



Cúram Sláinte  
Phobail, Iarthar

ag freastal ar Ghaillimh,  
Maigheo agus Ros Comáin

Community  
Healthcare West

serving Galway, Mayo  
and Roscommon

# Community Healthcare West Operational Plan 2020

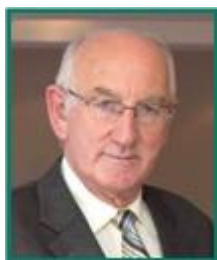
Seirbhís Sláinte  
Níos Fearr  
á Forbairt

Building a  
Better Health  
Service

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# Foreword from the Interim Chief Officer



I am pleased to present to you the Community Healthcare West Operational Plan for 2020. The Health Service Executive (HSE) National Service Plan 2020 (NSP) is an Operational Plan to give effect to the national budget allocation for 2020. Our Plan serves the same purpose, specifically for the population of our Community Healthcare Organisation (CHO) serving the three counties of Galway, Mayo and Roscommon. This Plan aims to provide clarity on the health and social care services that we intend to provide during 2020 within our allocated budget.

## **The Financial Position**

The total budget for this CHO for 2020 is €501m (Appendix 1). This compares to the final 2019 budget of €478m which included €5m once off supplementary funding. In 2020 the total projected deficit, including Section 38 Agencies, based on current run-rates is €12.7m. A range of service and non-service impacting measures have been presented to national community services totalling €4.6m, which, if agreed, will reduce this deficit to €8.1m. Addressing this deficit will require ongoing review of the current cost base. In addition, there are service pressures in a number of areas which may further increase this deficit e.g. emergency/unplanned service requirements and events. Any deficit poses significant challenges to the delivery of services during the year ahead and will be addressed via continuous and robust risk management.

## **Reform and Redesign in the CHO**

Sláintecare sets out the vision for the delivery of healthcare in Ireland through an ambitious ten year plan of reform. Our Operational Plan sets out the overarching priorities of the reform programme and specific actions to be progressed locally during 2020 e.g. to promote and impact improved population health via targeted chronic disease management, healthy living programmes and frail elderly programmes. This will be done within the given financial framework and is consistent with NSP 2020 priorities.

Sláintecare positions Community Healthcare Networks (CHNs) as the 'fundamental unit of organisation for the delivery of services' in the community. CHNs are geographically-based units delivering services to an average population of 50,000. The implementation of CHNs will see a co-ordinated multi-disciplinary approach to care provision, providing better outcomes for people requiring services and supports both within and across Networks. The development of CHNs is a critical step in transforming our healthcare system and will enable real change and better outcomes for all stakeholders.

Community Healthcare West is committed to working with the Sláintecare Programme Implementation Office (SPIO) and all relevant stakeholders, to play our part in successfully bridging the gap between the vision for health service transformation in Ireland and delivery of that change in Galway, Mayo and Roscommon.

At the heart of Sláintecare is development of a more population-based and integrated approach to service planning and care delivery, which will facilitate "the right care, in the right place, at the right

time, by the right person". This will have positive implications for service user experience, health outcomes and health system sustainability.

### **Service Quality and Improvement**

In line with the Future Health and Sláintecare Reports, the ultimate aim of the health service is to meet the vast majority of the population's health and social care needs in the least complex setting, with residential and hospital-based care being reserved for only those individuals requiring specialised and emergency care. These models of delivery are deemed more convenient for service users, supports people to self-manage and live more independently, offers better value for money and facilitates greater service integration and proactive delivery of care. During 2020 and beyond, Community Healthcare West will seek to progress a range of initiatives and actions that:

- Support the development of local, integrated multi-disciplinary teams, working seamlessly to anticipate and respond to the needs of local populations.
- Strengthen staffing and infrastructure capacity (Appendix 3) in primary and community services.
- Support the development of new roles and competencies for staff.
- Support general practitioners (GP's) to work individually and collectively, with access to diagnostics and specialist opinion, to minimise referrals to acute services to those patients who truly need them.
- Demonstrably provide health and social care closer to the home, at the lowest appropriate level of complexity which will result in a reduction in hospital admissions.
- Support collaboration and integrated working across professions, across pre-hospital, acute and primary and community services settings.

### **Alignment and Integration of CHO's and Hospital Groups**

Integrated care models have the potential to address the growing complexity of service user needs, by responding to the multiple conditions of presenting in a coordinated way. 'Future Health' has outlined how the structures within the health system will be developed to support people to access care with greater ease, and also places health promotion and prevention of ill-health as core pillars of reform. The establishment of our Regional Health Areas will move us further towards a seamless and integrated service.

### **Service Challenges**

Community Healthcare West will continue to prioritise service delivery in an equitable and transparent way in 2020. Throughout the CHO a number of mechanisms are in place to ensure effective use of resources. Our Operational plan is required to set out the type and volume of services to be provided for the funding available and the level of staff that can be afforded within that funding. A core part of the delivery of our Plan is operating within budget, therefore service volumes may not be fully delivered in 2020, if to do so will generate an otherwise unavoidable budget overrun. Community Healthcare West will continue, at all times, to navigate service challenges that present and to ensure that the allocation of funding for health and social care services is used as efficiently and effectively as possible.

Community Healthcare West is required to implement a number of value improvement and cost savings

measures to ensure that we operate within our allocated 2020 budget. This includes a range of services and non-service impacting measures. A detailed risk assessment will be required prior to the implementation of any service impacting measures, for example in 2020 there may be some minimal service reductions necessary. Access times may be adversely impacted where presenting demand and/or service volume exceeds what was planned or can be delivered.

Operating within allocated budget for Disability services in the CHO may necessitate implementation of service impacting measures. This will require further review and national direction as the year progresses as part of the Accountability Framework and prudent financial management.

There will be particular challenges for the Section 38 and 39 Service Providers and discussions have commenced regarding the service impacting measures that will need to be implemented in order to achieve financial breakeven position. The governance of this deficit and associated risk will be managed through the provisions of the formal Service Arrangement process between Community Healthcare West and relevant service providers. There is a requirement to ensure that maximum savings are achieved in non-service impacting areas such as a sustained reduction in agency/overtime expenditure.

### **Performance Management and Accountability**

In line with the HSE's Delegation and Performance and Accountability Frameworks, the Chief Officer is the designated accountable Officer for Community Healthcare West. 2020 will see the commencement of a new Chief Officer, Ms Breda Crehan Roche. The Chief Officer is fully responsible and accountable for the services delivered in Community Healthcare West.

In the delivery of services through the CHO structure, responsibility is delegated to the Heads of Service. Community Healthcare West service performance is captured in a National Scorecard. The National Scorecard is set out in the National Service Plan. Delivery of service is measured in Community Healthcare West by a suite of Key Performance Indicators (KPI's), which are reported on monthly/quarterly and published in the HSE Performance Reports. The achievement of KPI's is contingent on the type and volume of services relative to the level of demand. Staffing challenges including the ability to recruit and operate within advised WTE limits will also impact on our ability to meet KPI's. We will build on work undertaken in 2019 and further develop our reporting capabilities, broaden our research and information base and build greater capacity to support a culture of high performance. This will be done in the context of the implementation of the overall Accountability Framework in place within the HSE.

Is mise, le meas



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**Máirtín ó Gráinne Martin Greaney**  
**Príomhoifigeach Eatramhach Interim Chief Officer**

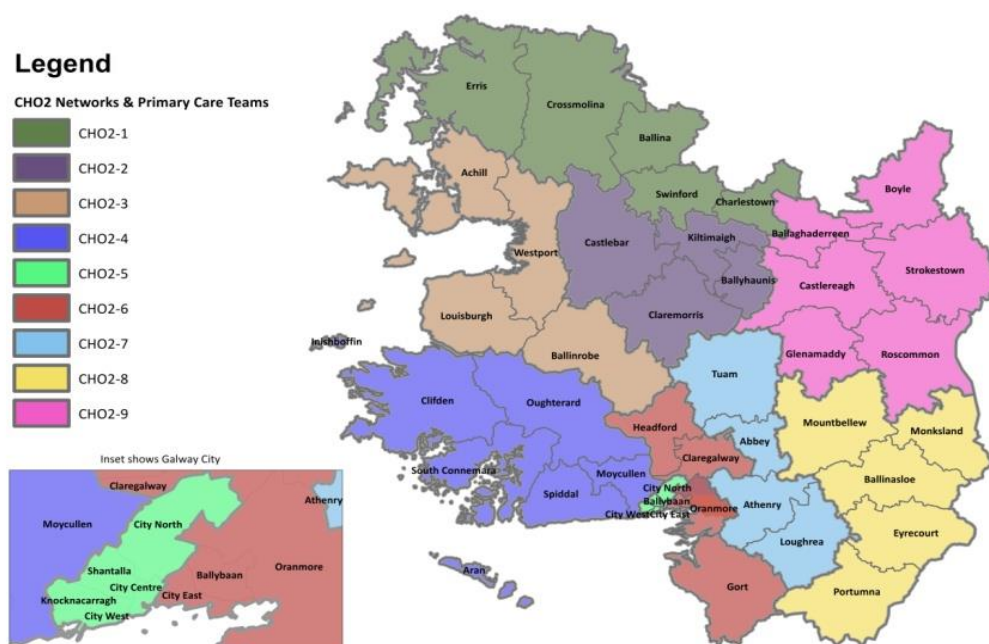
# **Section 1:**

# **Our Population**

## Introduction

This profile summarises the key characteristics of the population of Community Healthcare West. The Community Healthcare West area consists of three counties Galway, Mayo and Roscommon – consisting of 9 Primary Care Networks covering 42 Primary Care Teams. Galway County is the second most rural county nationally with 77.8% of people living in rural areas, followed by Roscommon the third (73.2%) and Mayo the fifth (71.4%).<sup>i</sup>

**Figure 1. Primary Care Teams and Networks 2017**



## Our Population

The population of our CHO, based on Census of Ireland 2016 is 453,109 or 9.52% of the national population. Galway City accounts for 17.4% of the region's population, Galway County 39.6%, Mayo 28.8% and Roscommon 14.2%. The population of the region grew by 7,753 a 1.7% increase on the 2011 Census of Ireland. Galway City and County recorded increases in population of 7,405 from 2011-2016, whereas Roscommon had a small increase of 479 and Mayo recorded a slight decrease of 131.<sup>ii</sup>

**Table 1. Population Community Healthcare West Census of Ireland 2016.**

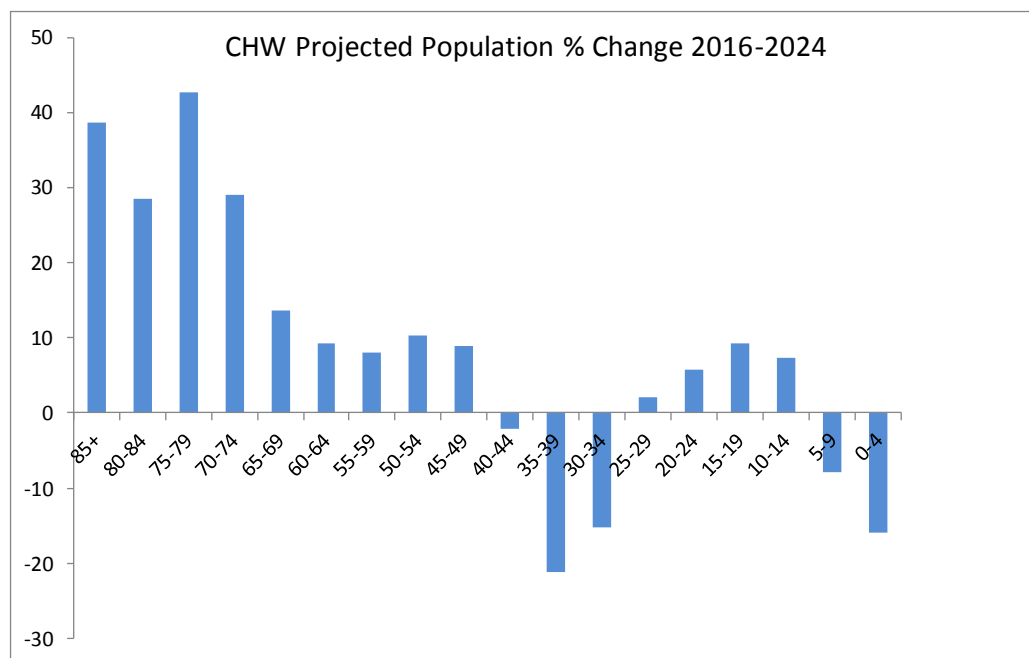
Area	Population 2016	Change 2011-2016	% Change 2011-2016	Projected Population 2024	Projected Change 2016-2024	% Change 2016-2024
CHO West	453,109	7,753	2	468,976	15,867	4
Galway City	78,668	3,139	4	85,948	7,280	9
Galway Co.	179,390	4,266	2	184,990	5,600	3
Mayo	130,507	-131	0	132,448	1,941	2
Roscommon	64,544	479	1	65,590	1,046	2

Source: Census of Ireland 2016 [www.cso.ie](http://www.cso.ie)

## Population Projections to 2024

The population of our three counties is expected to grow from 453,109 in 2016 to 468,978 in 2024 an increase of 15,867 or 3.5%. The projections at age group level show a decrease of 5,199 in the 0-14 age group, and an increase of 18,809 in the 65 years and over age group. Figure 2 below sets out the % projected population change for the 5 year age groups.

Figure 2. CHW Projected Population Change % 2016-2024.



Source: Health Finder <https://finder.healthatlasireland.ie/>

## Population Age 2016

The 2016 population of the region has a similar profile to that of the National population however, our CHO has a slightly higher proportion of those aged 65 and over with 15.2% in this age group compared to the 13.3% nationally. At a county level there are more marked differences. Galway City has a disproportionately higher level of those in the 20-39 age groups, whereas Roscommon and Mayo have higher than National proportions of those aged 55 and over<sup>iii</sup>.

## Dependency

Dependency ratio is the number of those aged 0-14 and aged 65 years and over as a proportion of those aged 15-64. The CHO average Dependency Ratio in 2016 is 55% (National Rate 52.7%), however there are regional variances. Mayo has the second highest national age dependency ratio of 61, Roscommon has the third highest at 60.8 and Galway County the fifth highest at 59.2, whereas Galway City has one of the lowest at 39%.<sup>iv</sup>

## Ethnicity

The population in Ireland has become culturally diverse since 2001. In 2016 Galway, Mayo and Roscommon had a population that consists of 14.3% non-national (National rate 15.2%). Galway City



is the most diverse area nationally with 24.2% of its population being non-national, whereas Galway County has 11.5%, Mayo 12.9% and Roscommon 13.1%.<sup>v</sup>

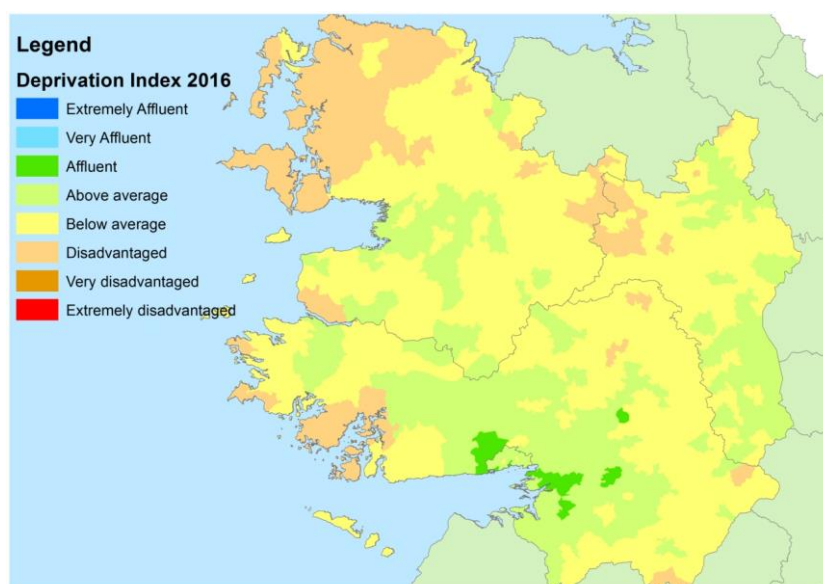
## Deprivation

The 2016 Pobal Deprivation Index<sup>vi</sup> is a composite measure based on data from the 2016 Census of Ireland. The Index is based on indicators such as: - age dependency, lone parents, low education status, social class, unemployment and homes which are Local Authority owned. The Index provides a score at County, ED and Small Area geographies, which range from the extremely affluent to the extremely disadvantaged. The scores range from 30 which are extremely affluent, to minus 30 which are extremely disadvantaged.

The Regions deprivation score is -0.4 which is marginally below average levels of affluence. Galway City is the 3<sup>rd</sup> most affluent local authority area with a score of 4.9 (marginally above average); Galway County is ranked 10<sup>th</sup> (Score 0.4 marginally below average), Mayo 26<sup>th</sup> (score -3.8 marginally below average) and Roscommon 20<sup>th</sup> (score -2.4 marginally below average).

When applied at Electoral Division level however (Fig 3.), there are some high levels of disadvantage particularly around the north-western Mayo areas of Erris/Belmullet and Achill, South Connemara and around North West Roscommon border.

**Figure 3. Pobal Deprivation Index 2016 by Electoral Division**



Source: [www.pobal.ie](http://www.pobal.ie)

## Vulnerable Populations

Travellers, homeless and migrant populations are the at risk groups suffering lower life expectancy, poorer health outcomes and with increased likelihood of chronic disease.

There are 6,076 Travellers in the Region, a rate per 1,000 population of 13.4 (National Rate 6.5 per 1,000). Galway City has the second highest proportion of Travellers nationally (Longford is the highest)

at 20.5 per 1,000 population, Galway County has the third highest rate per 1,000 nationally of 14.7, Mayo is ranked seventh at ten per 1,000 and Roscommon ranked eleventh with eight per 1,000 (Table 2)<sup>vii</sup>.

Travellers reported a disability rate of 19.2% in Census 2016<sup>viii</sup> compared to the Community Healthcare West rate of 13.23% (National rate 13.51%)<sup>ix</sup>.

**Table 2. Traveller Population Census of Ireland 2011-2016**

	Traveller Population 2011	Traveller Population 2016	Increase 2011-2016	Travellers per 1,000 total population (Rate)
State	29573	31075	1502	6.5
Galway City	1667	1610	-57	20.5
Galway County	2476	2644	168	14.7
Mayo	1385	1306	-79	10
Roscommon	397	516	119	8
CHW	5925	6076	151	13.41

Source: Census of Ireland 2016 [www.cso.ie](http://www.cso.ie)

The Homelessness Report August 2019 <sup>x</sup> shows that there were 351 homeless persons in Community Healthcare West, an increase of 89 on September 2018 of whom 55% were in the 25-44 age-group. Males accounted for 201 and females 141, 229 were in private emergency accommodation and 122 in supported temporary accommodation. The main proportion were in Galway with 311 (88.6%) persons homeless, 33 in Mayo (9.4%) and 7 in Roscommon (1.9%).

