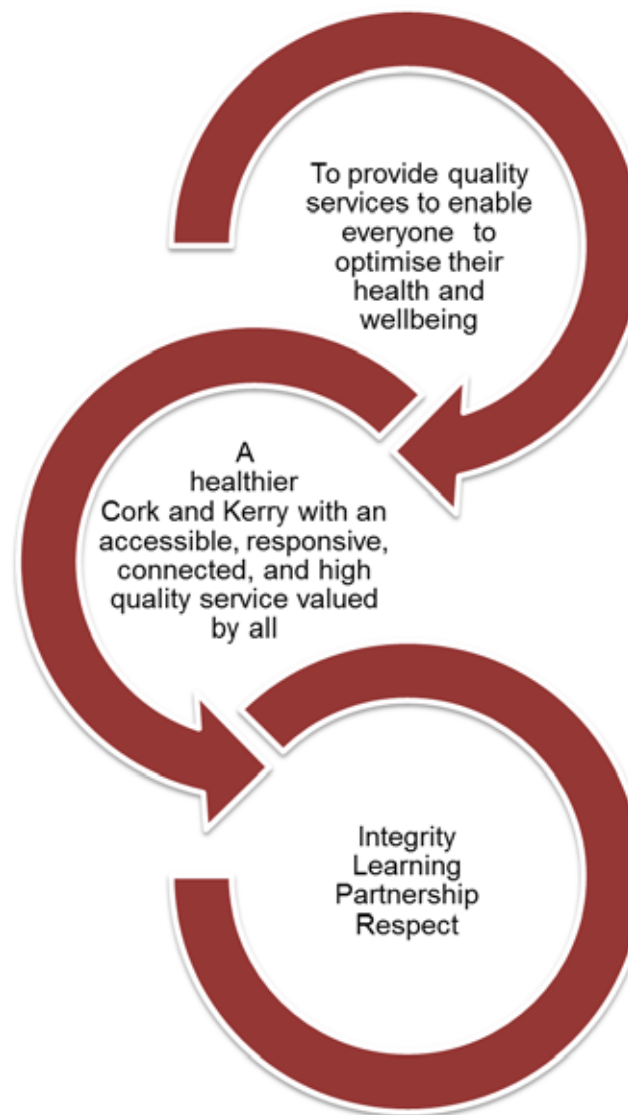


COMPASS: Healthy Ireland Implementation Plan 2018 - 2022

Cork Kerry Community Healthcare



- INTRODUCTION
- POLICY
- HEALTH STATUS
- COMPASS
- IMPLEMENTATION
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- APPENDIX
- TABLE OF FIGURES & ACKNOWLEDGEMENTS
- ABBREVIATIONS





Foreword Ger Reaney

This COMPASS Healthy Ireland implementation plan may be one of the most important plans produced for the people of Cork and Kerry for many years. This document sets out a clear plan for Cork Kerry Community Healthcare to assist and encourage every person across the two counties to live healthier lives. A project of this scale needs to be ambitious, not least because it involves a significant change in mindset among our staff and the wider public.

Preventing chronic illness is everyone's business, not just within Cork Kerry Community Healthcare, but among the wider population. That's why it's important that this plan has been shaped and influenced by staff from every part of our service. There has been a robust process of consultation and discussion leading to the publication of this plan, and it is clear to me that there is a strong vision and commitment to the comprehensive promotion of Health and Wellbeing at all levels of our organisation. This commitment can be seen in the wide range of efforts in which staff across all services are currently involved to prevent chronic disease. This plan is based on a

wide-ranging consultation process, and I'd like to thank the many staff who came to meetings and who seized the opportunity to shape this plan. I'd also like to acknowledge the work of the Healthy Ireland Steering Group and the staff in the Health and Wellbeing division. I know that they will provide the leadership needed to make this plan a reality.

Every primary care centre, every community hospital, every service unit and each member of staff has a role to play. While this is a challenge which cannot be met by any one agency alone, we will work with and support others to bring about a healthier Cork and Kerry.

This plan is based on a wide-ranging consultation process, and I'd like to thank the many staff who came to meetings and who seized the opportunity to shape this plan. I'd also like to acknowledge the work of the Healthy Ireland Steering Group and the staff in the Health and Wellbeing division. I know that they will provide the leadership needed to make this plan a reality. There is a clear focus on staff in this plan, as it will only be implemented

GER REANEY
Chief Officer,
Cork Kerry Community Healthcare

through the dedication, commitment and expertise of our staff. Valuing and developing our staff sends a clear message on what a healthy workforce looks like and also enables them to continue to improve the quality of care we provide. I am confident that this plan can make a real difference to the many people who use our services, our staff and the wider community. There are of course challenges, but the potential rewards mean that facing those challenges is an absolute necessity. Where there are challenges, there are opportunities.

Our services and the people who work in them now have the opportunity to influence the people we care for, and to spread that influence in the wider community. Implementing this plan will allow us to create the opportunities to improve life for many people by focussing on prevention rather than cure. Compass provides overarching guidance and inspiration, but it also ensures that there will be clear practical measures in place to ensure we all work to bring about demonstrable and measurable improvements in our own health and wellbeing, in the health and wellbeing of target groups, and the wider population.



Foreword

Dr Stephanie O'Keeffe & Anne O'Connor




DR STEPHANIE O'KEEFFE
National Director,
Strategic Planning and Transformation,
Health Service Executive



ANNE O'CONNOR
National Director,
Community Operations,
Health Service Executive

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

To help achieve this commitment for the health sector, the HSE published its first

Healthy Ireland in the Health Services National Implementation Plan in 2015. That Plan identifies three overarching strategic priorities – Health Service Reform/Improvement, Reducing the Burden of Chronic Disease and Improving Staff Health and Wellbeing, along with a series of specific actions to help deliver on these priority areas for the health service and those it serves, including the development of Hospital Group and Community Health Organisation (CHO) specific implementation plans. A key approach adopted for the development of the Hospital Group and CHO Plans was the development

of a suite of national actions for each of the National Policy Priority Programmes (NPPPs) for inclusion as the basis of these plans. This is to ensure a clear line of sight from Government strategy (of which there is one for all the NPPP areas) to HSE implementation nationally, to local implementation via CHOs and Hospital Groups; and to demonstrate understanding and a commitment to achieving the objectives of the cross Governmental HI Framework.

Building on the national actions this plan presents over 160 actions for implementation



FOREWORD

DR STEPHANIE O'KEEFE & ANNE O'CONNOR



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through a structure of 14 networks identifying the pathway for service users, staff and partner organisations in Cork Kerry Community Healthcare to join our national movement to improve the health and wellbeing of the population. The Plan reflects on the fact that our services and our healthcare teams have enormous potential to influence the health and wellbeing of the people for whom we provide care and support. It is focusing on the future and the challenge we face in terms of unsustainable healthcare costs driven by increasing incidence of chronic disease. An increasing emphasis on prevention, early detection and self-management to improve the health and wellbeing of all our citizens is as important for modern health service as our priorities of quality, access, value, standards of care and patient outcomes. This plan recognises the importance of focusing on these areas now for sustainability in the future.

We welcome this Cork Kerry Community Healthcare Healthy Ireland Implementation Plan. The publication of this plan represents a key milestone in the roll-out of the national

Healthy Ireland Framework as we have now reached the stage in our implementation journey where as well as focusing on implementation in Hospital Groups our focus is also on community and community is where there is a real opportunity to work with the population at large to help them stay healthy.

We would like to acknowledge the leadership being shown by the Chief Officer, Mr Ger Reaney, who spearheaded the development of the Community Healthcare Healthy Ireland Implementation plans together with Ms Priscilla Lynch, Head of Service Health and Wellbeing and all the staff in Cork Kerry Community Healthcare. In particular, we would like to acknowledge the excellent work of the Healthy Ireland Steering Group. We would also like to acknowledge the work of staff in the Health and Wellbeing Division, particularly Ms Sarah McCormack, HSE National HI Lead in supporting the planning process and in forging positive working relationships at national and local level thereby strengthening our capability for implementation and for sustaining long term impact of this work.

Given the size and scale of Cork Kerry Community Healthcare which serves a population of over 690,575 and has a staff of approximately 6,790, we envisage that it will play a very significant role in the implementation of *Healthy Ireland in the Health Services*. We will continue to support your efforts in this regard nationally.



Foreword Priscilla Lynch

COMPASS Healthy Ireland implementation plan marks a change in the way healthcare services are delivered in Cork Kerry Community Healthcare. This change derives from commitments made in the Healthy Ireland Framework that prefaced the establishment of health and wellbeing divisions in all community healthcare areas throughout the country. Our key priority is that prevention is everyone's business. This is the cornerstone in establishing a community healthcare service that understands people's needs from cradle to grave by providing services that are integrated across all areas, emphasising investment early in life, maintaining wellness, preventing illness, and providing support for the final stages of life.

COMPASS is the result of extensive consultations throughout Cork Kerry Community Healthcare. It is designed to address our changing health priorities.

It encourages innovation and creates opportunities in how we interact with others and how we focus our efforts to promote good practice, and to recognise our actual and potential role to improve public health in order to become a health promoting community, service provider and employer.

COMPASS has been designed on a reorientation of services into 14 area networks within Cork Kerry Community Healthcare to deliver an integrated, holistic service focussing on improving health and wellbeing and reducing health inequalities to prevent chronic disease at a network level. Organising and developing services at a network level will bring them closer to the people they serve. COMPASS will be responsive to local need by putting in place the infrastructure to develop annual health and wellbeing action plans at network level addressing local priorities. There is a general agreement that the challenges

PRISCILLA LYNCH

Head of Service Health & Wellbeing,
Cork Kerry Community Healthcare

we face are complex. But there is also a confidence that we can work together to address these, using the very real strengths of our system and the experience and skills that we bring to our roles. COMPASS emphasises the need for integration of the Healthy Ireland framework, methodology and approach, as well as coherence so that we are all clear on the role we each have to play in making our desired future a reality.

I would like to acknowledge the input to COMPASS from a vast array of people: those who attended the consultation; those who made submissions; who met with or advised us; and professionals from other sectors who made the links and are keen to stay engaged. Thank you for contributing. I am confident that, together we can bring about the necessary changes to make the future envisaged in COMPASS a reality and achieve even better health outcomes for everyone in Cork and Kerry.



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Healthy Ireland Summary



COMPASS

is an integrated, holistic plan focussing on improving health and wellbeing and reducing health inequalities to prevent chronic disease at a network level. There are 18 action areas for implementation from 2018 - 2022.



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Introduction

Publication of COMPASS Healthy Ireland implementation plan 2018 – 2022 marks a change in the way healthcare services are delivered in the community. This change derives from commitments made in the Healthy Ireland Framework that prefaced the appointment of Heads of Health and Wellbeing in each Community Healthcare Organisation. These commitments position prevention as everyone's business, whether they are staff, individuals, families or organisations. COMPASS is supported by a range of strategies; *National Physical Activity Plan*, *Healthy Weight for Ireland*, *Tobacco Free Ireland*, *National Sexual Health Plan*, *Better Outcomes Brighter Future: National Policy Framework for Children and Young People*, *Connecting for Life*, *Healthy Ireland in the Health Services*, *National Positive Ageing Strategy*, *The Irish National Dementia Strategy*, *eHealth Strategy for Ireland*, *Reducing Harm Supporting Recovery: A Health-led response to Drug and Alcohol use in Ireland*, *Living Well*

with a Chronic Condition: Framework Plan for Self-management Support for Chronic Conditions and Making Every Contact Count: A Health Behaviour Change Framework and Implementation Plan for Health Professionals in the Irish Health Service.

This document provides a brief national context for the delivery of health services and then addresses what this means for people living in Cork and Kerry and staff delivering those services. It reflects planned changes to the configuration of services within 14 local Community Healthcare Networks (CHNs) in Cork and Kerry, each CHN describes a geographical area with a population of approximately 50,000.

The objective of COMPASS is to deliver an integrated, holistic service focussing on improving health and wellbeing and reducing health inequalities to prevent chronic disease at a network level.

Organising and developing services at a Community Healthcare Network (CHN) level will bring them closer to the people they serve.

This plan known as COMPASS maps ways to wellbeing.

COMPASS is supported in targeting vulnerable population groups with network specific action plans. These action plans draw on available statistics pertaining to health inequalities and prevalence of chronic disease which will allow us to focus on those most in need at a local level. Each CHN will develop an annual suite of actions responsive to social gradients and to address social determinants of health through local partnerships.

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Figure 1
Healthy Ireland National Strategic Priorities
(Healthy Ireland in the Health Services Implementation Plan 2015)

Policy



Healthy Ireland

Healthy Ireland: the National Framework for Health and Wellbeing underpins COMPASS Healthy Ireland implementation plan. This is a Government-led initiative which aims to create an Irish society where everyone can enjoy good physical and mental health, and where wellbeing is valued and supported at every level of society.

Healthy Ireland has come about because of concerns that the current health status of people living in Ireland – including lifestyle trends and health inequalities – is leading us towards a future that is dangerously unhealthy, and very likely unaffordable.

The many risks to the health and wellbeing of people living in Ireland include some which are obvious, e.g. smoking; alcohol and drug misuse; obesity and poor diet; physical inactivity; sexual health risks and emotional distress. Healthy Ireland seeks to provide people and communities with accurate information on how to improve their health and wellbeing and seeks to empower and motivate them by making the healthy choice the easier choice.



We also now know that many of the factors that influence a person's health and wellbeing, such as their education level, income, housing and work conditions are determined by social, environmental and economic policies beyond the direct responsibility of the health sector. This understanding calls for a partnership approach in all the actions Healthy Ireland is taking to achieve a healthier Ireland. The health sector alone cannot address these problems – we must collectively change our approach.

This is what Healthy Ireland is about – making Ireland a healthier nation through cultural change, operational change and mindset change. Everyone has a role to play in taking care of our physical and mental health for the initiative to be truly successful. Healthy Ireland aims to create an Ireland where health and wellbeing is valued and supported and on everyone's agenda in a meaningful way. The Healthy Ireland Framework was launched in 2013 and articulates four central goals for improved health and wellbeing.

Figure 2
Healthy Ireland Goals

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



“The delivery of Healthy Ireland will involve every part of the health service, and our partners. It will place a responsibility on each person to be aware of why change is needed and to be prepared to do things differently. This plan is about all of us working together to create an environment that improves health and wellbeing. It is a very challenging and important undertaking, and an essential process to secure the future for Ireland’s health services.”

Tony O’Brien, Director General, HSE



The Healthy Ireland Framework was created because the health and wellbeing of our country is changing, and there are many trends that are leading us toward an unhealthy and extremely costly future.

PEOPLE WITH CHRONIC DISEASE



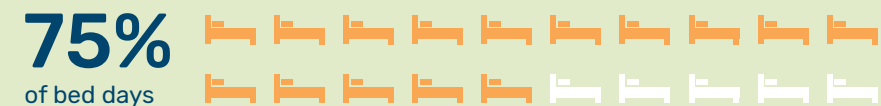
MAJOR CHRONIC DISEASES



The major chronic diseases; diabetes, cardiovascular and respiratory disease will increase by

20% - 30%
in the next five years

IN IRELAND, CHRONIC DISEASE ACCOUNTS FOR...



Healthy Ireland in the Health Services

Implementing Healthy Ireland entails a shift in focus to promoting health and wellbeing and the prevention of chronic disease. This move places health centrally as the business of everybody; that is, staff providing health services as well as; people, families, communities, health professionals, employers, health funders and governments.

Recognising both the structural causes of health inequalities and individual lifestyle behaviours which influence health means a different way of working for health service staff:

1. Working across sectors by partnering with other agencies to address health inequalities from a structural perspective.
2. Working with individuals to influence awareness of lifestyle risk factors by Making Every Contact Count.

These changes are significant as they entail a change of practice. We will continue to be person centred in our service, but we will be more strategic in chronic disease prevention and in developing a health in all policies approach to address the structural changes necessary to reduce health inequalities and improve opportunities to maintain health and wellbeing through daily living.

Creating positive health and wellbeing change takes the involvement of the whole community, the whole of Government and all of society working together. In the health services, we have an important role to play in Healthy Ireland, both working with other government departments, organisations and wider society, and also changing how we provide services to people.



Healthy Ireland in the Health Services sets out how the HSE is implementing the Healthy Ireland Framework within the Health Services in Ireland – within our own directly managed services, and within the wide range of funded agencies and vast number of health professionals working within our system. Healthy Ireland in the Health Services places a significant emphasis and dependency on partnership and collaboration across the health services, and externally with other sectors, including inter alia other governmental organisations, the community and voluntary sector, academia, local authorities, the private sector and philanthropic organisations. Healthy Ireland in the Health Services sets out three strategic priorities that form the basis for work-streams specified in COMPASS:

1. Health Service Reform
2. Reducing the Burden of Chronic Disease
3. Improving Staff Health & Wellbeing

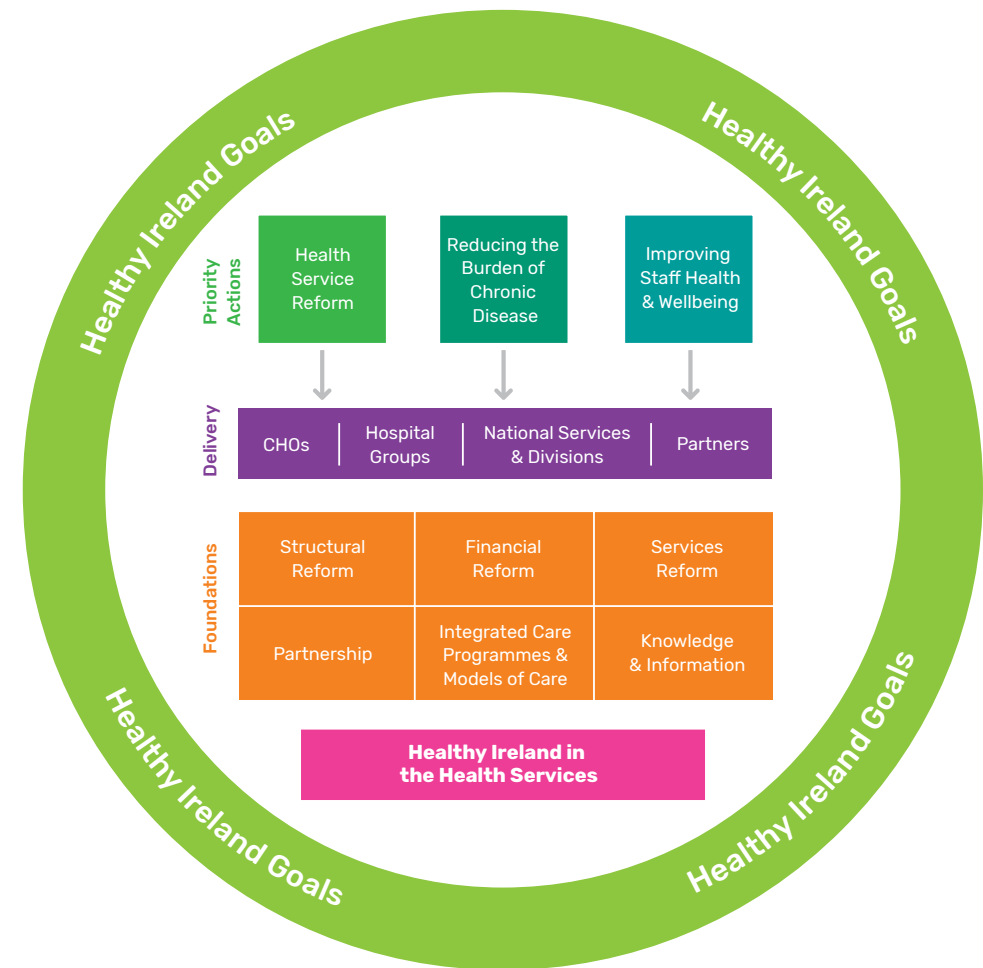


Figure 3
Healthy Ireland in the Health Services

Health
Status





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WHAT IS HEALTH AND WELLBEING?

