National Clinical Programme for People with Disability Governance Structure and Function

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The National Clinical Programme for People with Disability (NCPPD) seeks to support the provision of effective and efficient assessments, interventions, and supports for people with disability; that are evidence-informed and context-appropriate, and provided within a social and rights based model of disability. The NCPPD operates in a context which is different to some of the other existing clinical programmes within the HSE. Some of the important features of this context relate specifically to the NCPPD, while others relate to the broader and inter-sectoral context of disability. The 2016 census indicated that there were 643,131 people, or 13.5% of the population, who reported that they had a disability; with 51.6% of all them being female.

The Health and Social Care Context for the NCPPD.

The NCPPD started in March 2020 amidst a substantial programme of work that had already been developed over many years through collaborative working between the National Disability Operations function and the National Disability Strategy and Planning function. Each of these teams benefits from expertise provided by a number of national Disability Specialists, who have clinical backgrounds, ranging across most of the clinical disciplines that contribute to disability services.

Secondly, the *Transforming Lives* programme which is the key policy architecture for the health-disability interface, is supported through a number of policy documents, such as *Progressing Disability Services*, *Moving on from Congregated Settings*, and *New Directions*. In many respects these document already outline key components of models of service provision and care, and have been developed through extensive consultation with a broad range of disability-sector stakeholders, and are evidence informed.

Thirdly, the role of civil society both nationally and internationally within the disability sector is increasingly strong and the importance of this is both recognised and mandated by Ireland's recent ratification of the UNCRPD. In the disability sector the empowerment of service users therefore has an explicit basis in international law and Ireland is required to regularly report to the UN Committee on the Rights of Persons with Disability, regarding its progress in implementing the Convention. As Ireland was the last country in Europe to ratify the convention, it is recognised – both nationally and internationally – that we have much work to do in this regard. The provision of disability services often requires a strong multi- and inter-disciplinary ethos, where the role of the service user, is central and increasingly empowered.

Fourth, there is now clear international commitment by leading health bodies, such as the World Health Organisation, that service provision within the disability sector should be

based on a social and human rights model, and that while individualised and medical approaches continue to have a very important contribution to make, these should not be the predominating influences in service design or provision.

There are also generic polices that are particularly relevant to the NCPPD. *Sláintecare* the ten-year programme to transform health and social care services, has a strong focus on healthcare in the community, as close to the source of demand as possible. Development of a social care strategy, which would encompass provision of disability supports and services, was a commitment within the 2019 action plan for implementation of Sláintecare. *Healthy Ireland – A Framework for Improved Health and Wellbeing* 2013– 2025 is the national framework for action to improve the health and wellbeing of the people of Ireland. Healthy Ireland takes a whole-of-government and whole-of-society approach to improving health and wellbeing and the quality of people's lives. It focuses on prevention, reducing inequalities and keeping people healthier for longer. People with disability fall within the scope of this policy which is also clearly relevant to the NCPPD.

The Health Information and Quality Authority (HIQA) have developed *Guidance on a Human Rights-based Approach in Health and Social Care Service* document which provides guidance on implementing a human rights-based approach to care and support for adults in Ireland. The report *An eHealth Strategy for Ireland*, 2013, established the role of the Chief Information Officer responsible for implementing the eHealth strategy and driving eHealth initiatives. With the increasing overlap between digital and assistive technologies this is likely to be a key area of activity for the NCPPD and is also an important area in the NDIS. A large number of other health policies and documents are more generically relevant to the NCPPD, as they are to other National Clinical Programmes.

The Intersectoral Context for the NCPPD

There are many initiatives and policies both within and beyond health which the NCPPD will need to link with and accommodate in order to add value to and complement existing service provision. The *National Disability Inclusion Strategy* 2017 – 2021 (NDIS) is the key framework for policy and action to address the needs of people with disabilities. It has 114 actions which support progress in delivering on the obligations set out in the UN Convention on the Rights of Persons with Disability (CRPD). Some of these actions specifically identify and seek to address legislative measures to be taken to give full effect to the Convention. In this regard the *Assisted Decision Making Capacity Act*, 2015 (ADMC) and the implementation of the Decision Support Service (DSS) are key to ensure access by persons with disabilities to the support they may require in exercising their legal capacity in health and social care contexts. The *Irish Human Rights and Equality Commission* (IHREC) has a role in holding public bodies accountable and their scope relates to health and social care services; where they have particular interests in disability and the implementation of the CRPD. The *National Housing Strategy for People with a Disability* concerns the provision of appropriate houses in the community and is therefore directly related to de-congregation.