Community Healthcare West has been an active member of the resettlement and relocation programmes for refugees in Galway, Mayo and Roscommon. The Reception and Integration Agency Monthly Report November 2018 states that 587 refugees have been accommodated within the Region (353 Galway and 234 in Mayo).<sup>xi</sup>

## Disability

Table 3 below, shows the level of self-reported disability from Census 2016 by type of disability.<sup>xii</sup> Levels of population disability for Community Healthcare West at 13.23% are similar to the National rate of 13.51%. Regionally there is little difference however, Roscommon is higher than the national rate at 14.43% and Galway City is lower at 12.88% which is a reflection of the age profile of the region.

**Table 3. Disability by type of Disability 2016.**

	State	Galway City	Galway County	Mayo	Roscommon	CHO2
Total persons	4761865	78668	179390	130507	64544	453109
Total persons with a disability	643131	10133	22523	17977	9313	59946
% Persons with disability	13.51	12.88	12.56	13.77	14.43	13.23
Blindness or a serious vision impairment	54810	825	1917	1571	787	5490
Deafness or a serious hearing impairment	103676	1382	3859	3124	1687	10906
A condition that substantially limits one or more basic physical activities	262818	3591	9702	8360	4239	27825
An intellectual disability	66611	993	2346	1858	950	6524
Difficulty in learning, remembering or concentrating	156968	2296	5676	4409	2188	15619
Psychological or emotional condition	123515	2350	4004	3055	1569	11751
Other disability, including chronic illness	296783	4603	10372	8379	4195	29558
Difficulty in dressing, bathing or getting around inside the home	140366	1907	5628	4631	2426	15610
Difficulty in going outside home alone	184945	2528	7140	5936	3025	19943
Difficulty in working or attending school/college	210639	3085	8003	6469	3250	22341
Difficulty in participating in other activities	229397	3232	8745	7104	3583	24309
Total disabilities	1830528	26792	67392	54896	27899	189876

Source: Census of Ireland 2016 [www.cso.ie](http://www.cso.ie)

## Further Census 2016 Information

Further information on Census 2016 population data is available on the HSE Health Atlas Finder Area Profile tool. <https://finder.healthatlasireland.ie/> Note: the Health Finder tool provides % of population which may not reflect how the Central Statistics calculated the indicators. All Census of Ireland 2016 data and additional indicators are available at the Central Statistics Office database tool Statbank <http://www.cso.ie/en/databases/>.

## Births & Mortality

### Birth Rates xiii

There were 5,461 births in 2018 in Community Healthcare West which has a decreasing birth rate per 1,000 of 11.8 and is lower than the National Rate of 12.6. There are regional differences: - Galway City had 949 births (12.7 per 1,000), Galway County 2,350 (12.8 per 1,000) Mayo 1441 (10.8 per 1,000) and Roscommon 721 (10.9 per 1,000).

Of the 5,461 births, 69 (1.2%) births were to mothers under 20 years of age and 468 (8.5%) were to mothers over the age of 40. The average age of mothers for all births was 33.

### Fertility Rates xiv

The total fertility rate (TPFR) gives the theoretical average number of children who would be born to a woman during her lifetime – it is generally taken to be the level at which a generation would replace itself which is given normally as a value of 2.1. In 2018 the Ireland rate was 1.8 which is below the population replacement level.

### Life Expectancy and Health Status xv

In 2018, life expectancy in Ireland was 81.1 years (79.4 for Males and 83.4 for females) with a world ranking of 18th.

## Mortality

The following maps and charts show the 5 year Age Standardised Mortality Rate (ASR) per 100,000 for all causes and main causes of death (Malignant Neoplasms, Circulatory Disease, Respiratory Disease and Suicide and Intentional Self Harm). The maps show comparison with other counties for the 5 year ASR in 2017. Age standardisation adjusts rates to take into account how many old or young people are in the population, this allows for differences in the rates over time (in this case 5 years) between geographical areas and population compositions to allow for comparison.

In 2017, Roscommon and Galway had the second and third lowest ASR mortality rates per 100,000 nationally for all causes of death for all ages at 931 and 946 respectively (National rate is 1002), Mayo is close to the national rate at 1000.

In 2017, Galway and Roscommon have the fourth and seventh lowest ASR mortality rates nationally per 100,000 for circulatory diseases at 299 and 309 respectively (National 322). Mayo is above average with 333 per 100,000.

In 2017, Roscommon, Galway and Mayo have the second and fourth and eighth lowest mortality rates for malignant neoplasms nationally at 253, 268 and 271 per 100,000 respectively (National rate 281).

In 2017, Galway has the fourth lowest ASR mortality rate nationally per 100,000 for respiratory disease at 125, Roscommon has an average rate at 137 (National rate 138) and Mayo is above average at 148 per 100,000.

In 2017, Galway and Roscommon have above average ASR mortality rates per 100,000 for suicide and intentional self-harm at 12 and 13 respectively, and Mayo is just above average at 11 per 100,000 (National rate 10 per 100,000).

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<sup>i</sup> Population Percentage in the Aggregate Town Areas and Aggregate Rural <http://www.cso.ie/en/databases/www.cso.ie>

<sup>ii</sup> Population of Ireland <http://www.cso.ie/en/databases/www.cso.ie>

<sup>iii</sup> Health Finder, CHO2 population 2016 by Local Authority <https://finder.healthatlasireland.ie/>

<sup>iv</sup> Age dependency ratio 20011 and 2016, <http://www.cso.ie/en/databases/>

<sup>v</sup> Ethnicity Census of Ireland 2016, <http://www.cso.ie/en/databases/>

<sup>vi</sup> Trutz Hasse, Bratschke J. The 2016 Pobal HP Deprivation Index for Small Areas September 2017. [www.pobal.ie](http://www.pobal.ie).

<https://www.pobal.ie/Publications/Documents/The%202016%20Pobal%20HP%20Deprivation%20Index%20-%20Introduction%2007.pdf>

<sup>vii</sup> Irish Travellers Usually Resident and Present in the State 2011 to 2016. <http://www.cso.ie/en/databases/>

<sup>viii</sup> Irish Travellers with a Disability and Percentage of those Disabled in relevant age group 2016 <http://www.cso.ie/en/databases/>

<sup>ix</sup> Population 2011 to 2016 (Number) by Sex, County and City, Census Year and Disability <http://www.cso.ie/en/databases/>

<sup>x</sup> The Department of Housing, Planning & Local Government, Homelessness Report September 2017. Source: [http://www.housing.gov.ie/sites/default/files/publications/files/homeless\\_report\\_-\\_november\\_2017.pdf](http://www.housing.gov.ie/sites/default/files/publications/files/homeless_report_-_november_2017.pdf)

<sup>xi</sup> Population 2011 to 2016 (Number) by Sex, County and City, Census Year by type of Disability. <http://www.cso.ie/en/databases/>

<sup>xii</sup> Birth Rates, Vital Statistics Yearly Summary 2018 <https://www.cso.ie/en/releasesandpublications/ep/p-vs/vitalstatisticsyearlysummary2018/>

<sup>xiii</sup> Fertility Rate, Vital Statistics Yearly Summary 2018 <https://www.cso.ie/en/releasesandpublications/ep/p-vs/vitalstatisticsyearlysummary2018/>

<sup>xiv</sup> <https://www.worldlifeexpectancy.com/ireland-life-expectancy>

## **Section 2:**

# **Reform and Transformation**

## **Sláintecare**

Sláintecare is the ten-year programme to transform our health and social care services. It is the roadmap for building a world-class health and social care service for our diverse population. The Sláintecare vision is to achieve a universal single-tier health and social care system where everyone has equal access to services based on need, and not ability to pay. Over time, everyone will be entitled to a comprehensive range of primary, acute and social care services.

## **Implementation of Sláintecare Nationally in 2020**

The Minister for Health recently awarded Sláintecare Integration Funding (SIF) of over €20m to 122 projects to support the delivery of agreed outcomes across a range of healthcare services. The majority of these projects are in HSE or HSE funded services. This funding presents great opportunities in relation to service innovation and further development of existing work. Pobal have been engaged to administer the Fund on behalf of the Department of Health (DoH). The HSE Strategic Transformation Office (STO) together with local Portfolio Management Offices (PMOs) will be project managing the implementation of the Fund, supported by a National HSE SIF implementation group.

## **Sláintecare Integration Funding (SIF) in Community Healthcare West**

Having developed our applications in partnership with Saolta and Community Organisations, nine Projects in Community Healthcare West were successful in securing total funding of €1.9m.

The aims of these projects are to:

- Improve Patient/Service users experience
- Improve Clinician experience
- Lower service delivery costs
- Achieve better outcomes for the people we support

All pilot projects will run for a minimum period of twelve months with anticipated extension to mainstream service delivery after an evaluation process.

## **Integration and Co production/Co-design in Community Healthcare West**

Co-production is a highly person centred approach which enables partnership working between people in order to achieve positive and agreed change in the design, delivery, and experience of health and social care. It is deeply rooted in connecting and empowering people and is predicated on valuing and utilising the contribution of all involved. It seeks to combine people's strengths, knowledge, expertise and resources in order to collaboratively improve personal, family and community health and wellbeing outcomes.

Co-production is not just a word, it is not just a concept, it is a genuine partnership approach which brings people together to find shared solutions.

In 2019 Community Health Care West committed to explore co-production in the design, development and implementation of services led through the Portfolio Management Office.

Positive steps were taken in partnership with the local Mental Health Forum to start including Service Users and Carers in the development of any new project.

Service Users and Carers are now equal partners on the Healthy Ireland Steering Group, the Making Every Contact Count (MECC) Steering Group and the Review of Home Care Services Steering Group. Service User contribution and direction has proven invaluable in these important work streams and we plan to ensure all new projects are co-produced as we move into 2020.

## **Section 3:**

# **Service Quality and Safety**



## Introduction

The Community Healthcare West Quality and Safety Office has a remit to support, enable and monitor patient/service user safety, regulatory compliance, health and safety, quality improvement and risk management. The nature of Community Healthcare as the cornerstone of our health and social care service is prominent within the current policy direction laid out in Sláintecare.

Moving services to the community, intervening as early as possible in acute illness, chronic disease, disability and poor mental health is well evidenced as being a clinically effective and person centred approach to service delivery. This shift does, however, alter the acuity and dependency of community care; it results in a proliferation of medical devices and diagnostics in the community and sees more interventional care outside of the acute hospitals.

There is also an increase of new technology and medical devices in people's own homes, more accreditation for surgical procedures in Primary Care and more complex diagnostic and therapeutic interventions being delivered in residential settings. The complexity of need in Mental Health continues to increase and includes a growing volume of chronic, treatment resistant mental disorders at all stages of life.

In 2019 the HSE's first Patient Safety Strategy was endorsed by the HSE Board, demonstrating the focus on keeping our Service Users safe as its number one priority. Implementation of this strategy is key and all service changes and improvements in 2020 must be guided by the strategy.

This plan outlines our core Quality and Safety deliverables and 2020 priorities and are aligned to the HSE Patient Safety Strategy as well as taking account of the safety of our staff.

### 1. Empowering and Engaging Patients to Improve Patient Safety

We will foster a culture of partnership to maximise positive patient experiences and outcomes and minimise the risk of error and harm. This will include working with and learning from patients to design, deliver, evaluate and improve care.

It is by listening and learning from the experiences of Patients, Service Users and their families that we can bring about sustainable improvements to the quality and safety of our Community based services.

We will improve our systems to achieve a more open and honest communication with patients and service users in relation to their care. This will play a key role in supporting the implementation of relevant learning from the *"Learning to get better"* report by the Office of the Ombudsman and the *"Scoping Inquiry into the Cervical Check Screening Programme, 2018"* (Sally Report).

We will achieve this through the on-going implementation and monitoring of the Complaints Management System (CMS) and the Incident Management Framework (2018) in all Community Healthcare Organisations supported by the National Incident Management System (NIMS).

We will advance full implementation of the Open Disclosure Policy, 2019 and contribute to the design, use and monitoring of reliable and realistic key performance indicators for same. We will ensure that effective governance arrangements are in place for the sustainable delivery of quality and safe services.

The Quality and Safety Office acknowledges the vast work being undertaken in Older Persons Services, Disability Services and Mental Health Services in relation to Individualised Care Planning which has service user involvement at its core. We will provide expertise and support to the services in this area towards achieving our statutory / regulatory requirements in 2020.

## **2. Empowering and Engaging Staff to Improve Patient Safety**

We will work to embed a culture of learning and improvement that is compassionate, just, fair and open. We will support staff to practice safely, including identifying and reporting safety deficits and managing and improving patient safety.

Advancing a culture of patient safety, continuous quality improvement and learning will only be achieved with the full engagement of our staff. Supporting staff in implementing Health and Safety requirements and Quality and Safety Policies and Frameworks through on-going guidance and training will continue in 2020. The Community Healthcare West Quality and Safety Team will be key enablers and drivers for delivery of safe services and in promoting a culture of patient safety. Investment in the development of capacity and capability in the CHO Quality and Safety team is a continued requirement.

The investment in a data and surveillance officer (Grade VI) for Community Healthcare West in 2020 is vital to improve data quality and reliability.

We will enhance the capability for governance, for quality and patient safety as well as occupational health and safety across our services through education and training. We will promote good practice by awarding teams and individuals specifically for Quality Improvement Projects through the Staff Recognition awards.

## **3. Anticipating and Responding to Risks to Patient Safety**

We will place an increased emphasis on proactively identifying risks to patient safety to create and maintain safe and resilient systems of care, designed to reduce adverse events and improve outcomes.

The Community Healthcare West Quality and Safety Team will promote the ethos of proactive risk assessment and quality improvement action plans in each service through the maintenance of dynamic risk management – moving towards an Enterprise Risk Management (ERM) approach as committed to in NSP 2020. The Quality and Safety Team will support the Chief Officer in the governance of risk management between CHO and National Director Level.

We will support each service to effectively operationalise the Incident Management Framework, and with the National Community Quality Patient Safety (QPS) Team to evaluate the implementation of the roll out of the National Incident Management System (NIMS) in Community Operations. This will ensure accurate and timely reporting of incidents and the management of those incidents in line with the relevant Health Information and Quality Authority (HIQA)/Mental Health Commission (MHC) Standards and the recommendations of the Scally review.

In 2020 we will work with the National Community QPS Team to enhance our surveillance and oversight of patient safety in all Community Operations Care Groups - Older People's Services, Primary Care, Disability Services, Mental Health Services and Health and Wellbeing.

#### **4. Reducing Common Causes of Harm**

We will undertake to reduce Patient harm, with particular focus on the most common causes of harm. The Quality and Safety Team will continue to support the implementation of key Patient Safety policies to guide safe practice in each service through education and monitoring.

In 2020 we will progress structures currently managing Carbapenemase Producing Enterobacteriaceae (CPE) to encompass Antimicrobial Resistance (AMR) and infection prevention and control in line with the Strategic Action 1 of Sláintecare to implement Ireland's National Action Plan on Antimicrobial Resistance 2017-2020, to enhance governance and monitoring at national and local level.

We will work with the National Community QPS Team to offer a series of master classes on the prevention of violence and aggression in the Region.

We will continue the work on the reduction of Pressure Ulcers and Falls in all services by working in partnership with the National Quality Improvement Team on their Pressure Ulcer to Zero (PUTZ) and Falls collaborative, thereby ensuring their sustainability in all services.

In collaboration with the National Community QPS Team, we will assess the impact of falls prevention work to date in the community. In particular, we will support fall prevention in the frail elderly dwelling in the community. We will partner with our National Acute QPS colleagues to work collaboratively on enhanced Integrated Care Initiatives and particularly Transitions of Care which are known to be high risk.

#### **5. Using Information to Improve Patient Safety**

We will use information from various sources to provide intelligence that will help us recognise when things go wrong; learn from and support good practice; and measure, monitor and recognise improvements in patient safety.

We will maximise the use of the National Incident Management System (NIMS) in the Region and aim to improve on our performance against National Service Plan 2020 QPS Key Performance

Indicators (KPIs.)

We will monitor the QPS performance report issued by the National Community Healthcare Quality & Patient Safety Office thus improving our business intelligence for effective service governance.

## **6. Leadership and Governance to Improve Patient Safety**

We will embed a culture of patient safety improvement at every level of health and social care services through effective leadership and governance.

To enable the Chief Officer to govern for Quality & Patient Safety, the Community Healthcare QPS Committee oversees compliance with the HSE Incident Management Framework (2018) across the Region. This group will evolve over 2020 as the vehicle for CHO QPS oversight which will guide our quality improvement initiatives. Within our capacity resources, the Quality and Safety Team will provide support to any stakeholders on maximising governance arrangements within their respective teams, services and organisations.

## **7. Occupational Health and Safety**

The health, safety and welfare of our Staff is of paramount importance and we consider that the management of occupational safety, health and wellbeing is of fundamental importance in continually improving the quality of the services that we provide.

We will continue to work on improving Health and Safety governance which will in turn improve oversight of Health and Safety compliance requirements, improvements and initiatives.

We will guide and support Managers in preparing for National Health and Safety Function Audits and in implementing corrective actions identified.

We will support services in implementing corrective actions identified in 2019 Dangerous Goods Safety Audits (DGSA) and work with DGSA Advisor on implementing a schedule of audits for 2020.

## **Issues and Opportunities**

There are a number of significant issues and opportunities associated with the priorities as aligned to the HSE Patient Safety Strategy. These include:

- Challenges in delivering safe, high quality, consistent care in the context of finite financial and staffing resources, an increasing population with an older age profile and increasing prevalence of chronic disease.
- Delays in access to care, particularly for patients who have specific requirements for rehabilitation, disability or residential care, resulting in increasing demands within the community setting.
- Difficulties in recruiting and retaining staff, and ensuring that statutory, legislative and regulatory requirements are met.
- Opportunities, informed by feedback from staff and service users, to build on existing patient

safety and quality improvement work and structures to enhance our services.

Responding to these pressures requires integration of health and social care services through further development of the structures already in place. The significant programme of reform required to establish Primary Care Networks, integrated Regional Health Areas (RHAs) and a new, smaller National HSE constitute wholesale change. Due diligence at each level will be required to retain the best and most effective current Quality and Safety structures and practices in Community Healthcare, while welcoming the opportunity to change.

During 2020 we will seek to enhance and improve co-ordination of all functions relating to the patient experience with a priority focus aligned to open communication.

Opportunities exist to build on the foundations laid over the last couple of years through the National Incident Management System (NIMS), the Incident Management Framework 2018 and the Framework for Improving Quality in our Health Service to support and enable our staff to continuously improve the quality and safety of service delivery.

