

Health and Wellbeing Division

Operational Plan

2014

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Introduction

In response to internationally recognised and nationally documented challenges to the financing and delivery of our health system, large-scale shifts in how we plan, finance and deliver our health care services are outlined in the Programme for Government and *Future Health – A Strategic Framework for Reform of the Health Services 2012 – 2015*. Improved Health and Wellbeing is one of four pillars of reform outlined in *Future Health*. This pillar of reform demarcates a shift in policy, service design and practice away from simply treating sick people to keeping people healthy. This underlying principle informs many of the other reforms in *Future Health*, including service, financial and structural reforms.

Better diagnosis and treatment can extend and improve the lives of those individuals who have established disease or are at high risk, but successful prevention of disease and associated risk factors will be required to reduce the incidence of chronic disease, in particular. Many diseases and premature deaths are preventable and strongly related to lifestyle health determinants such as smoking, alcohol consumption and drug consumption, physical inactivity and obesity.

In mid-2013, a Health and Wellbeing Division was established arising from new governance arrangements for the health services. The work of the Health and Wellbeing Division is focused on helping people to stay healthy and well, reducing health inequalities and protecting people from threats to their health and wellbeing.

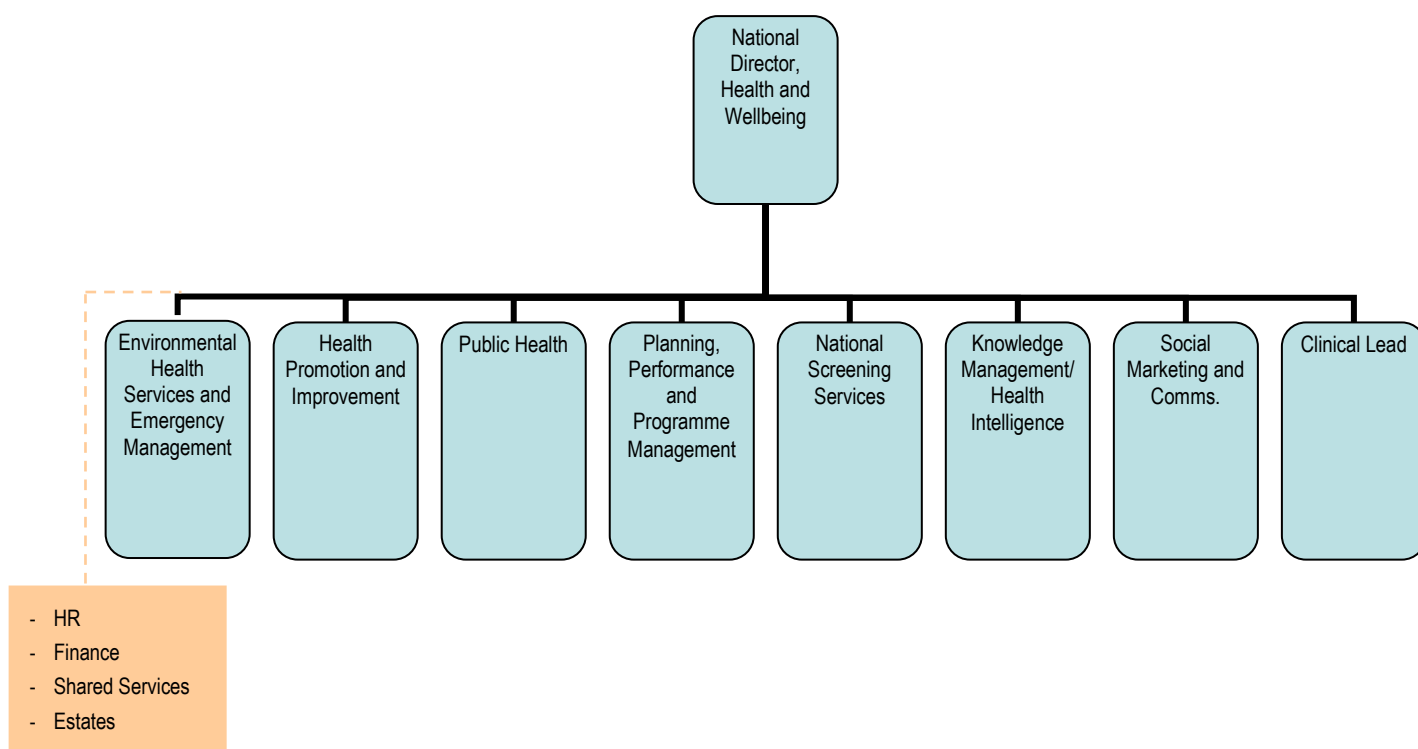
About the Division:

The Division is comprised of the following services and functions:

- Public Health and Health Protection
- Child Health
- Environmental Health
- Health Promotion and Improvement
- National Screening Services
- Emergency Management
- Knowledge Management (Health Intelligence).

The Division is led by a National Director, who reports to the Director General (DG) of the Health Services. The Division's organisational structure is set out in Figure 1. It is supported by a range of corporate support functions (in areas of Finance, Human Resources, Estates, ICT etc.) and works closely with the Chief Operating Officer (COO) and National Directors in other service and support areas.

Figure 1: Health and Wellbeing Organisational Structure:



Role of the Division:

The key functions of the Division are set out below:

- **Public Health, the Health Protection Surveillance Centre and the National Immunisation Office** support critical functions including immunisation and vaccination programmes, infectious diseases and health screening
- **Child health services** are responsible for ensuring that all our children receive evidence based interventions from birth through to the early years of secondary school, aimed at protecting and improving their health
- The **Environmental Health Service** protects the health of the population by taking preventative action including the enforcement of legislation in relation to environmental and lifestyle determinants of health
- **Health promotion** is defined as *'...the process of enabling people to increase control over, and to improve, their health'*. Health Promotion and Improvement services aim to embed preventative health measures and messages in models of health service delivery and adopt a settings approach which recognises the links between where people are born, live, learn, socialise and work and the impact on their health. The services work collaboratively across the health sector and with key external agencies and organisations to effect improvements in individual, community and population health – often by targeting lifestyle health determinants such as smoking, alcohol consumption, physical inactivity and obesity
- The **Crisis Pregnancy Programme** is a national programme charged with developing and implementing national strategy to address the issue of crisis pregnancy in Ireland. It also encompasses the coordination of sexual health services to improve effectiveness and impact of services and preventative work in line with the forthcoming National Sexual Health Strategy

- **National Screening Services** deliver population-based screening programmes which aim to reduce morbidity and mortality in the population through early detection and treatment
- **Emergency Management** co-ordinates the Health Service planning response to major emergencies in conjunction with other response agencies
- **Knowledge Management (Health Intelligence)** supports the work of the health service including the National Clinical Strategy and Programmes by utilising knowledge to support decision-making to inform service design, service delivery and quality, and improve health outcomes.

The combined resources of this Division will play their part in creating conditions that ensure good health, on an equal basis, for the whole population and endeavour to ensure that people have the knowledge and supports to live healthier and more fulfilling lives.

How we will work in 2014:

As a new Division, we have placed particular emphasis on how we work together and how we can build our capacity and capability to a) maximise the efficiencies, outputs and health improvement gains from our work and b) provide expert, scientific, professional advice and practical support to our health service colleagues and extended network of partners. As part of developing the National Service Plan 2014 and the Operational Plans for all Divisions, we have identified opportunities for more collaborative working across our functions and services, bringing a much more joined-up approach to the many challenges we face both within the Division and in the broader health services.

The staff of the Health and Wellbeing Division are its most valuable resource. We are committed to supporting a workplace culture where the work of our staff is valued and understood by all those working within the Health Service. The recognition of this work and the potential contribution of the Health and Wellbeing Division to the delivery of the National Service Plan's overall objectives in 2014 offers significant opportunities for our staff to play a central role in reforming and re-modelling our health services. How our Division leverages its expertise across the organisation and how it integrates with the new delivery structures will be key to realising this potential. In 2014, we will focus on building on our engagement with staff to date, both within the Division and with other Divisions, and work closely with them to advance the priorities set out in this plan and involve them in the reforms that are so critical to realising health and wellbeing goals.

