"He who has health has hope, and he who has hope has everything" - Thomas Carlyle

South East Community Healthcare

Healthy Ireland Implementation Plan

2019-2022
# Contents

1  Introduction.................................................................................................................................................. 11
2  Healthy Ireland (HI)- An Overview................................................................. 13
   2.1  Healthy Ireland .................................................................................................................. 13
   2.2  Healthy Ireland in the Health Services................................................................. 15
3  What are we doing already on Healthy Ireland........................................................ 17
   3.1  Healthy Childhood........................................................................................................... 18
   3.2  Healthy Eating Active Living.................................................................................... 20
   3.3  Wellbeing and Mental Health.................................................................................. 24
   3.4  Positive Ageing............................................................................................................ 26
   3.5  Alcohol........................................................................................................................ 28
   3.6  Tobacco Free Ireland.................................................................................................... 29
   3.7  Positive Sexual Health............................................................................................ 30
   3.8  Chronic Conditions.................................................................................................... 31
   3.9  Making Every Contact Count.................................................................................... 33
4  Population Profile of the South East Community Healthcare.......................... 35
   4.1  Minority Groups............................................................................................................. 36
   4.2  Disadvantaged Groups............................................................................................... 38
   4.3  People Experiencing Homelessness......................................................................... 38
   4.4  Disabilities.................................................................................................................. 39
   4.5  Staff Influenza Vaccination Programme.............................................................. 39
   4.6  Population Based Screening Programmes.......................................................... 39
   4.7  Environmental Health Service................................................................................. 41
5  Our Service............................................................................................................................................. 43
6  Our Staff............................................................................................................................................. 45
Contents continued

7 Developing our Healthy Ireland Implementation Plan .......................................................... 49
7.1 Healthy Ireland Steering Group....................................................................................... 50
7.2 Governance, Finance and Sustainability ........................................................................ 50
7.3 Research & Health Intelligence ....................................................................................... 52
7.4 Strengthening Partnerships ............................................................................................ 52

8 Action Plan ....................................................................................................................... 53
Healthy Childhood .................................................................................................................. 54
Healthy Eating Active Living ............................................................................................... 58
Wellbeing and Mental Health ............................................................................................... 60
Positive Ageing .................................................................................................................... 63
Alcohol .................................................................................................................................. 67
Tobacco Free Ireland ............................................................................................................ 70
Positive Sexual Health ......................................................................................................... 72
Prevent and Reduce Chronic Conditions: Self Management Support .................................. 74
Prevent and Reduce Chronic Conditions: Making Every Contact Count............................ 76
Staff Health & Wellbeing ...................................................................................................... 78
Partnership Working ............................................................................................................ 82
Research & Health Intelligence ............................................................................................ 83

Appendices ......................................................................................................................... 84
Table of Figures ..................................................................................................................... 85
Abbreviations ....................................................................................................................... 86
SECH Healthy Ireland Steering Group .................................................................................... 87
SECH Staff Health and Wellbeing Sub-Group Members ....................................................... 87
References ............................................................................................................................ 88
Bibliography .......................................................................................................................... 89
Foreword

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

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

To deliver on this commitment within the health service the HSE published its Healthy Ireland in the Health Services National Implementation Plan.

This Healthy Ireland Implementation Plan builds on the work already underway in South East Community Healthcare, and the strong partnerships developed by them with external agencies, including collaborative working with the South/South West Hospital Group, to improve the health and wellbeing of their population. This plan includes 53 large scale actions identifying the pathway for service users, staff and partner organisations in South East Community Healthcare to work to further embed the health and wellbeing agenda in everything they do. These actions focus on prevention, on providing care closer to home and on supporting people to better self-manage their illnesses. The Plan recognises that their services and healthcare teams have enormous potential to influence the health and wellbeing of the people for whom they provide day to day care and support.

We would like to take this opportunity to commend the South East Healthy Ireland Steering Group, the CHO Management Team, in particular Aileen Colley and TJ Dunford, Chief Officers, Derval Howley, Head of Health and Wellbeing, Joan Ita Murphy, Business Manager and all their staff, on the development of this Plan. The publication of this plan shows their combined commitment to making major systemic and cultural shifts in how healthcare providers do their business. We would also like to acknowledge the staff co-ordinating and supporting this work locally and nationally, particularly Sarah McCormack, HSE National HI Lead, whose work in supporting the planning process and in forging positive working relationships at national and local level strengthens our capability for implementation.

We wish Kate Kileen-White, Chief Officer, the South East Community Healthcare team and their partners every success with the implementation of this Healthy Ireland Implementation Plan.
South East Community Healthcare Foreword

“He who has health has hope, and he who has hope has everything.” Thomas Carlyle

Health is a word that we are all very familiar with, particularly those working within the health service. However, it can mean different things to different people. It is sometimes described in broad terms as “being free from illness and injury” or as “being both mentally and physically well”.

The aim of our Healthy Ireland Plan for the South East Community Healthcare (SECH) is to support people living in the South East to be happy, healthy and well in order to reach their full potential.

We are aware that many factors can influence a person’s health, such as where they live and work; their access to education and to job opportunities; their individual lifestyle choices; their social supports and access to amenities such as clean water and transport.

Because health can be influenced by many determinants outside of the health service itself, we link closely with our partners through joint committees such as the Local Community Development Committees (LCDC) and Children and Young People’s Services Committee (CYPSC) to ensure that we are all working together to create a happier, healthier South East Region.

In addition to partnership working, our plan focuses on positively influencing the lifestyle choices that people make in relation to smoking, alcohol, sexual health, healthy eating and physical activity.

Our health services protect our population from threats to their health and wellbeing through the provision of immunisation and vaccination programmes and infectious disease monitoring.

We work with our National Health Services to reduce morbidity by enhancing the up-take of screening programmes such as BreastCheck, CervicalCheck, Bowelscreen and Diabetic RetinaScreen.

Our healthcare teams are committed to supporting people at all stages of life, from the very young through to positive ageing for our older population. We adopt a life course approach to promoting Health and Wellbeing.

We know that the greatest population growth within the South East is among our older adults. This changing demographic profile provides valuable insight into how we will progress health and wellbeing programmes and activities across the region.

We also know we have a number of challenges facing us in South East Community Healthcare. These include:

- The population within our South East region is growing and ageing and there is a corresponding increase in the number of carers.
- We have many population groups in our region who have specific health needs.
- The uptake of our childhood immunisation programme in SECH is below the national target of 95%.
- The uptake of the staff influenza vaccine in long term care facilities in SECH while improving, is still low.
- There are significant numbers of people in SECH, who need additional targeted support to help improve their lifestyle and health outcome.
- There has been an increase in the number of people with self-reported poor health in SECH compared to 2011.
- The statistics for our screening programme shows a low uptake in some geographic areas.

We have a very dedicated and skilled team of healthcare workers within the South East. It is important that we also ensure that our workforce is happy, healthy and well. In order to support this, a section of our plan focuses on staff health and wellbeing.

We know that significant investment is required to meet the growing needs across the health services. However, this investment needs to be married with a stronger focus on chronic disease prevention and the development of strong self-management support initiatives within the community as well as ensuring health and wellbeing support for our staff.

We would like to thank all who were involved in the development of this plan. In particular, we would like to thank the members of our Healthy Ireland Steering Group for all their work in linking with their respective care groups. We would like to thank Sarah McCormack, National Healthy Ireland Lead for her guidance and support throughout the development of this plan. In particular, we would like to thank Sarah McCormack, National Healthy Ireland Lead for her guidance and support throughout the development of this plan. In particular, we would like to thank Sarah McCormack, National Healthy Ireland Lead for her guidance and support throughout the development of this plan.

We look forward to working with you to make the South East a happy, healthy place for people to live, work and grow.

Le chéile ag forbairt sláinte agus sástaacht

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1. Introduction

The development of our South East Community Healthcare (SECH) Healthy Ireland implementation plan presents an ideal opportunity for us to come together in partnership, promoting health and wellbeing across communities, care groups and organisations. The creation of supportive environments to enable individuals and communities to improve their health is core to our service provision. This requires us to show strong leadership and commitment to enhancing health outcomes for everyone who live in our region.

Our plan is guided and underpinned by the National Healthy Ireland Framework 2013-2025. It is also supported by a number of national strategies including those pictured below.

We have big hopes for our plan. They are to deliver integrated, holistic services across the region that will enhance health and wellbeing, reduce health inequalities, and prevent chronic diseases. We will seek to re-orientate health services, strengthen community action, build and develop personal skills and capacity, and create supportive environments. This plan maps ways to wellbeing.

This is our plan. It cannot and will not happen without everyone working together. Through working together and building on the incredible work that has happened to date, we can create environments that will support health and wellbeing. Together we can reduce health inequalities and prevent chronic diseases. Together we can make it happen.

Figure 1: Covers of National Health Strategies
2. Healthy Ireland - An Overview

2.1 Healthy Ireland (HI)

The National Healthy Ireland (HI) Framework was published by the Government in 2013 as a Whole-of-Government, Health in All Policies (HiAP) approach. The significance of adopting this approach was that for the first time all Government Departments agreed that each had their own part to play in enhancing the health of everyone who lives in Ireland as opposed to “health” being “only the job of the Department of Health”.

HI has a strong, clear vision of an Ireland “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”.

**Healthy Ireland Goals**

- **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**

Figure 2: Goals of the Healthy Ireland Programme
Giving the same service to everyone does not mean that everyone will have the same positive health outcomes. We need to ensure that our services are matched to each individual’s own health needs and that health assessments take account of all the factors that can impact on our health. These factors are often referred to as the Social Determinants of Health. Figure 3 outlines the determinants of health and Figure 4 highlights some of the challenges the health service faces in addressing the social determinants of health.

The Healthy Ireland Implementation Plan for SECH sets out a clear pathway of actions that must be delivered upon to support individuals and society to be healthy at every stage of life. Delivering upon these actions will involve strategic planning and partnership working.

2.2 Healthy Ireland in the Health Services

In 2015, the HSE developed ‘Healthy Ireland in the Health Services ’ which set out how Healthy Ireland will be implemented within the Health Services.

Healthy Ireland in the Health Services focuses on 3 Strategic Priorities:

1. Health Service Reform  
   Our Biggest Opportunity

2. Chronic Disease and Management  
   Our Biggest Challenge

3. Staff Health and Wellbeing  
   Our Biggest Asset

It identifies 126 actions to be delivered at national and local level and places a particular focus on addressing risk factors. It places a specific focus on Healthy Childhood, Healthy Eating and Active Living (HEAL), Wellbeing and Mental Health, Positive Ageing, Alcohol and Tobacco Free.
These priority policy programmes have been expanded to include six further areas as set out in the diagram below. The Southeast Community Healthcare HI Implementation Plan provides the roadmap to deliver on these and has captured them into a twelve pronged ‘Target Model’ for delivery.

