Strategic Priority
Health Service Reform

1. New Corporate Goals and Priorities

**ACTIONS 9–10**
- All annual service and business plans will detail how Corporate Plan goals are being achieved
- National and local services will be required to provide status updates on the Healthy Ireland Implementation Plan as part of the Corporate Plan reporting requirements

2. Structural Reform

**ACTIONS 11–16**
- A Head of Health and Wellbeing will be appointed to the management team of each CHO, with responsibility for co-ordinating and driving the delivery of a HI Implementation Plan on behalf of the Chief Officer
- Each CHO will publish its own Healthy Ireland Implementation Plan
- Each Hospital Group will identify a Healthy Ireland Lead from its senior management team
- Each Hospital Group will publish an Implementation Plan and from this will flow individual hospital plans
- CHO(s), Hospital Groups and national services will proactively build their own internal capability to respond to this agenda, drive change in management and clinical practice and report on agreed outcomes
- The Health and Wellbeing Division will continue to strengthen its senior management team capacity to reconfigure its services, consolidate resources and develop the Division in the context of a commissioning framework and empowered, accountable health delivery organisations

3. Financial Reform

**ACTIONS 17–18**
- Identify mechanisms to incentivise the delivery of preventative activities as part of the Activity Based Funding (ABF) framework
- Use the model to incentivise hospitals to achieve 90% risk recording on the Hospital In-Patient Enquiry (HIPE) system

4. Knowledge, Information and e-health

**ACTIONS 19–24**
- Ensure that overall governance design for the implementation of the HSE Knowledge and Information Strategy includes a requirement for health and wellbeing deliverables and that health and wellbeing leadership is built into all steps of the implementation process
- Develop and implement a National Child Health Information System
- Adapt HIPE and other IT systems for mandatory recording of key risks and interventions
- Update Patient Administration Systems (PAS) to support recording of appropriate information to support equity audits on services
- Develop and implement an Electronic Patient Record system
- Implement an e-referral system between GP/hospitals/specialist support services e.g. QUIT service, mental health services, addiction services etc.
5. Integrated Care Programmes and Models of Care

**ACTIONS 25–26**
- Incorporate prevention and intervention requirements into existing and new clinical care programmes’ models of care (starting with four demonstrator projects – Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Asthma, and Heart Failure)
- Develop a national framework for self-care management and develop services accordingly

6. National Policy Priority Programmes

**ACTIONS 27–28**
- Establish national policy priority programmes for key policy areas with representation from each HSE service, CHO and Hospital Group
- Ensure that each programme is supported by a network of partner organisations, including the community and voluntary sector, academia and professional bodies

7. Funding and External Partnerships

**ACTIONS 29–33**
- Better utilise new and existing health service contracts and grant aid agreements to grow social support networks for families and communities to better deliver Healthy Ireland objectives as part of service contracts
- Support will be provided for HSE staff to work in a co-ordinated way with local authorities and other partners to inform the development of Local Economic and Community Plans (LECPs) and ensure a focus on health and wellbeing objectives particularly health inequalities and related outcomes
- Continue to work closely with other agents for change, enhancing existing structures for implementation, rather than creating new ones, e.g. Children and Young People’s Services Committees and Age Friendly County Programmes
- Increase the size and effectiveness of our stakeholder and partnership network over the next three years, through aligning stakeholder priorities and actions to support HI goals and our Implementation Plan
- The Director General and the National Director Health and Wellbeing will work proactively as members of the Healthy Ireland Council, building an advocacy network for health and wellbeing across communities in Ireland
# Strategic Priority
Reducing the burden of Chronic Disease

## 1. Addressing Modifiable Risk Factors and Life Course Perspective

**ACTIONS 34–40**

- Policy priority programmes will develop policy specific implementation plans and ensure delivery of these through health service settings.
- Policy priority programme leads will work closely with the Department of Health and other policy makers to inform evidence led policy and legislative change to address health inequalities, in particular inequities in access to healthcare services.
- Develop a series of special reports in relation to various elements of health and wellbeing improvement, from determinants to interventions to outcomes with priority given to health protection, health inequalities, and the environment and health.
- Build a broader stakeholder network to advocate for evidence based policy and actions to address the determinants of health behaviours.
- Health service nominees on external decision-making and advisory committees will drive evidence based policy developments.
- Devise and implement a national model for improved community nutrition and dietetic services.
- Develop a revised, evidence based, universal child health screening and development programme.

