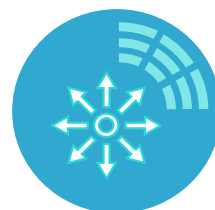




Community Healthcare East

Operational Plan

2021



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Introduction from the Chief Officer



I am pleased to present the 2021 Operational Plan for Community Healthcare East (CH East/CHO6) which sets out the health and social care services that will be delivered in this area. It builds on programmes of work commenced in previous years, and takes cognisance of the future direction of healthcare in Ireland as articulated in *Sláintecare*. The National Service Plan (NSP) for 2021 reflects a significant budget settlement for health services, and gives CH East the means to improve services and progress important strategic reforms. This investment will enable us enhance the delivery of a number of initiatives through the Enhanced Community Care Programme (ECCP), reflecting a move towards the delivery of care in the community or at home whenever possible.

In anticipation of effective vaccines, we must continue to be mindful of, and to mitigate, the risk that COVID-19 poses to core healthcare activities. The overriding focus detailed in the Plan is to advance transformation priorities, while responding to challenges presented by COVID-19, and required restoration of Service. By doing so, we can ensure that we maximise the impact of this investment and emerge from the pandemic with a stronger health service. In 2021, CH East will manage and deploy a budget of €448.5m and a workforce of 3,430 Whole Time Equivalents (WTE) to provide services to a projected population of 412,007, an increase of 4.8% since Census 2016.

This Plan's priorities reflect the NSP 2021 and are informed by our population profile, projected demographic trends, and the current capacity and activity across our community services. Performance is monitored against clearly defined targets and milestones on a monthly basis. The Plan acknowledges the significant work of our management and staff to address challenges arising, including, services disruption due to COVID-19, the increasing demand for services, changing and complex care needs, pressure on existing infrastructure, and the need to maintain a skilled workforce. It also outlines how the Community Healthcare Organisation (CHO) will continue to deliver high quality care services, drive change, support innovation, and improve access to services. In tandem with the on-going transformation of health services, we will continue to develop and deliver services, in a COVID-19 environment, that are person centred, safe for service users and staff, sustainable, and capable of serving the needs of people in the CHO. We will continue to work with our colleagues in Estates to identify, scope and secure funding for priority capital developments to address service demands and improve infrastructure to meet regulatory standards.

While the level of investment in services in 2021 is welcome, there remain particular risks including the recruitment of the necessary staff to ensure delivery of the key developments, and the continued delivery of core services to agreed activity levels for 2021, in the context of ongoing uncertainty associated with COVID-19. With regard to Brexit, CH East has been working closely with the National Office to identify risks to service continuity and, mitigating actions. In order to ensure sustainability, our plan is underpinned by effective governance structures, robust financial controls, continued innovation, quality improvement, and strong partnerships with internal and external stakeholders. As Chief Officer, I am privileged to work alongside a dedicated workforce of skilled clinicians, administrative and support staff. I would like to acknowledge the leadership and dedication of my Senior Management Team who work tirelessly to

develop and continuously improve services. I would also like to express my deep appreciation to all staff for their excellent work and extraordinary commitment to our services in 2020. Across the area, staff found ways to flex up capacity to develop new services where and when required and to strengthen resilience across all parts of the system, including support to private nursing homes, while maintaining priority frontline services.

While the level of investment in health and social care services in 2021 is very welcome, there remain particular risks including: (1) Challenge to the continued delivery of core services to agreed activity levels for 2021 in the context of ongoing uncertainty associated with COVID-19, and the continued redeployment of key staff to support the COVID response; (2) Significant pressures associated with the rapid development of services in community in terms of change management support and physical infrastructure; (3) Recruitment of the necessary staffing resources to ensure delivery of the key service developments; (4) Key financial risks including the transitioning of an appropriate proportion of existing COVID-19 staff to roles associated with the new developments. It is also important to note that, while the level of increased investment is very welcome across a range of services, there will nonetheless continue to be pressure and ongoing shortfalls of capacity relative to demand in a number of areas.

2020 challenged us in ways we could not have imagined and I would like to express my profound sympathies to all who have suffered loss during the past year. The loss of patients and service users, family members and friends has been borne in an environment where usual supports and comforts are not always available to the degree they would be in normal circumstances. I am proud of our staff group who have provided comfort to families and friends of our patients and service users, while continuing to support each other in their loss. Thank you also to those friends and families for their ongoing support of their loved ones whose situations, in residential settings in particular, have had to change in order to maintain a safe environment. Our wish is that, as with society as a whole, the removal of any constraints on living ones best life can soon be removed.

We are grateful for the ongoing collaboration of our partners and colleagues in the National Office, Ireland East Hospital Group, the Voluntary Agencies that CH East funds (i.e. Section 38 and 39 agencies), as well as GPs, nursing homes, other private providers and local volunteers. I would also like to acknowledge the considerable work of the Local Authorities, An Garda Síochána, Local Community Development Committees (LCDCs), Children and Young People's Services Committees (CYPSCs), and Age Friendly Alliances across the CHO.

Our workforce is our most valuable asset, and I would once again like to thank all staff for their collaboration and dedication. I have every confidence that collectively we will achieve the delivery of this Operational Plan in 2021.



Martina Queally
Chief Officer
Community Healthcare East

Executive Summary

CH East Operational 2021 sets out the type and volume of health and social services to be delivered in 2021. The Plan also sets out the estimated number of employees for the period and the services to which the Plan relates. The breadth of services delivered by CH East is wide, as is the breadth of supporting functions. This Plan includes sections for each key service area, in addition to programmes of work such as keeping the population healthy and well and supporting people who are living at home with lifelong conditions. The Plan contains details relating to capital projects, recruitment, finance and eHealth innovations. This year, the CH East Operational Plan outlines how all of these services and functions will be delivered in the context of a global pandemic and specifically what services are planned for 2021. This short Executive Summary is designed to help readers navigate the Plan and to draw out key highlights.

The introduction section of this Plan reinforces a number of key messages. Firstly, the unprecedented investment made in the health service in 2021 provides real opportunity to improve the experience of care for the people we serve. The funding will, in due course, improve service access across community services and will enable the commencement of significant service transformations in the community setting. Another key message reinforced throughout the Plan is that providing safe services in a global pandemic drives a number of related objectives – keeping staff and service users safe from the spread of COVID-19, restoring core services, and delivering these services in new ways while responding to COVID-19 related backlogs. The overriding focus detailed in the CH East Operational Plan is to advance transformation priorities, while responding to COVID-19.

Section 1 outlines the COVID-19 Action Plan which identifies the following key priorities in relation to the COVID-19 pandemic: public health, testing services, COVID-19 vaccine immunisation programme, personal protective equipment (PPE), and telemedicine. This part of the Plan sets out corresponding high-level actions for each priority area for 2021. COVID-19 actions are also threaded through other service sections of the Plan where relevant.

Section 2 outlines CH East's Winter Action Plan which identifies the key priorities and associated actions to enable our response to the challenges of winter in the context of the COVID-19 pandemic.

Section 3, Community Healthcare Reform and Transformation, outlines our alignment to *Sláintecare* objectives and describes our commitment to progressing a transformation agenda in 2021 that responds to the needs of our population and demographic trends, including: enhancing primary preventive services and partnerships, reforming our services to better support our growing and ageing population, enhancing primary and community care, increasing capacity, and mainstreaming *Sláintecare* Integration Fund projects.

Section 4, Service Quality and Patient Safety, outlines activities that will be delivered in 2021 which aim to develop and support our clinical workforce, improve service user experience, and improve and assure safety.

Community Healthcare spans a range of services, including Primary, Social Inclusion, Palliative Care, Mental Health, Disabilities, and Older Persons, and comprises **Sections 5, 6, 7 and 8** of the Plan.

Section 9 describes our work to improve Population Health and Wellbeing, including services and actions that keep people healthy and well and reduce the likelihood of disease and premature mortality, and focuses on objectives such as smoking cessation, active living, healthy eating, infectious disease prevention, public participation, and community empowerment. Key actions that will be progressed in 2021 include delivering health promotion and improvement initiatives for people living with chronic disease at the Community Healthcare Network (CHN) level, and protecting our population from threats to their health and wellbeing through the provision of national immunisation and vaccination programmes.

Section 10 of the Plan 2021 provides a summary of finance, financial management and risk. It presents a detailed breakdown of the 2021 investment and comparisons with previous years. This section reinforces key messages in the Plan, including the opportunity afforded to the health service by the significant investment, and the requirement to track and report on what is being delivered.

Section 11 deals with staffing and the workforce. Our staff and their skill, commitment and resilience in delivering services during a global pandemic is what makes service delivery happen. This section sets out actions to give effect to recruitment and retention objectives. In addition, it sets out a range of actions to protect staff, provide development opportunities, and support locally driven healthcare reforms.

Glossary of Terms

Abbreviation	Explanation
ANP	Advanced Nurse Practitioner
CAMHS	Child and Adolescent Mental Health Services
CDM	Chronic Disease Management
CH East	Community Healthcare East
CHN	Community Health Networks
CHO	Community Healthcare Organisation
CIT	Community Intervention Teams
COVID	Corona Virus Disease
CRS	Civil Registration Service
CYPSCs	Children and Young People's Services Committees
GDPR	General Data Protection Regulation
DoH	Department of Health
ECCP	Enhanced Community Care Programme
GP	General Practitioner
HCAI	Healthcare-Associated Infection
HIQA	Health Information and Quality Authority
HLTF	High Level Task Force
HOS	Head of Service
HSCPs	Health and Social Care Professional
HSE	Health Service Executive
ICT	Information and Communications Technology
ICPCDM	Integrated Care Programme for Prevention and Management of Chronic Disease
ICPOP	Integrated Care Programme for Older Persons
IFMS	Integrated Financial Management System
IHCP	Intensive Homecare Package
IPC	Infection Prevention and Control
KPI	Key Performance Indicator
LCDCs	Local Community Development Committees
MECC	Making Every Contact Count
MHID	Mental Health Intellectual Disability
NAS	National Ambulance Service
NHSS	Nursing Homes Support Scheme
NiSRP	National Integrated Staff Records and Pay Programme
NSP	National Service Plan
OCIO	Office of the Chief Information Officer
PCRS	Primary Care Reimbursement Service
PHCP	Paediatric Home Care Package
PHN	Public Health Nurse
PMO	Project Management Office
PrEP	Pre Exposure Prophylaxis
REEVH	Royal Victoria Eye and Ear Hospital
SVUH	St. Vincent's University Hospital
WTE	Whole Time Equivalent

Section 1: The COVID-19 Action Plan

1.1 Introduction

On 11th March 2020, the World Health Organisation made the assessment that COVID-19 should be characterised as a pandemic, and since then the virus has been a feature of the Irish health and social care landscape. The very infectious nature of COVID-19 makes it difficult to prevent and control. Internationally, the role played by those with asymptomatic or very mildly symptomatic disease in spreading infection is now more clearly recognised. CH East responded comprehensively to surge and successfully managed outbreaks. COVID-19 will remain a feature of the Irish Health Services for the medium term.

In the context of the continuing pandemic COVID-19, it continues to be the case that the fundamental principles of basic Infection Prevention and Control (IPC) remain the core defence in protecting our residents, our colleagues and ourselves from acquiring this disease. There is a requirement from all of us to continue to focus efforts on strong IPC practice and in all instances, careful attention to the standard precautions that assist in minimising the risk of infection. Key elements include; hand hygiene, respiratory hygiene and cough etiquette, use of personal protective equipment (PPE) and regular environmental cleaning.

In November 2020, the Government established the High Level Task Force (HLTF) on COVID-19 Vaccination to ensure the requisite oversight, agility and specialist input is available to support the HSE and the Department of Health in the effective, efficient and agile delivery of the COVID-19 Vaccination Programme. The overall objective of the HLTF is to develop a Strategy and Implementation Plan; and to monitor the roll-out of a safe, effective, efficient and agile national COVID19 Vaccination Programme that plays a central role in Ireland's exit from the pandemic. The overarching objective of this Vaccination Programme is to build on the public health response to COVID-19 to date through the efficient provision of safe and effective vaccines to the population and, in doing so, to reduce serious illness and death as a consequence of COVID-19. In 2021, CH East will work to deliver the *Implementation Plan for the National COVID-19 Vaccination Programme*.

CH East recognises, and will continue to ensure the availability of widespread, responsive testing with a short turnaround time as critical to the public health COVID-19 response. Testing has a key public health role in: (i) enabling disease surveillance; (ii) identification and understanding of spread of the disease; (iii) understanding characteristics of the disease; (iv) enabling enhanced understanding of incidence and management of outbreaks; (v) understanding of incidence in different geographical locations and age groups; and (vi) triggering key public health actions to break chain of transmission of virus in order to protect the lives and livelihoods of our population. CH East will continue to build capacity to deliver increased testing in the community, including to groups identified as priority or high-risk. The importance of having a robust, sustainable and flexible testing, detection and contact tracing infrastructure cannot be overstated. This is vital to support the easing of restrictions on movement for society.

Systematic reform in the delivery of COVID and non-COVID care has commenced. Consequently, the staffing and non-staffing resource requirements of COVID services is a critical area that has received focused attention, so that core services can be effectively restored. The establishment of COVID-related services as stand-alone service delivery structure has therefore become critical to the realisation of the

programme goal and actions of the HSE's *Service Continuity in a COVID Environment: A Strategic Framework for Delivery* (HSE 2020). As we restore services in a COVID environment, a key initiative is to protect health service capacity to facilitate a rapid response to another potential future COVID surge. In a COVID environment, not all services can return to normal immediately. Service prioritisation allows for the allocation of appropriate resources and staffing based on need, and ensures that the right services are available in the right setting to minimize adverse outcomes to service users. A critical area of focus within this Plan is to ensure that we are deploying resources and committing to actions that will reduce risks in the delivery of health and social care services.

1.2 Issues and Opportunities

The ongoing COVID-19 pandemic will continue to bring uncertainty and complexity to the planning and delivery of health and social care services in 2021. Over the last number of months, our knowledge and experience of managing the COVID-19 pandemic has increased substantially and our collective efforts have focused on prioritizing the safe resumption of healthcare services.

Governance and Oversight

Key Deliverables for Action 2021

- Provide leadership and assurance in response to matters relating to delivery of COVID Services
- Oversee the roll out the National vaccination programme in line with the *Implementation Plan for the National COVID-19 Vaccination Programme*
- Develop and implement governance structures, operational systems and management information to support the operations of COVID Services
- Build and protect capacity to enable the restoration of core services in the community
- Operate at a strategic level to address escalated issues, and provide oversight to ensure that local systems and processes are effective
- Develop a medium-term approach for large scale testing
- Ensure that targets for same day/next day appointments are met while ensuring that the process continues to operate with the appropriate clinical oversight
- Monitor and evaluate performance at community level against agreed targets and measures
- Provide a common reference point for testing-related funding applications and service improvement initiatives across CH East testing services
- Identify and commission specific responses required to address any surge in demand

COVID-19 Vaccine Immunisation Programme

Key Deliverables for Action 2021

- Roll out the National vaccination programme in line with the Implementation Plan for the National COVID-19 Vaccination Programme
- Identify and set up the relevant implementation workstreams and associated actions, outputs and performance indicators
- Produce daily report of the vaccination programme
- Monitor risks, issues and dependencies

Infection Prevention and Control (IPC)

Key Deliverables for Action 2021

- Progress the recruitment of infection prevention and control staff
- Implement best practice guidance for Infection Prevention and Control as issued by the Health Protection Surveillance Centre
- Protect vulnerable groups, service users, patients, healthcare workers and the wider public in line with national and international public health guidance
- Continue to implement local and national guidance on service delivery in line with Public Health advice
- Implement best practice guidelines locally to protect staff in a COVID environment including determining requirement for, sourcing of supply, distribution and appropriate use of PPE
- Continue to prioritise the building of capacity to deliver increased testing in the community, including to staff and groups identified as priority or high-risk

Service Restoration and Protection of Surge Capacity

Key Deliverables for Action 2021

- Return all therapy grades to their services to ensure delivery of 2021 KPIs
- Complete service prioritization activity for service reintroduction in a COVID environment
- Restore core services
- Prepare for the expected pressures associated with winter and deliver services in the context of the continuing prevalence of COVID-19
- Complete a service review and assessment of additional capacity / alternatives for service provision e.g. private hospitals, Community Assessment Hubs
- Develop continuity plans, including risk stratification, for the reintroduction and reduction of services within the CH East, to prepare for a potential COVID surge
- Develop and implement pathways and support services across community and acute settings in order to promote hospital avoidance
- Agree common principles and dependencies to support restoration of services in a COVID environment
- Develop and implement a HR workforce plan to enable the reintroduction of services and maintain COVID services

HR Capacity

Key Deliverables for Action 2021

- Mitigate risk associated with spike in demand by building capacity in the system (i.e. increase swabbing at community testing sites by increasing staff numbers and opening hours)
- Develop shared contingency plans and ways of working to cover peak periods of activity e.g. COVID-19 outbreaks, Christmas and New Year

Estates and Infrastructural Development

Key Deliverables for Action 2021

- Establish fit-for-purpose testing centres
- Optimise the existing infrastructure to enable scaling to effectively cope with expected increase in demand
- Identify infrastructure dependencies and interdependencies, and evaluate criticality impact to inform decisions and actions, as well as escalation process

Integrated Working

Key Deliverables for Action 2021

- Work with the National Office to implement all actions and directives as may be issued
- Support an integrated approach to testing and vaccination capacity and delivery

Engagement and Communication

Key Deliverables for Action 2021

- Develop a CH East communications campaign for staff to:
 - Inform staff of national guidance in line with Public Health advice
 - Facilitate the sharing of best practice and learnings
- Continued engagement with relevant stakeholders and partners

1.3 Priorities and Actions

Priority	Action	Delivery Timeline
National COVID-19 Vaccination Implementation Programme	Set up COVID-19 Vaccination Implementation Group	Q1
	Identify and set up the relevant implementation workstreams and associated actions, outputs and performance indicators	Q1
	Administer vaccines	Q1 – Q4
	Produce daily report of the vaccination programme	Q1 – Q4
	Monitor risks and issues	Q1 – Q4
Infection Prevention and Control	Implement best practice guidance for Infection Prevention and Control	Q1 – Q4
	Inform staff of national guidance in line with Public Health advice	Q1 – Q4
	Share best practice and learning	Q1 – Q4
	Recruit infection prevention and control staff	Q1 – Q4
Testing and Tracing	Build testing capacity to meet the population need for CH East	Q1 – Q4

Priority	Action	Delivery Timeline
	Meet targets for same day/next day appointments	Q1 – Q4
	Produce reports of testing programme to monitor and evaluate performance at community level against agreed targets and measures	Q1 – Q4
	Monitor risks and issues	Q1 – Q4
Service Restoration and Surge Protection	Set up COVID Services as an integrated core service	Q1 – Q4
	Complete service prioritization activity for service reintroduction in a COVID environment	Q1 – Q4
	Return all therapy grades to their services to ensure delivery of 2021 KPIs	Q1 – Q4
	Complete a service review and assessment of additional capacity / alternatives for service provision	Q1 – Q4
	Prepare continuity and restoration plans, including risk stratification	Q1 – Q4
	Implement a HR workforce plan	Q1 – Q4
Communication and Information Sharing	Inform staff of national guidance in line with Public Health advice	Q1 – Q4
	Continue engagement with relevant stakeholders and partners	Q1 – Q4

Section 2: Winter Planning in a COVID-19 Environment

2.1 Introduction

Winter 2020/2021 is expected to challenge the Irish healthcare system in a way that it has not experienced in living memory, due the knock-on effects of an unprecedented disruption to health and social care services during the COVID-19 pandemic. The ability of the healthcare system to deliver core and new services against a backdrop of reduced capacity in acute hospitals and the community due to social distancing, infection prevention and control (IPC) requirements as well as staff redeployment presents a unique challenge.

