Sligo/Leitrim for her dedication and skilled support in the planning and delivery of this Plan
- Anne McAteer, Senior Health Promotion Officer, Donegal, who assisted with the final report
- Editorial Sub Group - Bríd Brady, Trish Garland, Anne Sheridan, Liz Martin and Belinda Taylor
- Department of Public Health Medicine and in particular Joan O’Kane, Louise Cullen, Joan Mc Donald and Dr. Louise Doherty
- Joanne Deeney, Chief Officer’s Office for all her painstaking work on the maps
- Sarah McCormack, National Lead for Healthy Ireland for her advice and support throughout the process
- Health and Wellbeing Service staff: Pauline Rooney who assisted with the administration and project management of the plan; Kate Mc Sherry for her administration support, especially during the 19 staff consultations; and Sarah Jones for keeping us on track with the final stages of the report.
- JDK Design, Sligo for their design work on the plan
- Geray Sweeney Photography who provided the landscape and people photographs. James Connolly, Photography and Andrew Kilfeather for providing some beautiful scenery and action photographs. We would also like to thank the Local Sports Partnerships, the Family Resource Centre, Sligo and all our services who generously contributed their photos to this report.

1. Healthy Ireland Framework

Healthy Ireland, A Framework for Improved Health and Wellbeing 2013-2025 (Healthy Ireland) takes a whole of Government and whole of society approach to improving the health and wellbeing and quality of people’s lives over the coming generation.

Based on international and national evidence, this framework outlines a new commitment to public health with a considerable emphasis on prevention, while at the same time advocating for stronger health systems. It aims to create a society where everyone can enjoy positive physical and mental health, and where wellbeing is valued and supported at every level of society.

The Healthy Ireland Framework is a response to concerns that the current health status of people living in Ireland – including lifestyle trends and health inequalities – is leading us towards a future that is dangerously unhealthy and very likely unaffordable, e.g. levels of obesity, smoking and alcohol use. As healthcare providers, we are constantly focused on improving people’s health and wellbeing and yet the healthcare system can only address some of the factors that actually determine overall health outcomes. Improving and sustaining health and wellbeing across the life course will require consideration of the wider determinants of health and factors, such as living conditions, education, lifestyle, environment and transport, all of which influence an individual’s health. Health outcomes are determined by the complex interactions between our lifestyle, local environment, broader social and economic factors, access to healthcare and other services, as well as our genes,

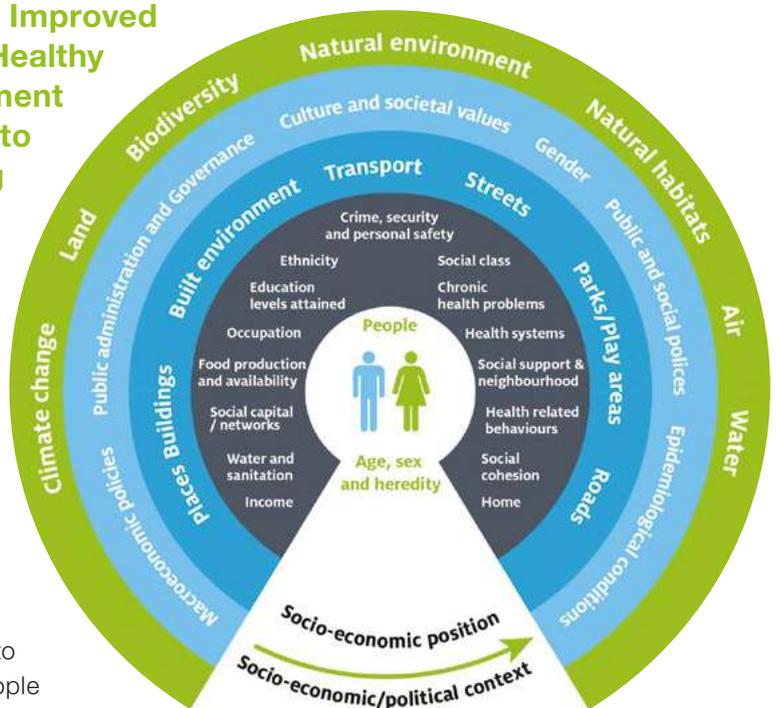


Figure 1: Determinants of Health
(Adapted from Dahlgren and Whitehead, 1991 and Grant and Barton, 2006)

age and sex. Therefore, improving health outcomes will require action on many levels which will involve working in partnership with a wide range of organisations.

Building relationships and strengthening partnerships is therefore a key focus of Healthy Ireland. The realisation of Healthy Ireland is supported by a key recommendation of the Sláintecare strategy 2017 to expand health and wellbeing by doubling the health and wellbeing budget over the next ten years.



Figure 2: Healthy Ireland Framework 2013-2025

Healthy Ireland in the Health Services

In response to the Healthy Ireland Framework, the HSE developed and published 'Healthy Ireland in the Health Services Implementation Plan 2015–2017' which sets out how the HSE will implement the Healthy Ireland Framework within the Health Services in Ireland and identifies three strategic priorities for action: System Reform, Reducing Chronic Disease, Staff Health and Wellbeing.



Figure 3: HSE Strategic Priorities for Healthy Ireland

The plan also identified 126 actions to be delivered at national and local level, one of which was the development of Healthy Ireland Implementation plans in each Hospital Group and each Community Health Care Organisation. The development of the CHO 1 Healthy Ireland Implementation Plan delivers on this action and sets out our commitment to the implementation of Healthy Ireland to the 391,281 people living in the five counties of Cavan, Donegal, Leitrim, Monaghan and Sligo.

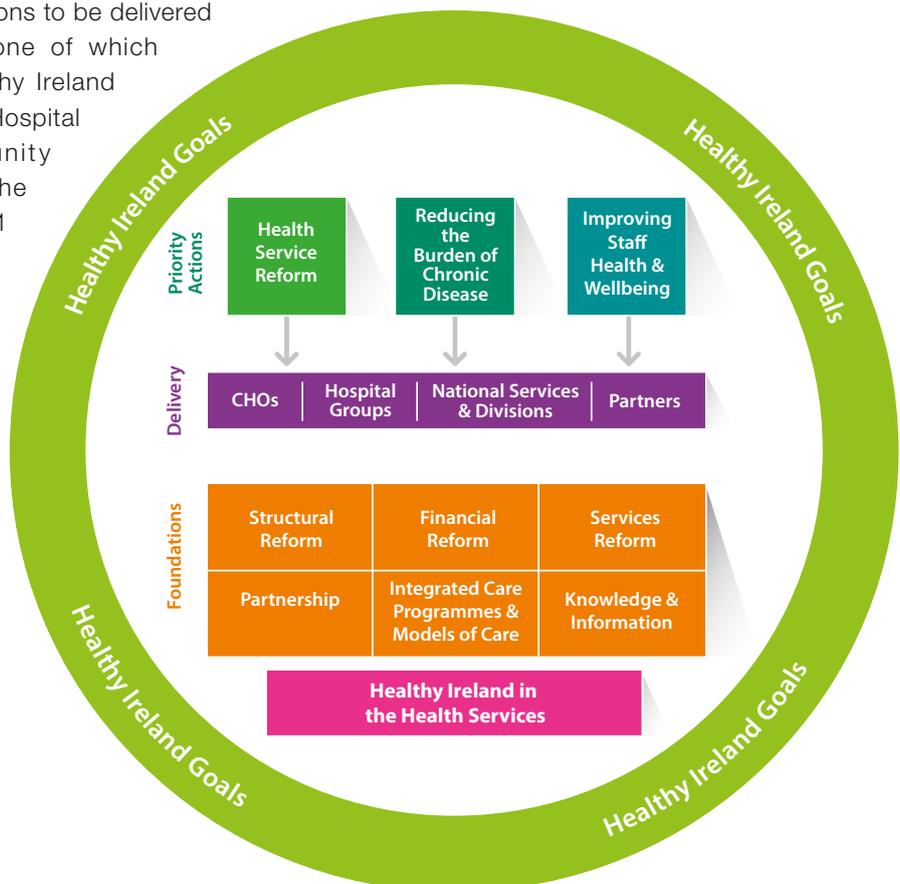


Figure 4: Healthy Ireland in the Health Services

CHO 1 Healthy Ireland Implementation Plan



The aim of this Healthy Ireland Implementation Plan is to support and empower our service users, communities and staff to achieve their fullest health potential. CHO 1 has a solid foundation on which to build Healthy Ireland, central to which is a strong history of collaborative working with the local authorities across the area, particularly through the Local Community Development

Committees (LCDCs) and the Children and Young People's Services Committees (CYPSCs). There are many other excellent examples of effective partnerships with statutory, community and voluntary organisations across the five counties.

This Plan aims to address the many trends that are leading us towards an unhealthy and costly future, such as:

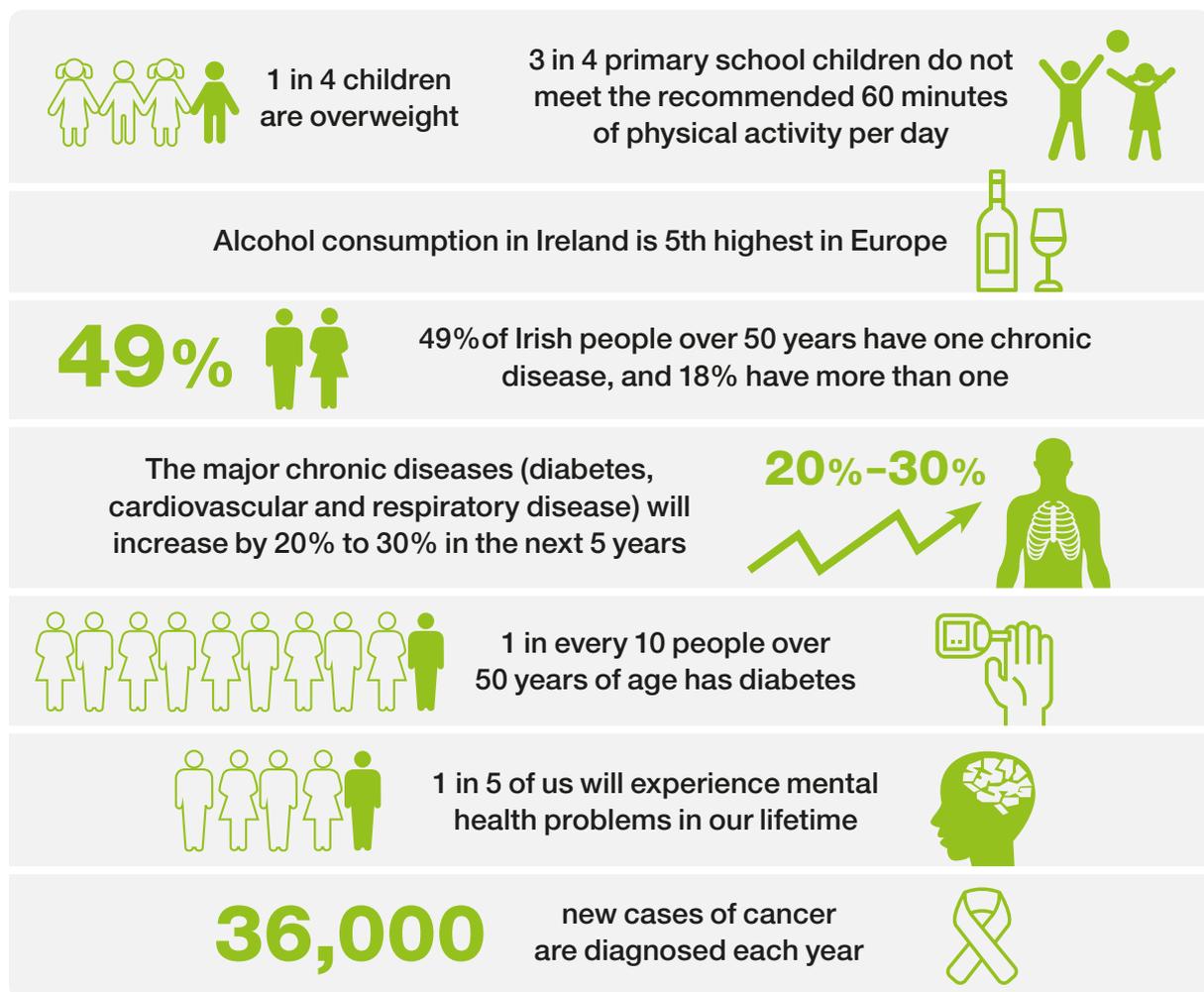


Figure 5: Key Facts from Healthy Ireland Framework, 2015-2023, Healthy Ireland in the Health Services National Implementation Plan, 2015-2017, A Healthy Weight for Ireland/ Obesity Policy and Action Plan, 2016-2025

HSE National Policy Priority Programmes and Initiatives

The Healthy Ireland Framework resulted in the establishment of multi-disciplinary national teams to coordinate a comprehensive Health Service response to policy priority programme areas. Programmes and Initiatives are in place for Healthy Childhood, Tobacco Free Ireland, Alcohol, Healthy Eating and Active Living, Sexual Health, Positive Ageing, Staff Health and Wellbeing, Mental Health and Wellbeing and Self-management Support for Chronic Conditions. These programmes give us a framework in which to plan and

deliver services. A number of national cross-cutting programmes/initiatives namely Making Every Contact Count, Partnerships, Communication and Research/Health Intelligence further support the implementation of Healthy Ireland in the Health Services.

The following National Policy Priority Programme actions and Initiatives are addressed in our Healthy Ireland Implementation Plan.



Figure 6: National Policy Priority Programmes and Initiatives

Healthy Childhood

Ireland has the youngest population in Europe; young people account for 25% of the Irish population. The HSE, through the delivery of the National Healthy Childhood Programme, has a key role in supporting families so babies can fully realise their potential into adulthood. From birth to their 14th birthday, each child will have had at least 22 contacts with the Health Service as part of the Healthy Childhood Programme - that is, 1.5 million annual opportunities to 'Make Every Contact Count'. We know that children living in disadvantaged areas have poorer health outcomes and therefore will need more targeted responses.



Healthy Eating Active Living

According to the World Health Organisation (WHO) the levels of obesity and people who are overweight are forecast to increase, and Ireland could top the European 'League Table' in this regard. Overweight and obesity are largely preventable. However, in the past two decades, levels of overweight and obesity have doubled; now only 40% of the population are a healthy weight. This represents one of the biggest public health challenges Ireland is facing. The fact that the majority of our population is overweight or obese means that Ireland faces a dramatic increase in chronic diseases. In order to address inactivity and unhealthy diets, two strategy documents – 'A Healthy Weight for Ireland Obesity Policy and Action Plan 2016–2025' and the 'Get Ireland Active National Physical Activity Plan' - have been developed.



Staff Health and Wellbeing

There is strong evidence that much can be done to improve the health and wellbeing of employees. Workplace health programmes have been identified by the WHO as one of the 'best buy' options for prevention and control of non-communicable diseases and for mental health and wellbeing. The HSE aims to promote health and wellbeing among staff to enable them to not only reach their own potential health and wellbeing, but in so doing be better able to promote the health and wellbeing of clients. In addition, work is advancing in the Department of Health to ensure, through legislation, the mandatory development of supports and strategies to improve employee health and wellbeing through its Healthy Workplace Framework.



Making Every Contact Count

Making Every Contact Count is about health professionals using routine consultations to empower and support people to make healthier choices to achieve positive health outcomes. People in Ireland engage with the Health Service approximately 30 million times every year. This provides a huge opportunity to address lifestyle preventative activities as part of the routine consultations to influence the health and wellbeing of the people for whom we provide care.



Mental Health and Wellbeing

Mental Health and Wellbeing is concerned with promoting the mental wellbeing of the general population including those at risk from, or experiencing, mental health difficulties. It aims to strengthen the ability of individuals, families and communities to cope with stressful events that happen in their everyday lives, and to reduce the factors that place them at risk of poorer mental health. Mental health promotion also seeks to improve the everyday settings (homes, schools, communities and workplaces) where mental health is created. It also addresses the broader social, physical and economic environments that determine the mental health of populations and individuals. The development of a National Mental Health and Wellbeing Promotion Plan is a commitment of the Connecting for Life Strategy which is the National Strategy to reduce suicide.