In 2014, we will also work collaboratively with a range of agencies, organisations and government departments to progress common priorities, building on the strong history of partnership between the health services and other stakeholders. We will look critically at how we are currently advancing our shared agenda through partnership with a view to maximising its impact on the broader determinants of health and wellbeing.

Implementing the Healthy Ireland Framework 2013 – 2025:

The publication of *Healthy Ireland - A Framework for Improved Health and Wellbeing 2013 - 2025 (Healthy Ireland)* is a major milestone in the future provision of health and social care in Ireland and provides the structure to enable major service change in the development, implementation and delivery of health and social care for service users now and for future generations. The Framework has created the conditions and a governance structure at the highest level of government to facilitate cross-sectoral and cross-governmental actions to improve health and wellbeing status.

The Department of Health (DoH) is leading this new, whole-of-Government, whole-of-society approach to health improvement. It emphasises the need for a collaborative approach between the health sector, Government Departments, the public service and citizens to work together, to affect improvements in social protection, food safety, education, housing, transport and the environment.

The Health and Wellbeing Division will play a lead role in implementing health specific actions in *Healthy Ireland* in collaboration with other Divisions. The development of a cross-divisional 'health services' 3 year implementation plan and work programme for *Healthy Ireland* will be key to this.

The key priorities set out in this Operational Plan do not reflect the totality of the work led by the Division but they represent the critical areas where we will focus our collective efforts. During 2014, local and functional business plans, reflecting these priorities will be implemented and a greater emphasis will be placed on measuring, monitoring and evaluating our activities and the impact of our work.

We will continue to deliver against existing statutory commitments and work to progress the key priorities and actions set out in this Plan. Where relevant we will work collaboratively with other agencies and government departments to progress common priorities.

Reforming our services

As referenced at the outset, the acknowledgement of Health and Wellbeing as one of the four main pillars in the delivery of reformed health and social care in Ireland recognises the priority Government and the Minister for Health is placing on the need to re-think how we currently plan, deliver and assess the services we provide (Future Health 2012).

In 2014, the Division will undertake a number of key actions as part of the reform process. We are working closely with the DG, the Systems Reform Unit and the other Divisions to develop an integrated portfolio of reform projects which span the breadth of *Future Health*.

A key challenge to successful reform and improved population health outcomes will be the identification of co-dependencies between the various elements of the reform agenda which are relevant to Health and Wellbeing, such as reform of the Primary Care system and Money Follows the Patient.

Equally important will be embedding health and wellbeing approaches within these reforms to ensure that the preventative elements of health care are incorporated into all levels of care provision.

The key priorities, enablers and opportunities in this regard are included in tabular form below:

Table 1.1: Reforming Our Services

Structural Reform	Financial Reform	Service Reform
Hospital Groups and Licensing of Hospitals	Money Follows the Patient	Models of Care and National Clinical and Integrated Care Programmes
Integrated Service Area Review and establishment of Community Areas	Transitioning to a commissioning model on an incremental basis	GP Services for children aged 5 years and under
		GP contract
		Health and Wellbeing Quality and Performance Indicators

Development of the Health and Wellbeing Commissioning Model:

The Minister for Health requested that the Health Service initiate and progress a number of elements of the reform programme on an administrative basis in 2014. Amongst these is the establishment of a Health and Wellbeing commissioning model. As set out in the National Service Plan 2014 it is the intention of the Health Service to gradually transition to a commissioning model.

The Division will establish a working group to set out each phase required to establish this model. The aim will be to identify the most effective model for Health and Wellbeing that will deliver real health improvement gains to the population in the context of a healthcare commissioning environment.

Work has commenced on phase one of this reform project. This phase consists of defining and identifying Health and Wellbeing resources and services to bring together under a single structure within the Division. It has also been agreed that Health and Wellbeing will be embedded into all national Clinical Strategy and Programmes. All phases will be overseen by this group and aligned with the work of the Health Service to develop a healthcare commissioning agency over time.

Resource Summary

The table below (1.2) sets out an overall summary of the Division's workforce and budget position for 2014. These figures will be subject to change in the early part of the year (see sections on Funding and Workforce Position for further detail in relation to these areas).

The total allocation for 2014 includes additional funding of €6.75m (€4.5m for Diabetic Retinopathy Services, €2m for Bowel Screen and €0.250m for the areas of Obesity, Tobacco Control and Sexual Health).

Table 1.2: Resource Summary

	National WTE Numbers		National Budget Allocation			
	Dec. 2013	Ceiling	Dec. 2013 Outturn	2013 €m	2014 €m	% change
Health and Wellbeing Division	1152*		1232**	228.4	227.9***	-0.2%
Totals:	1152		1232	228.4	227.9	

*Note 1: The figure for end December 2013 Ceiling is indicative and subject to change.

**Note 2: The end December 2013 WTE outturn includes the National Screening Programmes and Health Intelligence.

***Note 3: The budget above will be adjusted during the year to take account of reductions which have not yet been allocated across the Divisions. The figure above includes an adjustment for income, additional funding per National Service Plan 2014 and some Haddington Road reductions which have been allocated to date. Difference between this figure and the published National Service Plan 2014 figure is attributable to the fact that the figures above are **net** of income whilst National Service Plan figure of €234.3 (see National Service Plan 2014 Table10) is based on gross.

Key Priorities 2014

Our Service Priorities

As set out in the National Service Plan 2014 the Health and Wellbeing Division has a number of high level service priorities as follows;

- Chronic Disease Prevention addressing tobacco use, diet, physical inactivity, alcohol misuse and mental wellbeing
- Immunisation, child health and screening
- Enforcement of legislation to protect health and wellbeing
- Infectious diseases, environmental health threats and emergency management
- Healthy Ireland Framework.

These are described along with key related actions in more detail below.

Health and Wellbeing Key Priorities with Actions to Deliver in 2014

- Reconfigure and realign work practices, programmes and teams to deliver against the actions in ***Healthy Ireland – A Framework for Improved Health and Wellbeing 2013 – 2025***
 - Develop a cross-divisional 'health services' 3 year implementation plan and work programme for *Healthy Ireland*
 - Review workforce capacity commencing with community dietetics and community nursing services
 - Review programmes, funding strategies and activities on a phased basis across the Division to ensure they are a) evidence-based, sustainable and cost effective; b) orientated to promote health and reduce disease among communities and populations most at risk; and c) appropriately aligned to the work plans of the other Divisions.
- Reduce the chronic disease burden of the population
 - Continue to deliver on priority areas including tobacco, diet and nutrition, including supporting package of obesity reduction programmes (**€0.1m**), alcohol misuse, physical activity, positive mental health promotion and good sexual health through the key settings and targeted at key at risk groups
 - Produce an Implementation Plan for recommendations pertaining to the Health and Wellbeing Division identified in both the Steering Group report on National Substance Misuse Strategy and Tobacco Free Ireland
 - Integrate and develop a one-stop model for all smoking cessation services in the Health Service (**€0.1m**)
 - Work across Divisions and with National Clinical Strategy and Programmes to ensure Health Service reforms result in a greater focus on disease prevention and self care.
- Develop more **integrated and efficient service delivery models** for the health of the population
 - Develop and implement a model for child health screening and development in conjunction with the Primary Care Division
 - Develop a new model for the delivery and governance of immunisation services
 - Continue to prevent, control, and manage infectious diseases, especially tuberculosis (TB), sexually transmitted diseases, and vaccine preventable diseases
 - Deliver screening programmes to the population in conjunction with the National Cancer Control programme (NCCP), within existing resources: Cervical Check, BreastCheck
 - Continue roll out of the first round of BowelScreen, which commenced in late 2012 (**€2.0m**)