### Implementing Priorities in 2020

Key result area	Priority Actions	Timeline
<b>1. Empowering and Engaging Patients to Improve Patient Safety</b>	<ul style="list-style-type: none"> <li>• Increase the use of the NIMS review screen in all CHO areas to achieve 70% utilisation for all Category 1 incidents.</li> </ul>	Q4
	<ul style="list-style-type: none"> <li>• Advance implementation of the Open Disclosure Policy, 2019 through work with each CHO in relation to good practice in Incident management and use of the IMF.</li> </ul>	Q1 - 4 & on-going
	<ul style="list-style-type: none"> <li>• Advance recommendations from learning to get Better Report.</li> </ul>	Q1-4
	<ul style="list-style-type: none"> <li>• Contribute to the design and application of key performance indicators for Open Disclosure with the national OD subgroup.</li> </ul>	Q2
	<ul style="list-style-type: none"> <li>• Implement the CMS (complaints management system) across the CHO.</li> </ul>	Q3
<b>2. Empowering and Engaging Staff to Improve Patient Safety</b>	<ul style="list-style-type: none"> <li>• Enhance the capability for governance, for health and safety as well as quality and patient safety across our services through education and training.</li> </ul>	Q1 - Q4

	<ul style="list-style-type: none"> <li>Promote good practice by awarding teams and individuals specifically for Quality Improvement Projects through the Staff Recognition awards.</li> </ul>	Q4
<b>3. Anticipating and Responding to Risks to Patient Safety</b>	<ul style="list-style-type: none"> <li>Provide support and advice to the Chief Officer, Community Healthcare West regarding CHO Risk Registers.</li> </ul>	Q1- Q4
	<ul style="list-style-type: none"> <li>Prioritise the delivery of advice and support for services where regulatory sanction is anticipated.</li> </ul>	Q1- Q4
<b>4. Reducing Common Causes of Harm</b>	<ul style="list-style-type: none"> <li>Progress structures currently managing CPE to encompass AMR and infection prevention and control to enhance governance and monitoring at national and local level.</li> </ul>	Q2
	<ul style="list-style-type: none"> <li>Contribute to the national Pressure Ulcer Collaborative by supporting the implementation of targeted Quality Improvement measures in Residential Mental Health Facilities.</li> </ul>	Q2
	<ul style="list-style-type: none"> <li>Contribute to national Falls Prevention Initiatives.</li> </ul>	Q1-4
	<ul style="list-style-type: none"> <li>Work with the National Community QPS Team to offer a series of master classes on the prevention of violence and aggression in Community Healthcare West.</li> </ul>	Q3
<b>5. Using Information to Improve Patient Safety</b>	<ul style="list-style-type: none"> <li>Advise Community Healthcare West Management Team on the development of National key performance indicators (KPIs) for Quality &amp; Patient Safety for Community Operations.</li> </ul>	Q4
	<ul style="list-style-type: none"> <li>Utilise a quarterly performance report for Community Healthcare West to measure and improve performance.</li> </ul>	Q1-4
<b>6. Leadership and Governance to Improve Patient Safety</b>	<ul style="list-style-type: none"> <li>Support the implementation of good governance guidelines in Community Healthcare West.</li> </ul>	Q1

	<ul style="list-style-type: none"> <li>• Provide education to services to promote good governance within the areas of Quality, Safety and Risk Management.</li> </ul>	Q1 – Q4
<b>7. Occupational Health and Safety</b>	<ul style="list-style-type: none"> <li>• Continue to improve Health and Safety governance structures in Community Healthcare West.</li> </ul>	Q4
	<ul style="list-style-type: none"> <li>• Provide guidance to Managers in preparation for National Health and Safety Function Level 1 and Level 2 Audits and in implementing corrective actions identified.</li> </ul>	Q1 – Q4
	<ul style="list-style-type: none"> <li>• Support Services in implementing the corrective actions identified in the 2019 Dangerous Good Safety Audits and developing a schedule of audits for 2020.</li> </ul>	Q1 – Q4

## **Section 4:**

# **Health and Wellbeing**



## Introduction

Improving population health and wellbeing is a key system challenge facing the health service. A fundamental goal of developing a sustainable health service is to support and improve the health of its population. *Sláintecare* recognises the importance of supporting people to look after and protect their own health and wellbeing. *Healthy Ireland* is the national strategy for improved health and wellbeing and is underpinned by a whole-system philosophy involving cross-government and cross societal responsibility. The health system and Community Healthcare West in particular, will continue to play an important leadership role in driving this whole-system approach towards a culture that places greater emphasis and value on prevention and keeping people well.

There are many positive trends visible within our health service. Life expectancy is increasing, mortality rates are declining and survival rates from conditions such as heart disease, stroke and cancer are improving. Despite these encouraging developments, we know that changing lifestyles, chronic disease patterns, health inequalities and ageing population trends are altering our population's healthcare needs. This is creating an unsustainable horizon for the future provision of our health and social care services in Ireland.

To address these challenges the health service will continue to prioritise high-quality, evidence-based prevention, early intervention and health protection strategies to improve health outcomes for all and to reduce demand on our health and social care services, thereby ensuring a sustainable health system for future generations. Community Healthcare West will continue to play an important leadership role in prioritising implementation of these strategies in counties Galway, Mayo and Roscommon.

There has been considerable emphasis on *Healthy Ireland* implementation across health and social care services since the publication of the *Healthy Ireland Framework* in 2013. At local level, Community Healthcare West has responded to this agenda with the publication and implementation of our Plan - *Community Healthcare West Healthy Ireland Plan 2018-2022*. This Plan recognises the diversity of the population that Community Healthcare West is serving and focuses on national actions from the HSE's National Priority Programmes for Alcohol, Healthy Childhood, Healthy Eating and Active Living, Making Every Contact Count, Mental Health and Wellbeing, Positive Ageing, Self-management Support, Sexual Health, Staff Health and Wellbeing, Tobacco Free Ireland and Sustainability. To date, this has been done within existing resources and in challenging service delivery environments. The transition of the Health Promotion and Improvement function to our local Community Healthcare Organisation will significantly augment existing health and wellbeing resources in this respect, supporting accelerated embedding and integration of health and wellbeing services across the area.

The *Sláintecare* framework provides further momentum for this agenda which requires a focus on prioritising and delivering evidence-based actions to support primary and secondary prevention across community services and in partnership with acute hospitals, statutory, community and voluntary agencies. *Sláintecare* Joint Action Programmes position the prevention agenda front and centre and 2020 will deliver programmes of work nationally and locally in Galway, Mayo and Roscommon that will positively impact patient care and service user experience.

## Services Provided

Population health is about helping our whole population to stay healthy and well by focusing on

prevention, protection and health promotion and improvement through the work of a number of national and local services working together to deliver national strategy for improved health outcomes. The following services and functions work collaboratively and at local Community Healthcare West level to deliver on the *Healthy Ireland* agenda.

- The national *Healthy Ireland* office and Policy Priority Programmes, such as Healthy Childhood and Positive Ageing mentioned above, provide expertise, strategic advice and direction to local services in Community Healthcare West to address known preventable lifestyle risk factors by designing and developing evidence-based best practice policies, programmes, communications campaigns and initiatives
- Health Promotion and Improvement services provide a range of education and training programmes focused primarily on building the capacity of staff across the health service and in key external bodies who are ideally placed positively to influence health behaviour. Health and Wellbeing services work with people across a variety of settings in the community, in hospitals, in local authorities, in third level campuses, in schools and in workplaces.
- In delivering its *Community Healthcare West Healthy Ireland Plan 2018-2022*, we plan to deliver upon the health and wellbeing reform agenda locally and improve the health and wellbeing of the local population by reducing the burden of chronic disease and improving staff health and wellbeing.
- The National Screening Service delivers four national population-based screening programmes – for cervical, breast and bowel cancer and for detecting sight-threatening retinopathy in people with diabetes. We will be collaborating locally with these programmes which aim to reduce morbidity and mortality in the population through early detection of disease and treatment.

## Priorities

- Improve the health and wellbeing of the population by reducing the burden of chronic disease with a focus on children and at risk groups
- Build upon *Sláintecare* funding and HSE structural reforms and enablers to create greater capacity within the organisation to lead and deliver upon a cross-sectoral health and wellbeing reform agenda
- Implementation of the *Community Healthcare West Healthy Ireland Plan 2018-2022* and to improve levels of staff health and wellbeing

## Priorities and Actions

### Improve the health and wellbeing of the population by reducing the burden of chronic disease with a focus on children and at risk groups

Community Healthcare West works with national clinical experts, external stakeholders and operational services to prioritise and implement a range of actions to improve the health and wellbeing of the population and service users in Galway, Mayo and Roscommon as outlined below:

- Chronic disease prevention and self-management support actions

- Community Healthcare West will continue to implement the *Healthy Ireland* Plan, delivering actions that embed prevention, early detection and self-management support among our staff and the communities we serve
- We will implement the Making Every Contact Count (MECC) Framework including the e-learning training and enhancing your skills face-to-face training focusing on an agreed number of implementation sites which will enable staff to promote lifestyle behavioural change among service users
- Implementation of the *Living Well with a Chronic Condition: Framework for Self-Management Support*.
- National Policy Priority Programme actions
  - Community Healthcare West will support patients and staff to quit and stay quit through improved compliance with HSE Tobacco Free Campus policy
  - Implement national clinical guidelines for healthcare professionals to inform clinical practice in the identification, diagnosis and treatment of patients who smoke
  - Implement key actions from the Alcohol Programme Implementation Plan, including a focus on actions to address the risk of foetal alcohol syndrome
  - Develop integrated models of care for adults and children to strengthen capacity for clinical service design and innovation for weight management services
  - Continue delivery of the START campaign and implementation of the *Healthy Weight for Children (0-6 years) Framework* 3-year Action Plan to increase families' awareness of healthy lifestyle behaviours that prevent childhood obesity
  - Support the development of a national nutrition and hydration programme to drive efficiencies and service improvements across community and acute services
  - Support Care Divisions to implement food, nutrition and hydration policies and clinical guidelines to improve nutritional care and food provision for patients and service users in acute hospitals and residential care sites
  - Implement a new national pre-exposure prophylaxis (PrEP) HIV Prevention Programme in sexually transmitted infections (STI) services in line with newly developed PrEP standards and guidelines which will reduce the risk of HIV infection to those who are deemed to be at substantial risk of acquiring HIV
  - Promote the HIV Smart Track Cities programme in Galway
  - Develop a mental health promotion plan in collaboration with the DoH and other key stakeholders
  - Implement minding your wellbeing and stress control programmes to promote the mental health and wellbeing of the population, including HSE staff
- Oireachtas Committee on the Eight Amendment – Ancillary Recommendations actions
  - Promote sexual health and 'safer sex' public advertising campaigns which will encourage sexually active adults to have safer sex, to include contraceptive advice and prevention of sexually transmitted infections
  - Continue to expand the free provision of condoms to at risk groups

- Provide a free counselling and information service to people experiencing an unplanned pregnancy
- Implement sexual health promotion training for professionals in the youth sector, those working with at risk groups, and for parents
- Support the Department of Education and Skills in the delivery of the relationship and sexuality education curriculum by providing training and associated resources
- Repeat the in-depth general population survey on sexual health and crisis pregnancy to provide up-to-date data to support implementation.

Build upon *Sláintecare* funding and HSE structural reforms and enablers to create greater capacity within the organisation to lead and deliver upon a cross-sectoral health and wellbeing reform agenda

### **Sláintecare and Structural Reform Priorities**

- Transition Health Promotion and Improvement services and staff to Community Healthcare West
- Support the roll-out of integrated community-based chronic disease management programmes in primary care and acute settings to include, heart failure virtual consultation service, 'end to end' model of care for diabetes and respiratory disease, smoking cessation in maternity services, asymptomatic on-line STI testing and social prescribing programmes through Sláintecare funded developments
- Improve co-ordination, collaboration and input to multi-agency partnerships to ensure joined up approaches to public health priorities.

### **Implement the Sustainability Plan for the Nurture Infant Health and Wellbeing Programme**

- Support implementation of the childhood screening and surveillance programme and ensure content is consistent with evidence base and is standardised across the country in line with First Five – A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028
- Support the improvement of breastfeeding rates in Galway, Mayo and Roscommon in line with the Breastfeeding in a Healthy Ireland – Health Service Breastfeeding Action Plan 2016-2021 i.e. a 2% annual increase in breastfeeding duration rates over the period 2016-2021.

### **Improve staff health and wellbeing**

- Continue to support evidence-based staff health and wellbeing initiatives
- Implement the HSE Healthy Workplace Framework in collaboration with HR when finalised
- Improve the availability of healthier food for staff through the implementation of national nutrition standards.

## Implementing Priorities in 2020

Key result area	CHO Action	Priority Actions	Timeline
<b>Improve the health and wellbeing of the population by reducing the burden of chronic disease with a focus on children and at risk group</b>	Chronic disease prevention and self-management support actions	Implement the relevant 2020 Actions from the Community Healthcare West Healthy Ireland Implementation Plan 2018-2022 in conjunction with the Project Management Office, under the key themes of Alcohol, Healthy Childhood, Healthy Eating and Active Living, Making Every Contact Count, Mental Health and Wellbeing, Positive Ageing, Self-management Support, Sexual Health, National Screening Programmes, Staff Health and Wellbeing, Sustainability and Working with our Partners and Funded Agencies. <i>(Full details available in The Healthy Ireland Plan for Community Healthcare West via the hyperlink)</i>	Q1-Q4
		Support the local implementation of all national awareness campaigns and websites and ensure availability of information leaflets and resources for these campaigns including <ul style="list-style-type: none"> <li>• Mychild.ie</li> <li>• Healthy Childhood</li> <li>• Dementia Understand Together Services Directory</li> <li>• Get The Flu Vaccine</li> <li>• The Little Things Campaign</li> </ul>	Q1-Q4
		Expand and support Making Every Contact Count training to support staff promoting health and wellbeing of their client and patient groups	Q1-Q4
		Deliver MECC enhancing your skills face-to-face training workshops in Community Healthcare West and support an agreed number of sites	Q1-Q4
		Work with the Local Implementation Governance Group for Chronic Illness (LIGG) to implement the actions of Living Well with a Chronic Condition: framework for Self-management Support within Community Healthcare West.	Q1-Q4
		Develop content on community and hospital-based self-management support services for local CHO Directories	Q1
		Extend the availability of the Self Care to	Q1-Q4

		Wellness Programme across Community Healthcare West	
		Develop web-based content on self-management and self-management support for adults living with COPD, Asthma, Diabetes, Cardiac Conditions and Stroke for online patient resource on the HSE website.	Q1-Q4
		Continue to support the promotion of structured education programme for patients with Type II Diabetes in the community	Q1-Q4
<b>Improve the health and wellbeing of the population by reducing the burden of chronic disease with a focus on children and at risk group</b>	National Priority Programmes	Promote <a href="http://askaboutalcohol.ie">askaboutalcohol.ie</a> and screening and brief interventions through Making Every Contact Count (MECC) in all health and social care settings so that health professionals have the skills and confidence to recognize and address harmful use of alcohol and drug use.	Q1-Q4
		Identify Champions to support Making Every Contact Count	Q1-Q4
		Support implementation of the Connecting for Life Strategy	Q1-Q4
		Promote the health of mental health service users in line with the recommendations from the National Working Group on improving the physical health of mental health service users	Q1-Q4
		Continue existing Healthy Ireland At Your library partnerships with the 3 County Library services in Galway, Mayo and Roscommon.	Q1-Q4
		Support the ongoing development of the Eden Programme throughout Galway, Mayo and Roscommon	Q1-Q4
		Continue to implement a Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025	Q1-Q4
		Through the Local Community Development Committees (LCDCs), strengthen implementation of a standardized approach to the delivery of a Community Cooking Programme – Healthy Food Made Easy	Q1-Q4
		Implement the Healthier Vending Policy where vending machines are in use.	Q1-Q4
		Implement the HSE's Calorie Posting Policy	Q1-Q4
		In association with the National Screening Services Programme, support local	Q1-Q4

		implementation of the programmes through promotion of the website, ensuring availability of Information Leaflets and resources and provision of briefings to Primary Care Teams	
		Incorporate Dementia Friendly design in the Capital Projects for the Community Nursing Homes in Clifden, Merlin Park, Tuam, Boyle and Claremorris.	Q1-Q4
		Continue to implement pilot dementia specific Intensive Home Care Packages (IHCPs) as allocated nationally	Q1-Q4
		Continue to promote uptake of the Flu Vaccine among over 65s, in particular for those in residential units	Q1 and Q4
		Support patients and staff to quit and stay quit through improved compliance with the HSE's national <i>Tobacco Free Campus Policy</i>	Q1-Q4
		All residential services in the CHO (mental health, disability and older person's services) should treat tobacco use as a care issue and provide support for service users and staff who wish to quit smoking. Smoking cessation service information and QUIT support resources will be displayed in all appropriate CHO sites.	Q1-Q4
		A smoking cessation service will be developed in Community Healthcare West to meet the needs of our population. This CHO will aim to treat at least 5% of its smoking population (NICE guideline recommendation). The service will be targeted to treat those in most need i.e. people with a chronic disease, people experiencing disadvantage e.g. smokers experiencing mental ill health and pregnant smokers.	Q4
		On receipt, implement national clinical guidelines for healthcare professionals to inform clinical practice in the identification, diagnosis and treatment of patients who smoke	Q1-Q4
		All services in the identified initial Making Every Contact Count (MECC) sites will	Q1-Q4

		routinely record the smoking status of patients using its service, deliver brief interventions and refer to intensive services where appropriate.	
		Continue to promote sexual health through the Community Healthcare West Healthy Ireland Plan Implementation sub group for Sexual Health; promotion of the HSE's website <a href="http://www.sexualwellbeing.ie">www.sexualwellbeing.ie</a> , promotion of safer sex advertising campaigns in line with the Sexual Health Strategy 2015-2020	Q1-Q4
		Implement minding your wellbeing and stress control programmes to promote mental health and wellbeing of the population	Q1-Q4
		Deliver Minding Your Wellbeing programme to HSE staff, staff of funded agencies and teachers in primary and post primary schools	Q1-Q4
		As part of the Engage Men's Health Programme, deliver 'Engage Unit 6' to service providers to promote positive mental health and healthier lifestyles for younger men	Q1-Q4
		As part of the Engage Men's Health Programme, deliver 'Engage Unit 7' to service providers to promote positive mental health and healthier lifestyles for middle aged men	Q1-Q4
		Work in partnership with local Sports Partnerships in Galway, Mayo and Roscommon to promote increased participation in physical activity	Q1-Q4
		Support the delivery of the HSE National Men's Health Action Plan 2017-2021 by supporting the establishment and sustainability of Men's Sheds, the Sheds for Life Health Programme and Engage - Men's Health Training.	Q1-Q4
		Support the further development and expansion of the <i>Men on the Move</i> and <i>Parkrun</i> programmes in conjunction with local sports partnerships.	Q1-Q4
	Oireachtas Committee on the Eighth Amendment – Ancillary Recommendations	Support the implementation of sexual health promotion training for professionals in the youth sector, those working with at risk groups and parents	Q1-Q4
		Deliver the Foundation Programme in Sexual	Q1-Q4



	actions	Health Promotion to relevant professionals	
	Build upon <i>Sláintecare</i> funding and HSE structural reforms and enablers to create greater capacity within the organisation to lead and deliver upon a cross-sectoral health and wellbeing reform agenda	In conjunction with National Health and Wellbeing, develop an operating model for health and wellbeing in the new regional health areas, building on work to date with the CHOs	Q1-Q4
		Complete the transition of Health Promotion and Improvement into the management structure of Community Healthcare West.	Q1
		Foster participation and engagement of staff at all levels of the organisation in creating cultural and organisational change towards sustainable systems.	Q1-Q4
		Support the development of End to End Model of Care for Diabetes in Community Healthcare West, funded through <i>Sláintecare</i>	Q1-Q4
		Through the Regional Local Community Development Committee (LCDC), provide guidance to LCDCs and Children's and Young People's Services Committees (CYPSCs) to ensure joined up approaches to public sector priorities.	Q1-Q4
		Continue engagement with Local Community Development Committees (LCDCs) and Children's and Young People's Services Committee (CYPSCs) and Healthy Cities and Counties to embed health and wellbeing actions in the community through implementation of relevant plans	Q1-Q4
		Engage with Local Authorities and voluntary and community organisations in Galway City and Counties Galway, Mayo and Roscommon regarding Healthy Ireland funding and National Lottery Grants funding	Q1-Q4
		Improve the health and wellbeing of children and young people through strategic partnerships with the education sector and Children's and Young People's Services Committees (CYPSCs)	Q1-Q4
		Provide a suite of training to primary and post-primary schools to support the Department of	Q1-Q4