Self-management Support for Chronic Conditions

Every day, people with long term conditions, their families and carers, make decisions and take actions to manage the factors that contribute to their health. Self-management Support helps people to develop the knowledge, confidence and skills they need to make the optimal decisions and take the best actions for their health and overall wellbeing. In response to the increasing numbers of people living with long term health conditions and the recognition that Self-management is a key element of quality care. A National Self-management Support Framework for Chronic Conditions: Chronic Obstructive Pulmonary Disease, Asthma, Diabetes and Cardiovascular disease was launched in 2017.



Alcohol

Evidence from population surveys indicates that harmful drinking patterns have become the norm for many people in Ireland, while awareness of the significant risk associated with these drinking patterns remains low. Alcohol can damage both physical and mental health, and the risk rises in line with rates of consumption. Alcohol can cause depression and anxiety and exacerbate existing mental health problems. The World Health Organisation (2014) report on the Global Status of Alcohol and Health attributes higher risk of developing over 200 health conditions to the consumption of alcohol.



Tobacco Free

Tobacco use is the leading cause of preventable death in Ireland with 5,500 smokers dying each year from tobacco related diseases. Ireland has proved itself to be a world leader in the field of tobacco control being the first country to introduce a 'workplace smoking ban' with many countries following suit. Moving towards a tobacco free society will reduce the number of premature deaths from tobacco and result in healthier and better quality of life. We know that in any one week in Ireland, over 100 lives will be lost from smoking. We also know that when smokers avail of the free help and support the HSE offers, they are twice as likely to quit.



Sexual Health

The importance of developing a healthy attitude to sexual health and wellbeing throughout childhood and adolescence builds a foundation for positive sexual health and wellbeing into adulthood and older age. The National Sexual Health Strategy sets out key goals to achieve this across three strands: clinical, education and information, research and policy. Health Service staff should be skilled and knowledgeable in the area of sexual health and be comfortable in responding to a service user's needs.



Positive Ageing

The health and wellbeing of older people is influenced by many factors beyond the remit of the health service. Recognising this and the important influence of the community, public and private sectors on the physical, emotional and mental wellbeing of older people, the HSE is a partner in the Healthy and Positive Ageing Initiative. We will continue to collaborate with our partners such as Local Community Development Committees (LCDCs), Age Friendly Alliances, Active Age Groups and Local Sports Partnerships to maximise opportunities to promote and support health and wellbeing across the lifespan.



Partnerships

The Healthy Ireland Framework ethos is about bringing people together from all different organisations in a national movement with the aim of a healthier Ireland. We will continue working with our partners to ensure that we are all striving to improve the health and wellbeing of our communities. Inter-agency working has become increasingly common and there is emerging evidence from many countries on the benefits of a more joined-up approach in improving professional practice and providing better support at an earlier stage for those who need it.



Communication and Information

Good communication and information for service users and providers is essential. It enables service users to have the knowledge, understanding, skills and confidence to take a more active role in their health and wellbeing. It will also assist staff to be more health promoting in their role. Effective communication between teams/services improves outcomes. Communications and materials will be produced in plain English using the HSE Communicating Clearly Guidelines.



Research / Health Intelligence

Health Intelligence is the development and use of knowledge to support decision making to improve the health of the population. Health Intelligence supports the health system to make good decisions for better health and social care. Health intelligence facilitates the development of evidence-based analyses, products, reports, surveys and methodologies that inform key strategic and operational decision-making.



2. Our Services

CHO 1 is one of the nine Community Healthcare Organisations established in 2015, following the publication of the ‘Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group’.

- CHO 1 incorporates the five counties of Cavan, Donegal, Leitrim, Monaghan and Sligo, and is responsible for the delivery of community based health and social care services.
- There are three Level 2 acute hospitals and one Level 1 hospital in the area under the two hospital groups, namely Saolta and RCSI (Royal College of Surgeons in Ireland). In addition, some people residing within CHO 1 also avail of community and acute services in CHO Midlands, Louth, Meath, CHO West and in Northern Ireland.

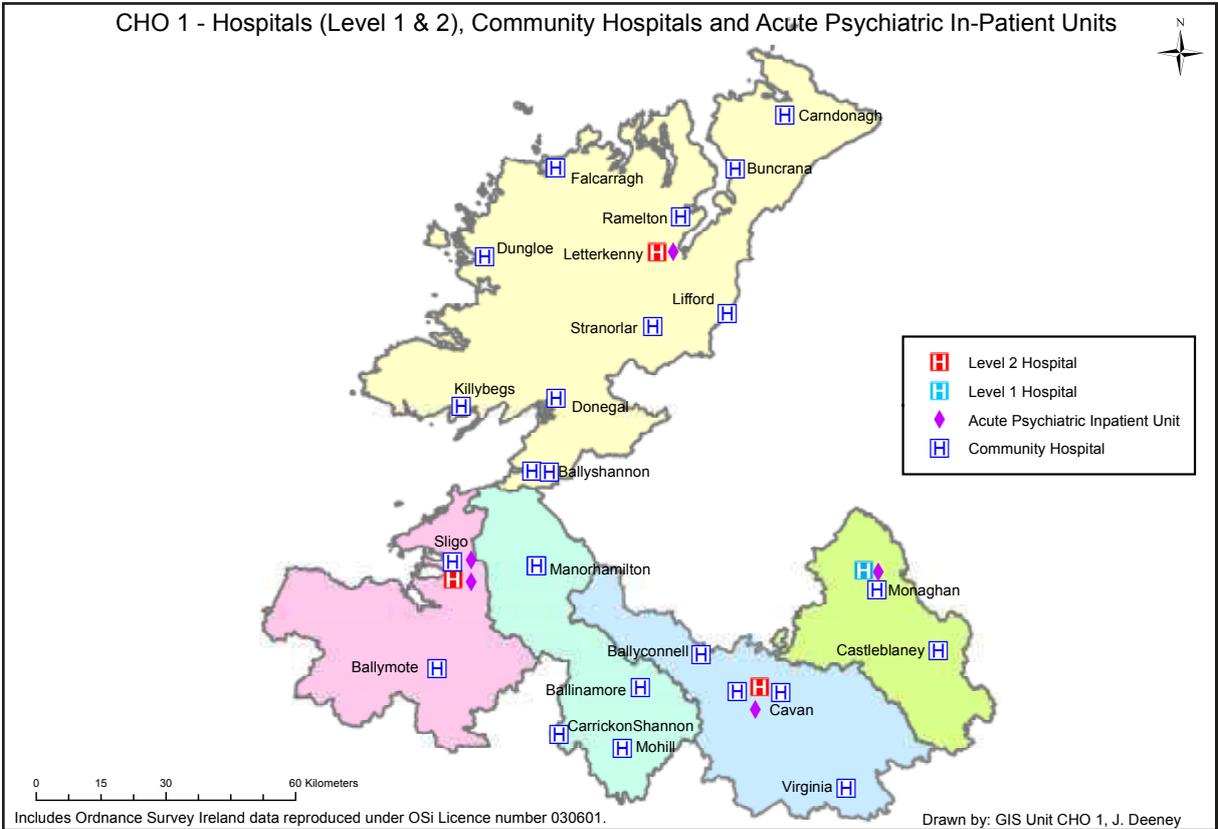


Figure 7: CHO 1 - Hospitals (Level 1 & 2), Community Hospitals and Acute Psychiatric In-Patient Units

St. Joseph’s Community Hospital



Virginia Community Health Centre



Ballinamore Community Nursing Unit and Primary Care Centre



- Two Regional Health Forums (West and Dublin North East¹) service the area which includes representatives from city and county councils from within this area. The forum makes representations to the HSE on the range and operation of health and personal services in their area.
- There are 37 Primary Care Teams consisting of GP Services, Public Health Nursing Services, Physiotherapy, Occupational Therapy and other key services with access to Community Health Network Services including Dietetics, Dental, Speech and Language Therapy, Audiology, Podiatry and Ophthalmology.
- There are 22 Older Persons Community Hospitals/Community Nursing Units and a large number of disability units providing a range of residential, respite and group home services.
- There are 5 approved centres under the Mental Health Act – Acute Inpatient Services, day hospitals; community residential and continuing care residential services, as well as community based mental health teams.

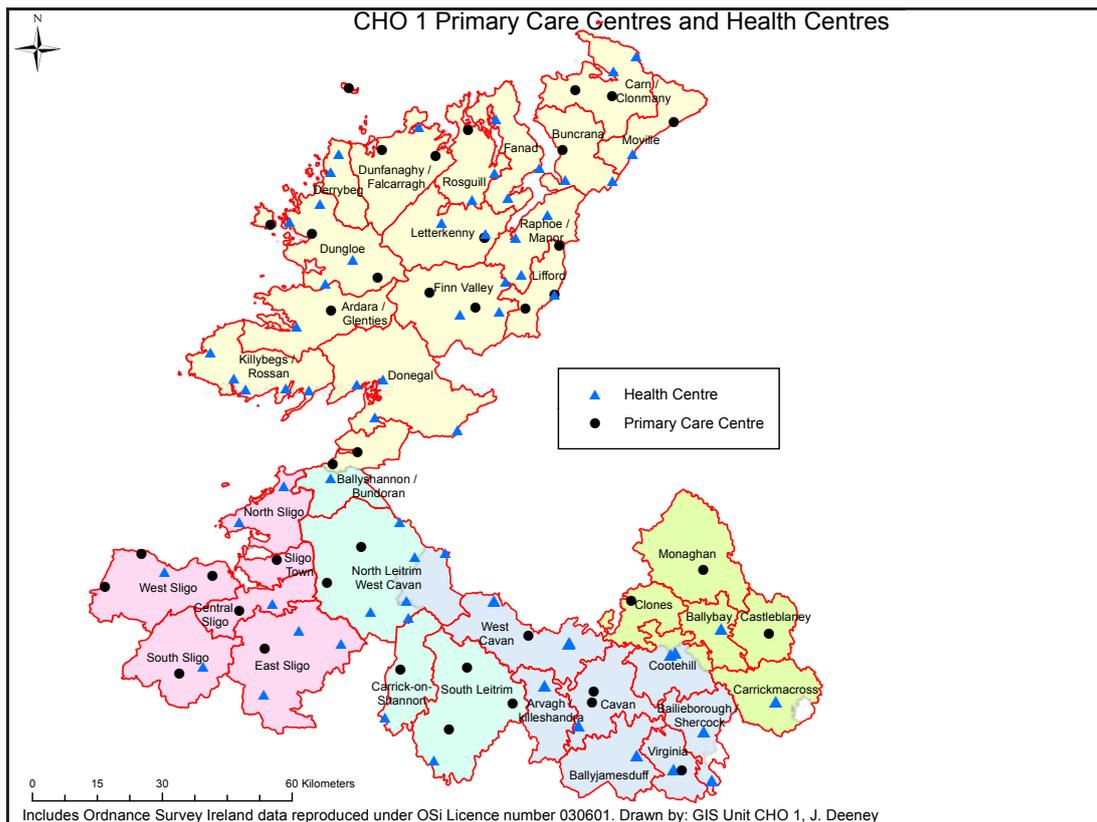


Figure 8: CHO 1 – Primary Care Centres and Health Centres

Drumalee Primary Care Centre



St. Davnett's Primary Care Centre



Glenties Primary Care Centre



Manorhamilton Primary Care Centre



Ballymote Primary Care Centre



¹ Cavan and Monaghan County Councils are represented on the Dublin North-East Regional Health Forum. Donegal, Leitrim & Sligo Council Councils are represented on the West Regional Health Forum

The CHO 1 Executive Management Team and Senior Management structure is outlined in the organogram below.

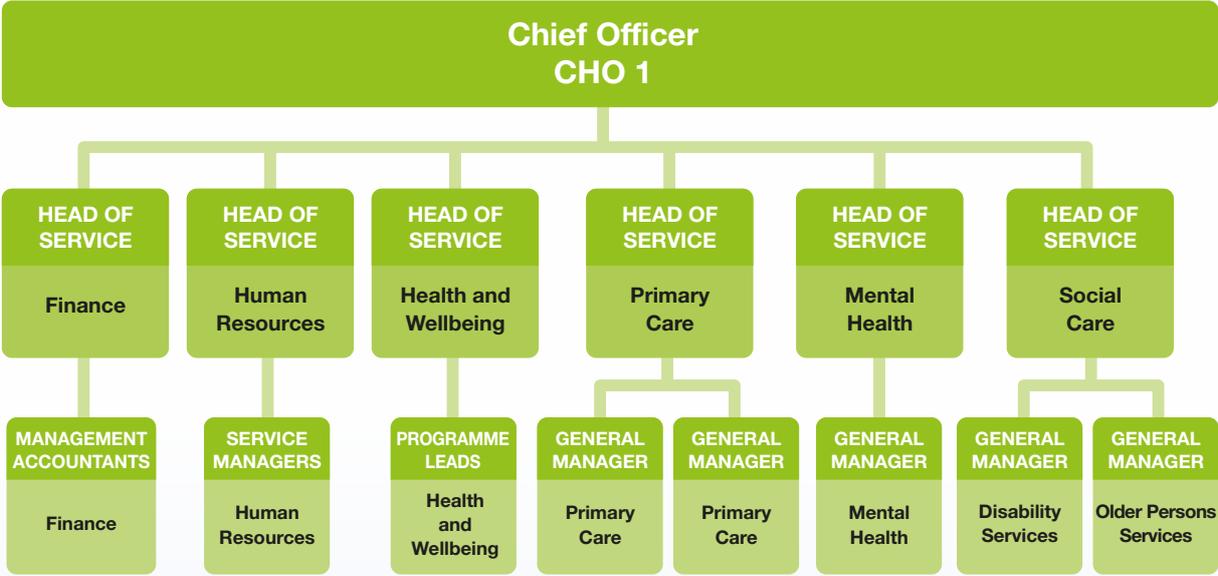


Figure 9: CHO 1 Executive Management Team and Senior Management Structure

A Chief Officer with overall responsibility and accountability for the delivery of health and social care services, and six Heads of Service with governance and responsibility for Health and Wellbeing, Primary Care, Mental Health, Social Care (Disability and Older Persons) Services, Human Resources and Finance are in place. The CHO aims to support and enable integrated care within services, in partnership with acute hospitals and the wider public services such as the Local Authorities, Child and Family Agency – TUSLA, Education, including the Education and Training Boards, and the community and voluntary sectors.

Health and Wellbeing Services

A Health and Wellbeing Service was established at the beginning of 2017 within all CHO areas which prioritises prevention, health promotion, reducing health inequalities and protecting people from threats to their health and wellbeing. A key focus of the work in CHO 1 has been to deliver a number of key work programmes, namely - Healthy Ireland, Long Term Conditions, Infection Prevention and Control, Flu Protection, Healthy Childhood and inter-agency and cross-border working.



Primary Care Services

Primary Care Services aim to support and promote the health and wellbeing of the population by making people's first point of contact with our health services easily accessible, integrated and locally based. The following table provides an overview of the key services:

Public Health Nursing	Dental including Orthodontics
Community Intervention Teams	Dietetics
Physiotherapy	Audiology
Occupational Therapy	Ophthalmology
Speech & Language Therapy	GP Out of Hours
Psychology	Community Schemes
Social Work	GP Training
Community Medical Doctors	Primary Care Unit
Administration Support	

Functions provided by Primary Care under contract include Aids & Appliances, GP Services, and Dental Treatment. The availability of chronic disease programmes and diagnostic services in Primary Care, where appropriate, will reduce the need for patients to attend hospitals. Primary Care Teams, comprising GPs, Practice Staff and HSE Health Professionals, including Public Health Nurses, Occupational Therapists and Physiotherapists, work in defined geographical areas. A network of other services including Dietetics, Psychology, Speech & Language, Mental Health, Older Persons, Home Care and Disability Services, are also available to support the teams in delivering health services.

Social Inclusion

The Primary Care Social Inclusion Unit plays a key role in supporting equality of access to health services, and provides targeted interventions to improve the health outcomes of marginalised groups such as Homeless Persons, Irish Travellers, Roma, Substance Misusers and other members of diverse ethnic and cultural groups, including Asylum Seekers, Refugees and Migrants, Lesbian, Gay, Bisexual and Transgender service users.