- Deliver Diabetic RetinaScreen (screening and treatment), which commenced in early 2013 (**€4.5m**)
- Review the co-ordination, effectiveness and impact of sexual health services and preventative work, including the work of the Crisis Pregnancy Programme. (**€0.05m**)
- **Enforce legislation** and promote activities to assess, correct, control, and prevent those factors in the environment which can potentially adversely affect the health of the population
 - Enforce the *Public Health (Tobacco) Act* and other tobacco control legislation, targeting activities on areas of least compliance
 - Develop and put into effect an implementation and enforcement plan for the enactment of the Public Health Sunbeds legislation
 - Implement the service contract with the Food Safety Authority of Ireland (FSAI)
 - Set out new service requirements and arrangements through Memoranda of Understanding (MOU) with the Environmental Protection Agency, Irish Medicines Board and the Child and Family Agency.
- Coordinate the Health Service planning and **response to major emergencies** in conjunction with other response agencies
 - Reconstruct the Health Service Crisis Management Teams at local and regional levels to provide for a membership of all Divisions ensuring a coordinated health response.
- Using existing Knowledge Management (**Health Intelligence**) capability and expertise, and with the support of internal and external partners, develop a plan for a broader knowledge management and knowledge transfer function in the health services
- Continue the development of external partnerships to translate the Health and Wellbeing agenda across all relevant sectors.

The priorities set out in this Plan refer to both the ongoing core work of the Division and to its new priorities which are also set out in tabular form along with the associated actions under 'Actions 2014' later in this Plan.

In 2014, the Division will work with the DoH on responding to new legislation in relation to licensing of Tobacco Retailers, Sunbeds and Alcohol. It will work with them to respond to recommendations from the National Immunisation Advisory Committee (NIAC) in relation to the evaluation of the TB control programme and also support both them and the Department of Children and Youth Affairs (DCYA) in relation to plans for the establishment of a Child Health Injury Network in 2014 where relevant to the work of the Division. It will also work with the DoH in developing a policy on Obesity.

Summary of Service Quantum 2014

Table 1.3: Summary of Service Quantum

<p style="text-align: center;">Child Health</p> <ul style="list-style-type: none"> • 95% uptake rate targeted for childhood immunisations • 95% uptake rate targeted for 7-9 month developmental screening for babies reaching 10 months of age • 100% of PHN visits to newborn babies targeted to be carried out within 72 hours 	<p style="text-align: center;">National Screening Service</p> <ul style="list-style-type: none"> • 140,000 women to be screened through BreastCheck • 300,000 women to be screened through CervicalCheck • 200,000 people to be invited to participate in BowelScreen • 105,000 people with diagnosed diabetes to be invited to participate in Diabetic RetinaScreen
<p style="text-align: center;">Environmental Health Services</p> <ul style="list-style-type: none"> • 33,000 planned and planned surveillance inspections of food businesses to be carried out • 2,600 drinking water samples to be assessed for compliance with fluoridation of drinking water supply requirements • 6,500 microbiological food samples and 3000 chemical food samples to be taken and assessed • 15,000 tobacco control inspections to be carried out • Environmental Impact Assessment (EIA) consultation requests to be responded to and reports completed (230 in 2013) 	<p style="text-align: center;">Emergency Management</p> <ul style="list-style-type: none"> • An external Major Emergency Plan in place for 38 designated industrial sites as required under the EU Seveso Directive • 25 major emergency exercises • 200 crowd events to be planned for <p style="text-align: center;">Public Health and Health Protection</p> <ul style="list-style-type: none"> • Respond to outbreaks of infectious disease as appropriate in 2014 (614 notified outbreaks in 2013)
<p style="text-align: center;">Health Promotion and Improvement</p> <ul style="list-style-type: none"> • Training for 2,000 Irish College of General Practitioners (ICGP) members on the implementation of the Health Service-ICGP Weight Management Treatment Algorithm for Children • 6,000 people to receive online support for smoking cessation through www.quit.ie • 1,350 Health Care Professionals to receive Brief Intervention Training in Smoking Cessation • 100% of hospital campuses to comply with tobacco-free policy in 2014 • 300 Health Care Professionals to receive Brief Intervention Training in Alcohol 	<p style="text-align: center;">Health Promotion and Improvement</p> <ul style="list-style-type: none"> • Implementation of the Health Promoting Schools model in 12% (465) of Primary and Post Primary Schools • 800 GPs to receive Brief Intervention Training in Physical Activity • Approximately 13,000 orders for resources through Healthpromotion.ie to be responded to with approximately 3.5 million units (resources) distributed to professionals and members of the public • Crisis Pregnancy Counselling services and supports to be available to over 4,000 women

Quality and Patient Safety

The Division has a critical role to play in ensuring that the benefits both to individuals and to the economy from having a healthy society are realised through leading a collaborative approach across the Health Service Divisions. The promotion and implementation of Quality and Patient Safety is integral to this and will emphasise an evidence based approach to improving the health of the nation.

The fundamental aim and objective of the Division is to improve the health and wellbeing of our patients, service users and the wider population. One way to deliver this aim is to work with Quality and Patient Safety to improve and increase the use of quality indicators across the Division and the wider Health Services. This will be achieved through:

- Developing a set of quality indicators in 2014 that reflect how the work of the Division can be assured to be delivering quality services and programmes e.g. in areas such as health protection, health promotion and improvement, immunisation and child health screening;
- Working with other Divisions to continue to support service delivery against these improved quality indicators that allow the Health Service to assess its response to
 - the threat of Antibiotic Resistant Bacteria
 - the demands of an ageing population
 - the growth in the level of chronic disease.

The Division will also support improvements in Quality and Patient Safety through:

- Working towards meeting theme 4 Health and Wellbeing under the '*National Standards for Safer Better Health Care*' (published 2012) as well as working to support all other Health Service Divisions in addressing this theme as part of a collaborative approach in this area where relevant
- Working with Clinical Strategy and Programmes and other Divisions to improve preventive and clinical services to minimise morbidity and mortality from chronic disease
- Ongoing monitoring of delivery against performance indicators to support the quality and safety of services. This will include addressing any areas of under performance through the development of quality and safety development plans and supporting the implementation of these where appropriate both within the Services provided by the Division and by non statutory Services funded through the Division. The expertise of the Quality and Patient Safety Audit function to assess progress will be utilised where possible.

A Clinical Lead will be appointed to the Health and Wellbeing Senior Management Team to provide expert clinical advice, perspective and practical support to the Division and to facilitate alignment of the Clinical Strategy and Programmes agenda with its strategic and operational objectives.

Improving Performance Management

The Health Service's new performance management approach seeks to ensure:

- Performance management and responsibility resides at the most appropriate level
- A stronger regional role in assessing and assuring performance, where relevant
- Performance management at divisional level has a dual purpose of providing assurance to the DG and Minister for Health and as an escalation process for addressing underperformance.

The Health and Wellbeing Division has identified a number of key actions designed to improve our performance management capability and help facilitate the delivery of our 2014 plans.

The Division will:

- Develop and implement a workforce plan to focus specifically on capacity and capability across its operational areas. Existing Health Service performance management tools will continue to be used throughout
- Develop performance indicators that capture key input, output and impact measurements across the Health and Wellbeing functions and programmes
- Develop data, information and ICT support to facilitate better data collection and the broadening of the Division's Information base
- Review funding arrangements to ensure service agreements are adapted to reflect Healthy Ireland policy priorities, where appropriate
- Conduct a phased review of all programmatic work to ensure programmes, funding strategies and activities across the Division are a) evidence-based, sustainable and cost effective and b) oriented to promote health and reduce disease among communities and populations most at risk.