		Education and Skills Wellbeing Policy on healthy eating, physical activity, positive school environments and social and emotional learning	
	Implement the Sustainability Plan for the Nurture Infant Health and Wellbeing programme	Through the Child Health Governance Team, provide appropriate input and support for the implementation of the Healthy Childhood Priority programme	Q1-Q4
		Map the child health initiatives that are in place to support the implementation of national plans, e.g. National Physical Activity Plan, Healthy Weight for Ireland, Healthy Eating and Active Living (HEAL)	Q1-Q4
		Support the delivery of relevant actions from the HSE's national Breastfeeding Action Plan, particularly the appointment of Lactation Consultants in Galway, Mayo and Roscommon	Q1-Q4
		Improve breastfeeding rates in line with national policy (i.e. a 2% annual increase in breastfeeding rates over the period 2016-2022)	Q1-Q4
		Support the delivery of the National Breastfeeding Action Plan by communicating with and supporting local Breastfeeding Support Groups	Q1-Q4
		Support the implementation of the Nurture Programme for 0-3 year olds	Q1-Q3
		Promote the HSE <a href="https://www.mychild.ie">Mychild.ie</a> website as a source of evidence based information for parents	Q1-Q4
		Support the provision of population based parenting programmes	Q1-Q4
<b>Improve staff health and wellbeing</b>		Implement the relevant 2020 Actions from the <i>Community Healthcare West Healthy Ireland Plan</i> in conjunction with the Portfolio Management Office	Q1-Q4
		Continue to lead and support evidence-based staff health and wellbeing initiatives through the regional Staff Health and Wellbeing Steering Committee	Q1-Q4

		Develop and implement the Move More @ Work programme in 3 pilot sites across Community Healthcare West	Q1-Q4
		Lead out on implementation of the Staff Step Challenge	Q1
		Continue to support the regional Staff Engagement Forum, the Staff Recognition Awards Programme and the Values in Action Project	Q1-Q4
		Continue to support Staff Choirs in Galway, Mayo and Roscommon.	Q1-Q4
		Continue to support a range of staff health and wellbeing initiatives in partnership with Staff Sports and Social Clubs	Q1-Q4
		Rollout the Community Healthcare West – developed programme on stress management/mindfulness entitled ‘Small Daily Steps’	Q1-Q4
		Promote sustainable initiatives, through the CHO’s Sustainability Committee including raising staff awareness, waste reduction, composting and recycling across selected sites in Galway, Mayo and Roscommon	Q1-Q4

## **Section 5:**

# **Health and Social Care**

# Primary Care Services

## Introduction

Primary Care services are often the first point of contact that people will have with the health services. It is the appropriate setting to meet up to 95% of health and social care service needs. Community Healthcare West Primary Care services launched a three year strategy (2019-2021) which focuses on planned delivery of care. In 2020 our CHO will focus on reforming existing services and building new capacity to meet our population's needs. Included in this reform will be the implementation of recently announced Sláintecare funded projects. These projects will help towards delivering care in an appropriate setting, with a strong emphasis on prevention and public health. While fully committed to our reform and transformation agenda, progress may be impacted as a result of recruitment challenges that we anticipate due to budgetary constraints.

## Services Provided

Community Healthcare West Primary Care services include Primary Care Teams, Community Healthcare Networks and services therein, General Practice, Community Schemes and Social Inclusion. In 2020 we will continue the development of our Network Learning Site in the Tuam area.

## Issues and opportunities

### **Issues**

- Rural depopulation/isolation/migration to towns/cities in the region, change in demography to more urban based living.
- Increased elderly population which will result in a re-alignment of service provision and a greater focus on the provision of services in the community.
- Difficulty in recruiting GP's, particularly in rural areas continues to be an issue and may result in a greater need for agency based services or shared GP caseloads as appropriate.
- Ensuring sufficient and appropriately qualified staff are available to meet increasing health and social care requirements.

Non-replacement of posts due to budgetary constraints will result in Community Healthcare West having to realign services in line with available resources. This realignment is likely to result in additional waiting times in some service areas.

### **Opportunities**

The development of Clinical *Hubs* via new Primary Care Centres will facilitate multidisciplinary teams providing required services closer to the service user in fit for purpose facilities.

- We will focus on the promotion of Health and Wellbeing programmes among community groups and sporting organisations in order to create a better awareness of health and lifestyle issues. We will develop chronic disease programmes in the community initially in County Galway with

involvement of key professionals including GP's. We will strengthen our liaison and development of new initiatives with the Acute sector e.g. Community Intervention Teams (CIT) initiatives will be expanded by both Community Clinics during normal working hours and Out of Hours in appropriate geographical locations in County Galway. Support the development of the new Primary Care Management System (PCMS). This is an online system for appointments and data analysis to be developed initially in the Physiotherapy Departments of Counties Galway, Mayo and Roscommon.

### **The target quantum of services delivery includes:**

- a) \*587,604 patients to avail of physiotherapy.
- b) \*389,256 patients to avail of occupational therapy.
- c) \*282,312 patients to avail of speech and language therapy.
- d) \*474,366 patients to avail of the community nursing service.
- e) 1,064,465 GP out of hour's contacts (78,044 CHO 2/WestDoc)
- f) 45,432 referrals to Community Intervention Teams (CITs) to facilitate a high volume of complex Hospital avoidance and early discharge.
- g) 405 the number of people expected to complete a structured patient education programme for type 2 diabetes in the CHO in 2020.

*\*These targets (a-d) may pose challenges due to staffing reductions.*

### **Enhancing Community Services**

The following projects will commence/will be delivered in 2020:

1. Development of respiratory and physiotherapy led clinics in Primary Care Centres.
2. Community led Integrated Diabetes programme
3. Relocation of Antenatal Clinic to the Community from the Acute sector

### **Community Healthcare Networks (CHN)**

Community Healthcare Networks will be the model via which Health and Social Care services will be delivered in the Community:

- There will be 96 Community Healthcare Networks nationally, 9 of which were chosen as Learning Sites during 2019.
- The CHN is an integrated unit of service delivery that will manage Primary Care services across an average population of 50,000.

- A Network Manager will be appointed for each network – the Manager will be accountable and responsible for actual service delivery to the population of the Network.
- There will be a GP lead role for each Network.
- The CHN will enable and sustain strong relationships across all community services and with local communities.
- The CHN will ensure better co-ordination and integration between community and acute services.

The Community Healthcare Network Operating Model is being introduced to:

- Support people to live more independently and for longer in their community and home.
- Aid coordinating and integration of services to meet changing health and social care needs.
- Promote collaborative working to enhance person-centred care delivery.
- Ensure timely access to quality services nationwide.
- Champion innovation and accountability.

To deliver on these goals we need an integrated unit of service delivery throughout the Community Healthcare Network.

Anticipated benefits of Community Healthcare Networks include:

<b>Benefits for People who use our services</b>	<b>Benefits for Staff</b>
Increased locally accessible services	New leadership roles with GPs and clinicians involved in Network management teams
Efficient move from community to acute services and back	Networks will provide staff with opportunities to work with colleagues from other disciplines in a new, dynamic and integrated manner.
More joined up care between different services in the community	Greater say and involvement in decision making at a local level
More care at home than in Hospitals	Investment in learning and development
Prioritisation of service based on needs	Appropriate mentoring and development of leadership and management skills
Early Intervention and prevention	Championing innovation and accountability

In 2020, Community Healthcare West intends to continue the process of developing a Learning Network Site for the Tuam / Abbeyknockmoy / Loughrea / Athenry Primary Care areas. This is part of the progression of the new network model of working, in line with national policy. It will involve localised decision making with the support of a nominated GP representative

### **Specialist Teams Supporting Networks to Benefit Acute Hospitals**

The development of the Community Intervention Teams (CIT) in the region will be a focus of Primary Care. Varied clinic models will be delivered in the community, the initial focus will be on Oncology services with increased linkage between medical and clinical staff in the acute sector and community

based CIT staff.

Other community based projects being developed or enhanced in 2020, include Mammography services and Day Hospital teams.

### **GP Agreement – Chronic Disease Prevention and Management Roll-Out**

As part of the roll out of the Chronic Disease programme, two key programmes involving GP's and Community Healthcare West staff have been identified namely:

Development of a Physiotherapy led Pulmonary Rehab service in Mayo and the development of a Heart Failure programme in East Galway. It is intended that both of these projects will be developed during the year.

### **Building Capacity in General Practice – GP Agreement Implementation**

In line with the terms of agreement between the DoH, the HSE and the Irish Medical Organisation (IMO) regarding GP contractual reform and service development, Community Healthcare West will strive to implement the related constituent parts of this agreement including participation and leadership in the following areas:-

- Service development including the chronic disease programme
- Implementing Community Healthcare Networks
- e-Health and data management (Shared Care records)
- Medicines optimisation

Using the 'Care Redesign Sláintecare Fund', improve integration between community and acute services in the delivery of elective care, to promote a modernised and streamlined delivery model.

A number of projects in Community Healthcare West have received funding under the Sláintecare Implementation Fund and these will be further progressed in 2020:

- Implementation of a structured exercise programme for people with diabetes in Galway
- Development of integrated population based falls model in Mayo
- Development of Osteoarthritis knee pathway programme in Physiotherapy
- Heart failure programme
- Pulmonary Rehab programme
- End to end implementation of an integrated care model for type 2 diabetes



## Priorities 2020

1. Improved access for Occupational Therapy (OT) service users with special focus on people waiting over 12 months.
2. Improved access to Primary Care Services in the Community Healthcare Network Learning Site.
3. Provision of additional Paediatric Homecare Packages.
4. Refocus Community Intervention Teams services to ensure Hospital avoidance and early discharge as appropriate.
5. Develop radiology strategy – support GP access to diagnostics.
6. Deliver Primary Care Centres in line with the Capital Plan.
7. Continue developing chronic disease programmes in line with Sláintecare.
8. Roll out 'Housing First' project in conjunction with Galway County Council.
9. Work with key stakeholders in the delivery of projects for refugees under the Asylum and Migrant Integration Fund (AMIF).
10. Child Health Developments in Primary Care 2020.

## Implementing Priorities in 2020

Key result area	Priority Actions	Timeline
<b>Improved access for OT clients with special focus on people waiting over 12 months.</b>	Improve waiting lists in OT areas by the provision of 5 new posts.	Q4
<b>Improved access to Primary Care Services in Community Healthcare West Learning Site.</b>	Recruit an additional 5 posts for a new learning site (North Galway).	Q2
<b>Provision of additional paediatric homecare packages.</b>	Develop further governance structures to support extra Paediatric Homecare Packages.	Q1
<b>Refocus CIT services to ensure Hospital avoidance and early discharge as appropriate.</b>	Expand CIT Clinic services in strategic locations in Galway.	Q1
<b>Develop radiology strategy – support GP access to diagnostics.</b>	Complete and fit out new radiology development located in Tuam.	Q4
<b>Deliver Primary Care Centres</b>	Complete development of Ballyhaunis Primary	Q1 – Q4

<b>in line with the Capital Plan.</b>	Care Centre.	
	Progress planning of twelve new Primary Care Centres in the CHO	Q1 – Q4
<b>Continue developing chronic disease programmes in line with Sláintecare.</b>	Continue to roll out chronic disease programmes in County Galway with appropriate medical staff and GP support.	Q1 – Q4
<b>Roll out Housing First project in conjunction with Galway County Council.</b>	Work with key stakeholders in the area of social inclusion to roll out Housing First project	Q1 – Q4
<b>Work with key stakeholders in the delivery of projects for refugees under the Asylum and Migrant Integration Fund (AMIF).</b>	Continue to work with EROC, Ballaghaderreen to ensure the provision of health related supports at this location.	Q1 – Q4
<b>Child Health Developments in Primary Care 2020</b>	Move from tier 1 child health development model to tier 2 model, whereby Senior Medical Officers are only required to review babies referred to them from the PHN universal service in Roscommon. This is already in place in Mayo and will lead to greater efficiency in this process	Q1-Q2

# Social Inclusion Services

## Introduction

Social Inclusion services focus on working with all key stakeholders to ensure improved access to appropriate health services for socially disadvantaged service users.

## Services Provided

Services provided include the provision of advice and support and clinical services as appropriate to persons who are homeless, refugees, asylum seekers and members of the Traveller and Roma communities.

## Issues and opportunities

Challenges remain in the area of homelessness and associated health needs. The ongoing development of Homeless Multi-disciplinary Teams is being progressed along with the provision of a 'Housing First' partnership with the various Councils in the region.

We will support Government commitments as outlined in:

- Rebuilding Ireland action Plan for Housing and Homelessness 2016
- Housing First National Plan 2018 – 2021
- National Traveller and Roma Inclusion Strategy 2017 – 2021
- National Strategy on Domestic, Sexual and Gender Based Violence 2016 – 2021
- National Drug Strategy, Reducing Harm, Supporting Recovery 2017 - 2025

## In 2020, the key quantum of services will include:

- 10,145 clients will be in receipt of opioid substitution treatment (outside prisons).
- 1,245 service users admitted to homeless emergency accommodation hostels / facilities whose health needs will have been assessed within two weeks of admission.
- 1,894 individuals will attend pharmacy needle exchange.

## Priorities 2020

1. Work with key stakeholders including Councils in order to develop suitable housing supports
2. Work with The Department of Justice and other agencies including County Councils, Local Communities and The Department of Education on the provision of appropriate health and welfare supports for refugees
3. Develop Drug support programmes
4. Develop resources to support better health and wellbeing for the Traveller and Roma

community

5. Continue to implement the recommendations of HSE Intercultural Health Strategy 2018 – 2023
6. Recruit a Family Support Worker to work with our Drugs Team

### Implementing Priorities in 2020

Key result area	Priority Actions	Timeline
<b>Improve health outcomes for socially excluded groups.</b>	Deliver projects for refugees under the Asylum and Migrant Integration Fund (AMIF).	Q4
<b>Continue the expansion of community based addiction programmes.</b>	Develop pilot benzodiazepines detox programme in association with Simon Galway.	Q2 – Q3
<b>Develop Drug support programmes along with Mental Health Services for co-occurring substance misuse concerns among at risk groups</b>	Recruit a Family Support Worker to work alongside our Drugs team.	Q2 – Q3
<b>Implement the recommendations of HSE Intercultural Strategy 2018 – 2023.</b>	Continue to monitor the implementation of the recommendations of the Intercultural Strategy	Q1 – Q4
<b>Promote Traveller and Roma Health programmes.</b>	Complete multimedia resource in order to provide a better knowledge of available healthcare supports for Travellers.	Q3
<b>Implement health actions as outlined in Rebuilding Ireland Action Plan 2016.</b>	Roll out Housing First project	Q1 – Q4

# Older Persons' Services

## Introduction

Community Healthcare West's Older Persons' Services maximises the supports provided to people to assist them to reside independently in their own home for as long as possible while also delivering residential care and support when needed. Transitional care funding is allocated where necessary to facilitate delayed discharges from acute hospitals within the region for both convalescence care and for individuals in the process of finalising their NHSS applications.

## Services Provided

Older Persons' Services support older people to live in their own homes and communities and, when needed, they can also avail of high quality residential care. A wide range of services are provided including home supports, short stay and long stay residential care, transitional care and day care, either through HSE direct provision in addition to voluntary and private providers.

## Service challenges and related risks to the delivery of the plan

### 1) *Increased demand for Older People Services*

An increasing elderly population year on year is seeing further demands being placed on Older People Services including in the provision of Home Support, Day Care and Residential Care along with additional requests for more respite care for older persons in the community.

### 2) *Availability of appropriate staff*

- Having sufficient and appropriately qualified staff and management available to staff Community Nursing Units will be a challenge while reducing the dependency for agency staff within resources available (staff recruitment).
- Achieving required target of Home Support hours across the region in the context of the challenges in recruiting Carers in some parts of Community Healthcare West.

### 3) *Budgetary constraints*

- Achieving Home Support target hours for Community Healthcare West of 2.053 million hours at a rate of €24.85 per hour which includes the provision of an additional 71,000 Home Support hours over 7 days to meet service user needs during 2020
- Meeting HIQA compliance whilst delivering services in line with available resources
- There will be a challenge in Older Persons long stay residential services in the order of €0.5m based on the current occupancy levels and cost of care. Factors that influence our current cost of care are current agency levels due to recruitment issues filling vacant posts, costs associated with maintaining current infrastructure and services to HIQA standards and occupancy rates in some individual units in remote locations.
- Reaching and maintaining 95% occupancy rates in some Community Nursing Units across

## Opportunities

- Continue with the progression of the Day Hospital in County Mayo
- Establish the Day Hospital and roll out of Integrated Care Programme for Older People in Galway with funding received through Sláintecare *Delivering Health Ireland Positive Ageing Plan*.

## Within the budget allocation for Older Person's Services in 2020, the following will be provided:

1. A total of 2,053,000 million Home Support hours providing 71,320 more hours than the 1.982m target in the National Service Plan 2019.
2. €0.086m support to Dementia Services.
3. 569 long stay and 225 short stay public residential care beds will be available in the course of the year.
4. Support people approved for transitional care arrangements following discharge from acute hospitals to assist earlier discharge.
5. Ensuring Nursing Home Support Scheme (NHSS) clients' applications for the NHSS are processed and finalised in a timely manner by Community Healthcare West so that they receive financial support within the 4 week timeframe for their Nursing Home placement.