Local challenges include maintaining new COVID-19 services such as Testing Centres and Community Assessment Hubs (CAHs) which are inherently labour intensive; addressing waiting lists for core services that existed pre-COVID and that have built up since COVID; reduced nursing home bed capacity in the voluntary and private sectors due to closures, lack of community-based rehabilitation services and facilities, and a challenge to recruit IPC and Health & Safety staff, yet there remains a requirement to comply with legislation and adhere to National guidelines.

An immediate overarching focus this winter is to bring stability to the system and adopt a zero tolerance for overcrowding in Emergency Departments, and indeed any clinical setting across hospital and community. A restoration of services in the community is necessary for the continuation of support to people in maintaining health and wellbeing, avoidance of activity being directed to acute settings, and facilitation of patient flow from the acute setting to the community. Appropriate information technology solutions are required to enable real-time communication. Retaining and maintaining some of the innovations which were implemented as part of the COVID-19 response will be a key enabler of timely service provision.

The HSE Winter Plan 2020/2021 has been formulated within the context of an increasing demand for unscheduled care, the need to support continuity and resumption of services, and delivering essential healthcare in a COVID-19 context, underpinned by a requirement for long term solutions rather than seasonal winter mitigations. In line with this, the three key strategic drivers (aims) for the 2020/2021 winter planning and response are as follows:

1. Decrease acute hospital demand and enhance community capacity
2. Minimise acute hospital admissions and enhance alternative community pathways
3. Enable timely acute care and discharge from hospital

Achieving these aims is essential in enabling CH East to protect patients, service users and staff. The CH East Winter Plan 2020/2021 builds on lessons learned last winter, ensures that service providers are prepared for the additional external pressures associated with the winter period and in the new COVID environment, and addresses the backlog of COVID and non-COVID care as well as managing the escalated risks and dependencies.

2.2 Issues and Opportunities

Winter Action Team for CH East (WAT 6) has been set up to provide integrated strategic leadership and direction, and co-ordinate responses across the community and acute sectors in relation to the planning and delivery of services during Winter 2020/2021.

New Ways of Working

Key Deliverables for Action 2021

- Continue to enhance and support General Practice
- Implement National Service Plan priorities around digitally-enabled healthcare delivery
- Develop integrated national models of care and care pathways (ICPOP and ICPCDM)

2.3 Priorities and Actions

Priority	Action	Delivery Timeline
Winter Plan	Set up integrated governance structures for Winter Plan 2020/2021	Q4 20
	Develop and implement integrated community and hospital Winter Plan 2020/2021	Q4 20
	Implement cross-sectoral engagement and collaboration in order to resolve operational issues and challenges	Q4 20 – Q1 21
	Develop and implement cross sectoral workforce plan	Q4 20 – Q1 21
	Identify and implement integrated winter initiatives	Q4 20 – Q2 21
	Develop and monitor datasets and metrics aligned to National requirements for the monitoring and evaluation of performance	Q4 20 – Q2 21
	Monitor performance at hospital and community level against agreed national and local targets and measures	Q4 20 – Q2 21

Section 3: Community Healthcare Reform and Transformation

3.1 Introduction

The Irish health service is currently undergoing a period of significant change and improvement as it moves towards a more integrated and service user-centred approach. This section outlines the national policy context in which Community Healthcare East is operating. Particular attention is given to those key policies and reform initiatives that are influencing and currently impacting on how we develop and deliver our services.

Population Trends

Community Healthcare East covers communities from Baggot Street down to Arklow, up to Stepaside and across to Dalkey. The resident population of the CHO is approximately 412,007 (based on provisional data using M2F2 assumption), an increase of 4.8% since CSO Census 2016 (Figure 1).

Age	2016	2021
85+	7,129	8,531 (+20%)
65-84	51,188	56,910 (+11%)
20-64	236,420	242,228 (+2%)
0-19	98,502	104,339 (+6%)
Total	393,239	412,007 (+5%)

Source: HSE Atlas, CHO Census 2016

- It is predicted that there will be a 5% increase in CH East population in 2021 (compared to 2016), bringing the CH East total population to 412,007
- Most notably, the 85+ years population is expected to grow by 20% (from 7,129 in 2016 to 8,531 in 2021) and the 65-84 years population is expected to grow by 11% (from 51,910 in 2016 to 56,910 in 2021)
- In 2016, 66+ years accounted for 14.8% of the CH East population (58,317), in 2021, 66+ years are expected to account for 15.9% of the CH East population (65,441)

Delivering Enhanced Community and Social Care Services

- Reducing dependence on the hospital centric model of care and supporting capacity in the community, whilst pivotal to the Sláintecare vision, is also crucial in the context of the on-going management of the COVID-19 pandemic. These reforms lead to effective management of the clinical services in community, either preventing hospital admissions or allowing for discharge earlier than would have been possible without these supports. During 2021, Community Healthcare East will support the establishment of local governance and oversight structures, and implement plans to roll out CHNs and establish Community Specialist Teams (hub) for Older People & people with Chronic Disease (Asthma, COPD, Diabetes & Heart Failure)

CH East Portfolio Programmes that support Community Healthcare Reform and Transformation:

Priority	Action	Delivery Timeline
Sláintecare Implementation Programmes		
Enhanced Community Care Programme		
1. Integrated Care Programmes for Older Persons & Chronic Disease	Develop Implementation Work streams	Q4 2020
	Establish Integrated Governance & Implementation Group	Q1
	Develop Integrated Service and Patient Flow Pathways	Q1
	Develop Community Specialist Teams for Older Persons and Chronic Disease Management	Q1
	Design, test and evaluate a reformed model of service delivery	Q1
	Develop & implement Communications and Stakeholder Engagement Plan	Q1
	Develop & Implement Integrated Recruitment Strategy	Q1
	Develop additional Community Bed Capacity	Q1 – Q2
	Evaluate and report on programme performance	Q1 – Q4
2. Community Health Networks	Establish integrated governance and implementation group	Q1
	Progress implementation actions for CHN Learning Site	Q1
	Develop implementation actions for remaining CHNs	Q1
	Implement and monitor actions	Q1 – Q4
	Evaluate implementation	Q4
Sláintecare Integration Fund (SIF)		
1. SIF 105 - Community Based Pulmonary Rehab programme	Support continued implementation	Q1 – Q4
2. SIF 190 - Integrated Foot Protection Service for Residents of Community Healthcare East	Continue progress monitoring	Q1 – Q4
	Close out projects in 2021	Q1 – Q2
	Submit final progress and finance report to Pobal	Q3
3. SIF 413 - Living Well Self-Management Programme	Mainstream Sláintecare Integration Projects	Q2 – Q4

Priority	Action	Delivery Timeline
COVID Response Programmes		
1. Enable the development and delivery of new COVID Services	Progress implementation actions for each programme	Q1 – Q4
2. Enable the implementation of Telehealth and adoption of <i>Attend Anywhere</i>	Monitor outputs and outcomes for each programme against goals and objectives	Q1 – Q4
3. Enable service recovery & restoration	Report performance for each programme	Q1 – Q4
4. Enable the establishment of COVID services as an integrated core service		
5. Enable the CHO/IEHG Winter Planning & Response 2020/2021		
6. Enable the implementation national COVID-19 vaccination programme		
National Service Improvement and Delivery Programmes		
1. Implement Connecting for Life	Develop implementation plan and actions for each programme	Q1
2. Implement Progressing Disabilities and Access Policy	Progress implementation actions for each programme	Q1 – Q4
3. Implement Healthy Ireland Plan for CH East		
4. Implement Safer Better Standards in Primary Care, CH East	Monitor outputs and outcomes for each programme against goals and objectives	Q1 – Q4
5. Implement Values in Action Programme	Report performance for each programme	Q1 – Q4
6. Implement Integrated Financial Management Systems		
7. Implement Value Improvement Programmes		
8. Implement the 2019 GP Agreement, including expansion of a structured programme for chronic disease management and prevention for all medical card / GP visit card holders aged 65 years	Set up governance structure for programme implementation	Q1
	Develop implementation plan and actions for each programme	Q1
9. Roll out InterRAI	Progress implementation actions for each programme	Q1 – Q4
10. Expand re-ablement and outreach services/home support hours	Monitor outputs and outcomes for each programme against goals and objectives	Q1 – Q4
11. Implement Transforming our Lives Programme		
12. Continue implementation of Healthy Childhood Programme	Report performance for each programme	Q1 – Q4
13. Implement Sharing our Vision in Mental Health		

Priority	Action	Delivery Timeline
14. Roll out community diagnostics	Establish demand-capacity variation	Q1
	Develop pathways of access	Q1
	Monitor demand utilization	Q2 – Q4
Programmes to Support High Performance in Community Healthcare East		
1. Implement the HSE Performance Achievement Process	Set up implementation structures to enable Performance Achievement Process	Q1 – Q4
	Carry out Performance Achievement Process for staff in Grade VIII and above	Q1 – Q4
2. Build change and project management capacity	Deliver four change and project management workshops, targeting 100 staff from across all disciplines and areas with the aim of developing an improvement mind-set, equipping staff with the requisite skill set, and providing staff with the relevant tool set to enable active participation in Community Healthcare reform and transformation	Q1 – Q4
3. Strengthen mechanisms for effective management information support systems	Identify and agree key local performance datasets and indicators	Q1 – Q4
	Progress identified programme implementation actions	Q1 – Q4
4. Strengthen governance and business support functions	Progress identified programme implementation actions	Q1 – Q4
5. Monitor CH East PMO Value Streams	Continue actions on Benefits Monitoring for CH East PMO Portfolio	Q1 – Q4

3.2 Issues and Opportunities

Issues

- The continued delivery of core services to agreed activity levels for 2021 in the context of ongoing uncertainty associated with COVID-19
- Interruption to a number of programmes and projects as key staff have been redeployed to support the COVID response
- ICT – insufficient broadband to support a switch to online service delivery, especially in rural based centres
- The management of a reform and development programme of this scale. Significant requirement for change implementation infrastructure necessary to deliver on the expectations arising from the significant injection of resources into the community services
- Recruitment – delays to recruitment of key posts in Sláintecare Projects, impacting negatively on progress

- Additional staff capacity – identifying and competing for additional staff capacity to meet the requirements for the implementation of the Enhanced Community Care Programme

Opportunities

- Responding adequately to the demands of the Winter period, and the ongoing COVID response
- Implementation of service reform that have been planned for many years which will involve a demonstrable shift in the provision of care from hospital to community settings, with a greater emphasis placed on prevention, supporting people with life-long conditions in the community, working to improve access across the board and expanding services that support people to remain at home
- Delivering on an ambitious capacity enhancement and access plan, in line with the *Health Service Capacity Review 2018*
- As we move towards new Regional Health Area structures, Community Healthcare East will work with all stakeholders to implement the recommendations of Towards a Model of Integrated Person-centred Care, Findings from the Public Consultation on Geographic Alignment of Hospital Groups and Community Healthcare Organisations, 2019.
- The Project Management Office will initiate engagement for strategic integration of the PMO with the proposed Change and Innovation function under Healthcare Strategy

Section 4: Service Quality and Patient Safety

4.1 Introduction

Community Healthcare East continues to strive to provide safe, effective, high quality and person centred care with the aim of improving service users' health and wellbeing. Quality and patient safety is everybody's business in Community Healthcare East and at the core of everything we do in the delivery of healthcare. Community Healthcare East is committed to supporting a culture of patient safety, continuous quality improvement and learning.

The key function and role of Community Healthcare East's Quality and Safety Division is to provide advisory support, assistance and assurance to staff, teams, managers and senior management in the area of quality and patient safety. In 2021 there will be substantial investment in senior quality and safety leadership with the appointment of a Head of Quality, Safety and Service Improvement. The following activities/teams will transition to and sit within the remit of the newly appointed Head of Quality, Safety and Service Improvement: Safeguarding, Quality and Safety (encompassing Health & Safety), Infection Prevention and Control (once in situ) and Consumer Affairs.

HSE's first Patient Safety Strategy which places patient safety as an overriding priority, has been developed to guide safety improvements at service level. This plan outlines our core Quality and Safety deliverables and 2021 priorities as aligned to the HSE Patient Safety Strategy.

4.2 Empowering and Engaging Patients to Improve Patient Safety

Listening and learning from the experiences of patients, service users and their families can provide opportunities to bring about sustainable improvements to the quality and safety of our community based services. Service user involvement is central to the provision of safe effective patient centered care and to the design and delivery of a high quality and safe service

In 2021 Community Healthcare East will seek to improve our patient engagement system to achieve a more open and honest communication with patients and service users in relation to their care. A key element to delivering on this priority will be to further embed and assure implementation of and compliance with the HSE Open Disclosure Policy. Community Healthcare East Quality and Safety Division will enable services and teams in this regard by delivering training, advice, dissemination of information, monitoring of reliable indicators and provision of assurance regarding adherence to policy.

4.3 Empowering and Engaging Staff to Improve Patient Safety

The advancement of a culture of patient safety, embracing continuous quality improvement and learning can only be achieved with the full engagement of our staff.

Community Healthcare East Quality and Safety Division will continue to support staff with the implementation of relevant Quality and Patient Safety PPPGS through provision of on-going guidance and training.

Staff empowerment and engagement to improve patient safety will be furthered by the delivery of Lunch and Learn sessions throughout 2021 which provide regular opportunities to share knowledge, to enhance

collaboration and promote teamwork. The model introduced in 2019 will be supported by Community Healthcare East Quality and Safety Division.

4.4 Anticipating and Responding to Risks to Patient Safety

Building capacity and capability to anticipate and respond to risks to patient safety is pivotal to the provision of safe, effective and high quality care. Community Healthcare East recognises the importance of adopting a proactive approach to the management of risk to support both the achievement of objectives and compliance with governance requirements.

Integral in this regard is the operationalization of HSE Integrated Risk Management Policy and revised Incident Management Framework. Community Healthcare East Quality and Safety Division will promote the ethos of proactive risk assessment and quality improvement action through dynamic risk management.

Community Healthcare East Quality and Safety Division will support services to enable the accurate and timely reporting and management of incidents in line with the requirements of the Incident Management Framework/Health Information and Quality Authority/ Mental Health Commission Standards/Open Disclosure Policy. Community Healthcare East Quality and Safety Division will promote and have oversight of adherence to revised Incident Management Framework.

4.5 Anticipating and Responding to Risks to Staff Safety

The health, safety and welfare of our staff are of paramount importance. Community Healthcare East considers the management of occupational safety, health and wellbeing to be of fundamental importance in continually improving the quality of the services provided.

Throughout 2021 Community Healthcare East Quality and Safety Division will continue to support the Chief Officer, Heads of Services and Service Managers to discharge their duties and ensure legislative compliance with Safety, Health and Welfare at Work Act 2005. The establishment and development of Health and Safety Committees, appointment of Safety Representatives and implementation of Health and Safety audit programmes will be promoted. Additional Health and Safety Officers will be recruited to build and augment health and safety capacity and capability.

4.6 Reducing Common Causes of Harm

Supporting the reduction of common causes of harm will be a key priority for Community Healthcare East. In 2021 particular focus will be directed by Community Healthcare East Quality and Safety Division to the areas of service users falls, pressure ulcers and violence/ harassment and aggression. The use of specific review tools (e.g. Falls and Pressure Ulcer Review Tools) by local services will be encouraged and facilitated.

In the context of the current COVID 19 pandemic, reducing harm to service users from Healthcare Acquired Infection/Antimicrobial Resistance (HCAI/AMR) will remain a priority for Community Healthcare East. An essential enabler in this regard will be the recruitment and development of an Infection Prevention and Control (IPC) team comprising of Senior Antimicrobial Pharmacist, Assistant Director of Nursing (IPC) and IPC nursing expertise to provide and maintain a comprehensive, efficient and effective IPC service within Community Healthcare East. Furthermore access to IPC expertise will assure

essential advice and support is provided across all residential and community services in keeping with national and international best practice during the current COVID-19 pandemic. Finally access to IPC professionals will increase capacity to assist with the implementation of the HIQA Guidelines for Infection Prevention and Control in Community Services (2018).

4.7 Using Information to Improve Patient Safety

Community Healthcare East will continue to use information from various sources to provide intelligence that assist with the identification of patient safety concerns, with the monitoring of quality improvement initiatives and the recognition of areas of good practice. Community Healthcare East Quality and Safety Division will support the use of information to improve patient safety by sourcing and availing of data sets/information from a range of sources including National Incident Management System, Regulatory Bodies Inspection Reports, learning from incident reviews, learning notices, and other external reports. The recruitment of a patient safety data manager in 2021 will further enhance the monitoring, surveillance and analysis of data from such information sources.

4.8 Leadership and Governance to Improve Patient Safety

Community Healthcare East will further embed a culture of patient safety improvement at every level of the health and social care service through effective leadership and governance. Established Quality and Safety governance committee structure, supported by Community Healthcare East Quality and Safety Division, will continue to provide accountability for an integrated and consistent approach to quality and safety including the oversight and management of risk registers, serious incidents and shared learning across all services.