The National Disability Authority (NDA) is a key stakeholder in the disability sector providing technical expertise and producing technical reports across the disability sector, including on

many issues related to health and social care. Recent examples of this include *Staff Competencies and Skill Mix for a Community-Based Model of Disability Service* (NDA, 2018), *Exploring the Experience of Users of Disability Respite Services in Ireland* (NDA, 2019), and *NDA Guidance on Specific Issues for Persons with Disabilities regarding implications of COVID-19* (NDA, 2020). The *Access and Inclusion Model* (AIM) is a model of supports designed to ensure that children with disabilities can access the Early Childhood Care and Education (ECCE) Programme. The *Education for Persons with Special Educational Needs Act 2004 (EPSEN)* provides that a child with special educational needs shall be educated in an inclusive environment along with children who do not have special educational needs.

The United Nations Convention on the Rights of Persons with Disability (CRPD)

There is a plethora of other agencies, polices and initiatives across education, employment, justice and leisure that also interface with issues that will be key concerns for the NCPPD; all of which are required to comply with the United Nations Convention on the Rights of Persons with Disability (CRPD; UN 2006). Ireland was the last country in Europe and one of the last countries in the world to ratify the CRPD and there is recognition that Ireland has considerable catching-up to do with regard to provision of rights-based services, especially health services. As such there is a requirement within Ireland's ratification of the CRPD that our activities will be regularly reported on by the Irish government to the UN Committee on the CRPD. It is therefore very important that the NCPPD is - and is seen to be - proactive in applying the CRPD to its activities, and to its many intersections outside health and social care settings. While the articles of the CRPD also intersect, some of the articles and their particular relevance to the Irish context, are summarised in Box 1.

Box 1:

Articles of the Convention on the Rights of Persons with Disability (CRPD) of particular relevance to the National Clinical Programme for Disability

Article 5. Equality and non-discrimination - this include ensuring that reasonable accommodations are made as required by people with disability using health and social care services.

Article 6. Women with disabilities – referring to equal access to health and social care interventions and resources for women with disabilities.

Article 7. Children with disabilities – referring to equal access to health and social care interventions and resources for children with disabilities.

Article 8. Awareness-raising – to address social stigma around disability which may cause distress and exclusion for people with disabilities. This is important for the general public

and health and social care workers in general.

Article 9. Accessibility – including access to health, social care, housing, information.

Article 10. Right to life - a right to life and to reproduction, on an equal basis with everyone else.

Article 11. Situations of risk and humanitarian emergencies – adequate protection when there are risky situations, such as epidemics or floods.

Article 15. Freedom from torture or cruel, inhuman or degrading treatment or punishment – this may refer to use of congregated settings, excessive use of psychotropic medication or restraining practices.

Article 19. Living independently and being included in the community – this relates to living in decongregated settings which are well supported and have access to services needed.

Article 20. Personal mobility - ensuring that people can move around and be as independent as possible; relating to access to buildings, use of mobility products, access to transport.

Article 22. Respect for privacy – including in health and social care settings, rights to confidentiality, in correspondence such as letters or clinical information or notes.

Article 23. Respect for home and the family – having equal rights to marriage, a family and personal relationships.

Article 25. Health – having access to high quality health services and being treated to the same standard and with the same respect as other users of healthcare services.

Article 26. Habilitation and rehabilitation – supporting people with disabilities to live independent and healthy lives with access to the optimal supports or interventions at the optimal times and in optimal places.

Article 28. Adequate standard of living and social protection – ensuring a good standard of living on an equal basis with others.

Structure & Function

The health, intersectoral and international human rights context in which the NCPPD operates has some similarities to, but also some distinctive features from, other national

clinical programmes. Below we describe the organisational architecture for the programme in terms of its structure and functions. Figure 1 illustrates the NCPPD structure[1].

