

Progress Report

2015 - 2020



Health Services Executive
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www.hse.ie

Healthy Ireland in the Health Services

NATIONAL IMPLEMENTATION PLAN 2015

Working together to deliver *Healthy Ireland* in the Health Service

STRATEGIC PRIORITY

Health Service Reform

25 ACTIONS

STRATEGIC PRIORITY

Reducing the burden of Chronic Disease

80 ACTIONS

STRATEGIC PRIORITY

Improving Staff Health & Wellbeing

11 ACTIONS

- Community Healthcare Organisation (CHOs)
- Hospital Groups
- National Services & Divisions
- National Policy Priority Programmes
- Department of Health
- External Partners

KEY FOCUS AREAS INCLUDE:

- The biggest risk to the population's health - the burden of chronic disease
- Capitalising on our large workforce and relationships with service users
- Building on the good initiatives we are already doing
- Strengthening collaborative working with external partnerships and structures
- What will make the change sustainable over 5 - 10 years

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✓ Implementation Plans published

- 5 Hospital Group Plans
- 9 CHOs Plans

✓ Supporting websites include:

- www.quit.ie
- www.mychild.ie
- www.sexualwellbeing.ie
- www.understandtogether.ie
- www.askaboutalcohol.ie
- www.makeeverycontactcount.ie

✓ Campaign examples include:

- START: Healthy Eating messages targeting parents
- QUIT: Smoking cessation
- Understand Together – Dementia
- Askaboutalcohol.ie
- Mychild.ie
- My Options – Unplanned pregnancy

✓ NPPP Implementation Plans published

- National Tobacco
- Healthy Eating & Physical Activity

✓ Resource examples include:

- Making Every Contact Count E-Learning modules
- Alcohol and Drugs: A Parent's Guide
- Pregnancy and Alcohol information leaflet
- Healthy START for Toddlers e-learning module for NURTURE
- Healthy Weight for Children e-learning module for NURTURE
- Undergraduate Curriculum for Chronic Disease Prevention and Management
- How to Implement the HSE Tobacco-Free Campus Policy
- Know Your Numbers Pocket Card
- Minding Your Wellbeing 5 video programme
- Minding Your Wellbeing Support booklet
- On Line Stress control programme
- Manage Your Long-term Chronic Conditions

✓ Framework examples include:

- A Health Behaviour Change Framework & Implementation Plan for Healthcare Professionals in the Irish Health Service (Making Every Contact Count)
- Framework for the National Healthy Childhood Programme
- Healthy Weight for Children (0-6 years) Framework
- Living Well with a Chronic Condition: Framework for Self-Management Support

✓ Policy examples include:

- HSE Vending Policy 2019 (Revision 2)
- Food, Nutrition & Hydration Policy for Adult Patients in Acute Hospitals
- Nutrition Standards for food and beverage provision for staff and visitors in healthcare settings
- HSE Policy on Calorie Posting

THE VISION

A Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility.

GOAL #1

Increase the proportion of people who are healthy at all stages of life

GOAL #2

Reduce health inequalities

GOAL #3

Protect the public from threats to health and wellbeing

GOAL #4

Create an environment where every individual and sector of society can play their part in achieving a *Healthy Ireland*



The HSE's response to the Government's HI Framework: **NATIONAL IMPLEMENTATION PLAN 2015-2017**
Published in 2015



9 CHO HI PLANS published
5 HOSPITAL GROUP HI PLANS published and 1 in progress

Much work is underway reforming and changing the health services in Ireland to enable us, together with our partners, to support individuals to lead healthier lives.

This document outlines our progress to date.

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Foreword

The *Healthy Ireland Framework* was a landmark publication published by the Department of Health (DoH) in 2013. It set out for the first time the cross-government dependency on achieving better health and wellbeing for all, where no one is left behind. It was ambitious and visionary.

The HSE is a major stakeholder in the *Healthy Ireland* agenda, and over the past seven years, our national and local Health & Wellbeing teams have worked relentlessly to shift mindsets and orientate our services from an illness mindset to one of prevention, early intervention and health promotion. We have harnessed the collective efforts of our entire workforce, our partners across Government, Local Authorities, the community and voluntary sector, philanthropy, academia and the private sector to achieve real change in how we think, plan and invest for a healthier society. Improving population health, and addressing the challenges of widening health inequalities is everyone's business.

Our *Healthy Ireland in the Health Services HI Implementation Plan (2015)* focused on three strategic priorities, Health Service Reform – our greatest opportunity; Reducing the Burden of Chronic Disease – our greatest challenge; Improving Staff Health and Wellbeing – our greatest asset.

This Progress Report (2015-2020) focuses on the 126 specific actions underpinning the delivery of these priorities. It is important to note that the report does not reflect the totality of the work delivered by Health and Wellbeing during this period. The production of the report was an opportunity to reflect on the achievements over this time and will help us focus and plan for the next phase of this work.