## 2. Making Every Contact Count

**ACTIONS 41–42**

- Champion and leverage strong clinical and professional leadership in the development of a framework and implementation plan for the National Brief Intervention Model.
- Strengthen collaboration with colleges, universities and professional training bodies to include health and wellbeing and prevention modules in relevant undergraduate and postgraduate training courses.

## 3. Building Capacity for Self-care and Self-management of Chronic Diseases

**ACTIONS 43–44**

- Implement a national framework for self-care for the major cardiovascular, respiratory diseases and diabetes.
- Increase the proportion of patients utilising self-care and self-management supports.

## 4. Health Literacy

**ACTION 45**

- Promote and provide national tools for training, resource development and health literacy audits in services to raise standards of health literacy among patients, service users and carers.
### 5. Quality and Patient Safety

**ACTIONS 46–48**

- Standards 1.9 and 4.1 of the *National Standards for Safer Better Healthcare* to be addressed through *HI Implementation Plans* at CHO, hospital and service level
- Include health and wellbeing indicators when measuring patients’ needs, experiences and outcomes of care
- Involve patients in the development of programmes and initiatives to improve health and wellbeing

### 6. Research and Evidence

**ACTIONS 49–53**

- Produce annual health information paper to inform service planning
- Establish research prioritisation, commissioning, management and dissemination processes in conjunction with key partners
- Develop and disseminate health and wellbeing profiles at county level
- Develop capacity to complete national and local population needs assessment to support services with planning, resource allocation and evaluation
- Design an evaluation tool and promote its availability and use with HSE service planning and funding teams
Strategic Priority
Improving Staff Health and Wellbeing

Improving Staff Health and Wellbeing

**ACTIONS 54–64**

- Develop and implement a HSE Healthy Workplace Policy
- Ensure the forthcoming HSE People Strategy contains a commitment to staff engagement and staff health and wellbeing as core principles
- Health and Wellbeing in conjunction with HR and Quality Improvement Divisions will develop multi-disciplinary sustainable capacity and expertise to deliver this agenda with the appointment of a lead for staff health and wellbeing a priority
- All delivery organisations will put in place specific consultation mechanisms with their staff to generate bottom-up ideas, and to support and demonstrate commitment to this programme
- Health and Wellbeing Division will establish more refined measures of employee health and wellbeing for inclusion in future national staff engagement surveys
- Health education campaigns will include specific information and supports to help staff improve their own health and wellbeing
- Establish an incentive programme to support improved health and wellbeing amongst staff
- Build health and wellbeing champions amongst current and retired staff
- Implement HSE Tobacco Free Campus Policy, Healthy Food and Nutrition Policy, Calorie Posting Policy and Healthy Vending Policy in all settings
- Make workplaces more supportive of measures to incorporate physical activity into the everyday working lives of staff
- Promote increased uptake of the flu vaccine in line with targets in annual operational plans
### Tobacco Free Ireland Action Plan

**ACTIONS 67–73**

- KPIs for Brief Intervention training and treating tobacco dependence as a care issue are embedded in local operational plans
- Complete the implementation of the HSE Tobacco Free Campus Policy in all health service sites
- Staff to “make every contact count” by screening, intervening and referring service users as appropriate to cessation support services as a routine part of the delivery of care across all services. Record smoking status and intervention delivered
- Establish training targets for key frontline staff requiring training in brief intervention so that staff have the skills and confidence to treat tobacco addiction as a care issue
- Train staff working in areas of high tobacco dependence (e.g. mental health) on the harm caused by tobacco use and the benefits of quitting so that they have the specialist skills to proactively deliver an ongoing programme of support to service users and staff within their service
- Display QUIT communications materials and resources in all premises to promote and support service users, visitors and staff to quit
- Ensure compliance with HSE Protection from Second-hand Smoke in Domestic Settings Policy