What is Health and Wellbeing?

Health means everyone achieving his or her potential to enjoy complete physical, mental and social wellbeing. Healthy people contribute to the health and quality of the society in which they live, work and play. Health is much more than an absence of disease or disability. Health is an essential resource for everyday life.

Wellbeing is an integral part of this definition of health. It reflects the quality of life and the various factors which can influence it over the course of a person's life. Wellbeing also reflects the concept of positive mental health, in which a person can realise his or her own abilities, cope with the normal stresses of life, work productively, and be able to make a contribution to his or her community. Consideration of health and wellbeing requires a shift in focus from what can go wrong in people's lives, to focussing on what makes their lives go well.

In Census 2016
87.7%
of people in Cork and
Kerry reported their
health as good or
very good



What are Health Inequalities?

Many factors combine to affect our health and health inequalities are the differences in health status or in the distribution of health determinants between different population groups, due to the conditions in which people grow, live, work and age. These are known as the 'social determinants of health'. There is an uneven distribution of the risk factors associated with many chronic diseases, with the burden borne disproportionately by those in the lower socio-economic groups. People with higher social-economic positions in society have a greater array of life chances, more opportunities to lead a fulfilling life and tend to have better health. Such factors include where we live, our environment, our genetics, our income and education level and our relationships with friends and family.

Inequalities in social conditions give rise to unequal and unjust health outcomes for different social groups. Most of the factors that shape our health and wellbeing are outside the direct influence of health and social care services. Emphasising integrated working with voluntary and community groups, local authorities, private and public agencies will introduce a health in all policy areas approach to reduce health inequalities.



In Census 2016

19.1%

of the population of Cork and Kerry were reported as either disadvantaged (13.1%), very disadvantaged (4.7%) or extremely disadvantaged (1.3%)

Overall, health in Ireland is improving, however, as some groups in society continue to experience poorer health than others, the goal of Healthy Ireland is to increase the proportion of people who are healthy by reducing health inequalities.

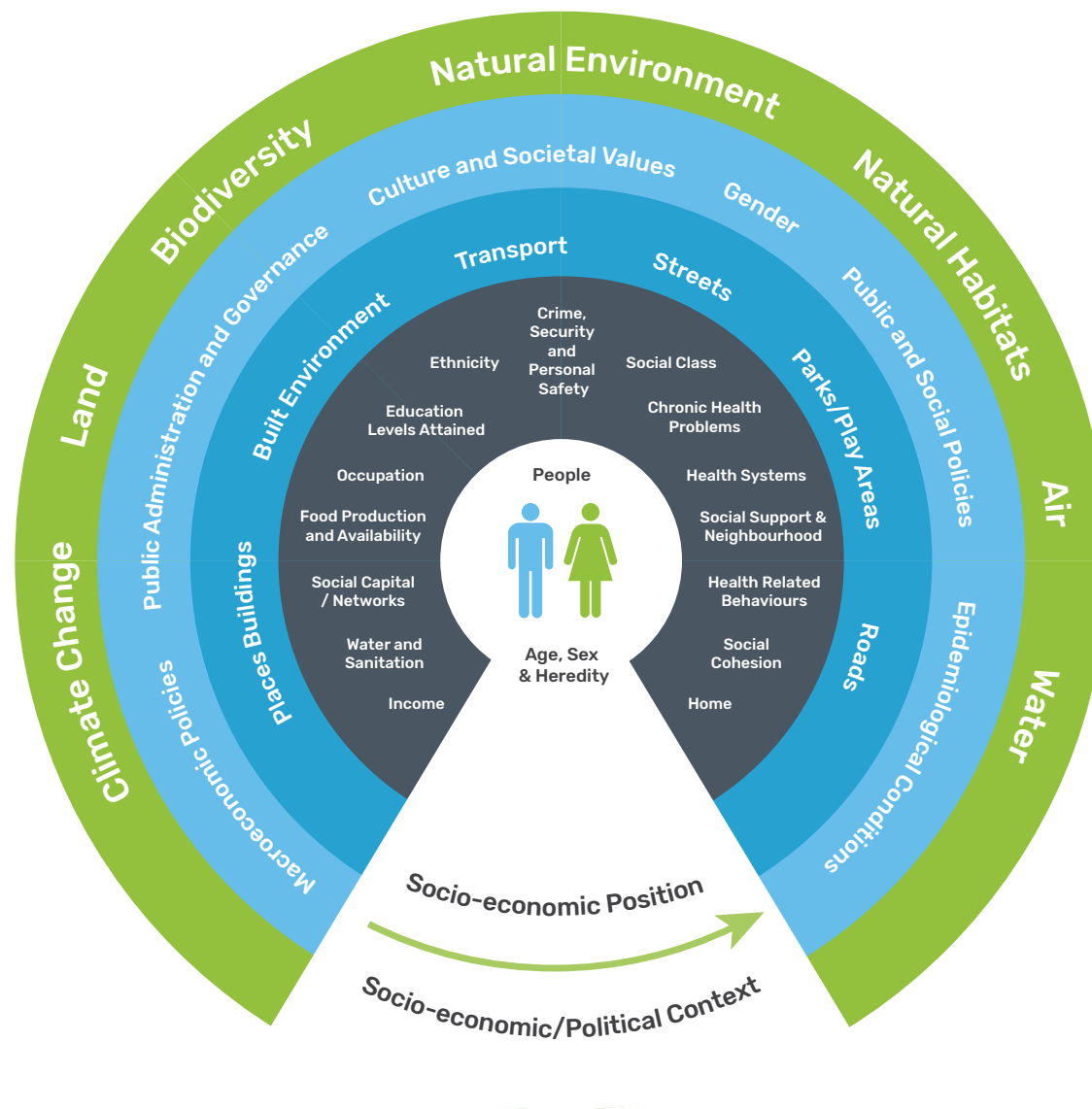


Figure 4
Determinants of Health
(Dahlgren and Whitehead, 1991)

COMPASS

Healthy Ireland Implementation Plan



A COMPASS for Healthy Ireland in Cork and Kerry

In 2018, Cork Kerry Community Healthcare will be the first Community Healthcare to develop a Healthy Ireland Implementation Plan. The focus of the plan, named COMPASS, will be on working together to create an environment that improves health and wellbeing for all.

This plan will work through 14 community Healthcare Networks (CHNs) in the Cork Kerry Community Healthcare area. Along with the current care group structures the CHN focus will place the person at the centre of our services and provide an opportunity for a local partnership approach to addressing health inequalities. Our focus for the next five years will be to work strategically across care groups to embed key objectives through 18 action areas.



Figure 5
Compass 18 Action Areas

Key Objectives

1. Prevention is the business of all staff increasing the emphasis on helping people to live healthier lifestyles including implementation of Making Every Contact Count.
2. Living well with a chronic condition is an achievable goal. Self-Management Support is a key tool in managing chronic disease.
3. Factors influencing health lie beyond the direct responsibility of the health sector. Partnership with the community and voluntary sector, local authorities, private industry and statutory services ensures prevention becomes their business too and enables responses to needs at a network level.
4. Target programmes to address the root causes of health inequalities.
5. Cork Kerry Community Healthcare aspires to being an exemplar employer protecting the health and wellbeing of its workforce. Improving staff health and wellbeing is a priority.





What will COMPASS do?

Deliver an integrated, holistic service focussing on improving health and wellbeing and preventing chronic disease at a network level.

In developing COMPASS it is important to identify what we're already doing, and to celebrate and promote good practice. We recognise our actual, and potential to improve health and wellbeing. We need to value our employees, and promote positive attitudes and healthy aspirations within our workforce. Tackling the causes of ill health is central to COMPASS. Promoting health and wellbeing includes addressing both individual lifestyle risks as well as the broader determinants of health, e.g. smoking; alcohol and drug misuse; obesity and poor diet; physical inactivity; sexual health risks, emotional distress and health inequalities. It will also ensure we play our part in delivering key targets agreed

for Cork and Kerry in their respective Local Economic and Community Plans.

COMPASS has been developed following sixteen comprehensive staff consultation sessions across Cork and Kerry on frontline implementation of Healthy Ireland goals. This process was supplemented by mapping existing levels of service across care groups through an 'as is' process and cross referencing these with national policy priorities. The actions named in the plan refer to new activities; they build on the many excellent services already in place. In addition to the 6 Healthy Ireland national strategic priorities, Cork Kerry Community Healthcare will implement actions specific to the needs of our population identified in the area profile.

COMPASS actions are intended to put healthy outcomes for communities and staff at the centre of Cork Kerry Community Healthcare

policy and practice by promoting healthier lifestyles and a better sense of well-being for staff and the population. We wish to ensure that, through our health and wellbeing action plan, we promote equal opportunities for all staff and individuals in Cork & Kerry, irrespective of ethnicity, religion / belief, gender, disability, sexuality or age.

COMPASS is an active working document sitting alongside the national Healthy Ireland Framework and will be reviewed annually, COMPASS will operate through Community Healthcare Networks (CHNs), which will, overtime, be the fundamental unit of organisation for the delivery of services in the community. They are geographically based units which will consist of an average of five multidisciplinary Primary Care Teams (PCTs) who will deliver local accessible services to an average population of 50,000.

How will we do it?

Acknowledging the intersectoral nature of improving health and wellbeing, COMPASS will work through existing and new partnerships with external organisations as well as internally within Cork Kerry Community Healthcare.

Externally, Healthy Cities, Healthy Counties, Health Action Zones (HAZ) and Local Community Development Committees (LCDCs established at local authority level) provide avenues to improve health and wellbeing through health policy, intersectoral collaboration and community participation. The Healthy Ireland Fund will be made available through Government in the budget process to support initiatives that meet Healthy Ireland priorities.



Three in Four People
over fifty in Ireland are either
overweight or obese

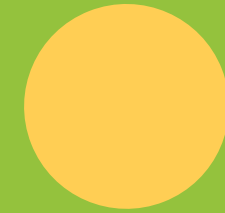


Internally, Cork Kerry Community Healthcare will support staff to increase the adoption of preventative measures in their daily work practice. This is a system of reform encompassing changing working practices to include:

1. Change our way of working to be responsive to needs at a network level by identifying and delivering services to at risk groups and developing services for a changing population. We will do this by using existing Health Intelligence and developing new Health Intelligence tools, alongside existing local disciplinary knowledge across care groups.
2. Implementation of Making Every Contact Count in every interaction to support lifestyle behaviour changes. Introduce minimum dataset in every prevention care plan.
3. Implement an all-inclusive response to chronic disease which helps rebalance roles from acute hospital settings to primary care through local implementation of Self –Management Support framework.
4. Emphasise integrated working with community and voluntary sector, local authorities, private and public agencies to introduce and continue a health in all policy areas approach to reduce health inequalities.
5. Work with the community and voluntary sector to develop preventative and supportive services through revised Service Level Agreements and innovative measures responding to needs at a network level.
6. Support will be provided for staff to work in a co-ordinated way with local authorities and other partners to inform the development of Local Economic and Community Plans (LECPs) and ensure a focus on health and wellbeing objectives particularly health inequalities and related outcomes and develop / support broad-based preventative health interventions and infrastructure.
7. Develop Local Wellness at Work Committees (at a network level) to support staff and management to address and engage on staff health and wellbeing.



Implementation



How will COMPASS improve the health of the population in Cork and Kerry?

By implementing national Healthy Ireland priority actions, we will target specific vulnerable groups at a network level using available data sources. A parallel process providing a consistent focus on the wider determinants of health will entail creating new partnerships to influence factors associated with health inequalities normally considered beyond the remit of the health service.

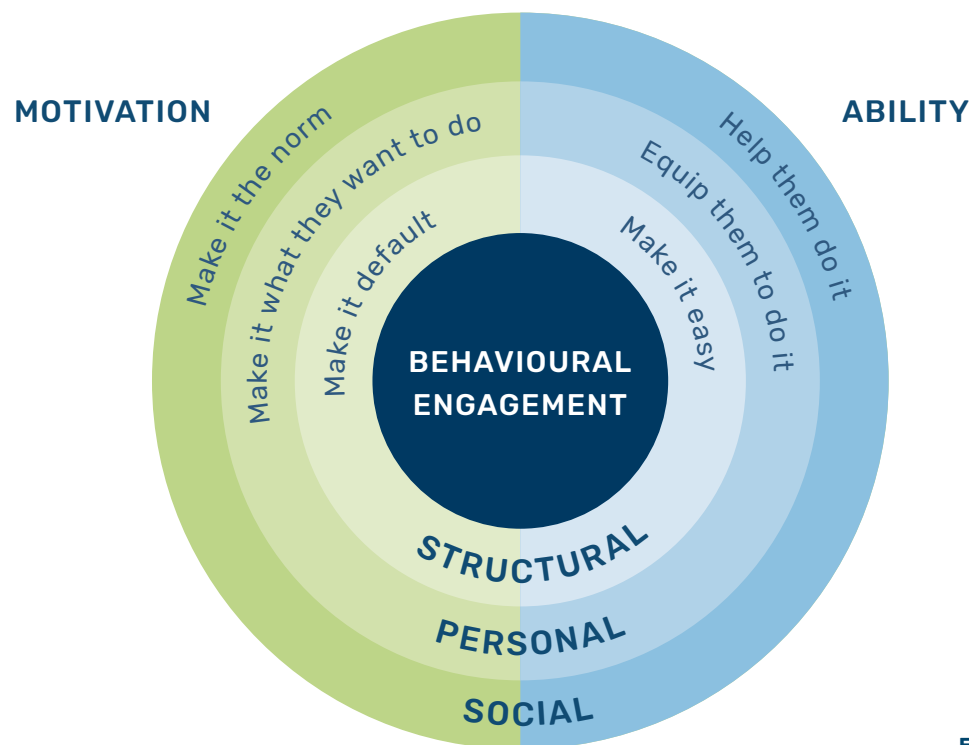


Figure 6
Behavioural Engagement



CHILDREN

For children this might mean working with local authorities, schools and community groups to provide transport and play opportunities to support children to be **physically active** for at least one hour every day, to **eat well** and to understand the importance of looking after their own **wellbeing**. Community resources will be maximised in order to provide support through **Health and Wellbeing Community Referral**.

EXAMPLE

At the 3-year health check with Anne and her Mum, Julie the PHN notes that Anne is overweight. She raises the issue of healthy eating and engages Anne's mum in a brief intervention around family healthy lifestyle behaviours. Julie offers Anne's mum information on the local community cooking programme to help her develop her cooking skills. She documents the brief intervention for active follow-up in Anne's care plan.



ADULTS

For adults we will work with key partners to support development of **healthy communities** and **workplaces** with **healthy eating** choices in cultures supportive of **wellbeing**. We will adopt measures to encourage behaviour change to make healthy choices the norm by adopting **Making Every Contact Count**.

EXAMPLE

Barry is 27. He has complex mental health difficulties, is a heavy smoker and has a sedentary lifestyle. On referral to the Mental Health Services, in addition to having his psychosocial requirements addressed, the mental health nurse conducts a brief intervention on smoking cessation. Responding to Barry's interest in being more active, the nurse links Barry with the Local Sports Partnership walking programme. This is documented for follow up in Barry's Individual Care Plan.



ADULTS (CONTINUED)

EXAMPLE

Patricia is a 19 year old with a visual impairment. While visiting her occupational therapist, she mentions incidents that have been unsafe, because of the level of alcohol she consumed. The occupational therapist addresses this by screening for level of risk and engaging Patricia in a conversation about high risk drinking and the health consequences, including sexual health. The occupational therapist signposts local youth services for drugs and alcohol support. This is clearly documented in Patricia's care plan for active follow up.



OLDER ADULTS

For older adults we will promote **positive ageing** through programmes supporting older people to stay well in their own homes, improving the environments in which they live and by locating services close to where they are needed.

EXAMPLE

Jane is 86 years old. She lives alone, with no family supports. She has a bad knee and often forgets to eat. A home help visits once a day to provide personal assistance. The home help encourages Jane to attend local day care services and register for the local community phone support service (e.g. Care Ring is a free voluntary service in Jane's area, which provides regular telephone contact to people who live alone). The home help will record these recommendations in Jane's notes for multi-disciplinary discussion and review.



IMPLEMENTATION

HOW WILL COMPASS IMPROVE THE HEALTH OF SERVICE USERS AND OUR STAFF?



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How will COMPASS improve the health of service users and our staff?

By integrating care, across all services from acute hospital through to community settings, that focuses on prevention and improving individual health and wellbeing whilst reducing the prevalence of chronic disease.

The wellbeing of people living with chronic disease will be supported through **self-management support** programmes and improved linkages with the acute hospitals.

EXAMPLE

Peter is 44 and suffers with COPD. He has recently been discharged from an acute hospital and referred to community services. As part of the COPD outreach programme the physiotherapist will provide an education, exercise and self management pack to increase Peter's skills and confidence in managing his health. These goals will be recorded for regular assessment of progress at subsequent visits.

As an employer we value our staff and wish to ensure that work practices are safe and health promoting. We want our staff to be well and healthy.

EXAMPLE

Hassan is a 30 year old staff nurse on rotation shift who suffers with on-going chronic back pain exacerbated by driving long distances to work. He takes part in a 6 week pedometer programme at work. Hassan notes an improvement in his condition and enjoys meeting new colleagues. On foot of a health check intervention, Hassan modifies his diet to reduce his risk of diabetes.



Chronic disease accounts for
3 out of 4 deaths

COMPASS Healthy Ireland Governance and Leadership Structures

Governance of COMPASS rests with the Cork Kerry Community Healthcare Organisation Management Team (CKCHMT). A Healthy Ireland Lead will be appointed within each care group in order to coordinate the implementation of the COMPASS Plan. The role of the Healthy Ireland Lead is as follows:

1. The primary purpose of the Healthy Ireland Lead is to support the Head of Service and their management team to drive and deliver on all aspects of the plan:
 - By coordinating the achievement of all project goals in a unified manner and meet specific success criteria.
 - By striving to maintain progress working on the basis of mutual engagement with all stakeholders.
2. Support the Head of Service and their management teams in delivering the COMPASS actions within their care groups.



3. Coordinate integrated approach across care groups within specific CHNs.

The COMPASS implementation group will be responsible for the delivery of actions in the plan at a corporate level. It will be chaired by the Head of Service, Health and Wellbeing and will be composed of the Healthy Ireland Leads with the support of corporate services.

