

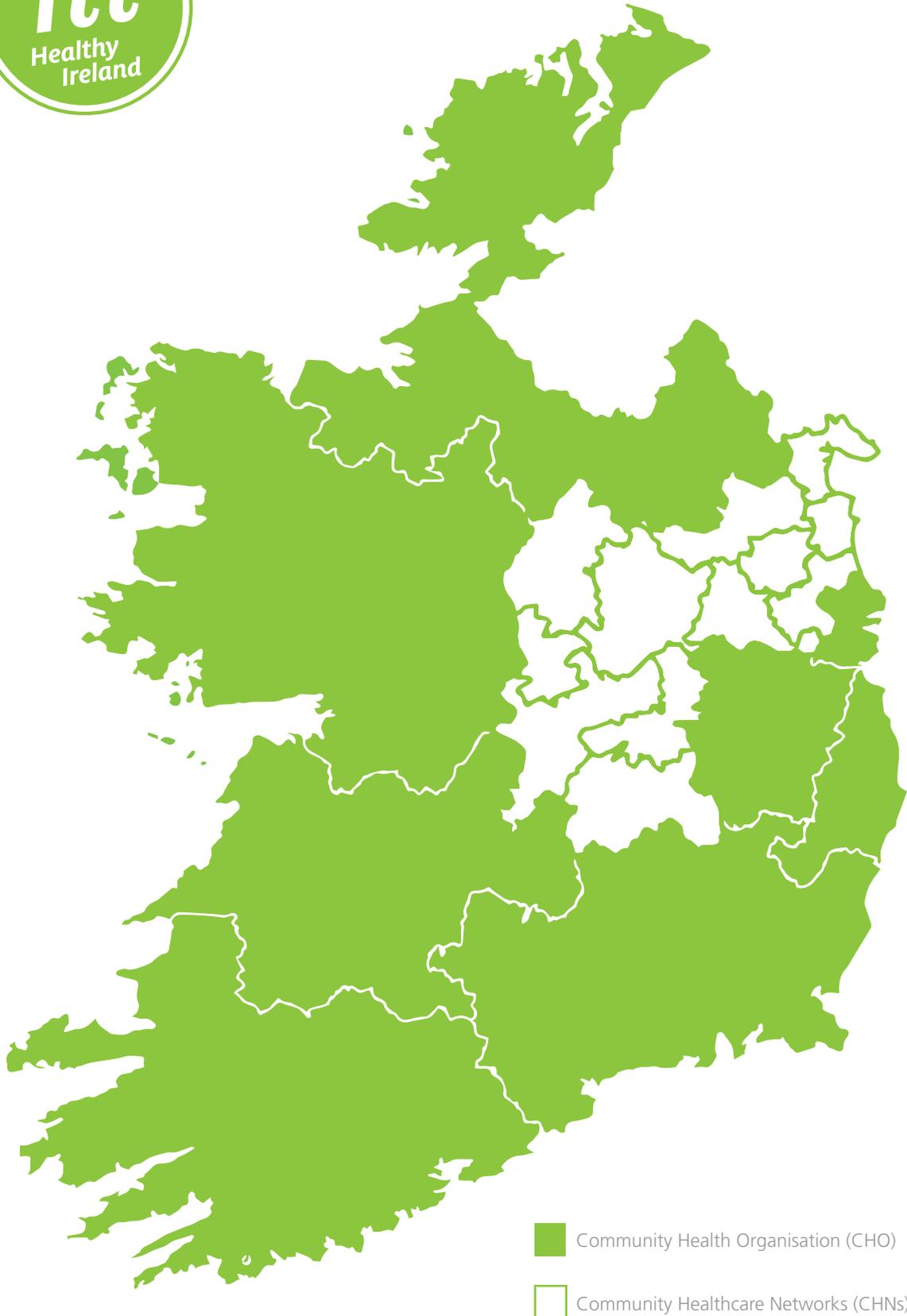


MIDLANDS LOUTH MEATH CHO
HEALTHY IRELAND
IMPLEMENTATION PLAN
2018 - 2022



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FOREWORDS



Mr Pat Bennett

CHO Chief Officer



Ms Fiona Murphy

Head of Health and Wellbeing

I am delighted to endorse the Midlands Louth Meath Community Healthcare Organisation (CHO) Healthy Ireland plan. This plan demonstrates our commitment in the CHO to the vision of the Healthy Ireland framework where 'everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility'.

The health service faces many challenges, not least the rising levels of chronic illness which accounts for approximately 76% of deaths, 80% of GP consultations and 55% of hospital expenditure. Although these statistics point us to a costly and unhealthy future, it is important to note that up to 80% of chronic illness can be prevented as these conditions are largely attributable to lifestyle behaviour. If we are to successfully address the challenge of chronic disease and build a sustainable health service into the future, we need an increased emphasis on prevention, early detection and self-management to help people to live well and age well. The Midlands Louth Meath CHO Healthy Ireland plan gives us an opportunity to do this and to positively affect the health and wellbeing of our communities, service users and staff.

I would like to thank Fiona Murphy, Head of Health and Wellbeing, and the CHO Healthy Ireland Steering group for their work in developing this plan. I look forward to overseeing progress on the implementation of this plan, building on the good work that already exists in the CHO, embedding health and wellbeing actions in our annual operational plans and ultimately look forward to the benefits this plan will bring to our communities, service users and staff.

Mr Pat Bennett,
CHO Chief Officer

I am pleased to present this Midlands Louth Meath CHO Healthy Ireland plan which translates the strategic framework for health and wellbeing into actions for delivery at local level across the CHO. In essence, these actions aim to bring about organisational change to focus on the improvement of health and wellbeing for the CHO population, the people that access our services and for the staff that work in the CHO. This plan also commits the CHO to enhanced collaboration with our statutory, community and voluntary partners to achieve the goals of Healthy Ireland.

I would like to thank Pat Bennett, Chief Officer, and the CHO senior management team for their continued support and commitment to the Healthy Ireland agenda across the CHO. I would like to thank the staff who took part in the Healthy Ireland consultation days and those staff that continuously embrace and promote health and wellbeing. I want to acknowledge the support from Dr Stephanie O'Keefe, National Director, Ms Sarah McCormack, National Healthy Ireland lead, and the wider national health and wellbeing team for the provision of the strategic direction to guide this plan.

The CHO Healthy Ireland steering group was instrumental in ensuring that this plan is realistic and achievable and their invaluable advice and support was much appreciated.

The next stage is the implementation of this plan and I look forward to working together over the next five years, so that we can get to a position where the promotion of health and wellbeing permeates everything we do as an organisation.

Ms Fiona Murphy,
Head of Health and Wellbeing

JOINT FOREWORD



Dr Stephanie O'Keefe

**National Director,
Strategic Planning and
Transformation**



Mr David Walsh

**National Director,
Community Operations**

The cross-governmental Healthy Ireland Framework underpins a movement that is bringing together people and organisations from across the country to address the social, economic and environmental factors that contribute to the development of chronic disease and to address health inequalities. This Framework, led and endorsed by the highest level of government sets out the economic and societal benefits of protecting and maintaining health, preventing illness and intervening early. The health and wellbeing of everyone living in Ireland, is the most valuable asset that we possess as a nation.

To help achieve this commitment within the HSE the Healthy Ireland in the Health Services National Implementation Plan was published in 2015. 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 Midlands Louth Meath Community Healthcare Organisation Healthy Ireland Implementation Plan has translated these priority areas into actions for delivery at local level building on the national actions of each of the National Policy Priority Programmes who are established to lead and co-ordinate a comprehensive health service response to key health and wellbeing policy areas e.g. tobacco, child health, alcohol, healthy eating and active living.

While we are focused day-to-day on the challenge of providing high quality safe services to the people in our care, we must also be focused on the future and the

challenge we face in terms of unsustainable healthcare costs driven by rising levels of chronic illness. An increased emphasis on prevention, early detection and self-management to improve the health and wellbeing of all our citizens is therefore as important for a modern health service as our priorities of quality, access, value, standards of care and patient outcomes.

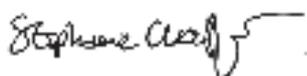
We welcome this five year HSE Midlands Louth Meath Community Healthcare Organisation (CHO) Healthy Ireland Implementation Plan. This plan includes a suite of 117 high level actions, broken down over a life course approach with these actions focusing on building a healthy childhood and focusing on living well all during life for ageing well. In addition it identifies the importance of the 7,466 staff who work in this CHO for its successful implementation and identifies 19 focused action areas for the continued improvement of their health and wellbeing. It builds on the commitment of the hospitals in the RCSI, Dublin Midlands and the Ireland East Hospital Groups who are already implementing their Healthy Ireland Implementation plans. Working hand in hand with these Hospital Groups this CHO is committing to be an agent for profound change to make major systemic and cultural shifts in how healthcare providers do their business. With its focus on prevention, on providing care closer to home, supporting people to better self-manage their illnesses, this plan is the roadmap to improving population health outcomes for the population of over 619,000 living in this area.

We sincerely commend the Healthy Ireland Steering Group, the CHO Management Team, in particular Pat Bennett, Chief Officer, who has spearheaded Healthy Ireland for CHOs on our National Healthy Ireland Steering and Oversight Group, Fiona Murphy, Head of Health and Wellbeing, the Senior Management Team of HSE Midlands Louth Meath CHO, and all their staff, on the work done to develop this Plan. We would also like to acknowledge the staff coordinating this work nationally, particularly Sarah McCormack, HSE National HI Lead, in supporting the planning process and in forging positive working relationships at national and local level thereby strengthening our capability for implementation. There is no doubt of the challenges that implementation brings and we assure community colleagues of our support in its implementation.

It takes energy, vision and commitment to turn action into demonstrable change and we believe we can make this a reality by working together across Hospital Groups and CHOs as outlined in this plan.

We wish the HSE Midlands Louth Meath CHO every success with the implementation of this plan.

Dr Stephanie O'Keefe,
National Director,
Strategic Planning and
Transformation



Mr David Walsh,
National Director,
Community Operations



1. Setting the Scene

1.1 Healthy Ireland - An Overview

1.2 Strategic Framework and the CHO



1.1 - Healthy Ireland - An Overview

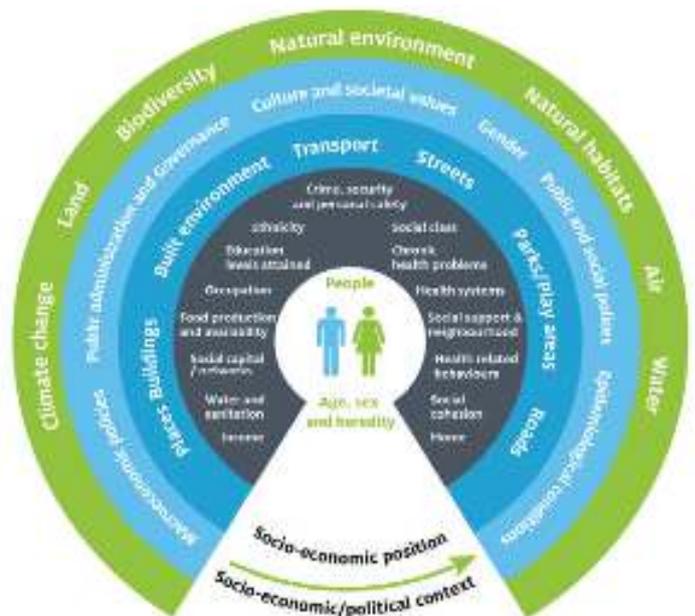
Healthy Ireland, A Framework for Improved Health and Wellbeing, is our national framework for action to improve the health and wellbeing of the people of Ireland and to create a healthier Ireland for generations to come. Healthy Ireland envisions a country where ‘everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone’s responsibility’.

The goals of the Healthy Ireland framework are to:

- Increase the proportion of people who are healthy at all stages of life
- Reduce health inequalities
- Protect the public from threats to health and wellbeing
- Create an environment where every individual and sector of society can play their part in achieving a Healthy Ireland

The main focus of the Healthy Ireland Framework is on the prevention of ill health and keeping people healthier for longer. A healthy population is a major societal asset and the promotion of health and wellbeing needs to be integral to everything we do. Current adverse health trends in Ireland are similar to those causing concern in other developed countries. They include projected significant increases in levels of chronic disease, exposure to health risks, growing health inequalities, and difficulty in accessing care when it is needed. Action is required to create change to try to address these negative health trends before our problems grow larger.

Health and wellbeing is shaped by many things in the world around us - our families, education, workplaces, the physical environment amongst other socio-economic, cultural and environmental conditions. The health service is one sector contributing to health and wellbeing. Evidence and experience from around the world clearly shows that to create positive change in health and wellbeing, it takes the involvement of the whole community, the whole of government and all of society working together. Action across all statutory, community and voluntary sectors in Ireland is necessary to address the wider determinants of health to improve the health and wellbeing of our population.