Social Inclusion works across a range of statutory services in partnership with the community and voluntary sectors to improve access to health services for marginalised groups. These services are provided through HSE direct service provision and mandated through service arrangements with voluntary agencies.

Palliative Care

Palliative Care services support people being cared for at home, in hospices or in an acute setting. Palliative Care is an approach that improves the quality of life of people and their families facing the problems associated with life-limiting illness. The palliative care approach focuses on the prevention and relief of suffering by means of assessing and treating pain and other physical, psychosocial or spiritual problems. The aim of Palliative Care is to enhance quality of life and wherever possible to positively influence the course of illness. Palliative Care also extends support to families to help them cope with their family member's illness and their own experience of grief and loss.

Palliative Care in CHO 1 is currently provided by Consultant led specialist teams, both acute and community, in Letterkenny University Hospital and Sligo University Hospital. These teams consist of Consultants in Palliative Medicine, Non Consultant Hospital Doctors, Clinical Nurse Specialists, Occupational Therapy and Social Work Services. Cavan / Monaghan Palliative Care provides a community service, and plans are at an advanced stage for the development of a 15 bedded unit in Cavan.



Mental Health Services

Mental Health Services span all life stages and include a broad range of primary, community and in-patient based services, as well as specialised services for children and adolescents, adults and older persons. In recent years there has been increased specialisation including Rehabilitation and Recovery, Liaison, Intellectual Disability and Psychiatry of Later Life. Services are provided in a number of different settings including home, Inpatient Facilities, Outpatient Clinics, Day Hospitals and Day Centres.

Specialist expertise is provided by Mental Health Teams which are multi-disciplinary teams of clinicians who work together to serve the needs of service users across the lifespan from childhood to old age.

Social Care Services

Social Care Services support the service requirements of both older people and people with disabilities. CHO 1 has a long history in promoting the independence of older people and people with disabilities to, as far as possible, live at home or in their own community with supports.

Disability Services

The focus in CHO 1 is to support people with disabilities to achieve their full potential, including living as independently as possible, and to ensure that people with disabilities are heard and involved at all stages of the process to plan and improve services.

Services are provided for people with disabilities, their families and carers, either directly by the HSE or by other agencies working in partnership with the HSE. Services which are predominantly community orientated are provided through HSE direct services, non-statutory / voluntary groups and locally based community groups with the aim of achieving the best quality of life for each individual. The services provided include residential services, respite services, home support services, personal assistance services, rehabilitative training programmes, sheltered programmes and day activity programmes, multi-disciplinary team assessment and intervention, general health services and health promotion activities.

People (children and adults) with disabilities receive supports to achieve the best possible independence and control over their lives and to pursue activities and living arrangements of their choice. In addition to the day respite and residential service provision, Disability Services also deliver community based health and social services through community based teams, including Adult Community Teams, Early Intervention Teams, School Aged Teams, Neuro-Rehab Team, etc.



Older Persons Services

Older Person's Services across CHO 1 consist of Community Hospitals, Day Services, Home Support and other Community supports. This Service values the contribution of Community Groups / Voluntary Sector, and work closely with each group via Service Level Arrangements / Grant Aid Agreements to provide services to the population we serve. Our overarching goal is to maintain the person in their own home for as long as possible thereby promoting their independence, dignity, privacy and respect. This principle is supported by a Community Team comprising of Public Health Nursing, Home Support Service, Allied Health Professionals and a range of other community and voluntary sector supports.

CHO 1 Older Persons Services operate 22 Community Hospitals / Residential Units with 845 beds which can accommodate 1.6% of the older population of the area. 533 beds are designated Nursing Home Support Scheme (NHSS), or long stay beds, with the remaining 312 beds operating as short stay beds. The service model in CHO 1 centres around the use and availability of short stay beds, to enable older people to remain at home longer, allow earlier discharge from acute services and minimise admissions to hospital.

Our Partners

There is a well-developed practice of partnership working across CHO 1 which aims to enhance the health and wellbeing of our communities.

These partnerships include: Local Government, Gardaí, Education, including Education and Training Boards (ETBs), third level institutions, TUSLA Child and Family Agency, cross border via Co-operation and Working Together (CAWT), Early Years Sector, Age Friendly Alliance, Local Community Development Committees (LCDCs), Children and Young People Services Committee (CYPSCs), Local Sports Partnerships, and many other Community and Voluntary Organisations.

There are many examples where we are currently working in partnership, i.e. on the five LCDCs, the four CYPSCs, Local Sports Partnerships, Drug and Alcohol Forums, Equality Groups, Healthy County Committees, Sexual Health Forums, Homeless Forums, Social Prescribing Networks and Traveller Interagency Forums. The focus of this work is harnessing the unique contribution of each organisation to improving the lives of the population and coordinating actions and events to promote a multi-agency and joined-up approach.

The ethos of the Healthy Ireland Framework is about bringing people together from all different organisations in a national movement, all working together with one aim to have a healthier Ireland. Our aim is to continue working together with our partners to ensure that we are all striving to improve the health and well-being of our communities.

The Healthy Ireland Fund from the Department of Health via Pobal to the LCDCs and CYPSCs is a very welcome development. The HSE in partnership with other CYPSC and LCDC members will ensure that this funding addresses the national priority areas, i.e. physical activity, healthy eating and active living, healthy childhood, tobacco, sexual health and alcohol.

3. Population Profile

Health profiles are designed to help us identify problems in our area so that we can decide how to tackle them. They provide a snapshot of the overall health of the local population, and highlight potential problems through comparison with other areas and with the national average.

The profiles draw together information to present a picture of health in each local area in a user friendly format. They are valuable tools to help us understand our communities' needs, so that we can work to improve people's health and reduce health inequalities. We work closely with our Public Health Medicine colleagues to understand our population's health, and to explore how our services respond to meet the needs of the population now and in the future.

CHO 1 has a population of 391,281 people. The area is rural, with a very low population density and borders Northern Ireland. It has a poor transport infrastructure with large areas of deprivation. Deprivation refers to relative disadvantage and consists of material deprivation such as housing and living conditions, and social deprivation such as social support and education factors. The area has a high proportion of older people, people with a disability, and high levels of General Medical Service eligibility.

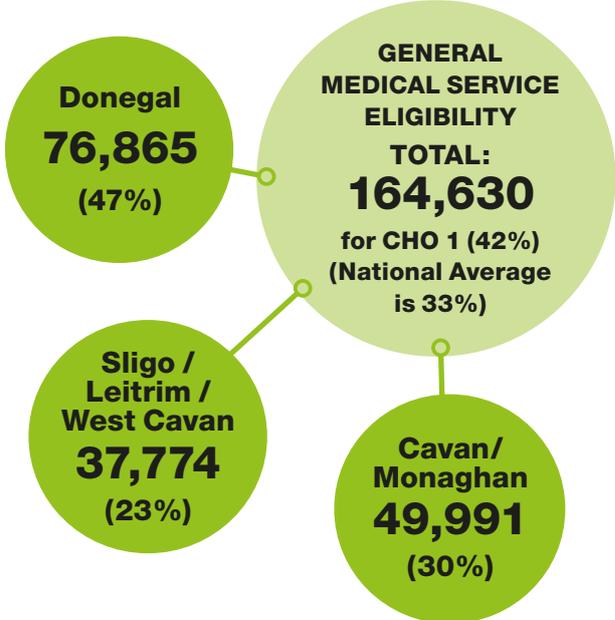


Figure 10: GMS Eligibility across the CHO 2018

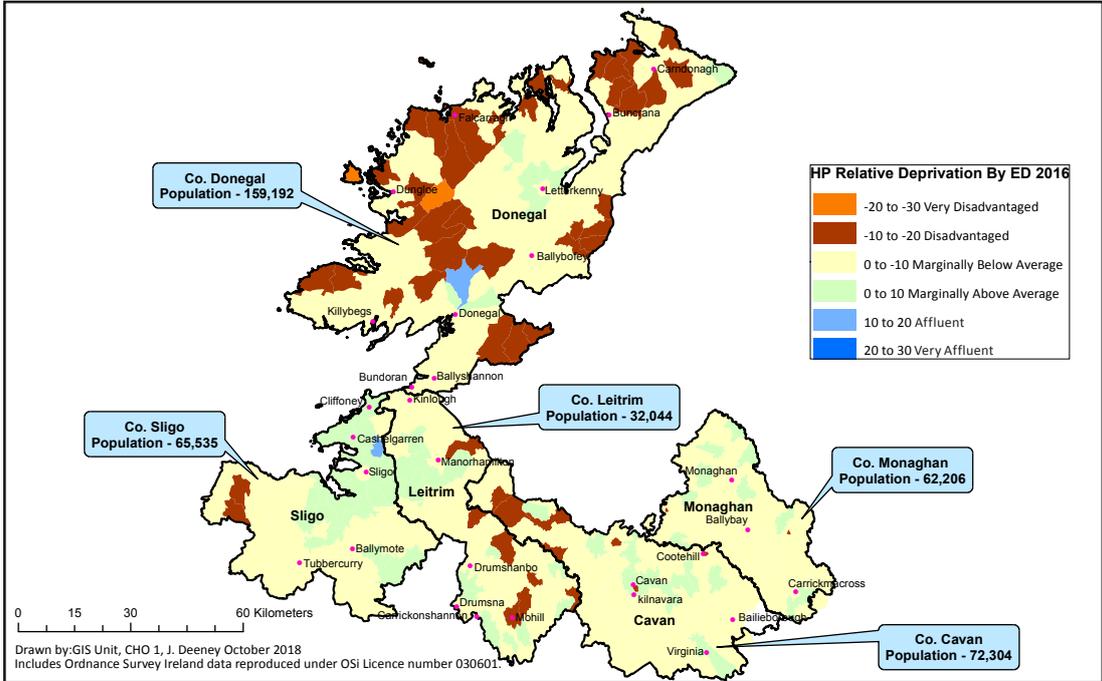


Figure 11: Haase & Pratschke Relative Deprivation Index by Electoral District 2016 – CHO 1²

² Both the population figures for Cavan and Monaghan are the population as per CHO 1. These are not the actual county population figures. Both have ED's outside the CHO 1 Area.

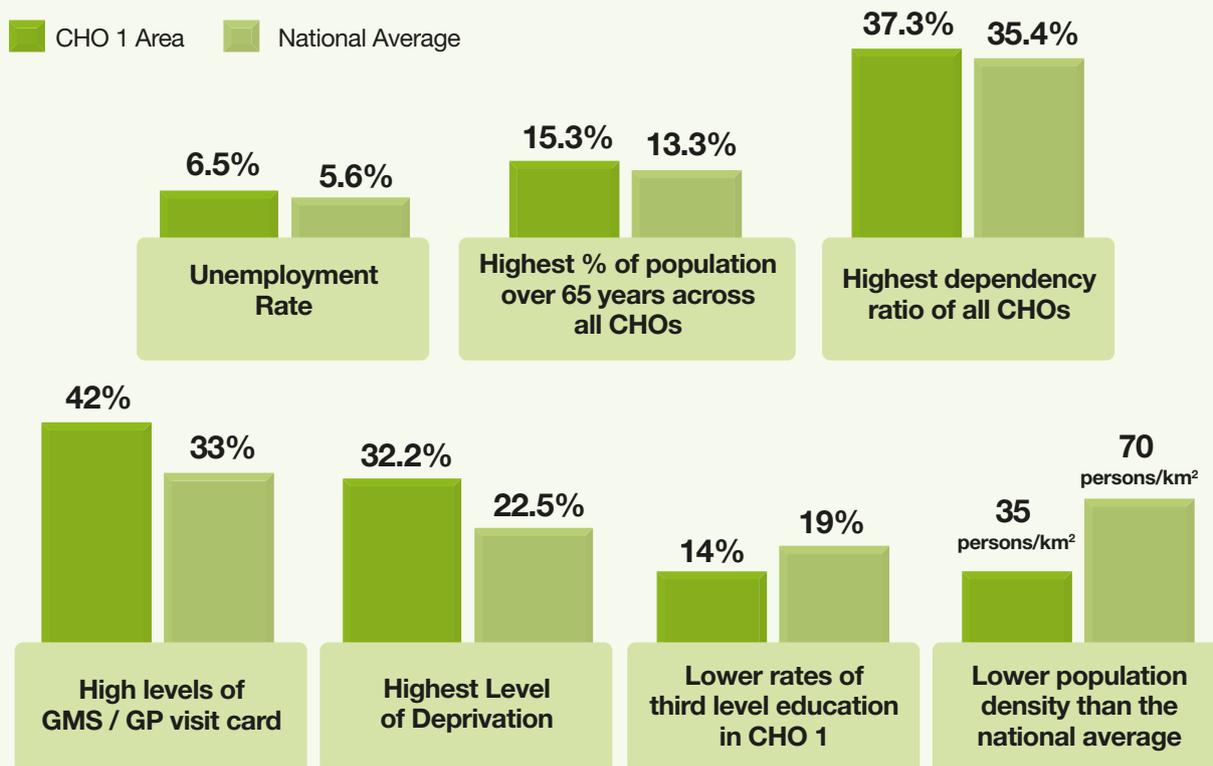
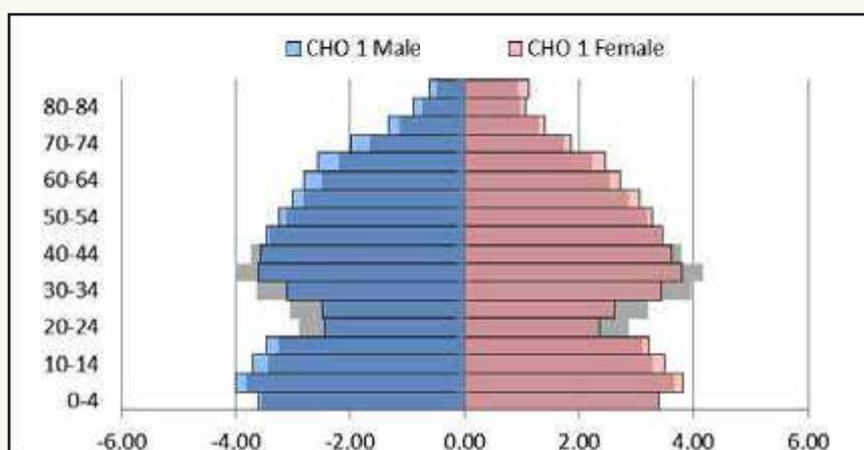


Figure 12: Statistics from Census, 2016



CHO 1 has one of the highest proportions of young people in Ireland (under 15 years) at 22%

CHO 1 has the highest proportion of older people over 65 years compared to other CHO areas

Figure 13: Population Pyramid illustrating population of CHO 1 and Ireland, 2016³

The population pyramid shows that we have more younger people (0-19yrs) and more people in each age group over 44 years when compared to the average for Ireland. Work is underway on the development of a CHO 1 Child Health Strategy which will set out a vision and framework for services to children and young people from 0-24 years.

The number of people aged 20–44 years is much lower than the national average which means that the total dependency ratio is higher than the national rate.⁴ CHO 1 has one of the highest proportions of young people (under 15 years) at 22%, and the highest proportion of older people over 65 years compared to other CHO areas. These demographics present very real challenges for the planning and delivery of health services across a large geographical area.

³ Figure 13 shows the age-sex distribution of the population in CHO1 (males in blue and females in pink) while also contrasting the population in CHO1 with the national population depicted in grey. We can see that the population in the 20-44 age groups in CHO 1 falls well below the national average. This gives CHO 1 a higher dependency ratio.

⁴ The dependency ratio measures the % of dependent people (not of working age i.e. those aged 0-14 and 65+) divided by the number of people of working age.