4.9 Priorities and Actions

Priority	Action	Delivery Timeline
Empowering and Engaging Patients to Improve Patient Safety	Support implementation and compliance with Revised Open Disclosure Policy 2020	Q1 - Q4
	Support Primary Care Services to implement quality improvement plans arising from National Maternity Experience Survey	Q1 - Q4
Empowering and Engaging Staff to Improve Patient Safety	Delivery of 4 x Lunch and Learn sessions	Q1 - Q4
	Development and delivery of a comprehensive Quality and Safety training programme	Q1 - Q4
	Development of Learning Notices arising from incidents, reviews and audits	Q1 - Q4
	Collaboration with National Community Quality and Patient Safety to identify and address training needs of Quality and Safety Division	Q1 - Q4
Anticipating and Responding to	Support managers and frontline services to proactively identify risks and manage risks in accordance with HSE Integrated Risk Management Policy	Q1 - Q4

Priority	Action	Delivery Timeline
Risks to Patient Safety	Support maintenance and review of risk registers	Q1 - Q4
	Support and advise managers in their engagement with external bodies e.g. HIQA & MHC, Health & Safety Authority	Q1 - Q4
	Completion of biannual audit to establish compliance with HSE Incident Management Framework	Q1 - Q4
Anticipating and Responding to Risks to Staff Safety	Support implementation of the recommendations from the Dangerous Goods Safety Advisor Audits within the CHO	Q1 - Q4
	Promote establishment of and provide support to divisional Health and Safety Committees	Q1 - Q4
	Guide and support Managers in preparing for National Health and Safety Function Audits and in implementing corrective actions identified.	Q1 - Q4
	Recruitment of additional Health and Safety Officers	Q2
	Review of all Category 2 occupational health and safety incidents	Q1 - Q4
Reducing Common Causes of Harm	Recruitment and development of an IPC team	Q2
	Support services to review Category 2 incidents in line with requirements of HSE Incident Management Framework	Q1 - Q4
	Support and facilitate use of incident specific review tools (e.g. Fall and Pressure Ulcer Review Tools)	Q1 - Q4
Using Information to Improve Patient Safety	Provision of NIMS reports to CHO, divisional and service level Quality and Safety Committees	Q1 - Q4
	Recruitment of Grade VI Patient Safety Data Manager	Q1
	Increase compliance with the use of the NIMS review screen to achieve 80% utilisation for all Category 1 incidents.	Q1 - Q4
	Monitor compliance with National QPS Key Performance Indicators	Q1 - Q4
	Support Primary Care Services to implement quality improvement plans identified as part of self-assessment against HIQA Standards for Safer Better Healthcare	Q1 - Q4
Leadership and Governance to Improve Patient Safety	Support Community Healthcare East to embed and optimise governance arrangements including the Quality & Safety Committee governance structure	Q1 - Q4
	Support assurance in relation to Quality and Safety of Section 38 agencies	Q1 - Q4

Section 5: Primary Care, Social Inclusion and Palliative Care Services

5.1 Primary Care

5.1.1 Introduction

Primary Care provides high quality health and social care to people in their community. Alongside GPs, Primary Care Teams, comprising nurses and a range of Health and Social Care Professionals, work together to support the healthcare needs of local people. In CH East, Primary Care services are delivered from 35 Primary Care Centre and Health Centre locations, by a dedicated and innovative workforce. Primary Care staff in CH East also provide local, accessible healthcare in homes, schools and community centres to best meet the needs of the local community. Some services have a regional remit and serve populations beyond CH East.

Primary Care is at the centre of healthcare reform. Increasingly, service developments are targeting the provision of a broader range of healthcare at Primary Care level, reducing the need for service users to access non-complex health interventions in acute hospital settings and instead, providing services close to home, in an accessible and cost efficient way, in Primary Care.

Services Provided

Primary Care services deliver health and social care to service users close to home through a community-based approach aligned to general practice, so that service users can access services at the most appropriate, cost effective service level. Services include General Practice, Community Medical Doctors, Community Nursing, Physiotherapy, Occupational Therapy, Speech and Language Therapy, Dietetics, Psychology, Social Work and administration. Other Primary Care services include GP Out-Of-Hours, Diagnostic Services, Chronic Disease Management, Immunisation Teams and Community Intervention Teams (CITs).

Some services are delivered across a broader geographic area these include Audiology, Ophthalmology, Podiatry and Oral Health Services. A number of national and regional services are managed by Primary Care in CH East including the Public Health Laboratory, the Public Analyst Laboratory, Primary Care GP Unit (covering Community Healthcare East and Community Healthcare Dublin South, Kildare & West Wicklow), Civil Registration Service (covering Community Healthcare East, Community Healthcare Dublin South, Kildare & West Wicklow, and Community Healthcare Dublin North City and County), the Anti-Human Trafficking Team and Women's Health Service, and the Gay Men's Health Service.

5.1.2 Issues and Opportunities

Strategic Change: Enhanced Community Care Programme

The Enhanced Community Care Programme will see Community Healthcare Networks (CHNs) rolled out across CH East to support the strategic shift in healthcare service provision. Community health services will be delivered through CHNs, providing the foundation and organisational structure through which integrated care is provided locally at the appropriate level of complexity, with GP, HSCPs and nursing leadership, empowered at a local level to drive integrated care delivery and supporting egress in the community.

Specialist community teams, for older people and people with chronic diseases, will be developed around the CHNs to provide specialist ambulatory care hubs as a secondary care model for the management of chronic diseases and older people with complex needs. The CHNs and community specialist teams will work in an integrated way with the National Ambulance Service (NAS) and acute services to deliver end to end care, keeping people out of hospital, enabling a 'Home First' approach, and ensuring people are discharged from hospital without delay. Additional community capacity delivered through CHNs and community specialist teams is essential to increasing capacity within our primary and community care settings.

Strategic Change: Community Diagnostics

Community diagnostics will expand to improve access for general practice and community specialist teams including access to plain film x-rays, ultrasound, MRI CT, ECHO and spirometry in a local Primary Care Centre.

Notwithstanding the significant level of investment in health and social care services in 2021, there remain a number of risks and issues to the successful delivery of the priorities and actions for primary care services, of which the most critical are captured in the Introduction by the Chief Officer.

5.1.3 Priorities and Actions

Primary Care services operational planning for 2021 is underpinned by three key priorities:

1. Transform services in line with the Enhanced Community Care Programme
2. Recover Primary Care services and continue service expansion/improvement plans
3. Continue to respond to the service delivery challenges posed by Covid-19 pandemic

Enhanced Community Care

Priority	Action	Delivery Timeline
Community Healthcare Networks	Commence the roll out of eight CHNs in CH East Recruit allocated multidisciplinary staffing to populate the CHNs and build the team structures and referral pathways required to support client centred coordinated care within the CHNs Recommence and progress the collaborative implementation of locally based, multidisciplinary, integrated community services based on population needs assessment within the CHN Learning Site. Evaluate to inform implementation across all CH East CHNs	Q1 – Q4
Integrated Chronic Disease	Commence the development of two CDM hubs in CH East Recruit allocated multidisciplinary staffing to populate the CDM hubs and build the team structures and referral pathways required to support integrated ambulatory pathways across care groups	Q1 – Q4

Priority	Action	Delivery Timeline
Management (CDM)	Enhance the delivery of integrated care programmes for chronic disease prevention and management in Primary Care by establishing the Chronic Disease Hubs in Community Healthcare East in partnership with Ireland East Hospital Group	
Diabetes	Continued development of the Diabetes Integrated Care Programme and Foot Care Project in collaboration with GP Practices and SVUH/SCH, in particular in relation to Sláintecare Integration Fund resources during 2021	
Respiratory	Development of the Respiratory Integrated Care Programme in collaboration with GP practices and St Michael's Hospital, Dún Laoghaire, supported by Sláintecare Integration Fund resources during 2021	
Community Diagnostics	Expand community diagnostics to improve access for general practice by establishing the new Community Diagnostics Service in Bray PCC, providing plain film X Ray and ultrasound, in collaboration with St Columcille's Hospital/ IEHG	Q1 – Q4
	Develop additional community diagnostic services/ capacity to enhance access for GPs and community specialist teams including plain film x-rays, ultrasound, MRI, CT, ECHO and spirometry	Q1 – Q4
Community Intervention Teams	Continue to develop the integration of Community Intervention Team (CIT) Services across Community Healthcare East	Q1 – Q4
Neuro Rehabilitation Programme	Implement the Neuro-Rehab Managed Clinical Rehabilitation Network in collaboration with CHO7 and the rehabilitation hospitals in Dublin South and South-East and West Dublin	Q1 – Q4

Infrastructure

Priority	Action	Delivery Timeline
Primary Care Centres	Progress the development of Primary Care Centres in line with the capital plan. Expand the community infrastructure to meet the accommodation requirements of ECC including the CHNs, the CDM Hubs and Community Diagnostics, in collaboration with HSE Estates	Q1-Q4
	Progress the development of the new Primary Care Centres in Dun Laoghaire, Loughlinstown, and Arklow	Q1 – Q4

Priority	Action	Delivery Timeline
	Open the new Primary Care Centre in Rathdrum, Co Wicklow	Q3 – Q4
	Progress the development of the new Primary Care Centres in Baggot Street, Donnybrook, Stillorgan, Wicklow (extension), Cherrywood, and Greystones	Q1 – Q4
Laboratory Buildings	Implement the plan for the Combined Laboratory Building Capital Project for the Public Health Laboratory and Public Analyst's Laboratory in conjunction with HSE Estates	Q1 – Q4
Existing Infrastructure	Progress planning for the development of the Clonskeagh Hospital Campus to extend the capacity of the site for enhanced clinical and administrative functions	Q1 – Q4
	Develop the Primary Care Facilities Management function across CH East	Q1 – Q4
	Complete the upgrade and development of Lucia House accommodation to facilitate additional staff resources to meet the demands of the CRS	Q1- Q2

Primary Care Services

Priority	Action	Delivery Timeline
Access and Efficiency	Reduce waiting lists and waiting times across Primary Care services	Q1 – Q4
	Establish a programme of continuous Quality Improvement to improve efficiencies for referrals across all services.	
Paediatric Homecare Packages (PHCP)	Extend governance for PHCP nursing care for children with complex medical needs to funded levels	Q1 – Q4
	Participate in the development of a model care to meet the nursing needs of these children in school settings	
Public Health Nursing	Progress the new service of the Advanced Nursing Practice for Chronic Disease Vascular and Dermatology as per national guidelines	Q1 – Q4
	Develop the Tissue Viability Nursing model of care to support the ANP	

Priority	Action	Delivery Timeline
	<p>Progress the plan to develop the nurse led continence promotion service</p> <p>Secure a resourced 7 day nursing service</p> <p>Explore the pathway for nursing in dementia in the community for older persons</p>	
Speech and Language Therapy (SLT)	<p>Implement the enhanced SLT model of care across CH East to improve outcomes and reduce waiting times for assessment and treatment for children aged between 0 and 18 years</p> <p>Clarify the role of SLT services within the CHN Structure</p> <p>Develop service resources to meet demand following the implementation of Progressing Children's Disability Services and the establishment of CHNs, including developments in adult services and practice education</p>	Q1 – Q4
Occupational Therapy Services	<p>Implement evidence based client therapeutic group interventions to enhance reach and access to service users</p> <p>Review the clinical pathways for paediatric services in line with the roll out of Progressing Children's Disability Services in CH East</p>	Q1 – Q4
Dietetics	<p>Implement 'DISCOVER' the online diabetes structured patient education programme, across Community Healthcare East within available resources</p> <p>Expand community nutrition and dietetic services for adults and paediatrics within the CHN Structure and for those with chronic disease within the specialist CDM hubs</p>	<p>Q1 – Q2</p> <p>Q1 – Q2</p>
Physiotherapy	<p>Extend the use of the standardised physiotherapy referral pathway for adult services to enhance service delivery</p> <p>Develop a single use Database for Physiotherapy Referrals across CH East</p> <p>Develop a dedicated paediatric drop in clinic ("Right Place Right Time") to manage waiting lists efficiently and effectively</p>	<p>Q1 – Q4</p> <p>Q1 – Q4</p> <p>Q1 – Q2</p>
Psychology	Develop and implement the Assistant Psychologist Child & Adolescent Mental Health project initiative	Q1 – Q3
Dental Services	Provide training and support for the implementation of (1) the National Guidelines in IPC published Feb 2020 and (2) the recently	Q1 – Q2

Priority	Action	Delivery Timeline
	published Arrangements for Radiation Safety In Dental and Orthodontic Services	
Primary Care Eye Team (PCET)	Continue to work in partnership with CHO 7 and the RVEEH to implement the recommendations of the PCET services review report in Community Healthcare East Develop new accommodation for the PCET in Dublin South Work in collaboration with OCIO and ICT team in RVEEH to implement Primary iCare to establish a paperless shared care model across community and hospital	Q1 – Q4
Orthodontic Services	Implement a process of education and training to ensure consistency in orthodontic referrals and assessment Fully implement National IPC Guidelines including certified training for all staff Reduce assessment and treatment waiting lists, exacerbated by Covid 19, through recruitment of specialist orthodontists and support staff and waiting list management initiatives Introduce 3D scanning to move service provision forward and to phase out the requirement for additional lab costs	Q2 Q2 - Q3 Q2 - Q3 Q2 - Q3
Civil Registration Service (CRS)	Implement on a phased basis and within existing resources the recommendations from the Civil Registration Review report Improve efficiencies and meet increasing demand by (1) recruiting additional and (2) develop and implement an IT system for the registration of births in line with planned legislative changes	Q1 Q1 – Q4
Nurture Programme	Continue the Implementation of the Healthy Childhood and Nurture Programmes by implementing second tier child health clinics to include an electronic appointment system Introduce the new infant mental health model of care	Q1 – Q4
Childhood Immunisation Programme	Review and modify the approach to Schools Immunisation Programmes (SIP) across Community Healthcare East Deliver on Pre and Post primary SIP Participate in development of the nurse led SIP currently in planning	Q1 – Q4

Priority	Action	Delivery Timeline
Termination of Pregnancy	Continue to support the delivery of termination of pregnancy services.	
COVID Assessment Hub	Manage the continued service of the Assessment Hubs, in line with the disease progression of COVID-19.	
Primary Care eHealth	Evaluate and enhance the use of telehealth platforms across Primary Care Services in Community Healthcare East	Q1 - Q4
	Extend the use of 'Diarybook' software to support the management of waiting lists across Primary Care services	Q1 – Q2
	Extend the use of telehealth platforms across service provision in particular new referral triage and client reviews to support service delivery	Q1 – Q2
	Develop blended assessment & treatment methodologies to include Telehealth and online services to enhance clinic based care across services to adult & paediatric service users	Q1 – Q4
Making Every Contact Count	Expand the implementation of MECC beyond test sites in Diabetes Shared Care and in Physiotherapy across Community Healthcare East through collaboration with Community Healthcare East Health & Wellbeing	Q1 – Q4

Primary Care Quality and Patient Safety

Priority	Action	Delivery Timeline
Head of Service, QPS	Work closely with Head of Service, QPS to progress related priority actions in Primary Care	Q1 – Q4
Patient experience and feedback	Enhance the use of service user feedback in the delivery, planning and reviewing of Primary Care services	Q1 - Q4
National Standards for Safer Better Healthcare	Continue to implement the National Standards for Safer Better Healthcare via QPS governance structures and Primary Care management structure	Q1 – Q4
Risk and Incident Management	Monitor the governance and management of the Primary Care Risk Register, and implement the HSE Integrated Risk Management Policy	Q1 – Q4
	Monitor the Incident Management Framework, National Incident Management System (NIMS) and Complaints Management System	

Priority	Action	Delivery Timeline
Person-centred care	Continue to develop the focus of person-centeredness across Primary Care services in Community Healthcare East	Q1 – Q4
Children First	Support the implementation of the Children First Act (2015) in Primary Care in Community Healthcare East Primary Care, including leadership of the Community Healthcare East Children First Committee	Q1 – Q4
Infection Prevention and Control	Continue to work on antimicrobial resistance and healthcare associated infections Develop community IPC teams including additional investment in staff, information and communication technologies (ICT), and education and training	Q1 – Q4

Primary Care Finance

Priority	Action	Delivery Timeline
Financial governance and Accountability Framework	Strengthen the Primary Care Accountability Framework, including the on-going review of funded agencies as per governance requirements in conjunction with the CMSU	Q1 – Q4
Financial Governance and Accountability Framework	Implement recommendations in relation to compliance with service arrangements and internal audit findings	Q1 – Q4
Community Funded Schemes Projects	Implement national recommendations for demand led schemes within available resources	Q1 – Q4

5.2 Social Inclusion

5.2.1 Introduction

Social Inclusion works across a range of statutory services in partnership with the community and voluntary sectors, to address health inequalities and to improve access to health services for socially disadvantaged groups. These services are supported by government commitments as set out in the Irish Refugee Protection Programme, Rebuilding Ireland Action Plan for Housing and Homelessness (2016), National Strategy on Domestic, Sexual and Gender Based Violence (2016 – 2021), National Intercultural Health Strategy (2020) The Migrant Integration Strategy: A Blueprint for the Future (Department of Justice and Equality, 2017a) National Traveller and Roma Inclusion Strategy 2017–2021 (Department of Justice and Equality, 2017b) and the National Drug Strategy, Reducing Harm, Supporting Recovery – A health led response to drug and alcohol use in Ireland (2017-2025) and the 2nd National Action Plan under Human Trafficking Criminal Law Act 2016.

Services Provided

Social Inclusion Services include homeless services, addiction services, direct provision services, intercultural health and traveller and Roma health services and services related to domestic, sexual and gender based violence.

Some of the Social Inclusion services delivered by Community Healthcare East are national services hosted within Community Healthcare East. CHO7 deliver a number of services on behalf of Community Healthcare East.

5.2.2 Issues and Opportunities

Ensuring that we improve health outcomes for socially excluded groups in society is a key priority. Travellers and migrant communities face greater health needs than the general population and require additional focus through our social inclusion services. The COVID-19 pandemic has highlighted significant challenges for this sector of the population, in particular those with increased vulnerabilities including complex health, mental health and addiction challenges.

Additional funding to enhance health services for people who are homeless, travellers, the Roma community and migrants and those experiencing addiction was allocated as part of the 2021 Winter Plan. This will help to continue the protective public health measures that were developed during COVID-19 for the medically vulnerable homeless population.