Source: Healthy Ireland in the Health Services National Implementation Plan 2015-2017. Determinants of Health (Adapted from Dalghren and Whitehead, 1991 and Grant and Sarton, 2006)

Healthy Ireland in the Health Services

In response to the Healthy Ireland Framework, the HSE published its first Healthy Ireland Implementation plan - 'Healthy Ireland in the Health Services Implementation Plan 2015 - 2017.' This plan sets out how the HSE will implement the Healthy Ireland Framework within the Health Services in Ireland and it identified the following three strategic priorities:



The plan also identified 126 actions to be delivered at national and local level. One of the 126 actions was the development of Healthy Ireland Implementation plans in each Hospital Group and each CHO. The development of this Midlands Louth Meath CHO Healthy Ireland five year Implementation Plan delivers on this action and sets out our commitment to the implementation of Healthy Ireland in our CHO area which serves a population of 619,281 people.

CHO Healthy Ireland Plan Evolution



Why Healthy Ireland in the CHO?

The Midlands Louth Meath CHO is the main provider of non-acute services i.e. primary care, social inclusion, social care and mental health services in Louth, Meath, Laois, Offaly, Longford and Westmeath. Hence, we have a significant responsibility for the delivery of the Healthy Ireland Framework within our own organisation to support and empower our communities, our service users and our staff to achieve their fullest health potential.

This Healthy Ireland implementation plan for the CHO is required because health and wellbeing is changing and there are many trends that are leading us toward an unhealthy and costly future such as:

49% of Irish people over 50 have one chronic disease and **18%** have more than one

1 in every 10 people over 50 years of age has **diabetes**

The major chronic diseases - diabetes, cardiovascular and respiratory disease will **increase** by **20%** to **30%** in the **next 5 years**

1 in 5 of us will experience **mental health** problems in our lifetime

36,000 new cases of **cancer** are diagnosed each year

The population profiles detailed in this plan together with population projections for Ireland for the coming years point to pressures on our services which will increase over time. These pressures arise out of the fact that people are living longer with disease which would previously have resulted in premature death. This increase in life expectancy is welcome (83.4 years for women and 79.6 years for men) and is an acknowledgment of improved health care and greater longevity. However, chronic long term conditions can be debilitating and reduce the quality of life for many people living in Ireland and their families.

Reducing the burden of chronic disease is a priority for Midlands Louth Meath CHO's Healthy Ireland implementation plan. Chronic diseases, comprising of cancer, cardiovascular disease (CVD), chronic obstructive pulmonary disease (COPD) and diabetes, are the leading cause of mortality in the world and managing chronic disease accounts for a growing share of finite resources in the health services. Yet an overwhelming body of evidence has established that many chronic diseases are attributable to a number of known and preventable risk factors - smoking, high blood pressure, obesity, high cholesterol, alcohol misuse, physical inactivity and poor diet.

Chronic disease is largely preventable so it is important that we support our communities and staff to take control of their own health as far as possible. To combat the rise of chronic conditions, prevention needs to become a strong focus of our health system by encouraging people in our communities and our staff to lead healthier lifestyles, by improving their understanding of health and wellbeing needs or by supporting them to manage long term conditions.

This plan sets out our commitment to our communities, service users and staff in this CHO to support them to address risk factors impacting their health and wellbeing and promote protective factors at every stage of life – from pre-natal, through early childhood, adolescence, adulthood and into old age, to support lifelong health and wellbeing. We will do this by ensuring that CHO staff are equipped with the most up to date, evidence based knowledge and skills to promote health and motivate health improvements. We will ensure that the improvement of staff health and wellbeing is central to the CHO's activities. We will also map existing pathways of care to ensure seamless access to the most appropriate supports for service users and staff and identify where the deficits in supports exist for future planning.



1.2 - Strategic Framework and the CHO

HSE National Policy Programmes

The Healthy Ireland Framework mandated the establishment of multi-disciplinary national teams to lead and take responsibility for co-ordinating a coherent and comprehensive Health Service response to key health and wellbeing policy areas. Within the HSE, programmes with a national lead and dedicated resources are in place for Healthy Childhood, Tobacco Control, Sexual Health, Alcohol, Healthy Eating and Active Living. A number of national work streams are also in place for Positive Ageing, Mental Health and Wellbeing and Staff Health and Wellbeing.

Each programme has clear governance arrangements and provides strategic direction for a wide range of cross-cutting actions. These programmes aim to reduce duplication of effort and are the key drivers of the very many strategic priorities underpinning the health and wellbeing agenda across the HSE. They are also building capability to support national policy and strategy implementation across all health and social care services, with external partners and funded agencies.

Healthy Childhood

Since mid 2014, two national groups with multi-disciplinary and cross-sectoral representation have been developing the National Healthy Childhood Programme. The significant findings, emerging from the baseline work, that have influenced the programme are:

- Acknowledgement that the wider determinants of health play a significant part in child and adult health

- Benefits of a child health programme based on a model of progressive universalism - help for all and more help for those who need it
- Impact of the antenatal period on the development of the foetus
- Importance of maternal mental health and infant mental health and development
- Pivotal role of the parents in child development
- Early identification of issues can enable early intervention to occur thus improving the outcomes for the child

In Ireland, approximately 62,000 babies are born every year and, as children (under 18 years) account for 25% of the Irish population, we have the youngest population in the EU. The HSE, through the delivery of the National Healthy Childhood Programme, has a key role in supporting families so these 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 Childhood Programme - that is 1.5 million opportunities to 'Make Every Contact Count'. This fact affords us the opportunity to influence children's health from pre-conception through to adulthood and beyond.

Staff in the Midlands Louth Meath CHO teams will play a key role in supporting families to ensure babies born and children living in this area are given every opportunity





Adapted from The Link Between Family Childhood Education & Health: Economic Opportunity Institute Image - NHS

to realise their fullest health potential throughout the life cycle. We will ensure that every contact counts by committing our management and staff to engage in the Making Every Contact Count (MECC) training programme.

We will support the Healthy Childhood Programme and we will support the delivery of the Breastfeeding Action Plan to include promotion of breastfeeding at every opportunity, supported by evidence based information, resources and training. We will prioritise support for Breastfeeding mothers in the community setting. We will also support the Nurture's programme of work which includes the development of user friendly information for parents and healthcare staff, the provision of relevant training and the promotion of infant mental health.

We know that children living in disadvantage have poorer health outcomes. We will ensure the information we communicate to families is easily understood and we will ensure our partnerships across all sectors supports children's health. We will also work with families to maximise our impact where it is most needed.

Tobacco Free Ireland



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 'smoking ban' with many countries following suit. However, we also 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. Moving towards a tobacco free society will reduce the number of premature deaths from tobacco and result in healthier, longer and better quality lives for many Irish people. Of note in the Midlands Louth Meath CHO, three counties, Louth, Longford and Offaly have significantly higher rates of death from respiratory disease than experienced nationally.

This plan will focus on the delivery of headline actions to support service users and staff who smoke and wish to quit and to ensure all our sites are Tobacco Free environments. We will support our staff to attain the skills and knowledge to address tobacco addiction with service users and maximise the opportunity to offer all the supports available to help smokers quit. Building on work to date, we will continue to implement and monitor tobacco free campus implementation across all HSE sites in the CHO. All staff in the CHO that smoke will be offered support to quit and all staff will work in tobacco free worksites.



Alcohol

There are no safe levels of alcohol consumption and yet, in Ireland, four out of five adults drink alcohol. 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 drinking alcohol. These include brain, heart, liver, stomach, bone problems in addition to sexual health problems, overweight and obesity and weakened immune system. 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.

This plan sets out our commitment to ensure our staff and service users are informed of the impact of alcohol on their health and can therefore make decisions about their drinking behaviour that better supports their health.

One in four children are overweight or obese



Six in ten adults are overweight or obese



One in two pregnant women are overweight or obese at booking visit



Three in four adults over 50 are overweight or obese



Source: A Healthy Weight for Ireland - Obesity Policy and Action Plan 2016 - 2025.

Healthy Eating Active Living

Overweight and obesity are largely preventable, however, in the past two decades, levels of overweight and obesity have doubled. Now only 40% of us have a healthy weight. This represents one of the biggest public health challenges Ireland is facing today. The fact that the majority of our population is overweight or obese means that Ireland faces a dramatic increase in chronic diseases.

According to the World Health Organisation (WHO), the levels of overweight and obesity are forecast to increase and Ireland could top the European 'League Tables' in this regard. In order to address inactivity and unhealthy diets, two strategy documents have been developed to reverse the negative overweight and obesity trends - A Healthy Weight for Ireland Obesity Policy and Action Plan 2016 - 2025 and the Get Ireland Active National Physical Activity Plan. The Midlands Louth Meath CHO has a key role to play in identifying, motivating and supporting the population as a whole to adopt healthier dietary and activity behaviours and maintain a healthier weight.

Guided by The Healthy Eating and Active Living National Implementation Plan 2017 - 2020, we will seek to ensure our staff and service users are supported and motivated to make changes to their lifestyles which help them achieve and maintain a healthy weight.

Actions in this area will include engagement in training for staff to help them address overweight and obesity levels, implementation of models of best practice for children and families, delivery of START campaign, the creation of healthier environments for our staff and service users, promotion of workplace initiatives to support activity and healthy eating at work and ensuring referral pathways to supports in the community that assist service users to make change e.g walking groups, parkruns, community cooking etc.

Mental Health and Wellbeing

As a priority under Healthy Ireland, 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 individuals, families and communities at risk of diminished mental health. Mental health promotion also seeks to improve the everyday settings (homes, schools, communities and workplaces) where mental health is created, while also addressing the broader social, physical and economic environments that determine the mental health of populations and individuals, especially those resulting in mental health inequalities.



This approach means that mental health promotion is considered for the general population, recognising that we all have mental health needs. It also acknowledges that specific approaches are necessary for more vulnerable groups including those with mental health disorders. There has been significant development of the evidence base for mental health promotion in recent years. This has manifested in a range of initiatives and programmes currently being led and supported by various organisations, including the HSE.



The development of a National Mental Health and Wellbeing Promotion Plan is a commitment of the Connecting for Life Suicide Strategy. This plan will direct and support the work needed on wellbeing and mental health in the HSE and on a cross-sectoral basis under Healthy Ireland. We will work across this CHO to support the positive developments that have taken place in mental health promotion and link this work as appropriate to the Connecting for Life Strategy which is supported and led by the Head of Service for Mental Health.

Sexual Health

The importance of developing a healthy attitude to sexuality 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 addressing a service user's needs. This plan will be guided by the National Policy Priority Programme Lead for Sexual Health and Crisis Pregnancy to ensure that staff can feel confident in the delivery of advice and are knowledgeable in the referral pathways for service users.

Positive Ageing

The health and wellbeing of older people is influenced by many factors beyond the remit of the health sector. Recognising this and the important influence of the community, public and private sector on the physical, emotional and mental wellbeing of older people, the HSE is a key partner in the Healthy and Positive Ageing Initiative. The work of this initiative to date has prioritised the development of a report on the key indicators of positive ageing (November 2016) together with commissioning research to inform future service delivery. This data will be available on a county by county basis and will inform the development and delivery of services for older people across the Midlands Louth Meath CHO.



This CHO Healthy Ireland plan will focus on key areas of risk for the older population including falls prevention, dementia understanding and care pathways. In addition, we will work with partner agencies such as Irish Heart, Parkrun, Local Sports Partnerships and Age and Opportunity to maximise opportunities to promote and support participation in physical activity into older age.





Making Every Contact Count

Making Every Contact Count is about health professionals using their routine consultation 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. 14 million of these contacts are in the General Practice setting with over 90% of the population attending their GP at least once a year and the average number of visits is 7 times per year. Evidence shows that health advice and interventions have the potential to unlock significant behaviour change for patients. The opportunity to address lifestyle preventative activities as part of the routine consultations within our CHO and our healthcare teams has enormous potential to influence the health and wellbeing of the people for whom we provide care.

This plan sets out the CHO's commitment to adopt and implement the Making Every Contact Count framework. By doing this, management and staff of health services in the Midlands Louth Meath CHO will play their part in addressing the challenge of chronic disease and supporting people that access our services to be healthier.