Performance Scorecard

Health and Wellbeing Scorecard			
Performance Indicator	Target 2014	Performance Indicator	Target 2014
Immunisations and Vaccines		% of children reaching 10 months who have had their child development health screening before 10 months	95%
% children aged 12 months who have received 3 doses Diphtheria (D ₃), Pertussis (P ₃), Tetanus (T ₃) vaccine Haemophilus influenzae type b (Hib ₃) Polio (Polio ₃) hepatitis B (HepB ₃) (6 in 1)	95%	National Screening Programmes	
		No. of women who attend for breast screening	140,000
% children at 12 months of age who have received 2 doses of the Pneumococcal Conjugate vaccine (PCV2)	95%	Public Health	
		No. of outbreaks and outbreak cases of infectious disease (ID) notified under the national ID reporting schedule	614
% children at 12 months of age who have received 2 doses of the Meningococcal group C vaccine (MenC ₂)	95%	Chronic Disease Prevention	
		% of PCTs in <i>School Growth Monitoring Sites</i> trained in Health Service –ICGP Weight Management Treatment Algorithm for Children	70%
% children aged 24 months who have received 3 doses Diphtheria (D ₃), Pertussis (P ₃), Tetanus (T ₃) vaccine, Haemophilus influenzae type b (Hib ₃), Polio (Polio ₃), hepatitis B (HepB ₃) (6 in 1)	95%	Tobacco Control	
		No. and % of Primary Care Centres/Health Centres with Tobacco Free campus policy implemented	70%
% children aged 24 months who have received 3 doses Meningococcal C (MenC ₃) vaccine	95%	No. of smokers who received intensive cessation support from a cessation counsellor	9,000
% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	95%	No. of smokers on cessation programme who were quit at one month	2,450
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV ₃) vaccine	95%	No. of frontline healthcare staff trained in brief intervention smoking cessation	1,350
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	95%	No. of sales to minors test purchases carried out	480
% children aged 4-5 years who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	95%	Food Safety	
		No of planned, and planned surveillance inspections of food businesses	33,000
% children aged 4-5 years who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	95%	Cosmetic Product Safety	
		No. of scheduled chemical samples taken	540
% children aged 11-14 years who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	95%	Finance	
		Variance against Budget: Income and Expenditure	< 0%
% of first year girls who have received third dose of HPV vaccine by August 2014	80%	Variance against Budget: Income Collection	< 0%
% of sixth year girls who have received third dose of HPV vaccine by August 2014	60%	Variance against Budget: Pay	< 0%
% of health care workers in acute care hospitals who have received one dose of seasonal influenza vaccine in the 2013-2014 influenza season	40%	Variance against Budget: Non Pay	< 0%
% of health care workers in Longterm care facilities for elderly who have received one dose of seasonal influenza vaccine in the 2013-2014 influenza season	40%	Variance against Budget: Revenue and Capital Vote	< 0%
Child Health / Developmental Screening		Human Resources	
% of newborns who have had newborn bloodspot screening (NBS)	100%	Absenteeism rates	3.5%
% newborn babies visited by a PHN within 48 hours of hospital discharge	95%	Variance from approved WTE ceiling	< 0%
% newborn babies visited by a PHN within 72 hours of hospital discharge	100%		

The Funding Position

The indicative budget for the Health and Wellbeing Division for 2014 is approximately €227.9m. The total allocation for 2014 includes additional funding of €6.75m (€4.5m for Diabetic Retinopathy Services, €2.0m for Bowel Screen and €0.250m for the areas of Obesity, Tobacco Control and Sexual Health). It also includes an adjustment for projected income of €5.0m in respect of tobacco licensing (which is dependent on legislation and is outside the direct control of the Division) and some, but not all, of the budget reductions required under Haddington Road.

Further revision of the budget will be necessary in 2014 to reflect any additional adjustments arising from the apportionment of any further savings targets at national level. A further €80m related to the Haddington Road Agreement is being held centrally, in the first instance, and will be allocated to individual services following an assessment of the most appropriate allocation of the savings across each service location.

Table 1.4: Health and Wellbeing Budget

2014 Budget Health and Wellbeing* (Indicative).	Corporate €m	DML €m	DNE €m	South €m	West €m	Total €m
Health & Wellbeing allocation 2014 by area	121.72	32.76	23.21	28.15	22.06	227.90**

Note 1: *Subject to review.

Note 2: **The budget above will be adjusted during the year to take account of reductions which have not yet been allocated across the Divisions. The figure above includes an adjustment for income, additional funding per National Service Plan 2014 and some Haddington Road reductions which have been allocated to date.

Difference between this figure and the published National Service Plan figure is attributable to the fact that the figures above are net of income whilst National Service Plan figure is based on gross.

More granular budgetary information at function / service level is currently being finalised. For the purposes of this Operational Plan, an indicative view of the break-out of the Division's budget for 2014 is set out below.

Table 1.5: Total Indicative Net Expenditure Budget for 2014 by Service

2014 Budget* Service / Function	€m
Environmental Health	41.3
Public Health, Protection and Surveillance	63.5
Health Promotion and Improvement	25.4
National Screening Services	76.9
Emergency Management	7.8
Office of Tobacco Control **	(4.0)
Health Intelligence	2.3
Community services	14.7
Total	227.9

Note 1: *Estimate subject to review and will be finalised in February 2014.

Note 2: **Office of Tobacco Control includes income target of €5.0m.

The majority of the budget of the Division in 2014 is non-pay related (approx 57%). A significant portion of the non pay costs relate to the immunisation and vaccine programmes of the Health Service (whose budget in 2013 was approximately €41m) and to the National Screening Programmes (which had a non pay budget of approximately €42m in 2013).

In 2014, we will place particular emphasis on demonstrating how our resources are utilised and how impactful they are. We will review programmes, funding strategies, Service Arrangements and current activities on a phased basis across the Division to ensure they are evidence based, sustainable and cost effective.

As referenced previously additional resources of approximately €6.75m have been made available to the Division to address demographic requirements and to progress critical service priorities in 2014 as set out in Appendix 1 of the National Service Plan 2014. Details around the implementation of these developments and their impact will form part of our overall performance management framework for the Division for 2014. The allocation of resources is set out below:

Table 1.6: Additional Resources

Demographic requirements

Area	Initiative	Funding €m	WTE
Health and Wellbeing Services			
Diabetic Retinopathy	Screening and treatment	4.50	-

Critical service priorities

Area	Initiative	Funding €m	WTE
Health and Wellbeing			
National Screening Programmes: Colorectal Screening	Continue to roll out first round of BowelScreen (commenced in 2012)	2.0	-
Health Promotion and Improvement: Obesity	Support for package of obesity reduction programmes	0.100	-
Health Promotion and Improvement: Tobacco Control	Improve effectiveness of smoking cessation services	0.100	-
Health Promotion and Improvement: Crisis Pregnancy Programme - Sexual Health	Reduce negative sexual health outcomes	0.050	-

Cost Containment:

As referenced previously, a number of savings targets are identified within the National Service Plan for 2014 which have yet to be assigned across the organisation. The Division will work with the relevant functions to address its contribution to these savings targets where relevant. In particular it will work closely with Procurement to identify any further areas where savings can be made. It will also engage fully with the Haddington Road Assurance process in order that its potential is fully realised across the component parts of the Division.

With the publication of *Future Health* and *Healthy Ireland*, the Division is working closely to ensure budget usage and activity in 2014 mirrors policy priorities and analysis of the efficiencies and savings resulting from investments is undertaken where relevant. This will inform the development of business proposals to ensure a greater proportion of healthcare spend is directed toward prevention with a view to counteracting inflation in medical care costs and improving the health and wellbeing of the population.

The Workforce Position

In progressing the priorities set out in this Operational Plan, we will seek to optimise the deployment of our current resources through improved ways of working, better skills mix and where relevant, the reconfiguration of our current service delivery models.