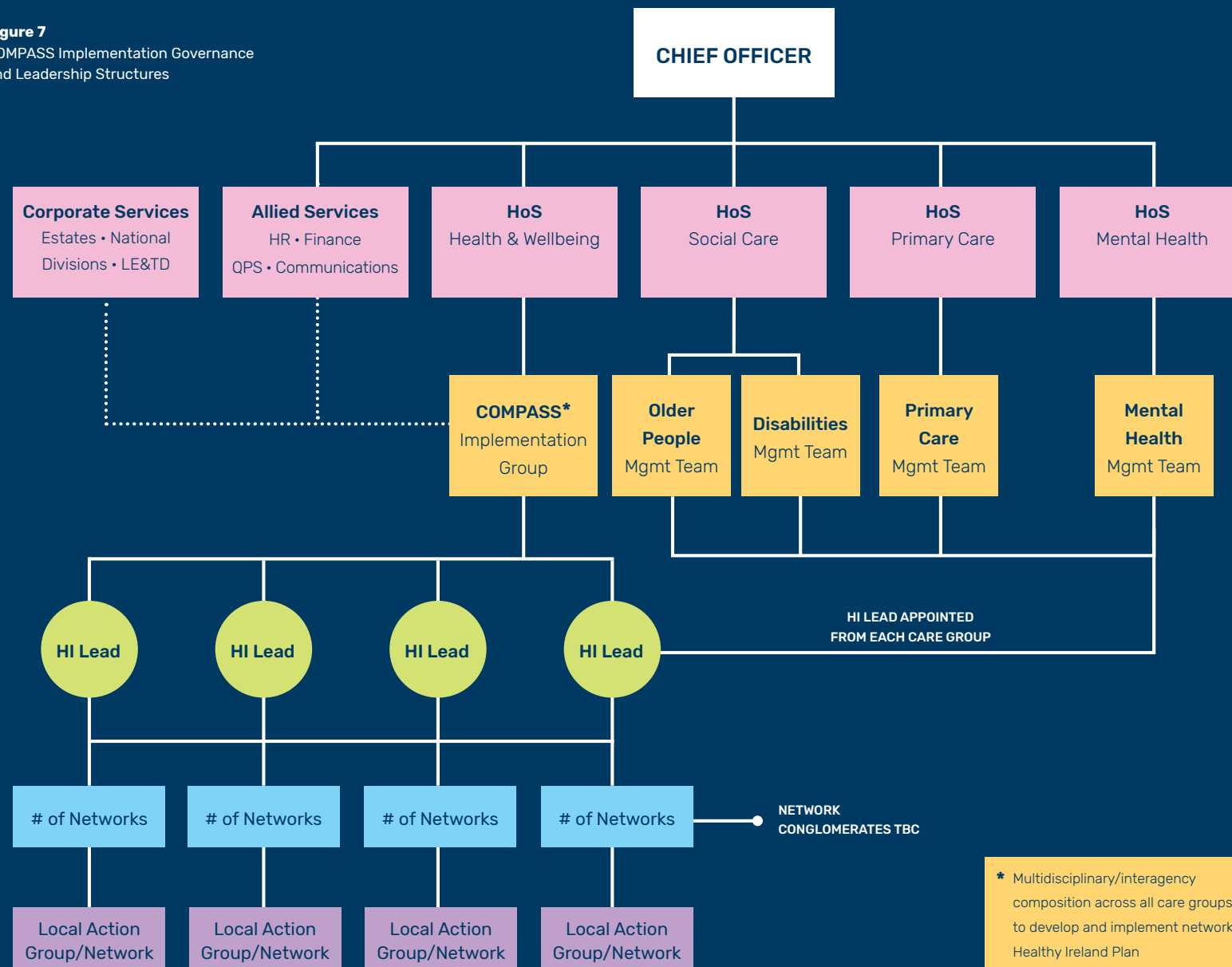
The Healthy Ireland Leads will establish and chair local network action groups. These will comprise multidisciplinary representatives such as occupational therapy, physiotherapy, home help services, public health nursing, community hospital staff, mental health service staff etc. and be responsible for local implementation of actions. Each network will have the opportunity of developing network specific actions on an annual basis.



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Figure 7

COMPASS Implementation Governance and Leadership Structures





Cork Kerry Community Healthcare Area Profile

The report on implementation of Community Healthcare Organisations recommended the implementation of Community Healthcare Networks. The aim is to:

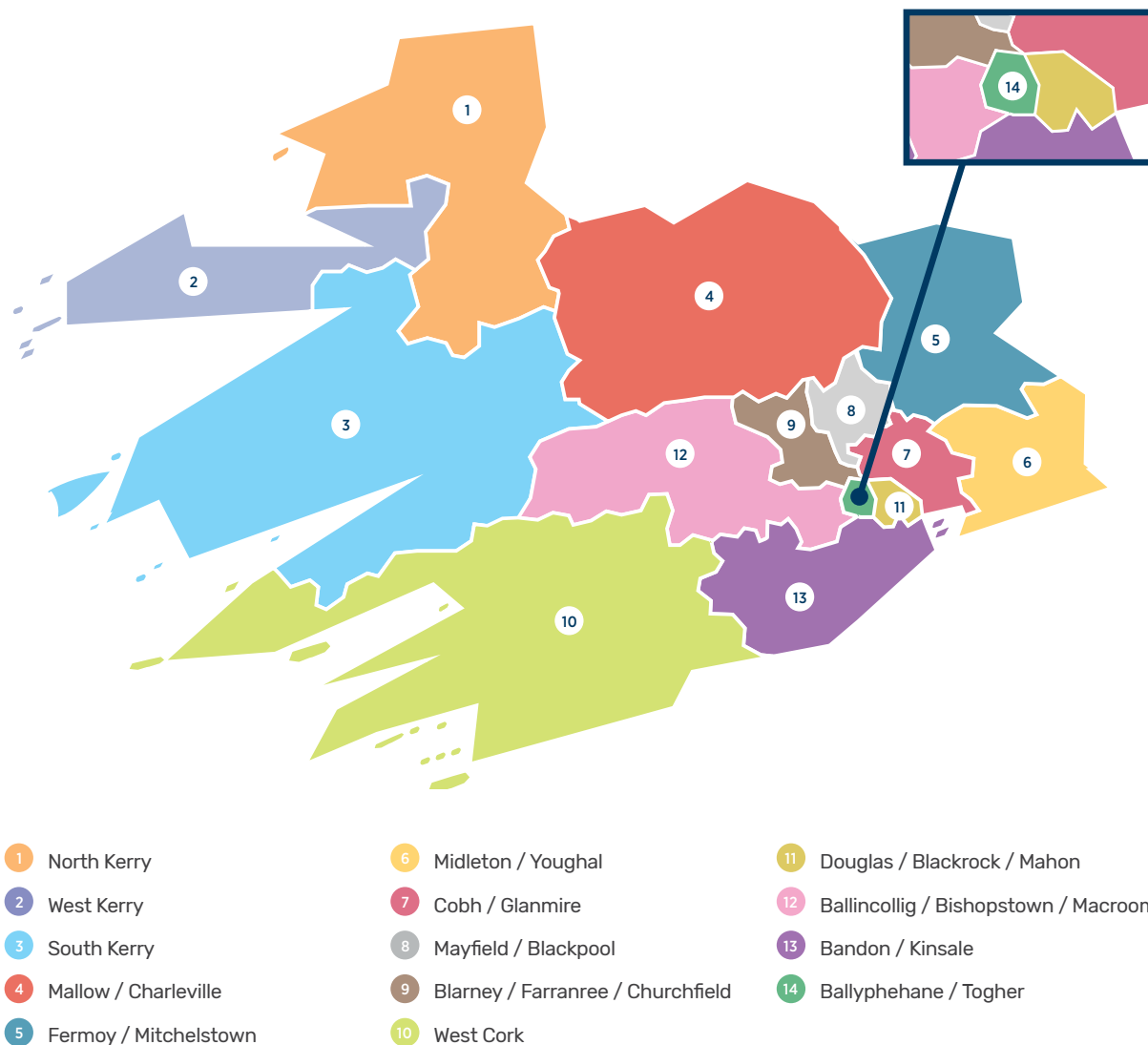
- improve team working in primary care services,
- move towards more integrated health services,
- provide for more local decision making,
- involve communities in planning to map identified health needs in their local area.

Community Healthcare Networks are also highlighted in SláinteCare as an essential element of an integrated health system.

Cork Kerry Community Healthcare will be divided in to 14 Networks of Approximately 50,000 people each. These Community Healthcare networks are being implemented on a phased basis. The geographical areas which have been identified for networks provide a structure for addressing the health and wellbeing of local populations. Network Action Groups will be established in each Community Healthcare Network to support the implementation of the actions in the COMPASS Healthy Ireland Implementation Plan.



Figure 8
Cork Kerry Community
Healthcare Networks



Our Population

The population of Cork County, Cork City and Kerry County, which comprise Cork Kerry Community Healthcare is 690,575, an increase of 3.9% since the 2011 census.

The population of the region is ageing. There is a decline in the younger working age cohorts and a decline in the numbers of those aged 0-4 (Fig. 9 and Fig. 10). In terms of future health service planning, the decline in the younger working age cohort (20-35 years) is particularly significant for supporting our older population.

Health service planning also needs to take into account that Cork Kerry Community Healthcare is a large geographical area with areas of high population density and sparsely populated rural regions (Fig. 11). This includes 23 inhabited islands with a combined population of 1747, an increase of 6% since 2011.

Figure 9
Population Pyramid Cork Kerry Community Healthcare, 2016

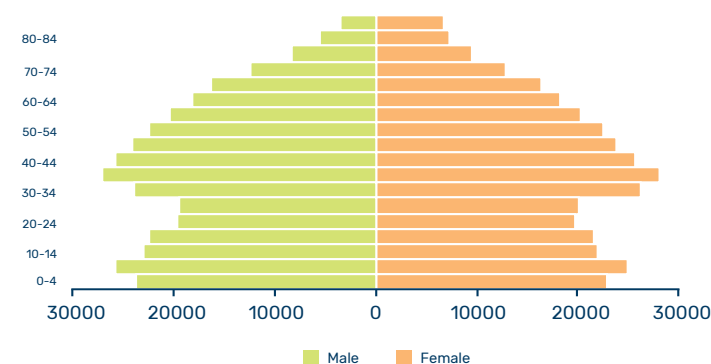
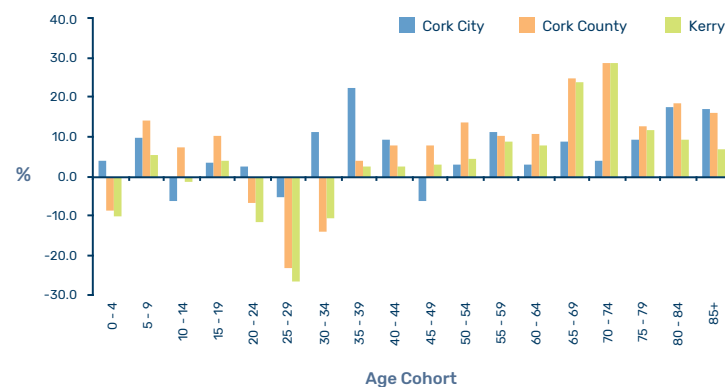


Figure 10
Percentage change in population 2011-2016 by County



Who We Are

The region is increasingly multi-ethnic and multi-national. Irish Travellers account for 0.5% of the population (0.7% nationally). 87.8% (87% nationally) of the population are Irish nationals. The next biggest cohort in the region is Polish at 3% and UK nationals comprise 2.6%. Fig. 12

Activity and Health

The most popular means of travelling to work, school or college is by car (either as the driver or as a passenger) with this accounting for 64.5% (58% nationally) of all modes of travel. Walking or cycling accounts for 13.8% (16.6% nationally).

There are four principal causes of illness and death (cancer; heart disease and stroke; respiratory disease; and accidents, injuries and other external causes).

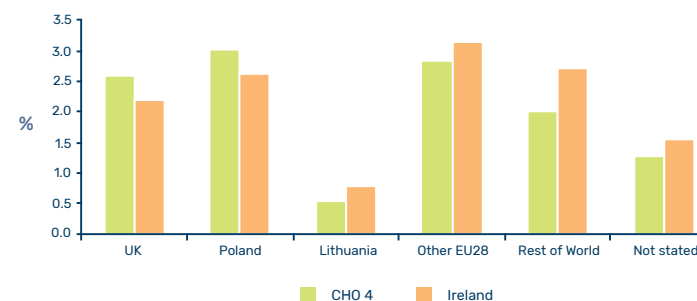
Deaths from heart disease and stroke have been steadily declining over the last ten years but still remain the largest cause of death across all age groups with cancer deaths greatest in those aged <75.¹

The suicide rates for Cork City 12.4%, Cork County 10.4% and Kerry 15.1% are higher than the national rate of 9.6%.²

Figure 11
Population Density in Cork Kerry Community Healthcare, 2016



Figure 12
Persons by nationality other than Ireland, living in Ireland and Cork and Kerry Community Healthcare (CH04), 2016



Overall, people are very positive about their health. In the 2016 census, 87.7% of the population in the region (87% nationally) reported that they perceived their health as being very good or good. Self-perceived health is higher in Cork County at 89.5% than in either Kerry County (86.3%) or Cork City (83.6%). However, self-perceived health is reported as bad or very bad by 1.5% of the population (1.6% nationally). Self-perceived poorer health is generally reported by more people in Cork City (2.2%) than either Cork County (1.2%) or Kerry (1.5%)

Deprivation and Chronic Illness

There is a recognised link between deprivation and chronic illness. The Pobal Haase and Pratschke Deprivation Index measures relative affluence or disadvantage using CSO data. In Cork Kerry Community Healthcare there is variation in deprivation levels with deepened levels of deprivation in areas of Cork City (Fig. 13). However, very often deprivation in rural areas is less visible. The specifics are often different from those seen in urban areas but equally as detrimental.³

Figure 13
Deprivation Map for Cork Kerry Community Healthcare, 2016



Population data from CSO, Maps from Health Service Executive, Health Atlas Finder

- ¹ County Health Profiles for Cork City, Cork County and Kerry (2015), HSE Public Health Profile Working Group available at <http://www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/pub/profiles.html>
- ² Health Service Executive, National Office for Suicide Prevention Annual Report 2016 (pg 60) Suicide rate by county, 3-year moving average 2014-2016* (provisional figures and subject to change)
- ³ Osborne, Brian, Irish General Practice: Working with Deprivation, ICGP 2015



Health Challenges

Cork Kerry Community Healthcare is facing a challenge of increased health need because of the growth in chronic diseases, for example, according to the 2016 Healthy Ireland Survey, by 2030 an additional 200,000 people will have a long term chronic condition. The National Cancer Registry projects an increase of 84% for females and 107% for males in invasive cancer cases by 2040. Obesity is becoming increasingly prevalent and is currently costing the Irish economy over €1bn per year. In order to meet future demands, it is vital that our service planning places a significant focus on investment in health promotion and disease prevention to control these trends.

Changing Demographics

Our population is ageing with an expected doubling of those aged over 65 over the next 20 years. This will have implications for health service planning and delivery in Cork Kerry Community Healthcare.

Inequalities

The choices we make as individuals are likely to be determined by social and economic circumstances. We need to look at successful interventions to help our most vulnerable and deprived communities and address the wider structural determinants of health to help reduce health inequalities.

Chronic Disease

Lifestyle factors such as tobacco use, problem alcohol use, low levels of physical activity, poor mental health and obesity continue to impact on the future health and wellbeing of our population. In 2017, 559,620 people experienced at least one chronic disease. The burden of chronic disease is largely attributed to a well described set of modifiable risk factors.

THE TIME IS NOW TO

Improve health & wellbeing;
Realise potential of community assets;
Embed sustainability across the system

Work Currently Undertaken

Health and Wellbeing is already a part of core work in Cork Kerry Community Healthcare. Opposite is a small selection of some of the many initiatives already underway.

Staff Health & Wellbeing

1. Staff Health & Wellbeing Day
National Rowing Centre
2. St Finbarr's Irish Heart Foundation Awards
3. Rathass Irish Heart Foundation Awards
4. Mallow Primary Care Pedometer Challenge

Chronic Disease

5. Neurofunctional Training - Leisureworld
6. X-Pert - for Adults living with type 2 Diabetes
7. St Michaels Unit Tobacco Free Campus

System Reform

8. Influenza Peer Vaccination
9. Health Action Zone - The Glen
10. Integrated Falls Pathway from
Acute to Community



Cork Kerry Community Healthcare Human Resources

Our staff are our greatest resource in implementing actions supportive of health and wellbeing amongst service users, the public and staff themselves.

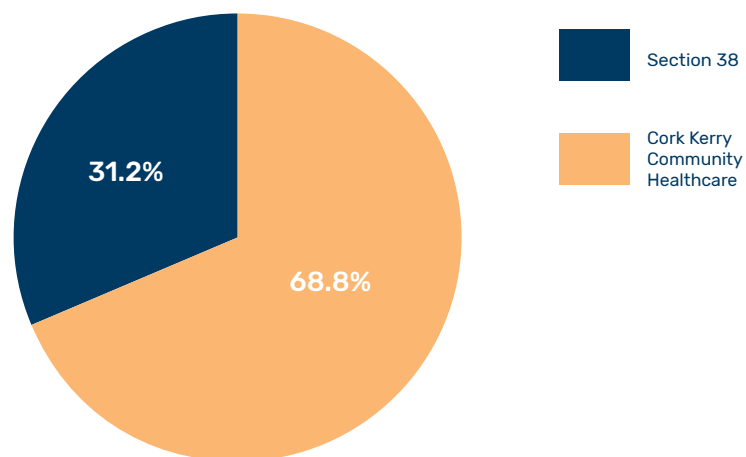


Figure 14
Cork Kerry Community Healthcare Staff
and Section 38 Funded Staff

Oct 2017 (Oct 2016 figure: 6,502)	WTE OCT 2017
Overall	6,790
Medical/Dental	300
Nursing	2,277
Health & Social Care Professionals	982
Managment / Admin	648
General Support	399
Patient & Client Care	2,184

Figure 15
Whole Time Equivalent Posts by Staff Group

Health & Social Care Professionals

*Dietetics, Occupational Therapy, Pharmacy,
Psychology, Social Work Counselling staff, Speech &
Language Therapy, Dental Hygienist, Physiotherapy,
Analytical Chemists, Medical Scientists, Audiology,
Physicists, Instructors, Chiropody / Podiatry*

General Support

*Catering, Domestic staff, Groundsmen,
Portering, Caretakers, Drivers, Security*

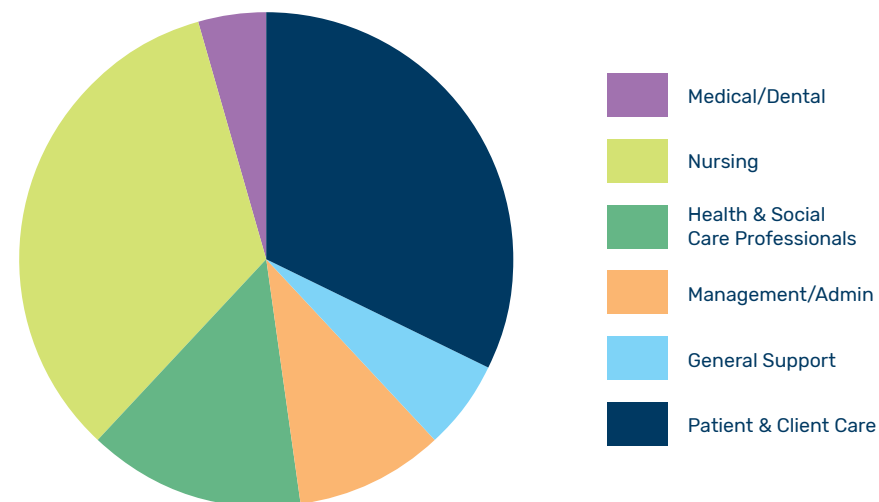
Patient & Client Care

*Multi Task Attendants, Chaplains, Health Care
Assistants, Family Support Workers, Workshop
Supervisors, Care Assistants, Dental Surgery
Assistants, Dental Nurses, Home-Help Co-
ordinators, Home Helps*

NOTE:

Home Helps comprise 2,700 individuals employed
across Cork and Kerry in Patient and Client Care.

Figure 16
Staff Composition Percentages - Sept 2017



Actions

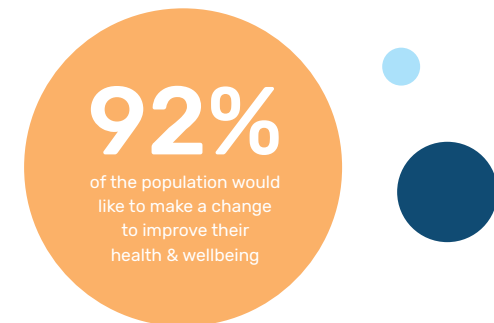
COMPASS has been developed following comprehensive staff consultation sessions about frontline implementation of Healthy Ireland goals across Cork and Kerry. This process was supplemented by mapping existing levels of service across care groups through an 'As Is' process and cross referencing these with national policy priorities. The actions named in the plan refer to new activities; they build on the many excellent services already in place hence the actions named in the plan refer to activities not already being undertaken. In addition to Healthy Ireland national strategic priorities Cork Kerry Community Healthcare will implement actions specific to the needs of our population in network specific local action plans. The initial 2018 local network action plans accompany this plan.