Chronic Illness and Self Management Support



'Living Well with a Chronic Condition' is the national framework and implementation plan for 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 is defined as the tasks that individuals must undertake to live with one or more chronic conditions. Examples include:

- Monitoring symptoms and signs e.g. weight gain (in heart failure), peak flow rate (asthma), blood glucose levels (diabetes), and knowing when to seek medical assistance and from whom
- Remembering to take medications - at the correct dosage and time, adjusting if appropriate
- Changing health behaviours e.g. level of physical activity, stopping smoking, healthy eating
- Dealing with the effects of the condition on activities of daily living - adjusting to living with disability e.g. for people who have had a stroke, dealing with effects on employment
- Dealing with the effect of the condition on emotions and relationships e.g. with spouse or family, managing symptoms of anxiety or depression resulting from or co-existing with the condition
- 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. Evidence of positive outcomes highlights the benefits of supporting people to manage their health conditions as effectively as possible. These benefits are felt by people with long term conditions themselves, and also by healthcare professionals and the health services. The appointment of a Self-Management Support Co-Ordinator in the Midlands Louth Meath CHO will assist in the implementation of the SMS framework by:
 - Meeting the key stakeholders to obtain feedback on how the framework should be implemented in our CHO
 - Mapping existing services in relation to Asthma, Chronic Obstructive Pulmonary Disease (COPD), Diabetes and Cardiovascular diseases (including stroke and heart disease)

- Identifying gaps in existing services and promoting the uptake of programmes such as Cardiac Rehabilitation, Pulmonary Rehabilitation, Diabetes structured patient education and other self-management support services among service users and staff alike
- Developing local directories of services (both disease specific and generic supports)

Staff Health and Wellbeing

Key to the delivery of a high quality, safe and effective health service is a happy and healthy workforce. Our employees have a direct impact on the health outcomes and the experience of our service users. We are clear that when staff are feeling well and satisfied with their work, the experience of our service users improves. The Midlands Louth Meath CHO is committed to adopting measures to support health and wellbeing in the workplace for all staff. As an employer, we value our staff and in challenging times, CHO staff have shown innovation, resilience and commitment which we are very proud of as an organisation.

The HSE's Corporate Plan highlights the need to promote personal health and wellbeing among staff. The HSE People Strategy further commits to a Staff Health and Wellbeing Strategy. 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.

The HSE's 'Healthy Ireland in the Health Services' national implementation plan includes improving staff health and wellbeing as one of its three key priority areas. We intend to maximise the priority placed on Staff Health and Wellbeing in these strategic frameworks and set out in this plan how we will support staff to improve their Health and Wellbeing over the coming five years and beyond.

2. Midlands Louth Meath CHO - An Overview

2.1 Our Population

2.2 Our Services

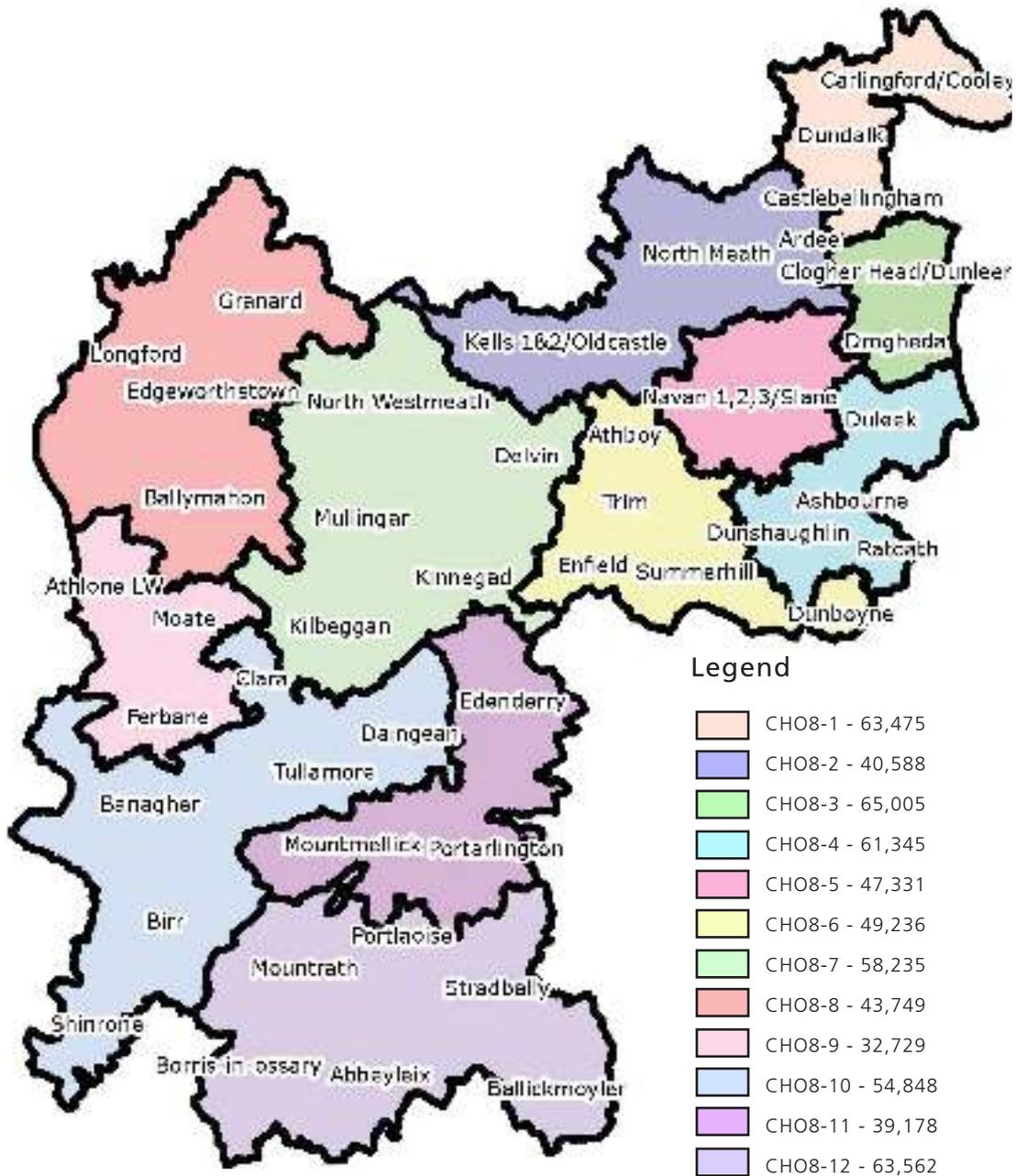
2.3 Our Staff



2.1 Our Population

Community Healthcare Networks (CHNs)

CHO8 2016 Population: 619,281



Produced by: Mid West Community Healthcare PMO, Health Service Executive, Plassley Technologies Park, Holland Road, Limerick. Under OSI Licence HSE 030601, 5 July 2018

The Midlands Louth Meath CHO covers approximately 10,500 square kilometres and takes in counties Louth, Meath, Laois, Offaly, Westmeath, Longford and a small part of South East Cavan. The CHO has a population of 619,281 and is the second largest CHO in terms of geographical area. The above map highlights the population breakdown for each community healthcare network in the Midlands Louth Meath CHO.

Population

According to the 2016 census, 619,281 people live in the Midlands Louth Meath CHO; 13% of the total population of Ireland. Table 1 shows the census populations and inter-censal change from 2011 to 2016.

The population increase in the Midlands Louth Meath CHO (4.5%) since Census 2011 and that of most of the counties in the area was higher than the increase for Ireland as a whole (3.8%) for that period.

The percentage increase in the Midlands Louth Meath CHO ranged from 1.7% in Offaly to 5.9% in Meath.

The total increase in population was 26,893.

When planning services and interventions to improve health and wellbeing, it is important to note the change in numbers of people, the population profile pattern and the particular needs in each area.

TABLE 1: Census populations and inter-censal change by county, Midlands Louth Meath CHO and Ireland, 2011 and 2016

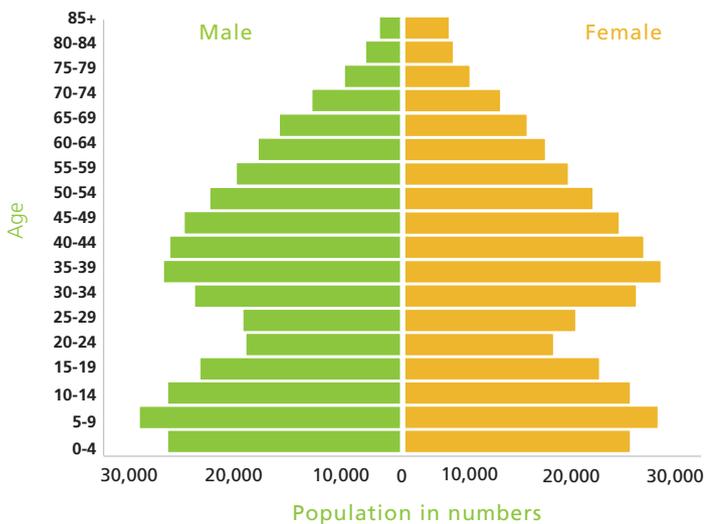
Name	Population 2011	Population 2016	Actual Change	% Change
County Meath	184,135	195,044	10,909	5.9
County Louth	122,897	128,884	5,987	4.9
County Laois	80,559	84,697	4,138	5.1
County Longford	39,000	40,873	1,873	4.8
County Offaly	76,687	77,961	1,274	1.7
County Westmeath	86,164	88,770	2,606	3.0
Total	589,442	616,229*	26,787	4.5
Midlands Louth Meath CHO	592,388	619,281 *	26,893	4.5
Ireland	4,588,252	4,761,865	173,613	3.8

Source: Health Atlas Ireland

* Midlands, Louth, Meath CHO area includes part of South East Cavan, so the CHO population is larger than the sum of the populations of the six counties.

The population pyramids in Figures 1.1 and 1.2 show the age distribution of the population of Midlands Louth Meath CHO and Ireland.

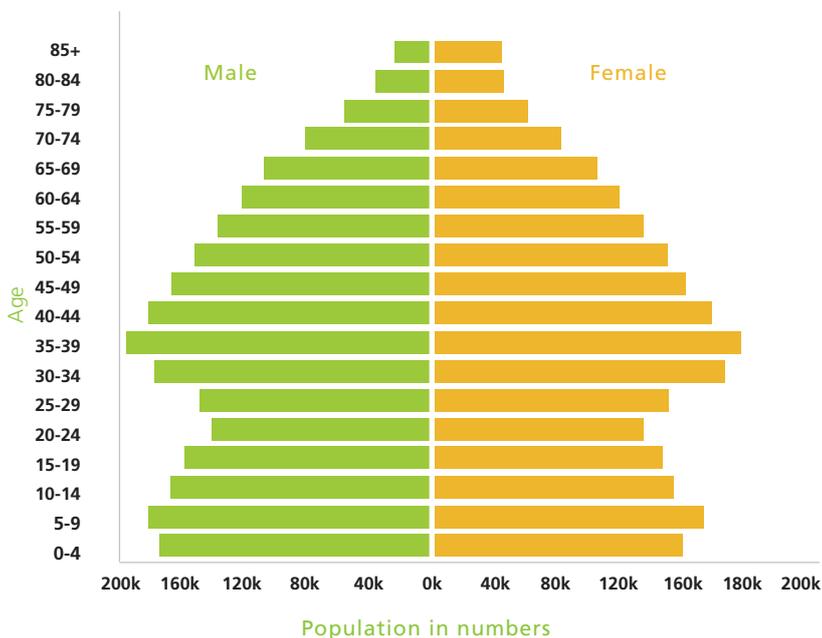
FIGURE 1.1: Population by 5 year age groups, male and female, Midlands Louth Meath CHO, 2016



Source: Health Atlas Ireland, Census 2016

- Midlands Louth Meath CHO has a relatively large child population
- Midlands Louth Meath CHO has a relatively small working age population
- The population for Midlands Louth Meath CHO is ageing, in line with that of Ireland as a whole

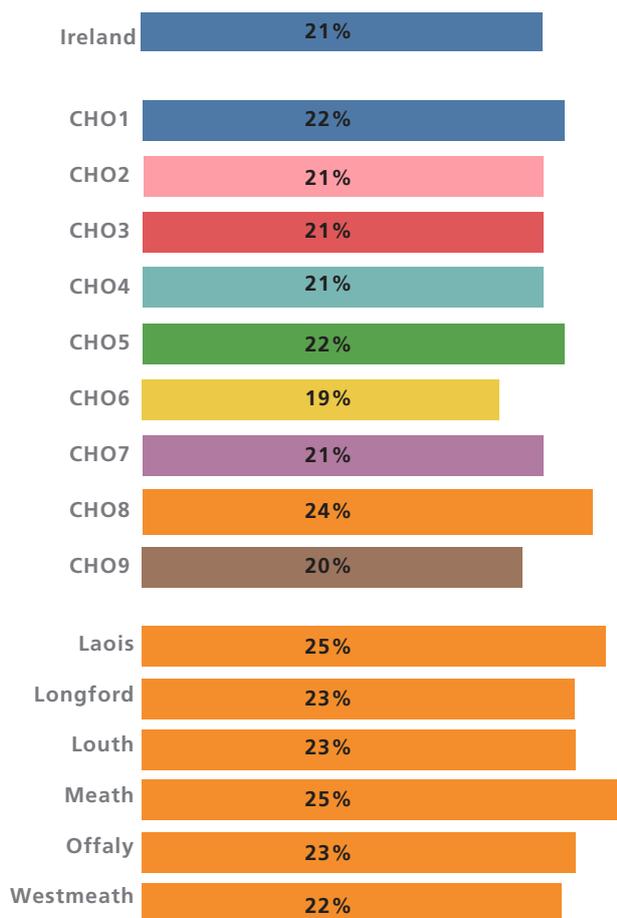
FIGURE 1.2: Population by 5 year age groups, male and female, Ireland, 2016



Source: Health Atlas Ireland, Census 2016

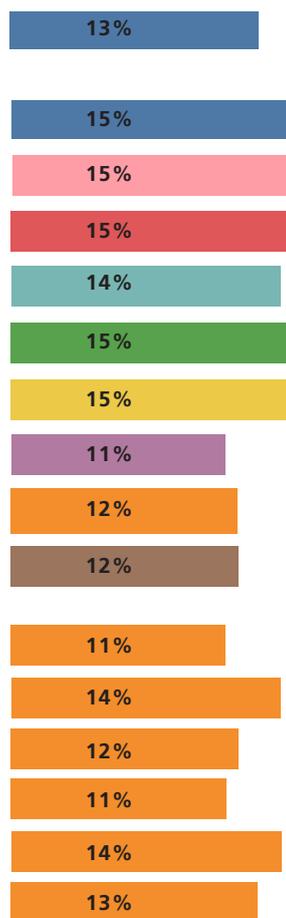
Figure 2.1 and Figure 2.2 show the proportion of young (<15 years) and old (>64 years) among the populations of the counties in Midlands, Louth, Meath CHO in 2016 compared to Ireland and other CHOs.