The following section highlights the National Policy Priority Programmes and the work that is currently happening in our area to address these priorities. It is not an exhaustive list of all that is happening in our region and a more comprehensive document outlining these activities can be accessed from the Health and Wellbeing office at SECH by emailing healthandwellbeingcho5@hse.ie.

At national level, the HSE has multi-disciplinary teams in place to co-ordinate our response to the policy priority programmes.

Each programme has clear governance arrangements and provides strategic direction for a wide range of actions. These programmes should reduce duplication of effort and are the key drivers of the very many strategic priorities underpinning the health and wellbeing agenda across the HSE.
3.1 Healthy Childhood

In Ireland, our child health programme is currently based on:

» Best Health for Children (BHFC) Original and Updated.
» The Framework for the National Healthy Childhood Programme.
» The First 5 Strategy.

We know early intervention services have a positive impact on children and families. These include: home visiting services for pregnant women and families with new babies; parenting skills training; family relationship education; family counselling; and support services for families with very young children, such as play groups. These help stimulate brain development.

Investment in early childhood development provides one of the most cost effective interventions available to reduce health inequalities and chronic illness in later life. Its impact is seen not just on the health of the child but it also provides the foundation for future health.

The Faculty of Public Health Medicine’s position paper “The Impact of Early Childhood on Future Health” sets out 5 key actions to promote child and adult health.

These are to:

» Strengthen the leadership for children in the health arena.
» Develop a workforce that is trained and supported to deliver health services for all.
» Ensure the health system identifies and responds to the needs of children and their families.
» Ensure the work of the health services is embedded in the wider structures working to improve the lives of children.

In November 2017, a SECH child health seminar was organised. This seminar showcased some of our child health initiatives across the region and focused on child health from the national, regional and local perspective. It highlighted some of the excellent initiatives which we have in place in the South East currently, as well as exploring what areas of child health provision could be enhanced.

3.1.1 Childhood Immunisation Programmes

The National childhood immunisation target uptake is 95%. This is recommended by the World Health Organization, and ensures population immunity. Take up in the South for Q2 of 2018 in 24 month olds ranged from 95% for the diphtheria, tetanus, pertussis, polio and haemophilus influenza B vaccines to only 85% uptake for the MenC2.

3.1.2 Recognising Schools as a setting for health and wellness for child health

Health Promotion and Improvement takes a whole school approach to health promotion based on evidence of best practice.

Health Promotion aims to empower schools to develop systematic and structured health and wellbeing action plans, through a process of consultation, action planning and review. This process reflects the Department of Education and Skills’ policies. Each year a range of health and wellbeing training is offered to teachers on agreed topics.

3.1.3 Some examples of child health initiatives being delivered in SECH include:

- Caring for your baby/child initiative
- Promotion of Breastfeeding and initiatives to support the Health Service Breastfeeding Action Plan
- Lift the Lip dental and speech and language initiative
- Free GP care for under 6s
- Travelers Health Workers
- Roma & New Communities Projects in Waterford & Wexford
- Progressive Disability Services for Children and Young People (PDS)
- Child health screening and development service
- Community nutrition cookery programme (Cook It)
- Infant nutrition training to PHN
- Progressing Disability Services for Children and Young People (PDS)

Figure 8: Child health initiatives in SECH
3.2 Healthy Eating Active Living Programme

The Healthy Eating and Active Living (HEAL) Policy Priority Programme was established to mobilise the health services to improve health and wellbeing by increasing the levels of physical activity, healthy diet and healthier weight of the population as a whole, with a particular focus on families and children. The National Policy Priority Programme Team coordinates and leads activity across the health service to ensure implementation of two policies: A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025; Get Ireland Active! National Physical Activity Plan for Ireland.

Health Promotion and Improvement works in partnership with the five Local Sports Partnerships in the South East and with the wider Healthy Ireland Network, to help build awareness of and promote health and wellbeing through physical activity initiatives and programmes.

3.2.1 Healthy Eating

Tackling healthy eating requires multi-agency, multi-level and co-ordinated approaches. It requires strong partnership working and implementation of evidence-based programmes across the life course. In particular, specific tailored programmes such as the COOK IT Programme are delivered across the SECH in key settings. These structured community nutrition and cooking programmes are supported by community dietetics and health promotion and improvement staff. They offer practical nutrition education which aims to improve participants’ skills, knowledge and confidence in providing healthy, nutritious, low cost meals and snacks for their families.

Suitable for use in a variety of settings, community nutrition and cooking programmes have been rolled out in marginalised community groups, in educational settings and for staff working in the health service.

Pictured: Families enjoying preparing food together as part of a community nutrition programme. In 2018, 487 people completed a community nutrition and cooking programme across the South East.

3.2.2 Groups we have worked with in the South East Community Healthcare include:

**Education**
- Home school liaison teachers
- Home economics teachers
- School completion officers
- Youthreach workers

**Healthcare**
- Occupational therapists
- Social workers
- TUSLA workers
- Mental health professionals
- Irish Wheelchair Association
- Schizophrenia Ireland
- HSE Primary Healthcare Workers for Travellers

**Community**
- Youth Services
- Barnardos
- Family Resource Centres
- Mother & Toddler Groups
- Mens Shed
- Catering Staff

60% of adults are overweight or obese

1 in 4 children in Ireland are overweight or obese

Girls are more likely to be overweight/obese than boys

Figure 9: Key findings of Childhood Obesity Surveillance Report 2008-2015
3.2.3 Weight Management

Weight management workshops for adults are offered across the South East. These explore themes such as energy balance, healthy eating, understanding weight management and reading food labels. As part of our Healthy Ireland plan, these workshops will continue to be offered across the South East.

3.2.4 XPERT

Overweight and obesity is a key contributing factor in the development of Type 2 diabetes. 1 in 10 people over the age of 50 now have Type 2 diabetes. A Structured Patient Education Programme, XPERT, is offered to people with Type 2 diabetes in the South East. Facilitated by dietitians, this award winning programme helps people look after diabetes and their health by learning about the up-to-date treatment and management of Type 2 diabetes.

3.2.5 Active Living

Physical inactivity is now the fourth leading risk factor for global mortality. Physical activity promotes wellbeing, physical and mental health, prevents disease and improves quality of life as well as having economic, social and cultural benefits. A large number of Irish people are not meeting the levels of physical activity recommended in the national guidelines. Currently 3 out of 4 Irish adults and 4 out of 5 Irish children do not meet these guidelines.

The National Physical Activity Plan was launched in 2016 and aims to increase physical activity levels across the entire population. The HSE supports a number of initiatives which encourage engagement in increased physical activity as outlined on the next page.

Parkrun is a simple concept creating opportunities for people to become more active. It invites people of all ages to turn up every Saturday and run 5km, or if you’re a junior there is a 2km run every Sunday. For more information visit www.parkrun.ie.

GAA Healthy Clubs aims to transform GAA clubs into health-enhancing hubs for their communities. For more information visit www.gaa.ie.

There are 26 Sli na Sláinte routes across the South East Region, 7 of these are on HSE campuses. For a full list of routes please go to www.irishheart.ie.

Over 30 HSE staff from across the South East participated in Walking Leader and Active @ Work Training to develop and deliver a suite of Active Work Initiatives within HSE Worksites and to support existing initiatives such as Sli na Sláinte, Love Life, Love Walking and the Steps to Health Challenge.

CarePALS training aims to empower those working in day and residential care settings to lead suitable physical activities with older people who live in or visit these settings.

Men on the Move (MoM) is a wellness programme with a primary focus on physical activity. The purpose of this programme is to use physical activity as a hook to engage men in making improvements to their health.

Active School Flag (ASF) is awarded to schools that achieve a physically educated and physically active school community. It aims to get more schools, more active, more often.

HSE Community Games Steps to Health aims to promote and encourage community participation in a fun, active and healthy environment within local communities.
The World Health Organisation places mental health firmly on the European agenda citing its wide ranging influence on overall quality of life and prosperity:

“Mental health and mental wellbeing are fundamental to the quality of life and productivity of individuals, families, communities and nations, enabling people to experience life as meaningful and to be creative and active citizens.”

The vision of Healthy Ireland is to create a society 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’.

3.3.1 Mental Health Promotion

Mental health promotion focuses on promoting wellbeing among all age groups in the general population as well as addressing the needs of people at risk from, or experiencing, mental health difficulties.

It is important to recognise that everyone has mental health needs, whether or not they have a diagnosis of mental ill health. Mental health promotion focuses on strengthening the protective factors that enhance well-being and a person’s quality of life, along with the early intervention and prevention of mental health problems. Our goal is to build on psychological strengths and resilience in order to achieve wellbeing and positive mental health.

3.3.2 Mental health promotion initiatives running within SECH

Children & Young People

Zippy’s Friends (5-7 year olds); Mindout (Transition year and out of school youth); Introduction to Youth and Minding Youth Mental Health training in partnership with Jigsaw; Children’s and Young Persons Services Committees’ Mental Health Sub-groups.

Men

Engage Men’s Health Training; The Men’s Health Network provides community interventions and parenting programme focused on enabling individuals and families to identify issues that are impacting negatively on their lives so that they can begin to take steps towards addressing these issues.

Traveller Health

A Wellbeing Check-in Tool for Traveller Health Projects has been developed by the Traveller Health Unit. We also have a dedicated Traveller Mental Health Liaison Nurse based in Carlow/Kilkenny.

Staff

Mind Your Well Being is a programme we deliver to health and social care staff. We also provide Staff Resilience Training such as Managing Workplace Challenges.

Wider Community

In Waterford there is a Social Prescribing project currently being piloted. Connecting for Life local suicide prevention action plans are being implemented across the five counties and the Little Things Mental Health Promotion Campaign and associated workshops are also being supported across the five counties.

Local Partnerships

We are part of a number of Interagency Mental Health Networks e.g. Carlow Mental Health Association; Link-Up Waterford, STAN in South Tipperary and Life Link in Kilkenny. We are supporting the implementation of LCDC Healthy County Plans and LCDC and CYPSC Healthy Ireland funded Wellbeing and Mental Health actions.

Figure 10 : Framework for Mental Health

Love Life Love Walking Day, Tipperary Town
3.4 Positive Ageing

Ageing is not an illness. The factors that determine healthy ageing are rooted in the life course.

The Irish population aged 65+ is growing by approximately 20,000 each year. Evidence shows that it is possible to live longer with a good quality of life by developing healthy lifestyles and social capital in our families, communities and society.

3.4.1 Programmes supporting positive ageing in the SECH

Age Friendly Cities and Counties is a World Health Organisation initiative which has stakeholders in cities and counties across the globe working together to make their communities better places to grow older, through working on outdoor spaces and building, transportation, housing, respect and social inclusion, social participation, communication and information, civic participation and employment, community support and health services.