01 Cork Kerry Community Healthcare System Reform

OBJECTIVE

To improve the health of all who live in Cork and Kerry.



ACTION PLAN

No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable Person
1	Assign a Healthy Ireland Lead from each care group for the duration of the implementation of this plan R.D.	CKCHMT	Q1 2018	Lead Appointed	HoS Primary Care, Social Care and Mental Health Services	HoS Primary Care, Social Care and Mental Health Services, Head of Finance
2	Establish a COMPASS Implementation group at Cork Kerry Community Healthcare level chaired by the HoS Head of Health & Wellbeing	CKCHMT	Q1 2018	Committee Established	HoS Health & Wellbeing	HoS Health & Wellbeing



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No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable Person
3	Identify one health promotion officer to support the COMPASS Implementation Group	HP&I	Q1 2018	Post assigned	HoS Health & Wellbeing	HoS Health & Wellbeing
4	Development and prioritisation of Health & Wellbeing budget for Cork Kerry Community Healthcare	CKCHMT	Q1 2018	Dedicated budget / sub cost centre and dedicated financial resources	Chief Officer, HoS Health & Wellbeing	Chief Officer, all HoS, Head of Finance
5	Develop one pilot Healthy Network based on Health Action Zone principles and public partnership	Members of the Healthy Ireland Implementing group Committee / Members of HAZ / Healthy Cities / Healthy Counties	Q4 – 2019 in 1 network	Produce annual progress report Agreed priorities for group in place	Nominated from COMPASS Implementation Group	All Heads
6	Develop and implement communications plan supporting Cork Kerry Community Healthcare health and wellbeing initiatives R.D.	COMPASS Implementation Group	Q2 2018 – Q4 2022	Communications plan agreed & implemented	Nominated from COMPASS Implementation Group	HOS Health & Wellbeing, Head of Finance Communications Mgr
7	Health & Wellbeing Statement included in SLAs	Managers with responsibility for SLA Compliance	Statement returned in Q1 2018	Statement Returns by topic area	Care Group Manager	HoS Primary Care, HoS Social Care and HoS Mental Health Services





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No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable Person
8	Host an annual public Healthy Ireland Wellness Festival event in Cork and Kerry R.D.	Partnerships developed	Q2 2018 – Q4 2022	Annual Event	HoS Health & Wellbeing	HoS Health & Wellbeing, Head of Finance
9	Develop and implement Cork Kerry Community Healthcare policy on dissemination and display of health messaging e.g. QUIT. (New builds to include LCD screens) R.D.	CKCHMT to sign off on policy	Q1 2018	Policy sign off and Site Managers complete and report on quarterly	COMPASS Implementation Group	All Heads of Service, Head of Finance
10	Develop COMPASS Health and Wellbeing annual report	COMPASS Implementation group	Q4 2018	Annual Report	HoS Health & Wellbeing	HoS Health & Wellbeing
11	Establish Healthy Ireland local action group in each network	CKCHMT	Q1 2018 – Q4 2022	Incremental with implementation of Network Structures	Healthy Ireland Leads	All Heads
12	Develop Emergency Management Capacity by Completing Cork Kerry Community Healthcare a) Emergency plan, b) Severe Weather plan, c) Evacuation Plan	CKCHMT / Area Emergency Mgmt Team	Q1 2018 – Q4 2022	Plans developed a) Emergency plan, b) Severe Weather plan, c) Evacuation Plan	Area Emergency Mgmt Team	Chief Officer, HoS Health & Wellbeing
13	Develop a Cork Kerry Health & Wellbeing Website	CKCHMT / Communications / ICT	Q1 2018 – Q4 2018	Publically available and accessible website	HoS Health & Wellbeing	Chief Officer, HoS Health & Wellbeing





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Making Every Contact Count

The purpose of the Making Every Contact Count initiative is to increase the emphasis in healthcare on helping people to lead healthier lives. Health behaviour change is complex and health professionals are in a unique position to support people towards making changes that will have long term health gains for themselves and for society as a whole. There is some evidence to show that service users expect to be asked questions by their health professional about their lifestyle and if they are not asked they assume that there is not a problem. Areas addressed are smoking, alcohol consumption, physical activity, weight/nutrition and lifestyle changes relevant to reducing chronic disease prevention. Having supportive conversations about change is one way to encourage people to make lifestyle behaviour changes. In a climate of limited resources, there is a need for systematic change towards disease

prevention and health improvement and every health professional has a responsibility to support this approach. Hence making health behaviour change everyone's business in the health service is crucial to this systematic change and Making Every Contact Count provides a structure to do this.

Making Every Contact Count interventions will increase service user understanding about their own health metrics e.g. Waist Circumference, Blood Pressure Level, Cholesterol Level, Sugar Levels (Knowing Your Numbers). Cork Kerry Community Healthcare will operate an expanded dataset incrementally over the period of the plan; encompassing childhood health, cancer screening, alcohol etc. The purpose of the development of a minimum data set (MDS) for Making Every Contact Count is to standardise the capture of lifestyle risk factors and health

behaviour change interventions. This data will be incorporated into care plans and reviewed/updated at each contact.



OBJECTIVE

Implementing Making Every Contact Count will enable health professionals to recognise the role and opportunities that they have through their daily interactions in supporting individuals to make health behaviour changes.



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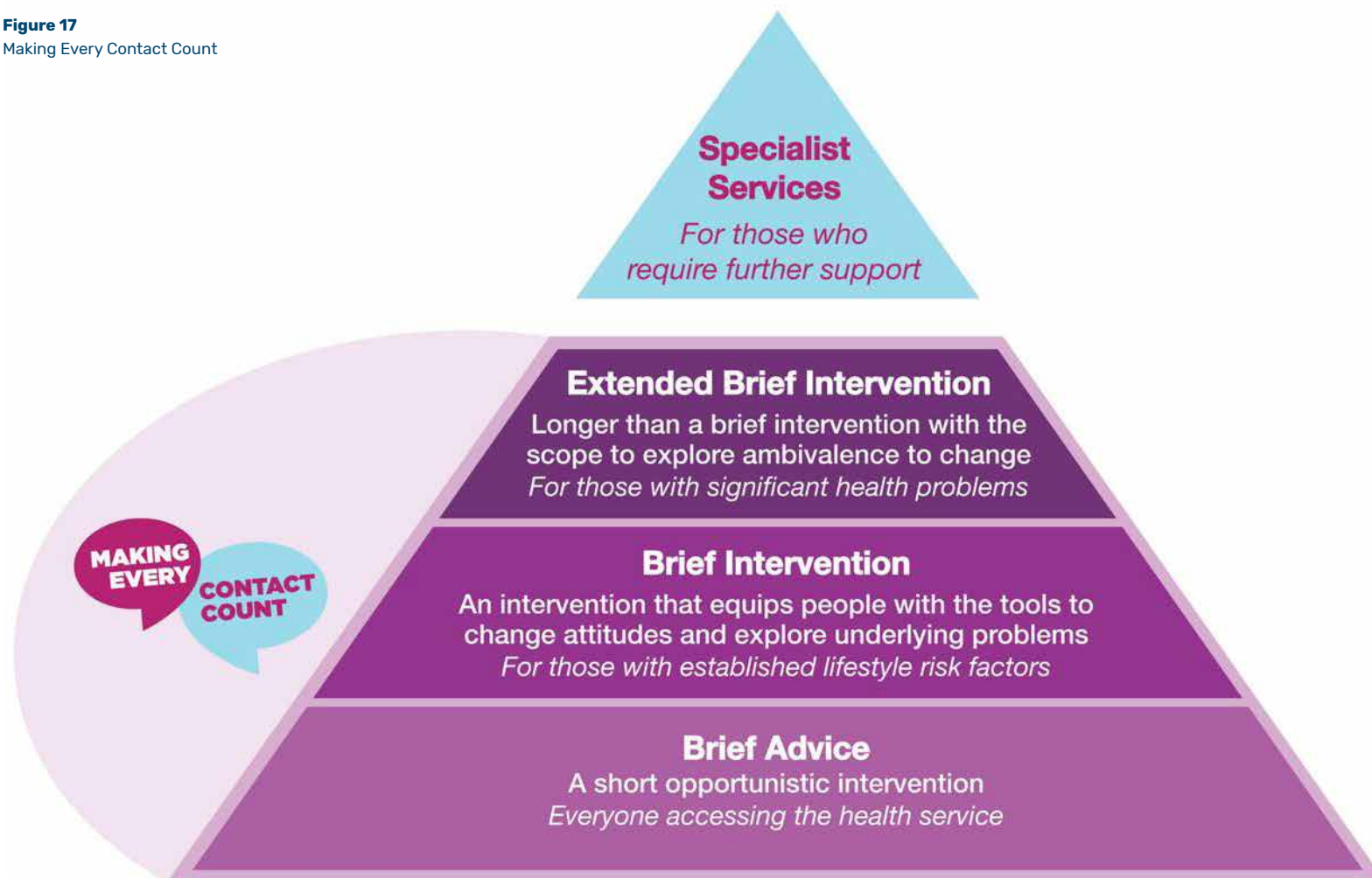
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No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable person
16	Support the completion of a cost/benefit analysis to be completed by the National Making Every Contact Count	HP&I HI Leads Mental Health, Social Care and Primary Care Management Teams	Q1 2018 – Q4 2022	Cost/benefit analysis completed	HoS H&WB	All HoS
17	Develop a Cork Kerry Community Healthcare steering group for Making Every Contact Count throughout Cork Kerry Community Healthcare using the proposed national implementation model	HP&I HI Leads Mental Health Social Care and Primary Care Management Teams	Q1 2018 – Q4 2022	Establish steering group	HoS H&WB	All HoS
18	Develop and implement a care group specific implementation plan	HP&I HI Leads Primary Care Management Team	Q1 2018 – Q4 2022	Plan completed Quarterly progress report on implementation	HoS Primary Care	HoS Primary Care
19	Develop and implement care group specific implementation plans	HP&I HI Leads Social Care Management Team	Q1 2018 – Q4 2022	Plan completed Quarterly progress report on implementation	HoS Social Care	HoS Social Care
20	Develop and implement a care group specific implementation plan	HP&I HI Leads Mental Health Management Team	Q1 2018 – Q4 2022	Plan completed Quarterly progress report on implementation	HoS Mental Health	HoS Mental Health





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No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable person
21	Identify and develop a network of key Champions/advocates for the Making Every Contact Count programme throughout Cork Kerry Community Healthcare	HP&I / HI Leads, Mental Health / Social Care and Primary Care Management Teams	Q1 2018 – Q4 2022	Plan completed Quarterly progress report on implementation	HoS H&WB	All HoS
22	Implement the Making Every Contact minimum data set tool across services in Cork Kerry Community Healthcare to record information on patient's lifestyle risk factors and behaviour change interventions.	HP&I / HI Leads Mental Health, Social Care and Primary Care Management Teams	Q1 2018 – Q4 2022	Progress report on number of Making Every Contact Count champions	HoS H&WB	All HoS
23	In conjunction with the relevant stakeholders map the current referral pathways to specialist services, e.g. specialist eating disorder team, available within Cork Kerry Community Healthcare to support health behaviour change	HP&I HI Leads Mental Health, Social Care and Primary Care Management Teams	Q1 2018 – Q4 2022	Service User referral pathways mapped	HoS H&WB	All HoS
24	In conjunction with the relevant stakeholders map the current community resources/ programmes for signposting to support Health Behaviour Change in Cork Kerry Community Healthcare	HP&I / HI Leads Mental Health, Social Care and Primary Care Management Teams Health & Wellbeing Community Referral	Q1 2018 – Q4 2022	Community Resources mapped	HoS H&WB	All HoS





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No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable person
25	Following development of the national lifestyle hub, design a Cork Kerry Community Healthcare lifestyle hub for signposting local resources and supports for health behaviour change. R.D.	COMPASS Implementation Group / SMS Coordinator	Q4 2019	Cork Kerry Lifestyle Hub Developed & implemented	All Heads of Service	All Heads of Service,
26	Develop and agree targets and implement a five year Making Every Contact Count staff training plan for Cork Kerry Community Healthcare	COMPASS Implementation Group / SMS Coordinator / National MECC Group	Q3 2018 – 2022	Targets agreed, Plan developed & implemented	HoS Primary Care, Social Care and Mental Health Services	HoS Primary Care, HoS Social Care and HoS Mental Health, Head of Finance
27	Provide healthcare professionals with access to the National Blended learning Making Every Contact Count training programme	National MECC Group	Q1 2018	No. of staff trained	HoS Primary Care, Social Care and Mental Health Services	HoS Primary Care, HoS Social Care and HoS Mental Health, Head of Finance
28	All healthcare professionals are required to engage in discussion with patients on lifestyle risk factors and if appropriate to carry out behaviour change interventions	COMPASS Implementation Group	Q4 2018	Care plans updated with MECC recording tool	All Heads of Service	All Heads of Service
29	Making Every Contact Count included as part of all job descriptions for Health Professionals and Healthcare Assistants in tandem with National HR, progressed locally via staff induction, local recruitment etc.	HR	Q4 2018	Included in all frontline job descriptions	Care Group HR Supports	Head of HR





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No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable person
30	Include and implement Making Every Contact Count as an essential element in all local integrated care programmes initiatives for the prevention and management of chronic disease	COMPASS Implementation Group / SMS Coordinator	Q4 2019	MECC dataset in every care plan	All Heads of Service	All Heads of Service
31	Promote and support behaviour change efforts of staff through the HSE staff health and wellbeing programme	COMPASS Implementation Group	Q1 2018 - Q4 2022	Know Your Numbers card issued / Health screenings rolled out	All Heads of Service	All Heads of Service
32	Meet with external agencies funded by the HSE and develop a process/plan for training and monitoring the implementation of Making Every Contact Count through the SLA process. R.D.	COMPASS Implementation Group	Q2 2020	Amended SLA schedule & training delivered	All Heads of Service	All Heads of Service Head of Finance
33	Pilot the national e-solution for recording Making Every Contact Count interventions as they become available R.D.	Health Intelligence Unit / Health Business Services / National MECC Implementation Group / National MECC Team	Q4 2019	Pilot commenced	COMPASS Implementation Group	All Heads of Service, Head of Finance





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No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable person
34	Include Making Every Contact Count in relevant contractual arrangements with external service providers	HP&I HI Leads Mental Health, Social Care and Primary Care Management Teams	Q1 2018 – Q4 2022	Progress report on implementation using metrics developed	HoS H&WB	All HoS

Identifying partners at every level of society, from government to business, to community and family will contribute to the implementation of mutually beneficial health and wellbeing programmes





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No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable Person
39	The plan will address self management support in line with the national framework for self-management support including structured patient education for types 1 & 2 diabetes, cardiac rehabilitation, pulmonary rehabilitation, asthma education, • COPD: Education exercise / self-management pack for COPD Stroke / Support groups (information provision and education programmes) • Hypertension: self-management regarding Blood Pressure • Heart Failure: Cardiac rehab exercise / diet (opportunity to train fitness professionals in Cardiac Rehab) • Diabetes : Patient structured programmes and increase education sessions around Type 1 & 2 • Engage with health and social care practitioners and patients, to promote and support delivery of self-management support to patients with chronic disease	SMS Steering group when established	Q3 2019	Progress report on plan implementation	SMS Coordinator	All Heads of Service, Head of Finance
40	Establish a protocol to involve carers including spouses, family, friends in patient education and other self-management support interventions where possible	SMS Steering group	Q4 2018	Audit of service user/ carer involvement & participation in SMS interventions	SMS Coordinator	All Heads of Service





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41	Develop and implement peer support structures for individuals with chronic disease: - Peer and social support network - Further develop carer support networks (e.g. expansion of Care Ring) - Peer led community-based self-management will be aligned to the national SMS framework two pilot sites in Cork R.D. and Kerry	Suicide resource officers, Community Work Dept / Care group Reps / external agencies / Carer organisations	Q4 2019 Q3 2018	Peer and social support network established Carer support network established 2 peer led community based pilot sites established	SMS Coordinator	All Heads of Service, Head of Finance
42	Map, produce and maintain a directory of community programmes and supports for SMS for chronic conditions identifying gaps in services	SMS Steering Group	Q1 2019	Published directory hardcopy & online	SMS Coordinator	HoS Health & Wellbeing
43	Develop Chronic Disease database/ network area, based on audit of service users moving from acute hospital to community setting R.D.	COMPASS Implementation Group	Q4 2019	Completion and implementation of database	SMS Coordinator	HOS Health & Wellbeing, Head of Finance





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Health and Wellbeing Community Referral (Social Prescribing)

Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other healthcare professionals to refer people to a range of local, non-clinical services. Recognising that health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address needs in a holistic way. It also aims to support individuals to take greater control of their own health.

Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports. There are many different models for social prescribing, but most involve a link worker or navigator who works with people to access local sources of support. Social prescribing is

designed to support people with a wide range of social, emotional or practical needs, and many schemes are focussed on improving mental health and physical well-being. Those who could benefit from social prescribing schemes include people with mild or long-term mental health problems, vulnerable groups, people who are socially isolated, and those who frequently attend either primary or secondary healthcare. The interventions to be provided or signposted to by the social prescribing initiatives will be evidence based and aligned with national initiatives where relevant e.g. SMS framework.

OBJECTIVE

Implement a managed, person centred, referral pathway to community resources across Cork Kerry Community Healthcare to enhance health and wellbeing.