5.2.3 Priorities and Actions

Priority	Action	Delivery Timeline
Social Inclusion	Improve health outcomes for socially excluded groups who experience severe health inequalities, those who are homeless, refugees, asylum seekers and members of Traveller and Roma communities	Q1 - Q4

	Continue to improve access to primary care services for refugees and migrants located as part of resettlement and direct provision services within the area	Q1 - Q4
	Continue to expand the delivery of PrEP through the National Gay Men's Health Service	Q1-4
	Support the implementation of an electronic Patient Management Systems in the Gay Men's Health Service	Q1
	Continue to provide access to the most appropriate primary care services for homeless people as outlined in the Rebuilding Ireland Action Plan for Housing and Homelessness and Housing First.	Q1-Q4
	Continue to engage with National Social Inclusion and the Department of Justice on the National Referral Mechanism for Anti Human Trafficking	Q1-Q4
	Improve access to primary care services for refugees and people seeking asylum who live in the CHO, including health screening, chronic disease management, access to mental health supports and oral health	Q1-Q4

5.3 Palliative Care Services

5.3.1 Introduction

Palliative care is provided in a range of locations including acute hospitals, specialist palliative care inpatient units (hospices). Palliative Care is increasingly provided in the community, and represents an opportunity to enhance the experience of patients and their families. A key priority is to provide services that allow patients who wish to be cared for at home to remain there for end of life care. Access to community palliative care and specialist palliative care inpatient beds is provided in Community Healthcare East through Our Lady's Hospice Harold's Cross, Blackrock Hospice, the new Wicklow Hospice and the Wicklow Community Palliative Home Care Team.

Services Provided

The scope of palliative care includes cancer-related diseases and non-malignant / chronic illness. Palliative care services support people wherever they are being cared for, either at home, in hospices or in hospitals.

5.3.2 Issues and Opportunities

Palliative care services in Community Healthcare East are largely delivered by funded agencies. With the transition of the Wicklow Palliative Care Team to Our Lady's Hospice, this will mean that all such services are delivered through Service Level Agreements. Community Healthcare East will ensure that all such funding arrangements are monitored and agreed within the principles of the Accountability Framework and that the services link in closely with local PHN and other Primary Care services.

5.3.3 Priority and Actions

Priority	Priority Action	Delivery Timeline
Palliative Care	Implement the recommendations contained in the 2020 review of clinical governance and operational arrangements for children's palliative care	Q1 – Q4 2021
	Continue the monitoring and governance of service agreements with palliative care providers in Community Healthcare East	Q1 – Q4 2021
	Implement the approved clinical guidelines on the management of palliative care patients by the Specialist Home Care Team, Wicklow	Q1 – Q4 2021
	Establish ways of working with the Specialist Palliative Care Nursing since their move to external agency	Q1 – Q4 2021

Section 6: Mental Health Services

6.1 Introduction

Mental health describes a spectrum that extends from positive mental health, through to severe and disabling mental illness. It is inevitable that one of the impacts of COVID-19 will be on the population's mental health and it is important that we respond to this in the coming years. Advancing the recommendations of *Sharing the Vision* sets a particular focus on promotion, prevention and early intervention including improved integration between physical and mental health. The recommendations within *Sharing the Vision* will provide a new and enhanced focus on the provision of recovery focused integrated mental health services in Ireland in the future, and continue to inform mental health.

The policy provides an overarching framework and four key domains:

- Promotion prevention and early intervention with a focus on improved integration between physical and mental health
- Service access, co-ordination and continuity of care ensures that service users and their families, carers and supporters have timely access to evidence-informed supports, as a result of an outcomes-based focus that puts people before processes
- Social inclusion focuses mainly on people living with complex mental health difficulties who are most vulnerable to social exclusion arising from stigma and discrimination, inadequate accommodation of their needs in workplaces, and insufficient access to income, housing, employment and training or education
- Accountability and continuous improvement focuses on the organisational processes needed to implement and track delivery of the strategic changes proposed with an emphasis on innovation and continuous improvement.

In CH East, Mental Health Services are provided to a population of 424,772. This is higher than the CHO population of 393,239 (Census, 2016). The reason being that Mental Health services in this CHO provide services to parts of CHO 7 and also covers the population of Gorey, Wexford (for acute admissions only). This arrangement facilitates easier access to in-patient care for patients in the Gorey area.

The area is unique in that Mental Health Services are provided by both statutory (HSE) and a voluntary provider, St John of God Community Services (SJOGCS). Mental Health services are provided by the HSE in Dublin South East and Wicklow. Mental Health services are provided in Dublin South by SJOGCS and are commissioned via a Section 38 Service Arrangement that includes adult services at Cluain Mhuire and Child and Adolescent (CAMHS) across CH East and parts of CHO 7.

Services Provided

Specialist mental health services are provided in local community areas.

The following services are provided:

- Acute Inpatient Services
- CAMHS
- General Adult Community Mental Health Services
- Psychiatry of Later Life

- Mental health of Intellectual Disability for Children and Adults
- Rehabilitation Services
- Community Residential
- Continuing Care Residential Services
- National Counselling Service
- Eating Disorders Team Catchment area wide with specialist beds (3) at St. Vincent's University Hospital
- Liaison Psychiatry and Perinatal Mental Health provided at St. Vincent's University Hospital
- Mental Health Engagement, Peer Support and Recovery Education Services
- CH East Mental Health Services also supports the National Gender Service based in St Columcille's Hospital, Loughlinstown

6.2 Issues and Opportunities

- Significant investment has been made at our Approved Centres in respect of refurbishment and anti-ligature works. Work is on-going, however existing infrastructure is old and not fit for purpose and will require further investment
- The expansion of the Eating Disorder Service will be challenged in terms of accommodation for the provision of community based services. It is envisaged that a community base for this service will be operational in 2021
- The implementation of the new Safeguarding Policy will be challenging in the absence of additional, dedicated resources
- The increase in the number of referrals of children under the age of 18 years continues to challenge CAMHS services and a priority for 2021 is the development of an Acute Day Hospital
- There is a concern in relation to the significant increase in referrals of teenagers (CAMHS) with eating disorders, especially Anorexia Nervosa, and this will require a specific response in 2021
- The absence of adequate dedicated acute inpatient mental health beds for persons with dementia with severe behavioural problems has and will continue to challenge the Psychiatry of Old Age Service in 2021
- Further development is required in a number of specialist areas across the service including General Adult, Rehabilitation, Adult and Child MHID and CAMHS
- Further development is required in respect of rapid access assessment and out of hours services to reduce the burden on the emergency department and liaison / services
- Further development is required in relation to a home based treatment team which is essential to reduce presentation to ED and to assist with hospital avoidance
- The impact of COVID-19 during 2020 has highlighted the need for a fully integrated Mental Health Information System (MHIS) across in-patient and community services. The lack of an MHIS has impacted and interrupted our ability to work from home when appropriate

Financial and Human Resource Challenges

- Recruitment and retention of nursing staff continues to be a significant challenge to service development. Rising cost of accommodation and commute times are the most significant issues in terms of recruitment and retention of nursing staff

- Further development of Higher Specialist Training posts (HST) is required across all specialities and sub-specialities
- A number of measures are currently underway and led by National HSE to review the financial position of SJOG Community Services

Additional risks and issues to the successful delivery of the priorities and actions for Mental Health Services are captured in the Introduction by the Chief Officer.

6.3 Priorities and Actions

Priority 1: Progress implementation of the *Sharing the Vision: A Mental Health Policy for Everyone and Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020*

Priority	Action	Delivery Timeline
Implementation of the National Policy for Mental Health – <i>Sharing the Vision</i>	<p>Participate in the implementation of national policy for mental health – <i>Sharing the Vision</i></p> <p>Develop a sustainable costed plan for the governance, model of services and implementation of the national policy for mental health – <i>Sharing the Vision</i></p> <p>Commence implementation of priority actions in 2021 including the targeted recruitment of 82 additional staff</p>	Q1 – 4
Continue to progress initiatives and interventions in line with <i>Connecting for Life national implementation plan 2020-2022</i> including the recommendations contained in the HSE report <i>Improving Suicide Bereavement Supports in Ireland</i>	Extend and update our area wide <i>Connecting for Life</i> Action Plan while also reflecting the new national implementation plan.	Q1 - Q2
	Assess, develop and implement the most appropriate Critical Response Plan and inter-agency protocols relating to suicide based on the national template.	Q2 - Q3
	In line with the National training plan deliver training programmes prioritising service providers in contact with people vulnerable to suicide and presenting with self-harm.	Q1 - Q4
	Through CFL communication channels and yourmentalhealth.ie promote and circulate information on suicide prevention training and information on mental health services, supports and referral pathways in CH East.	Q1 - Q4
		Q1 - Q4

Priority	Action	Delivery Timeline
	<p>Continue to promote and support the roll out of the annual stigma reduction Green Ribbon Campaign to all CFL partners in CH East in May 2021.</p> <p>Work in partnership with Pieta House to deliver the Suicide Bereavement Liaison Service in CH East to those bereaved by suicide.</p>	Q2
Progress the development of a plan to further enhance integrated care pathways focused on young people who are at risk of developing mental health problems, self-harm and suicide. Included in this are different approaches focused on prevention, early intervention and integrated care pathways.	Prioritise CAMHS Day Hospital Consultant post and additional MDT posts to improve urgent access to timely risk assessment and intervention for children with risk of suicide, self-harm, serious mental illness and integrate into existing CAMHS service pathways.	Q1 – Q4

Priority 2: Progress the roll-out of accessible integrated mental healthcare programmes in line with the HSE Corporate Plan

Priority	Action	Delivery Timeline
Progress the development of four crisis resolution teams, four crisis cafes and one respite house as part of a phased development plan in line with <i>Sharing the Vision</i> , to implement alternatives to acute inpatient care and ED presentations through integrated care	Participate in the development of crisis resolution teams, crisis cafes and respite house as appropriate to CH East.	Q1 – Q4
Progress the development of three CAMHS Telehealth hubs to increase the provision of accessible care across multiple community healthcare areas, reducing waiting lists and managing projected new referrals.	Participate in the development of CAMHS Telehealth hubs as appropriate to CH East.	Q1 – Q4

Priority 3: Design integrated, evidence-based and recovery-focused mental health services

Priority	Action	Delivery Timeline
Implement agreed eMental health digital responses	Participate in the implementation of agreed eMental Health digital responses as appropriate to CH East.	Q1 – Q4

Priority	Action	Delivery Timeline
Increase community mental health team staffing in CAMHS by 10% from 2020 levels	Prioritise psychology posts to address the increase in referrals of children with severe Eating Disorders to reduce reliance on inpatient CAMHS referrals, and also to allow timely access to psychological interventions for other conditions such as severe depression, emotionally unstable personality disorders etc., where current internal waiting lists pose a risk to safety.	Q1 – Q4
	Prioritise CAMHS Day Hospital Consultant post and additional MDT posts to improve urgent access to timely risk assessment and intervention for children with risk of suicide, self-harm, serious mental illness and integrate into existing CAMHS service pathways.	Q1 – Q4
	Prioritise ANP posts to allow rollout of standardised, efficient and effective ADHD assessment & treatment protocol which has been shown to reduce clinical time by 50% in Lucena pilot and which is running in Linn Dara CAMHS (ADMIRE protocol). This will reduce CAMHS waiting lists.	Q1 – Q4
Continue to progress development and implementation of the agreed clinical programmes and new models of care	CH East will continue to progress the development of the national clinical programmes and models of care	Q1 – Q4
Continue implementation of A <i>National Framework for Recovery in Mental Health 2018-2020</i> and review and align with <i>Sharing the Vision</i>	Continue to implement the National Framework for Recovery in Mental Health Services and carry out a review to align with Sharing the Vision.	Q1 – Q4
Increase capacity to deliver 6,250 additional counselling hours and a range of talk therapies including the implementation of the new talk therapies model of care within mental health services	Prioritise recruitment of Senior Counsellor/Therapist Posts and additional Counsellor/Therapists to deliver a range of talk therapies and reduce waiting times for service users.	Q1 – Q4
Provide counselling supports for former residents of mother and baby homes through the national counselling service.	Prioritise referrals from former residents of Mother & Baby Homes following publication of Report expected Jan 2021	Q1 – Q4

Priority 4: Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements

Priority	Action	Delivery Timeline
Improve compliance in line with the Mental Health Commission findings and deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements	Continue to improve compliance in line with the Mental Health Commission findings through the established Local Regulatory Compliance Committee (LRCC) for each approved centre	Q1 – Q4
Further implement the HSE <i>Best Practice Guidance for Mental Health Services</i> and the HSE <i>Incident Management Framework</i> .	Continue to further implement the HSE Best Practice Guidance for Mental Health Services through the established Local Regulatory Compliance Committee (LRCC)	Q1 – Q4
	Continue to implement the HSE Incident Management Framework 2020	Q1 – Q4

Priority 5: Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services

Priority	Action	Delivery Timeline
Enhance and expand mental health engagement and feedback mechanisms to inform service improvement in the design and delivery of services, in co-production with service users, family members and carers	Continue to enhance and expand Mental Health Engagement and feedback mechanisms in co-production with service users, family members and carers to inform service improvement in the design and delivery of services	Q1 – Q4
Develop guidance to define the strategic function and role of lived experience in a recovery oriented person centred service	Participate in the development of guidance to define the strategic function and role of lived experience in a recovery oriented person centred service as required	Q1 – Q4
Mainstream implementation of the individual placement and support programme	Participate in the mainstream implementation of the Individual placement and support programme Continue to support the implementation of IPS in CH East in line with the National Standard Operating Procedures Participate in national IPS training and initiatives. Participate in annual IPS Fidelity review as coordinated by the National IPS Advisory Group.	Q1 – Q4
Increase the capacity to deliver peer-led recovery education	Provide schedule of online Recovery Education programs to all stakeholder groups with recruitment message integrated into sessions.	Q1 - Q3 Q1

Priority	Action	Delivery Timeline
	Launch of Recovery Education Website to increase visibility to the community.	Q1
	Development of local video series to promote recovery education and encourage involvement	Q1-Q2
	Provide online QQ1 level 6 training available to all stakeholder groups to build on existing capacity	
	Co-production of in-person workshops in preparation for when face to face group interactions can safely resume	Q1-Q3
	Roll out of schedule of in-person recovery education programs with recruitment message incorporated into sessions.	Q4
Develop standardised processes including a new supported volunteering programme to value and reimburse service users, family members and carers for their involvement in service improvement.	Contribute to the development of standardised processes as required in relation to this priority action.	Q1 – Q4

Priority 6: Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure

Priority	Action	Delivery Timeline
Continue development of CAMHS and adult mental health teams in line with implementation priorities under <i>Sharing the Vision</i>	Prioritise posts in psychology to allow swift access to appropriate interventions for at risk patients and to allow for rapid triaging/liaison between CAMHS and primary care services to facilitate improved cooperation and development of cross-service working in keeping with CAMHS Operational Guidelines. This has resulted in significant reduction of waiting list for CAMHS when piloted in two Lucena teams. Need to include the gaps identified in our workforce plan here	Q1 – Q4
Engage in the development process to establish key performance indicators within mental health services aligned to new service developments	Engage as required in the development of key performance indicators in mental health as required.	Q1 – Q4
Roll out the agreed capital developments and minor works to enhance facilities and infrastructure for service users and staff	Participate in the programme to roll out the agreed capital developments including minor works as relevant to CH East.	Q1 – Q4

Continue to develop and implement the mental health workforce to ensure the right staff with the right skills are allocated to the right services	Complete the CH East Mental Health Workforce Plan in 2021 in order to support the implementation of this priority action.	Q2
Provide 28 additional beds to enable acute mental health services to respond to COVID-19 and increasing demand.	Participate as required in the delivery of this priority action	Q1 – Q4

Strategic Change

Priority	Action	Delivery Timeline
Advance the implementation of the recommendations of <i>Sharing the Vision</i> with a particular focus on promotion, prevention and early intervention and on improved integration between physical and mental health.	Participate in the advancement of the implementation of the recommendations of <i>Sharing the Vision</i> as appropriate to CH East Mental Health Services	Q1 - Q4

Section 7: Disability Services

7.1 Introduction

Disability services support and enable people with disabilities to live the life of their choosing in their own homes and communities, through services, supports and environments, designed and adapted as necessary to meet their needs, enabling them to live ordinary lives in ordinary places as independently as possible. Building on the Transforming Lives Policy and in line with the UN Convention on the Rights of Persons with a Disability, we will work to reimagine and strategically change disability services. This will be done through a co-ordinated and focused approach. It will be delivered through collaborative engagement of relevant Government departments, service users and their families, service providers and representative bodies, and the national clinical programme for people with disabilities. This will ensure services are the most responsive, person-centred model achievable with greater flexibility and choice for the service-user and are delivered in an operationally and financially sustainable model

Services Provided

Disability services are provided to those with physical, sensory, intellectual disability and autism in community, day, respite and residential settings. Services include personal assistant, home support, multi-disciplinary and other community supports. Services are delivered through a mix of HSE direct provision as well as through non-statutory section 38 / 39 service providers and private providers

7.2 Issues and Opportunities

Delivery of the planned level of services is dependent on the requirement for all services to manage and prioritise costs within available budgets. Whilst there is provision for significant service developments in 2021 arising from increased investment by Government and in line with population growth, the rate of any increased service delivery will be highly contingent on developments associated with the management of services in a Covid-19 environment

Community Healthcare East (CH East) Disability Division will strive to increase and re-introduce levels of service in line with Service Plan 2020 while at the same time endeavour to achieve additional service delivery and reform objectives in line with commitments as set out in Service Plan 2021. Community Healthcare East will fully embrace initiatives by Government and Department of Public Health colleagues towards ensuring the implementation of a population-wide vaccination programme in line with the national prioritisation programme. CH East will continue to focus on expanding opportunities for the safe re-introduction of a full range of support service to persons with a Disability and will support the planned serial testing targeted at vulnerable clients as advised by the Department of Public Health

Notwithstanding the significant level of investment in health and social care services in 2021, there remain a number of risks and issues to the successful delivery of the priorities and actions for Disability Services, of which the most critical are captured in the Introduction by the Chief Officer