FIG 2.1 Young Populations in Ireland, each CHO and Counties of Midlands, Louth, Meath CHO



% young <15 years

FIG 2.2 Old Populations in Ireland, each CHO and Counties of Midlands, Louth, Meath CHO



% old >64 years

Source CSO Census 2016

- The combined proportion of young and old for the Midlands Louth Meath CHO area overall (35.9%) is higher than that of Ireland (34.5%)
- The Midlands Louth Meath CHO has a higher young population (CHO 23.9%, Ireland 21.1%) and lower old population (CHO 12.1%, Ireland 13.4%)
- Longford has the highest combined young and old populations (37.5%), with a high young (23.3%) and old population (14.2%)
- Meath has the lowest old population (10.7%) and the highest young population (25.1%) in the region

Deprivation

Figure 3 shows a map with the relative level of affluence and disadvantage in Midlands Louth Meath CHO in 2016, according to the Pobal HP Relative Deprivation Index. The colour scheme in the map reflects relative levels of affluence (blue) and disadvantage (orange). The pattern of distribution of disadvantage varies within the CHO. This will require specific individualised attention when planning services.

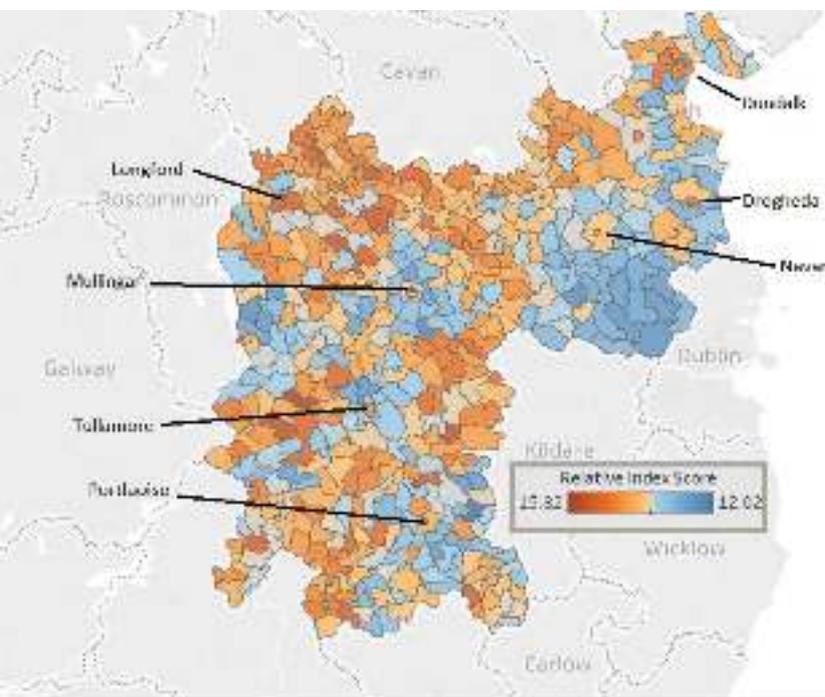
- Areas further from the Greater Dublin Region have relatively higher deprivation scores
- There are rings of relative affluence around towns, with central areas of urban disadvantage
- Meath, which is relatively affluent, also has areas of urban disadvantage
- Louth shows pockets of urban disadvantage, and has high levels of unemployment and lone parent families
- Longford shows evidence of disadvantage and rural depopulation, with high levels of economically dependent individuals and low levels of skills and education

Within the CHO, Longford (2.6%), Offaly (1.2%) and Westmeath (1.1%) have higher proportions of Irish Travellers in their area, when compared to the CHO (0.9%) and the national rate (0.7%)

Deprivation is associated with poor health and risk factors for chronic disease.

- For all chronic conditions there is a two to three fold difference in prevalence of disease between those in lower socio economic groups compared to those in higher socio economic groups
- Poorer people are more likely to smoke, to be overweight or obese, and to take less exercise
- Smoking rates are highest (56%) among women aged 18-29 years from poor communities compared to those from higher social classes (28%)
- Body mass index, cholesterol and blood pressure are persistently higher among lower socio economic groups
- Compared to the general population, Irish Traveller families have more lone parent households, high unemployment rates and low education levels
- Irish Travellers have lower life expectancy than the general population (15 years lower for men and 11.5 years lower for women)
- The mortality rate among travellers is 3.5 times higher than the general population. The infant mortality rate is 3.6 times higher

FIG 3 Midlands Louth Meath CHO Pobal HP Relative Index Score, 2016



Sources of information:
 Maps.Pobal.ie
 Haase, Pratschke, Pobal HP Deprivation Index
 Census 2016
 Planning for Health, 2016
 All Ireland Traveller Health Study, 2010

Health

In Census 2016, in Ireland, 1.6% of the population reported their health as bad or very bad.

- There was a similar rate for Midlands Louth Meath CHO overall
- Within the CHO, a higher proportion of people in counties Offaly (1.8%), Longford (2.1%) and Louth (1.8%) reported levels of bad or very bad health

In Ireland, the ageing population and lifestyle behaviours contribute to the level of chronic disease:

- Half of all people aged 50+ years have at least one chronic disease
- One in ten people aged 50+ years has diabetes
- There are 36,000 new cases of cancer diagnosed each year in Ireland
- One in five of all of us will experience mental health problems in our lifetime

A number of risk factors overlap and lead to an increased level of chronic disease:

- One in five children is overweight
- Almost one in five of the population smoke
- In 2017, alcohol consumption per capita was 11 litres. The Healthy Ireland target for low risk alcohol consumption is 9.2 litres

Child Health

Early childhood experience has an impact on health into adulthood. There is an opportunity during pregnancy and childhood to intervene and promote good health.

There are variations across Midlands Louth Meath CHO for rates of breastfeeding and immunisation, both of which play important roles in the health and well-being of children.

Louth has the highest birth rate per 1,000 population (Louth 15.2, Ireland 13.7), lowest exclusive breastfeeding rates at hospital discharge (Louth 35.5%, Ireland 47.7%) and lowest immunisation rates uptake at 24 months (6-in-1 Louth 93.5%, Ireland 94.9% and MMR Louth 90.1%, Ireland 92.5%) in the CHO.

Births to teenage mothers is high in all Midlands Louth Meath CHO counties except in Meath.

Sources of information:
Health Ireland National Implementation Plan
Census 2016
Health Atlas Ireland
Vital Statistics Yearly Summary 2016
Perinatal Statistics Report 2015
Qlikview, Business Intelligence Unit



Disability

In Census 2016, 13.1% of the population of Midlands Louth Meath CHO reported at least one disability

It is estimated that approximately

- 81,100 people in Midlands Louth Meath CHO have a disability
- 5.8% of the national population aged 0-17 years have a disability
- 10,000 children in Midlands Louth Meath CHO have a disability
- 3% of children with a disability require a multi-disciplinary team (MDT) service

Intellectual Disability

- In 2016, 28,275 people were registered on the National Intellectual Disability Database (NIDD) with an intellectual disability
- 3,792 (13.4%) persons in Midlands Louth Meath CHO were registered with a intellectual disability
- 71% of those registered on NIDD require a new and/or enhanced multidisciplinary support service
- The prevalence rate nationally of intellectual disability is 6.2 per 1,000 population
- The rate is higher in Westmeath (7.2/1,000 population) and in Louth (8.8/1,000 population)

Physical and Sensory Disability

- In 2016, a total of 21,763 people were registered on the National Physical & Sensory Disability Database (NPSDD)
- 3,107 (14.3%) persons in Midlands Louth Meath CHO were registered with a physical or sensory disability

Mental Health

Self-Harm

Nationally in 2016, the age-standardised rate of persons presenting to hospital following self-harm was 206 per 100,000

- By gender, the rate was 184 per 100,000 for males and 229 per 100,000 for females
- In the Midlands Louth Meath CHO, all areas had rates similar to, or below national rates, for both males and females

Suicide

Nationally, for the period 2012-2014, the suicide rate was 11.0 per 100,000 population

- Counties Offaly (11.6 per 100,000) and Louth (11.9 per 100,000) had slightly higher rates
- The other counties of Midlands Louth Meath CHO had rates similar to or lower than the national rate
- Provisional figures for 2015 and 2016 suggest that the suicide rate is continuing to decrease both nationally, and at a local level

Sources of information:

Census 2016

Health Atlas Ireland

Planning for Health 2016

Annual Report of the National Intellectual Disability Database 2016

Annual Report of the Physical and Sensory Disability Database Committee 2016

National Self-Harm Registry of Ireland Annual Report 2016

National Office for Suicide Prevention Annual Report 2017

Conclusion

- There are a number of challenges in Ireland for promoting the health and well-being of our population and planning health services. They include demographic changes and lifestyle factors that contribute to the increasing prevalence of chronic disease. Within Midlands Louth Meath CHO, attention will be given to the particular demographic profile, patterns of deprivation, lifestyle behaviours and uptake of interventions that promote health.
- The relatively high proportion of young populations in Midlands Louth Meath CHO has implications for child health services and the opportunity to influence the future health of the population through promotion of health and wellbeing among children.
- Midlands Louth Meath CHO has a relatively low proportion of old populations compared to some other CHOs, but within the CHO some counties have a high proportion of older persons.
- The requirement for health and social services increases as people grow older. Much of this is funded and supported by the working population. As the proportion of dependent persons increases relative to working age persons, the funds available to support them will fall.
- The variation in disadvantage and age profile among the counties within the Midlands Louth Meath CHO will require a tailored approach to service provision, in the context of resource availability.

2.2 - Our Services

The Midlands Louth Meath Community Health Organisation (CHO) is one of nine CHOs established in 2015 following the publication of the report 'Community Healthcare Organisations - Report & Recommendations of the Integrated Service Area Review Group'. The objective of the CHOs is to position primary care at the centre of delivering services, to provide community services for local populations and to enable and support integrated care:

- Within community services (primary, social care, mental health and health and wellbeing services)
- Between the community and hospital services
- With wider public service organisations such as the local authorities, Tusla, education agencies, local voluntary organisations etc.

Shifting care out of hospitals and into the primary care and community settings is a key recommendation of the Sláinte Care Report, published in May 2017.

This CHO is aligned to three hospital groups (Dublin Midlands, RCSI, Ireland East) and the following six hospitals are physically located within our CHO area:

Our Lady of Lourdes Hospital, Drogheda, Co Louth

Louth County Hospital, Dundalk, Co Louth

Our Lady's Hospital, Navan, Co Meath

Midlands Regional Hospital, Portlaoise, Co Laois

Midlands Regional Hospital, Tullamore, Co Offaly

Midlands Regional Hospital, Mullingar, Co Westmeath

In addition, the Midlands Louth Meath CHO supports 15 hospitals in terms of accepting referrals to community services.

The Midlands Louth Meath CHO is aligned to six Local Community Development Committees (LCDCs) and four Childrens and Young Persons Service Committees (CYPSCs) in addition to other multi-agency fora such as the Age-Friendly Alliances, Healthy Cities etc.

Primary Care

Primary care services include primary care teams (PCTs), community health network services, general practice, community schemes, social inclusion and palliative care services. The PCT is the starting point for service delivery, consisting of general practice, community nursing, physiotherapy, occupational therapy and speech and language therapy and covers populations of approximately 7,000 to 10,000 people. Community health network services include audiology, ophthalmology, dietetics, podiatry, psychology and oral health services and should provide for populations of approximately 50,000 people. Other primary care services include GP out of hours, diagnostic services and community intervention teams (CITs). Ensuring accessible, comprehensive, continuous, and co-ordinated primary care services is central to better serving the needs of the population.