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No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable Person
44	Establish two Community Healthcare H&WB Community Referral Pilot sites Listowel, Co Kerry and Cork (location tbc)	Suicide Prevention Officers / Local Authorities / Community & Voluntary Sector / GPs / Community Work Dept. / HP&I / Local Sports Partnership	Q1 2018	Terms of reference agreed & working group in place	HoS H&WB	HoS Health & Wellbeing
Below are listed a range of actions that can be implemented as part of the health & wellbeing community referral pilot sites						
45	Assist individuals and families at risk of homelessness and supporting individuals who are homeless based on a social model of care e.g. provide barber services	Homelessness services / Range of non-statutory strategic partners / LCDCs / GPs / Suicide Prevention Officers / Healthy Counties / Healthy Cities / Community Work	Q1 2018 - Q4 2022	Annual report	Cork and Kerry H&WB Community Referral Steering Groups	HoS Primary Care
46	Books on prescription – provide self-help books based on cognitive behavioural therapy, bibliotherapy reading group in libraries	Range of non-statutory strategic partners / LCDCs / GPS / Suicide Prevention Officers / Healthy Counties / Healthy Cities / Healthy Ireland Libraries	Q1 2018 - Q4 2022	Annual report	Cork and Kerry H&WB Community Referral Steering Groups	All HoS





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47	Develop Education on prescription, e.g. Centre for Recovery and Social Inclusion Cork	Range of non-statutory strategic partners / LCDCs / GPs / Suicide Prevention Officers / Healthy Counties / Healthy Cities / ETB / CIT / UCC	Q1 2018 – Q4 2022	Annual report	Cork and Kerry H&WB Community Referral Steering Groups	All HoS
48	Develop Green Gyms (either conservation volunteers green gym concept and /or outdoor green gym equipment) R.D.	Range of non-statutory strategic partners / LCDCs / GPs / Suicide Prevention Officers / Healthy Counties / Healthy Cities	Q1 2018 – Q4 2022	Annual report	Cork and Kerry H&WB Community Referral Steering Groups	All HoS
49	Extend and improve community physical activity opportunities for older people e.g. expansion of Go for Life FitLine (a telephone-based service that encourages you to get more active)	Range of non-statutory strategic partners / Age & Opportunity / LCDCs / GPs / Suicide Prevention Officers / Healthy Counties / Healthy Cities / HP&I	Q1 2018 – Q4 2022	Annual report	Cork and Kerry H&WB Community Referral Steering Groups	All HoS
50	Develop arts on prescription e.g. Arts and Minds arts service for individuals living with mental health difficulties in the community	Range of non-statutory strategic partners / LCDCs / GPs / Suicide Prevention Officers / Healthy Counties / Healthy Cities	Q1 2018 – Q4 2022	Annual report	Cork and Kerry H&WB Community Referral Steering Groups	All HoS





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51	Develop exercise on prescription R.D. Green Steps / Fit Walk etc. locally tailored resources, individuals learn more about fitness and health, and get into a routine of taking healthy walks in their local area	Range of non-statutory strategic partners / LCDCs / GPs / Suicide Prevention Officers / Healthy Counties / Healthy Cities / Local Sports Partnerships	Q1 2018 - Q4 2022	Annual report	Cork and Kerry H&WB Community Referral Steering Groups	All HoS
52	Develop ecotherapy for substance abuse R.D. Ecotherapy is a wide range of treatment programmes, which aim to improve mental wellbeing through doing outdoor activities in nature/ woods/ beaches	Range of non-statutory strategic partners / LCDCs / GPs / Suicide Prevention Officers / Healthy Counties / Healthy Cities	Q1 2018 - Q4 2022	Annual report	Cork and Kerry H&WB Community Referral Steering Groups	All HoS
53	Develop community smoking cessation interventions e.g. community talk with ASH (Action on Smoking & Health)	Range of non-statutory strategic partners / LCDCs / GPs / Suicide Prevention Officers / Healthy Counties / Healthy Cities	Q1 2018 - Q4 2022	Annual report	Cork and Kerry H&WB Community Referral Steering Groups	All HoS
54	Develop a range of self-management options for chronic conditions e.g. Cook It Community Nutrition Cooking Programme	Range of non-statutory strategic partners / LCDCs / GPs / Suicide Prevention Officers / Healthy Counties / Healthy Cities	Q1 2018 - Q4 2022	Annual report	Cork and Kerry H&WB Community Referral Steering Groups	All HoS





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No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable Person
55	Develop volunteer befriending services	Range of non-statutory strategic partners / LCDs / GPs / Suicide Prevention Officers / Healthy Counties / Healthy Cities / Cork Friendly Call / Caring Peninsulas	Q1 2018 - Q4 2022	Annual report	Cork and Kerry H&WB Community Referral Steering Groups	All HoS
56	Develop a suite of supports for carers health and wellbeing e.g. manual handling course/ self care for back	Range of non-statutory strategic partners / LCDs / GPs / Suicide Prevention Officers / Healthy Counties / Healthy Cities	Q1 2018 - Q4 2022	Annual report	Cork and Kerry H&WB Community Referral Steering Groups	HoS Social Care
57	Develop an Annual Report of actions, initiatives and numbers participating	Range of non-statutory strategic partners / LCDs / GPs / Suicide Prevention / carers / Healthy Counties / Healthy Cities	Q1 2018 - Q4 2022	Annual report template developed	Cork and Kerry H&WB Community Referral Steering Groups	All HoS





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No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable Person
58	Regularly survey and engage with staff within Cork Kerry Community Healthcare regarding their health and wellbeing, identifying key areas and staff groups needing priority for staff health and wellbeing initiatives	HR / COMPASS Implementation Group	Q2 2018 - Q4 2022	Annual Surveys / Staff Consultation Sessions	HR / COMPASS Implementation Group	HoS Health and Wellbeing
59	Support staff and management at a location specific level to engage on staff health and wellbeing programs as well as local opportunities	COMPASS Implementation Group / HR / HP&I / Local Wellness at Work committee develop plan	Q1 2018 - 2022	Establishment of a Wellness at work committee in each network	Network - Local Wellness at Work committee	All Heads of Service, Head of HR
60	Local adaptation and implementation of the National Staff Health and Wellbeing Resource Guidance (when finalised)	COMPASS Implementation Group / HR / HP&I / Service Manager / Local Wellness at Work committee	TBC {subject to progression at national level}	Appropriate actions from the guidance implemented & measured	COMPASS Implementation Group, HR, HP&I, Service Managers, Local Wellness at Work committee	All Heads of Service, Head of HR
61	Promote walking and active travel as a strategy to reduce the risks of sedentary work practices including prolonged sitting, e.g. pedometer challenges, campus bikes, standing meetings etc	HP&I / Cork Kerry SP / Irish Heart Foundation / Nursing / OT / Cork Transport & Mobility Forum	Q1 2018	No. of staff involved	HP&I, Cork Kerry SP, Irish Heart Foundation, Nursing, Occupational Therapy	All Heads of Service





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No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable Person
62	Assess staff smoking prevalence and offer intensive smoking cessation support and reduced cost pharmacotherapy to support staff to quit e.g bespoke measures at St Stephens Campus R.D.	HP&I, HR / COMPASS Implementation Group	Q1 2018	Report staff smoking prevalence and those receiving cessation support	COMPASS Implementation Group, HR, HP&I, Service Managers, Local Wellness at Work committee	All Heads of Service
63	Assist in national evaluation and piloting of Staff Health and Wellbeing initiatives to develop a consistent approach to Staff Health and Wellbeing R.D.	COMPASS Implementation Group / Site Specific H&WB sub-groups	TBC {subject to progression at national level}	Annual evaluation Staff Surveys Health Impact Reviews	COMPASS Implementation Group / Site Specific H&WB sub-groups	All Heads of Service, Head of HR, Head of Finance, QPS Mgr & Communications Mgr, Head of Finance
64	Promote and increase uptake of the flu vaccine among all staff both front line service providers and managerial and administrative staff. Further develop peer vaccinators and flu champions across all care groups	Influenza Lead / Steering Group Committee / Public Health / Service Managers	Q4 2018 - Q4 2022	% annual increase in uptake	Influenza Lead, Service / Line Managers	All Heads of Service, Head of HR, Head of Finance, QPS Mgr & Communications Mgr
65	Continue to engage in the IHF Active@ Work and walking leader training for staff willing to become local peer champions to advance improved staff health and wellbeing among their colleagues with follow up plans to support those trained	HP&I / Cork Kerry SP / Irish Heart Foundation / Nursing / OT	Q1 2018 - Q4 2022	Report produced defining the no. of staff involved	HP&I, Cork Kerry SP, Irish Heart Foundation, Nursing, OT	All HoS





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66	Develop and support the mental health and wellbeing of staff in co-operation with the Wellbeing and Mental Health Programme and the implementation of the Little Things campaign within all HSE workplaces.	Services / Line Managers / HR	Q1 2018 - Q4 2022	No. of staff who attend Mindfulness & Stress Management training	Services / Line Managers / HR	All HoS Head of HR
67	Support staff with specific initiatives around stress management and interpersonal work communication, e.g. Cork Beats Stress, Kerry Beats Stress, Resilience Programmes	Services / Line Managers / HR	Q2 2018 - Q4 2022	No. of initiatives and No. of staff attending	Services / Line Managers / HR	All HoS
68	Implement the HSE Workplace Breastfeeding Policy	Service / Line Managers / HR	Q4 2018	% annual review of policy implementation	Service / Line Managers / HR	All HoS, Head of HR
69	Promote and support behaviour change efforts of staff through the HSE staff health and wellbeing policy (when finalised)	HR / COMPASS Implementation Group	TBC {subject to progression at national level}	Annual Surveys / Staff Consultation Sessions	HR / COMPASS Implementation Group	All HoS, Head of HR
70	Implement the DoH Healthy Workplace Framework when finalised (for all workplace settings)	Service Managers / Wellness at Work Committees / EAP / HR / Staff Forums / HP&I	TBC {subject to progression at national level}	Plan Developed & Audit of sites for implementation	Services /Line Managers / HR	All HoS, Head of HR





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71	Implement the HSE Staff Health and Wellbeing Policy when developed (for Cork Kerry Community Healthcare staff)	CKCHMT / Services Managers	TBC {subject to progression at national level}	Audit of sites	Services /Line Managers / HR	All Heads of Service, Head of HR
72	Deliver an annual wellness event for all staff in Cork and Kerry R.D.	HP&I / Local Sports Partnership / Local Authority / AHPs / Community Work / Coillte	Annual	Annual Event	HoS Head H&WB	HoS Head H&WB, Head of Finance
73	Implement the DoH Healthy Workplace Framework when finalised (for all workplace settings)	Service Managers / Wellness at Work Committees / EAP / HR / Staff Forums / HP&I	TBC {subject to progression at national level}	Plan Developed & Audit of sites for implementation	Services /Line Managers / HR	All Heads of Service, Head of HR
74	Implement the HSE Staff Health and Wellbeing Policy when developed (for Cork Kerry Community Healthcare staff)	CKCHMT / Services Managers	TBC {subject to progression at national level}	Audit of sites	Services /Line Managers / HR	All Heads of Service, Head of HR





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77	Develop an app for integration with SMS directory, e.g. signpost users to available services R.D.	ICT / CIT / UCC / Private Industry / HBS / Communications / BIS / SMS Steering Group	Q3 2019 – Q4 2020	App launched	COMPASS Implementation Group	HoS H&WB, Head of Finance
78	Identify a service / site and pilot the implementation of nationally developed e-solutions for recording Making Every Contact Count Interventions R.D.	ICT /CIT / UCC / Private Industry / HBS / Communications / BIS / HP&I Rep / Health Innovation Hub	Q2 2019 – Q4 2020	Pilot report completed	COMPASS Implementation Group	All Heads of Service, Head of Finance
79	Reduce staff travel by developing use of telecommunications capacity in delivery of services and associated processes R.D.	HR / Communications / ICT / CKCHMT / EMT /	Q1 2018 – Q4 2022	Up to date database of all Cork Kerry Community Healthcare staff contacts by role and location	COMPASS Implementation Group	All Heads of Service, Head of Finance
80	Implement new text alerts for service users, e.g. model of practice developed at St James' Hospital GUM Clinic in use of text alerts for service users. R.D.	HR / Communications / ICT / CKCHMT / EMT /	Q3 2018 – Q3 2019	Pilot Site for text alerts in operation	COMPASS Implementation Group	Hos Primary Care, Head of Finance
81	Develop and implement an interactive map of services across Cork and Kerry	Communications / ICT / CKCHMT / BIS / Ordnance Survey Ireland	Q3 2018 – Q4 2022	Publically available interactive map of services	COMPASS Implementation Group	All HoS



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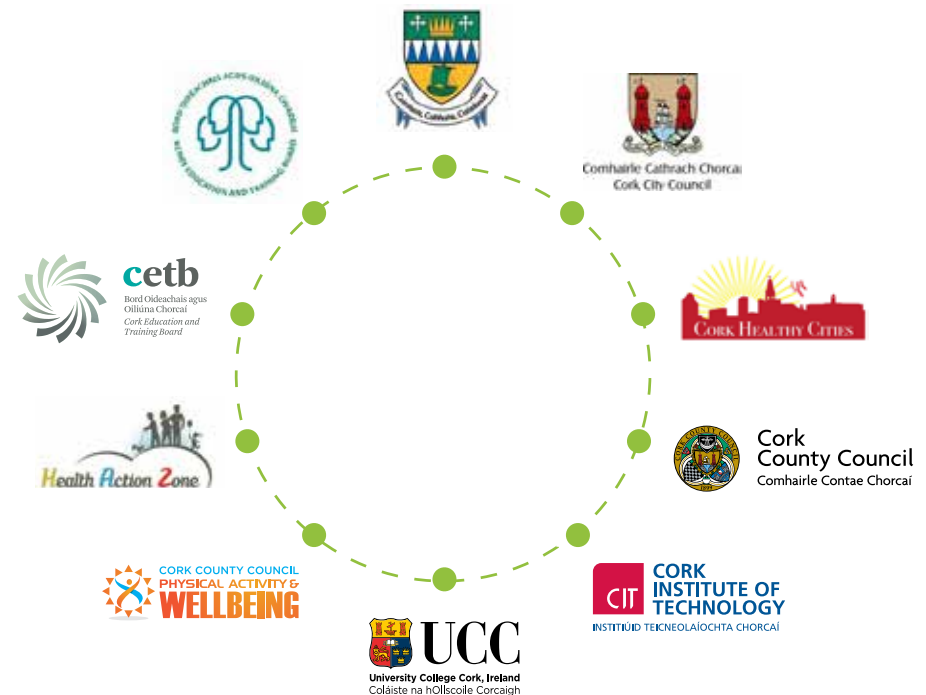
Partnerships strengthen our dialogue as well as maintaining and developing co-operation within the HSE, other statutory agencies, community and voluntary sector and private industry stakeholders to address health inequalities.

We will continue to implement better supports and stronger alliances with a particular focus on collaborative development with all stakeholders.

We will continue to enhance our collaboration, communication and strategic network-building to maximise greater potential for improving everyone's H&WB.

OBJECTIVE

To strengthen existing and develop new partnerships to expand on the health in all policies approach.





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82	Work with Local Authorities on Healthy Ireland funded HI Plans in Cork and Kerry (Including Cities/ Counties/Towns)	COMPASS Implementation Group	Q1 2018 - Q4 2022	Funding Evaluation	HoS H&WB	HoS H&WB
83	Work with CYPSCs on Healthy Ireland funded projects in Cork and Kerry	COMPASS Implementation Group	Q1 2018 - Q4 2022	Funding Evaluation	HoS H&WB	HoS Primary Care
84	Further develop targeted partnerships to address health inequalities: e.g. Homelessness, Traveller Accommodation, Direct Provision & Refugees	ETB / Local Authorities / Statutory / Community & Voluntary Sector / Healthy Cities and Counties / LGBT Interagency Group / Traveller Health Unit / Traveller Interagency Group / Traveller Accommodation Groups / Cork Food Policy Council / Local Drugs Task force / Joint Policing Committees / Islands interagency group / Community Work Health Hubs / Grow Lifelong Learning in Cork	Q1 2018 - Q4 2022	No. of initiatives established	HoS H&WB	HoS H&WB
85	Develop new partnerships and support existing partnerships in delivering inclusive cultural programs for service users	West Cork Arts For Health / Arts & Minds / Music Alive / SMS Coordinator / Local Authority / Art Institutions / LCDCs	Q1 2018 - Q4 2022	2 Initiatives per care group	COMPASS Implementation Group	All Heads of Service, QPS Mgr, Communications Mgr





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86	Develop new partnerships and support existing partnerships in developing and implementing new models of service delivery (Wild Atlantic Way / Beat the Street initiative) R.D.	ETB / Local Authorities / Statutory / Community & Voluntary Sector	Q1 2018 – Q4 2022	2 new partnerships / year	HoS H &WB	HoS H &WB
87	Develop new partnership with the Central Statistics Office to progress H&WB census questions in collaboration with the Assistant National Director Research and Knowledge Mgmt Commitment to support the HSE Research and Development function by co-operating in the gathering and dissemination of research related information	Public Health Dept / Assistant National Director Research and Knowledge Mgmt	Q2 2018 – Q4 2022	H&WB Questions in next census	COMPASS Implementation Group	HoS H&WB





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Environment

Compass reflects a change to ways of working, this approach will also extend to the environment by reducing carbon footprint through a range of measures in prevention and public health proposing new models of practice with greater integration across the system to benefit health and wellbeing at a population level.

- The actions below initiate a more proactive approach to the impact of our health service on the environment.

OBJECTIVE

To operate in a manner consistent with maintaining a healthy environment.

ACTION PLAN

No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable Person
88	Develop & implement a policy to phase out the utilisation of polystyrene in catering and packaging as leachate is a health risk	Health Business Services, CKCHMT, Environmental Service Manager	Q1 2018 - Q4 2022	100% compliance	COMPASS Implementation Group	HoS H&WB





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No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable Person
89	Establish a working group to progress changes with respect to our carbon footprint	Health Business Services/ CKCHMT/ Environmental Service Manager/Local Authorities/Transport providers/Energy Providers	Q1 2018 - Q4 2022	Establish a baseline & 20% improvement over 4 years	COMPASS Implementation Group	HoS H&WB
90	Further develop smart travel interconnected bike scheme/locating public transport services adjacent to primary care services	Health Business Services/ CKCHMT/ Environmental Service Manager/Local Authorities/Transport providers/Energy Providers	Q1 2018 - Q4 2022	Establish a baseline & 20% improvement over 4 years	COMPASS Implementation Group	HoS H&WB
91	Further develop Smart Energy Use	Health Business Services/ CKCHMT/ Environmental Service Manager/Local Authorities/Transport providers/Energy Providers	Q1 2018 - Q4 2022	Establish a baseline & 20% improvement over 4 years	COMPASS Implementation Group	HoS H&WB
92	Review and develop Capital Plans in line with International Health and Wellbeing best practices	CKCHMT / Estates / Primary Care / Capital Meetings	Q2 2018 - Q4 2022	Capital Plans reflect best international H&WB practices	HoS H&WB, Estates	All Heads of Service





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94	Develop formal links with all stakeholders / agencies / local sports partnerships for the promotion of community based physical activity to include people with disabilities	Local Sports Partnerships / Leadership Groups HP&I / Local Authorities / Disability Teams / Carers Association / Schools	Q1 2018 – Q4 2022	Report through SLAs Complete Impact Health Assessments	General Manager Disability	HoS Social Care
95	Scope and develop two sites (one in Cork, one in Kerry) using a holistic approach to ensure people living in the community have a tailored preventative package to ensure that individuals predisposed to certain conditions have a greater awareness of risks and health promoting behaviours R.D.	All HSE Care Groups / Leadership Groups HP&I / Local Authorities / Disability Teams / Carers Association / Schools	Q1 2019 – Q2 2020	No. of individuals who have access to packages	General Manager Disability	HoS Social Care
96	Develop and provide suicide prevention programmes in disability settings (SafeTALK, ASSIST and Stress control workshops specifically for disability)	Suicide prevention office / psychology services / Disability Teams	Q1 2018 – Q4 2020	No. of service users attending	General Manager Disability	HoS Social Care
97	Develop capacity in supporting self-management of chronic diseases among people with disabilities	SMS Coordinator/ Disability Teams	Q1 2018 – Q4 2022	No. of people attending	General Manager Disability	HoS Social Care



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No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable Person
99	Map the current sexual health services / initiatives in Cork Kerry Community Healthcare. Implement process to ensure all area leads are aware of the available free sexual health resources and training opportunities (e.g. condom distribution service, Health promotion material, HSE & HSE funded training and encourage uptake)	HP&I staff / Community Work / Other HSE Depts and NGOs	Q2 2018 – Q4 2018	Directory of existing services / initiatives / resources	HP&I	HoS H&WB
100	Promote safe sex through advice and information treatment and referral services for staff and service users	HP&I / Psychology Dept / Public Health / ETB	Q1 2018 - 2020	% increase improved health outcomes	HP&I Lead for Sexual Health	HoS H&WB
101	Work with 3rd level sector to promote sexual health through education and preventative strategies and initiatives that are linked in with national initiatives e.g. IT Tralee Consent Project	HP&I , Psychology Dept/ Public Health /UCC, CIT	Q3 2018 - Q4 2020	% decrease annually in no. of STIs in student population	HP&I Personnel / Public health	HoS H&WB
102	Support young people to make informed decisions in relation to their sexual health by providing high quality, specialist, needs-led, non-judgemental, youth friendly sexual health services.	HP&I / COMPASS Implementation Group / ETB / Communications / Community Work	Q1 2018 - Q4 2020	% decrease annually in no. of STIs	HP&I Lead for Sexual Health	HoS H&WB



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103	Implement a strategic approach to training healthcare professionals in consultation with local service providers and the National Programme following the publication of a sexual health training strategy	HP&I / Community & Voluntary Sector / Community Work Dept / Communications/ ETB	Q1 2019 – Q4 2022	% decrease annually in no. of STIs / % decrease in crisis pregnancies	HP&I Lead for Sexual Health	HoS H&WB
104	Provide outreach programmes for at-risks groups, e.g. gay community, asylum seekers, prisoners, plus many others, in the form of education, support, advice and free condoms, etc.	HP&I / Community, Voluntary Sector/ Community Work Dept / Communications	Q1 2018 – Q4 2020	% decrease annually in no. of STIs / % decrease in crisis pregnancies	HP&I Lead for Sexual Health	HoS H&WB
105	Facilitate staff to attend sexual health related training as appropriate, e.g. Foundation Programme in Health Promotion, LGBTI Awareness, Transgender Health	HP&I / Community Work / Other HSE Depts and NGOs	Q1 2018 – Q4 2022	Pre, post and 6 month online evaluations currently being externally evaluated by Ignite Research	HP&I	HoS H&WB
106	Continue to promote HSE Sexual Health Campaigns such as 'Johnny's got you covered', 'Man2Man', 'Positive Options', 'Abortion Aftercare' and HSE websites www.sexualwellbeing.ie , www.Man2Man.ie and www.b4uDecide.ie	HP&I / Community Work / Other HSE Depts and NGOs	Q2 2018 – Q4 2020	Increased campaign activity	HP&I	HoS H&WB
	Establish a pilot text alert service for GUM users R.D.	See action under e-Health				