7.3 Priorities and Actions

Priority	Action	Delivery Timeline
Residential places, respite and personal assistant services - developments		
<p>Community Healthcare East Disability Division will continue to prioritise and assess all persons requiring a residential placement during 2021.</p> <p>CH East will ensure that all emergency funding provided is directed towards addressing new service capacity while also focusing of priority cases where additional investment is required to sustain delivery of safe and appropriate service to identified individuals.</p>	CH East will seek to provide supports to a minimum of 17 priority cases and will further enhance services to sustain persons prioritised in line with available budget for 2021	Q1 - Q4 2021
	CH East will also continue to work closely with TUSLA towards ensuring appropriate transfer of clients in line with obligations set out in the National joint protocol policy	Q1 2021
	CH East will submit an application to the service reform fund to assist and support the transition of persons with a disability under the age of 65 who are resident in a Nursing Home are provided with an opportunity to move to their own home in the community	Q2 - Q3 2021
	CH East will build on the additional respite capacity created in 2020 and will deploy additional resourcing towards the development of increased capacity as 1 new and 1 additional respite centre with CH East	Q2 2021
	CH East will fully embrace initiative to enhance the availability of intensive respite support packages to children and young adults. This will further sustain and develop initiatives commenced in the 4 th quarter of 2020 and which have already assisted 26 no of clients	Q1 - Q4 2021
	Deliver 24,000 additional hours of personal assistance supports to expand and enhance supports for people to live self-directed lives in their own communities	Q1 - Q4 2021
	In additional to the above commitments and service initiatives CH East will continue to provide a high quality residential and respite care service to persons with disabilities and their families as set out below:- <ul style="list-style-type: none"> ○ In excess of 740 people with a disability are supported by a range of residential supports within Community Healthcare East ○ Over 420 people with disabilities avail of respite care each quarter in Community Healthcare East. The CHO further plans to bring additional capacity on stream in line with service developments commenced in 2019 for adults residing in South Dublin and East Wicklow 	Q1 2021
		Q1 - Q4 2021

Priority	Action	Delivery Timeline
	<ul style="list-style-type: none"> Over 1246 people with disabilities access day places and supports in over 74 locations throughout Community Healthcare East In excess of 600 people with complex disabilities avail of over 449,842 hours of personal assistant/ home support hours through Community Healthcare East. 	<p>Q1 - Q4 2021</p> <p>Q1 - Q4 2021</p>
Day Services		
CH East will continue to provide adult day services and supports for in excess of 1246 adults with physical and sensory disabilities, intellectual disability and autism in over 74 service locations throughout Community Healthcare East.	CH East will provide an additional 80 day services places, delivered in line with the New Directions policy, for school leavers and graduates of rehabilitative training in 2021	Q3 2021
	Protect the full time service supports for people that receive both day and residential services and enhance the day service provision for the 1246 day attenders by increasing their current COVID-19 impacted service from 40-60% (equivalent to 2-3 days per week presently) to 100% (equivalent to 5 days per week) contingent on Public Health advices and subject to ongoing serial testing and vaccination programmes	Q1 - Q4 2021
	Continue to work towards the full resumption of day services in line with public health guidance and New Directions policy by acquiring new locations on a short-term basis to provide additional physical capacity and through improving transport services to enable service users to attend at more diverse locations	Q1 - Q4 2021
	Identify approximately 101 young people due to leave school or rehabilitative training in 2021 and commence an additional 6 placements for service users which have not commenced to date from the 2020 programme	Q1 - Q4 2021
	Community Healthcare East will continue to update and progress the data validation processes to support the implementation of the NAS and OGS systems locally	Q1 - Q3 2021
	In line with the commitment above, Community Healthcare East will participate in the introduction of a managed ICT data tracking system to support the New Directions change programme and strengthen the quality of day service provision throughout the CHO.	Q1 2021

Priority	Action	Delivery Timeline
Multi-disciplinary services and assessment of need for children and adults		
Community Healthcare East is committed towards the full implementation in line with the National PDS strategy and governance framework.	Community Healthcare East will continue its implementation plan associated with the roll-out of Progressing Disabilities with a view to have all 7 Community Disability Networks reconfigured by the end of June 2021	Q2 2021
	CH East has a cross-divisional working group to re-enforce the introduction of PDS in line with the National Access Policy	Q1 - Q2 2021
	CH East will strive to Implement fully the revised standard operating procedure and the national access policy within this CHO through the children's disability network teams and progress the delivery of the assessment of need process in line with legal requirements	Q1 - Q4 2021
	Through the initial staff mapping and re-configuration process, Community Healthcare East will seek to resource an additional 1 multi-disciplinary posts within children's network teams to improve assessment of need and treatment with a particular focus on behavioural, dietetics and paediatric services within the children's disability network teams and move towards the completion of reconfiguration under progressing disability services	Q2 2021
	CH East will work with colleagues in the National Disabilities Office towards the recruitment of additional multi-disciplinary team members to commence the process of assessment of needs for adults (19-21 year olds)	Q1 - Q2 2021
	CH East will complete the full implementation of its plan to address outstanding assessment of needs as agreed with the National Disabilities Office and the Department of Health in September 2020. CH East will endeavour to have this plan delivered by the 31 st of March 2021	Q1 2021
	CH East will further develop capacity within its Assessment of Need delivery framework through the recruitment of an additional Assessment Officer while committing to additional resources to ensure the integrity and review of service statements where appropriate	Q2 2021

Priority	Action	Delivery Timeline
Time to Move on from Congregated Settings – A Strategy for Community inclusion		
Community Healthcare East will seek to support an additional 49 more people with a disability, who are currently living in congregated settings, with more person-centred homes in the community in 2021.	2021 Plan will focus on 4 service settings and progress will be contingent on additional revenue funding to support these transitions	Q3 2021
	Continue capacity building work in services to support the change from a traditional institutional model of service to a person-centred model of support in the community	Q2 2021
	Support the acquisition/development of approximately 8 new homes to meet the needs of those due to move from the congregated settings in 2021/2022 through HSE capital funding and social housing options	Q2-Q3 2021
Autism Spectrum Disorders Report		
Community Healthcare East will work with the National Disability Strategy Office towards Implementation of the recommendation of the Report of the Review of the Irish Health Services for Individuals with Autism Spectrum Disorders focusing on the implementation of a tiered model of assessment in order to improve access to and responses by services to autistic children and adults in a timely manner.	Enhance the information and resources currently available within the HSE for all people with disabilities and autism to improve the individual's experience of accessing local service information including resourcing CDNT's appropriately and streamlining access to services such as home support and respite care for children	Q1 2021
	Build capacity and competence amongst key professionals working with people with autism – including a national training programme for clinicians and the implementation of a tiered model of assessment and intervention in order to improve access to and responses by services for those with autism spectrum disorder	Q1 - Q2 2021
	Ensure that the development of Community Disability Networks (7) will contemplate the challenges associated with the provision of ASD services for Children in Community Healthcare East and have clear pathways in place to access appropriate supports	Q3 - Q4 2021
Interagency arrangements between HSE community and acute hospital services in partnership with Tusla Child and Family Agency		
Progress the full implementation of agreed joint protocols underpinning interagency arrangements between HSE community and acute hospital services in partnership with Tusla Child and Family Agency.	CH East will continue to operate the joint HSE and Tusla interagency protocol, and will continue to advocate and support care arrangements for children/young adults arising from same	Q1 - Q4 2021
	In partnership with Tusla, fully implement recommendations arising from the Children's Ombudsman Report, inclusive of the need to identify, within existing budgets, supports to respond to the needs of children and young people in foster care arrangements	Q1 - Q4 2021

Priority	Action	Delivery Timeline
	that have been assessed as having a moderate to profound disability	
Safeguarding		
Progress the roll out of the revised HSE Safeguarding Policy in line with DOH National Health Sector Adult Safeguarding Policy.	Progress the roll-out of the revised HSE Safeguarding policy, taking into account the development by DoH of a national adult safeguarding policy for the health and social care sector	Q1 - Q4 2021
	Undertake the implementation of the revised HSE adult safeguarding policy across all community health and acute care areas in line with the HSE National Implementation framework	Q2 - Q4 2021
	Prepare for the publication of the DoH national policy on adult safeguarding for the health and social care sector and the future enactment of adult safeguarding legislation	Q2 2021
	Provide adult disability services in line with the expectations of the HIQA/MHC national standards for adult safeguarding	Q1 - Q4 2021
	Provide a programme of training which includes a focus on prevention and management and on behaviours that challenge	Q1 - Q4 2021
	CH EAST will prepare for the introduction of Health Information and Quality Authority (HIQA) / Mental Health Commission (MHC) new national standards in adult safeguarding	Q1 - Q4 2021
	Support the development of the DoH national policy, in adult safeguarding	Q1 - Q4 2021
ICT/eHealth Case Management Programme		
CH East will embrace and participate in planning for the implementation of an ICT/eHealth Case Management Programme across the disability sector.	Fully implement Phase 1 of the National Ability Support System (NASS) and implement a tender process which is to develop additional functionality required for NASS as part of phase 2 of the programme	Q1 - Q4 2021
	CH East will participate in the completion of the implementation of an ICT / eHealth Case Management Programme across the Disability Sector through co-operation with NDO and partner providers	Q1 - Q4 2021

Priority	Action	Delivery Timeline
Strategic Change - Reform of the Disability Sector		
CH East will work with the National Disability Strategy Office and the relevant government departments towards the development and implementation of a plan for the reform of the disability sector in line with the UN Convention and in collaboration with relevant government departments and agencies and disability services stakeholders to include:	CH East will engage with the strategic change team to work collaboratively with government departments and all stakeholders to develop an operationally and financially sustainable model of service and governance	Q2 - Q4 2021
	CH East will embrace the development and implementation of a sustainable disability residential funding model and management information system, similar to the NHSS, on a non-statutory basis to improve choice and quality service provision for people with disabilities and their families, building on learning from the current Placement Improvement Programme	Q2 - Q4 2021
	CH East will engage and prepare a due diligence report to inform and support the work of the strategic change team relative to agencies and services across Community Healthcare East and those services which provide services across multiple CHOs	Q1 2021
	CH East will review and implement all appropriate learning arising from the national strategy for emergency service planning and oversight with relevant stakeholders	Q2 - Q4 2021
	In co-operation with the National Disabilities Office, Community Healthcare East will participate in the establishment and implementation of a standardised service and funding model for the disability residential services, similar to the NHSS model for older people on a non-statutory basis. This programme will incorporate the learning from the work of the National Placement Improvement Programme referenced above	Q3 2021
Strengthening Disability Fund		
Improve person centred delivery in line with Transforming Lives.	Implement, under the Transforming Lives process, the government approved once-off grant scheme to disability service providers under three improvement strands: <ul style="list-style-type: none"> Strengthen partnership arrangements in service delivery with similar bodies and organisations within particular fields. Initiatives towards building sustainable organisations. 	Q1 - Q2 2021
Personalised Budgets		
CH East will engage in the further development of its personalised budgets demonstration projects with a plan to extend to 20 persons in 2021.	CH East will further progress the pilot demonstration project for the implementation and evaluation of personalised budgets, based on up to 20 adults with disabilities who have expressed an interest in participating in the project	Q1 - Q3 2021

Priority	Action	Delivery Timeline
	Evaluate two standardised assessment tools using the Demonstration Project on Personalised Budgets. Phase 1 (10 people) using Imosphere and Phase 2 (10 people) using InterRAI Ireland (IT based assessment).	
Consultation and engagement structures		
CH East will further develop service consultative structures to enable service users to become active participants in their care and support, not only in the use of personalised budgets but also in the co-design of their services.	Put in place structures to support dialogue and collaborative working with voluntary organisations, including those representing Section 38 and 39 providers and people with disabilities and their families. CH East will continue to engage pro-actively towards the development and evaluation of service provision within its Residential Consultative Forum	Q3 2021
	CH East will ensure full engagement towards putting in place appropriate governance and monitoring framework with all voluntary and for profit partners within the Disability delivery system.	Q2 2021
Neuro-Rehabilitation Strategy		
Community Healthcare East will support the work of the clinical network demonstrator project funded through the Slaintecare 2020 through developing a community neuro-rehabilitation team for Network Area (CHN 7) North-Wicklow within Community Healthcare East.	CH East will recruit a dedicated Community Neuro-Rehab Team within the available resources	Q1 2021
	CH East will ensure clear and appropriate governance through already established Governance Framework involving close co-operation between HOS's for disability and Primary Care	Q1 2021
	Community Healthcare East will ensure appropriate collaboration between this team and all other stakeholders within the neuro-rehab service area to ensure further development of appropriate care pathways for such patients	Q1 - Q2 2021
Quality and Patient Safety		
CH East Disability Division will seek to develop and enhance further collaboration and monitoring of services to ensure broadest compliance with HSE incident management framework.	Support further compliance with HSE Revised Open Disclosure Policy	Q2 2021
	Further develop the capability to report, manage, investigate, disseminate, and implement learning from incidents through recruitment of additional dedicated QPS support for Disabilities division	Q1 2021
	Support services to comply with relevant legislation and standards.	Q1 2021
Service Arrangements	CH East will ensure completion of SLA's for services commissioned by Disabilities services within nationally agreed timelines.	Q1 2021

Priority	Action	Delivery Timeline
	<p>All SLA's will endeavour to engage with agencies to ensure that all SLA within Disability service are signed by 28thth February 2021.</p> <p>Improve the Community Healthcare East compliance monitoring programme.</p>	

Section 8: Older Persons Services

8.1 Introduction

The policy of Community Healthcare East is to ensure to the greatest possible extent that services for older persons are delivered, as far as possible, in their own homes and/or within their own communities. Community Healthcare East will seek to offer the Older Person the greatest range of choice in this regard and will work towards meeting the expressed views and wishes of the Older Persons where at all possible.

Our overall population of Ireland is ageing and this is particularly relevant in Community Healthcare East where it is estimated that the population >70 will be approximately 51,934 by 2025. Learning from the COVID 19 pandemic and in line with Sláintecare and the Health Service Capacity Review 2018 our commitment in CH EAST is to reduce the number of older people in residential settings and in doing so to offer appropriate alternatives to care provision and support. The emphasis will be to deliver a new model of integrated, older person services across a care continuum as part of the ECC Programme. This includes minimising referrals and admission to acute settings and/or, if admitted, facilitating discharge through a designated pathway in order to maximise the potential for remaining at home for as long a period as possible in turn reducing the requirement for long-term residential care.

In terms of the residential facilities in place and currently operating across the statutory and voluntary care sectors Community Healthcare East will ensure that these services remain a particular focus, particularly in terms of quality and range of services offered to ensure that those who wish to enter a Long term Care arrangement, can be assured that all such services are delivered in a timely manner and are operated strictly in accordance with the National Standards of Care.

Community Healthcare East will also work closely with the Private Nursing Sector, the Health Information and Quality Authority and Nursing Homes Ireland (where appropriate) to ensure, as best it can, that the challenges and learning gleaned from the experiences of combatting Covid-19 are implement to ensure a safe and sustainable model of care for those entering and wishing to remain in such services.

Services Provided

A wide range of services are provided for the Older Person across Community Healthcare East including home supports, day care, community supports provided in partnership with voluntary groups, intermediate care (both residential and in the home), as well as long stay residential care when remaining at home is no longer feasible. Currently, services are provided across a number of settings and are delivered, either directly by the HSE (statutory services) or through service arrangements with voluntary, not for profit and private providers. There are currently in excess of 60 Designated Centres for the care of the elderly in Community Healthcare East provided by HSE, Voluntary care Partners and the Private Nursing Home sector.

8.2 Issues and Opportunities

The priority areas for action in 2021 are founded on the need to accelerate the implementation of an integrated service delivery model for Older Persons. This includes the establishment of Community Healthcare Networks together with the development of community specialist older person teams as part of end to end pathways that include bespoke care pathways into and out of

acute hospital. These teams are referred to as Integrated Care Teams for Care of the Frail Older Person (ICPOP) and the commitment to develop these further arises from learning gleaned through the Pilot Sites introduced through the Clinical Care Programmes in 2017/2018.

Equivalent teams for chronic disease will also be developed, as noted earlier in this section of the plan relating to primary care services. New approaches are being introduced such as “Home First” which combines additional support such as therapies with traditional home support hours. An additional 18 community beds for Older Persons will be implemented and linked to the development of specific care pathways for the older person in Community Healthcare East.

The Development of additional two ICPOP's in Community Healthcare East will be carefully planned and introduced in collaboration with the introduction of Chronic Disease management initiatives to ensure a seamless and uniform approach to addressing the needs of the Frail Older Person while offering them every opportunity to access services in the Community without the need to access Acute care settings. This will build on the learning site implemented in 2017 in collaboration with St Vincent's University Hospital and will ensure access to Integrated Care Teams for the Elderly right across Community Healthcare East

Community Healthcare East is committed to reforming our services in order to continue to develop high quality services which will meet the assessed needs of each individual. There is a commitment to ensure that services represent value for money and provide assistance to the greatest possible number of individuals within the finite resources available to the older persons function within Community Healthcare East.

The CHO has a provisional approved budget of just over € 90.125 m for statutory, voluntary and for profit supported service delivery in 2021. Community Healthcare East will work to secure the maximum service benefits through this investment while focusing primarily on service alternatives to residential care for the elderly while continuing with appropriate service improvement initiatives in line with the regulatory framework within residential services. Community Healthcare East will continue to work closely with the Acute Care and Rehabilitation sector service providers to ensure maximum integration of services while further developing and streamlining patient pathways based on joint planning locally and initiatives focused through the Winter Plan initiatives in line with Sláintecare vision.

Notwithstanding the significant level of investment in health and social care services in 2021, there remain a number of risks and issues to the successful delivery of the priorities and actions for Older Persons Services, of which the most critical have been captured in the Introduction by the Chief Officer.