All five counties in the South East are involved in the Age Friendly Counties Programme and have strategies to address specific themes across each county.

Local Healthy & Positive Ageing initiative (HAPAI) surveys commissioned for Kilkenny, Tipperary and Wexford have been completed. These surveys were funded through a partnership between the Local Authorities, HSE, The Atlantic Philanthropies, Age Friendly Ireland initiative, and the Department of Health. The local findings will help to form a baseline to measure the health of the older population and to plan for any challenges ahead. A scaled back version of this survey was used as part of the public consultation for Carlow Age Friendly County Strategy.

A positive development in SECH has been the implementation of the Integrated Care Programme for Older Persons (ICPOP) in Waterford. In addition, work is progressing on developing ICPOP in South Tipperary, Kilkenny (Carlow and Wexford). The objective of ICPOP is to improve the quality of life for older people by providing access to integrated care and supporting them to live well in their own homes and communities.

The GEMS (Geriatric Emergency Medicine Service) at St. Luke’s Hospital is a service which ensures that all patients over 75 years that present to the hospital as an emergency are assessed for frailty. Patients who are frail, receive a Comprehensive Geriatric Assessment and are reviewed by a member of the GEMS team and a Consultant Geriatrician.

South Tipperary has won a gold star award for its innovative Five Steps to Living Well with Dementia Programme.

Other Positive Ageing Initiatives within the South East include:

- Intensive home care package.
- Dementia cafe.
- Memory clinics.
- Occupational Therapy Musculoskeletal Clinics.
- Living Well Programme.
- Go for Life (Age & Opportunity).

TJ Dunford (Chief Officer of SECH) pictured above opening the recent “Patient Experience Led Service Improvement” workshop in the Faithlegg Hotel, Waterford. It was an opportunity for the HSE to engage with older persons and those working with them on the development of integrated care in the South East.
3.5 Alcohol

We know alcohol causes enormous harm to the drinker’s health and mental wellbeing. It also is an enormous cost to our society and to our health service. It is responsible for cancers, heart disease, injuries, relationship problems and exacerbates mental health conditions. In 2012, the National Substance Misuse Strategy Report set an aim to reduce the consumption of alcohol in Ireland to 9.1 litres per person per annum by 2020 (OECH average).

Building on this the Government developed its National Strategy “Reducing Harm, Supporting Recovery, A health-led response to drug and alcohol use in Ireland 2017-2025”. It aims to provide an integrated public health approach to substance misuse. In line with these and the Ask About Alcohol Campaign our HI plan aims to:

» Let people know more about how alcohol harms our health and mental wellbeing.
» Provide people with trusted facts from the HSE.
» Support people who would like to reduce their consumption.
» Signpost people to the supports and services that they need.
» Support planned legislation that will reduce consumption and harm.

The Southeast has been to the fore in the development and delivery of brief intervention training for substance misuse and developed the SAOR Screening and Brief Intervention training for problem alcohol and substance misuse. The SAOR model was adopted and developed further by the National Social Inclusion division. It is complementary to the national model Making Every Contact Count (MECC) Programme. When implemented MECC will play a central role in enabling positive behavioural change to support healthier lifestyles.

3.6 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. Tobacco Free Ireland is our National policy on tobacco control and has set a target for Ireland to be smoke free (i.e. have a smoking prevalence of <5%) by 2025.

There is a National Quit service in place run by the HSE. This provides support to people who want to stop smoking. The Quit service is available on Freephone 1800 201 203. This takes potential quitters into a menu of resources available both online or face-to-face. The Healthy Waterford Initiative have a video resource available on their website at healthywaterford.ie.

Ireland as a whole has made incredible progress in this area. In 2018, the national smoking prevalence for Ireland was 20% of the population which is a significant reduction from before the smoking ban came into place. However, within some sectors in the Southeast prevalence is much higher, particularly in “out of school” settings, such as youthreach.

In 2018, a Regional Tobacco Free positive messaging campaign was delivered in partnership with Local Community Development Committees and Youth Organisations. This initiative set out to implement evidence-based programmes in youth settings, for example the Irish Cancer Society X-hale programme and to develop youth designed positive messaging to support the Quit campaign.

South East Community Health Services supporting the Dungarvan Youthreach Daffodil Day Camino Walk. This was a tobacco free initiative and took place on the Irish Cancer Society’s “Daffodil Day” 2018. The event was also supported by the Irish Cancer Society X-hale Programme, Pobal and the LCDC Regional Tobacco Free Action Group.
3.7 Positive Sexual Health

Sexual Health Promotion in the South East has a strong history in training and development. In November 2018, we brought together national, regional and local leaders in the area of positive sexual health. The aim of the day was to provide the opportunity to explore best practice in relation to sexual health and create awareness of the services and supports available across the region. It presented an exciting opportunity to share and showcase the valuable work happening across the region and to allow networking and information sharing with services.

3.8 Chronic Conditions

The South East has a growing older population with an increase of +7,522 of those aged 65-74 years in the last census. Our health service is beginning to feel the impact from increases in presentations for long term chronic diseases such as diabetes, cardiovascular, COPD and asthma.

We know that 49% of Irish people over 50 years have one chronic disease and 18% have more than one chronic disease. The major chronic diseases: diabetes, cardiovascular and respiratory disease will increase by over 20% -30% in the next 5 years.

Chronic disease accounts for 76% of deaths, 80% of GP consultations, 40% of admissions, 75% of bed days and 55% of hospital expenditure in Ireland. Given the above, unless we work together to reduce the level of chronic disease our health services will not be able to provide the level of treatment and support required into the future.

In order to support this, we have begun to implement the Integrated Care Programme for Prevention and Management of Chronic Disease.

This aim of this programme is to:
» Prevent Chronic Disease by engaging patients in health behaviour change.
» Provide a system of care for patients with chronic disease in their community coordinated with hospital services.
» Develop a comprehensive spectrum of services in the community, supporting General Practice.
» Empower patients to self-care and manage their condition.

3.8.1 Self-Management Support for Chronic Conditions

There are at least 108,738 reasons in SECH to improve the way we support people with long term health care conditions such as asthma, diabetes, COPD, and Cardiovascular disease. 108,738 is the estimated number of people living with at least one of these four major long term health care conditions every day in the South East.

Healthcare provided by professionals represents just the ‘tip of the iceberg’ in supporting patients with long term health conditions. The majority of care is provided and coordinated by the person themselves with the support of family members and carers, at home and in the community.

Self-management support is the education and support available to people with chronic conditions and their families to help them understand their central role in managing their illness, make informed decisions about care, and engage in healthy behaviours. Examples of self-management support include supports provided in groups such as cardiac rehab, pulmonary rehab, diabetes structured support, and fall prevention programmes.
education, peer support groups, community cooking programs and those provided one to one such as regular clinical review from health and social care professionals and extra support such as smoking cessation services and social prescribing. Self-Management support is evidence-based to avoid GP and hospital attendances.

“Living well with a chronic condition: Framework for Self-Management Support” is the National framework and implementation plan for Self-Management support for chronic conditions: COPD, Asthma, Diabetes and Cardiovascular disease. It was launched in November 2017. It sets out a whole system approach to implementation. A Self-Management Support Coordinator for chronic conditions was appointed to each health care area in December 2017.

The role of the coordinator is to support the awareness and development of Self-Management support services in the South East. A key outcome to date is the mapping of current Self-Management supports in the South East. This information is being used to advocate for service development and also to inform an online directory. An interim excel directory will be available in early 2019 to support health and social care professionals signpost people with a chronic condition to appropriate supports. It will also assist signposting as part of making every contact count.

The vision for successful self-management support for chronic disease is person centred co-ordinated care.

### 3.9 Making Every Contact Count Programme (MECC)

Healthcare professionals have millions of contacts each year with their patients. The Making Every Contact Count programme is about supporting these frontline healthcare professionals to use each of these contacts to improve the health and wellbeing of their patients.

The programme is about integrating health behaviour change interventions into routine clinical care. It is about enabling healthcare professionals to recognise the role and opportunities they have to raise the issue of lifestyle behaviour change with their patients and to do this in a supportive way.

The initial focus of the Making Every Contact Count programme will be on the four main lifestyle risk factors for chronic disease: tobacco use, harmful alcohol consumption, physical inactivity and unhealthy eating.

The vision for Making Every Contact Count is that every frontline healthcare professional will be trained to a level that will enable him/her to carry out a brief intervention with their patients in all of these topic areas. These interventions will be incorporated into individual care plans and built upon to support sustainable behavioural change to take place. The diagram below provides an overview of the model for Making Every Contact Count in the Health Service.

Further information on this programme can be found at: www.makingeverycontactcount.ie

![Figure 12: HSE Making Every Contact Count model](image)
4. Population Profile of South East Community Healthcare (SECH)

The following is a brief profile of the population living in the South East. According to the 2016 Census, the total population of SECH is 510,333 people, which represents a net increase of 12,755 (+2.6%) since 2011.

The greatest increases were in the older age groups, particularly those aged 65-74 (+7,522). The greatest decreases were in the younger age groups, particularly those aged 25-34 years (-11,447). In SECH, just over 21,000 people are carers and over 74,000 people have self-reported a disability. Comparison of the population of SECH to the general Irish population shows that the proportion of age groups in SECH is similar to the national picture.

Figure 13: National & SECH area Census 2016
Figure 14: Population Profile of SECH area Census 2016
4.1 Minority Groups

Compared to National figures, the population of the South-East has a slightly higher proportion of Irish people (88.6% versus 85.7%). The largest migrant group is Polish with a population of over 13,000 (2.6% of the total population). Some groups have grown in size since the last Census in 2011; Irish (+2.8%), Elsewhere in the EU (+21.1%) and Visitors/Not stated (+20.4%). The numbers of UK (-7.9%) and Lithuanian migrants (-4.8%) has fallen since 2011, whilst the numbers of Polish migrants (+0.7) has slightly increased. Overall, these changes mean that the non-Irish population has increased by 243 people since 2011, and the makeup of that population has changed somewhat. We are conscious that these new communities may have particular health needs and many need support in accessing services.

4.1.1 ROMA Communities

Roma are an ethnic minority group. Nationally, the Traveller Roma Inclusion Strategy 2017 -2021 provides the roadmap for Roma inclusion in Irish society. There are approximately 650 Roma living in the South East with over 400 living in Co. Wexford. The majority of this population are Romanian Nationals and EU Citizens. The Roma Health Advocacy Projects in Wexford and Waterford are funded and supported by the HSE Social Inclusion Department.

4.1.2 Traveller Population

A similar percentage of the population in the South East are Travellers (0.7%) compared to the National average (0.7%). Nearly four thousand (3,728) live in SECH, which is approximately 12% of the national Traveller population (30,987). The Traveller population have a shorter life expectancy than the general population, over 11 years shorter for Traveller women and 15 years shorter for Traveller men (Traveller Report 2014). Worryingly, this leads to a mortality rate far greater than the general population (three times greater for Traveller women and four times greater for Traveller men).