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108	Promote the BreastCheck Programme to all eligible women including female staff in collaboration with the National Screening Service	Local Cancer Screening Co-ordinator / HP&I / HCW via Prevention / Care Plan	Q1 2018 - Q4 2022	% improved	National Screening Service / Health & Wellbeing	All Heads of Service
109	Promote and increase Cervical Check % uptake to all women 25-60 years including staff	Local Cancer Screening Co-ordinator / HP&I / HCW via Prevention/ Care Plan	Q1 2018 - Q4 2022	% improved	National Screening Service / Health & Wellbeing	All Heads of Service
110	Increase Diabetic Retina Screen % uptake. Promote diabetic retina screening to all diabetics over 12 years.	Local Cancer Screening Co-ordinator / HP&I / HCW via Prevention / Care Plan	Q1 2018 - Q4 2022	% improved	National Screening Service / Health & Wellbeing	All Heads of Service
111	Promote, deliver, evaluate and modify our approach to increase % uptake for human papillomavirus (HPV immunisation) – target set at 85%	Community Medical Nursing & Admin Services / PHNs / Public Health	Q1 2018 - Q4 2022	% improved	Immunisation Steering Group	HoS Primary Care





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112	Increase % uptake for childhood immunisation – target already set at 95% by supporting the primary childhood immunisations in general practice e.g. local information campaigns in schools / parent programmes / practice nurses in GP practices	Community Medical Nursing Services and admin / Public Health Nursing / School Immunisation staff / Dept of Public Health	Q1 2018 – Q4 2022	% improved	Immunisation Steering Group	HoS Primary Care
113	Target an annual increase of 10% on uptake rates among HCW of flu vaccine to achieve national target of 65% e.g. peer vaccinators / flu champions / local campaign	Peer vaccinators / Flu Champions / Senior Frontline Managers / Communications	Q1 2018 – Q4 2022	Annual audit	Cork Kerry Influenza Committee	All Heads of Service
114	Develop and implement an annual flu plan systematised across care areas	Cork Kerry Influenza Committee	Q3 2019	Plan approved by Q2 each year	Influenza Lead	HoS H&WB
115	Recruit influenza lead for Cork Kerry R.D.	Cork Kerry Influenza Committee	Q2 2019	Flu lead in place	HoS H&WB	HoS H&WB
116	Target an annual increase of 5% uptake on implementation of standard precautions (HCAI/AMR) in all settings. R.D. e.g. Implement handwashing train the trainer programme / audit process across all care groups	Infection Control Nurses	Q1 2018 – Q4 2022	Annual audit	HCAI/AMR Committee	All Heads of Service





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117	Develop initiatives to support the community in early detection and prevention efforts through national and local events initiatives to support the community in early detection and prevention efforts	Community & Voluntary Sector / Healthy Cities / Healthy Counties / Community Work Dept / Local Authority	Q1 2018 – Q4 2022	Increased cancer prevention capacity in local communities. Increased screening interventions locally	National Screening Service / Health & Wellbeing	HoS H&WB, HoS Primary Care
118	Develop support mechanisms for Making Every Contact Count to include screening information through an expansion of the minimum dataset	National Screening programme	Q2 2019 – Q4 2022	Expansion of minimum data set	COMPASS Implementation Group	All HoS

In the Bowel Screen programme
OVER 71%
 of all cancers were detected early meaning they were easier to treat

90.8%
 of smear tests were found to be negative, or normal



Healthy Ireland

Thematic Action Areas



13 Tobacco Free Ireland

Tobacco Free Ireland was endorsed by Government and published in 2013. It builds on existing tobacco control policies and legislation already in place in this country, and sets a target for Ireland to be tobacco free (i.e. with a smoking prevalence rate of less than 5%) by 2025. Cork Kerry Community Healthcare is committed to providing smoke free environments for all staff and service users.

OBJECTIVE

To reduce smoking and prevent new smokers, and create smoke free environments.



ACTION PLAN

No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable Person
119	Deliver Smoking Cessation Training as per the annual KPI targets Primary Care /Social Care / Mental Health	Addressed through MECC training % in each care group	Annual targets	No. of people trained	Tobacco Lead in each network. Action Network Group	HoS Primary Care, Social Care & Mental Health



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120	All healthcare facilities (mental health, disability, older persons services and primary care) will implement the Global Network for Tobacco Free Healthcare Services Quality Standards	Cross Divisional Tobacco network subgroup audit network	Annual Audit	No. of facilities awarded quality standard	Tobacco Lead in each network. Action Network Group	HoS Primary Care, Social Care & Mental Health
121	All healthcare facilities (mental health, disability, older persons services and primary care) will complete online self-audit for the Global Network for Tobacco Free Healthcare Services Quality Standards	Cross Divisional Tobacco network subgroup audit network	Annual Audit	No. of self audits completed	Tobacco Lead in each network. Action Network Group	HoS Primary Care, Social Care & Mental Health
122	Develop a quality improvement plan for Tobacco Free Campus policy implementation annually at all healthcare facilities	Cross Divisional Tobacco network subgroup audit network	Annual Audit	Plan developed and implemented annually	Tobacco Lead in each network. Action Network Group	HoS Primary Care, Social Care & Mental Health
123	Cork Kerry Community Healthcare will engage in a coordinated process whereby Tobacco Free Campus implementation monitoring data is supplied to the Tobacco Free Ireland Programme Office	Cross Divisional Tobacco network	Quarterly	% of sites where TFC Policy is implemented	Tobacco Lead in each network. Action Network Group	HoS H&WB, Primary Care, Social Care & Mental Health





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124	Cork Kerry Community Healthcare will establish cessation services to treat at least 5% of the local smoking population. Each service should be targeted towards those most in need (pregnant smokers and smokers with mental ill health, where the deprivation index is high/high prevalence of chronic disease) R.D.	HP&I / Planning & Performance / TFI	Q1 2018- Q4 2022	No. of smokers receiving intensive cessation supports	Tobacco Lead in each network	HoS H&WB, Primary Care, Social Care & Mental Health
125	Ensure compliance with HSE Protection from Second-hand Smoke in Domestic Settings Policy in each care group e.g. review of risk assessments / complaints from HCW regarding exposure to second hand smoke	Care group policy oversight committee to ensure compliance, Feedback Service Mgr	Implemented Q4 2018 & annually reviewed thereafter	Risk Assessment / Complaints Register	Tobacco Lead in each network. Action Network Group	HoS Primary Care, Social Care & Mental Health QPS Mgr
126	Provide Tobacco Free Ireland information to external agencies to achieve tobacco free environments (parks / recreational amenities / college campuses)	Managers of interface projects	Q4 2018 Review of existing Projects complete & on-going thereafter	No. of areas tobacco free	Tobacco Lead / COMPASS Implementation Group	HoS H&WB
127	A number of services in Cork Kerry Community Healthcare (target to be defined) will participate in an audit process to validate their tobacco free campus self-audit	Network Tabbacco Leads	Q4 2018	Quarterly audits completed & validated by relevant HI Action Network Subgroups	HI Action Network Groups	HoS Primary Care, HoS Social Care and HoS Mental Health Services





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128	Implement National HSE Protection from Second-hand Smoke in Domestic Settings Policy at Cork Kerry Community Healthcare Level	CKCHMT / Service Managers	Q3 2018	Staff health impact assessment completed	Report to the CKCHMT	HoS Health & Wellbeing
129	Cork Kerry Community Healthcare will support the implementation of the National Behavioural Support Patient Management System (e-referral to quit services)	HP&I & Service Managers	To Be Confirmed - Subject to progression at national level	Implementation of e-referral system across Cork Kerry Community Healthcare	Tobacco Lead, HP&I – Smoking Cessation Officers	HoS Health & Wellbeing
130	Cork-Kerry Community Healthcare will engage with the Tobacco Free Ireland Programme to assist in working with the National Clinical Effectiveness Committee of the DoH to develop and subsequently implement clinical guidelines for the identification, diagnosis and treatment of tobacco dependence	COMPASS Implementation Group / Health Intelligence Unit / Health Business Services	Q1 2018 – Q4 2019	Evidence of engagement	Tobacco Free Ireland Programme, Public Health Tobacco Clinical Advisor	HoS Health & Wellbeing HoS Primary Care, Social Care and Mental Health Services, Head of Finance
131	SLA Compliance with Tobacco Free Ireland (Tobacco Free Campus Policy implementation, referral to intensive smoking cessation services)	Care Group Senior Mgmt with SLA Oversight	From Q2 2018 TFI compliance contained within new SLAs	No of SLAs with TFI compliance annually	SLA Compliance Services Managers	HoS Health & Wellbeing



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14 Healthy Eating and Active Living

Overweight and obesity are significant risk factors for many chronic noncommunicable diseases. Physical inactivity is also one of the leading risk factors for poor health. Cork Kerry Community Healthcare will work to empower individuals, families and communities to make healthier choices in what they eat and how they build physical activity into normal daily life.

OBJECTIVE

To reduce prevalence of Chronic Disease – Diabetes, Obesity, COPD, CVD.



40%
of the population want to be more physically active



ACTION PLAN

No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable Person
133	Display health information e.g. incrementally increase LCD screens displaying approved messages on healthy eating and active living	Site Managers / Line Managers	Q1 2018 – Q4 2022	No. of LCD screens displaying material	Site Managers / Line Managers	All Heads of Service



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134	Support GPs in the implementation of the diabetes programme for adults with General Medical Services card.	Clinical Programme staff	Q1 2018 - Q4 2022	No. of individuals participating in a structured programme	GPs / Dietitians / Social Prescribers	HoS Primary Care
135	Support GPs in the implementation of wellness checks	GP / PHNs / Social Prescribers	Q1 2018 - Q4 2022	No. of BMI & / or identified as high risk	GP / PHNs / Social Prescribers	HoS Primary Care
136	Deliver Community Nutrition Cooking Programmes R.D.	Dietitians and community tutors	Q1 2018 - Q4 2022	No. of programmes	Dietitians & HP&I	HoS Primary Care, Head of Finance
137	Deliver community based health promotion programmes e.g. Men on the Move	Community Groups e.g. Springboard	Q1 2018 - Q4 2022	No. of attendees	Dietitians / Community Groups / HP&I	HoS Primary Care
138	Activate the national communications and social marketing strategy e.g. START a new five-year public health campaign to start families on the path to a healthier future	COMPASS Implementation Group / Local Communications	Q1 2018 - Q4 2022	Review and audit	Healthy Ireland Communications Sub-group	HoS H&WB
139	Ensure delivery of culturally appropriate Traveller healthy lifestyles education and health promotion programmes is integrated into local Traveller Health Plans including 'Small Changes Big Difference'	Service Managers / Community Work Dept	Q1 2018 - Q4 2022	Complete survey	Community Work Dept / Service Manager Social Inclusion	HoS Primary Care





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140	Ensure calorie posting in place in Cork Kerry Community Healthcare catered canteens and kitchens R.D.	Catering Managers / Site Managers / Dietitians / HP&I / COMPASS Implementation Group	Q4 2019	No. of sites which have implemented calorie posting policy	Site managers / Dietitians / HP&I	All Heads of Service, Head of Finance
141	Ensure vending machines 100% stocked with better choice healthy snacks and drinks	Catering Managers / Site Managers / Dietitians / HP&I / COMPASS Implementation Group	Q4 2019	100% healthy vending machines	Site managers / Dietitians / HP&I	All Heads of Service, Head of Finance
142	Garden – Plate initiatives e.g. Glen Community Garden supplying CUH Kitchen with fresh produce.	COMPASS Implementation group sub committee Allied Health / HAZ / LCDC	Q1 2018 - Q4 2022	Healthy Food Festivals, Healthy Food weekly baskets, Community Food projects in place	COMPASS Implementation group sub committee AHP Reps	HoS H&WB
143	Healthy Food Basket at the supermarket e.g. providing better choice alternatives in supermarkets	COMPASS Implementation group sub committee AHP / HAZ / LCDC / Healthy Cities, Town & Counties	Q3 2019 - Q4 2022	Healthy Food Festivals, Healthy Food weekly baskets, Community Food projects in place	COMPASS Implementation group sub committee AHP Reps	HoS H&WB





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145	Scope and develop the introduction of a 'hub & spoke' model for specialist D&A treatment services across Cork Kerry Community Healthcare R.D.	CKCHMT / Service Managers Social Inclusion	Q1 2018 - Q4 2022	Reflected in the Service planning annually	Service Manager Social Inclusion / Lead D&A Services	HoS Primary Care, Head of Finance
146	Increase the number of 'Strengthening Families' Programme by 10% across all the care groups R.D.	CKCHMT / Service Managers / COMPASS Implementation Group	Q4 2018 - Q4 2020	Programmes delivered	Services Manager Social Inclusion / Lead D&A Services	HoS Primary Care, Mental Health, Head of Finance
147	Scope and develop an initiative to ensure that the commitment to an integrated approach to D&A prevention and awareness is delivered across Cork Kerry Community Healthcare	CKCHMT / Service Managers / COMPASS Implementation Group	Q1 2018 - Q4 2022	Review and audit	Service Manager Social Inclusion / Lead D&A Services	All Heads
148	Develop and promote community approaches to reducing D&A usage (H&WB Community Referral Initiatives) {utilising the learning from the 3 pilot sites of Listowel, Yougal, North West}	Range of non-statutory strategic partners / Prison Services / LCDCs / GPs / Suicide Prevention Officers / Healthy Counties / Cities / Probation Services / SMS Co-ordinator	Q1 2018 - Q4 2022	Annual Review from pilot sites / annual service planning	Service Manager Social Inclusion / Lead D&A Services	All Heads





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149	Ensure knowledge of and implementation of the HSE Policy on Public Health Information Initiatives related to alcohol is disseminated at all staff meetings, see link: http://www.hse.ie/eng/services/publications/topics/alcohol/HSE-Alcohol-Partnership-Policy.pdf	Service / Line Managers	Q1 2018 - Q4 2022	Joint working groups established with Hospital Groups, etc	Service Manager Social Inclusion / Lead D&A Services / Nominee from Hospital Group	All Heads of Service
150	As part of engagement with women intending to become pregnant or who are pregnant staff will work with key personnel in Primary Care and Hospital Groups to deliver the key message regarding the avoidance of alcohol during pregnancy at each contact through the provision of the askaboutalcohol Alcohol & Pregnancy leaflet. Advice for partners on supporting an alcohol free pregnancy will also be offered.	Service Manager Social Inclusion / CKCHMT / COMPASS Implementation Group	Q1 2018 - Q4 2022	In conjunction with CUMH & UHK review foetal alcohol syndrome rates	Service Manager Social Inclusion / Lead D&A Services	All Heads of Service
151	As part of care for those with chronic illness, screening of their alcohol and/or drug use utilising the AUDIT, DUDIT or DSM V tool will be used	Service Manager Social Inclusion / CKCHMT / COMPASS Implementation Group	Q1 2018 - Q4 2022	Increased screening	Service Manager Social Inclusion / Lead D&A Services	All Heads of Service





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152	Support National Alcohol Programme to provide a ½ day training on Alcohol Policy in Cork Kerry Community Healthcare.	Service Manager Social Inclusion / CKCHMT / COMPASS Implementation Group	Q1 2018 - Q4 2022	Increased screening	Service Manager Social Inclusion / Lead D&A Services	All Heads of Service
153	Promote and disseminate the following in second level schools: - HSE SPHE Senior Cycle Resource on Alcohol & Drugs to Post Primary Schools - HSE Junior Cycle Health and Wellbeing Resource on Alcohol & Drugs. - Promote and disseminate the HSE Parent's Guide on Teenagers, Alcohol & Drugs	Service Manager Social Inclusion / CKCHMT / COMPASS Implementation Group / HP&I	Q1 2018 - Q4 2022	Increased awareness	Service Manager Social Inclusion / Lead D&A Services	HoS H&WB
154	Display askaboutalcohol.ie communications campaign materials and resources in all HSE settings to reinforce positive health messages in relation to alcohol available through Healthpromotion.ie/alcohol and HealthPromotion.ie/drugs	Service Manager Social Inclusion / CKCHMT / COMPASS Implementation Group / HP&I / Area Administrators	Q1 2018 - Q4 2022	Increased use of noticeboards / screens	Service Manager Social Inclusion / Lead D&A Services	All Heads of Service





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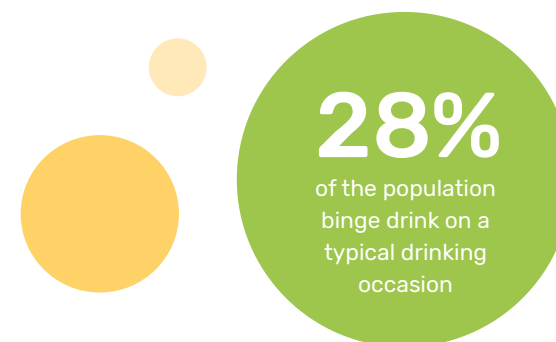
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155	Promote awareness and understanding both to the public and to health care professionals of the specific HSE referral care pathways for alcohol and drug use based on the HSE Four Tier model of service delivery.	Service Manager Social Inclusion / CKCHMT / COMPASS Implementation Group / HP&I / Community Work Dept	Q1 2018 - Q4 2022	Increased awareness	Service Manager Social Inclusion / Lead D&A Services	All Heads of Service
156	In collaboration with Social Inclusion, provide tailored prevention activity and interventions to effectively address the needs of those who face a higher risk of alcohol & drug use because of their lifestyle or because they belong to a specific group or community of interest.	Service Manager Social Inclusion / CKCHMT / COMPASS Implementation Group / HP&I / Community Work Dept	Q1 2018 - Q4 2022	Increased awareness	Service Manager Social Inclusion / Lead D&A Services	All Heads of Service





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158	Lead for Healthy Childhood to input into the implementation of the National Healthy Childhood Programme, including the Nurture Programme	The National Healthy Childhood and Nurture Programme will be making an updated child health training programme available along with the required assessment tools and information resources.	Q4 2017 – Q4 2022	No. of training programmes available and no. of staff who have completed them	HOS Primary Care / HOS H&WB / DPHNs	HoS Primary Care
159	Enable staff to undertake training by providing access to required ICT resources. Train staff in relevant modules R.D.	Service / Line Managers	Q1 2018 – Q4 2022	Annual increase in the no. of staff trained	Service / Line Managers	HoS Primary Care
160	Work with key personnel in Primary Care and Hospital Groups to identify pathways to additional services as required e.g. specialist diabetic services, Young Knocknaheeny perinatal initiative	SMS Co-ordinator, Clinical Projects Facilitator, Service Managers	Q3 2018 – Q4 2022	Clear pathways identified and implemented / reviewed annually	SMS Co-ordinator, Clinical Projects Facilitator	HoS Primary Care, HOS H&WB