Primary care services also provide for those people who are most vulnerable in society through social inclusion services which provide targeted interventions for people who experience health inequalities, have difficulties accessing services and present with multiple, complex health and support needs. Various studies have demonstrated that Homeless, Traveller and Migrant Populations face greater healthcare needs than the general population. Social inclusion works across a range of statutory services in partnership with the community and voluntary sectors, to improve access to health services for disadvantaged groups.

Mental Health

Mental health describes a spectrum that extends from positive mental health, through to severe and disabling mental illness. A strategic goal for mental health services is to promote the mental health of the CHO population in collaboration with other services and agencies including reducing the loss of life by suicide. This requires a whole population approach to mental health promotion. Over 90% of mental health needs can be successfully treated

within a primary care setting, with less than 10% being referred to specialist community based mental health services. Of this number, approximately 1% are offered inpatient care and nine out of every ten of these admissions are voluntary.

In general terms, specialist mental health services are provided for a particular group within the population, based on their stage of life. Child and adolescent mental health services (CAMHS) serve young people aged up to 18 years, general adult services for those aged 18 to 64 years and psychiatry of later life provides services for those aged 65 years and over.

Mental health services include acute inpatient services, day hospitals, outpatient clinics, community based mental health teams (CAMHS, general adult and psychiatry of later life), mental health services for persons with an intellectual disability, community residential and continuing care residential services. Mental health services consistently seeks to develop and enhance community based services and reduce, where appropriate, those treated in more acute services.

Disability Services

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

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

Disability Services have a significant programme of reform which is informing a new model of service provision. 'Transforming Lives' provides the framework for the implementation of the recommendations of 'Time to Move on from Congregated Settings 2011'. The aim of this reform is to support the transition of people living in institutional settings to community based living. The New Directions programme aims to improve day services and meet the needs of school leavers and young people graduating from rehabilitation training. Taken together, the implementation of these programmes will develop sustainable models of service provision with positive outcomes for service users, moving towards an inclusive model of community based services and supports.

Older Persons Services

Older persons' services are delivered through a community based approach, supporting older people to live in their own homes and communities and, when needed, high quality residential care will also be provided. A wide range of services are provided including home supports, short stay and long stay residential care, transitional care and day care, through HSE direct provision and through voluntary and private providers. The provision of appropriate home supports and community based services maximises the potential of older people to remain well in their own home, helping to prevent unnecessary admissions to acute hospital facilities and subsequently may defer the requirement for admission to long stay care. The integration of care across the community, acute hospital services and with local authorities is vital to ensure the successful delivery of a range of services to support older people.

It is also important to acknowledge the role of carers in the context of their support to older people. In Ireland, there are over 195,000 carers (people providing regular unpaid help for a friend/family member) providing at least 6.6m hours of care per week (census 2016).

Health and Wellbeing

Health and wellbeing is about helping our whole population to stay healthy and well by focusing on prevention, health promotion and improvement, reducing health inequalities, and protecting people from threats to their health and wellbeing. The appointment of a Head of Health and Wellbeing to the CHO senior management team is a recent development. While the CHO is focused on the day to day challenge of providing high quality services, this development demonstrates that the services must also be focused on improving health and wellbeing, on prevention rather than simply on treatment.

The health promotion and improvement service provides a range of preventative health education and training services, focused on positively influencing the key lifestyle determinants of health such as smoking, alcohol, sexual health, healthy eating and physical activity. The public health and primary care services protect our population from threats to their health and wellbeing through its provision of immunisation and vaccination programmes, infectious disease monitoring and health screening.

As part of the promotion of health and wellbeing, a number of national services are provided. The national screening service provides population based screening programmes for BreastCheck, CervicalCheck, Bowelscreen and Diabetic RetinaScreen.



These programmes aim to reduce morbidity and mortality in the population through early detection and treatment across the programmes.

The development and delivery of this CHO Healthy Ireland plan will give us focus in terms of the health and wellbeing activities we need to undertake over the next five years and will involve every part of the CHO, and our partners. This plan is about all of us working together to create an environment that improves health and wellbeing for our community, our service users and our staff.

Conclusion

There is an unsustainable horizon for future services and for our population's wellbeing driven by lifestyle disease patterns and ageing population trends. An increasing challenge for the Midlands, Louth, Meath CHO will be striking the appropriate balance in relation to the competing need of resources. Through the implementation of this CHO Healthy Ireland Plan, we have an opportunity to focus on health promotion and improvement to support people to stay healthy and well for longer as well as treating service users when they do need our care.

2.3 - Our Staff

The HSE is the largest employer in the Midlands Louth Meath area. The Midlands Louth Meath CHO has 6,135 whole-time equivalent posts (March 2018) which equates to 7,466 people working in the CHO. The staff of the Midlands Louth Meath CHO is recognised as the CHO's greatest asset. There is strong evidence that much can be done to improve the health and wellbeing of staff and without staff that are well and at work, the CHO would not be in a position to deliver quality and effective care to patients.

Staff health and wellbeing has been identified as a key priority for Healthy Ireland in the HSE. There is a need to support staff to be both health and wellbeing champions for their own benefit and for others in their workplaces and communities. It is important that staff work in an environment that promotes opportunities to encourage and enable them to lead healthy lives and make choices that support their wellbeing. This will include encouraging staff to stop smoking, encouraging and enabling staff to increase their levels of physical activity, providing a proactive occupational health service and ensuring managers adhere to good employment practices.

What is a Healthy Workforce/Workplace?

Healthy Workplaces Handbook - The NHS reference guide to staff wellbeing 2007/8 provides the following guidance:

A healthy workforce can be defined as:

- A healthier, happier workforce
- Motivated employees with increased morale
- Employee retention and lower employee turnover
- Reduced sickness absence
- Good employee/management relations

A healthy workplace can be defined as:

- A positive image in the eyes of both employees and service users
- A place where health risks are recognised and managed if they cannot be removed
- A place where work design is compatible with people's health needs and limitations
- An environment that supports the promotion of healthy lifestyles
- A place where employees and employers recognise their responsibility for their health and the health of colleagues.

The demographic profile of staff provides important information as it can assist in tailoring health and wellbeing initiatives to meet health and wellbeing needs. The tables overleaf provide a snapshot of the staff population of the Midlands Louth Meath CHO:

Employment by WTE, Gender, Full-time/Part-time.

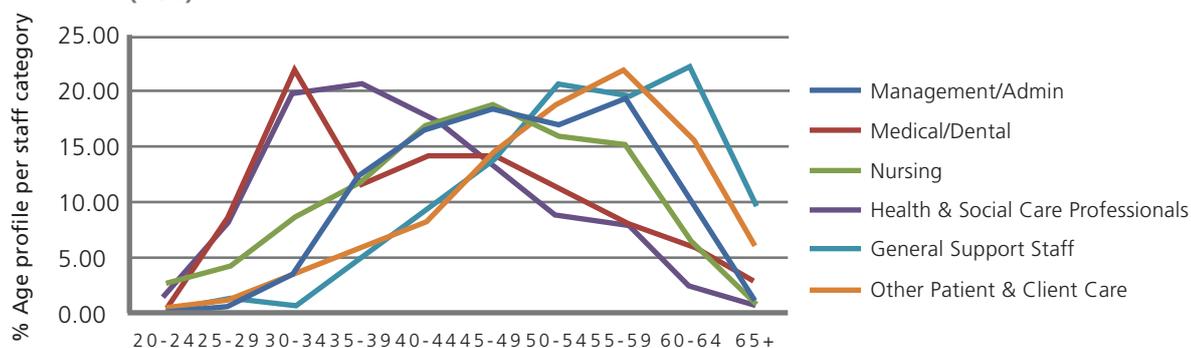
Period	WTE	Headcount	% Male	% Female	MaleWTE Headcount	FemaleWTE Headcount	% Prmnt	% Male Prmnt	% Female Prmnt	% Total Full Time	% Part Time	% Male FT	% Female FT
Mar-18	6135	1:1.22	16.2	83.80	1:1.11	1:1.24	86.10	85.90	86.20	54.90	45.10	73.80	51.20
Dec-17	5705	1:1.18	17.40	82.60	1:1.10	1:1.29	91.40	88.10	92.10	60.30	39.70	75.00	57.30
Dec-16	5636	1:1.23	14.42	85.58	1:1.10	1:1.26	83.89	82.00	84.20	57.11	42.89	80.31	53.19

Age Profile

The age profile for the Midlands Louth Meath CHO shows an ageing workforce in Management/Admin, General Support Staff and Other Patient & Client Care. Almost 75% of the CHO's nursing workforce is over 40 years of age. The emphasis on recruiting Health and Social Care professionals in recent years is reflected in the younger age profile in this cohort of staff, with nearly half aged under 40 years.

	<40	40-50	50>
Management/Admin	17.48	34.95	47.57
Medical/Dental	42.34	28.83	28.83
Nursing	26.90	35.36	37.74
Health & Social Care	49.45	31.30	19.25
General Support Staff	6.59	22.53	70.88
Other Patient & Client Care	13.39	23.18	63.44

Midlands Louth Meath CHO - Age Profile - Staff Category (HSE)



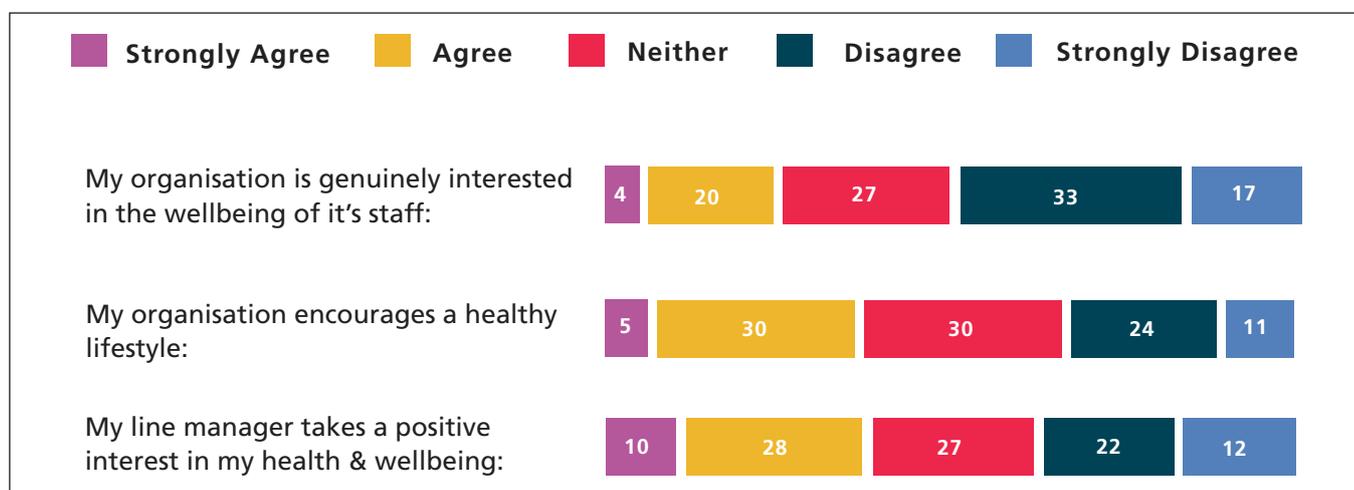
Staff Health and Wellbeing

Staff health and wellbeing must be central to the CHO's activities. It is important that staff health and wellbeing is a core priority rather than an additional piece of work to be undertaken in isolation. Supporting every employee to improve their health and wellbeing is a key priority of this Healthy Ireland plan.

The HSE conducted National Staff Surveys 'Your Opinion Counts' in 2014 and 2016. The aim of the surveys was "to access current staff opinions in order to identify opportunities for improvement, which will help build a better health service for all". A total of 660 respondents from the Midlands Louth Meath CHO completed the survey in 2016 (10% response rate). The information below outlines the feedback from the 2016 survey when staff responded to statements regarding Health and Wellbeing in the Midlands Louth Meath CHO (8).



Action will be taken to improve staff survey response rates in our CHO. The next survey is scheduled to commence in September 2018. It is important that the responses are representative of all staff within this CHO and that the feedback can be used to identify opportunities to improve the working lives of staff across the CHO.



Further to the feedback from the 2014 and 2016 national surveys, the HSE has increased its investment in improving the health and wellbeing of their staff. HSE policy development for healthier environments has already begun with tobacco free campuses, physical activity engagement incentives, healthier vending and calorie posting. Many HSE worksites have taken a proactive approach to build on these through a variety of initiatives that focus on staff health and wellbeing.

The staff health and wellbeing funding initiative, commenced in the Midlands Louth Meath CHO in 2016, has facilitated a number of staff health and wellbeing developments such as the provision and installation of outdoor fitness equipment, bike shelters, the purchase of standing desks, the provision of yoga, pilates and mindfulness sessions. In addition, Healthy Ireland staff consultation sessions were carried out in 2017 across the Midlands Louth Meath CHO. When asked regarding actions that could improve staff health and wellbeing, high on the list of feedback from staff was access to health checks. Cognisant of the importance of follow up action in relation to findings from consultation, an initiative in collaboration with the Irish Heart Foundation has commenced in January 2018. At the time of publication, approximately 550 staff had availed of these health checks which have been made available across the CHO with additional days to be provided in Q4 of 2018.