We will seek to maximise the potential of the Haddington Road Agreement to help enable this. Another key contributor will be the development of a Health and Wellbeing workforce strategy to ensure the Division can lead in the implementation of *Healthy Ireland* and support the overall delivery of this Plan's priorities. Furthermore, the Division will establish multi-disciplinary national teams to lead and take responsibility for policy priority areas.

Staffing profile:

The National Service Plan 2014 (Appendix 2, National Service Plan 2014) sets out an indicative view of the Health and Wellbeing WTE outturn for 2013 along with its revised indicative ceiling position. The table below reflects the position of the Health and Wellbeing workforce broken out by staff category and function as at December 2013. This breakout will require further validation.

Establishing a definitive view of the number and spread of staff within the Health and Wellbeing Division is a key priority for 2014. We will continue to work with our colleagues in Human Resources and Finance to build on the progress made to date on this. Given that the Division is new, further work is required to align internal reporting systems to reflect a more current picture of the number and spread of its staff across the country.

Table 1.7: Health and Wellbeing Staffing by Category

Sub-classification	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	Other Patient & Client Care	General Support Staff	Outturn Dec 2013 (WTE)	Ceiling Dec 2013
Emergency Management				14			14	13
Environmental Health			478	77		15	569	533
Health Intelligence	1			6			7	6
National Cancer Screening Services	46	20	91	114	4		275	257
Other National	24	2	3	14			43	40
Public Health, Surveillance and Protection	38	3	15	47	0		103	96
Health Promotion and Improvement	36	6	22	119	37	2	221	207
Outturn Dec 2013 (WTE)	144	31	609	391	41	16	1,232	1,152

Note 1: Breakdown provided and ceiling assignment is indicative only and subject to further validation as Divisional ceilings will not be determined until year-end outturns is agreed.

Allied to this is the need to review the current classification of Health and Wellbeing staff across the various staffing categories with a view to reflecting the appropriate focus of their work within the services.

Employment Control:

The challenge for the Division as with other areas of the Health Service will be to deliver the priorities set out in this Plan within the confines of the overall employment ceiling. Work is underway at organisational level to clarify the overall position for each Division relative to the headcount adjustment required of the Health Services in 2014.

Staffing levels within a number of areas of the Division including Environmental Health, Health Promotion and Improvement and Emergency Management have been depleted in recent times and this will need to be reviewed as part

of the workforce planning project. There will need to be a particular focus on contingency planning for staffing in the area of Public Health, particularly the Departments of Public Health. In addition to examining options for sustaining staffing levels in the Departments of Public Health training pathways for those seeking to work in this important area will also be reviewed. The achievement of compliance with the end-of-year employment ceiling will be a key consideration in this process.

Absence Management:

The management of absenteeism will be addressed during 2014 in line with the target set out in the Scorecard for Health and Wellbeing of 3.5%. The Division will implement an Active Attendance Management Programme. Effective and strong performance management systems and the consistent implementation of these across the Division will also assist in this regard.

Agency and Overtime Policy:

In line with Health Service policies in relation to the use of Agency Staff and provision of overtime payments the Division will only use Agency staff as necessary and where appropriate in response to identified business needs. It is the Division's policy to minimise any requirements in relation to the use of Agency staff or overtime payments to the greatest extent possible.

Governance and Accountability

In 2013, the new Division completed all relevant delegation orders where appropriate to support good governance and accountability as part of the overall health service structural reform process. The work of the Division is represented in the National Service Plan 2014 which is the formal contract between the Health Service and the Minister for Health which sets out the level of service to be provided for the forthcoming year.

This Operational Plan sets out the detail for the Division as to how it will deliver against its commitments set out in the National Service Plan 2014. The National Director of Health and Wellbeing is accountable for delivering against these commitments to the greatest extent possible in 2014 while also operating within the agreed budget allocation.

The Division has agreed a detailed set of performance indicators (PIs) against which the Division will be held accountable for its performance in 2014. A number of these are included in the National Service Plan 2014. The full PI suite is included in this Operational Plan. The National Director will report on performance against these measures as part of the Health Service's National Planning and Performance Assurance Group (NPPAG) which is chaired by the COO. Performance Assurance Reports will be provided to the Minister of Health and published on the Health Service's website.

Internal performance management processes within the Division will be strengthened to address these requirements and ensure our operational plans are underpinned by robust monitoring arrangements.

The Division will work to continue to ensure that all grant funding provided to the non statutory sector is governed by the *Governance Framework for the Funding of Non Statutory Services*. All funded services will continue to sign appropriate agreements (Service Arrangement or Grant Aid Agreements depending on the funding thresholds concerned) and to report on all financial and service activity in a comprehensive manner.

The Division will review service agreements to ensure they reflect *Healthy Ireland* policy priorities where relevant, represent value for money and have appropriate Health and Wellbeing performance measures included.

Potential Risks to Delivery

The current structural reform process, given the level of change to structures and reporting relationships, brings with it a risk of service disruption which must be addressed. Roles and responsibilities will need to be clearly defined and communicated to ensure delivery of key priorities in 2014. This will include the development of a Health and Wellbeing workforce strategy to ensure the Division is ready to lead on the implementation of *Healthy Ireland* and to enable delivery of all our core services as identified in this Operational Plan.

A significant risk to delivery on the broader Health and Wellbeing pillar for reform is staffing levels and the capacity to respond to the change management process given the moratorium and reductions in staffing levels alongside the need to increase activity levels in response to new priorities and to change the way we work in the context of *Healthy Ireland*. This presents a very difficult and challenging operational environment.

As part of its overall risk management process the Division maintains risk registers across its service areas as part of the risk management process at a corporate level. Risk management processes are being embedded as part of the new structures and processes within this Division which is particularly critical at this time of change management both within the Division and the wider Health Service. Risk registers will be updated in 2014 to reflect new structures and new priorities where relevant.

Specific risks to the delivery of the Division's Operational Plan are set out in Table 1.8 below:

Table 1.8: Risks to the delivery of the Operational Plan

<p>New Division</p> <ul style="list-style-type: none"> The Division is new and there is a focus on restructuring and realignment which can be anticipated for a new Division. This presents a risk to maintaining continuity of existing services while making space for and building capacity for new developments including shifts in service focus and design
<p>Health Reform</p> <ul style="list-style-type: none"> Building organisational capacity both within the Division and across other Divisions to respond effectively to the reform agenda, particularly the responses required to deliver against pillar one 'Health and Wellbeing' in <i>Future Health</i> at a time of shrinking or limited resources Integration of improved health and wellbeing and a prevention focus to service delivery models and reform programmes to address the rise in chronic disease and to improve population health at a time of resource constrictions
<p>Financial and HR capacity</p> <ul style="list-style-type: none"> Capacity to deliver on key priorities including service developments within existing budgetary and WTE capacity and to manage the many competing priorities
<p>Demographic Pressures</p> <ul style="list-style-type: none"> An ageing population and lifestyle factors are contributing to a rise in chronic disease. Working to address modifiable lifestyle factors associated with increasing levels of chronic disease is a priority for the Health Service. The Division's capacity to deliver on these key priorities within existing budgetary and WTE constraints presents a challenge
<p>Income target</p> <ul style="list-style-type: none"> The €5m income target assigned to the Division for 2014 is contingent on the enactment of legislation and the requirement for a business model to be set out. This is outside the direct control of the Division.