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161	Implement the Framework for the National Healthy Childhood Programme, e.g. Nurture – Infant Health & Wellbeing Programme	Service / Line Managers / HP&I. The National Healthy Childhood and Nurture Programme will be making an updated child health training programme available along with the required assessment tools and information resources.	Q1 2018 – Q4 2022	No. of training programmes available and number of staff who have completed them	Service / Line Managers / DPHN's	HoS Primary Care, HoS Mental Health
162	Train staff in Brief Intervention training as proposed by national programme for Making Every Contact Count. Staff will deliver key messages regarding smoking that will support pregnant women, mothers and their partners to quit, at each contact R.D.	Service / Line Managers focus on MHS initially	Q1 2018 – Q4 2022	No. of staff trained in first year. Annual increase in the no. of staff trained.	Service / Line Managers	HoS Primary Care
163	Train staff to complete Brief Intervention training as proposed by the national programme for Making Every Contact Count. Staff to deliver key messages regarding alcohol and pregnancy at each contact R.D.	Service / Line Managers	Q1 2018 – Q4 2022	Annual increase in the no. of staff trained	Service / Line Managers	HoS Primary Care





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164	Train relevant staff to keep up to date by completing the online Nutrition training e-learning module. Staff will deliver key messages to promote good maternal nutrition at each contact R.D.	Service / Line Managers / Dietitians	Q1 2018 - Q4 2022	No. of training programmes available and number of staff who have completed them by HCP category	Service / Line Managers	HoS Primary Care, Head of Finance
165	Train staff in Brief Intervention training as proposed by the national programme for Making Every Contact Count. Staff will deliver key messages to promote smoking cessation among parents and young people at each contact R.D.	Service / Line Managers	Q1 2018 - Q4 2022	No. of staff trained	Service / Line Managers / HP&I Cessation Officers	HoS Primary Care, Head of Finance
166	Support all 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 Dept. of Education and Skills	HP&I / Dept. of Health / Dept. of Education and Skills / ETB	Q3 2018 - Q4 2022	No. of schools participating in the process No. of primary and postprimary schools supported to develop health and wellbeing action plans No. of teachers attending training	HP&I	HoS H&WB





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No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable Person
167	Support the provision of population and evidence-based parenting programmes e.g. - Staff to provide appropriate information on parenting at each child health contact. - Ensure staff are aware of the local and regional availability of parenting supports i.e. parent & toddler groups, etc - Provide additional support for those parents/families identified with greater need.	National Healthy Childhood and Nurture Programme will be making an updated child health training programme assessment tools and information resources available / Community Work / Tusla / Psychology services / PHNs	Q2 2019 – Q4 2022	Expansion of existing service	COMPASS Implementation Group	HoS Mental Health HoS Primary Care
168	Train staff on infant mental health training programme	National Healthy Childhood and Nurture Programme will be making an updated child health training programme assessment tools and information resources available / PHNs	Q2 2019 – Q4 2022	Expansion of existing service	COMPASS Implementation Group	HoS Mental Health HoS Primary Care
169	Support the delivery of the HSE Breastfeeding Action Plan (2016-2021)	Service/ Line Managers	Q2 2018 – Q4 2018	Breastfeeding Action Plan implemented	Service/ Line Managers	All Heads of Service





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170	Implement the updated Breastfeeding Policies for Primary Care Teams and Community Health Care Setting	Service/ Line Managers / DPHN / OT / Community Nurses	Q2 2018 – Q4 2018	Updated policies available to all Primary Care Teams	Service/ Line Managers	HoS Primary Care
171	Strive to achieve the breastfeeding KPI targets, including sharing relevant data with teams	Service/ Line Managers / DPHN / OT / Community Nurses	Q1 2018 – Q4 2021 (current HSE Breastfeeding Action Plan is 2016-2021)	Existing metric (KPI) % mothers breastfeeding (exclusive and non-exclusive) at PHN 72 hour contact % mothers breastfeeding (exclusive and non-exclusive) at PHN 3 month contact	Service/ Line Managers / DPHNs	HoS Primary Care
172	Train staff on relevant breastfeeding training	Service/ Line Managers / DPHN / OT / Community Nurses	Q2 2018 – Q4 2021	No. of staff who have completed the HSE breastfeeding eLearning modules	Service/ Line Managers	HoS Primary Care
173	Implement START campaign in Cork and Kerry to support parents to build and sustain healthier lifestyle habits	HP&I	Q1 2018 – Q4 2022	Improved activity levels and reduced childhood obesity 6mths – 12yrs	COMPASS Implementation Group	HoS Primary Care



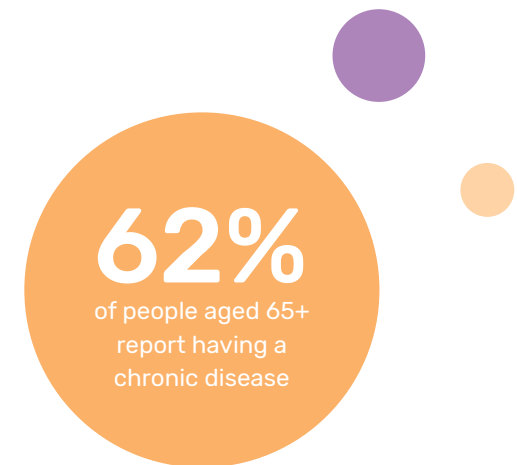
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17 Positive Ageing

With an ageing population in Cork and Kerry, Cork Kerry Community Healthcare will focus on keeping older persons well at home for longer. A wide range of preventative initiatives will be co-produced in collaboration with family and the community & voluntary sector, thus ensuring equality, independence, participation, care, selffulfilment and dignity of older people are pursued at all times.

OBJECTIVE

Progress towards making Cork and Kerry a great place in which to grow old.



ACTION PLAN

No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable Person
174	Offer support and guidance to Positive Ageing Forums / Age Friendly Alliance (Cork)	Community Work Dept / Disability Managers / Community & Voluntary Sector / Older Persons Rep / HOS SC	Q4 2019	Terms of Reference agreed Board established Age Friendly Alliance (Kerry) board established	Service Manager Older Persons	HoS Social Care



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175	Train staff in relevant Dementia Awareness training programmes (PREPARED for Primary Care staff & Fetac Level 5 for Home Help staff) R.D.	Service / Line Managers / Service Manager Social Care	Q1 2018 - Q4 2022	% of staff trained annually	Service Manager Older Persons	HoS Social Care, Head of Finance on new line
176	Display and disseminate Dementia: Understand Together campaign resources across all services	Community Work Dept / Voluntary, Community Services / Older Person Rep / HOS SC Community Hospital DONs	Q4 2018 - Q4 2019	Increased awareness No. of resources distributed	Service Manager for Older Persons	All Heads of Service
177	Support Dementia: Understand Together Community Activation roll-out across communities to reduce stigma and isolation for people with dementia and their families	Community Work Dept / Voluntary, Community Services / Older Person Rep / HOS SC Community Hospital DONs	Q1 2018 - Q4 2022	No. of communities engaged	Service Manager for Older Persons	All Heads of Service
178	All new builds and proposed modifications to existing buildings to incorporate dementia-supportive design principles Ensure all new and redeveloped facilities incorporate dementia supportive design principles build	Community Work Dept / Voluntary, Community Services / Older Person Rep / HOS SC Community Hospital DONs / Estates	Q1 2018 - Q4 2022	No. of all new builds compliant	Service Manager for Older Persons / Estates	All Heads of Service





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179	Provide opportunities within day care services for clients to engage in physical activities appropriate to their fitness levels	Community Work Dept / Disability Managers / Voluntary, Community Services / Older Person Rep / HOS SC Community Hospital DONs / Physiotherapy / HP&I	Q1 2018 - Q4 2022	No. of physical Activity Programmes in place	Service Manager for Older Persons	HoS Social Care HoS Mental Health
180	Increase uptake of Flu vaccine amongst over 65s residing in LTCFs	Community Work Dept / Disability Managers / Voluntary, Community Services / Older Person Rep / HOS SC Community Hospital DONs	Q1 2018 - Q4 2022	% uptake in over 65 population residing in LTCFs	Service Manager for Older Persons	HoS SC HoS MHS
181	Enhance the accessibility of education and training courses for carers	Community Work Dept / Disability Managers/ Voluntary, Community Services/ Older Person Rep / HOS SC Community Hospital DONs / Home Help Coordinators / PHNs / Carers / ETB	Q1 2018 - Q4 2022	No. of carers trained	Service Manager for Older Persons	All Heads of Service





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182	Increase availability of assistive technology libraries	Community Work Dept / Disability Managers/ Voluntary, Community Services/ Older Person Rep / HOS SC Community Hospital DONs / OT / CIT / UCC	Q1 2018 - Q4 2022	No. of assistive technologies	Service Manager for Older Persons	All Heads of Service
183	Implement integrated care pathway for falls prevention and bone health	Physiotherapy / OT / Community Hospital DONs / PHNs	Q1 2019 - Q4 2022	No. of service users referred to falls prevention and bone health services	Service Manager for Older Persons	All Heads of Service
184	Support the action plans in Age Friendly strategies	Community Work Dept / Disability Managers / Community & Voluntary Sector / Older Person Rep / Local Authorities	Q1 2018 - Q4 2022	Annual Local Report	Service Manager for Older Persons	All Heads
185	Implement the Malnutrition Universal Screening Tool (MUST) in all Long Term Care facilities (LTCFs) in Cork and Kerry	DONs Community Hospitals / ADON MHS / CNM3 Disability Services / Dietitians	Q3 2020	Review of no. of LTCFs with MUST in place to validate compliance	Service Managers for Older Persons / MHS	HoS Social Care, HoS Mental Health





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186	Increase the % of the population aged over 65 yrs supported to live independently utilising new support frameworks, see health and wellbeing community referral above e.g. Nutrition Supports Toolkit, Falls Prevention classes in the community	Community Work Dept / Disability Managers / Community & Voluntary Sector / Older Person Rep / HoS SC/ Local Sports Partnership	Q1 2018 - Q4 2022	No of people aged over 65 yrs living independently at home	Service Managers for Older Persons	All Heads of Service
187	Identify and document intersectoral partnerships necessary to increase community managed sheltered care for older persons and support establishment of a pilot community working group	Interagency, Local Authority, HIQA, Service Manager for Older Persons, Community Work Dept, Older Person Groups Rep	Q2 2018 - Q4 2022	Report completion for 2021. Working Group established by Q4 2022	COMPASS Implementation Group	HoS H&WB, HoS Social Care
	Establish a specific carer for older persons support network, across Cork Kerry Community Healthcare in conjunction with SMS actions	See under Self-Management Support Actions				



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18 Wellbeing and Mental Health

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OBJECTIVE

Bring together local partnerships to improve mental health and enhance life chances.



52%

of the population have had some experience of people with mental health difficulties

ACTION PLAN

No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable Person
188	Support the development and implementation of the forthcoming National Mental Health Promotional Plan (and introduction of metabolic screening in all care-plans)	Service Managers / Line Managers / HP&I	To Be Confirmed – subject to progression nationally	No. of care plans with metabolic screening	Service Managers / Line Managers / HP&I	HoS Mental Health



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189	Further develop psychology services (psychology assistants) within primary care to support and empower clients and service users to manage their mental health and promote health and wellbeing	Psychology / Psychology Assistants / Primary Care / Partnership with GAA 'Cork Beats Stress'	Q3 2018	Complete annual audit	Service / Psychology Manager	HoS Mental Health, HoS Primary Care
190	To implement appropriate actions for the Connecting for Life Action Plans in Cork and Kerry. Establish Health and Wellbeing Working Group	Connecting for Life Implementation Group Cork and Kerry	Q1-2018 – Q4 2020	No. of suicides in Cork and Kerry	Suicide Prevention Officers	All Heads of Service
191	Implement initiatives to prevent post natal depression in mothers (children 0-3yrs)	Community Work Dept / Arts for Health / Connecting for Life implementation Group	Q2 2018 – Q4 2022	No. of initiatives	Service / Psychology Manager	All Heads of Service
192	Implement initiatives to promote positive mental health among older people living in the community and residential settings	Community Work Dept / Active Retirement Groups / Arts for Health / Connecting for Life implementation Group / HP&I / OT / MHS nursing staff	Q2 2018 – Q4 2022	No. of older people accessing these initiatives	Service / Psychology Manager	All Heads of Service





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193	Promote the health (mental and physical) of mental health service users in line with the recommendations from the National Working Group on Improving the Physical Health of Mental Health Service Users	Community Work Dept / Active Retirement Groups / Arts for Health / Connecting for Life implementation Group / HP&I / OT / MHS nursing staff / HI network area action groups / Psychology / MHS	Q2 2018 – Q4 2022	Increased availability of Physical Activity for older people	Service / Psychology Manager / MHS Service Manager	All Heads of Service
194	Implement initiatives to promote positive mental health among staff	Community Work Dept / Active Retirement Groups / Arts for Health / Connecting for Life implementation Group / HP&I / OT / MHS nursing staff / HI network area action groups / Psychology / HR / MHS	Q2 2018 – Q4 2022	Increased no. of initiatives	Service / Psychology Manager	All Heads of Service
195	Support the delivery of Healthy Ireland Men – the HSE National Men's Health Action Plan 2017 – 2021 from within existing resources in 2018 onwards. HP&I to deliver Engage Training and support/ upscale of Men on the Move in conjunction with funded partners	Community Work Dept / Active Retirement Groups / Arts for Health / Connecting for Life implementation Group / HP&I / OT / MHS nursing staff / Springboard	Q2 2018 – Q4 2021	No. of Engage training programmes delivered and no. of participants	Service / Psychology Manager	All Heads of Service



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Expanded Demographics



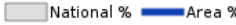


Health Atlas Finder - Area Profile



CSO Census 2016 (de facto) - Community Healthcare Organisation (CHO) - Population Total

CHO 4: Cork, Kerry

	Relative proportions	Area		Area change (since 2011)		Ireland		Ireland change (since 2011)	
		#	%	#	%	#	%	#	%
AGE GROUP									
Total		690,575	100.0	+26,041	+3.9	4,761,865	100.0	+173,613	+3.8
85+		10,224	1.5	+1,261	+14.1	67,555	1.4	+9,139	+15.6
80-84		12,766	1.8	+1,772	+16.1	81,037	1.7	+10,924	+15.6
75-79		17,947	2.6	+1,887	+11.7	115,467	2.4	+13,431	+13.2
70-74		25,221	3.7	+4,779	+23.4	162,272	3.4	+31,082	+23.7
65-69		32,719	4.7	+5,810	+21.6	211,236	4.4	+37,598	+21.7
60-64		36,384	5.3	+2,975	+8.9	238,856	5.0	+20,070	+9.2
55-59		40,723	5.9	+3,774	+10.2	270,102	5.7	+25,580	+10.5
50-54		45,106	6.5	+4,012	+9.8	299,935	6.3	+25,549	+9.3
45-49		47,773	6.9	+2,134	+4.7	326,110	6.8	+20,925	+6.9
40-44		51,373	7.4	+3,402	+7.1	357,460	7.5	+26,648	+8.1
35-39		55,170	8.0	+3,406	+6.6	389,421	8.2	+25,160	+6.9
30-34		50,123	7.3	-4,606	-8.4	361,975	7.6	-31,970	-8.1
25-29		39,557	5.7	-9,386	-19.2	297,435	6.2	-63,687	-17.6
20-24		39,215	5.7	-1,890	-4.6	273,636	5.7	-23,595	-7.9
15-19		43,952	6.4	+3,244	+8.0	302,816	6.4	+19,797	+7.0
10-14		45,062	6.5	+1,570	+3.6	319,476	6.7	+16,985	+5.6
5-9		50,598	7.3	+5,448	+12.1	355,561	7.5	+34,791	+10.8
0-4		46,662	6.8	-3,551	-7.1	331,515	7.0	-24,814	-7.0

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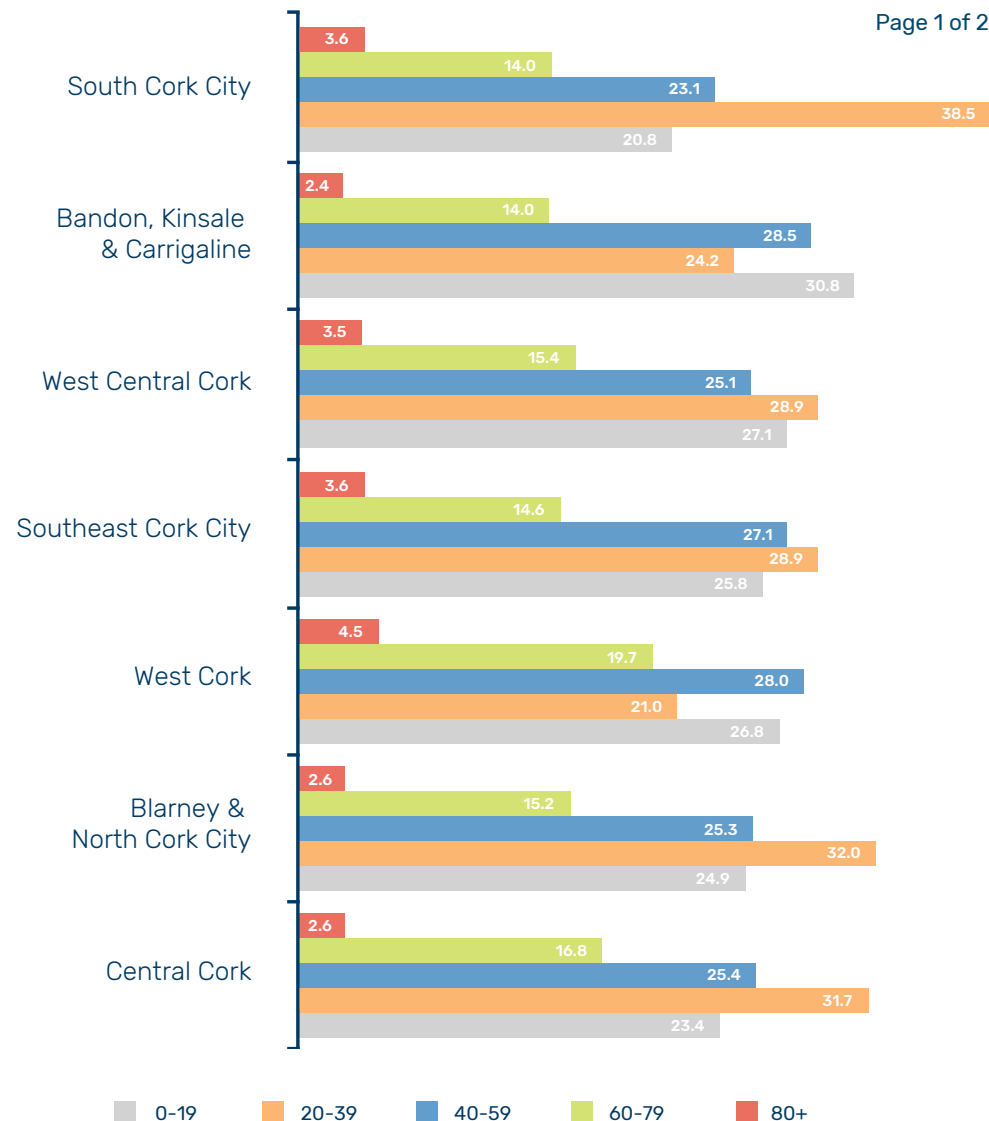
		Area		Area change (since 2011)		Ireland		Ireland change (since 2011)	
	Relative proportions	#	%	#	%	#	%	#	%
DEPRIVATION LEVEL - HP INDEX									
Extremely affluent		10,423	1.5	n/a	n/a	77,802	1.6	n/a	n/a
Very affluent		47,307	6.9	n/a	n/a	310,816	6.5	n/a	n/a
Affluent		130,968	19.0	n/a	n/a	819,257	17.2	n/a	n/a
Marginally above average		198,842	28.8	n/a	n/a	1,277,631	26.8	n/a	n/a
Marginally below average		171,386	24.8	n/a	n/a	1,203,652	25.3	n/a	n/a
Disadvantaged		90,631	13.1	n/a	n/a	712,558	15.0	n/a	n/a
Very disadvantaged		32,151	4.7	n/a	n/a	278,059	5.8	n/a	n/a
Extremely disadvantaged		8,867	1.3	n/a	n/a	82,091	1.7	n/a	n/a
HP INDEX DETERMINANTS									
Age dependency		241,199	34.9	+18,976	+8.5	1,644,119	34.5	+129,136	+8.5
Classes - professional		58,366	8.5	+7,291	+14.3	386,648	8.1	+50,028	+14.9
Classes - semi & unskilled		101,353	14.7	+2,675	+2.7	671,494	14.1	+14,031	+2.1
Education - primary or lower		52,205	7.6	-9,390	-15.2	386,498	8.1	-70,398	-15.4
Education - 3rd level		126,309	18.3	+20,303	+19.2	881,276	18.5	+141,284	+19.1
Unemployed - aged 15+		32,350	4.7	-18,096	-35.9	265,962	5.6	-124,715	-31.9
NATIONALITY									
Irish		596,218	86.3	+22,170	+3.9	4,082,513	85.7	+155,370	+4.0
UK		17,577	2.5	-1,506	-7.9	103,113	2.2	-9,146	-8.1
Polish		20,529	3.0	+561	+2.8	122,515	2.6	-70	-0.1
Lithuanian		3,611	0.5	-168	-4.4	36,552	0.8	-131	-0.4
Elsewhere in EU		19,157	2.8	+4,401	+29.8	146,738	3.1	+31,501	+27.3
Elsewhere in world		13,583	2.0	-2,306	-14.5	126,557	2.7	-31,036	-19.7
Visitors/Not stated		19,900	2.9	+2,889	+17.0	143,877	3.0	+27,125	+23.2
HEALTH INDICATORS									
Health bad/very bad		10,280	1.5	+1,191	+13.1	76,435	1.6	+6,774	+9.7
Carers		30,451	4.4	+1,145	+3.9	195,263	4.1	+8,151	+4.4
Disabled		95,346	13.8	+7,806	+8.9	643,131	13.5	+47,796	+8.0
VULNERABLE GROUPS									
Travellers		3,110	0.5	+385	+14.1	30,987	0.7	+1,492	+5.1
Vulnerable migrants		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Demographic profile of Cork Kerry Community Healthcare Networks

Population in each age group as percentage of total population in each network

There are 135,261 people aged 60 years or over across all of the Networks with higher percentages in West Cork, Northwest Cork, and North Kerry Networks. Higher percentages of children aged 0-19 years are in East Cork City, Bandon, Kinsale/Carrigaline and East Central Cork Networks.