Human Resources

The People Strategy 2015-2018 was developed in recognition of the vital role our workforce plays in delivering safer better healthcare. This strategy extends to the entire health sector workforce and is underpinned by a commitment to engage, develop, value and support our workforce. Part of the strategy is to enable our staff to become healthier in their workplaces through improved staff engagement and improving our staff support services.

At a national level, the Human Resource service has developed a designated website for all health care workers to access dedicated information and resources

relating to health and wellbeing. This website www.workwell.ie will be promoted throughout the CHO to ensure that the supports and resources available for health sector workers are highlighted.



Conclusion

This CHO has responded positively to staff feedback for health checks, funding staff health and wellbeing initiatives and by supporting staff to engage with physical activity in their workplaces through events such as 'Love Life Love Walking' and the Steps to Health Challenges. However, the information from the consultation sessions and the HSE national staff surveys highlights the need to increase health and wellbeing work and to build a supportive culture and environment for those working across the Midlands Louth Meath CHO's workplaces.

An increased focus on staff health and wellbeing will also offer the CHO an opportunity to influence the messages that go out from the HSE to families and communities. With many of our staff taking voluntary and supporting roles in their families and communities, they often become Healthy Ireland champions outside of the HSE too.

3. Midlands Louth Meath CHO - Healthy Ireland Plan Development

3.1 Developing this CHO Plan

3.2 Implementing this CHO Plan

3.3 How we will measure success



3.1 - Developing this CHO Plan

This chapter outlines the steps that were taken to develop the Midlands Louth Meath CHO Healthy Ireland plan. The first step was to establish a Healthy Ireland Steering Group to guide the development of the plan and ensure that the process was inclusive and representative of all care groups.

Healthy Ireland Steering Group

The first meeting of the Midlands Louth Meath CHO Healthy Ireland steering group took place in May 2017. The steering group was established to provide governance and direction to the development of this CHO Healthy Ireland plan and its implementation in Louth, Meath and the Midlands. Membership of the steering group is listed in the Appendix and includes representatives from each care group of the CHO.

The first priority of the steering group was to give staff an opportunity to get to know more about Healthy Ireland and to hear ideas on how health and wellbeing could be improved. Six consultation sessions were held for staff during May and June 2017 and these sessions took place in Dundalk, Navan, Mullingar and Tullamore. Approximately 345 staff attended the sessions and embraced the opportunity to tell us what was important in supporting their health and wellbeing and that of our service users. The summary report of these sessions is available from the CHO Health and Wellbeing office.



Development Process

The steering group was keen to ensure that the Midlands Louth Meath CHO Healthy Ireland plan was developed in line with the strategic health and wellbeing framework. A number of actions set out in this Healthy Ireland plan have been identified as a response to the strategic framework. The first section of this plan has set the scene in terms of the policy priority programmes that have been developed at national level.



Based on the information gathered from the staff consultation sessions and the national policy priority programmes, the steering group prioritised actions that could be implemented across the CHO over the five year period of this plan.

On behalf of the CHO Healthy Ireland steering group, the Head of Health and Wellbeing consulted with various fora in order to assure the steering group that the actions were deemed realistic from an operational services perspective and that the plan was aligned to other CHO plans. This process was productive in terms of enhancing and enriching the actions proposed in this Healthy Ireland Implementation plan. The final step was the approval of the plan by the CHO Senior Leadership Team in May 2018.

3.2 - Implementing this Plan

The geographical spread of the CHO, the number of staff working in the CHO and the multiple sites of service delivery across the CHO mean that the following key enablers are critical to the implementation of the CHO Healthy Ireland Plan.

Governance Structure

Supporting good health and wellbeing at all stages of a persons life can lead to increased life expectancy in addition to improved quality of life. The actions in this plan have been provided under the three pillars below rather than provided via the individual care group or programme structure. This is to promote integration across the care groups and to reflect the key stages in peoples lives which have particular relevance for their health.

The Head of Health and Wellbeing is the assigned senior lead for Health and Wellbeing. A Healthy Ireland Implementation Oversight Group, representative of each care group, will be established to provide direction and guidance to the implementation of this plan. Given the challenges of the CHO and cognisant of the pressures of operational service delivery, a number of approaches will be adopted to progress implementation of this plan.

In the first instance, CHO wide governance structures will be established to provide leadership and advice for the overarching elements of this plan and those of which need to be embedded in an integrated fashion across the CHO - 'Healthy Childhood', 'Live Well, Age Well', 'Staff Health and Wellbeing'.

These pillars provide a framework to oversee the adoption of a project management approach to achieve actions of a defined nature contained in this plan e.g. the implementation of tobacco free campuses, calorie posting etc. Work will be undertaken with the CHO Project Management Lead to stage the implementation of projects over the lifetime of this plan. While the projects will have defined aims and objectives, it will be important that these are owned and maintained within the operational service delivery areas. Hence, the existing care group governance structures will be utilised to ensure that these projects are embedded in the respective service areas with health and wellbeing actions and targets outlined in annual operational plans over the five year duration of this plan. Staff within local service areas will be encouraged to take lead roles in local projects.

Progress on the implementation of projects relating to the three pillars will be reported to the CHO Healthy Ireland Implementation Steering Group. In turn, overall progress on the implementation of the Healthy Ireland plan will be incorporated into routine reports to the CHO senior leadership team, chaired by the Chief Officer.

**Healthy
Childhood**

**Live Well,
Age Well**

**Staff Health &
Wellbeing**

**Midlands Louth Meath CHO Healthy Ireland
Implementation Plan 2018 - 2022 Governance Structure**



Information and Communications Technology (ICT)

Key to the achievement of this plan and the promotion of health and wellbeing is improved information and communication technology. The deficits in information systems continues to be a significant challenge for the CHO, to enable effective communication, co-ordination and continuity of care. The benefits of ICT need to be fully exploited to move to a 'person-centred' model that is responsive to our service users, a model that promotes education, engagement, independent living and which enhances the ability to self manage chronic conditions.

Until planned national ICT developments are in place, we will work with existing acute and CHO systems to examine the distribution and uptake of services vis a vis the needs of local communities. In addition and over the duration of this plan, the CHO will improve the information available to people accessing our services and for staff delivering services so that the right information is available in an accessible and timely manner.

Health Intelligence

Health profiles are designed to help local government and health services identify problems in their areas and 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 a valuable tool for local health services in helping them to understand their communities' needs, so that they can work to improve people's health and reduce health inequalities.

The CHO will work closely with our Public Health colleagues to further examine the county health profiles to understand our population and to explore how our services need to respond to meet the needs of the population now and in the future. The CHO will also support the HSE research and development function by co-operating in the gathering and dissemination of research related information.

Resources

Cognisant of the financially challenging environment in which the CHO operates, the Steering Group for the development of this plan endeavoured to ensure that the number of actions dependent on new resources was limited. Development funding which is required to appoint the SMS Co-Ordinator and the Child Development Officer has been agreed nationally for the CHO. It is acknowledged that it will be challenging to achieve a number of the actions within existing resources. However, there is a compelling argument for the implementation of these actions in the medium to long term to alleviate the pressures on the health service as a result of the increasing incidence of chronic diseases associated with lifestyle factors. There is a need to change the way we focus our resources and interact with our service users so that prevention becomes a part of everything we do if we are to successfully address the challenge of chronic disease.

Making Every Contact Count

Making Every Contact Count will be a key enabler to the achievement of this plan. Making Every Contact Count is about health professionals using their routine consultations to empower and support people to make healthier choices to achieve long term behaviour change. Key to the achievement of this plan will be the need to build a culture and environment across the CHO that supports Making Every Contact Count and allows the CHO to move to a position where discussion regarding lifestyle behaviour is routine, non-judgemental and a part of everyone's role. This will require strong clinical leadership and commitment from frontline staff to support the system wide integration of Making Every Contact Count.

Strengthening Partnerships

Key to the achievement of this Healthy Ireland plan is the strengthening of partnerships and the creation of conditions for effective inter-agency collaboration. Healthy Ireland provides a shared vision and an obligation for agencies to work together in a meaningful way to address the challenges presented by the wider determinants of health. Each statutory, community and voluntary agency has something to offer and this CHO will continue to work with our partners in the hospital groups, Section 38 and 39 organisations to achieve the objectives of the Healthy Ireland Framework. In addition, the CHO will ensure that the HSE is represented and supported on the various multi-agency structures which have been developed to ensure more co-ordinated and joined up approaches to local and community development such as the Local Community Development Committees (LCDCs), the CYPSCs (Children's and Young Persons Services Committees), Healthy Cities and Age Friendly Alliances etc. This CHO will advocate for the targeting of community development and Healthy Ireland funding to initiatives that enhance the quality of life and wellbeing of communities, that support the building of capacity of local communities to improve their quality of life and that make the best use of existing local assets, strengths and opportunities.



3.3 - How We Will Measure Success

Improvement in the health and wellbeing of the CHO population, service users and staff can be difficult to measure. However, it is important that we have tangible barometers of success to facilitate the measurement of the impact of this plan. Over one hundred actions have been identified in this plan with implementation planned over the next five years. The following sets out the main measurable indicators that we can use in assessing the implementation of this plan however, measurable indicators should expand as the capacity of our information systems develop.

FOR	FOR	FOR
children	Adults & older people	Staff
<p>Child Health Governance Structure in place for the CHO </p>	<p>National target rates achieved for staff training in MECC to deliver key messages regarding lifestyle behaviours related to healthy eating, active living, smoking cessation and alcohol misuse</p>	<p>Staff health and wellbeing structure in place for the CHO</p>
<p>Child Health Development Officer appointed to the CHO </p>	<p>SMS Co-Ordinator appointed to the CHO SMS directory in place & % increase in the number of SMS supports</p>	<p>100% of CHO sites with calorie posting policies fully implemented</p>
<p>2% Increase per year in breastfeeding initiation rates across the CHO </p>	<p>Implementation of the MECC minimum data set tool across services to record information on patients' lifestyle risk factors</p>	<p>100% of CHO sites with healthier vending policies fully implemented </p>
<p>National target uptake rate of 95% met and where possible exceeded for primary childhood immunisation programme</p>	<p>Baseline of programmes to support health behaviour change and referral pathway to programmes developed across the CHO </p>	<p>100% of CHO sites with tobacco free campus policies fully implemented and monitored</p>
<p>National target uptake rate of 95% met and where possible exceeded for school immunisation programme</p>	<p>Full implementation of the Health Behaviour Patient Management System (e-referral to quit services)</p>	<p> Standardised tobacco cessation support available for all CHO staff</p>
<p>National target rates achieved for staff training in MECC to deliver key messages regarding lifestyle behaviours for pregnant women, mothers and their partners.</p>	<p> Implementation rate of health related actions in the Positive Ageing Strategy</p>	<p>Full implementation of the HSE breastfeeding policy </p>

FOR	FOR	FOR
<h2 style="text-align: center;">Children</h2>	<h2 style="text-align: center;">Adults & older people</h2>	<h2 style="text-align: center;">Staff</h2>
<p>Evidence based parenting programmes in place across the six counties of the CHO</p>	<p>Implementation rate of the National Sexual Health Strategy </p>	<p>Implementation rate of the HSE staff health and wellbeing policy</p>
<p>No. of schools that have developed health and wellbeing action plans </p>	<p>Implementation rate of Healthy Ireland - Men, the HSE's National Men's Health Action Plan</p>	<p>Network of Healthy Ireland champions established to promote staff health and wellbeing </p>
<p>The implementation rate of the National Healthy Childhood Programme </p>	<p>Baseline of mental health and wellbeing initiatives and increase in no. of initiatives </p>	<p>Standardised evidence based approach to stress prevention and management programmes for staff</p>
<p>The implementation rate of the Healthy Weight for Children framework</p>	<p>Increase in uptake rates for national screening programmes in line with national averages</p>	<p>Increase in the provision of programmes that support staff to manage their own health in a supportive work environment</p>
<p>HSE representation on each CYPSC & support forum in place in the CHO </p>	<p>Full implementation of nutrition screening tools across the CHO area </p>	<p>Number of physical activity opportunities for staff </p>
<p>HSE representation on each CYPSC & support forum in place in the CHO</p>	<p>A decrease in alcohol consumption per capita levels </p>	<p>No. of staff health and wellbeing initiatives funded e.g. heart checks, wellness programmes</p>
<p>HSE representation on each CYPSC & support forum in place in the CHO</p>	<p>National uptake target rates for flu vaccination for older persons achieved</p>	<p>National target for uptake rate for flu vaccine for staff achieved</p>
<p>HSE representation on each CYPSC & support forum in place in the CHO</p>	<p>Report regarding social prescribing programmes </p>	<p>Increase in % in staff survey responses and rating for staff health and wellbeing </p>
<p>HSE representation on each CYPSC & support forum in place in the CHO</p>	<p>HSE representation on each LCDC and CHO forum in place to support these representatives </p>	<p>Relative decrease in absenteeism rates</p>