Actions 2014

Priority Area	Action 2014	End Q
Reconfigure and realign work practices, programmes and teams to deliver against the actions in Healthy Ireland – A Framework for Improved Health and Wellbeing 2013 – 2025	Provide information, advice and practical support to the DG, COO and other National Directors with respect to improved Health and Wellbeing, ensuring that all structural, service and financial reforms address pillar one of Future Health	Q4
	Develop a cross-divisional ‘health services’ implementation plan for Healthy Ireland and agree shared work programmes across all Divisions	Q2
	Establish a working group to set out and review each phase required to establish a Health and Wellbeing model for commissioning	Q2
	Publish and support a package of ‘healthy’ health service initiatives in collaboration with the National Health Sustainability Office to support healthier employees, patients, clients and a sustainable health service	Q3
	Conduct phase 1 of a baseline assessment of strengths and weaknesses of current health and wellbeing workforce capacity to inform the development of a Health and Wellbeing workforce strategy for the Health Service	Q4
	Develop a specific workforce plan for the Health and Wellbeing Division to focus specifically on capacity and capability in Public Health and Health Promotion and Improvement operational areas	Q3
	Phased implementation of a Health and Wellbeing reconfiguration of service delivery based on the Workforce Plan	Q4
	Establish Performance Indicators (PIs) on a phased basis across Health and Wellbeing operations aligned, where relevant, with <i>Healthy Ireland</i> and its outcomes framework	Q4
	Develop data, information and ICT supports to facilitate the collection of PIs in partnership with relevant stakeholders	Q4
	Work with Primary Care to develop a model to strengthen the role of the Community Dietician in continuing their work to improve the Health and Wellbeing of local communities	Q3
	Work in partnership with the Office of Nursing and Midwifery Service - Clinical Strategy and Programmes and Primary Care to undertake a Community Nursing Review (led by ONMS - Clinical Strategy and Programmes) and agree a model of service delivery based on the outcomes	Q3
	Review funding arrangements to ensure service agreements are adapted to reflect <i>Healthy Ireland</i> policy priorities within performance measures and outputs where relevant	Q3
	Undertake a phased review all programmatic work to ensure programmes, funding strategies and activities across the Division are a) evidence-based, sustainable and cost effective b) oriented to promote health and reduce disease among communities and populations most at risk and c) appropriately aligned to the work plans of the other Divisions	Q3
	Review the approach and model of brief intervention training across all areas and topics	Q2
	Assess the degree to which current activity, including in the areas of funding and training is delivering against and addressing the goal to reduce health inequalities as set out in <i>Healthy Ireland</i>	Q3
Reduce the chronic disease burden of the population	Clinical Strategy and Programmes Identify and realise support requirements for common care pathways for the prevention and management of a range of chronic diseases Participate in the Screening for Atrial Fibrillation in General Practice Study by providing strategic planning, project management and research support	Q4
	Tobacco Control Agree with the DoH Tobacco and Alcohol Control Unit an implementation plan for recommendations pertaining to the Health and Wellbeing Division identified in both the Steering Group report on a National Substance Misuse Strategy and Tobacco Free Ireland	Q2
	Increase impact of the social marketing QUIT campaign which targets those in lower social and	Q4

Priority Area	Action 2014	End Q
	economic groups	
	Deliver accredited training in brief intervention for smoking cessation to 1,350 frontline healthcare workers: DML 375; DNE 370; South 285; West 320 Develop and implement an action plan with COO and RDPIs for 2013 areas not meeting their targets	Q4
	Support the roll out of tobacco free campus in a further 35% of Primary Care sites (to reach 70% in 2014)	Q4
	All new Primary Care Centres to open tobacco free	Q4
	Work with Mental Health to develop an action plan and associated toolkit to support the roll out of tobacco free campus policy in mental health sites	Q4
	Integrate and develop a one-stop model for all smoking cessation services in the Health Service (€0.1m)	Q1-Q4
	Conduct an audit of 8 sites (hospital and primary care) that have implemented the Health Service tobacco free campus policy and take corrective action where required	Q2
	Implement the policy protecting Health Service staff from second hand smoke in domestic settings when complete and continue to advocate to Children and Family Agency for a policy to protect children under the care of the Health Service from second hand smoke in all settings	Q4
	Deliver National Accredited Training and Professional Development for Smoking Cessation Staff – target 60 staff in 2014	Q4
	Publish a report on smoking prevalence	Q2
	Obesity (€0.1m)	
	Healthy Weight Management	
	With the DoH and key partners launch a series of coordinated actions to address childhood obesity including:	Q2
	Disseminate and provide training to 2000 ICGP members and the 4 W82GO (a community based model to cater for overweight and stage one obese children) Multidisciplinary teams (MDTs) on the implementation of the Health Service-ICGP Weight Management Treatment Algorithm for Children	Q4
	Implement Health Service plan to support the new communications campaign led by SafeFood, DCYA, the Health Service and DoH, to communicate practical solutions for parents to adopt to help tackle the everyday habits associated with excess childhood weight	Q4
	Provide Triple P Lifestyle Programme to 100 parents of children aged 5-10 who are overweight or obese in Health Service DML (Midlands area)	Q4
	Progress implementation of 4 pilot sites (September 2013 – June 2014) for growth monitoring as part of school health check for 5-6 year olds and finalise outcome report	Q2
	Disseminate learning from pilots to inform national roll out	Q4
	Expand availability of Smart Start in Child Care facilities from 9 border counties to 18 counties throughout the Country through training of existing staff and through Childcare Courses, and monitor progress	Q4
	Continue training PHNs/health professionals to deliver Counterweight Lifestyle programme in Primary Care. The training, mentoring, patient and professional resources are provided by Counterweight Scotland Run one training course for 10 Public Health Nurses/Practice Nurses/Dieticians to deliver the Counterweight Programme in primary care as part of the 3yr pilot project in Galway (to reach 300 participants) Each trained health professional to recruit 5-10 clients onto the programme	Q1-Q4
	Physical Activity	
	National Healthy Ireland Physical Activity Plan Support the DoH in the development of a national physical activity implementation plan and commence implementation Strengthen links with Local Authorities in regard to implementation of a national physical activity plan in line with DoH Implementation Plan	Q2

Priority Area	Action 2014	End Q
	Exercise Referral Schemes Review the findings of the SWOT analysis, develop a framework for exercise referral, agree plan and commence implementation	Q4
	Brief Intervention Training – Physical Activity: Deliver Brief Intervention Training in Physical Activity for 800 GPs	Q4
	Expand the Be Active After School Programme by 5 counties (from 18 counties to 23) in collaboration with the Irish Sports Council through its network of Local Sports Partnerships	Q4
	Breastfeeding Develop an action plan and deliver on a phased basis following the recommendations of the national breastfeeding strategy review	Q3
	Continue to implement the Baby Friendly Hospital Initiative in all maternity hospitals. Increase the number of designated Baby Friendly Hospitals so that 50% of hospital births take place in Baby Friendly designated hospitals	Q4
	Implement the Breastfeeding Policy for Primary Care Teams Community Healthcare setting in a further 4 Primary Care Teams	Q4
	Alcohol In conjunction with Primary Care and Mental Health establish an implementation group for Alcohol to address the actions in the Report of the Steering Group on a National Substance Misuse Strategy for which the Health Service has responsibility (led by Primary Care (Social Inclusion))	Q1-Q4
	Brief Intervention training in Alcohol Support Social Inclusion (Primary Care Division) in further developing Train the Trainer programme in the South (60 people to be trained) Deliver brief intervention training in DNE to 300 front line staff	Q4
	Promoting Positive Mental Health and Wellbeing In conjunction with the Mental Health Division, develop a plan on mental health in Health Promotion and Improvement and Public Health to support the prevention of mental health problems, and improve the wellbeing of those living with or recovering from mental illness	Q3
	Continue to roll out Zippy's Friends to a target of 300 teachers Continue roll out of MindOut Mental Health Promotion training to a target of 120 teachers and youth workers	Q1-Q4
	Work in partnership with the National Office for Suicide Prevention (NOSP) to oversee the implementation of Mental Health guidelines in Post Primary Schools (led by Mental Health Division)	Q1-Q4
	Review the implementation of the National Men's Health Policy	Q4
	Deliver 'Engage' (Men's Health training) to 150 participants and evaluate	Q4
	Coordinate National Men's Health week and evaluate	Q3
	Promoting Flagship Projects in partnership with key stakeholders including	
	Launch of National Network of Healthy Cities Ireland (NNHCI)	Q2
	Apply to WHO for accreditation of the NNHCI	Q2
	Support existing WHO 'Healthy Cities' and increase membership by 4 towns/cities	Q4
	Continue to work in partnership with the GAA to implement Phase 1 with the 16 clubs across the 4 provinces	Q4
	Health Inequalities and other training and supports Support Primary Care to undertake community health needs assessments in a number of PCTs in collaboration with Health Intelligence, Public Health and Health Promotion and Improvement. This will include service user involvement as per the PCT Service User Framework (led by Primary Care)	Q4
	Cascade Health Inequalities training programme to 100 staff to improve the required competence to support the Divisions in addressing Health Inequalities Review Programme and agree model for 2015	Q1-Q4