I am delighted with the progress we have made. This challenging agenda has been taken on with energy and creativity, employing critical thinking and strategic capability and robust programme management. 90% of actions have been fully delivered, with the bulk of them relating to ongoing activities. The remaining actions are close to completion, with a very small number (3%) having been superseded in the interim.

Healthy Ireland is now a well-recognised brand, synonymous with trusted health and wellbeing information for our citizens. *Healthy Ireland* is now part of our day-to-day Health Service delivery, with Health and Wellbeing embedded in our national service and operational planning, delivery and oversight processes. Most importantly, we have built capability and capacity at national and local levels to design, develop, plan, implement and monitor our performance.

Our National Policy Priority Programmes bring leadership and high-level expertise to support the development of evidence-based policy and practice, and these programmes are central in supporting the delivery of high-quality health and wellbeing services with our partners internally and externally.

There has been tremendous efforts and commitment across our Community Healthcare Organisations and Hospital Groups. New governance structures have been established, local implementation plans created and programmes of work-integrated alongside core traditional health and social care services.

Through our partnership with Local Authorities, LCDCs and CYPSCs we have built mutually beneficial relationships, influencing and advocating for health and wellbeing and seeking prioritization in local strategic plans and investments. We know that the implementation of the *Healthy Ireland* County/City Plans will bring about real improvements in the quality of life for people in their communities. The *Healthy Ireland* Fund created by the DoH has been a valuable enabler for local engagement and ownership.

The COVID-19 pandemic has reinforced the importance of prevention and early intervention initiatives across our communities. We were able to leverage our existing partnerships and ways of working to support the rapid establishment by Local Authorities of Community Fora and Community Call Hubs and the implementation of the KeepWell Campaign through *Healthy Ireland* City and Counties structure.

Health and Wellbeing received its most significant level of investment during the pandemic with €10m investment being allocated in 2021 by the DoH, for targeted health and wellbeing initiatives through the Healthy Communities initiative. This would not have been possible without the substantial work delivered in the preceding years demonstrating the efficacy of various programmes, initiatives, models of care and services. The Healthy Communities initiative aims to provide targeted support in communities with high deprivation levels to tackle the preventable causes of chronic disease. This will be achieved through partnership with a range of internal and external stakeholders and through the provision of dedicated services to meet the needs of all ages living in these communities. The goal of the Healthy Communities Initiative is to improve the long-term health of the target populations and improve the quality of life of individuals in those communities.

The progress achieved to date is due to the huge efforts of many colleagues internal and external to the HSE. I want to acknowledge the support from our colleagues in the Health & Wellbeing Unit and Sláintecare Programme Implementation Office in the DoH. I would also like to thank our staff and colleagues, both nationally within our Leadership Team, within the Health and Wellbeing team, and in particular our National Healthy Ireland Lead, Sarah McCormack. I would also like to thank all our colleagues in our Community Healthcare Organisations, Chief Officers, Health and Wellbeing Heads of Service, and their teams, and in our Hospital Groups, CEOs and Healthy Ireland Leads, who have taken this agenda and ran with it.

The DoH's *Healthy Ireland Strategic Action Plan 2021-2025* will inform the development of our second *Healthy Ireland in the Health Services Implementation Plan 2022 – 2025*. I acknowledge the tremendous effort from all involved in achieving the progress set out in this report and in ensuring that a health and wellbeing focus is maintained as part of the implementation of the Healthy Communities initiative. The level of investment received is a

testament to the work of staff across the HSE since the publication of the HI Framework in 2013 to progress this agenda. I look forward to building on the strong partnerships and momentum already generated for continued implementation of *Healthy Ireland* across our health service and beyond.



Dr Stephanie O'Keeffe
National Director with responsibility for Health and Wellbeing in the HSE 2013 - 2020

A Message from the National Healthy Ireland Lead

The HSE's *Healthy Ireland in the Health Services Implementation Plan (2015)*, set out a clear roadmap for the Health Services to make its greatest impact for the implementation of the Department of Health's *Healthy Ireland Framework (2013)*. It recognised that the scale of the *Healthy Ireland* agenda would take vision, organisational and system changes and a radical shift in culture. It called on every individual in the Health Services and all its partners to build momentum for a large scale movement for change at an individual and organisational level.

Reflecting back to where we stood in 2015 and where we are now, we can see that *Healthy Ireland* has been lifted off the pages of that plan and turned into real deliverables. I recall the many workshops held across the country, with wonderful participation, working together, creating awareness and getting feedback on how best to deliver on the actions set out in the national plan. The creation of local *Healthy Ireland* Implementation Plans in Community Health Care Organisations (CHOs) and Hospital Groups played a really significant role in creating a local understanding of the *Healthy Ireland* agenda and getting the buy-in for its delivery. Launch events for these plans were held locally, creating more momentum and re-energising the commitment for implementation. Partnership working was strengthened through the collaborative development of Healthy County and City Plans.