Community Traveller Health Projects are funded by the HSE Social Inclusion Department. These employ Traveller Health Workers to deliver targeted key health messages and signposting advice directly to their own community. Traveller Men’s Health Projects are also funded by the Social Inclusion Department. They deliver Men’s health initiatives such as Men’s Sheds which are accessible to men of all ages. This gives an opportunity to receive health advice, get involved in healthy initiatives and learn about what health services are available.

The Traveller Health Projects have a specific responsibility to support Health Promotion in the area of Cardiovascular Health, Type 2 Diabetes and Mental Health and Wellbeing in the South East. This is particularly important to us as the All Ireland Traveller Health Study 2010 evidence is that Travellers are more likely to die from heart disease, stroke and cancer. Suicide accounts for 11% of death in the Traveller Community, with Traveller men almost 7 times more likely to die by suicide than their settled counterparts.

4.1.3 Refugees

The Irish government has committed to accepting an initial 4,000 people into Ireland under the Irish Refugee Protection Programme (IRPP). Refugees arriving via this programme are primarily from Syria, with a small number originating from Iraq. In December 2015, an Emergency Reception and Orientation Centres (EROC) was opened in SECH.

Refugee resettlement programmes are now in place in Waterford, Wexford, Carlow and Kilkenny. We provide an "In-reach Primary Healthcare Model". We developed this from our learning in providing healthcare education and support within the EROC. This model includes a Health Education Toolkit. Programme refugees living in EROC are provided with translated materials regarding health orientation (information and access), Healthy Eating / Diet, Information about Exercise, Over the Counter Medication, Self Care (colds and flu etc) based on "Under the Weather.ie" and trauma information and education.
4.4 Disabilities

Over three thousand people in SECH are registered as having an intellectual disability (3,572) and over two thousand five hundred people in the South East are registered as having a physical or sensory disability (2,671). Tipperary Town disability “Gold Star” programme was established by the HSE in 2012, following the success of a similar inter-agency project in nearby Cashel. It involves voluntary and statutory agencies and people with disabilities coming together to work at improving awareness and integration of people with disabilities and to assist the community in ensuring all premises and activities are accessible and welcoming to all.

4.5 Staff Influenza Vaccination Programme

Approximately 200-500 Irish people will die each year because of flu. Most of these deaths occur in the elderly or those with underlying illness but between 10-25% of people admitted to ICU in Ireland with lab confirmed flu each year are healthy people with no underlying illness. 85% of those admitted to ICU were under 65 years. In the 2017/2018 flu season, 1,899 cases of flu were confirmed in the South East. Of these, 1 in 4 were children less than 10 years of age and 56 related to children aged under 1 year.

36% of our flu cases in the South East were hospitalised last season. 1 in 2 of these were children. 45 people died of flu-related illness in the South East in the 2017/2018 Flu Season.

Our aim in the South East is to create greater awareness of the impact of the flu and to continue to increase the uptake of staff influenza vaccine and to grow this percentage on an annual basis.

4.6 Population Based Screening Programmes

The National Screening Service (NSS) encompasses BreastCheck, the National Breast Screening Programme, CervicalCheck, the National Cervical Screening Programme, BowelScreen, the National Bowel Screening Programme and Diabetic RetinaScreen, the National Diabetic Retinal Screening Programme.

The 2014-2015 programme report for the five-year period ending 31 August 2016 shows that take up of cervical screening is above the target of 80% in the counties, Carlow, Waterford and Wexford but below the target in Kilkenny (72%) and Tipperary (77%).
4.7 Environmental Health Service

The HSE Environmental Health Service (EHS) supports the health and wellbeing of people living in the South East. It is a national service, with its primary function as a regulatory inspectorate.

### HSE Environmental Health Service (EHS)

<table>
<thead>
<tr>
<th>Infectious Disease Investigation</th>
<th>Sunbed Use</th>
<th>Cosmetic Product Safety</th>
<th>Drinking Water Supplies</th>
<th>Food Safety</th>
<th>Tobacco Control</th>
<th>Environmental Impact Assessment Developments</th>
</tr>
</thead>
</table>

Figure 15: HSE Environmental Health Service functions

#### 4.7.1 Food Safety

The main area of work of the EHS is to ensure that food business operators meet their responsibility for the production of safe food.

#### 4.7.2 Tobacco Control

The EHS enforces a range of legislative provisions which govern smoking in the workplace, restrictions on the sale and marketing of tobacco products and the prohibition on sales of tobacco to minors. The Service has also been involved in the enforcement of controls on ‘e-cigarettes’.

#### 4.7.3 Drinking Water Quality

The EHS investigates cases of suspected water-borne illnesses and drinking water incidents. The Service is also responsible for overseeing the fluoridation of public water supplies which is critical to good dental health.
5. Our Service

Our Service

The SECH is aligned to five Local Community Development Committees (LCDCs) and five Children’s and Young People’s Services Committees (CYPSCs). We also work with other multi-agency initiatives such as Age Friendly Alliances and Healthy Cities.

Social Inclusion Services
Improving health outcomes for the most vulnerable in society is the key focus of Social Inclusion services. This includes provision of targeted interventions for people from marginalised groups who experience health inequalities, have difficulty accessing services and present with multiple, complex health and support needs.

Primary Care
Primary Care is an approach to care that includes a range of services designed to keep people well, from promotion of health to screening for disease to assessment, diagnosis, treatment and rehabilitation, within a community setting.

Health & Wellbeing
Health and Wellbeing focuses on supporting health services reform to improve health outcomes for all; reducing chronic disease and improving health and wellbeing of our staff and our communities.

Palliative Care Services
Palliative Care is an approach that improves the quality of life of people facing the problems associated with life limiting illness and supports their families. The palliative care approach focuses on the prevention and relief of suffering by means of assessing and treating pain and other physical, psychosocial or spiritual problems.

Mental Health Services
Mental Health describes a spectrum that extends from positive mental health, through to severe and disabling mental illness. A strategic goal for our services is to promote the mental health of the SECH population in collaboration with other services and agencies including reducing the loss of life by suicide.

Older Persons’ Services
The biggest increase in Ireland’s population is within the older age groups. This brings its opportunities as well as presenting the challenge to ensure that health and social care services can be delivered at adequate levels, in an integrated manner to meet or support the needs of older people. It is also important to acknowledge the role of carers in the context of their support to older people.

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

St. James Hospital, Kildare
Westport General Hospital
University Hospital Waterford
South East Hospital General
South Interims General Hospital

Social Care

Mental Health

Health & Wellbeing

Primary Care

Disability Services

Older Persons’ Services

Social Inclusion Services

Palliative Care Services
6. Our Staff

A Healthy Workforce

Our staff are encouraged and supported to be healthy and active.

A co-ordinated approach within departments

Quality and effective care to patients

More Cycling!

Less Driving!

Cycling

Leadership is required

Holistic garden in Carlow

COOK IT programme

Gastroenterology

Tobacco-Free Campuses

South East Community Healthcare

More Standing Desks

LESS DRIVING!

1-to-1 coaching

Smarter Travel Initiative Kilkenny

“Your Opinion Counts” National Staff Survey 2014-2016

Positive STEPS challenge

Yoga & Mindfulness classes for Staff

Positive work programme

Resilience training

Staff health checks

Occupational health

Employee assistance programme

Healthy Ireland
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.

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 know that when staff are feeling well and satisfied with their work, the experience of our service users improves. We are 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, our staff have shown innovation, resilience and commitment which we are very proud of as an organisation.

A healthy workplace can be defined as:

- A place where employees and employers recognise their responsibility for their health and the health of their colleagues.
- A place where employees and employers promote personal health and wellbeing among staff. The HSE’s People Strategy commits to the development of 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 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 priorities. We intend to maximise the priority placed on staff health and wellbeing and we will support staff to improve their health and wellbeing over the coming years.

The SECH encourages and supports staff to become health and wellbeing champions not only for their own benefit but also 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 includes encouraging staff to adopt healthy eating habits, to quit smoking, to increase their levels of physical activity, to promote arts and culture among staff, to provide a proactive occupational health service and to ensure managers adhere to good employment practices.

Feedback from staff highlighted that ensuring respect, promoting a positive atmosphere, valuing our staff and providing strong leadership are required to support a healthy workforce.

The HSE conducted the National Staff Surveys ‘Your Opinion Counts’ in 2014, 2016 and 2018. The aim of the surveys was to assess staff opinions in order to identify opportunities for improvement, which will help build “a better health service for all”.

Further to the feedback from these national surveys and our South East consultation sessions, the HSE has increased its investment in improving the health and wellbeing of our staff. HSE policy development for healthier environments has begun with supporting 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.

Funding for staff health and wellbeing initiatives was provided through a National Health and Wellbeing budget since 2016. This has facilitated a number of staff health and wellbeing initiatives set out on page 45.

In summary, the SECH has responded positively to staff feedback for health checks, funding staff health and wellbeing initiatives and supporting staff to engage with physical activity in their workplaces through events such as ‘Love Life, Love Walking’ and the Healthy Steps Challenges.

However, the information from the consultation sessions and the HSE national staff surveys highlights the need to continue to build on and increase health and wellbeing initiatives and to build a supportive culture and environment for those working within SECH. An increased focus on staff health and wellbeing will also provide us with an opportunity to influence the messages that go out from the HSE to our families and communities.
"Our staff are our greatest asset and their health is our greatest wealth."

7. Developing our Healthy Ireland Implementation Plan
This chapter outlines the steps that were taken to develop our HI Implementation Plan. Our 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.

### 7.1 Healthy Ireland Steering Group

The first meeting of the SECH Healthy Ireland steering group took place on 26th May 2017. The steering group was established to provide governance and direction to the development of the Healthy Ireland plan and its implementation in Carlow, Kilkenny, Wexford, Waterford and South Tipperary. Membership of the steering group includes representatives from each care group. A project plan was developed and an introductory Workshop for SECH HI Steering Group was facilitated to allow key stakeholders to set context and outline the process for the development of the implementation plan.

It was agreed that SECH would undertake a mapping or AS IS of existing services/initiatives to form a base line of services and supports currently in place. This mapping took place in Q3 and Q4, 2017.

The SECH HI Steering Group developed a comprehensive consultation and engagement process as part of the development of the HI Implementation Plan. This consultation built on the previous staff engagement sessions. In addition, opportunities to link with LCDCs for broader consultation with the public was conducted. For example, a joint Local Authority SECH and the Mid-West town hall style consultation sessions across County Tipperary and included Age Friendly, Disability and Healthy Ireland Plans. Consultation also took place with existing healthy cities structures within SECH ie Waterford. National guidance on the development of our local HI Implementation Plan was also available throughout this process. On completion of this work a separate staff consultation and AS IS report was developed and both are available from the SECH Health and Wellbeing office by emailing healthandwellbeingcho5@hse.ie.