Priority Area	Action 2014	End Q
	Deliver Train the Trainer for Health Settings to a target of 160 Health Promotion staff	Q1-Q4
	Agree model for working in partnership with the Department of Education and Science (DES) through the Professional Development Support for Teachers (PDST)	Q4
	Support the implementation of the Health Promoting Schools model in 12% (465) of Primary and Post Primary Schools	Q4
	With the DoH, work with third level colleges to develop a Health Promoting College concept in 2014 with 3 year implementation plans agreed	Q3
	Deliver a series of agreed training programmes in the out of School Sector, with the National Youth Health Programme (24 training events with a target of 300 participants to be reached through this training)	Q4
	Communications: Health Information and Social Marketing	
	Develop a health services communications strategy for Healthy Ireland outlining all social marketing and communications objectives for 2014 – 2016	Q2
	Review and better coordinate information provision and dissemination practices across the Division	Q4
Develop more integrated and efficient service delivery models for the health of the population	Review models of delivery and governance of immunisation services	Q3
	Improve the national uptake rates for Primary Childhood Immunisation Programme (PCIP) and school immunisation programmes to further reduce the burden of vaccine preventable diseases	Q4
	Develop and oversee with local management, action plans for areas with low uptake for PCIP and school immunisation	Q1
	Implement quality improvement plans for any poor performing areas in respect of immunisation programme in conjunction with Primary Care	Q1
	Develop a model for child health screening and development in conjunction with the Primary Care Division	Q3
	Finalise the business case for a national Child Health and Immunisation IT System	Q1
	Implement quality improvement plans for poorly performing areas in relation to child health screening uptake	Q1
	Continue to implement Measles and Rubella Elimination 2015 Plan	Q4
	Reduce the impact of communicable diseases	
	Agree an action plan (Q2) for the improvement of the uptake of flu vaccine amongst health care workers with Acute Hospitals and Social Care and implement (Q4)	Q4
	Continue to control and prevent outbreaks/care of infectious diseases	Q4
	Support the control of the outbreak of gonorrhoea in the East Coast	Q2
	Enhance the control and prevention of VTEC	Q2
	Reduce Antimicrobial Resistance (AMR) through surveillance of patterns of resistance to antibiotics, and develop a strategy to address the rise in antimicrobial resistance organisms in partnership with relevant stakeholders	Q1-Q4
	Support the redesign of Health Service input to national drinking water structures during the transition from local sanitary authorities to Irish Water whilst maintaining appropriate support	Q4
	Enhance our response to serious cross border health threats	Q1-Q4
	Support the implementation of the Hepatitis C Strategy (led by Primary Care)	Q4
National Screening Services	Deliver screening programmes to the population in conjunction with the National Cancer Control programme (NCCP), within existing resources: BreastCheck, Cervical Check and continue roll out of the first rounds of BowelScreen which commenced in late 2012 and Diabetic RetinaScreen which commenced in early 2013 Actively manage the demand for diagnostics (e.g. colposcopy and colonoscopy) and treatment services (surgery, ophthalmology etc.) within the hospital groups and the community sector Continue to implement measures to maintain or increase uptake in all programmes	Q1-Q4
	BreastCheck	

Priority Area	Action 2014	End Q
	Continue to implement the BreastCheck programme in line with available resources Work with hospital groups to ensure admission times for surgery are within KPIs.	Q1-Q4
	CervicalCheck Continue to monitor colposcopy targets for urgent and routine appointments. Continue, as part of the Money Follows the Patient initiative, to monitor contracts and Service Level Agreements and MOU with service providers to ensure targets and key performance indicators are met	Q1-Q4
	Continue to develop tailored management plans for groups of women tested to improve compliance and facilitate early return to routine screening	Q1-Q4
	Diabetic RetinaScreen (Diabetic Retinopathy Screening and Treatment €4.5m) Continue, as part of the Money Follows the Patient initiative, to monitor contracts, Service Level Agreements and MOUs with service providers to ensure targets and key performance indicators are met Work with hospital groups to increase treatment capacity Incorporate existing regional programmes into national programme as capacity allows Continue to work with Health Service Clinical Strategy and Programmes in relation to clinical care pathways	Q1-Q4
	BowelScreen Continue to implement first round with completion target by end 2015. Target is to complete the initial screening round by the end of 2015 (€2.0m) Initiate a Money Follows the Patient initiative for colorectal surgeries diagnosed under BowelScreen undertaken in designated cancer centres Continue, as part of the Money Follows the Patient initiative, to monitor contracts, Service Level Agreements and MOUs with service providers to ensure targets and key performance indicators are met Work with hospital groups to increase capacity for colonoscopy testing	Q1-Q4
Enforce legislation and promote activities to assess, correct, control, and prevent those factors in the environment which can potentially adversely affect the health of the population	Enforce the Public Health (Tobacco) Act and other tobacco control legislation, targeting activities on areas of least compliance	Q1-Q4
	Develop and put into effect an implementation and enforcement plan (including EHO training) for the enactment of the Public Health Sunbeds legislation	Q1-Q4
	Carry out a national tobacco test purchasing programme to assess legal compliance with sales to minors requirements	Q1-Q4
	Implement the service contract with the Food Safety Authority of Ireland (FSAI)	Q1-Q4
	Transfer knowledge from SHIPSAN project by way of cascade training, access to training materials and hosting a training event	Q1-Q4
	Implement phase two of the national Environmental Health Information System for all service users throughout the country	Q1-Q4
	Agree MOU with the Environmental Protection Agency, Irish Medicines Board and the Child and Family Agency (the delivery of the early year's inspection service is co-dependent with the Child and Family Agency)	Q1
	Undertake inspections of early year's services in cooperation with the Child and Family Agency	Q1-Q4
	Implement the revised Cosmetic Control Regulations	Q1-Q4
Undertake information awareness in consultation with DoH on tattooing / skin piercing guidelines once finalised	Q2	
Coordinate the Health Service planning and	Plan, prepare and make a co-ordinated response to major emergencies across all Divisions and Directorates and with other response agencies	Q1-Q4
	Continue to roll out new procedures across the health services in relation to planning for large crowd events	Q1-Q4