8.3 Priorities and Actions

Priority	Action	Delivery Timeline
Adopting a home first approach		
	<p>Promote the health and wellbeing of older persons facilitating them to stay active and well for as long as possible:</p> <ul style="list-style-type: none"> 1.988 million home support hours will be provided in 2021, this is 552,000 hours over and above the NSP 2020 target. This includes a very significant additional investment of €14.683m under Winter Plan 2021 in the areas of focus such as Hospital Discharge and Avoidance measures, Re-enablement Initiatives and building additional capacity to support additional applications for home support and enhance existing packages for cases/applications meriting enhanced support 	Q1 - Q4 2021
	<ul style="list-style-type: none"> The current home support waiting list in CH East will be eliminated by March 2021 	Q1-Q4 2021
	<ul style="list-style-type: none"> 50 re-enablement packages will be in place at any one time as part of a new model of service, with plan to extend to 200 people benefitting from same by year-end 2021 	Q1-Q4 2021
	<ul style="list-style-type: none"> A new model of service is being developed to provide intensive home support to older persons by year-end to support acute hospital discharge and as an alternative to long-term residential care placement 	Q4 2021
	<ul style="list-style-type: none"> A minimum of 5% of the additional 2021 hours will be provided for people living with dementia 	Q4 2021
	<ul style="list-style-type: none"> The proposition of public provision of homecare hours is to be maintained or increased as the HSE's capacity is enhanced in order that this balance is reflected in each CHO over time 	Q1 – Q4 2021
	<ul style="list-style-type: none"> Maximising the impact and effectiveness of these service initiatives in 2021 will be dependent on the implementation of the ECC programme in line with plans, in particular therapy and nursing capacity in primary care to enable delivery of the clinical care supports to older people 	Q2 2021
	<ul style="list-style-type: none"> These new service approaches will be measured, evaluated and reviewed in 2021 to ensure they are 	Q2 2021

Priority	Action	Delivery Timeline
	<p>appropriately aligned to the planned statutory home support scheme</p> <ul style="list-style-type: none"> CH East will plan and develop additional capacity within Publically Provided Home Support sector in 2021 in line with commitments set out in Winter Planning Strategy 2021. 	Q2-Q3 2021
Community Beds		
	<p>Funding is provided for an additional 18 short-stay intermediate care services in 2021, bringing the total capacity of public short stay beds to just fewer than 175.</p> <p>The balance of public/private provision will be maintained with a view to enhancing direct HSE provision nationally over time. In line with the plan above and in addition as set out below, this expansion will be achieved in the following facilities:</p> <ul style="list-style-type: none"> 18 beds developed at Wicklow Community Unit for the Elderly 34 Intermediate Care Beds on Merrion Road (SVUH initiative) 17 Intermediate Care Beds at the NRH (initial development) Commissioning of an additional 20 Transitional Care Beds across the Private Nursing Homes sector (Wicklow) CH East will seek to recover at the earliest possible opportunity, 46 short stay respite beds which have been negatively impacted through the challenge of COVID-19 (in line with on-going Dept of Public Health advices). Services will be re-introduced at the earliest opportunity (PH advices permitting) within Designated Centres for the Elderly and across the Voluntary and Private Nursing Homes Sector in Community Healthcare East <p>Community Healthcare East will prioritise the re-opening of dedicated respite care facilities in line with advices of the Department of Public Health at the earliest possible opportunity in 2021. Respite commissioned in Private Nursing Homes together with respite provided in stand-alone voluntary and dedicated facilities will be the initial focus in this regard</p>	<p>Q1 2021</p> <p>Q1 2021</p> <p>Q2 2021</p> <p>Q1 2021</p> <p>Q3 2021</p> <p>Q2-Q4 2021</p>

Priority	Action	Delivery Timeline
Nursing Homes Support Scheme		
	<p>In December 2021, 22,500 people will have been supported nationally through the NHSS while maintaining the waiting period for funding at an average of four weeks for 2021</p> <p>The reduction by 237 of the number of NHSS users planned for 2021 takes account of both population growth and at the same time decreased demand, due to the increased investment in community rehabilitation beds and home care</p> <p>The number of applications to the Regional Nursing Home Support Office (of which CH East is incorporated) stood at 1539 at the end of October 2020 and is expected to exceed 200 applicants by the end of December 2020. Community Healthcare East will ensure that the Local Placement Forum takes all reasonable measures to ensure maximum efficiencies in terms of the referral and clinical assessment process under the Nursing Home Support Scheme which at the same time considering alternative care arrangements for those applications reviewed in line with the expressed wishes of the applicants/their nominated representatives.</p>	<p>Q1 - Q4 2020</p> <p>Q1 - Q4 2021</p>
Residential Care Services		
	<p>CH East will further progress the redevelopment of St Colman's Residential Care Centre, thereby delivering a future-proven residential model of care fully integrated with broader health related community supports for the older population for Wicklow</p> <p>CH East will continue to work with the Board and Trust at Leopardstown Park Hospital towards the planned re-development of that site in enabling a first phase of development in the scale of 125 beds.</p> <p>CH East will advance plans with the Royal Hospital Donnybrook towards recovering beds (on site) impacted through COVID measures and Regulation in 2020.</p>	<p>Q2 – Q4 2021</p> <p>Q1 – Q4 2021</p> <p>Q2 2021</p>
Transitional Care		
CH East will continue to enable Transitional Care options for those appropriate to avail of same subject to nationally defined thresholds and formal approval mechanisms.	CH East will expedite appropriate applications for Transitional Care Arrangements to enable rapid hospital discharge to choice of residency and will also seek to utilise this mechanism to support hospital avoidance in line with objectives and policy set out in Winter Plan 2021.	Q1 - Q4 2021

Priority	Action	Delivery Timeline
Frail Older Persons		
CH East will continue to work with its colleagues within Acute Care settings and Primary Care to develop alternatives to managing frailty within the Community as referred to above.	As phase 1 of the development of ICPOP's, CH East will be expanding its existing team based at Clonskeagh (in partnership with SVUH) and are committed to developing two additional teams to support Frail Elderly population across the Community Healthcare East's operational area in partnership with colleagues within Primary Care and the IEHG hospital group.	Q2 2021
	CH East will continue to participate in national working groups to seek to re-open all Day Care services impacted by Covid-19 across the area. In the interim both HSE and Voluntary Sector partners will continue to support clients remotely through provision of additional supports such as Home Support/Meals on Wheels and escalation to colleagues within primary care where necessary and appropriate	Q1 - Q4 2021
	CH East will seek to maximise the current investment in day care, meals on wheels services and day activation places to ensure practical alternatives are made available to maintain frail elderly persons living at home for as long as possible.	Q1 - Q4 2021
Implementation of COVID 19 Nursing Homes Expert Panel Report		
	CH East will continue to assist with the implementation of key recommendations from the COVID-19 Nursing Homes Expert Panel report in respect of Private Nursing Homes where appropriate and where facilitated through Provider	Q1 – Q4 2021
	CH East will continue the implementation of enhanced public health measures in residential care settings operated on a statutory/voluntary care basis as recommended by the expert panel	Q1 - Q2 2021
	CH East COVID Response Team will continue to support and work with our colleagues in the Department of Public Health towards the management and oversight of COVID-19 outbreaks across the statutory, voluntary and private nursing home sectors	Q1 - Q4 2021
	CH East CRT will continue to engage with the Regulatory Authority (HIQA) in assisting with the challenges faced by Covid-19 across the Statutory/Voluntary and Private Nursing Homes sectors. The CRT will liaise with and support the work of the Regulator in enabling COVID readiness and resilience	Q1 - Q4 2021

Priority	Action	Delivery Timeline
	planning within the Private Nursing Home sector through agreement with the relevant Providers where necessary and appropriate	
Adult Safeguarding Policy		
CH East – Older Persons will review and advise on the implementation of the revised HSE adult safeguarding policy across all divisions in CH East and acute care areas in line with the HSE National Implementation framework and in accordance with the resources made available during 2021.	Progress the roll-out of the revised HSE Safeguarding policy, taking into account the development by DOH of a national adult safeguarding policy for the health and social care sector	Q1 2021
	CH East Older persons services will continue to manage, maintain and report and safeguarding activity across the ambit of services permitted through existing resources with Community Healthcare East.(Older Persons and Disabilities)	Q1 - Q4 2021
	CH East Safeguarding Team will continue to support training for both appropriate staff and Designated Officers until a more uniform approach is agreed and resourced across all service divisions in Community Healthcare East	Q1 - Q4 2021
	CH East Safeguarding Team will strive to protect and provide services to older people in line with the anticipated future standards and those already established as standard in the operation of Designated Centres for care of Elderly and persons with a Disability	Q1 - Q4 2021
	CH East (Safeguarding) will continue to operate and inform as a learning ICT pilot towards the introduction of a National ICT Framework to support the recording and reporting of Safeguarding data	Q1 - Q4 2021
Sláintecare Integration Fund		
Support the development of integrated older person care pathways including community specialist integrated care programme for older people teams and primary care liaison personnel under the Sláintecare Integration Fund.	CH East will work with its partners in the acute care and primary care sector towards the development and implementation of a CHO-wide strategy which will deliver specific integrated care teams for the frail Elderly across all Community Healthcare Networks within the CHO. This will involve the enhancement of 1 existing Integrated Care Team and the development of a further two such teams as support under Winter Plan 2021. This initiative will be closely linked to the Chronic Disease Management Programme (Winter Plan 2021) to ensure a full suite of seamless community service options/care pathways are available to the older person outside of acute care settings in line with Sláintecare vision	Q1 - Q4 2021

Priority	Action	Delivery Timeline
Statutory Home Support Scheme Development		
In line with DoH policy and direction, the CH East will work with the DoH to roll out a reformed model of service delivery to inform the development of a statutory home support scheme for the financing and regulations of home support services. The pilot of the statutory home support scheme will include:	Review the home support systems and processes currently in place for older people to support design of procedures and processes required in the context of preparation for legislation	Q2 2021
	Work with the National Office for Older Persons in defining and establishing a national home support office to enable functionality of same in early 2021. This initiative will address key functions to improve the model of service delivery required to support a statutory home support scheme	Q1 - Q2 2021
	CH East will work with the National Older persons Office to test and evaluate new community decision-making for (equivalent to local placement flora) in locations aligned with planned homecare pilot areas that will support equitable and consistent decision making on community care provision, based on a common assessment process (interRAI)	Q3 2021
	Measure, evaluate and review the new service approaches adopted in the home first approach to ensure they are aligned to the planned statutory home support scheme	Q1 - Q4 2021
	CH East will continue to evaluate and advocate for the development of a national IT based system to support the various reporting and analysis requirements of the proposed scheme at national, regional and local level	Q1 - Q4 2021
InterRAI		
	CH East will continue to support the roll out interRAI during 2021, supported by the appointment of 126 interRAI assessors nationally, (CH East yet to be advised of their allocation in this regard) in tandem with the ECC reform programme objectives. This will include:- <ul style="list-style-type: none"> The development of operational policies and procedures expanding from the current five CHOs to all nine CHOs (as associated acute hospitals) to inform the planned statutory home support scheme and ensure the integration and alignment of the testing of a reformed model of service delivery with the roll out of CHNs. InterRAI Ireland (IT based Assessment) 	Q2 - Q4 2021
	<ul style="list-style-type: none"> Prioritise the implementation of interRAI assessments (133) across all settings for 	Q2 2021

Priority	Action	Delivery Timeline
	services for older people and explore the testing of resource allocation models for core funding in home, community and residential care	
Community and voluntary supports		
Enhance the delivery of supports to the older population across the CHNs through the further roll-out of the ALONE support co-ordination service, as part of the ECC programme.	<p>Oversee the roll-out of the additional grant aid provided in Q4 2020 including building on the additional €250,000 for dementia specific supports, provided nationally to just over 150 voluntary agencies which will both sustain and provide additional services through day care places, meals on wheels, additional exercise classes etc. for older persons</p> <p>CH East has participated in the national review of day care centres for the Elderly and will further participate in the development of a programme of work to review day care centres and models in Ireland with a view to making recommendations on proposed future models of day care and integration with other services</p> <p>CH East will continue to work with its over 30 day care agencies engaged in the provision of services to the Elderly population of South Dublin and East Wicklow. CH East is committed to the re-commencement of such services at the earliest opportunity and is considering building on existing alternative models to support vulnerable older persons resident in the community who have been unable to attend their day service for the majority of 2020 due to Covid-19 restrictions</p>	<p>Q2 <i>Dependent on COVID restrictions</i></p> <p>Q1 - Q2 2021</p> <p>Q1 – Q4 2021</p>
The National Carer's Strategy – Recognised, Supported, Empowered		
	Additional investment in 2021 will improve equity of access to supports for carers in tandem with the community and voluntary sector	Q1 – Q4 2021
The National Positive Ageing Strategy		
	Embed the community call response, working with health and well-being services and primary care services and in tandem with local authorities and affiliated non-government organisations	Q1 – Q4 2021
Housing Options for our Ageing Population		
	CH East will strive to achieve greater collaboration with colleagues in the voluntary housing sector(s) and the Local Authorities towards the development and planning for residential options to support aging	Q1 – Q4 2021

Priority	Action	Delivery Timeline
	population and supported living arrangements for vulnerable older persons	
The Irish National Dementia Strategy		
Further develop the dementia model of care including a personalised home support model for dementia through expansion of in-home day care, enhancing memory technology resource rooms and the continued roll-out of the Dementia Understand Together campaign.	Enhance and develop the dementia diagnostic service nationally with four additional memory assessment supports services, co-located where possible, with specialist community team ambulatory hubs and a second regional specialist memory service	Q4 2021
	Enhance the pathways of dementia care within the ECC reform programme, older persons' service model in tandem with the increase in dementia advisors to 29 nationally	Q4 2021
	Implement the NCEC National Clinical Guideline 21 on the appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia in tandem with clinical nurse specialists in acute hospitals	Q1 – Q4 2021
	CH East will work locally with the Alzheimer Society of Ireland (ASI) to ensure availability and support from dementia advisors while at the same time ensuring that services already funded are utilised to their full potential for the benefits of older persons with dementia	Q1 – Q4 2021
	CH East will continue to support respite care and home care options for persons presenting with a diagnosis of Dementia	Q1 – Q4 2021
	CH East will continue to support and develop services previously developed in partnership with Genio and through Dormant Accounts Funding such as the memory harbour and associated activities for persons with dementia.	
Quality and Patient Safety		
Ensure compliance with HSE Incident Management Framework and Integrated Risk Management Policy.	Promote use of incident specific review tools (e.g. Falls Review Tool) and support introduction of After Action Review (AAR) as an incident review methodology	Q1 - Q4 2021
	CH East will appoint a dedicated falls Co-ordinator to assist in analysis and planning or a pro-active falls management programme within residential care facilities and the broader community	Q2 2021
	Improve monitoring of Section 38 and Sec 39 agencies through use of a standardised Quality and Safety Report at IMR meetings	Q1 - Q4 2021

Priority	Action	Delivery Timeline
	<p>Ensure effective management of risks through the OP's Integrated QPR forum and appropriate escalation where necessary</p> <p>Review of Key KPI data through QPS meetings such as SRE's/SRI's complaints and reviews, NIMS data and trends</p> <p>Maintain a particular focus on complaints and complaint management processes to ensure compliance with complaints management policy and enable learning to be circulated where appropriate</p>	<p>Q1 - Q4</p> <p>Q1 – Q4 2021</p>
Service Arrangements	<p>Complete service schedules for services commissioned by Older Persons services within nationally agreed timelines. All SLA's to be completed by CH East by 28th February 2021</p> <p>CH East will enhance its monitoring and review of both audit reports and IMR engagements in line with HSE governance obligations</p>	<p>Q1 – Q4 2021</p> <p>Q1 – Q4 2021</p>

Section 9: Health and Wellbeing

9.1 Introduction

Population health and wellbeing is about reforming and changing how health and social care services are planned and delivered so as to keep people healthy and well and reduce the likelihood of disease and premature mortality – especially for individuals and communities at risk. Population health and wellbeing in Community Healthcare East takes into cognisance the wellness of those that deliver care, including our staff, and those in receipt of our services. This approach is articulated in the area's Healthy Ireland Plan and effected through the development and expansion of related health initiatives in the area.

In 2021 Health and Wellbeing will continue to work with community stakeholders to build upon Sláintecare, Enhanced Community Care and HSE structural reforms and enablers within the organisation to lead and deliver the cross sectoral health and wellbeing reform agenda. This will include the design, development and implementation of an operating model for Health and Wellbeing within the CHO supporting the development of the Community Healthcare Network (CHN) model across the CHO and programmes targeted at areas of disadvantage.

Services Provided

Population health and wellbeing services takes a population approach to supporting people to stay healthy and well throughout all stages of life; working collaboratively at national and local level to implement the Healthy Ireland actions prioritised in the HSE Corporate Plan 2021-2024 and 2021 Winter Plan to assist people to remain well in the community and deliver improved population health outcomes for all.

The Health and Wellbeing division of Community Healthcare East works in collaboration with statutory and non-statutory organisations to promote the Healthy Ireland programme of work and nationally with priority programme leads for refinement to ensure success. Health and wellbeing incorporates health promotion which has a long tradition of helping organisations and communities to increase control over the factors that define health.

Health and wellbeing builds on the existing strengths and capacities within a community to further strengthen its resilience to address outcomes from community needs assessments, set priorities, build capacity, strengthen local partnerships, enhance public and social support and support staff wellness.

9.2 Issues and Opportunities

A strong working relationship with local authorities within the geographical boundary of Community Healthcare East has proven to be a major strength in promoting population health and wellbeing in the area. Provision of funding through Grant Aid Agreements (GAAs) to Community Organisations has also proven successful to increase the Health & Wellbeing of the population. These detailed GAA's state the expected quantum of service to be delivered for a specific sum of monies; that are closely monitored to ensure compliance to the HSE GAA framework is delivered. The opportunity to increase service levels with community stakeholders and expand further would be very welcome in the future, to further build on what is being achieved to strengthen community resilience for groups in particular marginalised at risk groups.

Allocation of resources towards Health Promotion Services in Phase 1 of the winter plan is also a welcome opportunity for the area. Planning is underway to put this long awaited opportunity to best use across Community Healthcare East with staff recruitment commenced. Additional resources to be allocated in phase 2 to enable prevention, early intervention and self-care support to be further embedded within the CHN structure in the area.

Notwithstanding the significant level of investment in health and social care services in 2021, there remain a number of risks and issues to the successful delivery of the priorities and actions for Health and Well-Being Services, of which the most critical are captured in the Introduction by the Chief Officer.

9.3 Priorities and Actions

- Progress implementation of *Community Healthcare East Healthy Ireland Plan 2018-2023*.
- Develop self-management supports in the area to enable those living with chronic condition(s) to live well in the community.
- Complete the delivery of two Sláintecare projects delivering Integrated Care i.e. Living Well Programme and community based pulmonary rehabilitation programme.
- Continue to strengthen collaboration with internal and external partners to include Local Community Development Committees, the Children and Young People's Development Committees, Social Prescribing committees amongst others to enhance wellness in the community.
- Lead on emergency management planning for the area and support the winter plan for the area to enhance community care.
- Promote evidence based staff health and wellbeing initiatives in the area, incorporating the findings from Covid-19 surveys.
- Promote health and wellbeing across the area with particular emphasis on disadvantaged communities.
- Support the delivery of Enhanced Community Care Plan in the area through recruitment and embedding of 9WTE Health Promotion Officers with 2WTE of these dedicated to smoking cessation.