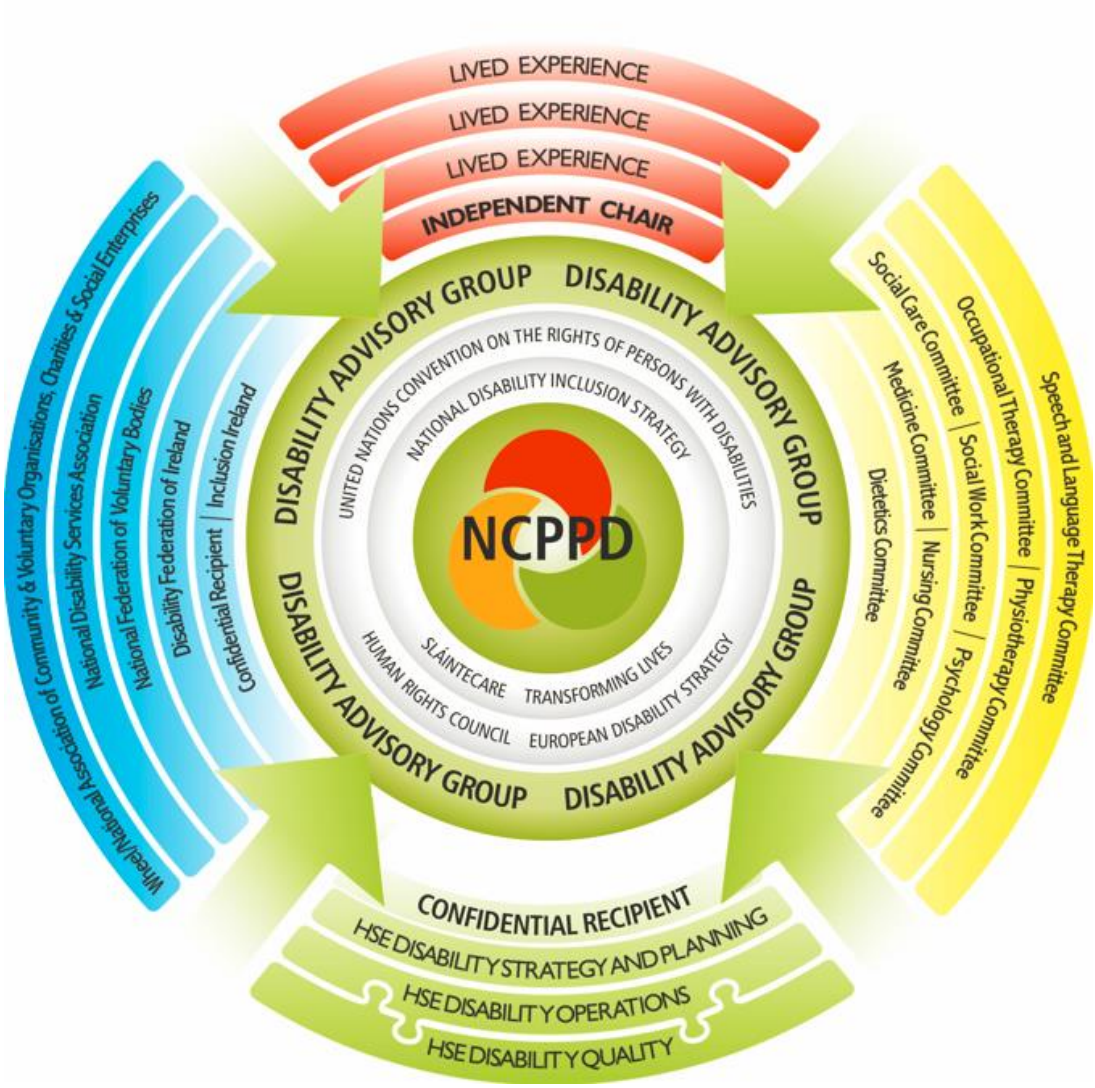

Figure 1: Governance Structure for the National Clinical Programme for Disability

The reporting relationships for the NCPPD are similar to those of other clinical programmes; reporting through a National Clinical Adviser and Group Lead (NCAGL) to the National Lead for Integrated Care and to the Chief Clinical Officer.

Previously clinical programs have adopted a structure whereby a Clinical Advisory Group (CAG) - which has been uni-disciplinary and therefore elected by one disciplinary college – has been the most influential forum for advising the Clinical Lead and Programme Manager. This advisory group in turn benefits from multidisciplinary input from a separate but less influential committee.

[1] We are grateful to Anne Horgan, Planning and Performance Lead, Clinical Design & Innovation, Office of the Chief Clinical Officer, Health Service Executive and to Grainne Clarke, Senior Manager, Centre for Effective Performance, Dublin, for their advice on the development of the NCPD structure.