### 7.2 Governance, Finance and Sustainability

Promoting health and wellbeing offers individuals increased opportunities for health attainment and wellness as well as contributing to increased life expectancy and improved quality of life. The actions in this plan have been provided under a twelve pronged model of care. This model provides the roadmap to deliver on the strategic priorities as set out in the National Healthy Ireland Framework.

The Head of Health and Wellbeing, is the senior lead for the Health Ireland Plan. A Healthy Ireland Implementation 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 SECH 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, SECH 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 SECH. The adoption of a project management approach to achieve actions of a defined nature contained in this plan will be agreed and work will be undertaken with the SECH 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 four 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 target model of care will be reported to the SECH 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 SECH senior governance team, chaired by the Chief Officer.

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**Figure 17: Overview of the Regional Strategy Governance Group**

The South East Healthy Ireland actions that make up our Target Model will be overseen by a Regional HI Implementation Steering Group. The HI Implementation group will report into “Regional Strategy Governance Group” which meets on a monthly basis. This group is chaired by the Chief Officer and is made up of the Chief Officer, all Heads of Service, Portfolio Manager, Communications Officer & Business Manager.

**Figure 17 : Overview of the Regional Strategy Governance Group**
7.3 Research & Health Intelligence

Health profiles are designed to help local government and health services identify any health inequalities in their areas and decide how to reduce 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 us to understand our communities’ needs, so that we can work to improve people’s health and reduce health inequalities. We will continue to work closely with our Public Health colleagues to examine the region’s 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.

We are aware of the financially challenging environment in which we operate and have tried to ensure that where possible the number of actions dependent on new resources was limited. While many of the actions can be achieved within existing resources, it is acknowledged that it will be challenging to achieve a number of the actions, in particular those that require the release of staff for training programmes eg. Making Every Contact Count.

We recognise that these actions are required 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 services users so that prevention becomes a part of everything we do if we are to successfully address the challenge of chronic disease.

7.4 Strengthening Partnerships

Key to the achievement of the Healthy Ireland framework is the strengthening of partnerships and the creation of conditions for effective inter-agency collaboration. Healthy Ireland provides a shared vision and this means we need 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 the SECH will work with our partners to achieve the objectives of our Healthy Ireland plan. In addition, we will ensure that the HSE is represented and supported on the 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 Counties and Age Friendly Alliances etc. We 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.

8. Action Plan
## SouthEast Community Healthcare (SECH) Healthy Ireland Implementation Plan 2019-2022

### Healthy Childhood

<table>
<thead>
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<th>No.</th>
<th>Key Objective</th>
<th>Action</th>
<th>Completion Date</th>
<th>Lead</th>
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</table>
| HC1 | To strengthen the leadership of child health provision. | • Establish a regional child health committee and maintain and monitor activities.  
• Strengthen child health services across the region.  
• Support the implementation of the Framework for the National Healthy Childhood Programme, including the Nurture – Infant Health & Wellbeing Programme.  
• Staff with specific expertise will be released to facilitate the implementation of the National Healthy Childhood Programme, including the Nurture Programme. | 2019 Review end of 2020  
2022 | HoS H&WB, PC  
2022 | HoS H&WB  
2022 | HoS H&WB |
| HC2 | To support a skilled workforce (primarily PHNs, CMDs and PNs) in the delivery of Best Health for Children/ The Healthy Childhood Programme. | • Support staff as appropriate to attend specific training including facilitating them to complete the online Nutrition training e-learning module and face to face training.  
• Facilitate staff as appropriate to undertake future e-learning training in relation to child health as specified under the Nurture and Healthy Childhood programmes.  
• Enable staff to undertake training by providing access to required ICT resources and facilitate staff to complete the relevant training modules. | 2019 Review in 2020  
2022 | HoS PC  
2022 | HoS H&WB  
2022 | HoS H&WB |

### HC3

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<th>Lead</th>
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| To promote breastfeeding, provide support and address barriers for all women least likely to breastfeed. | • Support the delivery of the relevant actions from the Breastfeeding Action Plan.  
• Implement the Breastfeeding Policy for Primary Care Teams and Community Health Care Setting.  
• Strive to achieve the breastfeeding KPI targets, including sharing relevant data with teams.  
• Provide staff with the required time to undertake and update the relevant breastfeeding training.  
• Provide information on breastfeeding to all pregnant women as part of the new antenatal contact.  
• Work with Primary Care and acute services to develop a model for breastfeeding support in SECH.  
• Promote breastfeeding in partnership with the national campaign ‘Every Breastfeed Makes a Difference’ and develop and support community based breastfeeding support groups (PHN led and peer-to-peer). | 2022 | HoS PC, H&WB  
2022 | HoS PC  
2022 | HoS PC  
2022 | HoS PC  
2020 | HoS H&WB  
2022 | HoS H&WB  
2022 | HoS HGs  
2022 | All HoS |

### HC4

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<th>Key Objective</th>
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<th>Lead</th>
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| To promote access to parenting support across the region. | • Review/map availability of parenting course in SECH and to develop a directory of parenting courses available in SECH.  
• Consult with TULSA and other relevant community and voluntary organisations regarding capacity and resources to provide parenting courses in SECH.  
• Support the provision of an universally accessible evidence based parenting programme (note funding dependent). | 2019 | HoS H&WB with PC, Tusla & CYPSC Tusla  
2019 | HoS H&WB  
2020 | HoS H&WB |
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| HC4 | To promote access to parenting support across the region. | • Ensure staff are aware of the local and regional availability of parenting supports i.e. parent & toddler groups and to provide appropriate information on parenting at each child health contact.  
• Provide additional support for parents/families identified with greater need such as minority groups, groups at risk of health inequalities, disabilities and specific needs. | 2022            | HoS PC        |
| HC5 | To share Good Practice in relation to Healthy Childhood. | • To develop and deliver on a communication plan for child health initiatives in SECH.  
• Hosting of bi-annual Healthy Childhood seminars to share good practice and continue to release staff, with specific expertise, to input into the seminars.  
• Support local good practice. | 2019 onwards, 2022 | Comms, HoS H&WB, HoS H&WB |
| HC6 | To promote partnership working. | • Enhance interagency working across services to ensure best outcome for children and reduce gaps and/or duplication of services.  
• Collaborate with hospital paediatric services to maximise opportunities for making every contact count from early childhood.  
• Work with key personnel in Primary Care and Hospital Groups to identify pathways to additional services as required. | 2020 onwards, 2019 onwards, 2022 | HoS H&WB, PC, MH, HGs, HoS H&WB, PC, MH, HGs, HoS H&WB, PC, MH, HGs |
| HC7 | To support schools in promoting health and wellbeing. | • Support schools to develop health and wellbeing action plans and provide health and wellbeing training to teachers on a range of topics agreed annually with the Department of Education and Skills. | 2022            | HP&I          |
| HC8 | To make every contact count by developing a workforce that is trained and supported to deliver healthy childhood initiatives. | • Facilitate staff to complete the relevant training in child health modules such as: 1. Making Every Contact Count.  
2. Children First Training.  
4. Nutrition blended e-learning training (as part of nurture programme).  
5. Multi-level training to promote Infant Mental Health (as part of the Nurture Programme).  
6. Substance Misuse & Pregnancy training programme being co-developed with NMPDU/RCNME and Substance Misuse. | 2022            | All HoS, HP&I |
| HC9 | To ensure clear referral pathways for children to health services. | • Roll out child health pathway as they are developed and agreed within the SECH.  
• Roll out child mental health pathway document across the SECH. | 2019 review in 2021 when developed | Management Team HoS PC, SC & MH |
## Healthy Eating Active Living

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| HEAL 1 | To reduce obesity levels & promote positive health and wellbeing through the promotion of healthy eating and increased physical activity levels. | • Support the delivery of Community Nutrition and Cookery Programmes across the SECH in partnership with the community and voluntary organisations and LCDC’s and CYPSC.  
• Support the Sports Partnership to deliver physical activity programmes for both targeted and the general public such as: Men on the Move, Get The Ball Rolling on your Health and Wellbeing, ‘Operation Transformation Initiative’.  
• Link with County GAA’s Health and Wellbeing Committees to support the implementation of the Healthy Club across the region.  
• Explore possibility of links with other sporting organisations such as Rugby, Camogie, Soccer etc to support healthy eating and active living.  
• Support the dissemination of infant and child nutrition information including the START programme.  
• Support the implementation of Healthy Weight for Children Prevention Programme.  
• Support the implementation of the Food and Nutrition Guidelines for Toddlers and Preschoolers.  
• Continue to further develop weaning clinics.  
• Support LCDC & CYPSC Hi Fund to deliver programmes in : Healthy Eating/Nutrition programmes, Physical activity (Buntús Start Programme) including a programme for young people with an Intellectual and/or Learning Disability. | 2022 | HoS PC, H&WB |
| | | | | HoS H&WB, HP&I |
| | | | | HoS H&WB, HP&I |
| | | | | All HoS |
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| HEAL 2 | To implement HEAL across SECH. | • Implement the HSE Healthier Vending policy across the health services.  
• Implement the HSE Calorie Posting policy across the health service.  
• Implement the clinical guidelines for management of malnutrition and nutrition and food policy (in development) in older peoples, disability and mental health services.  
• Deliver structured patient education programmes for Type 2 diabetes.  
• Embed the integrated model of weight management services for adults and children across primary and acute care.  
• Support the national communications and social marketing strategy.  
• Support the dissemination of infant and child nutrition information. | 2022 | All HoS |
| | | | | All HoS |
| | | | | When developed |
| | | | | 2022 |
| | | | | HP&I, HoS PC, Dietetics |
| | | | | HoS PC |
| | | | | All HoS |
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**Healthy Ireland Implementation Plan 2019-2022**

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### Wellbeing and Mental Health

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| MH1 | To work in partnership to protect, promote and enhance individual and communities wellbeing and mental health. | • Support the implementation of the National Mental Health Promotion Plan.  
• Support the implementation of county based connecting for life plans.  
• Work with the clinical, community and voluntary sectors to implement a social prescribing programme building on the learning from effective models.  
• Support the pilot social prescribing initiative in Waterford.  
• Promote wellbeing and mental health of vulnerable people by linking them into community resources.  
• To document and share the Primary Healthcare In-reach model and Health Education Toolkit developed in the Emergency Reception &Orientation Centre (EROC) for Refugees in SECH.  
• Undertake research into the healthcare needs and healthcare access of Asylum Seekers, Refugees & Roma.  
• Provision of Health Literacy Programme to Roma men.  
• Support the roll out of Intercultural awareness training in health and social care settings.  
• Support local wellbeing initiatives such as Snuggles Stories Initiative in Waterford, Books for Babies in Wexford and the Early Years Bedtime Reading Project, Tipperary in partnership with CYPSC & the library services. | When Available 2022 2019 onwards 2022 | All HoS HoS H&WB, PC Social Inclusion Social Inclusion | All HoS HoS H&WB, PC Social Inclusion Social Inclusion |