## Implementing Priorities in 2020

Key result area	Priority Actions	Timeline
<b>Provision of Home Support</b>	The delivery of 2.053 million hours of Home Support including an additional 71,300 Home Support hours	Q1-Q4
	Support the establishment of a Home Support Audit Team including the appointment during 2020 of a Grade VII and 2 nursing posts.	Q1-Q2
	Continue the implementation of Home Support Care Assistant Rosters within Older Persons Services.	Q1-Q2
	Continue the issuing of the remainder of the new revised Part Time Home Support Contracts	Q1
<b>Nursing Home Support Scheme (NHSS)</b>	Support the national reconfiguration of the nursing home support offices.	Q1-Q4
	Process NHSS applications submitted within timeframe set down.	Q1-Q4
<b>Provision of Transitional Care</b>	Continue to make available a wide range of short stay beds in the community to support early discharges from acute hospitals or to support hospital avoidance.	Q1-Q4
	Facilitate delayed discharges from acute	Q1-Q4

	hospitals through Transitional Care Funding across Community Healthcare West for both convalescence care and patients finalising their NHSS applications.	
<b>Progress the roll out of the InterRAI Assessment System (Single Assessment Tool)</b>	Continue to roll out InterRAI Assessment System (SAT) and its use to assess levels of dependencies for long term care applications and in Home Support in preparation for the introduction of the statutory home support system in 2021.	Q1-Q4
	Support the use of the new preliminary assessment tools across Community Nursing Units for falls related Serious Reportable events and continue to support the positive ageing actions developed for Community Healthcare West's Healthy Ireland Plan.	Q1-Q4
<b>Support the Reform Programme</b>	Support Sláintecare initiatives through the integration of Community Services for older people with Acute Hospital services where possible.	Q1-Q4
	Support the national reconfiguration of the nursing home support offices.	Q1-Q4
<b>Provision of Intermediate Care</b>	Continue to make available a wide range of short stay beds in the community.	Q1-Q4
<b>Provision of Public Residential Care</b>	Provide 569 Long Stay and 225 Short Stay Residential Care beds during 2020.	Q1-Q4
	Achieving and maintaining compliance with HIQA standards in all Older Persons Community Nursing Units	Q1-Q4
	Progress and support the Capital Plan with particular focus on advancing the building of new Community Nursing Units (CNU) in Clifden, Tuam, Merlin Park and the Sacred Heart Hospital Roscommon.	Q1-Q4
<b>Sláintecare Integration fund</b>	Support the implementation of the Sláintecare Action Plan for 2020 – 2022.	Q1-Q4
	Support, monitor and evaluate the range of Older Persons Services projects and services funded under the Sláintecare Integration Fund across Community Healthcare West.	Q1-Q4
	Continue to work in partnership with the Saolta Hospitals Group in maintaining low levels of delayed discharges across Community	Q1-Q4

	Healthcare West while enhancing patient flow through the hospitals to community services.	
	Support the further development of the Mayo Older People Services Hospital and the establishment of the Galway Older People Services Hospital through the Integrated Care Programme for Older People (ICPOP) Sláintecare	Q1-Q4
<b>Frail Older Persons</b>	Support the Galway University Hospital Frailty Service as set out in the National Clinical Programme for Older People (NCPOP).	Q1-Q4
<b>The Irish National Dementia Strategy</b>	Continue with the implementation of the actions in the Community Healthcare West Healthy Ireland Plan in respect of Dementia Care.	Q1-Q4
	Support the implementation of Dementia-specific quality improvement initiatives within Older Persons' Services through national grants scheme.	Q1-Q4
	Continue to support and embed the provision of the memory technology resource rooms across Community Healthcare West through Dormant Account funding providing a network of resource for people with dementia and their families/carers.	Q1-Q4
<b>Support the implementation of the National Carers' Strategy</b>	Continue to support Carers through the implementation of the National Carer's Strategy across Older Persons' Services in the provision of 2.053m hours of Home Support across Community Healthcare West so that older people live in dignity and independence in their own homes and communities for as long as possible.	Q1-Q4
<b>Maintain Community and Voluntary Supports</b>	Through Section 39 Grants stream funding into the identified initiatives that will best support older persons' to remain in their own homes and communities including in the provision of day care services, meals on wheels, social contact initiatives and dementia care projects.	Q2-Q3
	Continue to provide day care and other community supports either directly or through other providers.	Q1-Q4
<b>Progress the roll-out of the revised HSE safeguarding</b>	Support the roll-out and implementation of the revised HSE Safeguarding policy across Older	Q1-Q4



policy in line with DoH national health sector adult safeguarding policy	Persons' Services	
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# Palliative Care Services

## Introduction

Palliative Care services managed in Primary Care are provided in association with Galway Hospice, Mayo-Roscommon Hospice and the Acute Hospitals located in the region.

The focus of the service in line with national priority, is to improve patient experience and where appropriate shift care from an Acute setting to the community.

In 2019 a new 14 bed Level 2 facility was completed by Mayo-Roscommon Hospice in Castlebar. This service which is supported by Community Healthcare West has received revenue funding and will commence in Q2 2020.

Alongside this, planning work is continuing for the provision of an 8 bed Level 3 facility in Roscommon which is scheduled to open in 2021

## Services Provided

- Community Specialist nursing to support clients in the community
- Social Workers who support clients and their families through a difficult period of their life
- Sitting service provided to support clients and their families at night time.

## Priorities 2020

1. Support the development of new Roscommon facility
2. Support the development of proposed Galway facility
3. Continue to implement model of care for adults and paediatric palliative care services.

## Implementing Priorities in 2020

Key result area	Priority Actions	Timeline
<b>Open new Mayo in-patient unit</b>	Open Mayo 14 bed facility in association with Mayo-Roscommon Hospice	Q2
<b>Continue to explore with voluntary partners ways of providing sustainable services in the future.</b>	Work with Galway Hospice on updated plans for proposed Galway facility Develop Roscommon facility in conjunction with Mayo Roscommon Hospice	Q1 – Q4

# Disability Services

## Introduction

Disability services support and enable people with disabilities to live the life of their choosing in their own homes, in accommodation that is designed and/or adapted as necessary to meet their needs, enabling them to live ordinary lives in ordinary places as independently as possible.

## Services Provided

Community Healthcare West provides services to those with physical, sensory, intellectual disability and autism. Services include personal assistant, home support, multi-disciplinary and other community supports including assessment and rehabilitation. These services support people with disabilities to achieve their full potential, to live their lives as independently as possible while ensuring that the voice of service users and their families are heard and that they are fully involved in co-designing services to meet their individual needs.

Services are delivered through a mix of HSE direct provision as well as through non-statutory section 38 and 39 service providers, and private providers.

## Service challenges and related risks to the delivery of this Plan

- 1) The ongoing challenge facing Disability Services is the provision of emergency residential placements within available funding.
- 2) There are financial risks in meeting the level of changing needs, respite and PA services in Disability Services during 2020.
- 3) Risk of failure to meet set targets for decongregation of Aras Attracta due to delays in completing works on the properties acquired

## Opportunities

- 1) Continue to implement the Disability Act 2005 – including assessment of need
- 2) Continue with the reconfiguration of the Galway Roscommon ASD services in line with the establishment of the Progressing Disability Services Network Teams for children and young people.
- 3) Progress implementation of Time to Move on from Congregated Settings – A Strategy for Community Inclusion
- 4) Continue to deliver high quality residential and respite care to persons with disabilities and their families
- 5) Aras Attracta decongregation will continue in 2020. There are now 10 Community Houses and all remaining residents are now living in 9 individual houses on the Aras Attracta site. Budgets in 2020 will be restructured to reflect the new service configuration
- 6) Continue to deliver high quality personal assistant (PA) and home support
- 7) Advance the personalised budgets demonstration projects
- 8) Progress the full implementation of agreed Joint Protocols underpinning Interagency Arrangements

between HSE Disability Services in partnership with the Child and Family Agency.

## Implementing Priorities in 2020

Key result area	Priority Actions	Timeline
<b>Continue to implement the Disability Act 2005 – including assessment of need</b>	Reduce the waiting times for Assessment of Need in 2020 under the Disability Act 2005 through the full year provision of 3.5 additional therapy posts commenced in 2019	Q1-Q4
	Implement the new Standard Operating Procedure for Assessment of Needs for all applications from 1st of January 2020.	Q1
	Continue the establishment of the Progressing Disability Services for Children and Young People (0-18) Network Teams. Community Healthcare West will be the lead agency for 6 of the 9 Networks with Western Care, BOCSI and Enable Ireland taking on the lead agency role in the other 3 Networks	Q1-Q4
<b>Reconfiguration of ASD Services</b>	Continue the reconfiguration of the Galway Roscommon ASD Services in line with the establishment of the Progressing Disability Services Network Teams for children and young people	Q1-Q4
<b>Progress implementation of Time to Move on from Congregated Settings – A Strategy for Community Inclusion</b>	Work with Approved Housing Bodies, Local Authority Housing Department and HSE Estates to progress plans for meeting the housing requirements for residents prioritised to transition from congregated settings from 2020 onwards	Q1-Q4
	Support people to live healthy lifestyles as they move to homes in the community during 2020, including 4 individuals currently on the Aras Attracta Campus and 4 individuals in the John Paul Centre Brothers of Charity Services Galway	Q1-Q4

<b>Provide high quality residential and respite care to persons with disabilities and their families</b>	Continue to maintain the same level of high quality residential care to persons with disabilities in 2020 across Community Healthcare West	Q1-Q4
	Support the provision of respite services across Community Healthcare West.	Q1-Q4
	Progress the planning for the development of new respite service for children with physical, sensory and complex medical conditions	Q1-Q4
<b>Provide day services and supports to persons with disabilities including young people due to leave school to rehabilitative training</b>	Community Healthcare West will support all young people leaving school or rehabilitative training in line with the New Directions model of service including profiling all School Leavers and analysis of profiling data to inform funding.	Q1
	Continue to progress the reconfiguration of all Day Services in line with the New Directions models of service	Q1-Q4
	Continue to support the provision of alternative innovative models of day respite across Community Healthcare West throughout 2020.	Q1-Q4
<b>Continue to deliver high quality personal assistant (PA) and home support</b>	Deliver home support and PA hours to approximately 1138 people with disabilities across Community Healthcare West	Q1-Q4
<b>Advance the personal budgets demonstration projects</b>	Work in partnership with the National Lead on the personal budgets to support those cases chosen as part of the demonstration project.	Q1-Q4
	Empower service users and provide them with increased choice, independence and control over their everyday lives in line with the Personalised Budgets policy	Q1-Q4

<b>Review the governance and accountability of CHOs, service providers / statutory section 38 and 39 service providers and private providers</b>	Complete all of the service arrangements for section 38 and section 39 service providers and private providers taking account of the recommendations from the independent review group set up to examine the role of voluntary organisations in publicly funded health services.	Q1-Q4
	Continue to comply with the Review Meeting Control Framework to record issues relating to Review Meetings in respect of Service Arrangements and Grant Aid Agreements.	Q1-Q4
<b>Progress the roll-out of the revised HSE safeguarding policy in line with DoH national health sector adult safeguarding policy</b>	Continue the implementation of Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures, 2014 pending implementation of the new policy	Q1-Q4
	Prepare for the introduction of Health Information and Quality Authority (HIQA) / Mental Health Commission (MHC) new national standards in adult safeguarding	Q1-Q4
<b>Progress the full implementation of agreed Joint Protocols underpinning Interagency Arrangements between HSE Disability Services in partnership with the Child and Family Agency</b>	Continue to support operational roll out of the Joint HSE and Tusla Interagency Protocol, including internal supporting protocols for child and adolescent mental health services (CAMHS), primary care and disability through the dedicated Joint Protocols Tulsa/HSE meetings	Q1-Q4

# Mental Health Services

## Introduction

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

We recognise that investment in population level interventions that improve health outcomes is not only fair, but also provides the most efficient and effective use of available resources. These in turn place the focus of responsibility for achieving health outcomes across a number of community sectors and government departments and not just the HSE and other providers of health services.

The strategic development of services is informed by our national mental health policy *A Vision for Change* and *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020*. Following an interim review of *Connecting for Life* in 2018, it was recommended that the period of this strategy be extended. Recently, a *Vision for Change*, Ireland's national mental health policy underwent a review by an expert oversight group who completed a comprehensive report with a view to launching a refresh of this policy. The recommendations within *A Vision for Change Refresh* will provide a new and enhanced focus on the provision of integrated mental health services in Ireland in the future.

## Services Provided

Community Healthcare West provides specialist mental health services including acute inpatient services, day hospitals, outpatient clinics, community-based mental health teams (Child and Adolescent Mental Health (CAMHs), General Adult and Psychiatry of Later Life (PoLL) services), mental health of intellectual disability, community residential and continuing care residential services. Sub-specialties include rehabilitation and recovery, eating disorders, liaison psychiatry and perinatal mental health. Access to the National Forensic Mental Health Service is also provided, including inpatient and in-reach prison services with a new modern and fit for purpose facility, increasing capacity to 130 beds, opening in 2020. All mental health services are informed by a person-centred and recovery approach.

Specialist mental health services are provided to serve a particular group within the population, based on their stage of life. Currently CAMHs serve young people aged up to 18 years, general adult services for those aged 18 to 64 years and PoLL provides services for those aged 65 years and over.

## Issues and opportunities

The challenge associated with a growth in population and resulting increase in need for mental health services requires the further development of improved cross-sectoral and inter-sectoral approaches to service provision. In particular, the increase in the number of children under the age of 18 years will lead to increased need for services for children and adolescents with a corresponding requirement for

service provision both in primary care and in specialist CAMHs services.

Many people develop mental illness for the first time over the age of 65 years and older adults with mental health difficulties have specific needs that require specialist intervention. The increase in the population aged over 65 years, and especially those over 85 years, will have implications for the psychiatry of later life services. Mental Health will address this challenge by continuing to grow PoLL teams to provide services to this population.

In 2020 mental health services will continue to invest in CAMHs through increased staffing of community teams and enhanced day services, to reduce admissions and length of stay of young people in acute units.

Additionally, there are requirements for enhanced care for vulnerable groups within the population and these are being addressed through the clinical care programmes, homeless initiatives, the national forensic service, dual diagnosis services for people with mental health illness and addiction, and initiatives in Traveller mental health. Rehabilitation services are also being expanded to respond to the needs of those with enduring mental illness and challenging behaviour.

The clinical care programmes include early intervention for first episode psychosis, eating disorder services spanning CAMHs and adult services, responses to self-harm presentations at emergency department (ED), those with dual diagnosis of mental health and substance misuse, and attention deficit hyperactivity disorder in adults.

There is a significant challenge in the recruitment and retention of staff, particularly Allied Health Professionals, Nursing and Medical staff. This challenge can provide opportunities to deliver services that are focused on maximising productivity and on service improvement and also expansion of different disciplines / workers in mental health services.

Mental health services will continue to deliver a number of service improvement initiatives that will assist services and increase productivity and efficiency. These improvements will also be enabled by the development of a range of eHealth initiatives to support awareness and support improved responses to meeting mental health needs of the general population. The introduction of a Tele Medicine facility in the old Rosalie Residential Care site in Roscommon will be an important first step in this initiative.

Mental health services are increasingly operating in a more regulated environment. This enhanced regulation is welcomed as it contributes to patient safety and quality of care. Best practice guidance will be further expanded as one strand of a more proactive approach to patient safety.

In 2020, Community Healthcare West will progress development posts to the value of €320,000 as agreed in our budget allocation. We will provide an agreed level of mental health services with risk assessed, realistic and achievable efficiencies applied to ensure that we operate within our allocated budget.



## Service Priorities 2020

1. Promote the mental health of the population in collaboration with other services and agencies including reducing the loss of life by suicide.
2. Design integrated, evidence-based and recovery-focused mental health services.
3. Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.
4. Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.
5. Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.

## Implementing Priorities in 2020

Key result area	Priority Action	Timeline
<b>Promote the mental health of the population in collaboration with other services and agencies including reducing the loss of life by suicide.</b>	Build on cross-divisional and community partnership initiatives progressing the 'Family Talk' and "WITH" projects across Community Healthcare West Mental Health.	Q4
	Work with Traveller organisations to build better relationships between mental health services and Travellers and to enhance their service access and engagement	Q4
	Continue to deliver and monitor the actions set out in <i>Connecting for Life, Galway, Mayo and Roscommon Suicide Prevention Action Plan 2018-2020</i> , through existing implementation and reporting structures, to include the implementation of the <i>Eden Suicide prevention programme</i> in Galway, Mayo and Roscommon.	Q4
	Further implement the waiting list initiative pilot- for people waiting for Counselling in Primary Care (CIPC) counselling.	Q2
	The National Counselling Service (NCS) will collaborate with Tusla Social Work Dept in line with HSE Child Protection policy in respect of child protection and retrospective reporting.	Q1
	Further implement the knowledge base tool for people "who have experienced childhood abuse".	Q4
	The NCS will review service provision with a view to reconfiguring its services to include the provision of a telephone pre screening service, information videos for	Q4

	the public, and a training plan for staff to ensure staff wellness. Work will commence in 2020 on the further integration of CIPC and NCS, to achieve a more streamlined service.	
	Create a knowledge based tool for people “who have experienced childhood abuse”. The knowledge based tool will be educational.	Q4
	Further Implementation of 7/7 Services Project to include the examination of alternatives to A&E out of hour presentations	Q4
	Update yourmentalhealth.ie and provide contact information with regard to the NCS, in Community Healthcare West.	Q4
<b>Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.</b>	Participate in phased implementation of national best practice guidance for mental health services.	Q4
	Develop the Project Team to oversee the full implementation of the 27 recommendations laid out in the <i>Roscommon Report</i> .	Q4
	Continued Implementation of the Tobacco Free Campus policy in all approved centres and Community Residences.	Q4
	Roll out the actions identified in the Community Healthcare West Recovery Framework Implementation plan.	Q4
	Roll out the provision of Tenancy Support Workers as part of the successful Sláintecare project Application	Q4
	Roll out the review of Daycentre and Training Centre service provision across Mental Health Services in Community Healthcare West.	Q4
	Further implementation of the HSE National Standardised Process for Incident Reporting, Management and Investigation.	Q3
<b>Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services.</b>	Continue with improvement of Mental Health Service provision through the roll out of the Service Reform Fund (SRF) initiatives , Individual placement support (IPMS), Extension of Relative Peer support to Galway/Roscommon, and the crisis cafe project which will provide a viable alternative to out of hour Accident & Emergency Presentation..	Q4

	To continue engagement with the Travelling community to further identify key priority services which could help Travellers to meet their mental health needs.	Q4
	Continue the work of the local Mental Health Engagement office, facilitating Area Forum service user feedback on current mental health service provision to Community Healthcare West Mental Health Area Management Teams.	Q4
	Conduct cultural awareness workshops with Community Mental Health Teams.	Q4
	Develop an overarching Area Management Team (AMT) for the whole of Community Healthcare West which will produce a strategic plan for the service going forward.	Q4
	Initiate development of the CAMHS & Poll day hospital facilities at former Rosalie Site in Roscommon.	Q4
	Initiate development of the telemedicine facility at Rosalie unit Roscommon.	Q4

## **Section 6:**

# **Finance**

## Introduction

The Health Service Executive (HSE) 2020 budget level of **€17,056m** is a **€1,006m** / 6.3% year on year budget increase over and above the starting 2019 budget of **€16,050m**, which was set out in National Service Plan 2019. Of the €17,056m, €12,801m (75%) is allocated to operational service areas performance managed by the HSE. The balance, €4,255m (25%), is allocated to pensions and other demand-led areas where costs are primarily driven by eligibility, legislation and similar factors not directly controlled by the HSE. State Claims Agency reimbursements are also within this 25% and there is a significant and on-going focus on mitigating, the underlying risks and issues which give rise to claims.

## Financial Position Community Healthcare West

The total budget for this CHO for 2020 is €502m. This compares to the final 2019 budget of €478m which included €5m once off supplementary funding. In 2020 the total projected deficit, based on current run-rates is €12.7m. A range of service and non-service impacting measures have been presented to national community services totalling €9.89m, which will reduce this deficit to €2.81m. Addressing this deficit will require ongoing review of the current cost base. In addition, there are service pressures in a number of areas which may further increase this deficit e.g. emergency/unplanned service requirements and events. Any deficit poses significant challenges to the delivery of services during the year ahead and will be addressed via continuous and robust risk management.