Key Age Groups	Donegal	Sligo	Leitrim	Cavan	Monaghan	CHO 1	Ireland
0-4 years	7%	7%	7%	8%	8%	7%	7%
5-11 years	11%	10%	10%	11%	11%	11%	10%
12-17 years	9%	8%	8%	9%	8%	9%	8%
18- 24 years	7%	8%	6%	7%	7%	7%	8%
25- 64 years	51%	51%	52%	52%	52%	51%	53%
65-74years	9%	9%	10%	8%	8%	9%	8%
75-84 years	5%	5%	5%	4%	4%	5%	4%
85+ years	2%	2%	2%	2%	2%	2%	2%
Total	100%						

Figure 14: Population in Key Age Groups across the CHO 1 and Nationally (Rounded Percentages)

Health and Wellbeing of Our Population

It is very positive that 86.4% of the population in our area rated their health as good or very good (Census 2016, 'Health, Disability and Carers'). In the Health Behaviour in School aged Children longitudinal study (HBSC) 2014, the findings for CHO 1 generally mirrors the national findings. However, it is important to note that a higher percentage of 15-17 year olds in CHO1 report binge drinking and being sexually active than the national figures. Almost a quarter of the young people from CHO1 participating in the study report going to bed or school hungry because there was no food in the house. These findings warrant further analysis.

Higher levels of binge drinking, sexual activity and going to bed or school hungry are associated with high levels of deprivation and high unemployment. The timing of the HBSC study may have impacted these findings. In 2014, Ireland was emerging from a deep recession and harsh austerity measures and these were felt more deeply in areas of deprivation than more affluent areas that were somewhat buffered. Programmes such as Health Promoting Schools, Health Promoting Colleges, Wellbeing Action Plans and Parenting Programmes are addressing these issues. Engagement with CYPSCs, Youth Councils/ Comhairle Na nÓg will continue to be a priority.

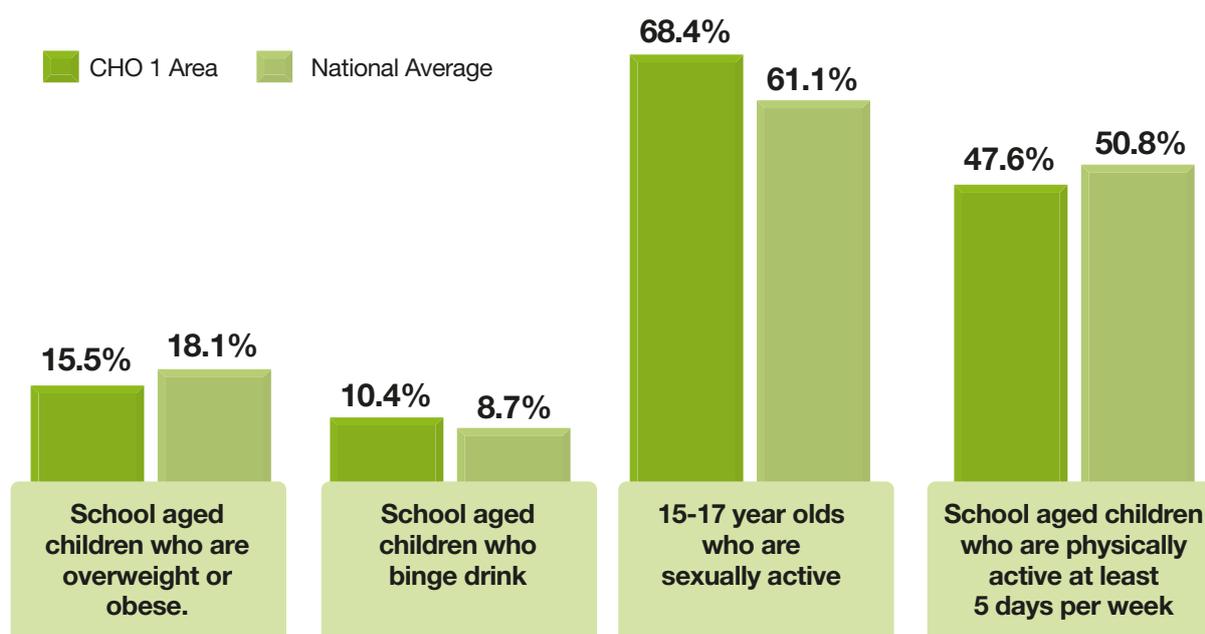


Figure 15: Statistics from Irish Health Behaviour in School Aged Children (HBSC) Study, 2014

In terms of planning for the growth in numbers of older people and caring for older people as they age, early intervention and the life-course approach to planning of services is particularly important in this area. This is due to the inherent socio-demographic characteristics of the population served and the fact that the prevalence of conditions such as hypertension, coronary heart disease and stroke, and type-2 diabetes, increases dramatically with age and is greater in lower socio-economic groups (Department of Health 2013, 'Healthy Ireland: A Framework for Improved Health & Wellbeing, 2013 – 2025'). Consequently, efforts in reducing the incidence of chronic conditions in the population are of utmost importance.



There are a number of national screening programmes which can detect disease before symptoms appear and lead to improved survival rates and reduced morbidity and mortality. The rates of uptake of National Screening Programmes, i.e. BreastCheck, CervicalCheck, BowelScreen and Diabetic RetinaScreen, are similar to the national rates. However, a number of geographical areas have a low uptake and merit targeted approaches to address this. The promotion and uptake of the national screening programmes continue to be a high priority.

It is concerning that the rates of breastfeeding fall below the national average. Appointing Lactation Consultants who can provide dedicated breastfeeding support to mothers is a key priority in this Plan.

All counties within the Area have 'Connecting for Life' Suicide Prevention Action Plans in place which will respond to self-harm and suicide concerns. The impact of suicide on families and communities is deep and prolonged. Many suicides are preventable, and for national strategies and local action plans to be effective, continued partnership working with all agencies and local communities is essential.

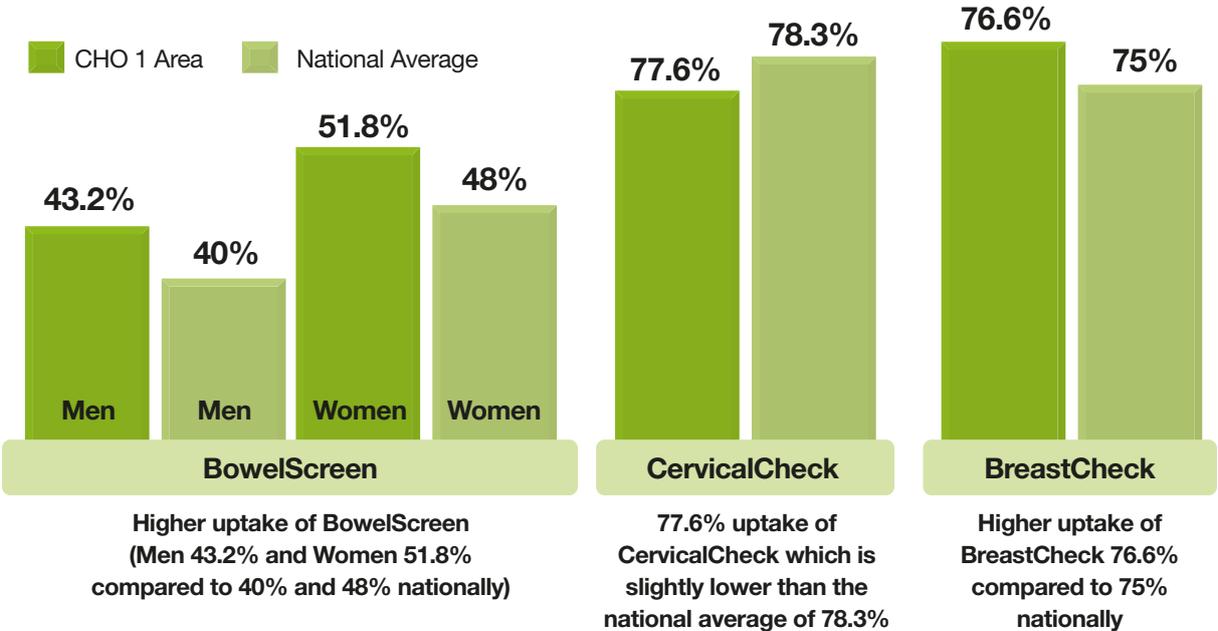


Figure 16: Statistics from National Screening Service, 2017

Population living with a Disability

In CHO 1 the rate of disability is 13.7% with 53,451 people reporting as having at least one disability in Census 2016. This rate has risen since 2011 with an additional 1,608 or 3.1% of the population reporting same (Census 2016, 'Health, Disability and Carers').

CHO 1 had 1,991 people with a physical and or sensory disability registered on the National Physical and Sensory Disability Database in December 2017. 370 (18%) people are under 18 years, and the remaining 1,621 are aged between 18 and 65 years. The vast majority of people are living in their own homes, alone or with family members, while 2.9% (56 people) live in residential services.

2,582 people with an intellectual disability are registered on the National Intellectual Disability Database in CHO Area 1 in 2017. Almost one third (814, 31.5%) of the persons were aged under 18 years, 664 (25.7%) were aged between 18 and 34 years, 690 (26.7%) were aged between 35 and 54 years and 414 (16.0%) were aged 55 years and over. Over two thirds (1,799, 69.7%) of people with an intellectual disability live in their own homes with family members, while almost one quarter (610, 23%) live in residential settings.



“

I took part in the classes (Operation Transformation Initiative) and I enjoyed them so much, I now walk the parkrun every Saturday. My boyfriend runs it and I walk it.”

Mary, Donegal



Irish Traveller Population

According to the 2016 Census there are 1,928 Travellers in CHO 1. The geographical and gender breakdown is shown in Table 1.

Table 1. Number of Travellers in CHO 1 area (Source: CSO, Census 2016)

County	Female	Male	Total No. of Travellers	% per 1,000 population
Donegal	280	306	586	3.8
Sligo	202	184	386	6.0
Leitrim	90	113	203	6.4
Cavan	228	249	477	6.3
Monaghan	131	145	276	4.5
Total	931	997	1928	5.4%

The numbers reported at a local level are generally higher than the Census figures. This is due to Travellers not completing the Census forms and also the potential reluctance to identify as a Traveller due to their experiences of discrimination and racism. The CSO numbers do not include transient Traveller families. Throughout CHO 1, Traveller families are generally spread across the whole county rather than concentrated in one location, although in Leitrim 95% of Travellers live in the town of Carrick-on-Shannon.

Asylum Seekers/ Refugees

County Sligo has the highest proportion of Asylum Seekers and Refugees in Ireland. The average number across all counties is 0.13% compared to County Sligo which is 0.4%. Overall 4% of all Asylum Seekers and Refugees in Ireland live in County Sligo. County Monaghan also has a greater proportion of Refugees and Asylum Seekers with 0.3% of the population being Refugees and Asylum Seekers, this is also higher than the national average of 0.13%



The Support group ran a Healthy Road Show with all the different organisations and the Public Health Nurse made me aware of my high blood pressure.”

John, Sligo



Key Facts Cavan*

CAVAN – POPULATION 2016: **76,176**

Population changes (Census 2011-2016): **+4%**

Largest increase in population (+4%) across CHO 1 between 2011 and 2016 Census

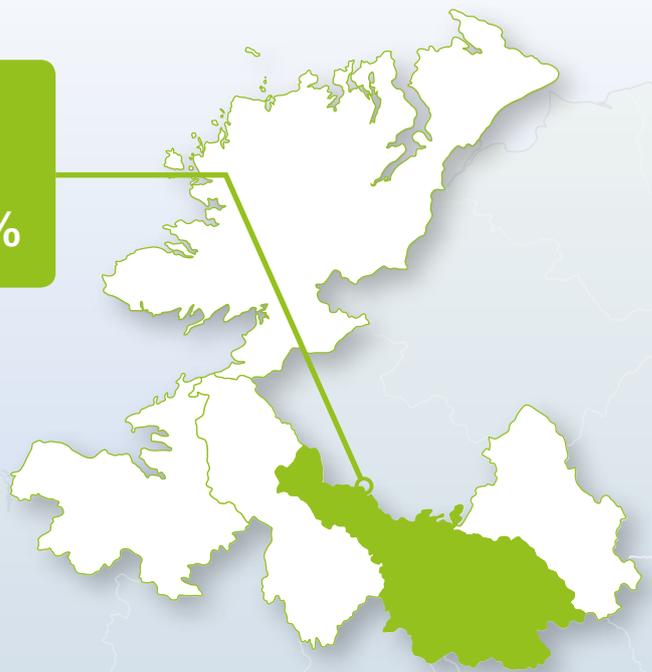
Highest birth rate in CHO 1 in 2016, at 13.5 per 1,000 population (nationally 13.4 per 1,000 population) in addition to having the highest teenage birth rate across CHO 1 at 0.3 per 1,000 population (nationally 0.2 per 1,000 population)

Highest percentage of 5 to 14 year olds across CHO 1 at 15.6% (nationally 14.2%)

Breastfeeding at first Public Health Nurse (PHN) visit for Cavan was 51.43% which is below the national target of 58%

10.8% of population has not been educated beyond primary school (national rate 8.1%)

Highest rate of mortality for deaths due to injuries and poisoning for all ages, 50 per 100,000 population (Ireland, 37 per 100,000 [2016])



Lowest rate of potential years of lives lost from tobacco related causes across CHO 1 in 2016

Uptake of BowelScreen is 45% (44% is the national rate)

Uptake of BreastCheck screening is 76% (nationally 75%)

Highest uptake of CervicalCheck screening across CHO 1 at 80% (nationally 78.3%)

* Facts retrieved from Central Statistics Office, Department of Public Health Nursing, Health Atlas Ireland, National Screening Service.

Key Facts Donegal*

DONEGAL – POPULATION 2016: **159,192**

Population changes (Census 2011-2016): **-1.2%**

4th highest total dependency ratio in Ireland at 60.5% (nationally 52.7%)

2nd lowest birth rate in CHO 1 in 2016, 11.9 per 1,000 population (national 13.4)

Breastfeeding at 1st PHN visit was 44% which is below the national target of 58% (2017)

2nd most disadvantaged local authority area in Ireland, 70% of its population is below national average levels of affluence

Largest proportion of population that has not been educated beyond primary level within Ireland at 13.4% (national rate 8.1%)

Lowest rate of death in CHO 1 from alcohol related causes in those under 65 years

Uptake of BowelScreen is 49% (national rate is 44%)

BreastCheck screening uptake is 76% (national 75%)

CervicalScreen uptake is 76% compared to 78.3% nationally

Second-largest Gaeltacht (where Irish is the first language) area in Ireland

Toraigh island has a population of 119. Árainn Mhóir has a population of 469. Árainn Mhóir has the highest dependency ratio at 90.4%, in contrast Toraigh Island has a dependency ratio of 31.3% (the national dependency ratio of Ireland is 52.7%)

* Facts retrieved from Central Statistics Office, Department of Public Health Nursing, Health Atlas Ireland, National Screening Service, Údarás na Gaeltachta.

Key Facts Leitrim*

LEITRIM – POPULATION 2016: **32,044**

Population changes (Census 2011-2016): **+0.8%**

Highest total dependency ratio at 62.5% of all counties in Ireland (national dependency ratio is 52.7%)

Second highest old age dependency ratio in Ireland at 27.4% (nationally 20.4%)

Most rural county in CHO 1 with a population density of just 22 people per square Km (Ireland 70 people per square km)

Lowest access to broadband internet in CHO 1 at 58% (nationally 71%)

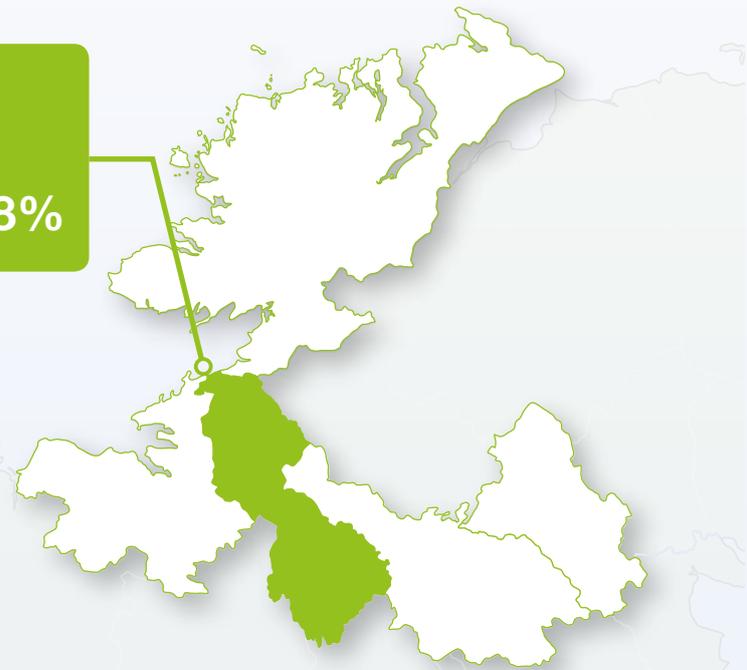
Highest rate of 5 year age standardised mortality from heart disease and stroke and respiratory disease across CHO 1 in 2016

Uptake of BowelScreen is 48% (nationally 44%)

CervicalCheck screening uptake is 79% (nationally 78.3%)

Breastcheck screening uptake is 77% (nationally 75%)

Breastfeeding at first PHN Visit for Leitrim was 51% which is below the national target of 58% (2017)



* Facts retrieved from Central Statistics Office, Department of Public Health Nursing, Health Atlas Ireland, National Screening Service.