4. Midlands Louth Meath CHO - Healthy Ireland Actions

- 4.1 Healthy Childhood
- 4.2 Live Well, Age Well
- 4.3 Staff Health & Wellbeing



SECTION 4



4.1 - Healthy Childhood

REF	ACTION AND TARGETS	COMPLETION DATE	LEAD
1	Identify lead for child health in the CHO and establish child health governance structure as per Framework for the National Healthy Childhood Programme	Q4 2018	Head of Primary Care
2	Support the implementation of the Framework for the National Healthy Childhood Programme, including the Nurture - Infant Health and Wellbeing Programme	Duration of Plan	Head of Primary Care
3	Appoint a CHO Child Health Development Officer to support the roll-out of the National Healthy Childhood Programme	Q3 2018	Head of Primary Care
4	Continue to release staff, with specific expertise, to input into the implementation of the National Healthy Childhood Programme, including the Nurture Programme (as resources allow)	Duration of Plan	Head of Primary Care
5	Support the delivery of the relevant actions from the HSE's national breastfeeding action plan for 2016-2021 'Breastfeeding in a Healthy Ireland' by: <ul style="list-style-type: none"> Implementing the breastfeeding policy for primary care teams and community healthcare settings Aiming to achieve the breastfeeding KPI targets, including sharing relevant data with teams Providing staff with the required time to undertake and update the relevant breastfeeding training Providing information on breastfeeding to all pregnant women as part of the new antenatal contact Promoting breastfeeding in partnership with the national campaign 'Every Breastfeed Makes a Difference' Developing and supporting community based breastfeeding support groups (PHN led and peer to peer) 	Q2 2021	Head of Primary Care/ Head of H&WB
6	Support parents by the following actions: <ul style="list-style-type: none"> Support the provision of population and evidence based parenting programmes Staff to provide appropriate information on parenting at each child health contact Ensure staff and parents are aware of the local and regional availability of parenting supports ie parent and toddler groups Provide additional support for those parents/families identified with greater need Enable staff to attend the infant mental health training programme 	Duration of Plan	Head of Primary Care/ Head of H&WB

REF	ACTION AND TARGETS	COMPLETION DATE	LEAD
7	Support schools to develop health and wellbeing action plans in line with the voluntary Health Promoting Schools initiative at primary level and the mandatory Junior Cycle Wellbeing guidelines at post-primary level	Duration of Plan	Head of H&WB
8	Provide health and wellbeing seminars to primary and post primary teachers on a range of topics agreed annually with the Department of Education and Skills	Duration of Plan	Head of H&WB
	IMMUNISATION		
9	Meet the national immunisation uptake target rates for the primary childhood immunisation programmes and the school immunisation programmes	Q2 2019	Head of Primary Care
10	Increase the rate of HPV vaccine uptake rate to meet national targets by promoting the dissemination of published scientific evidence that demonstrates the efficacy of the vaccine	Ongoing	Head of Primary Care /Head of H&WB
	HEALTHY EATING ACTIVE LIVING		
11	Embed the Healthy Weight for Children Framework in primary care and across the CHO	Q2 2020	Head of H&WB/ Head of Primary Care
12	Maintain the level of community development programmes that support healthy lifestyles and the prevention and management of overweight and obesity in children and adults e.g. Healthy Food made easy programmes. Seek to promote healthy lifestyles through the trialling of Triple P Hassle Free Mealtime workshop	Duration of Plan	Head of H&WB
13	Deliver the NURTURE programme actions in particular training for PHNs/Practice Nurses/Community Medical Doctors	Q4 2019	Head of H&WB/ Head of Primary Care
14	Support the implementation of the National Physical Activity plan for Healthy Childhood	Duration of Plan	Heads of Service
	MENTAL HEALTH & WELLBEING		
15	Promote Infant Mental Health, covering topics like bonding with baby, parent-child communications and supporting baby's early learning and development	Duration of Plan	Head of H&WB/ Head of Primary Care
16	Identify and implement initiatives to prevent post natal depression in mothers (children 0-3yrs)	Duration of Plan	Head of H&WB/ Head of Primary Care
17	Identify appropriate training for practitioners to identify when a parent needs additional support, advice or information and access to effective referral pathways to specialist services when needed	Q4 2020	Head of H&WB/ Head of Primary Care
18	Support the on-going delivery of evidence based resilience programmes	Duration of Plan	Head of H&WB

REF	ACTION AND TARGETS	COMPLETION DATE	LEAD
19	Continue to deliver 'Zippy's Friends' training programme to primary school teachers	Duration of Plan	Head of H&WB
20	Continue to deliver 'Mind Out' training programme to post primary school teachers	Duration of Plan	Head of H&WB
21	Continue to deliver identified training to build capacity among staff to promote positive mental health among young service users eg Introduction to Youth and Mental Health	Duration of Plan	Head of H&WB/ Head of Mental Health
	MAKING EVERY CONTACT COUNT		
22	Facilitate staff to complete brief intervention training as proposed by the Making Every Contact Count programme. Staff will deliver key messages regarding smoking and support pregnant women, mothers and their partners to quit, at each contact and refer to intensive support services as appropriate	Duration of Plan	Heads of Service
23	Facilitate staff to complete brief intervention training as proposed by the Making Every Contact Count programme. Staff will deliver key messages to promote healthy eating and physical activity in pregnancy at each contact	Duration of Plan	Heads of Service
	STRENGTHENING PARTNERSHIPS		
24	Establish a support forum for the HSE representatives on the six LCDCs within the CHO to contribute to the implementation of actions that support and promote child health and wellbeing eg family friendly environments, smoke free playgrounds, opportunities for physical activity participation	Q2 2018	Head of H&WB
25	Ensure consistent HSE representation on the four CYPSCs. Establish a CHO support forum for the HSE representatives on the CYPSCs to contribute to the implementation of actions that support and promote the health and wellbeing of children and young people	Q3 2018	Head of H&WB/Head of Primary Care/ Head of Mental Health
26	Work with our partners in the Drug and Alcohol Regional Task Forces to support the roll out of services to under 18s and to promote www.askaboutalcohol.ie and the alcohol and drugs helpline as the main sources of information and support on alcohol. Promote www.drugs.ie as the main source of information on illegal drugs	Duration of Plan	Head of H&WB/Head of Primary Care

4.2 - Live Well, Age Well

REF	ACTION AND TARGETS	COMPLETION DATE	LEAD
	HEALTHY EATING & ACTIVE LIVING		
1	Implement the HSE Healthier Vending policy across the CHO	Q4 2019	Heads of Service
2	Implement the HSE Calorie Posting policy across the CHO	Q4 2021	Heads of Service
3	Embed the integrated model of weight management services for adults across primary care and CHO structures	Q4 2021	Heads of Service
4	Implement the clinical guidelines for management of malnutrition (in development) and nutrition and food policy (in development) in older peoples, disability and mental health services	Q4 2021	Head of Social Care/ Head of Mental Health
5	Continue implementation of Nutrition screening tools across the CHO area (MUST)	Q4 2020	Heads of Service
6	Deliver community based health promotion programmes such as community cooking programmes and Men on the Move	Ongoing	Head of H&WB/ H&WB
7	Establish a baseline of structured physical activity programmes currently provided in community sites across the CHO and map referral pathways to these programmes	Q4 2021	Head of H&WB
8	Implement guidelines to promote physical activity for organisations providing mental health services and disability services	Q4 2021	Head of H&WB/ Head of Mental Health/Head of Social Care
9	Extend existing and developing programmes for physical activity for people with disabilities and their families to enhance and deliver a comprehensive health and wellbeing programme	Q4 2020	Head of H&WB/ Head of Social Care
10	Ensure delivery of culturally appropriate Traveller healthy lifestyles education and health promotion programmes are integrated into local Traveller Health Plans including 'Small Changes Big Difference'	Q4 2020	Head of H&WB/ Head of Primary Care
11	Support the national communications and social marketing strategy for the Healthy Eating and Active Living programme e.g. START, Steps to Health Campaign	Duration of Plan	Head of H&WB
	TOBACCO FREE IRELAND		
12	Assign a nominated tobacco lead from CHO senior management to support ongoing monitoring and implementation of local Tobacco Free Campus Policies across all sites and services	Q2 2018	Head of H&WB
13	Develop an action plan to progress the implementation and on-going monitoring of the HSE Tobacco Free Campus Policies across all sites and services. Ensure that monitoring data is supplied to the national Tobacco Free Ireland office	Q1 2019	Head of H&WB

REF	ACTION AND TARGETS	COMPLETION DATE	LEAD
	TOBACCO FREE IRELAND (CONTD)		
14	Participate in audit processes to validate tobacco free campus implementation	Duration of Plan	Heads of Service
15	Display smoking cessation service information and QUIT support resources in all services and sites and provide support for service users and staff who wish to quit smoking	Duration of Plan	Head of H&WB/Heads of Service
16	Establish cessation services to respond to the needs of the CHO population eg in line with National Institute of Health and Clinical Excellence (NICE) best practice recommendations, service providers should aim to treat at least 5% of their local smoking population	Q4 2020	Head of H&WB/Heads of Service
17	In line with MECC programme and targets, services in the CHO (mental health, disability and older persons services and primary care) will routinely record the smoking status of patients using its service, deliver brief interventions and refer to intensive services where appropriate	Q4 2021	Head of H&WB/ Heads of Service
18	Release frontline staff to attend MECC training as per KPI targets to support the routine treatment of tobacco addiction as a healthcare issue	Duration of Plan	Head of H&WB/Heads of Service
19	Engage with the Tobacco Free Ireland programme 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	Q4 2019	Head of H&WB
20	Support the implementation of the Health Behaviour Patient Management System (e-referral to quit services) on a phased basis, commencing with Smoking Cessation Services in 2018	Duration of Plan	Head of H&WB/Heads of Service
21	Comply with the HSE Protection from Second-hand Smoke in Domestic Settings Policy in each care group eg review of risk assessments/complaints from Health Care Workers (HCWs) regarding exposure to second hand smoke	Duration of Plan	Head of H&WB/Heads of Service
	ALCOHOL		
22	Promote screening and brief interventions through the Making Every Contact Count programme in all health and social care settings so that health professionals have the skills and confidence to recognise and address hazardous and harmful use of alcohol and drug use	Duration of Plan	Heads of Service
23	Work with key personnel in primary care and hospital groups to deliver the key messages regarding the avoidance of alcohol during pregnancy at each contact through the provision of the askaboutalcohol Alcohol & Pregnancy leaflet. Advice for partners on supporting an alcohol free pregnancy will also be offered	Duration of Plan	Head of H&WB/Head of Primary Care

REF	ACTION AND TARGETS	COMPLETION DATE	LEAD
24	Implement the AUDIT, DUDIT or DSM V tool when screening alcohol and/or drug use as part of the care of those with chronic illness	Q4 2021	Head of H&WB/ Head of Primary Care
25	Promote www.askaboutalcohol.ie and the alcohol and drugs helpline as the main sources of information and support on alcohol. Promote www.drugs.ie as the main source of information on illegal drugs	Duration of Plan	Heads of Service
26	Display communications campaign materials and resources in all HSE settings to reinforce positive health messages in relation to alcohol available through healthpromotion.ie/alcohol and healthpromotion.ie/drugs	Duration of Plan	Head of H&WB/ Heads of Service
27	Promote awareness to the public and to health care professionals regarding the specific HSE referral care pathways for alcohol and substance use based on the HSE Four Tier model of service delivery	Duration of Plan	Heads of Service
28	Provide half day training sessions on alcohol policy using the national Alcohol Programme as a resource	Q4 2019	Head of H&WB/ Heads of service
29	<p>Promote and disseminate information and awareness materials to teenagers and their families by:</p> <ul style="list-style-type: none"> Promoting and disseminating the HSE Junior Cycle Health and Wellbeing Resource of Alcohol and Drugs to Post Primary schools Promoting and disseminating the HSE SPHE Senior Cycle Resource on Alcohol and Drugs to Post Primary Schools Promoting and disseminating the HSE Alcohol and Drugs, A Parents Guide, Practical Advice to Help You Communicate With Your Child About Alcohol and Other Drugs 	Duration of Plan	Head of H&WB
CHRONIC ILLNESS & SELF MANAGEMENT SUPPORT (SMS)			
30	Establish a CHO chronic conditions group to provide leadership and oversight to the development and implementation of responsive services that support people living with a chronic condition. This group will include representatives from the 3 hospital groups	Q4 2018	Head of H&WB/Head of Primary Care
31	Appoint a Self Management Support Co-Ordinator to implement Self Management Support in alignment with the National SMS Framework and Implementation Plan for Self Management Support for Chronic Conditions: COPD, Asthma, Diabetes and Cardiovascular disease	Q1 2018	Head of H&WB