Source: Health Atlas

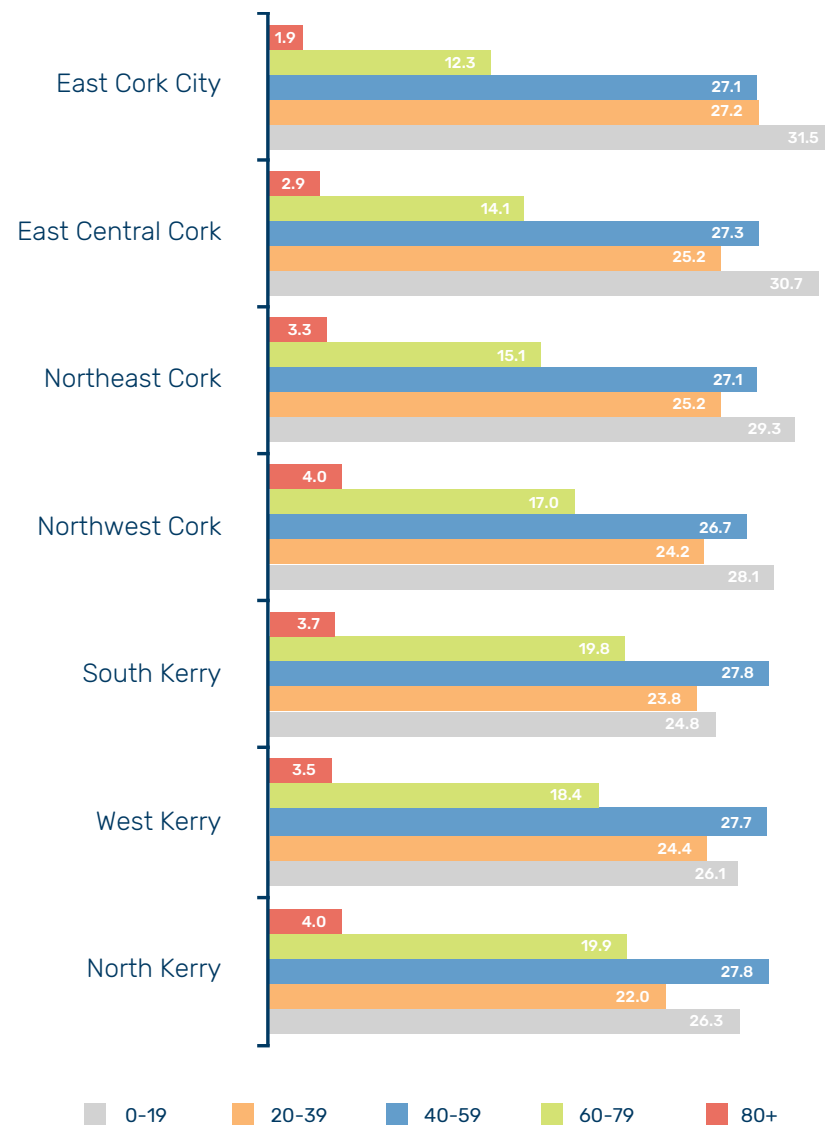




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Demographic profile of Cork Kerry Community Healthcare Networks

Population in each age group as percentage of total population in each network





Disadvantage

Community Healthcare Network

Disadvantaged Population (%
of Network and % of Cork Kerry
Community Healthcare)

Overall Blarney and North Cork City
Networks have the highest numbers
of those either disadvantaged, very
disadvantaged and extremely
disadvantaged (12.8% n=16,874) across
Cork Kerry Community Healthcare
followed by North Kerry (10.9% n=14,355)
and North West Cork (10.3% n=13,536).

Source: Health Atlas

*The Haase-Pratschke Deprivation
Index provides a method of measuring
the relative and absolute affluence
or disadvantage of a small area using
data compiled from various censuses*

Community Healthcare Network	Total Population	All Disadvantaged	% of the Network Population	% overall disadvantaged Cork Kerry Community Healthcare Population
Network 1 North Kerry	46,371	14,355	31.0	10.9
Network 2 West Kerry	43,010	10,912	25.4	8.3
Network 3 South Kerry	58,326	10,534	18.1	8.0
Network 4 North West Cork	60,382	13,536	22.4	10.3
Network 5 North East Cork	32,344	6,022	18.6	4.6
Network 6 East Central Cork	45,441	8,015	17.6	6.1
Network 7 East Cork City	44,225	6,309	14.3	4.8
Network 8 Central Cork	32,059	8,612	26.9	6.5
Network 9 Blarney & Nth Cork City	50,257	16,874	33.6	12.8
Network 10 West Cork	59,444	10,893	18.3	8.3
Network 11 Southeast Cork City	51,228	5,596	10.9	4.3
Network 12 West Central Cork	66,943	6,470	9.7	4.9
Network 13 Bandon, Kinsale & Carrigaline	58,339	5,406	9.3	4.1
Network 14 South Cork City	42,206	8,116	19.2	6.2
Cork Kerry Community Healthcare	690,575	131,650	100	100



Travellers

There are a total of 3,110 Travellers in Cork Kerry Community Healthcare representing 0.5% of the total population. The national percentage of travellers is 0.7%

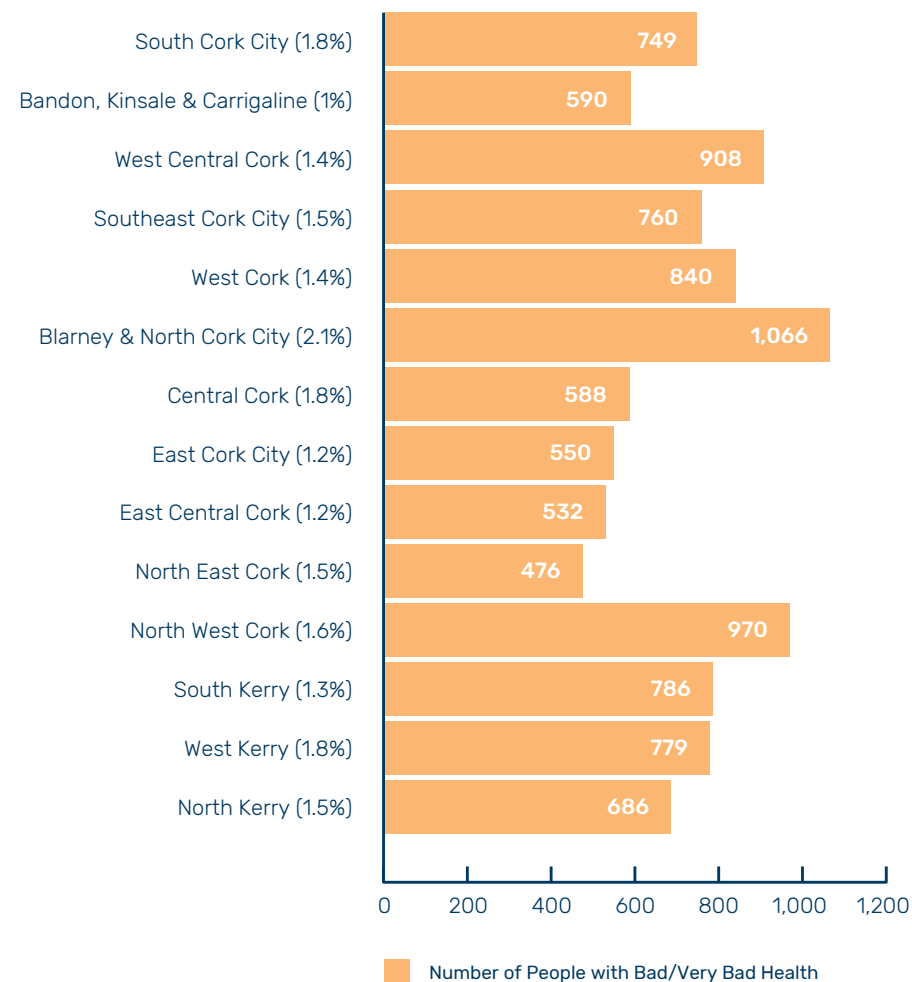
Source: Health Atlas

Community Healthcare Network	Travellers (n)	% of the Cork Kerry Community Healthcare Traveller Population
Network 1 North Kerry	213	6.8
Network 2 West Kerry	429	13.8
Network 3 South Kerry	318	10.2
Network 4 North West Cork	394	12.7
Network 5 North East Cork	156	5.0
Network 6 East Central Cork	71	2.3
Network 7 East Cork City	102	3.3
Network 8 Central Cork	317	10.2
Network 9 Blarney & Nth Cork City	457	14.7
Network 10 West Cork	132	4.2
Network 11 Southeast Cork City	185	5.9
Network 12 West Central Cork	187	6.0
Network 13 Bandon, Kinsale & Carrigaline	46	1.5
Network 14 South Cork City	103	3.3
Cork Kerry Community Healthcare	3,110	100

Self-Rated Health

Percentage and number of people who have bad or very bad self-rated health by Network

Overall in Cork Kerry Community Healthcare, 10,280 people self-rated their health as bad or very bad, a total of 1.5% in Cork and Kerry, which is below the national self-reported percentage of 1.6.



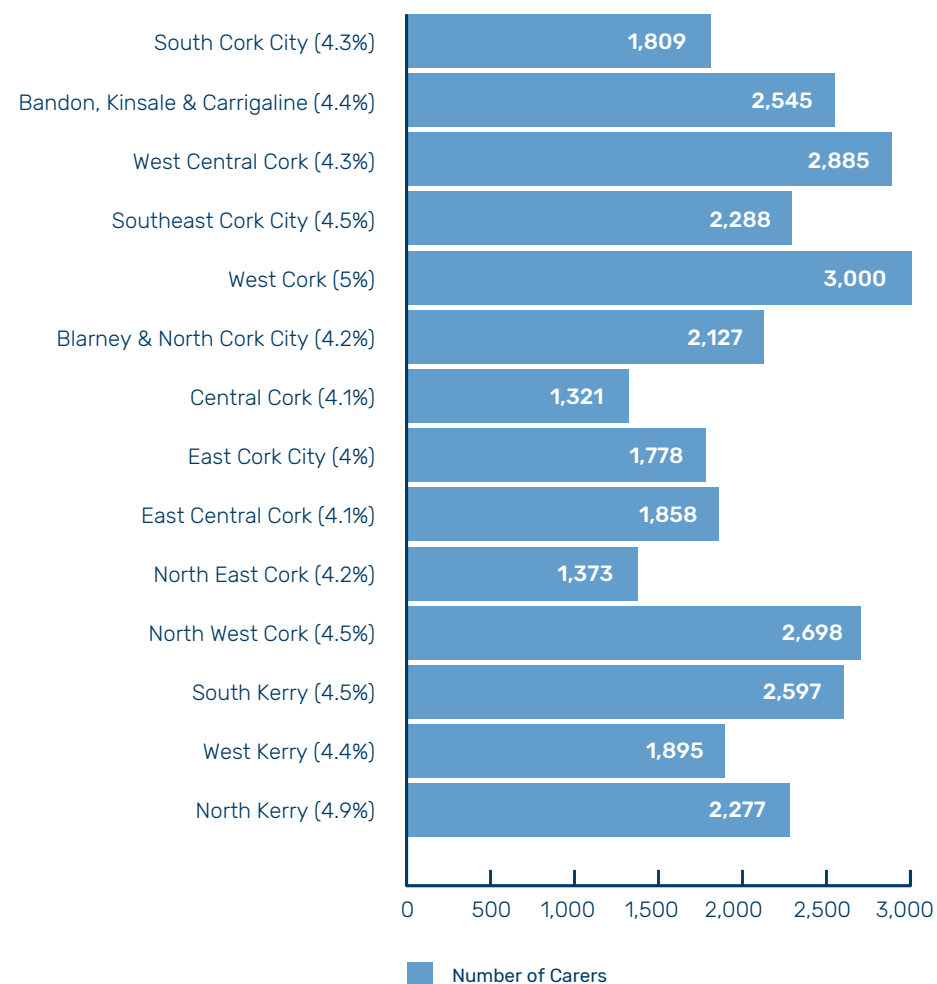


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Carers

Percentage and number of carers by Network

Across Cork Kerry Community Healthcare there are 30,451 carers (4.4% compared to 4.1% nationally). The number of carers in each Network ranges from 1,321 to 3,000.



Disability

Percentage and number of self-reported disabled in each Network

A total of 95,346 individuals self-reported a disability in Census 2016 with 24,880 unable to work due to permanent sickness or disability. In total, Cork Kerry Community Healthcare has a total self-reported disability of 13.8% compared to the national 13.5%. According to the National Intellectual Disability Database Annual Report for 2016, a total of 4,233 people with an Intellectual Disability were registered as living within Cork Kerry Community Healthcare.

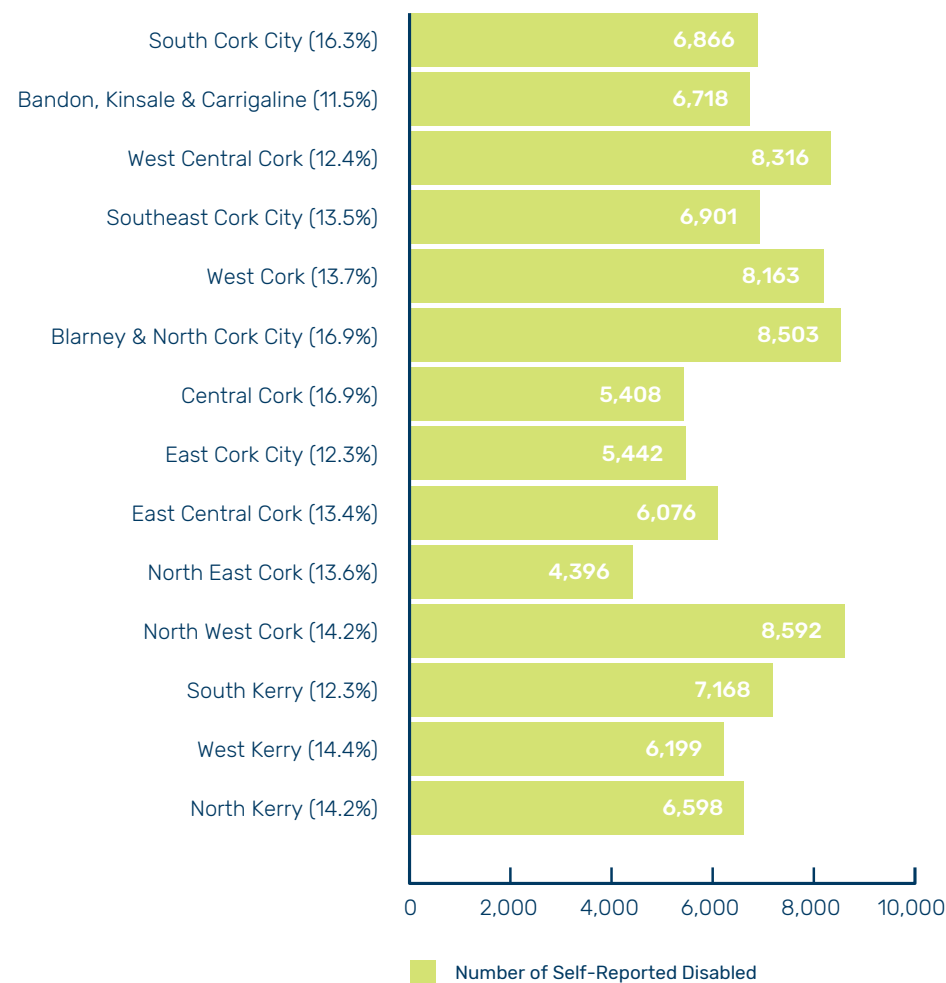




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Abbreviations

ABF	Activity Based Funding
AHP	Allied Health Professional
ASIST	Applied Suicide Intervention Skills Training
BIS	Business Information Service
CH	Community Healthcare
CKCHMT	Cork Kerry Community Healthcare Management Team
CIT	Cork Institute of Technology
COPD	Chronic Obstructive Pulmonary Disease
CUH	Cork University Hospital
CVD	Cardiovascular Disease
CWD	Community Work Department.
CYPSC	Children and Young Peoples Services Committee
D&A	Drugs and Alcohol
DoH	Department of Health
EAP	Employee Assistance Program
ETB	Education and Training Board
GM	General Manager
GP	General Practitioner
GUM	Genito Urinary Medicine
H&WB	Health and Wellbeing
HAZ	Health Action Zone
HCAI/AMR	Healthcare-associated infection and antimicrobial resistance
HCW	Health Care Worker
HCP	Health Care Professional
HI	Healthy Ireland
HoS	Head of Service
HP&I	Health Promotion and Improvement
HR	Human Resources
ICT	Information Communications Technology
KPI	Key Performance Indicator

LCDC	Local Community Development Committee
LE&TD	Learning Education & Talent Development
LTCF	Long Term Care Facility
MECC	Make Every Contact Count
MGR	Manager
MGMT	Management
MH	Mental Health
MUH	Mercy University Hospital
MUST	Malnutrition Universal Screening Tool
NGO	Non Governmental Organisation
OT	Occupational Therapy
PC	Primary Care
PCT	Primary Care Team
PHN	Public Health Nurse
QPS	Quality Patient Safety
RD	Resource Dependent
REP	Representative
S&LT	Speech & Language Therapy
SafeTALK	Suicide prevention training programme
SAOR	Brief Intervention & screening for problem alcohol & substance use
SC	Social Care
SLA	Service Level Agreement
SMS	Self-Management Support
SP	Sports Partnership
SSBHC	Standards for Safer better Health Care
TFI	Tobacco Free Ireland
TOR	Terms of Reference
UCC	University College Cork
WTE	Whole Time Equivalent