Community Healthcare West is notified of its 2020 budget by individual care group (Primary Care; Social Care; and Mental Health Services) and services are accountable on this basis. In addition Health Promotion Budgets have been devolved to Community Healthcare West in 2020. The 2020 challenge for Community Healthcare West post savings initiatives is €2.81m. By Division the challenge is analysed as follows:

Primary Care	€1.95m
Older Persons	€0.0m
Disability Services	€0.86m
Mental Health Services	€0.0m
<b>Total</b>	<b>€2.81m</b>

## Expanding existing services / Developing new services

Community Healthcare West budget for 2020 includes some additional investments which will be applied to enhance or expand existing services, including responding to demographic and other pressures, and to commence new approved service developments. These additional investments include:

### **Older Persons Services**

€1.655m for home support providing 71,320 more hours than the 1.982m target in the National Service Plan 2019. An additional €1.691m funding is held in the Department of Health for devolvement during 2020.

€0.086m support to Dementia Services.

### **Disability Services**

€0.485m Emergency Placements

€0.236m Disability Services Management Assessment Tool (DSMAT) waiting list

### **Primary Care Budget 2020 (Exc. Local Demand Led Schemes)**

The 2020 allocation for Primary Care excluding demand led schemes is €108.12m. This is an increase of €6.76m over the 2019 Operational Plan Budget (€101.36m). Included in the Budget is €2.265m towards Pay restoration under National agreements. Also in the 2020 Budget is an efficiency target of 0.7% of the closing 2018 Budget adjusted for once off measures.

The 2020 allocation for demand led schemes is €21.71m which remains constant. Cost pressures in Primary Care include Medical & Surgical supplies, incontinence wear, Aids & Appliances repair and logistic costs and ongoing costs associated with national refugee reception centre in the region. Pay cost pressures associated with agency expenditure on GP replacements in rural areas and offshore island cover continue to be significant cost drivers. Based on our projections, the initial Primary Care challenge in 2020 is €8.05m. Following the proposed implementation of additional cost saving initiatives there remains a projected €1.95m challenge in 2020. Continuing emphasis will be placed on the workforce plan and delivery of value improvement initiatives to achieve this projected position.

### **Social Care Services**

#### **Older Persons' Services**

The total 2020 allocation for Older Persons Services is €85m and this represents a €4.7m 5.6% increase over the 2019 Operational Plan.

Included in the Budget is €2.794m towards pay restoration under National Agreements.

Also included is a 0.7% efficiency target on 2018 closing Budget adjusted for once off items.

An additional €3.457m development funding for Home Support services is included in the allocation for Community Health Care West in 2020. Part of this funding (€1.691m) will remain with the Department of Health until later in 2020. This funding is targeted at the development of the Home Support service.

The challenge in Home Support Services in 2020 will be to deliver the target hours within resources due to non-availability of suitably qualified staff. The additional funding in the plan is expected to deliver an estimated 71k additional home support hours in 2020 over the 2019 outturn.

There will be a challenge in Older Persons long stay residential services in the order of €0.2m based on the current occupancy levels and cost of care. Factors that influence our current cost of care are current agency levels due to recruitment issues filling vacant posts, costs associated with maintaining current infrastructure and services to HIQA standards and occupancy rates in some individual units in remote locations. Plans are in place to address this challenge.

### **Disability Services**

The total 2020 allocation for Disability Services is €189.6m and this total represents a (€10.1m) 5.6% increase over the 2019 Operational Plan.

Included in the Budget is €2.923m towards pay restoration under National Agreements.

Also included is a 1% (€1.717m) efficiency target on the 2018 closing Budget adjusted for once off items.

The Disability Allocation will maintain current services at existing levels for 2020 with an expected challenge in the region of €2.8m. Our Non Statutory challenge is €0.589m in 2020. The ongoing issues facing Disability services is the provision of emergency residential places within available funding and the fixed costs relating to the maintenance and re-deployment of staff in Aras Attracta following the de-congregation of services.

There is a significant risk that additional resources (€1.8m full year) will be required for four service users following scheduled court proceedings in one case and a service user requiring residential placements because of their care needs. Additional Development funding of €0.485m is included in the 2020 plan towards the provision of emergency residential placements. Also included is an additional €0.236m towards our current waiting list. Aras Attracta de-congregation will continue in 2020. There are now 10 Community Houses and all remaining residents are now living in 10 individual houses on the Aras Attracta Site. Budgets in 2020 will be restructured to reflect the new service configuration.

### **Mental Health Services**

The budget of €118.0m for Community Healthcare West in 2020 is an increase of €17.9m on 2019 Operational Plan Budget.

Included in the Budget is €3.2m towards pay restoration under National Agreements.

Also included is a 0.7% efficiency target on 2018 closing Budget adjusted for once off items.

The 2020 Budget will require the delivery of €1.75m efficiency savings whilst delivering existing levels of service in 2020. These savings will be delivered through value improvement initiatives.

The efficiency savings in Mental Health will be addressed by the following measures:

- Overhead and Non Pay efficiencies
- Review of Private Placements
- Agency/Overtime conversion
- Workforce planning
- Cost control of expenditure in Voluntary Organisations

The key challenge in Mental Health will be around managing the level of agency and emergency residential placements beyond funded levels while also managing service associated risk. During 2020 further work will be required for a reduced and sustainable financial model for Mental Health services while restructuring services.

### **Service challenges and related risks to the delivery of the plan**

- 1) The Financial Operational Plan has been prepared on the basis of a range of assumptions and with careful consideration of risks to delivery, as outlined below:
- 2) Delivering a volume of activity in 2020, consistent with available funding and reflecting improved efficiency, which may not respond adequately to needs caused by demographic changes in 2020. It is assumed that, as far as possible, levels of service will be maintained at 2019 outturn levels.
- 3) Unfunded Pay Cost Pressures (change in parental leave/ Job Evaluation / Miscellaneous other) €1.7m across all divisions.
- 4) Meeting regulatory requirements in the disability sector, long-stay facilities in older persons and mental health services, within the limits of funding available without impacting on service levels.
- 5) Responding adequately to unplanned and unforeseen events in the absence of a contingency fund.
- 6) Lack of Capital investment to replace equipment and vehicles.
- 7) Inflationary Pressures in maintaining existing levels of service in drugs and other clinical non-pay costs including health technology innovations are not included

### **Budget summary 2020**

Please see Appendix 1, Table for full 2020 budgetary breakout.



## **Section 7:**

# **Workforce**

## **Introduction**

The identified Human Resource priorities set out the future direction for the development of our people services across the healthcare system. It is focused on our shared purpose – to deliver safer better healthcare and services that are valued by the public and by staff.

Our priorities for 2020 will include a dedicated focus to develop workforce planning, enhancing leadership and accountability and building organisational capacity. We will build capacity with the support of National HR to ensure relevance and connectivity to meeting people's needs and local service requirements.

## **Leadership and Culture**

It is our priority to ensure our leaders at all levels are working together towards a shared purpose, creating a caring and compassionate culture, nurturing talent and inspiring innovation and excellence throughout the system. In consultation with Leadership, Education, Talent and Development (LETD) Community Healthcare West will continue to focus on staff development and succession planning. The Service Level Arrangement process will result in a training schedule which prioritizes building capacity of staff and managers to meet organisational requirements and to support front-line managers to undertake their people management role.

## **Employee Experience**

Our staff bring a range of skills, talents, diverse thinking and experience to the organisation. We are committed to creating a positive working environment whereby all employees inclusive of race, religion, ethnicity, gender, sexual orientation, responsibility for dependents, age, physical or mental disability, civil status, membership of the Traveller community, and geographic location, are respected, valued and can reach their full potential. We aim to develop our workforce reflecting the diversity of HSE service users, and which is strengthened through accommodating and valuing different perspectives, ultimately resulting in improved service user experience. This is achieved by increasing awareness of diverse needs, and through supporting the disability bridging programme and other initiatives.

Active promotion of health and wellbeing in the workplace continues to be a priority. The Workplace Health and Wellbeing Unit provides support for all staff and assists in preventing staff becoming ill or injured at work. The unit maximises access to, and retention of, work through timely rehabilitation services via occupational health services, rehabilitation / case management services, and organisational health.

## **Capability and Talent**

Our commitment is to engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them. Staff who are valued, supported in their development and treated well, improve patient care and overall performance. Improved people management is the responsibility of all leaders, managers and staff. Leadership is the most influential factor in shaping organisation culture and so ensuring the necessary leadership behaviours, strategies and qualities are developed is fundamental. In 2020 Community Healthcare West HR will further develop the established working relationships with LETD on the access and delivery of Development Programmes to meet the needs of local services and succession planning.

## **Workforce Planning and Intelligence**

Government policy on public service numbers and costs is focused on ensuring that the health workforce operates within the pay budgets available. The number of WTE's in post at the end of November 2019 is 4,224 (Appendix 2). Effective control over workforce numbers and associated pay expenditure will be essential to ensuring that we deliver services within the available financial resources for 2020. Further details in this regard are set out in the following paragraphs. Particular attention will be directed to the further development of measures to support the sourcing, recruitment, and retention of nursing staff in light of identified shortages. The development of a workforce plan for Community Healthcare West will be progressed as a priority.

## **Service Design and Integration**

Peoples Needs Defining Change has been incorporated into all change processes in collaboration with our PMO colleagues. Human Resources is represented on each change management steering committees to ensure that the project team and staff involved are fully supported and any training needs addressed to support the change processes. Service User Representatives form part of most change management steering groups and sub groups. Locally facilitated training reacts to the needs of our managers and staff. This supports the delivery of change projects with minimal disruption to services and service users.

## **Performance Accountability**

Human Resources will lead on implementation and rollout of the revised and redesigned Performance Achievement System. The key focus of this initiative is to facilitate meaningful engagement, on a two way basis between managers and staff, in relation to all aspects of performance achievement.

The process will provide the fullest possible opportunity for staff and managers to work together and engage productively on all issues that arise in the work place in relation to performance. It also provides the opportunity to give and receive feedback which increases connectivity to service targets and improves overall performance and job satisfaction.

## **Network and Partner**

The Joint Union Management Forum established in 2017 with Trade Union partners and representatives for all the Divisions, Finance, Communications and the Chief Officer's Department will continue. This forum will meet four times during 2020 with subgroups established for all Divisions.

In addition, to support the implementation of Sláintecare and further reform, a combined Joint Union Management Forum has been established consisting of Trade Union Officials and management representatives from Saolta, CHO 1 and Community Healthcare West.

## Professional HR Services

Building on progress made in 2019, evidence based decision making and ensuring that our managers have the knowledge, skills and confidence to undertake their people management role, are key priorities for 2020. We will continue to develop our HR business partner relationships with specialist services to ensure that we offer a blend of strategic, specialist and operational Human Resource advice and support. Where there are identified deficits in that support, we will pursue as part of a future HR operating model. We will continue to develop workforce planning within Community Healthcare West and develop specialist knowledge within current resources.

## Pay and Staffing Strategy 2020

Based upon key learning from previous Pay and Staffing Strategies, the approach being taken in 2020 begins with a central 'top down' high level affordability assessment of the level of staff, on an average cost per WTE basis, that the indicative pay budget for 2020 can support. This approach is designed to enable more realistic and affordable forecasting and follows on from the WTE limits process implemented in late 2018. WTE limit monitoring is an integral component of the overriding principle of compliance to allocated pay expenditure budgets. The monitoring of both WTE limits and pay expenditure at all service levels will further support and enhance performance and governance of same, with key actions and interventions on deviation in place, in line with the Performance and Accountability Framework. The Payroll Monitoring Control Group will continue to provide control and analysis of all vacancy management within Community Healthcare West.

## Peoples Needs Defining Change

People's Needs Framework is the policy framework and agreed approach to change signed off by HSE Leadership and the Joint Information and Consultation Forum (JICF) representing the Trade Unions. It presents the overarching Change Framework that connects and enables a whole system approach to delivering change across the system and is a key foundation for delivering the people and culture change required to implement Sláintecare and Public Sector Reform. The Change Guide complements all of the other service, quality and culture change programmes that are currently making progress towards the delivery of person-centred care, underpinned by our values of Care, Compassion, Trust and Learning. The Change Framework prioritises people's needs defining change and the Change Guide is a resource that can be applied at all levels to support managers and staff to mobilise and implement change. Fully utilising and resourcing the implementation of the Change Guide is an organisational priority – building change capacity will enable and support staff to work with and embrace change as an enabler of better outcomes for service users, families, citizens and local communities. [www.hse.ie/changeguide](http://www.hse.ie/changeguide).

	Key result areas	Priority Actions	Timeline
1	a) Improved skill and knowledge in dealing with People Management Issues b) Invest in people and teams. c) A culture where staff and managers	i. Five HR Training Clinics are scheduled for 2020 covering Trust in Care, Attendance Management and Grievance Procedure. Scheduled dates: 22 <sup>nd</sup> January, 26 <sup>th</sup> March, 28 <sup>th</sup>	Q1-Q4

	communicate effectively.	May, 30 <sup>th</sup> September and 26 <sup>th</sup> November.	
	d) Community Healthcare West fosters a learning and development culture within our area.	ii. Include template letters in Line Manager HR Toolkit to support managers in dealing with People Management issues.	Q1
		iii. Further roll out of Effective Communication through Team Meetings training.	Q2
		iv. An Organisational Training Schedule is available to all staff incorporating LETD, CHO HR and Quality Risk Training.	Q1
		v. Succession Development Programme will commence early 2020 aimed Clerical/Admin Grades 5-7.	Q1
		vi. Coaching and Mentoring will continue to be promoted to managers at all grades.	Q1-Q4
		vii. We support and promote communities of practice throughout our development programmes and beyond.	Q1-Q4
2	a) Support workforce transformation and service design b) Facilitate workforce and service flexibility	i. Peoples Needs Defining Change framework is utilised to support all Change projects. Service User Representatives are included on change management project teams where possible.	Q1-Q4
		ii. Support the implementation of Community Health Networks, pilot site initially, participate in the review process and support the further rollout of Community Health Networks.	Q1-Q4

		iii. Support the implementation of the Children's Disability Networks within Community Healthcare West.	Q1-Q4
3	a) Improve Staff Health and Wellbeing	i. Staff Health and Wellbeing Steering Group will continue for 2020 and will best utilise the allocated funding.	Q1-Q4
		ii. Establish Staff Health, Wellbeing and Engagement Forum with a nominee to join Staff Health and Wellbeing Steering Group.	Q1-Q4
4	a) Implement strategic workforce planning b) Develop local expertise in Workforce Planning and Intelligence	i. Ensuring that current management reporting meets management needs and can be easily adapted to service requirements including Agency conversion/ elimination.	Q1-Q4
		ii. Staffing/ WTE trends will continue to be analysed monthly, staff movement and agency levels are reviewed by operational and recruitment leads.	Q1-Q4
		iii. The limited Community Healthcare West recruitment resource allocation will continue to work with HBS Recruit to ensure a timely response to address our recruitment and retention needs.	Q1
5	a) Partner with service users and local communities b) Partner with stakeholders/service c) Providers d) Create networks	i. Change Project Steering Groups and sub Groups include membership from Service User representatives	Q1-Q4
		ii. Co-Production has been progressed to initiation stage with the support of our PMO.	Q1-Q4
		iii. Community Healthcare West Joint Union Management Forum will meet four times in 2020.	Q1 – Q4
		iv. A SAOLTA, Area 1 and 2 JUMF will take place in January 2020 and will	Q1

		meet twice during 2020, this Forum will support and establish relationships to assist in the delivery of future service reconfiguration and Sláintecare.	
		v. We will continue to work closely with our colleagues in Occupational Health, Employee Support services to support our staff attendance and health matters.	Q1-Q4
		vi. A very close and proactive working relationship has been built over the years with LETD and will continue to ensure that we can react to training needs as they arise.	Q1-Q4
6	a) Enable productivity and efficiency b) Develop digital competency	i. Recent access to programmes (BEX) and Workforce Planning and Analytics data and resources has proved to be very beneficial in having standardised data available for decision making. We will continue to pursue access to IT systems to generate data to support our managers in decision making, to avoid duplication and the manual collation of data.	Q1-Q4
		ii. Pursue training programmes and access specialist supports to support our staff to see the benefits and use digital technology.	Q3

## **Section 8:**

# **Enabling Healthcare Delivery**



## Portfolio Management Office (PMO)

The establishment of local PMOs in 2017 was an innovative national development, and to date the Community Health care West PMO has served a crucial role in our organisation in leading sustainable change, building project management capacity and delivering on many key reforms improving services for patients and staff alike.

Our PMO has become embedded in front line service delivery working on both local and national priority projects the most recent of which is Sláintecare. We are delighted to state that much has been achieved to date over a relatively short timescale and we have worked hard to develop both processes and relationships across our organisation and beyond which has been key to this work. The PMO has provided a single overarching body to coordinate and drive the delivery of a range of service improvement programmes and projects arising from strategies, frameworks, policies, reviews and recommendations reports.

In 2020 the team will support the delivery of a portfolio of projects (Appendix 4), working with teams across all divisions of Community Healthcare West to ensure consistent and integrated project execution. The implementation of the Community Health Networks will be a key priority for the team in 2020 and beyond. Community Healthcare Networks are a foundational step in building a better health service. The Networks put the structures in place that will enable a better service be delivered to the people using our health and social care services and for the staff delivering them.

Sláintecare will also be a key priority in 2020. Having developed our funding applications in partnership with Saolta and Community Organisations, nine Projects in Community Healthcare West were successful in securing funding of €1,910,601. The aim of these projects is to:

- improve patient and service users experience;
- improve clinician experience;
- lower costs and most important achieve better outcomes for the people we support.

These projects will run for a minimum period of twelve months as a pilot, potentially extending to mainstream following an evaluation process.

This coming year the PMO will drive the next stage of co-production and co-design with a seminar in March 2020 in partnership with Service Users, carers, Saolta and NUIG. This will be the building blocks for change defining people who use services as assets with skills and break down the barriers between people who use services and professionals.

Our Health and Social Care system belongs to all of us and we all bring valuable insights to how it can improve. We must work in partnership - Patients, Service Users, families, staff and elected representatives - in doing so we can co-produce lasting change which benefits us all.

## Information Services

The Community Healthcare West Information Services Liaison Office works with our business users & Portfolio Management Office on projects with an IS element. Our goal is to help ensure our services migrate to common solutions based on common processes. All our business related projects will be managed by the business teams themselves to ensure we design the correct process to meet their needs and ensure we have appropriate ownership of the process, solution and the data going forward.

Looking ahead to 2020, we will continue working on a variety of projects. The majority of our effort will continue on the Integrated Patient Management System Project (iPMS). This project will have a significant positive impact on our Mental Health & Social Care services. We have established sub-teams in both Mental Health & Elderly Services to co-ordinate the project across all our business sectors. During 2019, the project focused on new process design, configuration design & data quality. The configuration work for our Inpatient, Outpatient & Chart Tracking processes will continue throughout 2020.

## Communications

The Community Healthcare West Communications Office contributes to the management and processing of both internal and external communication requirements. An essential function of the Communications Office is to engage with stakeholders in the provision of and access to information about our services. 2020 will see an escalation and enhancement of our Communication planning processes and the development of the first Communications Strategy for the organisation. The strategy promotes inclusion and accessibility and will focus on consultation and improvements that can be made to how, where, when and what we communicate. Developing a robust strategy provides an opportunity to reflect on how our organisation communicates and to better meet internal and external communication needs using appropriate language and mediums.