REF	ACTION AND TARGETS	COMPLETION DATE	LEAD
32	Develop CHO implementation plan for SMS for chronic conditions in line with the National SMS Framework and the relevant National Clinical Programmes' models of care. The plan will focus on the agreed national priorities for initial phase of implementation ie cardiac rehabilitation, pulmonary rehab, structured patient education for diabetes, asthma education and patient information materials	Q1 2019	Head of H&WB
33	Map, produce and maintain a directory of programmes and supports for SMS for chronic conditions identifying gaps in services	Duration of Plan	Head of H&WB
34	Engage with Health and Social Care Professionals (HSCPs) serving the CHO population to promote and support delivery of SMS to patients with chronic conditions	Q4 2019	Head of H&WB
35	Participate in the development and research of ICT based solutions to promote self management support of chronic conditions	Duration of Plan	Head of H&WB
36	Deliver structured patient education programmes for type 2 diabetes as per National KPI targets	Ongoing	Head of H&WB
37	Collect and report on agreed KPIs for SMS for chronic conditions	Q1 2020	Head of H&WB
	MAKING EVERY CONTACT COUNT		
38	Support the roll out of the Making Every Contact Count programme by: <ul style="list-style-type: none"> Developing a CHO implementation plan using the proposed national implementation model Embedding MECC actions in each care group operational plan Supporting the implementation of the Making Every Contact Count Communication plan at CHO level Identifying and developing a network of key champions/advocates for the MECC programme Implementing the national training plan for Making Every Contact Count Providing healthcare professionals with access to the national blended learning MECC training programme 	Q4 2018	Head of H&WB/Heads of Service

REF	ACTION AND TARGETS	COMPLETION DATE	LEAD
39	Implement the Making Every Contact Count minimum data set tool across services to record information on patients' lifestyle risk factors and behaviour change interventions across the CHO in line with national guidance	Q2 2021	Head of H&WB/ Heads of Service
40	In conjunction with the relevant stakeholders: <ul style="list-style-type: none"> map the current referral pathways to specialist services available within the CHO to support health behaviour change map the current community resources/programmes for signposting to support health behaviour change 	Q2 2021	Head of H&WB/ Heads of Service
MENTAL HEALTH & WELLBEING			
41	Support the implementation of the forthcoming National Mental Health and Wellbeing Promotion Plan	Duration of Plan	Head of H&WB/ Heads of Service
42	Promote the health (mental and physical) 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	Duration of Plan	Head of H&WB/ Head of PC/Head of Mental Health
43	Deliver identified training to build capacity among staff to promote positive mental health among service users eg wellbeing training	Q4 2019	Head of H&WB/ Head of Primary Care/Head of Mental Health
44	Identify and implement initiatives to promote positive mental health among older people living in the community and in residential settings	Duration of Plan	Head of H&WB/ Head of Social Care
45	Support the implementation of the Connecting for Life action plans for the Midlands, Louth and Meath	Duration of Plan	Head of H&WB/ Head of Primary Care/Head of Mental Health
46	Support the promotion of mental health and wellbeing initiatives (e.g. Little Things campaign) among the CHO population with a focus on protective health behaviours and consistent signposting to relevant support services	Duration of Plan	Head of H&WB/ Heads of Service
47	Examine the learning from pilot social prescribing programmes and depending on resources, select a site in the Midlands Louth Meath CHO to implement a similar programme	Q4 2020	Head of H&WB
48	Support the delivery of Healthy Ireland – Men, the HSE National Men's Health Action Plan 2017 – 2021	Duration of Plan	Head of H&WB/ Heads of Service
SEXUAL HEALTH			
49	Identify and assign designated personnel to implement the sexual health strategy and associated campaigns	Q2 2019	Head of H&WB

REF	ACTION AND TARGETS	COMPLETION DATE	LEAD
50	Based on the findings and recommendations from the National Mapping of Sexually Transmitted Infection (STI) and Contraceptive Services and the National Needs Assessment, review, sign-post and develop local services	Q4 2019	Head of H&WB
51	Identify all referral pathways in signposting to STI, crisis pregnancy and post-abortion support services in the CHO area	Q4 2019	Head of H&WB
52	Promote locally the availability of free crisis pregnancy counselling services and post-abortion counselling through information campaigns in partnership with the National Sexual Health and Crisis Pregnancy Programme	Duration of Plan	Head of H&WB
53	Facilitate staff to attend sexual health related training as appropriate eg Foundation Programme in Health Promotion, LGBTI Awareness, Transgender Health	Duration of Plan	Head of H&WB/ Heads of Service
54	Following the publication of a sexual health training strategy in 2018, implement a strategic approach to training in consultation with local service providers and the national programme	Duration of Plan	Head of H&WB
55	Map and review initiatives in place to support positive health for LGBTI	Q4 2019	Head of H&WB
56	Implement process to ensure all services are aware of the available free sexual health resources and training opportunities (condom distribution service, health promotion material, HSE and HSE funded training) and encourage uptake	Q4 2019	Head of H&WB
57	Continue to promote and support HSE sexual health awareness and HSE websites, www.sexualwellbeing.ie , www.Man2Man.ie and www.b4uDecide.ie	Duration of Plan	Head of H&WB
	POSITIVE AGEING		
58	Support the roll out of health related actions in the Positive Ageing Strategy	Duration of Plan	Heads of Service
59	Where resources allow, select a learning site to introduce peer to peer supports that assist older people to age well	Q2 2019	Head of H&WB/ Head of Social Care
60	Map the existing peer to peer volunteering programmes across the CHO and explore the potential to further tap into the experience of older people	Q4 2020	Head of H&WB/ Heads of Service

REF	ACTION AND TARGETS	COMPLETION DATE	LEAD
61	Continue to support and promote initiatives that promote social inclusion such as Mens' Sheds, social prescribing initiatives and ICT initiatives aimed at promoting social connectedness	Duration of Plan	Head of H&WB/ Heads of Service
62	Continue to deliver Healthy Ageing Programmes to HSE staff working in day care services to support older people to remain active and engaged in their local community	Duration of Plan	Head of H&WB
63	In partnership with the Social Care Division, promote the development of innovative ICT solutions aimed at improving the health and wellbeing of older people	Duration of Plan	Head of H&WB/ Head of Social Care
64	Participate in the development of integrated services for older people that support older people to age well within their own homes and communities	Duration of Plan	Head of H&WB/ Heads of Service
65	Work to decrease the number of falls and fractures in our ageing population through the promotion of the benefits of physical activity programmes in achieving good bone health and maintaining balance	Duration of Plan	Head of H&WB/ Head of Social Care, Head of Primary Care
66	Support the development and implementation of the national model of home care	Duration of Plan	Heads of Service
67	Increase availability of assistive technology libraries	Duration of Plan	Heads of Service
68	Promote increased uptake of flu vaccine among over 65s	Duration of Plan	Head of H&WB/ Heads of Service

REF	ACTION AND TARGETS	COMPLETION DATE	LEAD
69	<p>Build a supportive environment for people with dementia by the following actions:</p> <ul style="list-style-type: none"> • Ensure that 'Dementia Understand Together' campaign resources and information are widely available and on display in relevant public service areas • Support the release of staff to attend Dementia Awareness training programmes • Incorporate Dementia Friendly Design in any new build or modification to existing buildings • Develop a dementia pathway in conjunction with the three hospital groups and support the implementation of the pathway • Support Community activation initiatives which aim to build dementia supportive communities • Support the roll-out of Dementia Training for GPs and Primary Care teams (PREPARED) • Support the roll-out of Fetac Level 5 Dementia programme for home care workers • Ensure information on local supports, services and initiatives are included on 'Dementia Understand Together' service directory • Support an integrated model of home care provision 	Duration of Plan	Heads of Service
70	Routinely promote the Bowel Cancer, Diabetic Retinopathy, Breastcheck and Cervical Check screening programmes among the population of the CHO in collaboration with the National Screening Programme	Duration of Plan	Head of H&WB/ Heads of Service
71	Support the HSE representatives on the six Local Community Development Committees (LCDCs) to contribute to the implementation of the health and wellbeing actions contained in the Local Economic Community Plans (LECPs) and support LCDCs to implement Healthy Cities and Counties	Duration of Plan	Head of H&WB
72	All Healthy Ireland Communications and materials will be produced in plain English using the HSE Communicating clearly guidelines	Duration of Plan	Head of H&WB

4.3 - Staff Health & Wellbeing

REF	ACTION AND TARGETS	COMPLETION DATE	LEAD
1	Identify an appropriate staff health and wellbeing governance structure/ mechanism to promote, maintain and improve the health and wellbeing of staff in the CHO	Q1 2019	Head of H&WB/ Heads of Service/ Head of HR
2	Promote the embedding of a staff health and wellbeing agenda across the CHO by: <ul style="list-style-type: none"> Engaging with staff within the CHO regarding their health and wellbeing, identifying key areas and staff groups needing priority for staff health and wellbeing initiatives Supporting staff and management to engage at a site specific level to improve staff health and wellbeing utilising national policies as well as local opportunities e.g. staff choirs Actively promoting the HSE national staff survey and responding to feedback with regard to the health and wellbeing element of the survey 	Duration of Plan	Head of H&WB/ Heads of Service/ Head of HR
3	Develop a network of Healthy Ireland Champions to promote staff health and wellbeing across the CHO	Q2 2021	Head of H&WB
4	Promote the designated website for health care workers (www.workwell.ie) to access dedicated information and resources relating to health and wellbeing	Duration of Plan	Head of H&WB/ Heads of Service/ Head of HR
5	Implement the Department of Health's Healthy Workplace Framework	Q4 2021	Head of H&WB/ Heads of Service/ Head of HR
6	Implement the HSE Staff Health and Wellbeing Policy	Q4 2021	Head of H&WB/ Heads of Service/ Head of HR
7	Assist in national evaluations and piloting of staff health and wellbeing initiatives to develop a consistent approach to staff health and wellbeing	Duration of Plan	Head of H&WB/ Heads of Service/ Head of HR
8	Promote and implement sustainable health and wellbeing initiatives that support behaviour change efforts of staff	Duration of Plan	Head of H&WB
9	Implement health promotion campaigns for staff that focus on physical activity and healthy eating and integrate initiatives that support and promote healthy lifestyles in the workplace into all operational plans e.g. Steps to Health Challenge, Smarter Travel, Happy Heart@Work catering awards	Duration of Plan	Head of H&WB
10	Promote walking and active travel as a strategy to reduce the risks of sedentary work practices including prolonged sitting	Duration of Plan	Head of H&WB/ Heads of Service
11	Continue to engage in the Irish Heart Foundation Active@Work and walking leader training for staff willing to become local peer champions to advance improved staff health and wellbeing among their colleagues	Duration of Plan	Head of H&WB/ Heads of Service

REF	ACTION AND TARGETS	COMPLETION DATE	LEAD
12	Implement health checks for staff in collaboration with the Irish Heart Foundation	Q4 2018	Head of H&WB
13	Implement the Breastfeeding policy/strategy for staff across the CHO	Q4 2019	Head of H&WB/ Heads of Service
14	Work with HR to promote access to family friendly HR policies and access to mid-career and pre-retirement planning	Duration of Plan	Head of H&WB/ Head of HR
15	Establish a management peer support forum to build a culture of supporting staff health and wellbeing	Q4 2018	Head of H&WB
16	Develop and support the mental health and wellbeing of staff in co-operation with the Wellbeing and Mental Health Programme	Duration of Plan	Head of H&WB/ Heads of Service
17	Establish a co-ordinated approach to stress prevention and management programmes for staff	Q4 2019	Head of H&WB/ Heads of Service
18	Proactively assess staff smoking prevalence and offer reduced cost cessation pharmacotherapy (eg nicotine replacement therapy) and referral to intensive cessation services	Q4 2019	Head of H&WB
19	Promote and increase uptake of the flu vaccine among all staff, both frontline service providers and managerial/administrative staff	Duration of Plan	Head of H&WB/ Heads of Service

Appendix

Midlands Louth Meath Healthy Ireland Steering Committee Member Membership:

Fiona Murphy - Head of Health & Wellbeing (Chair)

Sarah McCormack - National Programme Lead, Healthy Ireland

Dervila Eyres - General Manager, Mental Health Services

William Toomes - HR Specialist

Bernadette O'Keefe - Specialist in Public Health Medicine

Mary O'Hare - Business Manager, CHO Office

Emer Smyth - A/Head of Health Promotion & Improvement, Dublin North East

Paula Campbell - Regional Officer - Smoking Prevention

Patricia Whelehan - General Manager, Disability Services

Donal Fitzsimons - General Manager, Older Persons Services

Dymphna Bracken - Communications Manager

Annette McDonnell - Area Administrator / Network Manager, Louth Primary & Social Care Services

Siobhan Lines - RCSI Project Manager

Katriona Campbell - Business Manager, Health & Wellbeing

Louise Meegan - Assistant Staff Officer, Health & Wellbeing

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