The NCPPD flips this structure. The CAG is renamed the Disability Advisory Group (DAG), which is now both multi-disciplinary and has input from other stakeholders in the disability sectors.
The DAG has a representative from each of the key professions - social work, speech and language therapy, occupational therapy, physiotherapy, nursing, psychology, social care workers, dietetics and medicine. Each of these professions is represented on the DAG by the Chair of a Profession-specific committee. The members of these Disability Profession Specific Committees are nominated in accordance with the protocols of the Health and Social Care Professions (HSCP) Office, the Office of Nursing and Midwifery Services Director (ONMSD), the National Clinical Programmes and the Office of the Chief Clinical Officer, through their established agreements and linkages with the professional bodies and colleges. The number of members of the Profession Specific Committee will usually be between 5-10 people; each able to provide a distinctive sub-disciplinary perspective from within their own profession. There will also be a nominee for Third Level to link directly with education and training at this level. It is expected that these Third Level representatives will, on occasion, constitute Task Groups to address common opportunities and challenges across disciplines at Third Level; for instance, the development of an interdisciplinary rights-based module on disability. Similarly Task Groups, which will be short-life working groups, will require input and/or personnel from different profession-specific Committees. All of the above, with the exception of medicine, will be constituted in consultation with the office of HSCP and ONMSD. The health professions will therefore have 9 members in total on the DAG.

The governance structure in Figure 1 also has two other distinctive features. The embedded oval structures on the left represent the international policy and the national policy architecture within which the programme operates. On an ad hoc basis, the DAG may seek representative input from suitable people regarding these policies (for example from the World Health Organisation, National Disability Authority or the Health Information and Quality Authority). The three inner oval levels represent a range of disability-stakeholders. These stakeholder views are represented as permanent positions on the DAG; with representative organisations making nominations for people to provide their relevant perspective. This nominee will not be representing any specific organisation, but rather providing a distinctive perspective. The perspectives required will be from service providers (Section 38 & 39), an umbrella civil society organisation, a carers association; a community association, family members and direct service users. The representative groups will therefore have 7 members in total on the group.

The NCPPD work closely with Disability Operations and with Disability Strategy and Planning through a number of different committees; embracing the *design-plan-operate* approach. As already noted these two functions already have substantial programmes of work underway and so it will be important for the DAG to be fully aware of these and the learning arising from them. Disability Operations and Disability Strategy and Planning will each have one nominee on the DAG (subject to changes in the HSE Centre).

The National Clinical Programme will nominate the first chairperson of the DAG from Civil Society representation. Thereafter, there will be a rotating Chair drawn from the DAG

membership (excluding the National Programme's Clinical Lead, Programme Manager, HSE Operations and HSE Strategy and Planning representative members).

Terms of Reference and Operating Features

The *National Clinical Programme for Disability* will report through the NCAGL, National Lead for Integrated Care and Chief Clinical Officer. The core function and role of the NCPPD will be in accordance with those outlined in the *CCO National Clinical Programmes Review and Recommendations 2019*. This outlines the role of the programme in service design, quality improvement, policy development and implementation, promoting health and wellbeing and designing integrated health and social care services and pathways to provide safe, effective and appropriate care.

The *Disability Advisory Group* (DAG) will have 20 members, with administrative support in attendance to take minutes. Its purpose is to advise the NCPPD. It will meet every two months for the first six months, after which the frequency of meetings will be reviewed. The Terms of Reference for the group will be:

1. Identify priorities for the NCPPD.
2. Provide leadership within the disability sector and promote buy-in from relevant disability stakeholders; including users, providers, professions and third level .
3. Ensure that the decisions and strategy of the NCPPD Lead are informed by representative views and evidence relevant to issues at hand.
4. Provide multidisciplinary perspectives on relevant issues
5. Advise on how best to progress priority issues.
6. Other statutory agencies will be invited to attend the DAG as required.

Profession-Specific Disability Committees, will usually have between 5-10 members, the chair of which will represent their views to the DAG, through their membership of the DAG. They will meet quarterly, or more often, as needs be. The terms of reference of these Profession-Specific Committees will be:

1. To provide clinical and discipline-specific leadership, guidance and expert knowledge relevant to the needs of the DAG and NCPPD.
2. To promote engagement and buy-in from their specific professional communities and colleges in relation to disability matters and aims of the NCPPD.
3. To promote cross-college, cross-programme and cross-discipline work relevant to achieving the aims of the NCPPD and addressing the needs of persons with disability.