Priority Area	Action 2014	End Q
response to major emergencies in conjunction with other response agencies	Develop, review and implement the health services procedures for response to chemical, biological, radiological and nuclear events and agree interoperability with other response agencies	Q2
	Progress the development of plans for Severe Weather conditions	Q3
	Progress the roll-out of the health services standard template Major Emergency Plan for all Hospitals	Q3
	Progress the development of health service plans to respond to novel viruses A (H7N9) and MERS-co V	Q1-Q4
	Identify health service Crisis Management Team membership at local and regional levels to provide for a membership of all Directorates ensuring a coordinated Health Service response in line with new Health Service structures	Q1-Q4
Review the co-ordination, effectiveness and impact of sexual health services and preventative work, including the work of the Crisis Pregnancy Programme	Fulfill all statutory requirements relating to crisis pregnancy prevention and crisis pregnancy support and implement the Crisis Pregnancy Programme (CPP) Strategy 2012 – 2016, in line with legislative requirements	Q4
	Implement a series of actions for sexual health services to improve coordination, effectiveness and impact of services and preventative work, in line with the forthcoming National Sexual Health Strategy (including the work of the Crisis Pregnancy Programme). (€0.05m)	Q2-Q4
	Further develop communication campaigns and education initiatives in relation to prevention of crisis pregnancies and sexually transmitted infections and supports during and after crisis pregnancy to maintain and improve gains in the areas such as more consistent contraceptive and condom use, reduction in teen births and uptake of relevant support services	Q4
	Develop a self assessment and standards frameworks for use by all State funded crisis pregnancy and post abortion counselling services - Use model developed to inform work in the broader area of sexual health services	Q3
	Identify, in collaboration with the ICGP and other relevant stakeholders, training requirements for healthcare professionals regarding the provision of post-abortion medical check-ups and support the development of agreed standards in this area	Q4
Using existing Health Intelligence capability and expertise and with the support of internal and external partners develop a plan for a broader knowledge management and knowledge transfer function in the health services	Further use and develop the Health Intelligence Ireland information system to help drive quality, safety, and efficiency of health services, including particularly the National Quality Assurance Information System (NQAIS) (e.g. prescribing, medicine, surgery and resource analysis modules amongst others)	Q4
	Provide expert review of clinical evidence; biostatistical analysis, knowledge management, and change facilitation to support Clinical Strategy and Programmes and Directorates e.g. in relation to falls strategy and community needs assessment	Q4

Capital Infrastructure

The following is planned through the Capital Infrastructure budget for the Health and Wellbeing Division.

- National Cancer Screening Services upgrade and replacement of equipment for Breast Check screening programme.

Further details are set out in appendix 2.

Appendix 1: Performance Indicators

	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
Immunisations and Vaccines	95%	95%	95%	95%	95%	91%	91%	91%	91%	91%	95%	95%	95%	95%	95%
% children aged 12 months who have received 3 doses Diphtheria (D ₃), Pertussis (P ₃), Tetanus (T ₃) vaccine	95%	95%	95%	95%	95%	91%	91%	91%	91%	91%	95%	95%	95%	95%	95%
Haemophilus influenzae type b (Hib ₃) Polio (Polio ₃) hepatitis B (HepB ₃) (6 in 1)	95%	95%	95%	95%	95%	91%	91%	91%	91%	91%	95%	95%	95%	95%	95%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV ₂)	95%	95%	95%	95%	95%	91%	91%	91%	91%	91%	95%	95%	95%	95%	95%
% children at 12 months of age who have received two doses of the Meningococcal group C vaccine (MenC ₂)	95%	95%	95%	95%	95%	90%	90%	90%	90%	90%	95%	95%	95%	95%	95%
% children aged 24 months who have received 3 doses Diphtheria (D ₃), Pertussis (P ₃), Tetanus (T ₃) vaccine, Haemophilus influenzae type b (Hib ₃), Polio (Polio ₃), hepatitis B (HepB ₃) (6 in 1)	95%	95%	95%	95%	95%	96%	96%	96%	96%	96%	95%	95%	95%	95%	95%
% children aged 24 months who have received 3 doses Meningococcal C (MenC ₃) vaccine	95%	95%	95%	95%	95%	86%	86%	86%	86%	86%	95%	95%	95%	95%	95%
% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	95%	95%	95%	95%	95%	89%	89%	89%	89%	89%	95%	95%	95%	95%	95%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV ₃) vaccine	95%	95%	95%	95%	95%	91%	91%	91%	91%	91%	95%	95%	95%	95%	95%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	95%	95%	95%	95%	95%	92%	92%	92%	92%	92%	95%	95%	95%	95%	95%
% children aged 4-5 years who have	95%	95%	95%	95%	95%	89%	83%	78%	82%	86%	95%	95%	95%	95%	95%

	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)															
% children aged 4-5 years who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	95%	95%	95%	95%	95%	89%	83%	78%	82%	84%	95%	95%	95%	95%	95%
% children aged 11-14 years who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	95%	95%	95%	95%	95%	-	-	-	-	2013 Data is being validated	95%	95%	95%	95%	95%
% of first year girls who have received third dose of HPV vaccine by August 2014	80%	80%	80%	80%	80%	85%	88%	85%	85%	85%	80%	80%	80%	80%	80%
% of sixth year girls who have received third dose of HPV vaccine by August 2014	60%	60%	60%	60%	60%	69%	65%	74%	77%	72%	60%	60%	60%	60%	60%
% of health care workers in acute care hospitals who have received one dose of seasonal influenza vaccine in the 2013-2014 influenza season	-	-	-	-	New PI 2014	-	-	-	-	New PI 2014	40%	40%	40%	40%	40%
% of health care workers in Longterm care facilities for elderly who have received one dose of seasonal influenza vaccine in the 2013-2014 influenza season	-	-	-	-	New PI 2014	-	-	-	-	New PI 2014	40%	40%	40%	40%	40%
Child Health / Developmental Screening	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of newborns who have had newborn bloodspot screening (NBS)															
% newborn babies visited by a PHN within 48 hours of hospital discharge	95%	95%	95%	95%	95%	86%	86%	86%	86%	86%	95%	95%	95%	95%	95%
% newborn babies visited by a PHN within 72 hours of hospital discharge	100%	100%	100%	100%	100%	90%	90%	90%	90%	90%	100%	100%	100%	100%	100%
% of children reaching 10 months who have had their child development health screening before 10 months	95%	95%	95%	95%	95%	91%	93%	93%	75%	88%	95%	95%	95%	95%	95%

	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
National Screening Programme No. of women who attend for breast screening	-	-	-	-	140,000	-	-	-	-	140,000	-	-	-	-	140,000
Public Health No. of outbreaks and outbreak cases of infectious disease (ID) notified under the national ID reporting schedule	-	-	-	-	New PI 2014	-	-	-	-	614	-	-	-	-	614
Chronic Disease Prevention % of PCTs in School Growth Monitoring Sites trained in Health Service –ICGP Weight Management Treatment Algorithm for Children	-	-	-	-	New PI 2014	-	-	-	-	New PI 2014	70%	70%	70%	70%	70%
Tobacco Control No. and % of Primary Care Centres/Health Centres with Tobacco Free campus policy implemented	-	-	-	-	New PI 2014	-	-	-	-	New PI 2014	70%	70%	70%	70%	70%
No. of Smokers on cessation programme who were quit at one month	NA	NA	NA	NA	Base-line to be established	NA	NA	NA	NA	2,250	700	1,000	300	350	2,450 Includes 100 from Quitline National Service
No. of smokers who received intensive cessation support from a cessation counsellor	3,000	3,100	1,200	1,200	9,000	3,000	3,100	1,200	1,200	8,500	3,000	3,100	1,200	1,200	9,000 Includes 500 from Quitline National Service
No. of frontline healthcare staff trained in brief intervention smoking cessation	300	400	250	400	1,350	300	400	250	200	1,150	375	370	285	320	1,350
No. of sales to minors test purchases carried out	-	-	-	-	320	-	-	-	-	312	-	-	-	-	480
Food Safety No of planned, and planned surveillance inspections of food businesses	-	-	-	-	New PI 2014	-	-	-	-	New PI 2014	-	-	-	-	33,000
Cosmetic Product Safety No. of scheduled chemical samples taken	-	-	-	-	540	-	-	-	-	290	-	-	-	-	540

Note 1: Projected outturn 2013 activity data is based on data available as of December 2013. Full year data for 2013 will be available through the Performance Reporting processes by the end of quarter one 2014.

Appendix 2: Capital Projects

	Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2014 Implications	
							2014	Total	WTE	Rev Costs €m
Health and Wellbeing Division										
National Cancer Screening Services	Breast Check	Upgrade and replacement of equipment	Q4	Phased from 2014	0	0	1.65	9.45	0	0