Key Facts Monaghan*

MONAGHAN – POPULATION 2016: **61,386**

Population changes (Census 2011-2016): **+2%**



Highest proportion of 0-4 year olds across CHO 1, at 7.6% (nationally 7.0%)

3rd largest proportion of population that has not been educated beyond primary level at 11.1% (national rate 8.1%)

Lowest 5 year mortality rates for cancer across CHO 1 and Ireland at 245 per 100,000 (Ireland 285 per 100,000 population) in 2016

Monaghan has the second lowest female rate of self-harm across Ireland

Lowest uptake of BowelScreen in CHO 1 at 44% (national uptake is 44%)

Lowest uptake of BreastCheck screening in CHO 1 at 73% (nationally 75%)

Lowest uptake of CervicalCheck screening in CHO 1 at 75% (nationally 78.3%)

Breastfeeding at 1st PHN visit for Monaghan was 47.26.% which is below the national target of 58% (2017)

* Facts retrieved from Central Statistics Office, Department of Public Health Nursing, Health Atlas Ireland, National Screening Service.



Key Facts Sligo*

SLIGO – POPULATION 2016: **65,535**

Population changes (Census 2011-2016): **+0.2%**

Lowest proportion of 0-4 years olds (6.6%) in CHO 1 (nationally 7%)

Lowest birth rate in CHO 1 at 11.8 per 1,000 population (national 13.4)

2nd highest proportion of over 65 year olds in CHO 1 at 16.2% (nationally 13.4%)

Breastfeeding at 1st PHN visit for Sligo was 54% which is slightly below the national target of 58% (2017)

Highest 5 year mortality rate for cancers in CHO 1 at 287 per 100,000 population (national 285 per 100,000) (2016)

2nd lowest mortality rate for alcohol related causes for all ages in Ireland (50.2 per 100,000 population, national 61.4) (2016)



Highest proportion of people with a disability (14.6%) and carers (4.7%) across CHO 1 (national 13.5% and 4.1% respectively)

Highest uptake of Bowelscreen across the CHO 1 at 52% (nationally 44%)

Highest uptake of Breastcheck screening in CHO 1 at 81% (nationally 75%)

CervicalCheck screening uptake is 78% (78.3% nationally)

* Facts retrieved from Central Statistics Office, Department of Public Health Nursing, Health Atlas Ireland, National Screening Service.

4. Health Challenges in CHO 1

Changing Demographics

The ageing population and the increasing numbers of people living beyond 85 years combined with the decrease in young adults from 20–44 years of age presents a particular challenge. Notwithstanding further increases in life expectancy and healthy life expectancy in the coming decades, it has been proposed that the expected increase in the numbers of people over the age of 65 years will lead to increased demands on health and social care services in particular. This calls for long term planning to keep people as healthy as possible for as long as possible, and to actively value the contribution to be made by healthy active older people in our communities.

The predicted increase in chronic diseases, invasive cancer and obesity levels is a significant health challenge. Estimates project a 70% increase in cancer cases in females and an 83% increase in males between 2015 and 2040 (National Cancer Registry, 2014).

Increase in chronic disease

Lifestyle factors such as tobacco and alcohol use, low levels of physical activity, and poor eating habits, obesity and poor mental health, continue to impact on the future health and wellbeing of our population. 49% of Irish people over the age of 50 have at least one chronic disease, and 11% have more than one. As the number of older people increases, the burden of chronic disease will grow. The major chronic diseases such as Diabetes, Cardiovascular disease and Respiratory diseases are expected to increase by 20-30% in the next five years.

Education and Employment

Education attainment is a key determinant of health. The longer you remain in education the more protection this offers for overall health and wellbeing. We have the highest rate of people who have attained only primary or lower education, and have a substantially lower rate than national for the numbers of people with a third level education. This results in people with fewer qualifications and skills which can have an impact on employment opportunities. Although unemployment rates have significantly improved, there is a legacy of higher rates of unemployment and long term unemployment especially in border counties.



Rurality and Transport

Rurality and lack of public transport infrastructure feature across the area and have a serious impact on access to services. This coupled with the fact that more people will need to access services in the future will require a collective response of several agencies. It also highlights a need for the development of technology based services such as telecare and ehealth services, which would mean that people would not have to travel long distances to access healthcare.

The Border Factor

The border runs for 499km, separating the Republic of Ireland from Northern Ireland. Cross-border working between the Republic of Ireland and Northern Ireland's health and social care services is well established. As a result of the signing of the Ballyconnell Agreement in 1992, the Cooperation and Working Together (CAWT) partnership was formed. CAWT is the cross border health and social care partnership between the HSE in the Republic of Ireland, and the Southern and Western Health and Social Care Trusts in Northern Ireland.

There is clear evidence that risk factors for long term ill health and multiple deprivations are more prevalent in the border region, with individuals affected to a greater degree by obesity, physical inactivity, smoking and alcohol (CAWT Strategic Plan 2014-2019). In relation to mental health indicators, there are areas within the border region in which depression and/or anxiety are more prevalent.

Broadband

The availability and quality of broadband connection differs across the region. Improving this high speed internet connectivity is a priority of the Local Economic and Community Plans. 63% of households in CHO 1 have access to broadband compared to 71% nationally. Broadband has the potential to increase access to information and services, where a range of services could be offered digitally. 25% of households in CHO 1 have no internet connection compared to 18% nationally. This figure rises significantly for the island populations where 50% of households in Árainn Mhóir and 66% of households on Tory Island have no internet connection.

The Islands

There are a number of inhabited islands off the coast of Donegal. The heritage, language, culture and traditional lifestyles are extraordinary characteristics that make living on the islands an attractive prospect for many people. For island communities, the challenge is to support the population in being as healthy and as resilient as possible, and providing appropriate and accessible services which can be sustained over a very small population base.

Gaeltacht

23,783 people live within county Donegal's Gaeltacht area (2016 Census). Within Donegal's Gaeltacht, the towns of Míin Lárach and Rann na Feirste have the largest percentage of daily Irish speakers (73% and 67% respectively). The challenge for the HSE is to provide training in the Irish language for frontline staff in Gaeltacht areas. In addition some HSE communications are translated.

Student Population

We have a number of vibrant third level institutions with more than 6,000 students in Sligo IT, 900 in St. Angela's College, Sligo, 3,000 in Letterkenny IT, and 1,500 in the Cavan Institute. This places a greater challenge on health services such as Emergency Departments, Sexual Health clinics, Primary Care and Counselling services. The student population are a key group for targeted Health and Wellbeing Initiatives.



5. Our Staff

Our staff is our most valuable resource and plays a pivotal role in the delivery of health and social care services to the population we serve. They have a direct impact on the clinical outcomes and experiences of service users.

There is strong evidence that when staff feel well and satisfied with their work, the experience of service users improves (Boorman Review 2009, NHS Health and Wellbeing).

The working environment is a key determinant of staff engagement and wellbeing. The National Health Services Survey ‘Your Opinion Counts’ in 2016 highlighted that staff in CHO 1 had a response rate of only 10%, which was very disappointing.

From the responses received:

“**I felt the staff health check was a very good thing. It made me think more about my health and to be more conscious about managing it for myself. I also felt recognised and valued by the HSE as a member of staff – to me it was an example of the “caring” organisation showing that it cared for its staff. There are so few free health benefits or concessions to HSE personnel. The fact that I could access the tests and advice on the day and in my own work location was very beneficial.**”

Andrea, Donegal



Figure 17: Findings from National Health Services Survey ‘Your Opinion Counts’, 2016

Finally, with regard to Health and Wellbeing, only 30% of staff felt that the organisation was genuinely interested in their wellbeing; 36% felt the organisation encouraged a healthy lifestyle, and 38% were satisfied that their line manager takes a positive interest in their health and wellbeing.

The HSE’s People Strategy 2015-2018 commits to improving staff engagement and to further developing

and supporting our workforce. The Strategy outlines that for staff to become healthier in their workplace we need to engage, listen and respond. Listening to staff feedback and the implementation of outcomes from the Healthy Ireland Implementation Plan will be a key priority. The HSE Staff Survey was repeated in September 2018; this important staff feedback will be used to inform the staff health and wellbeing agenda.

At the end of October 2018 there were WTE 6,483 positions delivering health and social care services to the CHO 1 population.

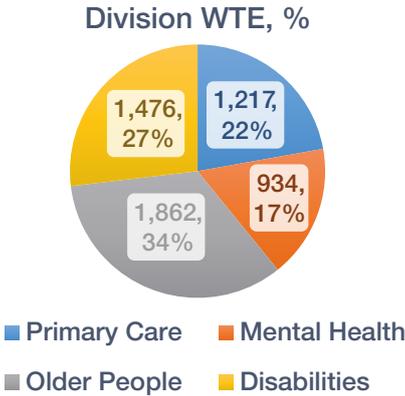


Figure 18: Statistics from CHO 1 Oct 2018, Human Resources Department

“Minding Your Wellbeing Workshop was such an enjoyable and worthwhile training day - I feel I am still ‘glowing’ from it, I am working on some of the issues which I feel I personally needed to look at - and already feeling the benefits”

Gillian, Sligo

“That was the first Health Event that I walked out of and remembered the ten things he said that would help me and my family live a better life.”

Peter, Cavan (Health and Happiness event)

Staff Health and Wellbeing

A healthy workplace policy creates a supportive environment that protects and promotes the physical, mental and social wellbeing of employees. In CHO 1, we endeavour to promote health and wellbeing among staff to enable them to not only reach their own potential health and wellbeing, but in so doing be better able to promote the health and wellbeing of service users.

We facilitate staff health and wellbeing through Healthy Ireland Staff Health and Wellbeing grants which are used for many different types of initiatives, such as supporting staff choirs, pilates, yoga, mindfulness, team building, Health and Happiness workshops, healthy eating cookery demonstrations, dance classes, provision of outdoor seating and dining areas, bicycle shelters and health screening events.



6. Healthy Ireland Work Already Underway

We have a long history of innovative service delivery in CHO 1. The dynamic initiatives which have been completed or are on-going are a source of professional satisfaction and have a positive and sustainable impact for our service users.

Long Term Conditions Programme

A Long Term Conditions Programme is in place to develop a coordinated and integrated approach to the prevention and management of long term health conditions in partnership with the Saolta and Royal College of Surgeons Ireland (RCSI) Hospital Groups. The programme was initiated in Donegal in 2009; however with the establishment of the CHO area, the programme is now being rolled out across the five counties.



Examples of initiatives supported include the roll out of the Pulmonary Rehabilitation programmes into Primary Care settings to reduce travel distances for people and make it easier for them to attend the eight week programmes. The establishment of Respiratory Integrated Care Teams in Donegal and Sligo/Leitrim will enable the development of a respiratory screening service in primary care for people with suspected COPD or asthma and will increase the number of community Pulmonary Rehabilitation programmes being delivered in those areas. A number of Self-management Support programmes are being implemented, e.g. Stanford Quality of Life - for people living with any long term health condition and DESMOND/X-PERT for people living with Type 2 Diabetes. Furthermore, a digital web based platform was developed for Self-management Support programmes being delivered in Donegal, which is hosted on the HSE website. Engagement with adults living with long term health conditions at the planning stage of this work was critical to its success.

The end result is a valuable resource for adults living with long term health conditions, for carers and for healthcare professionals. Similar platforms are being planned for the Sligo/Leitrim and Cavan Monaghan.

Cross Border Working and EU Funding

During 2017, the CAWT partnership secured EU grant funding for five projects from the INTERREG VA programme for Ireland/Northern Ireland and Scotland. The focus of these projects includes prevention and early intervention, tackling health inequalities, supporting independent living, building resilience within people's homes and communities, introducing technology enabled care, and enhancing partnerships with the community and voluntary sector. The upskilling of staff, sharing learning across the border areas, and introducing new approaches and technologies, are also key priorities. These five projects are closely aligned to our Healthy Ireland priorities and actions, and we will be working closely with all partners to deliver on these important projects.

The CoH-Sync (Community Health Sync) Project

The CoH-Sync project has developed a network of local Health and Well-being Hubs in the border region of the Republic of Ireland, Northern Ireland and South West Scotland. These community-based and locally run Hubs will support individuals and groups to become more active in improving their own health and wellbeing by making better use of existing resources and facilities in their local areas.

The Project will establish eight Health and Wellbeing Hubs designed to support people in improving their health and wellbeing, particularly around the areas of physical activity, nutrition, smoking cessation, alcohol misuse and mental health. In the Republic of Ireland the Hubs will operate in Letterkenny – North Donegal / Ballyshannon South Donegal and Cavan / Monaghan. The Hubs will be virtual in nature allowing the fourteen CoH-Sync Health Facilitators to work from different community locations to bring the service to where people are and where the need is identified.

The mPower Project

The mPower project aims to support older people with long-term conditions or chronic illnesses to live well, safely and independently in their own homes. The mPower project will operate in the Republic of Ireland, Northern Ireland and Scotland and will support people to manage their health and tap into local support and community networks.

MACE Project

The MACE project aims to transform the lives of vulnerable families who are at risk from multiple adversities in their lives, through identification, early intervention and the provision of nurturing support within their communities. The project will deliver 1,248 interventions to families with children 0-3 years and 11-13 years. These will encompass interventions classified as Universal, Targeted or Specialist and will be delivered on an individual and/or group basis.

iRecovery – Cross Border Mental Health Recovery Colleges

The iRecovery Project aims to establish a cross border Mental Health Recovery College Network between the Republic of Ireland and Northern Ireland to support people recovering from mental ill-health. By participating in the Recovery College process, people who have experienced mental illness will come together with mental health staff to co-produce and co-deliver training and support programmes to enhance mental wellbeing and personal resilience.



Acute Hospitals Project

This project will improve acute episodes of care to patients, through reformed service delivery on a cross-border basis. The project will involve the development of more efficient patient pathways during the pre-hospital phase such as the creation of community paramedic hubs to see, treat and transport patients to provide care to patients, through improved / reformed service delivery on a cross-border basis.

Mental Health Service Reform

The CHO1 Mental Health Services Reform Programme focuses on developing communities of wellness through collaborative and partnership working across all stakeholders and HSE Services. Key actions and developments of the programme is the establishment and ongoing development of community based support systems including wellness cafes, peer support and mentoring structures, support of the CAWT Recovery Colleges and the embedding of a culture of recovery across mental health services and wider. In May 2018 CHO 1 co-hosted, with young people and youth services, a Youth World Cafe Research Event “Born to Change” to enable and support young people across CHO1 to inform and become involved in the development and reform of mental health and other services for young people.



Social Prescribing

Social Prescribing is a mechanism for linking people with non-medical sources of support within the community to improve physical, emotional and mental wellbeing. Social Prescribing is aligned with the overall vision, goals and several action areas in Healthy Ireland. It helps people to navigate the structural and environmental barriers which impact mental and physical health and contribute to health inequalities. Referral pathways include Primary Care Team members, Community Mental Health Staff, GPs, self-referral and external agencies. Strong links have been developed with other HSE programmes where Social Prescribing can bring added value, e.g. Long Term Conditions and Self-management programmes.