Task Groups will be established to address specific issues and these will be comprised of DAG members, Profession-Specific Disability Committee members, and such other individuals as deemed necessary by the DAG to ensure an authoritative, comprehensive and multi-perspective approach to the specific task. These groups will be short-life working

groups, with clearly specified ToRs, time-scales and outcomes. They will meet twice a month, or more often, in accordance with the ToR and urgency of the deliverable.

Strategic Approach to Work Programme

The NCPPD will engage with a broad range of disability-related work through a number of strategic roles. The functions associated with these roles may be conceptualised as follows:

NCPPD *Overseeing* – being in charge of activities to ensure that they happen.

NCPPD *Consultation* – responding to requests for inputs from other NCPs or disability stakeholders and requesting inputs from other NCPs or disability stakeholders.

NCPPD *Commissioning* – in collaboration with Disability Strategy & Planning commissioning resources to support programme provision and innovation.

NCPPD *Support*ing – providing assistance to others undertaking activities and who are in charge of them.

NCPPD *Monitoring* – noting the activities of others to ensure that such activities are taking place at a time and in a way that is appropriate to service priorities.

NCPPD *Information Exchange* – informing others about NCPPD activities and being informed by others of their activities.

NCPPD *Systems Strengthening* – contributing to HSE or DoH activities that are not necessarily directly related to disability but which contribute to strengthening the health and social care system, from which people with disability may ultimately benefit.

NCPPD Promoting - the implementation of the UNCRPD across cognate clinical programmes.

NCPPD *Resourcing* – ensuring the NCPPD has appropriate financial and personnel resources to fulfil its purpose.

These functions of the NCPPD are not intended to be comprehensive or exclusive but to assist the programme in reflecting on the extent to which its activities are being focused on different strategic ways of working. The prioritisation of the NCPPD's work programme will be developed and overseen by the DAG.

The NCPPD will work closely with the Disability Specialists who are members the Disability Operations and Disability Strategy and Planning Teams. These specialists have a clinical background, and have distinct portfolio areas and geographic areas. Appendix 1 lists these Disability Specialists by areas of specialisation and geographic coverage.

Cognate Clinical Programmes

Some of the challenges and opportunities for the NCPPD overlap with those of other Clinical Programmes and may be considered as cognate to the purpose and/or functioning of the NCPPD. These programmes include mental health, rehabilitation, older persons, neurology, stroke and paediatric. The NCPPD will meet with these programmes to learn from their experience and identify ways in which the programme can constructively interface with these or other clinical programmes.

Work Programme Priorities – first 12 months

While the NCPPD is being established over the first 12 months, the Clinical Lead and Clinical Programme Manager have identified the following priority areas, which will subsequently be reviewed by the DAG:

1. *Technology:* Digital & Assistive Technology (DAT) for people with disability

2. *Decongregation:* Community living for people with disability in institutional settings.

3. *Access to Quality Services*: Assessments, specialist surgical, medical and therapy services for children and adults with disability. Right-based, integrated health and social care through the lifespan.

4. *Training*: National Disability Research & Training Programme for Third Level, Professional Bodies and other stakeholders, including future workforce planning.

5. *Wellbeing*: Mental health, wellbeing and thriving of people with disabilities

Work Programme Priorities: middle- and longer-term

The establishment of the DAG will coincide with presentations from the Disability Operations, the Disability Strategy and Planning and the interim NCPPD work programmes. Following consultation with broader disability sector stakeholders the initial medium- and long-term work programme for the NCPPD will be established. This should be agreed by the 4th meeting of the DAG.