### MH1 cont

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</table>
| MH2 | To promote positive Mental Health and Wellbeing. | • Work in Partnership with Youth Reach and out of school settings to support Youth Health and Well-being e.g. Building Resilience for Youth Reach Student.  
• Implement measure to prevent post-natal depression in mothers.  
• Continue the roll out of the “Little Things Campaign”.  
• Implement “Improving the physical health or mental health service users” National Working Group report.  
• Roll out Introduction to Youth Mental Health & Minding Youth Mental Health.  
• To pilot in SECH ‘Minding your Well Being’ – pilot study being carried out nationally and evaluated by IT Carlow.  
• To support the provision and the delivery of evidenced based mental health and wellbeing programmes across the SECH in partnership with key stakeholders.  
• To support the provision and the delivery of evidenced based mental training across the SECH in partnership with key stakeholders. | 2022 2022 2022 2019 2022 | All HoS HoS MH HP&I HP&I HP&I |
### Wellbeing and Mental Health

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<th>Key Objective</th>
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</table>
| MH2 cont | To promote positive Mental Health and Wellbeing. | • To support the delivery of physical activity programmes with mental health users and work in collaboration with key agencies to implement these programmes e.g. LSP, academic institutions, sports organisation.  
• Continue to support interagency mental wellbeing groups/committees to deliver specific wellbeing initiatives such as the Music in Mind Refugee Programme, Mind your Mental Health, Mensana, Traveller Wellbeing Check-In Tool and Its your Choice Programme. | 2022 | HoS MH, HP&I |
|      |               |        | 2022            | HoS H&WB, Social Inclusion |

### Positive Ageing

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<tr>
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<th>Key Objective</th>
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<tbody>
<tr>
<td>PA1</td>
<td>To support the development of a workforce that is trained and supported to deliver MECC.</td>
<td>• Implement training and use of the minimum data set tool across older persons services.</td>
<td>2022</td>
<td>All HoS</td>
</tr>
<tr>
<td>PA2</td>
<td>To support positive mental health amongst older people living in the community.</td>
<td>• Support the delivery of Age with Confidence, Taking Stock &amp; Well Elderly Programmes.</td>
<td>2022</td>
<td>HP&amp;I</td>
</tr>
</tbody>
</table>
| PA3 | To Understand Dementia Together. | • Display the Dementia Understand Together resources.  
• Develop a dementia care pathway in conjunction with the relevant Hospital Group(s), and support the implementation of the pathway.  
• Release relevant staff to undertake 2 day Dementia training and 9 week champion training.  
• Support the roll-out of Dementia Training for GP’s & Primary Care Teams (PREPARED).  
• Develop a peer learning and support network of Dementia Champions across the region.  
• Promote the Memory Library Facilities.  
• Incorporate Dementia Friendly design in any new build or modification to existing buildings. | 2022 | All HoS  
2022 | HoS SC, HGs  
2022 | HoS SC  
2020 | HoS PC  
2022 | HoS SC  
2022 | All HoS  
2022 | Estates |
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<th>Completion Date</th>
<th>Lead</th>
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<tbody>
<tr>
<td>PA4</td>
<td>To keep older persons safe from abuse.</td>
<td>• Promote the welfare and safeguarding of vulnerable older persons in line with the HSE Safeguarding Vulnerable Persons at risk of Abuse Policy.</td>
<td>2022</td>
<td>All HoS</td>
</tr>
<tr>
<td>PA5</td>
<td>To support a Tobacco Free Ireland.</td>
<td>• Implement Tobacco Free Framework across older person's services including the treatment of tobacco as a care issue and provision of support for those that wish to quit.</td>
<td>2022</td>
<td>HoS SC</td>
</tr>
<tr>
<td>PA6</td>
<td>To ensure good practice in the management of malnutrition.</td>
<td>• Develop a Nutrition Supports Steering Group across care groups/divisions for SECH. • Review regional guidelines for the management of malnutrition in line with the new national guidelines once developed. • Continue the implementation of nutrition screening tool.</td>
<td>When developed</td>
<td>HoS SC, PC</td>
</tr>
<tr>
<td>PA7</td>
<td>To share good practice.</td>
<td>• Hosting a bi-annual older persons seminar to share good practice.</td>
<td>2022</td>
<td>HoS H&amp;WB</td>
</tr>
<tr>
<td>PA8</td>
<td>To proactively prevent falls and injury to Older Persons.</td>
<td>• Monitor falls and put in place quality improvement plans to reduce risk of future falls in residential and community setting. • Support the continued development of Waterford's Integrated Care Programme for Older People (ICPOP) and South Tipperary ICPOP in Wexford and Carlow/Kilkenny.</td>
<td>2022</td>
<td>HoS SC</td>
</tr>
<tr>
<td>PA9</td>
<td>To promote independence of older persons.</td>
<td>• Provide briefing sessions on Assisted Decision Making (Capacity) Act 2015 in partnership with SAGE. • Support the roll out of the national advocacy programme for older persons.</td>
<td>2022</td>
<td>HoS SC</td>
</tr>
<tr>
<td>PA10</td>
<td>To ensure integrated patient centred care for older people.</td>
<td>• Progress the Respiratory(COPD &amp; Asthma), Cardiovascular and Diabetes Integrated Care Programmes across the region.</td>
<td>2022</td>
<td>HoS PC, H&amp;WB</td>
</tr>
<tr>
<td>PA11</td>
<td>To enhance the levels of physical activity amongst older persons.</td>
<td>• Provision of evidenced based physical activity training for older persons across the South East. • Support the Sports Partnership to develop physical activity programmes for older adults. • Support the development of Walking Football initiatives for older adults living in areas of social-economic disadvantage, Active Retirement groups and participants from a sedentary lifestyle background as part of the LCDC HI Fund partnership. • Support the provision of a physical activity programme for Men's sheds.</td>
<td>2022</td>
<td>HoS H&amp;W</td>
</tr>
<tr>
<td>PA12</td>
<td>To support social integration &amp; reduce the isolation of older persons.</td>
<td>• Support the development of Men's Sheds across the region. • Explore the development of linkages with community and/or voluntary organisation such as Muintir na Tire; Macra na Feirme.</td>
<td>2022</td>
<td>HoS H&amp;WB, HP&amp;I</td>
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### Positive Ageing continued

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<tr>
<td>PA 13</td>
<td>To reduce threats to health</td>
<td>• Promote and increase the uptake of the Flu Vaccine amongst LTCF residents &amp; HSE staff.</td>
<td>2022</td>
<td>All HoS</td>
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"Life is for Living"

### Alcohol

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<th>Lead</th>
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</table>
| AL1 | To minimise the harms caused by the use of Alcohol & other Substance Misuse | • Support the Substance Misuse and Pregnancy training when developed.  
• Support Alcohol and Substance misuse policy development with all secondary and third level colleges.  
• Continue links with National Fetal Alcohol Spectrum Disorder steering group.  
• Increase awareness of staff and general population of risks of alcohol in pregnancy.  
• Enable families and communities to support women to have an alcohol free pregnancy.  
• Challenge social norms and myths relating to alcohol harm by providing evidence based information on health impacts and social & psychological impacts on families & children.  
• Promote awareness & understanding both to the public and to health care professionals of the specific HSE referral care pathways for alcohol and substance use based on the HSE Four Tier model of service delivery.  
• Provide Traveller specific SAOR training for early identification and intervention for problematic drug and alcohol use.  
• Support the development of a bespoke SAOR programme for Intellectual Disability services. | 2022            | All HoS, Social Inclusion |
|     |                                                                               |                                                                                                                                                                                                        | 2022            | Social Inclusion |
|     |                                                                               |                                                                                                                                                                                                        | 2022            | All HoS         |
|     |                                                                               |                                                                                                                                                                                                        | 2022            | All HoS         |
|     |                                                                               |                                                                                                                                                                                                        | 2022            | All HoS         |
|     |                                                                               |                                                                                                                                                                                                        | 2022            | Social Inclusion |
|     |                                                                               |                                                                                                                                                                                                        | 2022            | Social Inclusion |
### Alcohol continued

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<th>Completion Date</th>
<th>Lead</th>
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<tbody>
<tr>
<td>AL2</td>
<td>To reduce the level of drug and/or alcohol harm.</td>
<td>• Reduce the level of drug and/or alcohol harm.</td>
<td>2022</td>
<td>Social Inclusion &amp; All HoS, HoS H&amp;W</td>
</tr>
<tr>
<td>AL2</td>
<td></td>
<td>• Support the roll out of national alcohol risk campaigns; <a href="http://www">www</a>. askaboutalcohol.ie &amp; <a href="http://www.drugs.ie">www.drugs.ie</a>.</td>
<td>2022</td>
<td>Social Inclusion &amp; All HoS, HoS H&amp;W</td>
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<td>• Provide tailored prevention and early intervention programmes via drug education officers and community based drug initiative workers.</td>
<td>2022</td>
<td>Social Inclusion &amp; All HoS, HoS H&amp;W</td>
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<td>• Continue development of specific SAOR (Support Ask &amp; assess Offer assistance &amp; Refer) training for targeted groups such as Traveller &amp; ROMA health projects.</td>
<td>2022</td>
<td>Social Inclusion &amp; All HoS, HoS H&amp;W</td>
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<td>• Continue to roll out 'Alcohol Check in Tool' for targeted groups.</td>
<td>2022</td>
<td>Social Inclusion &amp; All HoS, HoS H&amp;W</td>
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<td>• Through the implement of Making Every Contact Count (MECC) empower staff to improve their skills and confidence to recognise and address alcohol and substance use in all settings so that patients are regularly offered screening and brief intervention for their alcohol/substance use.</td>
<td>2022</td>
<td>Social Inclusion &amp; All HoS, HoS H&amp;W</td>
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<td></td>
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<td>• Provide tailored prevention activity &amp; interventions to effectively address the needs of those who face a higher risk of alcohol &amp; substance use because of their lifestyle or because they belong to a specific group or community of interest.</td>
<td>2022</td>
<td>Social Inclusion &amp; All HoS, HoS H&amp;W</td>
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### Alcohol continued

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<tbody>
<tr>
<td>AL2</td>
<td>cont</td>
<td>To reduce the level of drug and/or alcohol harm.</td>
<td>2022</td>
<td>Social Inclusion</td>
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<td></td>
<td></td>
<td>• Advocate for the provision of local evidence based &amp; professional specialist treatment services.</td>
<td>2022</td>
<td>Social Inclusion</td>
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<td>• Provide ½ day training on Alcohol Policy in the SECH area using the Alcohol Programme as a resource.</td>
<td>2022</td>
<td>Social Inclusion</td>
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### Tobacco Free Ireland