Social Prescribing is an option for people over 18 years of age who have vague or unexplained symptoms of depression or anxiety, are frequent attendees to GPs, have poor social supports, feel isolated, or are experiencing psychological difficulties. Small scale evaluations have found that the benefits of Social Prescribing are positive emotional, cognitive and social outcomes. It also reduced social exclusion for disadvantaged, isolated and vulnerable people and those with enduring mental health problems.

Social Prescribing is currently available across 15 Primary Care Teams in County Donegal, and in a more limited way in Sligo and Leitrim. It is planned to review the model and extend Social Prescribing across Cavan and Monaghan to ensure a CHO 1 wide service.

Stress Control

Stress Control is an internationally renowned programme which teaches people to ‘become their own therapist’ over 6 weekly classes of 1.5 hours. It aims to help the large number of people who want to learn practical ways to prevent stress from becoming a problem or stopping it being a problem. Through published research, we know that the class works for people who already feel that stress is a problem, even at a severe clinical level including anxiety, depression, poor sleep, panic feelings, low self-confidence and self-esteem along with poor wellbeing, and for those who feel they are coping at the moment and want to stay on top of stress in the future. Stress Control combines Cognitive Behavioural Therapy (CBT), Positive Psychology and Mindfulness.

There is no discussion of personal problems at the class which removes any pressure on participants to talk about themselves. Classes are led by trained trainers from the HSE and other partner organisations. Numbers for Stress Control classes are limited only by the size of the venue. Stress Control can be delivered specifically within a workplace, e.g. as in a Hospital setting or in the community where HSE staff and general population can attend. This is already being implemented in Donegal, Sligo and Leitrim; and is currently being delivered in Cavan and Monaghan.

Initiatives to support Children, Young People and Families

Significant work on developing and improving services for children, young people and their parents is underway in CHO 1. Working collaboratively on the Children and Young People’s Services Committees with our partners from TUSLA, community and voluntary agencies, education and other sectors, we have fostered the development of strong relationships and shared goals, actions and planned outcomes for children and young people. Evidence based parenting programmes are being delivered across the area and we intend to increase the availability and geographical spread of these programmes throughout the life of this plan.

Breastfeeding

Promoting and supporting breastfeeding is a key priority. Following a very successful Integrated CHO and Hospital Breastfeeding workshop in 2018, a CHO 1 hospital and community Breastfeeding Forum was established. Significant work is already underway to



increase breastfeeding initiation and duration rates by supporting and enabling more mothers to breastfeed, by standardising approaches and supports across the area and ensuring we have robust governance and structures to support breastfeeding. Examples of the initiatives underway include supporting frontline healthcare professionals to attend breastfeeding training, peer support training, development of action plans to implement breastfeeding policies, advocating for dedicated lactation support and resources within maternity services and primary care, supporting the role out and expansion of a range of breastfeeding supports such as the breastfeeding preparation classes, postnatal breastfeeding clinics, peer support and the breastfeeding Traveller resource.

Flu Protection – ‘Let’s Fight Flu Together’



CHO 1 has an innovative flu protection campaign which involves the delivery of key evidenced based information on the important benefits of getting the flu vaccine to all health care workers and at risk groups.

“
I got the Flu vaccine because my Dad recently completed cancer treatment and I didn’t want to give him the flu”

Paul, Monaghan

Healthcare workers are 10 times more likely to get the flu and one in every five healthcare workers is infected with flu every year. Vaccination of healthcare workers has been shown to reduce flu related deaths by as much as 40%. CHO 1 encourages all staff to get the flu jab to protect themselves, their loved ones and those around them.

7. Developing this Plan

The development of our Healthy Ireland Implementation Plan involved a number of distinct processes, often happening in parallel. A Healthy Ireland Steering Group, chaired by the Head of Health and Wellbeing was established in 2017, with representation from a wide range of services across the five counties.

The Steering Group provided oversight and direction in the development of this plan. An initial briefing session for the CHO 1 Executive Management Team and Service Managers provided the overall context and an outline of the process to be undertaken to develop the plan. The development and delivery of a comprehensive staff consultation and engagement process was a key priority for the Steering Group.

All staff were invited to participate in the Healthy Ireland Staff consultations, and 634 staff responded to the invitation which is greater than 10% of the overall number of staff working in the Area. These consultations provided invaluable feedback and set the scene for the development of our plan. A series of 19 Healthy Ireland staff consultations took place during the Summer of 2017. A total of 402 staff participated in these face-to-face workshops which were held in urban and rural areas to ensure as many staff as possible had the opportunity to participate. Staff who were unable to attend the face-to-face consultations had the opportunity to give their views online or in writing. This invitation was enthusiastically taken up with an additional 232 staff returning their views. The aim of the consultation was to actively engage with staff so that their views on the key Healthy Ireland priority areas could be reflected in the Healthy Ireland Implementation Plan.

Collation and analysis of the recommendations from the staff consultation were completed and 11 key themes were identified (see Figure 19).



Figure 19: Themes identified in CHO 1 Healthy Ireland Staff Consultations, 2017

Following staff consultations, the Healthy Ireland Steering Committee established a number of sub-groups, each chaired by a member of the Healthy Ireland Steering Group, to draft the actions under the National Policy Priority Programmes and Initiatives:

- Healthy Childhood
- Healthy Eating and Active Living
- Staff Health and Wellbeing
- Making Every Contact Count
- Mental Health and Wellbeing
- Self-management Support
- Alcohol
- Tobacco Free
- Sexual Health
- Positive Ageing
- Partnerships
- Communication and Information
- Research/Health Intelligence

Where a CHO 1 group was already in existence, e.g. Child Health Committee, Long Term Conditions Programme, these groups agreed to draft relevant Healthy Ireland actions for this plan.

Measures of Success were identified for each action to assist with the evaluation and monitoring of the Plan. Each action has an identified 'Operational Lead' which is the service responsible for the delivery of the action and an 'Organisational/Overall Lead' who is the Head of Service with responsibility to ensure that actions are achieved. An Editorial Sub-group had responsibility to support the drafting of the Plan.



CHO 1 Healthy Ireland Steering Group



CHO 1 Healthy Ireland Staff Engagement Days

8. Implementing this Plan

This Plan spans the next 5 years, and its success will depend on the leadership and ownership from management, and in partnership with all staff working across the organisation.

Governance for the implementation of the Plan rests with the CHO 1 Executive Management Team and close monitoring of the implementation of the actions set out in this plan will be a priority. The Steering Group was aware of the current financial environment when drafting the key actions. It will be challenging to achieve a number of these within existing resources, but implementation is needed to tackle the increasing incidences of chronic diseases associated with lifestyle factors. A Healthy Ireland Implementation Group will be established, chaired by the Head of Health and Wellbeing, and will consist of service representatives across the wide range of health and social care services. The CHO 1 Project Management Office will provide guidance and support to ensure that a robust monitoring process is designed for the Plan. The Operational Plans of each service will reflect the Healthy Ireland actions and ensure that a proactive and preventative approach to health and wellbeing is undertaken and embedded across all services.

Through this action plan we will:

- Increase opportunities for staff to take a more proactive approach through a range of wellbeing initiatives and employee supports to enhance their health and wellbeing. We will work with staff and establish a Staff Health and Wellbeing Group to coordinate and support the implementation of the staff health and wellbeing actions

- Promote and support service user involvement in the planning, monitoring and evaluation of services
- Ensure all communications and materials are produced in plain English using the HSE Communicating Clearly Guidelines (www.hse.ie/communicatingclearly)
- Continue to strengthen our Long Term Conditions Programme with the implementation of the National Self-management Programme and through integrated care programmes with acute hospitals, GPs and all other services
- Pilot innovative cross-border projects: mPower and CoH-Sync to pilot new health and wellbeing service models
- Strengthen our partnership working to ensure that Healthy Ireland actions are prioritised and form part of everything we do
- Support the implementation of Making Every Contact Count (chronic disease prevention) across all services. We will support and enable health professionals to recognise the role and opportunities they have through their daily interactions with patients in supporting them to make health behaviour changes



Figure 20: Organogram that guides the implementation of this Plan



9. CHO Area 1 Healthy Ireland Actions

1 Healthy Childhood

The health and wellbeing of children and young people is one of the most important priorities for the health service.

It is now recognised that during our very earliest years and even at pre-conception, a large part of the pattern for our future adult life is set. We also know that life-long beneficial outcomes for children and young people can be achieved through an emphasis on the physical and mental health of pregnant women and mothers, promoting breastfeeding, providing parenting support and educational programmes and giving children and young people strategies to mind their physical and mental health. The Healthy Childhood actions are evidence based some of which have been included under other relevant sections e.g. alcohol, healthy eating and active living, mental health and wellbeing and sexual health.



“
Having attended the (parenting) programme I would recommend it 100% to any family. It has definitely changed our family life for the better.”

Thomas, Monaghan

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
1.1	HSE staff have clear strategic direction for child health services to realise better health and wellbeing outcomes for children and young people	Establish a Child Health Governance Group	Governance group established				HoS Health and Wellbeing
		Develop and implement a Child Health Strategy for CHO1	Strategies will be in place to enable the voices of parents and children to be heard in service planning and evaluation	2019	2024	Child Health Development Officer	HoS Mental Health/ Primary Care/ Social Care/ Health and Wellbeing
		Work with key personnel in Primary Care and hospital groups to identify pathways to additional services as required in the area	Service Managers will have developed annual implementation plans New care pathways are identified, implemented and reviewed across the region	2019	2024	Child Health Development Officer	HoS Health and Wellbeing/ Primary Care
1.2	Children (birth to five years) and their Parents receive the National Healthy Childhood & Nurture Programmes	Develop and implement an Integrated Nurture Action Plan.	Local Implementation Plans developed Achievement of the relevant KPI targets	2019	2019		HoS Mental Health/ Primary Care/ Social Care/ Health and Wellbeing
		Deliver training on the National Healthy Childhood & Nurture Infant Health Wellbeing Programmes to staff in child health services including eLearning nutrition module	Number of staff who received training	2019	2021	Child Health Programme Development Officer	HoS Primary Care

Continued ▶

1 Healthy Childhood

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
1.3	More mothers choose to breast feed and continue to breast feed their babies for longer	Establish a CHO1 integrated/interagency Breastfeeding Working Group	The National Breastfeeding Action Plan and the National Infant Feeding Policy for Primary Care Teams and Community Health Organisations is implemented	2018	2024	Directors of Public Health Nursing, Health and Wellbeing	HoS Primary Care, Health and Wellbeing
			Conduct CHO1 Breastfeeding workshop with a focus on international evidence-based practise and sharing local examples of quality initiatives				
			CHO 1 Breastfeeding Action Plan developed	2019	2024	Directors of Public Health Nursing	
			Lactation Consultants appointed KPI breastfeeding targets achieved				
1.4	Children are physically active and eating healthily	Implement Public Health Nurse led weaning initiative	Monitoring system in place to determine the % of babies weaned after 6 months of age	2019	2024	Directors of Public Health Nursing and Health and WellBeing	HoS Primary Care
		PHNs will deliver key messages to promote maternal and child nutrition at each contact	% of children who are a healthy weight				
		Deliver Smart Start programme to Preschools	Number of pre schools implementing the SMART START Programme				
		Weigh and measure children in Junior Infants	Number of facilitators trained				
		Develop local implementation actions for children in respect of: Healthy Weight for Children Action Plans (part of Healthy Weight for Ireland Policy), Healthy Eating Active Living Action Plan, National Physical Activity Action Plan	% of children who are a healthy weight				
			Local Action Plans developed and implemented				
	Increase in the number of schools with Active Flag status						
	Increase in the number of children who are active as per national guidelines						

Continued ▶

1 Healthy Childhood

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
1.5	Children and Young People are emotionally healthy and are aware of strategies to promote their mental health and wellbeing	Support primary schools to participate in Health Promoting Schools Initiatives	Number of schools engaging in Health Promoting Schools Initiatives (Primary)	2019	2022	Health and Wellbeing	HoS Health and Wellbeing
		Support all post-primary schools to develop wellbeing action plans	Number of schools who have developed wellbeing action plans				
		Provide health and wellbeing training to teachers on a range of topics agreed annually with the Department of Education and Skills	Number of teachers who received training				
		Promote and implement mental health initiatives in line with recommendations of the Youth Mental Health Strategy	Number of schools implementing mental health and wellbeing programmes				
1.6	Parents are more confident and competent in their parenting roles and children receive high-quality parenting	Support the delivery of infant mental health messages in the Universal Child Health Service	Number of participants who received training to support youth mental health	2019	2024	Child Health Development Officer	HoS Mental Health, Health and Wellbeing
		Work in partnership with the Children and Young People's Services Committees (CYPSCs) to support the provision of quality parenting programmes at population level	Number of other organisations and settings e.g. youth organisations implementing mental health promotion programmes				
		Offer support and relevant programmes to families experiencing adversities (under CAWT Multiple Adverse Childhood Experiences cross-border project)	% of PHNs and Community Medical Doctors who complete the infant mental health elearning module and the skills-based programme				
			Number of parents who availed of the parenting programmes				
		Monitoring system in place to determine the % of parents who report positive outcomes following parenting programme intervention	% of parents who report positive outcomes following parenting programme intervention	2019	2024	Child Health Development Officer	HoS Health and Wellbeing
		Number of families receiving interventions	Number of families receiving interventions	2019	2024	Child Health Development Officer	HoS Primary Care/Health and Wellbeing/Mental Health/ Social Care
		Number and type of interventions delivered	Number and type of interventions delivered	2019	2024	Child Health Development Officer	HoS Primary Care/Health and Wellbeing/Mental Health/ Social Care

2 Healthy Eating and Active Living

The links between lifestyle (obesity, diet and physical activity) and heart disease, cancers, type 2 diabetes, mental ill-health, respiratory problems and musculoskeletal conditions are well established.

The HSE aims to improve health and wellbeing by increasing levels of physical activity, healthy diet and healthier weight across service users, staff and the population as a whole, with a focus on families and children. The HSE strives to increase the percentage of people in Ireland who are physically active on a regular basis, and eating a healthier diet by facilitating the healthier choice as the easier choice. Encouraging people to increase consumption of fruit and vegetables, reducing consumption of foods high in fat, salt and sugar, increasing physical activity to achieve and maintain a healthier weight is a key priority.



Family and friends were telling me conflicting information about when to begin spoon feeding. I was so confused and as a first time mother I wanted to do the very best for my baby. I attended the free weaning clinic run by the local Public Health Nurses and received accurate information as well as practical demonstrations which gave me the confidence to commence spoon feeding once my baby was 6 months old. This clinic is an invaluable resource in my area"

Michelle, Cavan

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
2.1	HSE staff and public using and visiting HSE Healthcare facilities have improved health, through the availability and promotion of healthier food and drink options	Monitor and enforce compliance of HSE Healthier Vending Policy and Calorie Posting Policy	Increase in number of sites compliant with HSE Healthier Vending Policy Increase in healthier options availability Increase in knowledge and awareness of portion size and control	2019	2024	Health and Wellbeing	HoS Mental Health/ Primary Care Social Care/ Health and Wellbeing
2.2	Service users in community and residential settings are supported to achieve better nutritional health	Deliver training in the use of malnutrition screening tool Deliver training on the National Healthy Childhood & Nurture Infant Health Wellbeing Programmes to staff in child health services including e-Learning nutrition module	Number who received training Increase in the number of community and residential settings using the screening tool and referral pathways	2019	2024	Community Dietitian Service Managers	HoS Social Care/ Mental Health

Continued >

2 Healthy Eating and Active Living

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
2.3	People have improved health and wellbeing, through improved cooking skills, healthier food choices	Support the release of community dietitian staff to avail of appropriate training in identified programmes to train peer leaders and community organisations	Number of staff who received training	2019	2022	Community Dietitian Service Managers	HoS Health and Wellbeing /Primary Care
		Implement community- based health promotion programmes around cooking skills and healthier food choices	Number of community-based cooking programmes delivered			Community Dietitian Service Managers, Primary Care Service Managers	
		Work in partnership with community organisations to implement programmes	Numbers of programmes delivered and number of participants				
2.4	Children and adults have improved health, quality of life and life expectancy	Support national campaigns/initiatives that promote healthier lifestyles e.g. START health campaign to encourage families on the path to a healthier future (Get Ireland Active)	Monitoring system in place to determine % of participants who report making healthier choices following programme interventions	2019	2024	Health and Wellbeing	HoS Mental Health/ Primary Care Social Care/ Health and Wellbeing
		Establish a working group to develop an action plan for the integrated model of weight management services	National evaluation of messages/campaign				
		Support the implementation of culturally appropriate healthy lifestyle programmes to marginalised groups	Increase in the number of people reporting achieving national physical activity recommendations			Community Dietitian Service Managers, Directors of Public Health Nursing	
		Action plan developed	Increase in the number of adults and children who are a healthy weight	2019	2024		HoS Primary Care

3 Staff Health and Wellbeing

There is strong evidence that much can be done to improve the health and wellbeing of employees.