Appendix 1
Disability Specialists – Focus and Geographical Distribution

National Disability Specialists - Children's Services (Progressing Disability Services)		
Children's Specialist 1	**Children's Specialist 2**	**Children's Specialist 3**
COVID 19 work streams (*Umbrella Reps Lead) Lead NDS for CHOs 1, 2, 8 NSP 2018 (Children's Services)	COVID 19 work streams Covid – 19 lead re SNA Scheme Lead NDS for CHOs 3, 4, 5 NSP 2018 (Children's Services)	COVID 19 work streams Lead NDS for CHOs 6, 7, 9 NSP 2018 (Children's Services)
PDS lead re: - National Implementation Steering Group - Phase II re CDNMs Oversight and support re implementation of CDNTs @ CHO level	PDS Lead re: - Phase I CDNM with HR Business Partner Oversight and support re implementation of CDNTs @ CHO level	Oversight and support re implementation of CDNTs @ CHO level
Oversight and support re Implementation of AON Improvement Plans	Oversight and support re Implementation of AON Improvement Plans	Oversight and support re Implementation of AON Improvement Plans
AIM - Chair Level 6 HSE - CSIG – Social Care Rep - Project Team – Social Care Rep	Disability Act 2005 and link with Adults & AON S&P	Outcomes for Children & Families Framework Programme Implementation - Project Lead
PDS - Project Manager - National Operations Rep for Cross Sectoral Group - Guidance on standardised training	Lead re: • Disability Act Compliance Monitoring • Implementation of AON Revised Procedure • National Access Policy Implementation	National Lead for CDNT Management Information System (MIS) and implementation in collaboration with C M (ref: Disability IT Strategy)
Children First - Social Care CF Group Chair - National CF Oversight Group - SC Rep • Interagency Agreement Template • PDS Conference • Communications Subgroup • Team Branding/ Disability Website (HSE) • Bulletin redevelopment • Accommodation for CDNTs • Better Outcomes Brighter Future • (Annual feedback on objectives) • Line Management Responsibility for C.C. (PDS)	• Team Manager Standardised Role and Grade • Education Liaison/ NCSE • -Teacher Resource Allocation Group • -Consultative Forum - Collaborative WG with NCSE/DES • Disability Primary Care Interface Group • Children's Integrated Care Forum • Integrated pathway for Neuromuscular Diseases S/G	• HSE TUSLA Joint Working Protocols Implementation Group – Co-Chair • & HSE Internal Joint Working Protocols • Assistive Technology Children's Rep for Clinical Programmes (including C C) • Activity Design and Optimisation Group • ASD Lead for Children's Team • PWS Co-Lead (H. McD.)

Appendix 1 – Contin'd

National Disability Specialists - Adult Services		
Adult Specialist 1	**Adult Specialist 2**	**Adult Specialist 3**
Nat. Dis. CHO LINK (CHOs 1,2,8) a. Service and Financial oversight/ support - NSP 2020 (Adult Services) b. Section 38/39 Lead "Oversight Role" c. Service Quality/ HIQA d. Lead on Investigations/ Complaints 1. NDOT New Directions Rep 2. Service Plan • Monitor and support decongregation within assigned CHOs 3. NPORT Lead (Procurement) 4. *Service Improvement Lead • Brothers of Charity • Rehab Care • NUA Aras Attracta 5. COVID 19 work streams (Umbrella Reps Lead) * Lead/ oversight/ co-ordinate implementation of improvement plan	Nat. Dis. CHO LINK (CHOs 6,7,9) a. Service and Financial oversight/ support - NSP 2020 (Adult Services) b. Section 38/39 Lead "Oversight Role" c. Service Quality/ HIQA d. Lead on Investigations/ Complaints 1. NDOT New Directions Rep 2. Service Plan • Monitor and support decongregation within assigned CHOs 3.Procurement Lead (NPORT) 4. PWS Pilot Co- Lead (M.B) 5. NDOT Rep re SRF New Funding Round (Grants Committee) 6. *Service Improvement Lead • St John of God CS • CHIME • Cheshire • Stewarts • SMH • ABII 7. COVID 19 work streams (Umbrella Reps Lead) * Lead/ oversight/ co-ordinate implementation of improvement plan	Nat. Dis. CHO LINK (CHOs 3,4,5) a. Service and Financial oversight/ support - NSP 2020 (Adult Services) b. Section 38/39 Lead "Oversight Role" c. Service Quality/ HIQA d. Lead on Investigations/ Complaints 1. NDOT New Directions Rep 2. Service Plan • Monitor and support decongregation within assigned CHOs 3. NPORT Lead 4. NDOT Representative on HSE KPI group (Planning as lead) 5. Co-ordinate National review of Residential Supports Policy 6. NDOT Member to Project Board re National Case Mgt System 7. Mental Health National Disability Liaison 8. *Service Improvement Lead • Camphill Communities of Ireland • St Vincents (CHO4) 9. COVID 19 work streams Umbrella Reps Lead) * Lead/ oversight/ co-ordinate implementation of improvement plan