Priority	Action	Delivery Timeline
Building Resilient Communities	Work with key agencies to promote healthy communities and deliver on improvement programmes such as Healthy City and Counties and LCDCs/CYPSCs for HI Fund projects	Q1 - Q4
	Further strengthen collaborative working with key community stakeholders to include local authorities, local sports partnerships, etc. targeting disadvantaged communities	Q1 - Q4
National Policy Priority Programmes	Work with national leads to promote delivery of National Policy Priority Programmes in the area by supporting national campaigns at local levels to include alcohol and sexual health.	Q1 - Q4

Priority	Action	Delivery Timeline
Health Protection	Promote the uptake of the National Screening Programmes to include Breast Check, Cervical Check, Bowel Screen, Diabetic Retina Screen, etc. among eligible populations.	Q1 - Q4
	Plan and lead on the delivery of seasonal influenza vaccination to Community Healthcare East Staff to achieve improved staff uptake.	Q1 - Q4
	Promote uptake of vaccinations among the population of CH East to include childhood vaccination and influenza vaccination for over 65 year olds and at risk groups.	Q1 - Q4
Tobacco	Provide support to staff and facilities to comply with HSE tobacco free campus policy.	Q1 - Q4
	Deliver Nicotine Replacement Therapy and individualised support for smoking cessation for staff	Q1 - Q4
	Strive to achieve tobacco KPI for 2021 (contingent on the recruitment of additional HP&I staff and trained to deliver the programme of work).	Q1 - Q4
	Ensure all facilities have the national #QUIT and local campaign materials and resources on display.	Q1 - Q4
	Undertake research to gain deeper understanding of the attitudes, values and beliefs of smoking prevalence among the Traveller community in Wicklow in order to identify the barriers and facilitators to positive smoking behaviours.	Q1 - Q4
Alcohol	Support and promote the HSE national alcohol risk communication campaign askaboutalcohol.ie across the area.	Q1 - Q4
	Assign a newly appointed senior HP&I Officer to lead out on Alcohol Oversight Committee across CH East	Q1 - Q2
	Work with our partners (existing and new) to establish and progress the programme of work of an Alcohol Oversight Committee in CH East	Q1 - Q2
Healthy Ireland	Progress implementation of key actions in the Community Healthcare East Healthy Ireland Plan 2018-2023.	Q1 - Q4
Training Programmes	Promote population wellbeing by providing evidence based training on health and wellbeing as outlined in 2021 target training.	Q1 - Q4
Social Prescribing	Support and input into the implementation of the social prescribing programme within the community to enhance improved population wellbeing.	Q1 - Q4
Making Every Contact Count	Progress the implementation of key actions of MECC framework through the development of local implementation plan for 2021.	Q1 - Q4
	Identify and follow up on MECC implementation sites for 2021	Q1 - Q4
	Make every effort to achieve the CH East MECC target for 2021, (eLearning and face to face). Contingent on replacement of posts and return of staff who have been redeployed.	Q1 - Q4

Priority	Action	Delivery Timeline
Healthy Food Made Easy	Develop area based plan to strengthen implementation of standardised approach to delivery of Community Cooking Programme.	Q1 - Q4
Staff Health and Wellbeing	Support and encourage staff to set up and avail of local groups and amenities in the area to stay well and recover well.	Q1 - Q4
	Continue to encourage staff to look after their own mental health and wellbeing through delivery of tailored initiatives to reduce stress levels such as stress control programme, Minding Your Wellbeing, mindfulness, etc.	Q1-Q4
	Communicate existing workplace health and wellbeing initiatives widely among staff to create greater awareness e.g. steps to health, choir, yoga, etc.	Q1-Q4
Chronic Disease Prevention and Self-Management	Strengthen collaborative working with integrated care teams for chronic conditions to encourage and assist with the development of integrated care pathways.	Q1-Q4
	Continue to map SMS resources in CH East and identify gaps that exist.	Q1-Q4
	Assign a newly appointed HP&I to CHN to ensure prevention, early intervention and self-management support models are embedded in CH East as outlined in the Enhanced Community Care Plan 2020-2021.	Q1-Q2
	Continue to support existing chronic disease peer support group and continue to encourage participation.	Q1-Q4
	Oversee the delivery of the Sláintecare projects i.e. Living Well and Pulmonary Rehabilitation to include timely reporting.	Q1-Q3
	Explore the possibility of making the Living Well programme sustainable into the future (assisted by the development of a business case to support this need).	Q2-Q3

Section 10: Finance

10.1 Introduction

During 2020, disruption to Core Services has been a key feature of the unprecedented response to the global COVID-19 pandemic and this will be reflected in the respective Financial outturns and Budgetary positions for the year. At the time of writing the 2020 Allocation (Budget) is yet to be fully clarified and will be subject to agreement once final decisions are taken at HSE Corporate and Departmental level as to the provision of funding to meet the COVID-19 response.

It's likely that COVID-19 will continue to impact significantly into 2021 with the continued standing up of key COVID-19 supports, such as Vaccine delivery clinics, new Testing facilities at RDS and Newcastle Hospitals, increased focus on GP supports to provide much needed Community out of hours services, increased investment in Contact Tracing structures and resourcing of Lab analysis facilities, with the National Public Health Laboratory at Cherry Orchard a key part of this CHOs service delivery model.

2021 also promises to bring renewed investment in Winter Planning as well as standing up permanent Enhanced Community Care (ECC) strategies, which will focus on transferring certain types of care away from Acute Hospitals and in doing so enhancing care at local and community level. This is discussed in more detail below at section 10.3.

Table 10.1 below provides a high-level Summary of the Allocation position as notified at the time of writing. This is discussed in more detail at section 10.4 below and in the individual Divisional summaries which precede this section of the document.

Table 10.1 – Community Healthcare East (CHO6) Financial Allocation 2021 by Division

Table 10.1 - Community Healthcare East (CHO6) 2020 and 2021 Allocation (€m)				
Division	2020 Allocation	2021 Total Advised Allocation	Inc /(Dec) 21 vs 20 *	Inc /(Dec) 21 vs 20 (%)
Primary Care (including Demand Led Schemes)	95.035	96.811	1.776	1.9%
Mental Health	68.518	69.714	1.196	1.7%
Older Persons	73.003	88.837	15.834	21.7%
Disabilities	187.352	190.493	3.141	1.7%
Health Promotion and Improvement	0.969	0.801	(0.168)	-17.4%
Corporate	2.255	1.831	(0.424)	-18.8%
Total	427.132	448.486	21.354	5.0%
Notes: Primary Care increase largely relates to additional funding for Wicklow Hospice; Mental Health includes additional investment in Acute Psychiatric Bed purchase; Investment in Older Persons services includes significant additional Home Care monies; Various Disability funding increases includes investment in Day Service resumption and Residential supports; Health Promotion and Corporate supports are under review in the context of additional funding for 2021				

10.2 Services Challenges and Pressures

In 2020, CH East performed within its' overall targeted financial parameters set by National Community Operations. Despite the significant impact of the COVID-19 outbreak during 2020, which resulted in estimated expenditure on COVID related activity of c. €9.6m (€8.8m as at November 20), this was at the lower end of expectations as well as being well within peer group averages

The impact of COVID on core activity varied across sectors, with certain Care Group activities being more affected than others. In general, many services continued to be delivered with the appropriate Infection Prevention and Control (IPC) safeguards in place. However, some services were required to significantly reduce operations and as a result some planned Service expansion had to be delayed or deferred pending improvement in the working environment. The overall impact of the COVID pandemic was particularly evident in the following areas:

- Civil Registration Service – estimated loss of Income vs 2019 of c. €1m, or 21%;
- Increased cost of services in Residential Units where decreased capacity, combined with increased levels of COVID related sick leave as well as reduced occupancy levels led to a marked funding imbalance;
- Reduced delivery of Orthodontic and Dental Services in Primary Care;
- Increased use of Telehealth solutions across all Care Groups;
- Service reduction in some Day services facilities in Older Persons and Disabilities;
- Delays in standing up newly funded or enhanced Services, including Diagnostics, Eye Team, GP Out of Hours, Hospice facilities and Gay Men's Health Services

Overall for 2020, the outlook is that CH East will, at minimum, deliver a breakeven position after taking into account likely COVID funding to be provided under Supplementary 2020

For 2021, the financial situation will reflect ongoing efforts to contain the 3rd wave of the COVID pandemic, which has resulted in the highest daily levels yet seen of daily infection numbers and consequent pressure on the wider Health system

CH East continues to deploy Virtual resources to maximum effect to ensure that as many Services as possible can continue to be delivered safely to Patients/Service Users. The cost of such deployment is being supported by the Office of The Chief Information Officer (OoCIO) within HSE through the funding of software licences and some hardware support, such as Headsets, Webcams and Integrated Monitors. Evidence to date in 2020 has shown significant growth in the use of virtual platforms across many areas of CHO activity, with the highest usage levels at November 2020 seen in Psychology, Speech & Language Therapy, Mental Health Community Teams and Occupational Therapy

Aside from the ongoing challenge of ensuring the continued safe delivery of key services across care groups in 2021, additional challenges for 2021 include managing and delivering on a range of additional resources provided to CH East, including:

- Standing-up Primary Care service to intended levels of investment, including Eye Team, Diagnostics, Sexual Health and Out of Hours GP services;
- Expanding Palliative Care services to include significant investments in Residential and Community services in Wicklow Hospice, working in partnership with Our Lady's Hospice;

- Delivery of a significant investment package as part of Winter Planning 20/21 and Enhanced Community Care (ECC) programmes. ECC programmes are described further below at 10.3;
- Investment in Disability services across a range of Strategic investment headings, such as Intensive Home Support Packages, Residential Placements, Day Services, Assessment of Need, School Leaver transition, Personal Assistant Hours and Respite Care.

10.3 Funding for New Initiatives

CH East received its' Primary notification on 22nd December to recruit 207.3 Whole Time Equivalent (WTE) posts in furtherance of its' Enhanced Community Care Programme as provided for in the Winter Plan/NSP2021 and sanctioned by the National Director Community Strategy and Planning.

Details of this primary notification are listed below at Table 10.3

Table 10.3.1 - Enhanced Community Care Staffing Recruitment targets 2021 (WTE)					
Initiative	Admin/ Management WTE	Medical WTE	Nursing WTE	Health & Social Care Prof WTE	Total WTE
Integrated Care Programme for Older Persons - Community Specialist Teams	1.0	2.0	4.0	10.0	17.0
Integrated Care Programme for Older Persons - Frailty at Front Door Team	1.0	0.5	1.0	3.0	5.5
Integrated Care Programme for Chronic Disease Management - Cardiology Team	1.0	0.0	10.0	2.4	13.4
Integrated Care Programme for Chronic Disease Management - Diabetes Team	2.0	0.0	6.0	18.0	26.0
Integrated Care Programme for Chronic Disease Management - Respiratory Team	4.0	0.0	6.0	13.0	23.0
Chronic Disease Management - Acute Support - Cardiology	0.0	1.0	1.0	0.0	2.0
Chronic Disease Management - Acute Support - Diabetes	0.0	0.0	1.0	1.0	2.0
Community Health Network Teams	23.0	1.4	38.5	46.5	109.4
Health & Wellbeing	9.0	0.0	0.0	0.0	9.0
Grand Total	41.0	4.9	67.5	93.9	207.3

In addition to the ECC staffing investment outlined at Table 10.3 above, significant levels of funding have also been committed to as follows:

- Wicklow Hospice funding of an additional €2m in 2021;

- Mental Health Services commitment to recurring funding of €3m for Acute Bed provision, as well as enhanced Residential Placement cost provision of €1.2m;
- Older Persons additional funding of Home Supports for Winter Plan 20/21, including new investment of c. €14.7m (approximately 552,000 hours) and further investment of €0.81m to protect existing levels of service;
- Older Persons investment in bed capacity, including Intermediate Care Beds in Wicklow District Hospital at approximately €2m pa and further residential care purchase capacity of c. €0.83m;
- Disability Services strategic investments across a range of services as outlined at Table 10.3.2 below

Table 10.3.2 - Additional Disabilities Supports	
Budget 2021	CH East (CHO6) (€m)
2021 Residential placements	0.975
Intensive Home support packages	0.476
PDS Children	0.070
Assessment of Needs (AON) Adults	0.187
Day Service Resumption	2.235
2021 Respite	0.488
Additional PA /HS hours	0.048
Total	4.479

10.4 2021 Funding Allocation

Community Healthcare East has received confirmation of Allocation support for 2021 in the order of €448.5m - Table 10.1 above refers. This represents a growth of €21.4m, or 5% against the 2020 closing Allocation position.

This significant new investment will provide the CHO will additional capacity to expand and enhance service delivery in key specific areas of activity as outlined above at 10.3.

10.5 Financial Position

In expenditure terms, CH East expects a similar pattern of expenditure in relation to existing levels of service (ELS) for 2021 as in 2020, driven primarily by investment in keeping Patients, Service Users and Staff safe during the current pandemic. From a COVID response perspective, it's likely that there will be a change in focus in terms of the types and purpose of expenditure incurred as the CHO moves through the Testing & Tracing phase to Treatment, Vaccination and Service Recovery.

There are a number of factors which are likely to impact the financial position for 2021. On the funding side, in the context of wave 3 of the COVID pandemic it would seem unlikely that the full deployment of the additional investment streams outlined above at 10.3 will be implemented in 2021. Depending on approach and timing, it's more likely that an element of time related savings (TRS) may have to be taken into account when forecasting likely 2021 spend.

In both Primary Care and Mental Health Services, it's likely that a breakeven position will be achieved consistent with the level of 2021 Total Allocation outlined at Table 10.1.

Disabilities Services include services provided by S38 providers St John of God, Sunbeam House Services and Children's Sunshine Home. St John of God have identified a significant financial challenge presenting and are currently working through a National Review process with HSE to place that Agency onto a more sustainable funding pathway.

Disabilities will continue to face financial challenges in 2021 relating to continued high levels of demand for service enhancements as a result of changing needs as well as new service delivery requirements in excess of that for which funding is provided. CH east will continue to manage such demand and requirements to as close to breakeven position as possible.

Older Persons residential Services capacity in CH East has been significantly impacted in 2021 due to HIQA and COVID-19 isolation requirements, whereby bed capacity numbers have reduced in Leopardstown Park Hospital (96, from 107) and Royal Hospital Donnybrook (58, from 66). Unless there is an appropriate restatement of the Nursing Home Support Scheme (NHSS) reimbursement rate, it's certain that the sustainability of both sites will be significantly impacted, likely to lead to shared loss of Income of between €1.7m, or 11% across the 2 sites in 2021.

Health Promotion & Improvement is expected to deliver a largely breakeven position for 2021, as will Corporate Services within the CHO.

10.6 Financial Risk

CH East operates a range of financial control and risk mitigation measures as part of its operational delivery mechanisms. These include:

- Formal monthly expenditure review process within CH East, resulting in a detailed Monthly Report issued to all Heads of Service, with significant discussion and engagement at Finance Senior Management Team (Finance SMT);
- Monthly 1:1 engagement between Chief Officer and Head of Finance to assess, examine and mitigate risks;
- Monthly engagement with 8 * Section 38 Organisations' regarding financial returns provided by each Organisation;
- Periodic engagement with Heads of Service in managing relationship with S38 and S39 Agencies as determined by current best practice in meeting organisations, currently between twice and six times per annum, depending on funding;
- Ongoing review through Internal/External Audit mechanisms.

A number of current risks have been identified, principle amongst them as follows:

- i) Risk to business continuity due to fundamental uncertainty regarding some S38/39 Agencies ability to continue as going concern entities.
CH East has particular exposure to this risk and relies on the non-statutory sector to provide c. 67% of its service requirements under the Health Act 2004.

Mitigation: Such risks re mitigated by ongoing oversight by Service management, supported by Finance and HR in dealing with Financial/HR issues presenting prior to them becoming critical, continued representation with National office to ensure Support is provided where possible to support service continuity, access to accelerated funding streams for S38 Agencies and representation at National fora in order to develop longer term solutions to sustainability issues;

- ii) Risk of failure to provide necessary finance and accounting support to deliver CH East business.

Mitigation: CH East Finance is operating at 68% of its' agreed pre-IFMS (April 2022) senior staffing capacity (above G7 level), with key gaps in Strategic Financial management, Senior Financial Performance and Financial Control. This continues to improve from previous levels but remains well short of what is required. The resource requirement is further strained by the need to invest significant new time into the Design stage of the Integrated Financial Management System (IFMS), as well as Resource involved in the early introduction of SAP Ariba purchasing technology. COVID-19 demands have inevitably added further strain on scarce resources. CH East Finance policy is to prioritise the work requirement to deliver as effectively as possible given the above. This includes facilitating remote working for staff in 2020 and 2021, deployment of staffing resource to key areas of activity requiring support and development as agreed with the Chief Officer and maintaining and improving existing quality and standards;

- iii) Risk of failure by CHO to balance financial position in 2021 as a result of COVID-19 disruption.

Mitigation: COVID-19 Costs are reported weekly/monthly to National Office through a detailed return process. All Senior Managers are requested to provide an overview on projected deficits and actions to recover financial situation (VIP) and there is ongoing monthly performance engagement between the CHO Management Team and the National Community Operations Team to ensure open and immediate communication between the parties, in particular where corrective action is agreed as being required

Section 11: Workforce

11.1 Introduction

Throughout the COVID-19 period, National HR played a central role in the overall health service response through support for our staff from the Workplace Health and Wellbeing Unit, by providing support for the flexible and agile response to change across our health services and by ensuring the availability and dissemination of information in real time through the organisational frameworks agreed. Additionally, National HR has provided stability, support and structure to all areas of the health service, regularly issuing critical information updates, guidance and assurances through the governance structures and the robust communication pathways set out. CH East HR, provides operational HR services, including staff support, service development and local recruitment. Working in partnership with CERS and LETD at National Level in 2021, it is planned to promote good practice HR within CH East, focus on HSE Land Updated Programmes and Performance Achievement. It is also planned to re-invigorate our Joint Union Management Forum post COVID

The Corporate Plan 2021-2024 will ensure a clear alignment with the *Health Services People Strategy 2019-2024*. Our focus in CH East for 2021 is to support the restoration of health and social care services in a COVID-19 environment and address the workforce needs associated with a view substantial expansion in the HSE workforce associated with the new and increased levels of service described elsewhere in the Plan. CH East HR both plan and operationalise the strategic requirements for the region, ensuring staff and service developments are aligned to national priorities.