### Healthy Eating and Active Living Action Plan

**ACTIONS 74–84**

**HEALTHY EATING**

- Staff to “make every contact count” by routinely recording Body Mass Index (BMI), assessing, advising and referring service users as appropriate to specialist services. Record weight and intervention delivered
- Public Health nurses, practice nurses and allied health professionals will be prioritised for training in national programmes and initiatives that promote healthy eating in infants, children, young people and their families
- Promote the recording of BMI in medical records including electronic records e.g. HIPE and GP systems
- Promote training for medical practitioners to record obesity as a related cause of death as appropriate
- Implement the forthcoming HSE Healthy Food and Nutrition Policy including the national clinical guideline for identification and management of under-nutrition
- Support the implementation of agreed national pathways of care for prevention and management of overweight/obesity and chronic disease including clinical services, structured patient education and prevention and self-care programmes
- Support GPs in the implementation of the Diabetes Programme for adults on GMS
- Support GPs in the implementation of Preventive Wellness Checks as set out in the 2015 GP Agreement
- Implement the HSE Healthy Vending Policy and Calorie Posting Policy in all settings
- Record baselines, interventions and outcomes in HIPE, Primary Care and GP systems to monitor and evaluate effectiveness
- Implement actions from the forthcoming National Obesity Plan
Healthy Eating and Active Living Action Plan (continued)

**ACTIONS 85–89**

**PHYSICAL ACTIVITY**

- Facilitate the release of key frontline staff for training in brief intervention so that staff have the skills and confidence to discuss the importance of physical activity for good health and wellbeing with service users.
- Staff to “make every contact count” by routinely assessing levels of physical activity of patients and service users and promoting increased participation in activities available in the local community. Record patients’ and service users’ activity levels and advice offered.
- Support, promote and implement evidence based programmes to increase physical activity among key risk groups.
- Engage and collaborate with local authorities in their work to promote active living among key population groups in the community.
- Implement actions from the forthcoming National Physical Activity Plan.

Alcohol Action Plan

**ACTIONS 90–95**

- Facilitate the release of key frontline staff for training in brief intervention so that they have the skills and confidence to recognise and address alcohol misuse.
- Staff to “make every contact count” by screening, intervening and referring service users to specialist support as appropriate as a routine part of the delivery of care across all services. Record alcohol consumption patterns and intervention delivered.
- Display communications campaign materials and resources in all HSE settings to reinforce positive health messages.
- Continue the development of linkages with community drugs and alcohol services.
- Record baselines, interventions and outcomes to demonstrate effectiveness of interventions.
- Further develop psychology services within primary care to support and empower clients who smoke to quit.

Wellbeing and Mental Health Action Plan

**ACTIONS 96–105**

- Continue roll out of SCAN (Suicide Crisis Assessment Nurse).
- Continue implementation of the Clinical Programmes for Self Harm.
- Collaborate with Health and Wellbeing teams and programmes to accelerate the development of programmes for early intervention and prevention.
- Improved service user and carer/family engagement in the design and delivery of mental health and wellbeing services.
- Develop an increased focus on the health and wellbeing of our population in the delivery of recovery oriented services.
- Provide continuous professional development to all staff.
- Deliver health promotion and improvement programmes aimed specifically at supporting the wellbeing of staff working in mental health services.
- Develop a programme to train staff in intensive cessation supports to enable them to assist clients who smoke to quit.
- Further develop psychology services within primary care to support and empower clients and service users to manage their mental health and promote wellbeing.
Healthy Childhood Action Plan

**ACTIONS 106–119**

- Establish improved governance for child health services in CHOs
- Collaborate with the development of the revised evidence-based universal child health screening and development programme
- Identify those groups requiring additional support and services and ensure programmes developed encompass the wider determinants of health
- Support training and up-skilling of staff so that the new screening and development programme can be implemented
- Implement the revised evidence-based universal child health screening and development programme when finalised
- Support pregnant women, mothers and their partners to quit smoking
- Promote alcohol-free pregnancy
- Promote breastfeeding among all pregnant women and mothers with a focus on groups where rates of breastfeeding are low
- Promote good maternal nutrition
- Promote smoking cessation among parents and young people
- Provide information and support on infant and child nutrition
- Promote healthy eating among children
- Promote physical activity to increase the proportion of children taking regular physical activity
- Promote the parent-child relationship and positive parenting through empowering parents by provision of information and parenting programmes

Positive Ageing Action Plan

**ACTIONS 120–126**

- Display information and communications materials on dementia in all health service sites to help build understanding and awareness, and reduce stigma associated with dementia
- Implement actions from the Dementia Strategy Implementation Programme in identified locations
- Implement Older People Remaining at Home (OPRAH) in identified locations
- Implement the actions of the National Carers’ Strategy Implementation Plan
- Promote the welfare and safeguarding of vulnerable persons at risk of abuse
- Implement the primary care, acute hospital and public residential aspects of the four early adapters for falls prevention and bone health and subsequent development of the integrated care pathway in designated sites
- Support the development of Age Friendly Cities and Counties in conjunction with the local authorities and other community and voluntary organisations