Appendix 1 Contin'd

National Disability Specialist - National Quality Improvement
National Quality Lead, National Quality Specialist 1, National Quality Specialist 2
Implement National Quality Improvement Action Plan/ Strategy for the Disability Sector - In Partnership with National QID;

1. COVID-19 National Lead re:
   a. Guidance and support planning
   b. Webinar based capacity building
2. Key actions/ principles which the plan will encompass
   a. CHO based
      i. Ensure an agreed "structure (via PWC and QPS) is in place which establishes a "QI Network" in each CHO (HSE and S38/39/ For Profit Services)
   b. Prioritises "key" areas for improvement as identified via HIQA report analysis (Review Community Portal)
      i. Safeguarding
      ii. Health Care
      iii. Governance, Management and Leadership
      iv. Meaningful lives
      v. Person centred planning
   c. Other key elements of the Plan to include
      i. "New structures" for sustaining QI at CHO level
         1. Move away from National QI team approach to one of CHO based QI networks where the National "Guides", "Monitors" and "Supports"
         2. Ensure we are collaborative and CHO led

3. Medication Management Programme in conjunction with QPS
4. National ME Pathways Working Group
5. Development of Systems, Procedures/ Guidelines
6. Priority given to having National Standardised Frameworks/ Operational Policies re;
   a. Client File (including Support Plan)
   b. Consent Policy
   c. Sharing of Information
7. HIQA National Liaison with Head of Operations
   a. Support better and effective engagement with the Regulator @ service and CO levels
8. Provide Targeted Service Specific Supports
   - CHO 1
   - CHO 5

National Disability Specialist IT Projects - National Case Management System

In Line with NSP 2020

1. Develop and implement a national case management *eHealth* resource system for CHOs (including S38/39/For Profit Providers) to track and co-ordinate residential and home support/ emergency respite services……*provides HSE funded Disability Services with a Management Information System*
   - Integrate functions/systems required as above via 'National Ability Support System' in collaboration with HRB
2. Ensure GDPR compliance/ develop NDOT competencies relevant to GDPR
3. Implement Project Initiation Document (PID) under the Governance of Project Board
4. NDOT NDS GM to DOH National IT Committee
5. Co-ordinate with National Clinical Programmes re Health Identifier
6. Covid – 19 lead re SNA ICT Scheme

Appendix 1 Contin'd - Disability Strategy and Planning Team

Head of Strategy and Planning Co-Chairs the Commissioning Team, Leads the national service planning process with respect to disability services, Leads the Communications strand of the Autism Programme, Coordinates the HSE elements of the National Disability Inclusion Strategy, Chairs the National Consultative Committee				
Disability Strategy & Planning Specialist 1	**Disability Strategy & Planning Specialist 2**	**Disability Strategy & Planning Specialist 2**	**Disability Strategy & Planning Specialist 4**	**Disability Strategy & Planning Specialist 5 Project Manager, Neuro-rehabilitation Strategy & Stroke Programme**
Coordinates estimates and national service planning work Leads the Autism Programme Leads the Placement Improvement Programme Programme Manager for Transforming Lives Leads engagement with Genio in relation to a number of SRF Projects Leads the Open Routes project, reviewing transport Leading AON development of process for adults	Leads the implementation of New Directions National Policy Leads the school leavers and rehabilitative training processes HSE representative on Comprehensive Employment Strategy	Leads the implementation of Time to Move On, both in coordinating and tracking the planned decongregation and aligning capital investment in conjunction with HSE Estates Chair of KPI Activity & Optimisation Group. Involved in health and wellbeing projects HSE Disabilities representative on National Housing Strategy for People with Disabilities Steering subgroup (NHSPwD) and number of sub-task groups. Lead for Disabilities on HSE ADM Governance Group.	Leading the Personalised Budget Demonstration Project. This is being implemented in two phases to 180 people in total, based on three models of arrangement and two standardised assessment tools	Oversees the roll-out of the neuro-rehabilitation programme in line with the national strategy and the national framework for implementation Collaborates with acute services, community services, rehabilitation in-patient services and voluntary organisations in rehabilitation services Project lead in developing the stroke strategy and implementation plan