11.2 Leadership and Culture

- Continue to build and enhance leadership and management development, capacity and capability through the Health Service Leadership Academy by delivering two cohorts each of Leading Care I, II and III
- Continue to provide practice and knowledge-based supports to change leaders across the services and nurture innovation, agility and person-centred design across improvement initiatives in line with People's Needs Defining Change – Health Services Change Guide, the HSE policy framework and agreed approach to change for the HSE.

11.3 Priorities and Actions

Priority	Action	Delivery Timeline
Values in Action	Re-establish Values in Action, Champions rollout through mobiliser network planned for early 2021	Q2
NiSRP	Introduce Super-user and Organisational Management Lead	Q1
Data Analytics & Activity Reporting	New staff member and enhanced capability planned	Q1
Build recruitment team and recruitment management system	Deliver on ECC staff requirements. Approximately 300 new staff members planned for 2021. Recruitment suite for Dublin & Wicklow to be introduced	Q1

Priority	Action	Delivery Timeline
Complete Attendance Management Project	Project stalled due to COVID-19. Re-implement 2021	Q2

11.4 Employee Experience

Staff Wellbeing

- Promote health and safety through the Workplace Health and Wellbeing Unit which provides support for all staff and assists in preventing staff becoming ill or injured as a result of all hazards including biological hazards such as COVID-19 and returning them safely to work after an illness or injury. CH East has a highly developed Health & Wellbeing team who work in partnership with HR to promote positive health initiatives for staff as well as the general public.
- CH East HR is working with National Occupational Health to introduce a local EAP Staff Support Counsellor. Scoping is underway to look at introducing an Occupational Health Department in the region in 2021.
- Develop and strengthen the necessary physical, psychological and personal supports for employees through implementation of the *Healthy Ireland* Framework nationally
- Monitor and oversee the implementation of practices in delivering training to reduce the number of incidents of violence and aggression, and manual handling in the workplace in line with the HSE strategy *Linking Service with Safety – Together Creating Safer Places of Service*
- Maintain and progress compliance with the requirements of the European Working Time Directive (EWTd) for both NCHDs and staff in the social care sector. Key indicators of performance agreed with the European Commission include a maximum 24 hour shift, maximum average 48 hour week, 30 minute breaks every six hours, 11 hour daily rest / equivalent compensatory rest and 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest.

Staff Engagement

- Actively engage with staff, in line with the HSE's recovery planning and the transformation process to hear their feedback particularly for the initial response to COVID-19, so that prompt and appropriate action is taken and a roadmap developed for new ways of working to be integrated into regular work practices.
- Continue engagement with our workforce ensuring that the benefits, speed and consistency of the digital and technical solutions that emerged for staff and the public during COVID-19 are fully maximised
- Through redesign of the Values in Action programme and the approach to culture change, align the different programmes available across the HSE and enable the resources available to be used in a more collaborative and more cost effective way. CH East will re-build the ViA network structure in 2021, as many critical ViA initiatives had to be postponed in 2020.
- As part of our ongoing commitment to engage, consult and listen to staff feedback we will conduct a health services staff survey during 2021 to assess what has changed since the last survey in 2018 and what improvements continue to be required.

Capability and Talent

- Design and deliver virtual training and development programmes to staff throughout the country, together with providing virtual one-to-one and team coaching and interventions
- Develop an improved user-centred interface for HSELand which will focus on providing a personalised and adaptive learning experience to support the professional development needs of each learner, allowing staff to be targeted with the most appropriate learning
- Continue to improve change capacity through focused practice-based interventions, working with colleagues at all levels to increase our capability to work with rapid and emergent change.

Workforce Planning and Intelligence

- Develop a strategic workforce plan, underpinned by strategic operational decisions, and a plan for shaping our business continuity model in a new healthcare landscape that reflects the existing and emerging healthcare needs of our population in terms of ensuring a workforce to provide the longer-term sustainable response to COVID-19.

Service Design and Integration

- Maximise the flexibilities contained within the *Public Service Stability Agreement 2018-2020* or its successor agreement to assist in moving towards the delivery of a workforce that is capable of meeting the needs of service users:
- Implement and monitor the nursing agreement, and associated savings
- Roll out the *Review of Role and Function of Health Care Assistants 2018*
- Implement the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland 2018*

Performance Accountability

- Implement and monitor implementation of Performance Achievement across the organisation and carry out analysis of the data collected to evaluate the implementation of the Performance Achievement programme and associated resources such as the HSELand Hub.

Network and Partner

- Implement key projects which ensure a partnership approach to the delivery of HSE priorities and Sláintecare developments including:
- Support the uniform implementation of HR strategies and policies across our delivery system
- Develop and enhance relationships with our external partners
- Plan, within the level of available resources, to continue to actively implement Working Together for Health – A National Strategic Framework for Health and Social Care Workforce Planning, 2017 (in partnership with the DoH), which supports the implementation of Sláintecare – Teams of the Future Workstream, through the ongoing establishment of the HSE Workforce Planning Unit

Professional HR Services

Provide a number of professional services, to assist in the optimisation of our workforce, including:

- Support local services in the areas of absence management, quality improvements, standardisation of procedures around pay, implementation of circulars and access to relevant information
- Establish in 2021, a Pay Assurance Unit to support services in ensuring payroll payments are compliant with HSE policies
- Implement the recommendations from the external review of the National Investigations Unit.

11.5 Resourcing Strategy 2021

NSP 2021 has provided a significant level of investment to support the resilience and preparedness of the health services and to increase capacity through permanent staffing of up to 16,000 whole time equivalent (WTE). The 12,500 WTE posts set out in the Winter Plan 2021 are encompassed within this overarching WTE, for which the decisions on same in late September has both initiated and laid the planning and implementation groundwork for the delivery of up to 16,000 WTE.

Undoubtedly, this year's Resourcing Strategy will be of a scale that has been unparalleled and will require an ambitious suite of resourcing approaches with the collective aim of meeting, to the greatest extent possible, both the resourcing requirements set out in NSP 2021, along with the retention of the current workforce. This is, to set it in context, one of the most ambitious plans that will not only require the attraction of additional new staff into the health system, but equally in a way that also responds to the average annual staff turnover of 6.5%.

The contextual factors, in which this year's resourcing strategy are set, are particularly pertinent to the extent that they will impact on our capacity to deliver under this Plan. While in the main, these relate to the global context of health workforce shortages coupled with a global pandemic impacting on both domestic and international supply and availability, there are other factors that have been considered. These, along with the specific detail on the approach to resourcing this year's NSP are set out separately in the HSE National Service Plan 2021 Workforce Resourcing Strategy. The Resourcing Strategy also provides a monthly profile of the WTE required under the Resourcing Strategy.

The Workforce Resourcing Strategy aims to deliver, to the greatest extent possible, the resourcing requirements set out in this year's NSP. The Strategy is best described as iterative, as it will be required to evolve based on both internal and external factors but importantly is underpinned by a core set of principles as follows:

1. A whole of health service approach to planning and delivery
2. Robust governance and oversight
3. Building and delivering recruitment capacity
4. Overarching communication, change and engagement
5. Reporting and monitoring.



11.6 Building and Delivering Recruitment Capacity

The size and scale of the resourcing requirements under NSP 2021 demands an expansion not only in the suite of recruitment approaches beyond that previously undertaken by the HSE, but in the overall recruitment capacity and capability coupled with efforts to enhance workforce retention by the largest employer in the state.

To expand our capacity we are employing a number of approaches including:

- Expanding HBS recruitment capacity
- Expanding local CHO and Hospital Group recruitment capacity in addition to capacity within some of the national services
- Engagement of third party agencies
- Engagement with the Public Appointments Service
- Expansion of existing and new international recruitment frameworks
- Procurement of a managed service provider
- Cross government collaboration to explore and develop as appropriate labour market supply chains.

Capability expansion is focused on delivering enhanced recruitment guidance, tools and resources to our services, with retention focused on harnessing existing initiatives coupled with increased communication and engagement on the workforce / career opportunities across our services for example through the delivery of *Sláintecare*.

Priority one for CH East HR in 2021 is the development of a CH East Recruitment Team with appropriate capacity to meet the workforce requirements for the region for the next 2-3 years. This will require significant investment in staffing and training, coupled with the acquisition of a Recruitment Management System and hard ware. Facilities for face to face interviewing and reliable (COVID Compliant) electronic platform for online interviews will be delivered as part of the 2020 Operational Plan.

Appendices

Appendix 1: National Key Performance Indicators (KPIs)

Community Healthcare				
Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
Primary Care Services				
Healthcare Associated Infections: Medication Management 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)	<22	19.05	<22
Nursing % of new patients accepted onto the nursing caseload and seen within 12 weeks	M (1 Mth in arrears)	100%	98%	100%
Physiotherapy % of new patients seen for assessment within 12 weeks	M	79%	81%	81%
% on waiting list for assessment ≤52 weeks		94%	87%	94%
Occupational Therapy % of new service users seen for assessment within 12 weeks		68%	70%	71%
% on waiting list for assessment ≤52 weeks	M	95%	65%	95%
Speech and Language Therapy % on waiting list for assessment ≤52 weeks		100%	87%	100%
% on waiting list for treatment ≤52 weeks		100%	72%	100%
Podiatry % on waiting list for treatment ≤12 weeks		33%	23%	33%
% on waiting list for treatment ≤52 weeks		77%	65%	77%
Ophthalmology % on waiting list for treatment ≤12 weeks		27%	19%	19%
% on waiting list for treatment ≤52 weeks		66%	64%	64%
Audiology % on waiting list for treatment ≤12 weeks		41%	20%	20%
% on waiting list for treatment ≤52 weeks		88%	75%	75%
Dietetics % on waiting list for treatment ≤12 weeks		40%	27%	40%
% on waiting list for treatment ≤52 weeks		80%	72%	80%
Psychology % on waiting list for treatment ≤12 weeks		36%	15%	36%
% on waiting list for treatment ≤52 weeks		81%	60%	81%

Oral Health % of new patients who commenced treatment within three months of scheduled oral health assessment		91%	90%	90%
Orthodontics % of patients seen for assessment within six months	Q	46%	22%	22%
% of orthodontic patients (grades 4 and 5) on the treatment waiting list longer than four years		<6%	<6%	<6%
Child Health % 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)	95%	54%	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	Q	99%	99%	99%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q (1 Qtr in arrears)	64%	60%	64%
% of babies breastfed exclusively at first PHN visit		50%	40%	50%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit		46%	29%	46%
% of babies breastfed exclusively at three month PHN visit		32%	32%	32%

Community Healthcare				
Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
Social Inclusion				
Opioid Substitution Average waiting time from referral to assessment for opioid substitution treatment	M (1 Mth in arrears)	4 days	3.8 days	4 days
Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced		28 days	33.1 days	28 days
Homeless Services % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	80%	87%	85%
Substance Misuse % 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%
% of substance misusers (under 18 years) for whom treatment has commenced within one week following		100%	100%	100%

assessment				
Older Persons' Services				
Safeguarding <i>(combined KPIs with Disability Services)</i> % of safeguarding initial assessments for adults aged over 65 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%	93.9%	100%
% of safeguarding initial assessments for adults aged under 65 with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan		100%	99.2%	100%
Residential Care % occupancy of short stay beds	M	90%	62.9%	90%
Quality % compliance with regulations following HIQA inspection of HSE direct-provided Older Persons' Residential Services	Q (2 Qtrs in arrears)	80%	75.9%	80%
Intensive Homecare Packages (IHCPs) % of clients in receipt of an IHCP with a key worker assigned	M	100%	99.5%	100%
Nursing Homes Support Scheme (NHSS) % of population over 65 years in NHSS funded beds (based on 2016 Census figures)		≤3.5%	3.4%	≤3.5%
% of clients with NHSS who are in receipt of ancillary state support		15%	15.2%	15%
% of clients who have Common Summary Assessment Reports (CSARs) processed within six weeks		90%	86.9%	90%
Palliative Care Services				
Inpatient Palliative Care Services Access to specialist inpatient bed within seven days during the reporting year	M	98%	98.5%	98%
Community Palliative Care Services Access to specialist palliative care services in the community provided within seven days (normal place of residence)	M	90%	81.3%	80%
% of patients triaged within one working day of referral (community)		95%	92.6%	95%
Disability Services				
Safeguarding <i>(combined KPIs with Older Persons Services)</i> % of safeguarding initial assessments for adults aged over 65 with an outcome of reasonable grounds for	Q (1 Mth in arrears)	100%	93.9%	100%

concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan				
% of safeguarding initial assessments for adults aged under 65 with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan		100%	99.2%	100%
Quality % compliance with regulations following HIQA inspection of disability residential services	Q (2 Qtrs in arrears)	80%	75.9%	80%

Community Healthcare				
Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
Day Services including School Leavers % of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	Annual	100%	83%	95%
Disability Act Compliance % of child assessments completed within the timelines as provided for in the regulations	Q	100%	73.9%	100%
Progressing Disability Services for Children and Young People (0-18s) Programme % of Children's Disability Networks established	M	100%	54%	100%
Mental Health Services				
Quality % compliance with regulations following Mental Health Commission inspection of Mental Health approved centres	Q	70%	70%	70%
General Adult Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks by General Adult Community Mental Health Team	M	90%	90.6%	90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team		75%	74.4%	75%
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month		<22%	22%	<22%
Psychiatry of Later Life Community Mental Health Teams % of accepted referrals / re-referrals offered first		98%	97.3%	98%

appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams				
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams		95%	95.5%	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%
Child and Adolescent Mental Health Services 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%	85%	85%
% 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%
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams		78%	78%	78%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams		72%	72.1%	72%
% of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month		<10%	10%	<10%
% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs		95%	95.5%	95%
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days		>80%	90%	>90%

Population Health and Wellbeing				
Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
Tobacco % of smokers on cessation programmes who were quit at four weeks	Q (1 Qtr in arrears)	45%	47.9%	45%
Immunisations and Vaccines % of children aged 24 months who have received three doses of the 6 in 1 vaccine		95%	94%	95%
% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine		95%	91%	95%

% of first year students who have received two doses of HPV vaccine*	Annual	85%	75%	85%
% of healthcare workers who have received seasonal Flu vaccine in the 2020-2021 influenza season (acute hospitals)		75%	59%	75%
% of healthcare workers who have received seasonal Flu vaccine in the 2020-2021 influenza season (long term care facilities in the community)		75%	45%	75%
% uptake in Flu vaccine for those aged 65 and older		New PI NSP202 1	New PI NSP202 1	75%
% uptake of flu vaccine for those aged 2-12 years old		New PI NSP202 1	New PI NSP202 1	60%
* In 2020 the cohort for receipt of the HPV vaccine was expanded to include all first year students (previously only girls were recipients of the vaccine)				

Appendix 2: HR Tables

CH East (Statutory & Voluntary Services) - by Service Area & Staff Category (WTE)

	Medical/ Dental	Nursing	Health & Social Care Professi onals	Mgt/ Admin	General Support Staff	Patient & Client Care	Total Oct 20	WTE change since Dec19
Mental Health	70	245	131	70	42	56	616	+23
Primary Care	83	213	166	221	28	82	792	+27
Disabilities	4	183	419	144	32	423	1,204	+6
Older People	5	271	59	58	112	307	810	-13
Social Care	9	454	478	202	144	730	2,014	-7
Community H&WB	0	0	0	5	0	3	8	+8
Overall Total	163	912	775	497	213	870	3,430	+52

Community Healthcare East – HSE/Section 38 Agencies (WTE)

	Medical/ Dental	Nursing	Health & Social Care Professi onals	Mgt/ Admin	General Support Staff	Patient & Client Care	Total Oct 20	WTE change since Dec 19
Health Service Executive	106	586	270	279	81	340	1,662	+57
Voluntary Agencies (Non-Acute)	57	326	504	219	132	530	1,768	-5

Community Healthcare East –S38 Agency (WTE)

	Medical/ Dental	Nursing	Health & Social Care Professi onals	Mgt/ Admin	General Support Staff	Patient & Client Care	Total Oct 20	WTE Change since Dec 19
Children's Sunshine Home	0	25	2	8	3	18	56	-2
Dublin Dental Hospital	12	6	2	30	15	27	93	+2
Leopardsto wn Park Hospital	1	57	11	20	38	80	207	-4
Royal Hospital,Do nnybrook	2	92	33	15	39	90	271	-1
St. John of God (IDS)	1	57	175	60	17	152	462	+6
St. John of God (MHS)	41	54	87	41	10	3	235	0
Sunbeam House Services	0	36	195	45	9	160	445	-4
Overall Total	57	326	504	219	132	530	1,768	-5

Appendix 3: NSP Capital Plan 2021 – CHO6 Projects

Projects at Tender Stage and Contractually Committed in 2021

Hospital Group/ CHO Area	Capital Reference No	Facility	Brief Project Description	Status January 2021
Social Care (HIQA)				
CHO6	906e	HIQA - Dalkey CNU, South Dublin	HIQA Compliance	Operational
Other Non-Acutes				
CHO6	1452	Joyce House, Lombard Street, Dublin 8	Consolidation of staff from Lucia House & Joyce House into Joyce House	Operational
CHO6	1554	Clonskeagh	Fire Alarm, Emergency Lighting Replacement	Construction

New Projects & Projects to progress through Design

Hospital Group/ CHO Area	Capital Reference No	Facility	Brief Project Description	Status January 2021
Primary Care				
CHO6	1551	Baggot Street Hospital	Seed-funding capital investment in order to realise the maximum equity from the site via the provision of Design Development Works & Demolition Works	Appraisal
Social Care (HIQA)				
CHO6	741	Leopardstown Park Hospital	Replacement 125 bed Community Nursing Unit	Detailed Design
CHO6	868	St Coleman's Rathdrum	100 Bed CNU to replace existing beds as per Service Priority List, 2 Phases, Phase 1, 50 bed (92 beds in 2019)	Detailed Design
Mental Health				
CHO6	1485	St. Columcille's Hospital	45 Bed Acute MH Unit, incl a 6 Bed HDU, general Adult & Old Age Beds, Therapy & support services. A Day Hospital. To provide MH services for South Dublin/North Wicklow.	Design Feasibility
CHO6	1487	Mount Carmel Campus	The provision of accommodation in the vacant convent for an Eating Disorder Specialist Hub to provide services for CHO6	Design Feasibility