Workplace health programmes have been identified by the WHO as one of the 'best buy' options for prevention and control of non-communicable diseases and for mental health and wellbeing. The HSE aims to promote health and wellbeing among staff to enable them to not only reach their own potential health and wellbeing but in so doing, be better able to promote the health and wellbeing of clients. A focus on staff and workplace health and wellbeing creates an environment that promotes and protects and promotes the physical, mental and social wellbeing of employees. It includes developing health promoting and improvement policies; providing facilities conducive to healthy lifestyles while at work or getting to/from work; and actively promoting a culture of valuing staff health and wellbeing. The forthcoming Department of Health 'Healthy Workplace Framework' will create further awareness and help define workplace Health and Wellbeing priorities.



I availed of the Lunchtime Staff Pilates Programme. I found it very beneficial and learned a lot about how to mind my body and concentrate on strengthening the core. It was an opportunity to take time out to look after myself and the period of relaxation energised me for the afternoon”.

Kathy, Sligo

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
3.1	Staff work in a healthy workplace which values employees and protects and promotes their physical, mental and social wellbeing and will report they are competent, confident and content in their work	Establish a staff health and well-being group to oversee the implementation of staff Health and Wellbeing national and local initiatives Staff have access to workplace physical and mental health and wellbeing programmes / initiatives	Staff health and wellbeing group established Consultation with staff and development of an action plan Evidence of improved engagement and motivation (National Health Services Survey 'Your Opinion Counts') Number of staff and worksites engaging in initiatives for their physical and mental wellbeing e.g. 'Love Life Love Walking', 'Steps to Health', smarter travel, active travel, healthy eating, smoking cessation, flu vaccine, drugs & alcohol support and initiatives to improve their physical work environment Network of Healthy Ireland Champions developed	2019	2024	Service Managers	HoS Human Resources & Health and Wellbeing

Continued ▶

3 Staff Health and Wellbeing

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
3.1	(Continued) Staff work in a healthy workplace which values employees and protects and promotes their physical, mental and social wellbeing and will report they are competent, confident and content in their work	Staff have access to staff support and development resources in the workplace	Number of staff/worksites accessing support e.g. supervision, coaching, Continuous Professional Development, Personal Development Plans, Employee Assistance Programmes, Occupational Health supports	2019	2024	Service Managers	HoS Mental Health/ Primary Care Social Care/ Health and Wellbeing
		Support is given to all staff to access online training	Free or reduced cost Tobacco Dependence Treatments given to HSE staff who engage with Smoking Cessation supports				
3.2	There is increased staff engagement in the workplace	Maximise opportunities for staff engagement in the workplace	All staff have an email address and access to ICT facilities to avail of online training	2019	2024	Service Managers	HoS Mental Health/ Primary Care Social Care/ Health and Wellbeing
			Number of staff/teams/worksites routinely holding team meetings, team building events, completing staff survey, managers availing of management skills training / communications training, staff recognition awards				

4 Making Every Contact Count

Health professionals have approximately 30 million 'contacts' with service users in our health service every year. 14 million of these are with GP services.

By Making Every Contact Count, health professionals can encourage service users to make healthier lifestyle choices during routine contacts to help prevent and manage chronic disease. Health professionals will ask service users about lifestyle behaviours related to chronic disease for example alcohol, tobacco, healthy eating and physical activity. The goal of these 'contacts' is to engage with service users and signpost on to other supports. Chronic disease treatment puts an unsustainable pressure on current health services. Making Every Contact Count will relieve that pressure and empower service users.



We know that brief interventions are effective in supporting people to make positive health behaviour changes. I am delighted to see a new National Framework for 'Making Every Contact Count'. I am looking forward to completing the online and face to face training, especially the Tobacco module as many of the patients on my caseload smoke."

Sarah, Leitrim

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
4.1	Staff use all opportunities to support service users to make healthy lifestyle behaviour changes taking account of the four priority areas: <ul style="list-style-type: none"> > Alcohol > Tobacco > Healthy Eating > Physical Activity 	Establish MECC Steering Group and develop a CHO 1 MECC Project Plan Identify MECC learning sites across community settings Promote on-line training and deliver MECC master-classes Map HSE and community resources and programmes supporting behaviour change	Project Plan developed Staff in the Learning sites will have completed the online training and implemented MECC in their interactions with service users Evaluate and report on MECC learning sites and identify implications for roll-out across services KPIs for online training modules and MECC masterclass are met Guides on local resources and services available to staff for engaging with service users and signposting on as appropriate	2019	2024	Health and Wellbeing All Service Managers	HoS Mental Health/ Primary Care Social Care/ Health and Wellbeing / Mental Health

5 Mental Health and Wellbeing

Mental Health and Wellbeing recognises the vital contribution of mental wellbeing to overall health.

The WHO phrase ‘There is no health without mental health’ captures this sentiment and includes quality of life and the various factors which can influence it over the course of a person’s life. Positive mental health is often used interchangeably and is defined as referring to the ability of a person to realise his or her own abilities, cope with the normal stresses of life, work productively and be able to make a contribution to his or her community. Consideration of mental health and wellbeing requires a shift in focus from what can go wrong in people’s lives, to focusing on what makes their lives go well. Some mental health and wellbeing actions have been included in other relevant sections e.g. staff health and wellbeing and healthy childhood.



Stress Control gave me skills to control stress and helped me take charge of my life. The explanations in layman’s term, of stress were as if someone had stepped in and acted as translator in the language of stress. My energies shifted from carrying the weight of the world on my shoulders to living, using skills that changed my life”.

Donal, Donegal

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
5.1	Reduced social exclusion and improved health and wellbeing for the adult population	Develop CHO1 wide action plan for social prescribing	Action Plan developed				
		Continue to Implement social prescribing initiatives and further develop across the area in conjunction with mPower and CoH-Sync EU funded projects	Increase the opportunity for vulnerable adults to be connected with Health Services and local communities and activities	2019	2022	CAWT Health and Wellbeing	HoS Health and Wellbeing/ Mental Health
		Support the development of a national evaluation framework for social prescribing	Reach of social prescribing initiatives increased Structure in place to ensure joined up approach Local evaluation of social prescribing				
5.2	Pregnant women and mothers have improved mental health & wellbeing and are aware of the available supports	Provide information, training and screening tools to PHNs to identify women at risk of developing postnatal depression and implement in line with HSE Perinatal Clinical Programme	Number of PHNs who received training in mental health screening at booking clinics Information campaign to increase awareness of mental health and wellbeing in pregnancy	2019	2024	Directors of Public Health Nursing, Health and Wellbeing	HoS Health and Wellbeing/ Primary Care

Continued ▶

5 Mental Health and Wellbeing

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
5.3	Increased public awareness of mental health and wellbeing	Promote National Mental Health campaigns such as: #LittleThings and Green Ribbon campaigns	Number of orders for and distribution of campaign resources Number of organisations and health service settings actively engaged Planned activities for World Mental Health Week and Anti-stigma month	2019	2024	Health and Wellbeing	HoS Mental Health/ Social Care/ Health and Wellbeing/ Social Care
5.4	People with mental health problems have improved mental and physical health	Deliver co-produced training and education programmes to build capacity among service users, family members and mental health staff to promote positive mental health Promote the physical health of mental health service users in line with the recommendations from the National Working Group on Improving the Physical Health of Mental Health service users Support the development and implementation of the forthcoming National Mental Health Promotion Plan	Number of Mental Health education and training programmes delivered Recovery Colleges established On-going evaluation of programmes Promotion of and uptake of national screening programmes Promotion of and uptake of community-based initiatives, physical activity /social farming	2019	2022	Mental Health Service General Manager and Mental Health Service Reform Programme	HoS Mental Health
5.5	People have strategies to prevent and manage stress	Implement the Stress Control Programme in local communities and make available to staff, service users and wider populations.	Number of people attending Number of trainers trained Number of courses delivered Evaluation completed	2019	2022	Principal Psychology Managers and Health and Wellbeing	Head of Health and Wellbeing
5.6	Men have improved health and wellbeing	Support the delivery of Healthy Ireland Men - the HSE Men's Health Action Plan 2017-2021 Co-ordinate a range of initiatives for Men's Health week Deliver community based programmes including Men on the Move Programmes	Number of ENGAGE training sessions delivered Number of persons trained in ENGAGE Evaluation of initiatives Men's health week events being run Number of programmes and participants	2019	2024	Health and Wellbeing	HoS Health and Wellbeing

6 Self-management Support for Chronic Conditions

Self-management is what people living with long term health conditions do on a daily basis when they are not face-to-face with their doctor or other healthcare professional.

Self-management entails the person making choices about their health and lifestyle behaviours. Good self-management can improve quality of life for people living with long term health conditions; helping them to live as well as possible with their health condition. Examples of good self-management include eating a healthy balanced diet, taking medications as prescribed, learning about their health condition, being more physically active, getting involved in community or social activities, monitoring signs of their long term health condition - e.g. taking blood glucose levels for people living with diabetes. People need knowledge and skills to enable and support them to manage their long term health condition. Self-management should not mean going it alone. In response to the increasing numbers of people in Ireland living with long term health conditions and the recognition that self-management is a key element of quality care for these people, a National Self-management Support Framework for Chronic Conditions: COPD, Asthma, Diabetes and Cardiovascular disease was launched in late 2017. A Self-management Support Coordinator has been appointed in each CHO Area to lead the implementation of this Framework.



This course (Quality of Life) has made me feel more positive. I have learned a lot about managing my arthritis, around exercise, healthy eating, dealing with pain etc. I am definitely glad I did this course.

Peter, Donegal

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
6.1	Patients are active partners in their healthcare and are supported to self-manage their long term conditions	Develop Self-management Support (SMS) Implementation plan Map programmes and supports for SMS chronic conditions and identify gaps in services Deliver a range of SMS Programmes including DESMOND X-PERT, Quality of Life, Pulmonary Rehabilitation, etc.	Implementation plan developed and implemented Number and type of supports available e.g. directory of programmes, eHealth, web pages, apps Number of people accessing Self-management programmes Collect and report on agreed KPIs for SMS for chronic conditions	2019	2022	Self-management Support Co-ordinator	HoS Health and Wellbeing/ Primary Care

Continued ▶

6 Self-management Support

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
6.1	(Continued) Patients are active partners in their healthcare and are supported to self-manage their long term conditions	<p>Engage with health and social care professionals to promote and support delivery of SMS</p> <p>Support the implementation of the National Clinical programmes recommendations on SMS for chronic conditions</p> <p>Deliver structured patient education programme for type 2 diabetes</p> <p>Deliver relevant training to staff</p> <p>Develop an online self-management web page in partnership with national digital communications</p>	<p>Number of health professionals engaged with</p> <p>Implementation of relevant recommendations</p> <p>Number of participants attending programmes</p> <p>Number of staff who received training</p> <p>Number of 'hits' /numbers accessing webpage online</p>	2019	2022	Self-management Support Co-ordinator	HoS Health and Wellbeing/ Primary Care

7 Alcohol

Low alcohol consumption (fewer than two drinks per day) is associated with lower coronary heart disease incidence and mortality in middle aged and older adults.

According to the WHO, Ireland has one of the highest levels of alcohol consumption in the EU. This is confirmed in a number of population surveys.

Alcohol is implicated in numerous premature deaths every year from disease, accidents and violence. The negative consequences of alcohol include harm to physical health, psychological wellbeing and relationships. These consequences impact on all facets of society, from the affected individuals and their families to the medical, social and legal resources of the state.



I was really happy to attend the Drugs and Alcohol training for young people. It taught me a lot that I didn't know about the dangers of drug and alcohol abuse and the best part was it was done in a fun way."

Shane, Sligo

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
7.1	Fewer mothers are using alcohol during pregnancy	Provide accurate and consistent information on alcohol and pregnancy to all women of child bearing age Deliver training to key staff to implement initiatives for alcohol free pregnancy	Resources and Information on alcohol and pregnancy displayed in HSE locations and distributed to relevant public facilities Number of staff who received training	2019	2024	Health and Wellbeing	HoS Health and Wellbeing / Primary Care
7.2	People attending health care services are screened for alcohol and/or drug use	Front line health care staff will be trained in the use of screening tools (AUDIT, DUDIT or DSM V tool). Ensure staff competency to provide an extended brief intervention	Number of staff who received training on Audit use of screening tools Number of staff who have undertaken MECC training	2019	2022	Alcohol Forum	HoS Mental Health/ Primary Care
7.3	Display alcohol information in all CHO facilities to reinforce positive health messages in relation to alcohol risks	Staff will access information from the two national approved websites: > www.askaboutalcohol.ie > www.drug.ie Staff are aware of the HSE Alcohol Partnership Policy Provide up to date information and resources to community partner organisations and groups	Resources and information displayed in HSE locations and distributed to relevant public facilities Reduced alcohol consumption per capita	2019	2024	Addiction Service Managers	HoS Mental Health/ Primary Care/ Social Care/ Health and Wellbeing

Continued >

7 Alcohol

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
7.4	People access the appropriate service provision for their needs	Develop referral pathways in line with the HSE Four Tier Model to alcohol and drug services and disseminate to health care, community and voluntary settings in CHO 1	Number of referrals accessing the service appropriate to their needs	2019	2024	Addiction Service Managers	HoS Mental Health/ Primary Care
7.5	People are aware of the relationship between alcohol and sexual behaviour and health	Provide accurate and consistent information on the relationship between alcohol and sexual health behaviours	Resources and information displayed in Primary Care and HSE locations and distributed to relevant public facilities including Educational facilities	2019	2024	Primary Care Service Managers	HoS Mental Health/ Primary Care/ Social Care/ Health and Wellbeing
7.6	People are aware of Alcohol Policy to inform their prevention and intervention activity	Provide ½ day training on Alcohol Policy in each CHO area using Alcohol Programme resource	People avoid making mistakes due to lack of knowledge of alcohol policy	2018	2023	Primary Care Service Managers	HoS Mental Health/ Primary Care/ Social Care/ Health and Wellbeing
7.7	People affected by their own or family member's alcohol/drug use are supported to improve their health & wellbeing	Strengthen peer support groups across CHO1, e.g. family support services, Life Ring, AA, NA	Number of locally available peer support programmes	2019	2024	Primary Care Service Managers	HoS Mental Health/ Primary Care

8 Tobacco Free Ireland

Tobacco Free Ireland is a government strategy which has set a target for Ireland to become 'tobacco free' by 2025, which will mean that only 5% or less of the population will be using tobacco.

The two key themes underpinning Tobacco Free Ireland are the protection of children and the denormalisation of tobacco use. Identifying tobacco users, encouraging them to quit and providing them with the most appropriate support for their individual needs are essential elements to this. We know that encouraging evidence based treatments along with behavioural support, preferably face to face, are the most effective methods.

We already have more quitters than tobacco users in Ireland and the trends are continuing to go in the right direction. Healthy Ireland Survey 2016 showed that 48% of all who have used tobacco in the past year have made an attempt to quit during that period and that the majority of tobacco users would like to quit which is very promising. Tobacco Free Campuses are an essential element in achieving the target of 5% by 2025 and their aim is to denormalise tobacco use especially for children, treat tobacco as a healthcare issue and protect people from exposure to second hand smoke.