## Accommodation Management

The Community Healthcare West Accommodation Review Committee (ARC) was established in 2017 to manage and oversee the centralised allocation and efficient usage of HSE property on the Community Healthcare West Property Register. All decisions relating to the use or change of use of existing CHO property is, without exception, centralised via the ARC.

The ARC membership includes representatives from each of our Service Divisions and HSE Estates. The day-to-day functioning of the ARC is supported by an Accommodation Co-ordinator.

The ARC meets regularly to review applications, make decisions on requests and/or recommend alternative courses of action. The ARC does not deal with lease, purchase or disposal of property as this is the remit of HSE Estates. Further information and application forms are available via [accommodation.cho2@hse.ie](mailto:accommodation.cho2@hse.ie).

## Complaints and Feedback Management

The Health Service Executive (HSE) is committed to ensuring that feedback; comments, compliments and complaints from those using its services is acknowledged, reviewed, acted upon and responded to and that the learning derived from this feedback informs our quality improvement programmes. Effective handling of service user feedback is fundamental to the provision of a quality service. Best practice identifies what service users want when they provide feedback and the HSE has used this information to develop a system which will meet these requirements – this system is called ‘Your Service Your Say’ (YSYS).

Community Healthcare West will ensure there is a continuing emphasis in 2020 to respond effectively to feedback from our service users. We will do this by:

- Provision of further guidance and information for internal and external stakeholders on the Your Service your Say (YSYS) process within Community Healthcare West.
- Encouraging a proactive response to complaints received by local services/at source, to ensure that as far as possible, they are resolved at the point of contact.
- Full implementation of the HSE Complaints Management System (CMS) to facilitate the automated process for the HSE’s feedback policy, Your Service your Say.
- Continuing to providing training to staff in each Division on the roles of Complaints Officers and Review Officers.
- Providing a quarterly overview and updated information on the management of service user feedback to Senior Management Teams.
- Ensuring that the lessons learned from feedback, including complaints, are used to improve services.
- Establishing a forum for Complaints Officers in Community Healthcare West in 2020.
- Implementation of the recommendations of the “Learning to get better” report by the Office of the Ombudsman.
- Explore the use of complaints data, including national trending, to support feedback into the system and drive improvements through learning.

Community Healthcare West wants to provide safe and high-quality services so that the Service User receives the best care and treatment. Feedback matters and it helps us to improve our services.

## Preparing for Brexit

A HSE Brexit Planning Group has been in place since 2017 and has worked with the Department of Health (DoH) on a wide range of Brexit contingency planning and mitigating actions. Our CHO will continue to work with the Planning Group to ensure that arrangements are in place as required regarding issues such as:

- General Data Protection Regulation (GDPR) Compliance
- Continuity of patient and client health services
- Workforce issues and recognition of qualifications
- Continuity of supply of good and services/procurement arrangements

## Children First

The HSE Children First National Office aims to support the protection and welfare of children and young people in compliance with the Children First Act 2015 and National Guidance for the Protection and Welfare of Children 2017. The Office has a key functional role, at national and at a local level, in supporting compliance with the Act and developing and delivering training and other resources in relation to Children First. Children First is a generic term used to encompass the guidance, the legislation and the implementation of both. The HSE Children First Training and Development Officers based within Community Healthcare West aim to support the consistent implementation and compliance with Children First across the HSE with the assistance of the Children First Governance Structures Operational Steering Committee.

### Implementing Priorities in 2020

1. Children First implementation and compliance across Community Healthcare West
2. Implementation of the HSE Child Protection and Welfare Policy following launch in Q4 2019
3. Updated Child Safeguarding Statements on display across all relevant services

Key result area	Priority Actions	Timeline
<b>Children First implementation and compliance across Community Healthcare West</b>	Work collaboratively with the HSE Children First National Office to support consistent development and implementation of policy and resources to support effective management of staff awareness and training in Children First	Q 1 – Q 4
	Inform new staff fulfilling Mandated Persons roles of their responsibilities under the Children First Act 2015	Q 1 – Q 4
	Ensure all staff complete the mandatory 'An Introduction to Children First' eLearning module followed by the online refresher every 3 years	Q 1 – Q 4
	Roll out a one day classroom based HSE Children First Training for Mandated Persons	Q 1 – Q 4
	Complete the HSE Children First Compliance and Best Practice Self-Assessment Checklist	Q 1 – Q 4
<b>Implementation of the HSE Child Protection and Welfare Policy following launch in Q4 2019</b>	Implement the HSE Child Protection and Welfare Policy across Community Healthcare West. This policy provides a step-by-step guide for staff when dealing with a child protection or welfare concern, and provides detailed guidance on matters. The Policy can be located at: <a href="https://www.hse.ie/eng/services/list/2/primarycare/children-first/hse-child-protection-and-welfare-policy/">https://www.hse.ie/eng/services/list/2/primarycare/children-first/hse-child-protection-and-welfare-policy/</a>	Q 1 – Q 4

<b>Updated Child Safeguarding Statements on display across all relevant services</b>	Ensure Child Safeguarding Statements are in place and on display in all areas across all relevant services in Community Healthcare West (as per Schedule 1 of the Children First Act 2015)	Q1 – Q 4
	Review of existing Child Safeguarding Statements to be undertaken following guidance from the Children First National Office	Q 1
	Ensure Child Protection and Welfare Risk Assessments are completed and included in risk registers as required.	Q 1 – Q 4

# Appendices

## Net Expenditure Allocations 2020

Primary Care	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Primary Care	66.18	30.03	96.21	(2.07)	94.14
Social Inclusion	0.75	6.19	6.94	0.00	6.94
Palliative Care	1.83	5.20	7.03	0.00	7.03
<b>Total</b>	68.76	41.43	110.19	(2.07)	108.12

Social Care	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Older Persons	85.16	45.46	130.62	(45.63)	85.00
Disability	16.97	173.05	190.02	(0.39)	189.63
<b>Total</b>	102.13	218.52	320.64	(46.01)	274.63

Mental Health	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Mental Health	98.36	21.62	119.99	(1.97)	118.01
<b>Total</b>	98.36	21.62	119.99	(1.97)	118.01

Health & Wellbeing	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Health & Wellbeing	0.64	0.13	0.78	(0.00)	0.77
<b>Total</b>	0.64	0.13	0.78	(0.00)	0.77

Corporate Services	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Corporate Services	0.57	0.00	0.57	0.00	0.57
<b>Total</b>	0.57	0.00	0.57	0.00	0.57

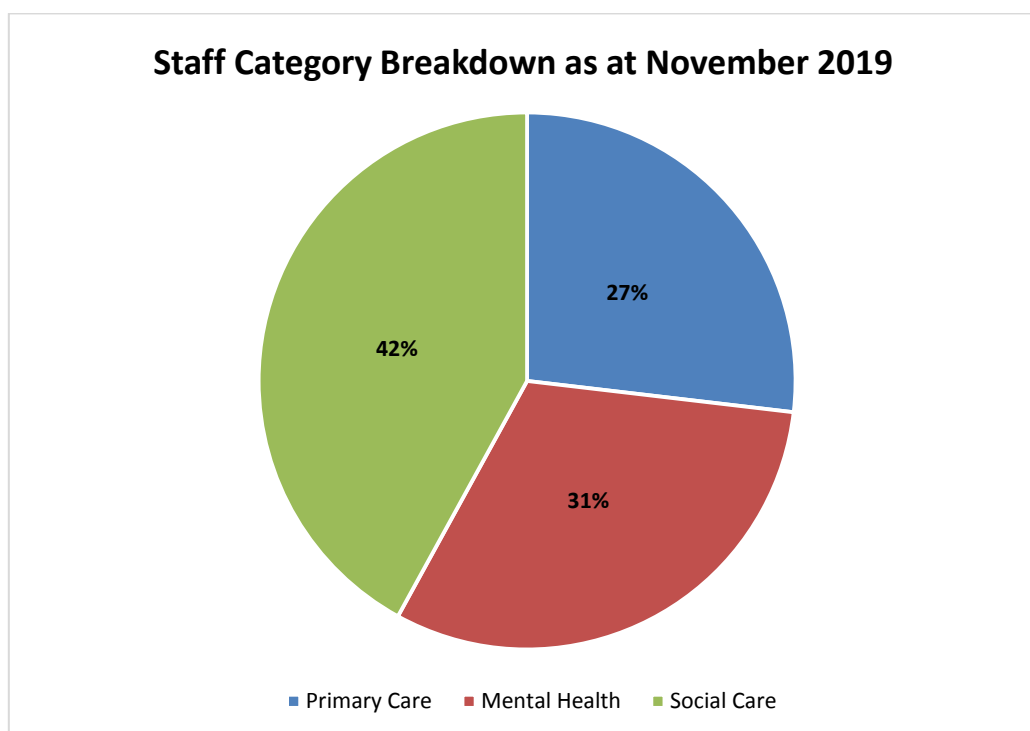
TOTAL (Exc Local Demand Led Schemes)	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
<b>TOTAL (Exc Local Demand Led Schemes)</b>	270.46	281.70	552.16	(50.06)	502.10

Local Demand Led Schemes	Pay	Non Pay	Gross Budget	Income	Net Budget
<b>Demand Led Schemes</b>	0.00	21.71	21.71	0.00	21.71

## HR Tables

Division	Mgt / Admin	Medical/ Dental	Nursing/ Midwifery	Health & Social Care Professionals	General Support	Patient & Client Care	WTE as at 30th November 2019	WTE Limit at 13.12.19 *
Primary Care	331	88	317	308	31	60	1,134	1122
Mental Health	138	105	584	140	64	284	1,315	1263
Social Care	105	13	419	71	85	1,082	1,774	1771
Older Persons' Services	81	11	361	37	77	996	1,563	1563
Disability Services (HSE)	24	2	57	35	8	85	211	208
<b>Grand Total</b>	<b>574</b>	<b>206</b>	<b>1,319</b>	<b>520</b>	<b>180</b>	<b>1,425</b>	<b>4,224</b>	<b>4156</b>

\* 2020 WTE Limit entered is projected limit, not yet confirmed.





## Capital Infrastructure

This appendix outlines capital projects that: 1) were completed in 2018 / 2019 and will be operational in 2020; 2) are due to be completed and operational in 2020; or 3) are due to be completed in 2020 and will be operational in 2021

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2020 Implications	
						2020	Total	WTE	Rev Costs €m
Disability Services									
Community Healthcare West									
Aras Attracta, Swinford, Co. Mayo	4 Units at varying stages of delivery to meet the housing requirements for 15 people transitioning from Aras Attracta, Swinford.	Phased 2020 / 2021	Phased 2021	0	15	2.30	6.90	-	-
	4 Units to be provided by an AHB (CAS Funding) in 2021	2021	Phased 2021 / 2022	0	16	TBC	TBC	-	-
	Fire Safety and Infrastructural Upgrade	Provisional 2020	Provisional 2020	0	0	0.05	0.05	-	-
Primary Care									
Primary Care Centre, Ballyhaunis	In Construction	Q4, 2020	Q1, 2021	0	0	.20	TBC	-	-

## Portfolio Management – Active 2020 Project Summary

Cross Division	HR Staff Engagement
Implementation of Patient Management System (IPMS)	Schwartz Rounds
Funding Compliance Management – Grant Aid Agreement	Recording of Mandatory Training
Future usage of Toghermore site	
Record/File Management and Storage Project	
Sláintecare Funding	Mental Health
ID153 End to End Implementation of the model of integrated care for T2 Diabetes	Housing Transfer for Community Residents
ID171 My Home MHCIS (Mental Health)	Connecting for Life
ID216 Development of the Physiotherapy led Pulmonary Rehab Services - Mayo	Cross Links
ID219 Extension of Self-care to Wellness Programme across the CHO	Establishment of Mental Health Engagement Involvement Structures
ID220 Implementation of a structured Exercise Programme for people T2 Diabetes	Restructuring East Galway Mental Health/Disability Services
ID221 Development of Integrated Population Based Falls Service - Mayo	
ID222 Osteoarthritis Knee Pathway	Primary Care
Development of Integrated Community Based Older Persons Hub Phase 1 Galway	Area Medical Office Database
Social Care	Improve Key Performance Indicators Generated for Physiotherapy in Galway
Aras Attracta - Future Use	Radiology Diagnostics Services in Tuam
Implementation Care Management	New born Bloodspot Screening Data Capture Project - Galway, Mayo and Roscommon
Topping Trust	Managing a Peer to Peer Support for Service Managers
Transition Autism Spectrum Disorder Services	Telemedicine in Speech and Language Services
Health and Wellbeing	Island Services Implementation Project
Healthy Ireland Implementation Plan	Standardise Purchase of Aids and Appliances
Making Every Contact Count	Implementation of International Dysphagia Diet Standardisation Initiative (IDDSI) Framework for Mayo
	Community Healthcare Networks - Tuam, Athenry and Loughrea Area
	Quality and Risk
	Aras Attracta Group Mapping

# Performance Indicator Suite and Activity 2020

## Performance Indicator Suite

**Note: 2019 and 2020 expected activity and targets are assumed to be judged on a performance that is equal or greater than ( $\geq$ ) unless otherwise stated (i.e. if less than ( $<$ ) or, less than or equal to symbol ( $\leq$ ) is included in the target).**

Community Healthcare					
Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020	Community Healthcare West Target
<b>Primary Care Services</b>					
<b>Healthcare Associated Infections: Medication Management</b> Consumption of antibiotics in community settings (defined daily doses per 1,000 population) per day based on wholesaler to community pharmacy sales – not prescription level data	Q (1 Qtr in arrears)	<23.1	22.9	<22	<22
<b>Nursing</b> % of new patients accepted onto the nursing caseload and seen within 12 weeks	M (1 Mth in arrears)	100%	99%	100%	100%
<b>Physiotherapy</b> % of new patients seen for assessment within 12 weeks	M	81%	79%	79%	79%
% on waiting list for assessment $\leq$ 52 weeks		95%	94%	94%	94%
<b>Occupational Therapy</b> % of new service users seen for assessment within 12 weeks	M	68%	68%	68%	68%
% on waiting list for assessment $\leq$ 52 weeks		85%	74%	95%	95%
<b>Speech and Language Therapy</b> % on waiting list for assessment $\leq$ 52 weeks		100%	94%	100%	100%
% on waiting list for treatment $\leq$ 52 weeks		100%	90%	100%	100%
<b>Podiatry</b> % on waiting list for treatment $\leq$ 12 weeks		32%	33%	33%	33%
% on waiting list for treatment $\leq$ 52 weeks		77%	72%	77%	77%
<b>Ophthalmology</b> % on waiting list for treatment $\leq$ 12 weeks		26%	27%	27%	27%
% on waiting list for treatment $\leq$ 52 weeks		66%	65%	66%	66%
<b>Audiology</b> % on waiting list for treatment $\leq$ 12 weeks		41%	36%	41%	41%
% on waiting list for treatment $\leq$ 52 weeks		88%	86%	88%	88%
<b>Dietetics</b> % on waiting list for treatment $\leq$ 12 weeks		37%	40%	40%	40%
% on waiting list for treatment $\leq$ 52 weeks		79%	80%	80%	80%

Community Healthcare					
Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020	Community Healthcare West Target
<b>Psychology</b>					
% on waiting list for treatment ≤12 weeks		36%	27%	36%	36%
% on waiting list for treatment ≤52 weeks		81%	75%	81%	81%
<b>Oral Health</b>					
% of new patients who commenced treatment within three months of scheduled oral health assessment		90%	91%	91%	91%
<b>Orthodontics</b>					
% of patients seen for assessment within six months	Q	46%	38%	46%	46%
% of orthodontic patients (grades 4 and 5) on the treatment waiting list longer than four years		<6%	<7%	<6%	<6%
<b>Child Health</b>					
% of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age	M (1 Mth in arrears)	New PI NSP2020	New PI NSP2020	95%	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	Q	98%	99%	99%	99%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q (1 Qtr in arrears)	58%	58%	64%	64%
% of babies breastfed exclusively at first PHN visit		48%	43%	50%	50%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit		40%	41%	46%	46%
% of babies breastfed exclusively at three month PHN visit		30%	32%	32%	32%
<b>Social Inclusion</b>					
<b>Opioid Substitution</b>					
Average waiting time from referral to assessment for opioid substitution treatment	M (1 Mth in arrears)	4 days	6 days	4 days	4 days
Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced		28 days	20 days	28 days	28 days
<b>Homeless Services</b>					
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	87%	80%	80%	80%
<b>Substance Misuse</b>					
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q (1 Qtr in arrears)	100%	96%	100%	100%
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment		100%	91%	100%	100%
<b>Older Persons' Services</b>					

Community Healthcare					
Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020	Community Healthcare West Target
<b>Safeguarding</b> <i>(combined KPIs with Disability Services)</i> % of preliminary screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	Q (1 Mth in arrears)	100%	98.3%	100%	100%
% of preliminary screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan		100%	99.4%	100%	100%
<b>Residential Care</b> % occupancy of short stay beds	M	90%	84.5%	90%	90%
<b>Quality</b> % compliance with regulations following HIQA inspection of HSE direct-provided Older Persons' Residential Services	Q (2 Qtrs in arrears)	80%	80%	80%	80%
<b>Intensive Home Care Packages (IHCPs)</b> % of clients in receipt of an IHCP with a key worker assigned	M	100%	97.8%	100%	100%
<b>Nursing Homes Support Scheme (NHSS)</b> % of population over 65 years in NHSS funded beds (based on 2016 Census figures)		≤3.5%	3.4%	≤3.5%	≤3.5%
% of clients with NHSS who are in receipt of ancillary state support		13.5%	14.7%	13.5%	13.5%
% of clients who have Common Summary Assessment Reports (CSARs) processed within six weeks		90%	88.4%	90%	90%
<b>Palliative Care Services</b>					
<b>Inpatient Palliative Care Services</b> Access to specialist inpatient bed within seven days during the reporting year	M	98%	98.1%	98%	98%
% of patients triaged within one working day of referral (inpatient unit)		90%	97.6%	90%	90%
<b>Community Palliative Care Services</b> Access to specialist palliative care services in the community provided within seven days (normal place of residence)	M	90%	85.8%	90%	90%
% of patients triaged within one working day of referral (community)		95%	96.3%	95%	95%
<b>Disability Services</b>					
<b>Safeguarding</b> <i>(combined KPIs with Older Persons Services)</i> % of preliminary screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	Q (1 Mth in arrears)	100%	100%	100%	100%

Community Healthcare					
Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020	Community Healthcare West Target
% of preliminary screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan		100%	100%	100%	100%
<b>Quality</b> % compliance with regulations following HIQA inspection of disability residential services	Q (2 Qtrs in arrears)	80%	80%	80%	80%
<b>Day Services including School Leavers</b> % of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	Annual	100%	95%	100%	100%
<b>Disability Act Compliance</b> % of child assessments completed within the timelines as provided for in the regulations	Q	100%	9%	100%	100%
<b>Progressing Disability Services for Children and Young People (0-18s) Programme</b> % of Children's Disability Networks established	M	100%	0%	100%	100%
<b>Mental Health Services</b>					
<b>Quality</b> % compliance with regulations following Mental Health Commission inspection of Mental Health approved centres	Q	New PI NSP2020	New PI NSP2020	70%	70%
<b>General Adult Community Mental Health Teams</b> % of accepted referrals / re-referrals offered first appointment within 12 weeks by General Adult Community Mental Health Team	M	90%	93%	90%	90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team		75%	73%	75%	75%
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month		<22%	23%	<22%	<22%
<b>Psychiatry of Later Life Community Mental Health Teams</b> % of accepted referrals / re-referrals offered first appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams		98%	97%	98%	98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams		95%	95%	95%	95%
% of new (including re-referred) Psychiatry of Later Life Psychiatry Team cases offered appointment and DNA in the current month	M	<3%	3%	<3%	<3%