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<th>Lead</th>
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</table>
| TO1 | To support a Tobacco Free Ireland by 2025 (less than 5% smoking prevalence) by de-normalising tobacco use and protecting children. | • Ensure that smoking cessation service information and QUIT support resources will be displayed in all appropriate SECH sites.  
• Support the provision of training in Brief Interventions to specific target groups (youth reach out of school settings).  
• Progress the poster campaign for positive smoking cessation messaging.  
• Support the delivery of identified programmes to support smoking cessation for example Irish Cancer Society Exhale Programme.  
• Support the implementation of the Health Behaviour Patient Management System (e-referral to quit services). | 2022 | All HoS |
| TO2 | To support a Tobacco Free Ireland. | • Assign a nominated tobacco lead from senior management to support monitoring and implementation of local Tobacco Free Campus Policies across all sites and services.  
• All services will implement the Global Network for Tobacco Free Healthcare Services Quality Standards, complete online self-audit and develop a quality improvement plan for Tobacco Free Campus policy implementation annually. | 2019 | All HoS |

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</table>
| TO2 cont | To support a Tobacco Free Ireland. | • Develop an action plan to progress the implementation and on-going monitoring of the HSE Tobacco Free Campus Policies across all sites and services. We will engage in a coordinated and timely process whereby Tobacco Free Campus Implementation and monitoring data is supplied to the Tobacco Free Ireland Office.  
• Implement Tobacco Free Framework across all health services including the treatment of tobacco as a care issue and provision of support for those that wish to quit.  
• Support the delivery of smoking cessation clinics (resource dependent).  
• Support the implementation of MECC training and implementation in relation to tobacco use. | 2019 | All HoS |

### YOU CAN QUIT TODAY!
## Positive Sexual Health

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<th>No.</th>
<th>Key Objective</th>
<th>Action</th>
<th>Completion Date</th>
<th>Lead</th>
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</table>
| SH 1 | To support positive sexual health. | • Support the implementation of evidenced informed sexual health training programmes.  
• Work in partnership with HSE colleagues, statutory and voluntary bodies to support local/regional sexual health initiatives & programmes.  
• Co-edit Biannual Sexual Health News.  
• Identify and assign designated personnel to implement the sexual health strategy and associated campaigns.  
• Implement a process to ensure all area leads are aware of the available free sexual health resources and training opportunities (Condom distribution service, Health promotion material, HSE & HSE funded training) and encourage uptake.  
• Map the current sexual health services. | 2022 | HP&I |
|     |               |        | 2022            | HoS H&WB, HP&I, Social Inclusion |
|     |               |        | 2022            | HP&I |
|     |               |        | 2022            | HP&I |
|     |               |        | 2022            | All HoS |
|     |               |        | 2019            | HoS H&WB, HP&I |

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<th>Action</th>
<th>Completion Date</th>
<th>Lead</th>
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</table>
| SH 2 cont | To promote positive sexual health through Social Inclusion. | • Support the LGBTI Project Health Workers to deliver LGB Awareness Training in the region to staff.  
• Support TENI – Education and Training Manager to deliver Transgender Awareness Training across the SECH.  
• Evaluate and promote the Gender Identity Skills Training (GIST) model as a capacity building tool for appropriate service providers.  
• Review LGBTI Sticker and complete Audit. | 2022 | Social Inclusion |
|     |               |        | 2022            | Social Inclusion |
|     |               |        | 2022            | Social Inclusion |
|     |               |        | 2022            | Social Inclusion |

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</table>
| SH 3 | To support the delivery of clinical STI services across SECH. | • Ensure that there are adequate staff to deliver the STI service in designated sites.  
• Work in partnership with practitioners to support clinical practice across services. | 2022 | HoS PC |
|     |               |        | 2022            | HoS PC |
## Prevent and Reduce Chronic Conditions: Self Management Support

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<th>No.</th>
<th>Key Objective</th>
<th>Action</th>
<th>Completion Date</th>
<th>Lead</th>
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</table>
| **SMS 1** | Strengthen the leadership for self management support provision. | • Establish the local governance arrangements for Self-Management support.  
• Support the implementation of the National Framework and Implementation Plan for Self Management Support for Chronic Conditions: COPD, Asthma, Diabetes and Cardiovascular disease.  
• Maintain the post of Self Management Support Coordinator for Chronic Conditions.  
• Collect and report on agreed KPI’s for Self management support for Chronic Conditions. | Q1 2019  
2019, 2020, 2021 | SMS Coordinator, HoS H&WB, HGs, PC |
| **SMS 2** | Increase provision of and access to self management supports in the CHO. | • Development of a Self-Management Support Regional Action Plan for the Southeast.  
• Map the current disease specific and generic Self-Management support provision within SECH and upkeep and communicate a self management support directory.  
• Ensure Self Management Support Materials are displayed in public facing areas across the CHO including the patient carer/guide to self management support when developed.  
• Support the implementation of the Integrated Chronic Disease Programme.  
• Increase provision of and access to evidence based disease specific Self Management Supports: Pulmonary rehab, Cardiac rehab, Structured education for people with both type 1 and type 2 diabetes in SE. | 2019  
2019, 2020 | SMS Coordinator, HoS H&WB, HGs, PC, MH, SC  
SMS Coordinator |
| **SMS 3** | Increase provision of and access to self management supports to groups that suffer from social exclusion. | • Increase provision of and access to specialised professionals for care of COPD, Asthma, Diabetes and Ischaemic heart disease in line with the national models of care.  
• Increase provision of care planning, initially focusing on practice nurse training on asthma management including skills training and asthma action plans.  
• Support the development and integration of chronic conditions peer support groups.  
• Increase provision and access to generic self management supports such as Chronic Disease Self Management Program (CDSMP), social prescribing and community cooking. | 2022  
2022  
2022  
2022 | HoS H&WB, HGs, PC  
SMS Coordinator |

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<th>Key Objective</th>
<th>Action</th>
<th>Completion Date</th>
<th>Lead</th>
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</table>
| **SMS 2 cont** | Increase provision of and access to self management supports in the CHO. | • Increase provision of and access to specialised professionals for care of COPD, Asthma, Diabetes and Ischaemic heart disease in line with the national models of care.  
• Increase provision of care planning, initially focusing on practice nurse training on asthma management including skills training and asthma action plans.  
• Support the development and integration of chronic conditions peer support groups.  
• Increase provision and access to generic self management supports such as Chronic Disease Self Management Program (CDSMP), social prescribing and community cooking. | 2022  
2019  
2022  
2022 | HoS H&WB, HGs, PC  
SMS Coordinator |
| **SMS 3** | Increase provision of and access to self management supports to groups that suffer from social exclusion. | • Support the roll out of the Traveller Health Chronic Conditions Programme to Traveller health Projects in SECH.  
• Support the provision of specific training targeting those at risk of social exclusion or health inequalities. | 2022  
2022 | Social Inclusion, HoS H&WB, SMS Coordinator |

[74](#)
### Prevent and Reduce Chronic Conditions: Making Every Contact Count

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<th>No.</th>
<th>Key Objective</th>
<th>Action</th>
<th>Completion Date</th>
<th>Lead</th>
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</table>
| MC1 | Communication and awareness raising of the programme. | • Support the implementation of the National Making Every Contact Count communication plan at local level.  
• Support the roll out of the Making Every Contact Count programme by commencing implementation in our learning sites and including this in our operational plans.  
• Develop a local implementation plan Making Every Contact Count throughout the SECH using the proposed national implementation model. | 2019 onwards | HoS H&WB, Comms |
|     |               | • 2019 onwards | All HoS | |
|     |               | • 2019 | HoS H&WB | |
| MC2 | MECC Training | • Provide healthcare professionals with access to the National blended learning MECC training programme.  
• Implement the MECC minimum dataset tool across services in the SECH to record information on patients’ lifestyle risk factors and behaviour change interventions across the SECH in line with National guidance.  
• Identify and plan how local training targets will be met each year in line with national targets.  
• Implement the national training plan for Making Every Contact Count across the SECH commencing with the learning sites. | 2022 | All HoS |
|     |               | 2022 | Learning site leads | |
|     |               | 2020 onwards | HoS H&WB | |
|     |               | 2019 onwards | All HoS | |
| MC3 | Support the integration of MECC into the Integrated Care Programme for SECH for the Prevention and Management of Chronic Diseases. | • All healthcare professionals working in integrated care programme are prioritised to complete the MECC training programme.  
• In conjunction with the relevant stakeholders map the current referral pathways to specialist service available within the SECH to support Health Behaviour Change.  
• In conjunction with the relevant stakeholders map the current community resources / programmes for signposting to support Health Behavioural Change in SECH. | 2022 | All HoS, H&WB |
|     |               | 2019 | SMS Coordinator | |
| MC4 | MECC is part of contractual arrangements. | • Ensure MECC is included as part of all job descriptions for Health Professionals and Key Support Staff.  
• Include MECC in relevant contractual arrangements with external service providers. | 2020 | HoS HR |
<p>|     |               | 2020 | All HoS | |</p>
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<th>Completion Date</th>
<th>Lead</th>
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<tbody>
<tr>
<td>SH &amp; WB 1</td>
<td>To make the South East Community Healthcare Organisation ‘the place’ to work.</td>
<td><strong>Through Consultation</strong>  - Ensure that we hear the voice of staff in relation to their own health and wellbeing through ongoing consultation, communication and surveys with staff across the region and agree priority areas for progressing staff health.  - Develop Healthy workplaces through the implementation of the impending DoH Healthy Workplace Framework.  - Implement the HSE Staff Health and Wellbeing Policy.  - Integrate initiatives that support and promote healthy lifestyles in the workplace into local health service staff health and wellbeing plans.  - Assist in National evaluations and piloting of Staff Health and Wellbeing initiatives to develop a consistent approach.</td>
<td>2022</td>
<td>HoS H&amp;WB</td>
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<td></td>
<td><strong>Developing Healthy workplaces</strong>  - Develop Healthy Ireland workplaces through the implementation of the impending DoH Healthy Workplace Framework.  - Implement the HSE Staff Health and Wellbeing Policy.  - Integrate initiatives that support and promote healthy lifestyles in the workplace into local health service staff health and wellbeing plans.  - Assist in National evaluations and piloting of Staff Health and Wellbeing initiatives to develop a consistent approach.</td>
<td>When developed 2022</td>
<td>All HoS</td>
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<td><strong>Staff Health and Wellbeing sub-group</strong>  - Support and develop the staff health and wellbeing group to implement staff health and wellbeing initiatives across the region and to be a communication link between health and wellbeing division and front line staff.  - Build a network of Healthy Ireland Champions  - Identify and build a network of Healthy Ireland Champions to promote staff health and wellbeing.</td>
<td>2022</td>
<td>HoS H&amp;WB</td>
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<td><strong>Build a network of Healthy Ireland Champions</strong>  - Identify and build a network of Healthy Ireland Champions to promote staff health and wellbeing.</td>
<td>2022</td>
<td>HoS H&amp;WB</td>
</tr>
<tr>
<td>SH &amp; WB 2</td>
<td>To support positive staff mental health and wellbeing and build resilience among staff.</td>
<td>• Provision of coaching for managers and 1:1 Coaching for staff.  - Provision of ‘Managing Workplace Challenges’ training.  - Provide Wellbeing and Resilience training.  - Ensure access to personal and professional development.  - Provision of Mindfulness for staff.  - Implement Values in Action or similar initiative for Southeast.  - Implement The Little Things campaign focusing on staff and ensuring resources will be displayed in all CHO sites.  - Support the development of social clubs and interest groups e.g. workplace choir, art in partnership with the Hospital Groups.  - Development of wellness programme for staff.  - Promote EAP for staff and supports available through local Occupational Health Departments.</td>
<td>2022</td>
<td>HoS H&amp;WB</td>
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<td>2022</td>
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<td>2022</td>
<td>HoS H&amp;WB, HP&amp;I HR</td>
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<td>2022</td>
<td>HoS H&amp;WB HR, HoS H&amp;WB</td>
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<td>2022</td>
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<td>2020</td>
<td>All HoS</td>
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<tr>
<td>SH &amp; WB 3</td>
<td>To reduce obesity levels &amp; promote positive health and wellbeing amongst staff through the promotion of healthy eating and increased physical activity levels.</td>
<td>• Promote walking and active travel as a strategy to reduce the risks of sedentary work practices through piloting the rollout of the smarter travel initiative in 5 pilot sites in Kilkenny.  - Provide bike shelters and bicycles for staff in identified sites across the region.</td>
<td>2022</td>
<td>HoS H&amp;WB, HP&amp;I</td>
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<td>2022</td>
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### Staff Health and Wellbeing