Senior management support and clear communication are essential elements of this. Tobacco users often use the interaction with a healthcare professional or admission to a healthcare/ residential setting as an opportunity to look at their tobacco use or even make a quit attempt and we have a role and responsibility to support them to do this.



After 36 years of being a chain smoker I gave up because of the support of the smoking cessation clinic. If I can do it, anyone can"
Lizzy, Cavan

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
8.1	People are supported to be physically healthy living in a tobacco free environment	Establish a steering group with key stakeholders and develop an action plan Monitor and audit implementation of the Global Network for Tobacco Free Healthcare Services Quality Standards and participate in Tobacco Free Audit. Data to be supplied to the Tobacco Free Ireland Office Review compliance with the HSE Protection from Second- hand Smoke in Domestic Settings Policy in each care group in addition to raising awareness among the public of second hand smoke/passive smoking	Lead identified and action plan developed Number of Tobacco free audits Number of risk assessments / complaints from health care workers reduced	2019	2024	Health and Wellbeing	HoS Mental Health/ Primary Care/ Social Care/ Health and Wellbeing

Continued >

8 Tobacco Free Ireland

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
8.2	People are supported to live longer and healthier lives free from the detrimental effects of tobacco	<p>Assist Tobacco users to quit and reduce number of people starting to use tobacco</p> <p>Deliver targeted programmes to most in need population groups e.g. pregnant women who use tobacco, clients with mental ill health and those with chronic disease in addition to those in the lower socio economic groups</p>	<p>Smoking cessation information, support and resources displayed at HSE locations and distributed to relevant public facilities</p> <p>Number of participants/programmes</p> <p>Number of people who quit</p>	2019	2022	Health and Wellbeing	HoS Mental Health/ Primary Care Social Care/ Health and Wellbeing
8.3	Support the Development of National Programmes and Systems for Tobacco Cessation	<p>Support the implementation of the Health Behaviour Patient Management System (e-referral to QUIT services)</p> <p>Engage with the Tobacco Free Ireland Programme (where required) to assist in working with the National Clinical Effectiveness Committee (NCEC) of the DoH to develop clinical guidelines for the treatment of nicotine dependence and implement the guidance once complete</p>	<p>Patient Management System implemented in all CHO sites</p> <p>Participated in consultation process</p> <p>Clinical Guidelines implemented</p>	2019	2021 2020	Health and Wellbeing	HoS Mental Health/ Primary Care Social Care/ Health and Wellbeing

9 Sexual Health

Sexual health is a fundamental component of overall health and wellbeing. The indicators used to describe it are often the negative aspects, such as sexually transmitted disease rates.

However, approaches that acknowledge the positive role of sexual relationships are increasingly seen as the best way to engage with people and of improving sexual health. Improving sexual health requires provision of comprehensive sexual health services, tailored to the needs of the clients, and initiatives to promote sexual health in the wider population. This includes addressing the needs of young people, people who identify as LGBTI+, people with disabilities, ethnic groups and older people. LGBTI+ are at much greater risk of mental health problems and suicide because of discrimination and lack of awareness in relation to their sexual identity. People from ethnic minority groups may find services difficult to engage with for cultural reasons. Young people have many barriers to engaging with services, using contraception and adopting healthier behaviours. Planning for the needs of a population requires a multi-agency approach with representation from clients and communities.



“It is generally not recognised that a person with an intellectual disability has the same desires and sexual preferences as the general population. They are entitled to the same information, support and services as those without a disability, the only difference should be in the way these supports and services are explained and delivered. I heard about the Foundation Programme on Sexual Health Promotion (FPSHP) and knew immediately that this course was what I had been looking for.”

Fiona, Donegal

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
9.1	People receive comprehensive and age-appropriate information and have access to equitable and quality sexual health services	Establish a steering group with the key stakeholders and develop local action plans based on National Sexual Health Strategy	Lead identified and action plans developed	2019	2024	Health and Wellbeing	HoS Mental Health/ Primary Care Social Care/ Health and Wellbeing
		Equality proof actions plans to ensure that programmes and services address marginalised groups	People from marginalised groups have contributed to the development of local action plans				
9.2	Staff and local service providers have awareness of sexual health services and resources	Map local sexual health services and identify existing referral pathways	Guides on local resources and services available to staff for signposting to service users	2019	2024	Health and Wellbeing	HoS Mental Health / Primary Care Social Care/ Health and Wellbeing
		Identify service gaps and potential for service development	Service review completed				
9.3	People have improved sexual health and wellbeing and reduced negative sexual health outcomes	Deliver sexual health related training to staff and local service providers	Number of participants who received training	2019	2024	Public Health Medicine, Health and Wellbeing	HoS Mental Health/ Primary Care Social Care/ Health and Wellbeing
		Promote awareness of sexual health and wellbeing and supports available through national HSE sexual health campaigns and websites	Number of initiatives supported				

10 Positive Ageing

The ageing of our population is one of the most significant demographic and social developments that Irish society has encountered.

There is no doubt that this will pose challenges but it will also bring great opportunities. The National Positive Ageing Strategy provides the blueprint for this planning - for what we can do and must do - individually and collectively - to make Ireland a good country in which to grow older in the years ahead. The vision is that Ireland will be a society for all ages that celebrates and prepares properly for individual and population ageing. It will enable and support all ages and older people to enjoy physical and mental health and wellbeing to their full potential.



I absolutely loved the Arts programme. I would never have done anything artistic ever in my life before. I was just busy with children and running a house. It gave me a new lease of life. I'm a widow now and I live alone and it was marvellous to have something to get out for, to get involved in and then to forget your aches and pains."

Hannah, Monaghan

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
10.1	People with dementia and their families experience a health service that is dementia inclusive	Support the implementation of the National Dementia Strategy	<p>Dementia: Understand Together Campaign resources and information displayed in HSE locations and distributed to relevant public facilities</p> <p>Dementia friendly design incorporated in new builds or modifications</p> <p>Dementia care pathway between acute and community services in place and services directory developed</p> <p>Number of Memory Resource Technology Rooms increased</p> <p>Number of staff (including home care staff, residential and primary care) who received dementia awareness training to ensure staff are competent, confident and content</p> <p>Recruitment of Dementia Lead to support the implementation of the Strategy</p>	2019	2024	HoS Social Care	HoS Social Care
10.2	Older people, especially vulnerable older people, are safeguarded	<p>Promote awareness of and implement HSE Safeguarding Policy</p> <p>Promote awareness of national policy</p>	<p>Protocols and policies relating to safeguarding reviewed and mapped</p> <p>Number of designated officers and front line staff who received training in safeguarding vulnerable older people</p> <p>National Safeguarding campaign promoted</p>	2019	2022	Older Persons Service Managers	HoS Social Care

Continued >

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
10.3	Older people's risk of falls is minimised	Implement the integrated care pathway for falls prevention and bone health	Referral pathways in place from Emergency Department (ED) to Community Falls Prevention Clinics	2019	2022	Physiotherapy Service Managers	HoS Social Care
		Implement the Falls Prevention programme in all residential units and in HSE community locations	Decreased number of falls				
		Implement programmes for frail people living in their own homes					
		Implement the function and MOT Fitness Programme					
10.4	Older people are protected from flu	Promote increased uptake of Flu vaccine among over 65s.	Number of over 65's availing of the vaccine increased	2019	2024	All Service Managers & Flu Lead	HoS Primary Care, Social Care, Mental Health and Health and Wellbeing
10.5	Older people experience a quality home care service	Support the development and implementation of national model of home care (pending)	Implementation of national model	2019	2024	Home Care Services Manager, Older Persons Services Managers	HoS Social Care
10.6	Older people have improved mental health and wellbeing and are engaged and active in their local communities	Liaise with community and voluntary organisations to promote older people remaining active and engaged in their local communities	Number of engagement initiatives delivered by community organisations	2019	2024	Older Persons Services Managers	HoS Social Care
10.7	Carers have improved health and wellbeing	Implement the Carer Needs Assessment Tool as part of the HSE Single Assessment Tool (SAT)	Carers Needs assessment tool incorporated with the HSE SAT	2019	2024	Older Persons Services Managers	HoS Social Care/ Primary Care/ Mental Health
		Deliver education and training and increased support to carers	Number of courses delivered /number of participants who received training				

11 Partnerships

The Healthy Ireland Framework ethos is about bringing people together from all different organisations in a national movement with one aim to have a healthier Ireland. CHO 1 aims to continue working together with our partners to ensure that we are all striving to improve the health and well-being of our communities.

Inter-agency working is essential and is widely regarded as improving the quality of services and support offered. There is promising evidence from many countries on the benefits of a more joined-up approach in improving professional practice and providing better support at an earlier stage for those who need it. However, such systems take time to become embedded in practice. The literature confirms that interagency working is helpful only if it is done properly and implemented well.

As a result of positive interagency work, changes have been reported for:

- > service users (such as improved access to services and a speedier response);
- > professionals (such as enhanced knowledge and skills, better understanding of need, greater enjoyment of their work and more opportunities for career development);
- > and for agencies (such as greater efficiency, less duplication and greater involvement of service users).



“I've been a member of the Community Health Forum for about 7 years or so through its membership our own support group were able to access HSE meeting rooms and also funding to print booklets, host complimentary therapies for patients unable to access them normally. A personal benefit has been to work with an amazing group of people who are obviously passionate about their groups, their communities and strengthening the connection between the Community Health Forums and Primary Care Teams.”
Paddy, Donegal

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
11.1	People and communities will be healthier	Actively engage and collaborate in interagency groups e.g. LCDDC (Local Community Development Committee's), CYPSC (Children and Young Peoples Services Committee) & sub-committees to support implementation of the HSE and HI priorities Actively engage and collaborate in cross-border EU Interreg VA Projects; MACE, CoH Sync, mPower, iRecover etc.	Established mechanism for quarterly reporting EU Interreg targets for VA achieved	2019	2022	Primary Care Service Managers, Health and Wellbeing and Social Inclusion	HoS Health and Wellbeing, Mental Health, Social Care, Primary Care

Continued >

11 Partnerships

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
11.1	(Continued) People and communities will be healthier	Develop processes to support HSE representatives working in a coherent way at interagency level Deliver partnership training to staff representing HSE Promote Healthy Cities and Counties across the CHO1 areas	HSE, LDCOs and CYPSC forums are established Roles and responsibilities of staff representatives are defined A Communication Plan is produced Number and % of staff representatives who received training Number of Healthy Cities and Counties partnerships established	2019	2022	Primary Care Service Managers/ Health and Wellbeing and Social Inclusion	HoS Health and Wellbeing

12 Research / Health Intelligence

Health Intelligence is the development and use of knowledge to support decision making to improve the health of the population.

Health intelligence facilitates the development of evidence-based analyses, products, reports, surveys, methodologies that inform key strategic and operational decision-making needs. It enables health service staff to use a range of health intelligence, evidence, and knowledge for health, through information and knowledge systems, and facilitation of groups and teams in decision-making change processes to put research into practice and to conduct targeted skills training.



Getting the opportunity to participate in innovative cross-border research with leading academic institutions and clinicians will clearly benefit our patients."

Gerry, Monaghan

No.	Outcome Brief statement of what we hope to accomplish	Action What specifically are we going to do to make that happen	Measures of Success How we will know if we are achieving what we set out to do	Start Date	End Date	Operational Lead	Organisational Lead
12.1	People receive services which are informed by robust data collection and evaluation	Implement national guideline on research and health intelligence (pending) Provide health intelligence data to inform service planning and delivery	Data returned by all services as per national guidelines	2019	2022	HoS Mental Health/ Primary Care Social Care/ Health and Wellbeing/ Public Health Medicine	HoS Mental Health/ Primary Care Social Care/ Health and Wellbeing Public Health Wellbeing

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Acronyms / Terminology used

Acronyms

AA	Alcoholics Anonymous
AUDIT, DUDIT OR DSM V tool	Alcohol and Drug screening tools
CAMHS	Child & Adolescent Mental Health Service
CHO	Community Healthcare Services are the broad range of services provided outside of the acute hospital system and include Primary Care, Social Care, Mental Health and Health and Wellbeing Services. These services are delivered through the HSE and its funded agencies to people in local communities, as close as possible to people's homes
CHO 1	Community Healthcare Organisation Area 1 comprises counties Cavan, Donegal, Leitrim, Monaghan and Sligo
CMT	Community Mental Health Team
CYPSC	Children and Young People Services Committee
EU INTERREG VA	European Union programme designed to promote greater levels of cross-border co-operation and addresses areas of disadvantage and health inequalities
GMS	General Medical Services
GP	General Practitioner
HoS	Head of Service
HP&I	Health Promotion and Improvement
HPS	Health Promoting Schools
HSE	The Health Service Executive is responsible for the provision of health and personal social services for everyone living in Ireland with public funds. The Executive was established by the Health Act, 2004 and came into official operation on 1 January 2005
HseLAND	HseLAND online resource for HSE staff which contains eLearning Programmes, resources, assessment and planning tools to support staff in their role and staff personal and professional development
KPIs	Key Performance Indicators
LCDC	Local Community Development Committee
MECC	Making Every Contact Count
Narcotics A	Narcotics Anonymous
NHS	National Health Service (UK & NI)
NPPP	National Policy Priority Programme
PHN	Public Health Nurse
RCSI	Royal College of Surgeons is a hospital group providing a service in Dublin and the North East and comprises Beaumont Hospital, Cavan General Hospital, Connolly Hospital, Louth County Hospital, Monaghan Hospital, Our Lady of Lourdes Hospital – Drogheda, Rotunda Hospital and RCSI (Academic Partner)
Saolta	Saolta University Health Care Group comprises of 6 hospitals across 7 sites: Letterkenny University Hospital (LUH), Mayo University Hospital (MUH), Merlin Park University Hospital (MPUH), Portlinculla University Hospital (PUH), Roscommon University Hospital (RUH), Sligo University Hospital (SUH) and University Hospital Galway (UHG)
Section 39 Agencies	Section 39 of the Health Act 2004 provides that the HSE may “give assistance to any person or body that provides or proposes to provide a service similar or ancillary to a service that the Executive [HSE] may provide”. Such assistance may range from contributing to the expenses incurred by that person or body to allowing them use HSE premises. Financial assistance is provided in the form of a grant and the value of such grants can vary from very high to very low

Acronyms / Terminology used (continued)

START	The START campaign is a five year public health awareness campaign from safefood, the HSE and Healthy Ireland. The campaign is encouraging families to take the first step towards a healthier lifestyle for their children by supporting them with one daily win and to persist with the changes, no matter how difficult they become. To find out more about the START campaign and ways to make a healthy, positive start visit www.makeastart.ie
TUSLA	TUSLA - The Child and Family Agency is now the dedicated State agency responsible for improving wellbeing and outcomes for children
VFC	Vision for Change sets out a comprehensive policy framework for Mental Health Services
WHO	World Health Organisation
WTE	Whole Time Equivalents

Terminology

Active Travel	A viable, safe and attractive alternative to car use.
Dignity At Work	HSE Policy that recognises the right of all HSE employees to be treated with dignity and respect at work
Engage	Engage' training programme aims to increase participants' understanding of best practice in engaging men with health and social services.
Healthy Eating	A healthy diet that helps to maintain or improve overall health.
Men on the Move programme	Men on the Move is a physical activity programme that is aimed at adult men over the age of thirty to support them to become active, have fun and improve their fitness levels.
Mindfulness	The process of bringing one's attention to experiencing the current moment, which can be developed over time.
Minding Your Wellbeing	Initiative for HSE staff
Recovery Colleges	Offer educational courses about mental health and recovery which are designed to increase students' (service users and their carers) knowledge and skills and to help them feel more confident in self-management of their own mental health and well-being.
Safeguarding	Safeguarding Vulnerable Adults
Smarter Travel	Sustainable transport for Ireland's workplaces and campuses
Smoking Cessation	Supports to quit smoking
Values In Action	Values in Action is about building a culture in the health service that reflect our values of care, compassion, trust and learning.
Work Positive	HSE guide to creating a positive work environment for staff

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December 2018

ISBN 978-1-78602-109-0