Community Healthcare					
Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020	Community Healthcare West Target
<b>Child and Adolescent Mental Health Services</b>					
Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units		75%	84%	75%	75%
% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units		95%	95%	95%	95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams		78%	77%	78%	78%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams		72%	70%	72%	72%
% of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month		<10%	9%	<10%	<10%
% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs		95%	95%	95%	95%
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days		Reporting to commence in 2019	75%	>80%	>80%

## Activity 2020

**Note: 2019 and 2020 expected activity and targets are assumed to be judged on a performance that is equal or greater than ( $\geq$ ) unless otherwise stated (i.e. if less than ( $<$ ) or, less than or equal to symbol ( $\leq$ ) is included in the target).**

Community Healthcare					
Activity	Reporting Period	NSP2019 Expected Activity	Projected Outturn 2019	Expected Activity 2020	Community Healthcare West Expected Activity
<b>Primary Care Services</b>					
<b>Community Intervention Teams</b> Total no. of CIT referrals.	M	45,432	51,552	45,432*	4,428
<b>Paediatric Home Care Packages</b> Total no. of Paediatric Home Care Packages		457	485	537	National
<b>Health Amendment Act: Services to people with State Acquired Hepatitis C</b> No. of Health Amendment Act card holders who were reviewed	Q	340	40	300	30
<b>GP Activity</b> No. of contacts with GP Out of Hours Service	M	1,147,496	1,053,420	1,064,465	National
<b>Nursing</b> No. of patients seen	M (1 Mth in arrears)	743,605	465,948	474,366**	73,138
<b>Therapies / Community Healthcare Network Services</b> Total no. of patients seen	M	1,557,484	1,607,784	1,632,047	193,853
<b>Physiotherapy</b> No. of patients seen		581,661	587,604	587,604	67,980
<b>Occupational Therapy</b> No. of patients seen		356,314	382,296	389,256	38,628
<b>Speech and Language Therapy</b> No. of patients seen		279,803	280,500	282,312	36,165
<b>Podiatry</b> No. of patients seen		83,100	85,452	85,866	18,720
<b>Ophthalmology</b> No. of patients seen		99,192	102,216	104,147	16,056
<b>Audiology</b> No. of patients seen		52,548	55,452	64,465	7,210
<b>Psychology</b> No. of patients seen		41,484	45,624	49,757	2,998
<b>Dietetics</b> No. of patients seen		63,382	68,640	68,640	6,096



Community Healthcare					
Activity	Reporting Period	NSP2019 Expected Activity	Projected Outturn 2019	Expected Activity 2020	Community Healthcare West Expected Activity
No. of people who have completed a structured patient education programme for type 2 diabetes	Q	4,190	3,700	3,700	tbc
<b>Orthodontics</b> No. of patients seen for assessment within six months		2,406	2,723	2,723	National
<b>GP Trainees</b> No. of trainees	Annual	202	199	217	National
<b>National Virus Reference Laboratory</b> No. of tests	M	945,228	966,221	966,221	National
<b>Social Inclusion Services</b>					
<b>Opioid Substitution</b> No. of clients in receipt of opioid substitution treatment (outside prisons)	M (1 Mth in arrears)	10,063	9,865	10,145	177
<b>Needle Exchange</b> No. of unique individuals attending pharmacy needle exchange	Q (1 Qtr in arrears)	1,650	1,894	1,894	78
<b>Homeless Services</b> No. of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	1,126	1,238	1,245	147
<b>Traveller Health</b> No. of people who received information on type 2 diabetes or participated in related initiatives		3,735	4,442	3,735***	725
No. of people who received information on cardiovascular health or participated in related initiatives		3,735	4,985	3,735***	725
<b>Substance Misuse</b> No. of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q (1 Qtr in arrears)	4,884	4,104	4,940	292
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment		340	328	360	16
<b>Older Persons' Services</b>					
<b>InterRAI Ireland (IT based assessment)</b> No. of people seeking service who have been assessed using the interRAI Ireland Assessment System	M	300	300	1,200	
<b>Home Support</b> No. of home support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))		17.9m	17.52m	18.9m	2,053,320

Community Healthcare					
Activity	Reporting Period	NSP2019 Expected Activity	Projected Outturn 2019	Expected Activity 2020	Community Healthcare West Expected Activity
No. of people in receipt of home support (excluding provision from Intensive Home Care Packages (IHCPs) – each person counted once only		53,182	52,375	53,475	6,195
<b>Intensive Home Care Packages (IHCPs)</b>					
Total no. of persons in receipt of an Intensive Home Care Package		235	235	235	
No. of home support hours provided from Intensive Home Care Packages		360,000	360,000	360,000	
<b>Transitional Care</b>					
No. of persons in receipt of payment for transitional care in alternative care settings	M (1 Mth in arrears)	1,160	900	428****	
No. of persons in acute hospitals approved for transitional care to move to alternative care settings		10,980	10,595	5,584	
<b>Nursing Homes Support Scheme (NHSS)</b>					
No. of persons funded under NHSS in long term residential care during the reporting month	M	23,042	24,112	23,479	
No. of NHSS beds in public long stay units	M	4,900	4,967	4,980	
<b>Residential Care</b>					
No. of short stay beds in public units		1,850	1,929	1,720	
<b>Palliative Care Services</b>					
<b>Inpatient Palliative Care Services</b>					
No. accessing specialist inpatient beds within seven days (during the reporting year)	M	3,809	3,678	4,201	446
<b>Community Palliative Care Services</b>					
No. of patients who received specialist palliative care treatment in their normal place of residence in the month		3,405	3,526	3,532	426
<b>Children's Palliative Care Services</b>					
No. of children in the care of the Clinical Nurse Co-ordinators for Children with Life Limiting Conditions (children's outreach nurse)		280	283	283	32
No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)		97	36	97	n/a
<b>Disability Services</b>					
No. of adults with disabilities in each CHO participating in personalised budgets demonstration projects	Q	New PI NSP2020	New PI NSP2020	180	10
<b>Residential Places</b>					
No. of residential places for people with a disability	M	8,568	8,297	8,358	854

Community Healthcare					
Activity	Reporting Period	NSP2019 Expected Activity	Projected Outturn 2019	Expected Activity 2020	Community Healthcare West Expected Activity
<b>New Emergency Places Provided to People with a Disability</b> No. of new emergency places provided to people with a disability		90	61	48	5
No. of in home respite supports for emergency cases		New PI NSP2020	New PI NSP2020	1	14
<b>Total no. of new emergency places and in home respite supports</b>		90	61	192	<b>19</b>
<b>Congregated Settings</b> Facilitate the movement of people from congregated to community settings	Q	160	118	132	8
<b>Day Services including School Leavers</b> No. of people with a disability in receipt of work / work-like activity services (ID / autism and physical and sensory disability)	Bi-annual (1 Mth in arrears)	2,513	2,513	2,513	410
No. of people (all disabilities) in receipt of rehabilitation training (RT)	M	2,282	2,290	2,290	221
No. of people with a disability in receipt of other day services (excl. RT and work / work-like activities) (adult) (ID / autism and physical and sensory disability)	Bi-annual (1 Mth in arrears)	22,272	22,281	23,547	2541
<b>Respite Services</b> No. of day only respite sessions accessed by people with a disability	Q (1 Mth in arrears)	32,662	33,712	33,712	5,591
No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)		6,559	6,060	6,060	594
No. of overnights (with or without day respite) accessed by people with a disability		182,506	164,823	166,183	14,280
<b>Personal Assistance (PA)</b> No. of PA service hours delivered to adults with a physical and / or sensory disability	Q (1 Mth in arrears)	1.63m	1.63m	1.63m	324,145
No. of adults with a physical and / or sensory disability in receipt of a PA service		2,535	2,552	2,552	430
<b>Home Support Service</b> No. of home support hours delivered to persons with a disability		3.08m	3.08m	3.08m	169,262
No. of people with a disability in receipt of home support services (ID / autism and physical and sensory disability)		8,094	7,294	7,294	479
<b>Disability Act Compliance</b> No. of requests for assessment of need received for children	Q	5,065	5,975	5,975	457

Community Healthcare					
Activity	Reporting Period	NSP2019 Expected Activity	Projected Outturn 2019	Expected Activity 2020	Community Healthcare West Expected Activity
<b>Progressing Disability Services for Children and Young People (0-18s) Programme</b>					
No. of Children's Disability Networks established	M	80	0	96	9
<b>Mental Health Services</b>					
<b>General Adult Community Mental Health Teams</b>					
No. of adult referrals seen by mental health services	M	28,716	26,425	28,716	4855
No. of admissions to adult acute inpatient units	Q (1 Qtr in arrears)	12,148	12,049	12,148	National
<b>Psychiatry of Later Life Community Mental Health Teams</b>					
No. of Psychiatry of Later Life referrals seen by mental health services	M	8,896	9,031	8,896	1420
<b>Child and Adolescent Mental Health Services</b>					
No. of CAMHs referrals received by mental health services		18,128	18,369	18,128	1788
No. of CAMHs referrals seen by mental health services		10,833	10,980	10,833	1102
Median length of stay	Q in arrears			11	11
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	Q in arrears			62.6	65.5
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	Q in arrears			23.3	23.7
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	Q in arrears			39.4	41.8
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	Q in arrears			21.0	23.0
No. of adult involuntary admissions	Q in arrears			2,043	216
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	Q in arrears			10.4	11.9
Number of General Adult Community Mental Health Teams	M			114 (119 returns)	11
Number of referrals (including re-referred) received by General Adult Community Mental Health Teams	M			44,801	7,036
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	M			38,082	5,981

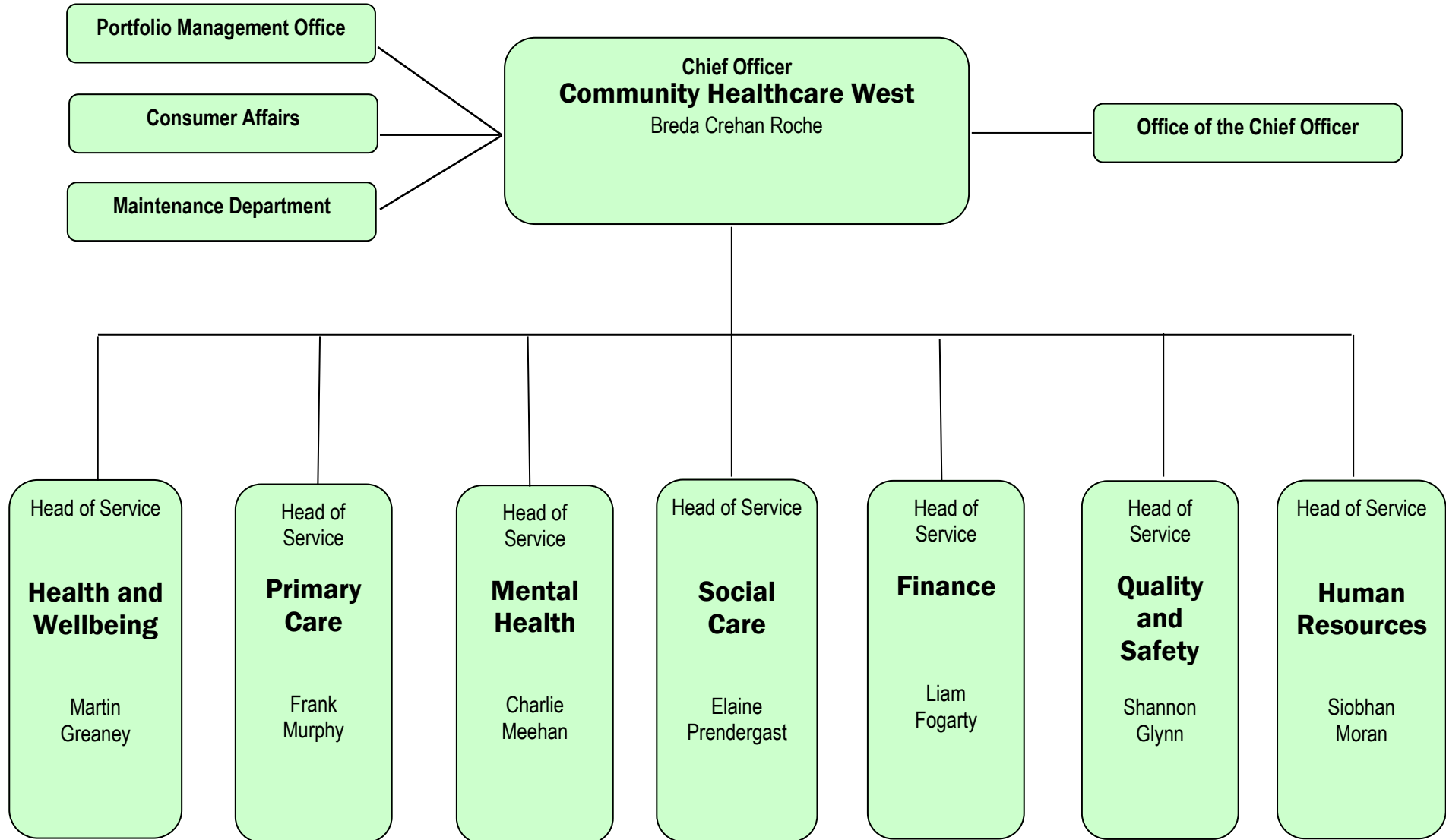
Community Healthcare					
Activity	Reporting Period	NSP2019 Expected Activity	Projected Outturn 2019	Expected Activity 2020	Community Healthcare West Expected Activity
No. of new (including re-referred) General Adult Community Mental Health Team cases offered first appointment for the current month (seen and DNA below)	M			35,035	5,923
No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	M			28,716	4,855
No. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	M			6,319	1,068
Number of cases closed/discharged by General Adult Community Mental Health Teams	M			30,462	4,784
Number of Psychiatry of Later Life Community Mental Health Teams	M			32	5
Number of referrals (including re-referred) received by Psychiatry of Later Life Mental Health Teams	M			12,593	1,922
Number of Referrals (including re-referred) accepted by Psychiatry of Later Life Community Mental Health Teams	M			10,707	1,635
No. of new (including re-referred ) Later Life Psychiatry Team cases offered first appointment for the current month (seen and DNA below)	M			9,170	1,465
No. of new (including re-referred) Later Life Psychiatry Team cases seen in the current month	M			8,896	1,420
No. of new (including re-referred) Later Life Psychiatry cases offered appointment and DNA in the current month	M			274	45
Number of cases closed/discharged by Later Life Psychiatry Community Mental Health Teams	M			7,934	1,211
No. of child and adolescent Community Mental Health Teams	M			71	6
No. of child and adolescent Day Hospital Teams	M			2	1
No. of Paediatric Liaison Teams	M			3	0
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	M			325	90
No. of child / adolescent referrals (including re-referred) received by mental health services	M			18,128	1,788
No. of child / adolescent referrals (including re-referred) accepted by mental health services	M			12,697	1,252
No. of new (including re-referred ) CAMHs Team cases offered first appointment for the current month (seen and DNA below)	M			11,974	1,216

Community Healthcare					
Activity	Reporting Period	NSP2019 Expected Activity	Projected Outturn 2019	Expected Activity 2020	Community Healthcare West Expected Activity
No. of new (including re-referred) child/adolescent referrals seen in the current month	M			10,833	1,102
No. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	M			1,141	114
No. of cases closed / discharged by CAMHS service	M			10,762	1,053
Total No. to be seen for a first appointment by expected wait time at the end of each month.	M			1,894	22
<p>* Reflects on-going focus on a larger blend of complex CIT referrals in 2020 compared to the blend of simple and complex referrals reflected in the 2019 projected outturn</p> <p>** Nursing Target 2020 reflects data review undertaken during 2019 and greater data completeness in respect of the 2018 projected activity on which the 2019 target was based</p> <p>*** Since 2018, the targets for the Traveller Health metrics are set on the basis of 20% of the traveller population aged &gt; 15 years as per Census 2016 data, rather than on the basis of an outturn</p> <p>**** The activity figures have been overstated in the past NSPs, which was identified with the introduction of a new reporting system and is now reflected in the 2020 targets</p>					



**Cúram Sláinte  
Phobail, Iarthar**  
ag freastal ar Ghaillimh,  
Maigheo agus Ros Comáin

**Community  
Healthcare West**  
serving Galway, Mayo  
and Roscommon



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- <sup>i</sup> Population Percentage in the Aggregate Town Areas and Aggregate Rural <http://www.cso.ie/en/databases/www.cso.ie>
- <sup>ii</sup> Population of Ireland <http://www.cso.ie/en/databases/www.cso.ie>
- <sup>iii</sup> Health Finder, CHO2 population 2016 by Local Authority <https://finder.healthatlasireland.ie/>
- <sup>iv</sup> Age dependency ratio 20011 and 2016. <http://www.cso.ie/en/databases/>
- <sup>v</sup> Ethnicity Census of Ireland 2016. <http://www.cso.ie/en/databases/>
- <sup>vi</sup> Trutz Hasse, Pratschke J, The 2016 Pobal HP Deprivation Index for Small Areas September 2017. [www.pobal.ie](http://www.pobal.ie).  
<https://www.pobal.ie/Publications/Documents/The%202016%20Pobal%20HP%20Deprivation%20Index%20-%20Introduction%2007.pdf>
- <sup>vii</sup> Irish Travellers Usually Resident and Present in the State 2011 to 2016. <http://www.cso.ie/en/databases/>
- <sup>viii</sup> Irish Travellers with a Disability and Percentage of those Disabled in relevant age group 2016. <http://www.cso.ie/en/databases/>
- <sup>ix</sup> Population 2011 to 2016 (Number) by Sex, County and City, Census Year and Disability <http://www.cso.ie/en/databases/>
- <sup>\*</sup> The Department of Housing, Planning & Local Government Homelessness Report September 2017. Source:  
[http://www.housing.gov.ie/sites/default/files/publications/files/homeless\\_report\\_-\\_november\\_2017.pdf](http://www.housing.gov.ie/sites/default/files/publications/files/homeless_report_-_november_2017.pdf)
- <sup>xii</sup> Population 2011 to 2016 (Number) by Sex, County and City, Census Year by type of Disability. <http://www.cso.ie/en/databases/>
- <sup>xiii</sup> Birth Rates. Vital Statistics Yearly Summary 2018 <https://www.cso.ie/en/releasesandpublications/ep/p-vs/vitalstatisticsyearlysummary2018/>
- <sup>xiv</sup> Fertility Rate. Vital Statistics Yearly Summary 2018 <https://www.cso.ie/en/releasesandpublications/ep/p-vs/vitalstatisticsyearlysummary2018/>
- <sup>xv</sup> <https://www.worldlifeexpectancy.com/ireland-life-expectancy>