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<th>No.</th>
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<th>Action</th>
<th>Completion Date</th>
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| SH & WB 3 cont | To support positive mental health and wellbeing of staff. | • Support staff to increase physical activity levels through the provision of fitness programs for example, Steps to Health challenge promoted with staff, and pedometers available for staff.  
• Promotion of peer led walking groups and development of Sli na Slainte routes on HSE sites where possible.  
• Provide yoga classes and programmes such as Cook It programme for staff.  
• Pilot the Eat for Health workshop for staff.  
• Promotion of Happy Heart@Work catering awards.  
• Provide staff health checks. | 2022 | Healthy Ireland Champions  
2022 | HoS H&WB  
2022 | HP&I  
2022 | Healthy Ireland Champions HoS H&WB |
| SH & WB 4 | To create a supportive environment for the promotion of positive staff health and wellbeing. | • Support implementation of National Breastfeeding Action Plan for Staff, in supporting staff to continue to breastfeed in return to work.  
• Undertake staff survey on breast-feeding in order to look at ways to support employees to continue to breast feed on return to work.  
• Review and enhance workplace environments to support staff health.  
• Implement Mens Health Policy for staff.  
• Provision of standing desks on a phased basis for those that require them most.  
• To implement Values in Action/Kindness in the workplace.  
• Implement HSE healthy vending policy in all HSE sites.  
• Provide and maintain Healthy Ireland notice boards. | 2022 | All HoS  
2019 | HoS H&WB, HP&I  
2019 | All HoS  
2020 | HoS H&WB, HP&I  
2022 | Occupational Health, HoS H&WB  
2019 | HoS H&WB, HR  
2019 | All HoS  
2022 | Healthy Ireland Champions |

### Staff Health and Wellbeing continued

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<tr>
<td>SH &amp; WB 5</td>
<td>To reduce threats to health.</td>
<td>• Promote and increase the uptake of the Flu Vaccine amongst staff.</td>
<td>2022</td>
<td>HoS H&amp;WB</td>
</tr>
</tbody>
</table>
| SH & WB 6 | To support a Tobacco Free Ireland. | • Ensure that all HSE sites Tobacco Free Smoking cessation service information and QUIT support resources will be displayed in all appropriate CHO sites.  
• Support staff to quit smoking through provision of 6 weeks free NRT and referral to specialist support (quit line and one/one support clinics). | 2022 | All HoS  
2022 | HoS H&WB |
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<tr>
<td>PW 1</td>
<td>To ensure the implementation of our SECH HI plan.</td>
<td>• Establish a steering group to oversee the implementation of the plan and to ensure sustainability of the implementation of Healthy Ireland Plan.</td>
<td>2019</td>
<td>HoS H&amp;WB</td>
</tr>
</tbody>
</table>
| PW 2 | Enhance health and wellbeing through linking individuals with social supports within their communities. | • Work with the community and voluntary sector to focus on promoting health and wellbeing and the provision of patient centred care.  
• Work with the community and voluntary sector to ensure a greater integration of services through the provision of social prescribing model across the SECH (pilot in Waterford).  
• Support the LCDCs within SECH to implementation their Healthy Ireland local strategic plan. | 2022 | HoS H&WB |
|  |  |  | 2019 | HoS H&WB, PC |
|  |  |  | 2022 | HoS H&WB |
| PW 3 | To create awareness of evidence based information, resources and supports to achieve positive health and wellbeing. | • Support the provision of appropriate health and wellbeing resources at each health service site. | 2022 | All HoS |
| PW 4 | To create an environment where every individual and sector of society can play their part in achieving a Healthy Ireland. | • Support Community Health Awareness initiatives and day/events which are being lead out by LCDC/CYPSC/PPNs. | 2022 | HoS H&WB, HP&I |

**Research and Health Intelligence**

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| RH1 | To use health intelligence to identify and reduce health inequalities. | • Put a system in place to monitor uptake rates and trends on an ongoing basis.  
• Use Health Intelligence to identify areas of disadvantage and health inequalities.  
• Develop actions to address health inequalities. | 2022 | HoS H&WB |
|  |  |  | 2022 | HoS H&WB, PH |
|  |  |  | 2022 | HoS PC |
| Rh2 | To use health intelligence to target areas of low take up for screening services. | • Use health intelligence to target specific groups and geographic locations where take up of national screening programmes such as bowel screening, breastcheck and cervical check are low.  
• Promote and support the delivery of the Primary Childhood Immunisation and School Immunisation programmes within the SECH.  
• Promote the uptake of HPV in the Southeast.  
• Ensure timely inputting of immunisations to support clinical practice and monitoring of uptake.  
• Support the Roma Pilot Vaccination Project.  
• Support the Traveller childhood vaccination programme including HPV vaccine. | 2022 | HoS H&WB National Screening Programmes |
|  |  |  | 2022 | All HoS |
|  |  |  | 2022 | HoS PC |
|  |  |  | 2022 | HoS PC |
|  |  |  | 2022 | Social Inclusion Social Inclusion |
| TO2 | To reduce threats to health. | • Promote and increase the uptake of the Flu Vaccine amongst Long Term Care Facilities (LTCFs) residents & HSE staff.  
• Implement the Hand Hygiene Train the Trainer Programme across the Southeast.  
• Establish strong infection prevention and control structures within the Southeast.  
• Development of a Southeast Emergency Management Plan. | 2022 | HoS H&WB |
|  |  |  | 2019 | HoS H&WB, QPS |
|  |  |  | 2019 | HoS H&WB, PH |
|  |  |  | 2019 | HoS H&WB |
Table of Figures

Figure 1  Covers of National Health Strategies................................................................. 11
Figure 2  Goals of the Healthy Ireland Programme.......................................................... 13
Figure 3  Determinants of Health
(Adapted from Dalghren and Whitehead, 1991 and Grant and Sarton, 2006).................. 14
Figure 4  Challenges facing the health service in achieving the social determinants of health... 14
Figure 5  Strategic Priorities of the ‘Healthy Ireland in the Health Services plan’.............. 15
Figure 6  Healthy Ireland National Strategic Priorities
(Healthy Ireland in the Health Services Implementation Plan 2015).............................. 15
Figure 7  South East Community Healthcare Healthy Ireland Programme Strategic Priority
Target Model....................................................................................................................... 16
Figure 8  Child health initiatives in SECH........................................................................ 19
Figure 9  Key findings of Childhood Obesity Surveillance Report 2008-2015..................... 21
Figure 10 Framework for Mental Health............................................................................. 24
Figure 11 Sexual Health supports and services in the SE region.................................... 30
Figure 12 HSE Making Every Contact Count model....................................................... 33
Figure 13 National & SECH area Census 2016................................................................. 35
Figure 14 Population Profile of the SECH area............................................................... 35
Figure 15 HSE Environmental Health Service functions................................................ 41
Figure 16 Workplace Health & Wellbeing unit’s Work Well framework............................ 47
Figure 17 Overview of the Regional Strategy Governance Group.................................... 51
Abbreviations

ASF – Active School Flag
BHFC – Best Health for Children
CHO – Community Health Organisation
Comms – Communications Department
COPD – Chronic Obstructive Pulmonary Disease
CYPSC – Children’s And Young Persons Service Committees
DEIS – Delivering Equality of Opportunity in Schools
EAP – Employee Assistance Program
EHS – Environmental Health Service
EROC – Emergency Reception and Orientation Centre
GEMS – Geriatric Emergency Medicine Service
GIST – Gender Identity Skills Training
GP – General Practitioner
HAPA – Health and Positive Ageing initiative
HEAL – Healthy Eating and Active Living
HI – Healthy Ireland
HiAP – Health in All Policies
HoS – Head of Service
HP&I – Health Promotion and Improvement
HPV – Human Papillomavirus Vaccine
HR – Human Resources
HSE – Health Service Executive
H&WB – Health and Wellbeing
ICT – Information and Communication Technologies
IRPP – Irish Refugee Protection Programme
LCDC – Local Community Development Committees
LGBTI – Lesbian Gay Bisexual Transgender and Intersex
LSP – Local Sports Partnerships
LTCF – Long Term Care Facilities
MECC – Making Every Contact Count
MH – Mental Health
MHS – Mental Health Services
MMR – Measles, Mumps, Rubella
MoM – Men on the Move
NDRF – National Drug Rehabilitation Framework
NMPDU – Nursing and Midwifery Planning and Development Unit
NSS – National Screening Service
PC – Primary Care
PDS – Progressing Disability Services
PHN – Public Health Nurse
PPNs – Public Participation Networks
QPS – Quality Patient Safety
SECH – South East Community Healthcare
SC – Social Care
SI – Social Inclusion
SMS – Self Management Support
SOAR – Screening and brief interventions for problem alcohol use in the emergency department & acute care settings
STAN – South Tipperary Action Network (supporting Mental Health)
TENI – Transgender Equality Network Ireland
WICOP – Waterford Integrated Care for Older People
WRAP – Wellness Recovery Action Plan

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