As you read through this Progress Report you will see how the delivery of the 126 large-scale actions were embraced through collaborative working with national strategic direction and local ownership for implementation. This progress is due to the commitment and dedicated focus, with a drive for real change, shown by staff right across the Health Services. I wish to commend the work that has gone into the delivery of these actions which has built a very strong foundation and made a significant contribution to achieving the goals of the *Healthy Ireland Framework*.

I thank the vast array of people who have contributed over the past five years for the progress achieved as outlined in this report. I particularly thank the *Healthy Ireland* Executive Leads and *Healthy Ireland* Programme Managers in the Hospital Groups, the Heads of Service Health and Wellbeing in each CHO, my Health & Wellbeing managers and colleagues at a national level and my national HSE *Healthy Ireland* Team who worked with me day on day to drive forward the *Healthy Ireland* agenda. The vision and relentless commitment from Dr Stephanie O'Keeffe, National Director with responsibility for Health and Wellbeing, was a significant enabler and support to us achieving these deliverables. I also thank colleagues in *Healthy Ireland*, Department of Health and the Department of Community and Rural Development for their support at all times. I look forward to your continued support as we build on the progress presented in this report to continue the *Healthy Ireland* implementation journey.



Sarah McCormack
HSE National Healthy Ireland Lead

Healthy Ireland in a COVID-19 Environment

In 2020 COVID-19 brought an unexpected and significant change to life in Ireland, and subsequently to our population's health and wellbeing. The full picture of the impact of this pandemic on societal health and wellbeing is clearly very significant. There are many areas where we lack data to fully elucidate that effect and other impacts will only emerge more clearly over time.

The impact of COVID-19 has resulted in unprecedented interruptions to health service delivery with existing prevention and treatment services significantly impacted, new services rapidly developed and the redeployment of staff to support these services. Many of our National Health and Wellbeing function staff, including National Policy Priority Programmes and *Healthy Ireland* were redeployed for the majority of 2020 impacting the delivery of our health and wellbeing programme for the year. On the other hand, the demand for our focus of attention rose with evidence showing that smoking increases the risk of COVID-19 infection (hand to mouth action), obesity is linked to COVID-19 disease severity, and the evidence shows rising levels of alcohol consumption and poor eating habits during the pandemic.

Our workforce has experienced many of the impacts experienced by everyone else in society and additional impacts such as excessive workload over prolonged periods, emotional distress from caring for severely ill patients, physical hardship arising from PPE use, frustration at seeing critical services hindered by the pandemic demands and COVID-19 illness.

The solid foundation that the implementation of *Healthy Ireland in the Health Services 2015 – 2017* put in place proved to be a key enabler for collaboratively working with external partners, providing health and wellbeing supports during this challenging time. Those existing partnerships supported the rapid establishment by Local Authorities of Community Foras and Community Call Hubs and the implementation of the KeepWell Campaign through *Healthy Ireland* City and Counties structure. A number of our Health & Wellbeing supports switched to on-line

delivery reaching large groups of our population. These included the delivery of virtual Stress Control Programmes, Minding Your Wellbeing and webinars on relevant Health & Wellbeing topics.

A new Health & Wellbeing COVID-19 Older Persons Support Programme was established as a result of the findings from the impact of COVID-19 report on vulnerable older persons. Existing partnership arrangements were strengthened with Age Friendly Ireland for the delivery of supports in 2021. €100,000 was allocated for the purchase of additional technical devices for older persons in residential settings.

Greater awareness of the link between COVID-19 smoking and obesity, and the overall benefits of healthy lifestyle behaviours, has resulted in more people taking an interest in improving their own health and wellbeing. In addition, health inequalities have become more exposed during the pandemic. The requirement was never as great as it is now for the HSE to develop, prioritise and give leadership for strong and focused health and wellbeing accessible programmes of support to address these population health needs and to support HSE staff. The increased partnership working with local authorities through *Healthy Ireland* has created a much greater level of awareness of how working together can improve the health and wellbeing of their populations at each county and city level. With the requirement for an increased focus on wellbeing, highlighted through COVID-19, it is critical that every opportunity is grasped so that every sector of society and every individual can play their part in achieving the goals of the *Healthy Ireland Framework* – our National Health and Wellbeing Strategy.

Introduction

The Department of Health cross-governmental *Healthy Ireland Framework*, launched in 2013 is our national strategy for improved health and wellbeing. *Healthy Ireland* brings together people and organisations from across the country to address the social, economic and environmental factors that contribute to poor physical and mental health, and to address health inequalities. *Healthy Ireland* reflects our shared commitment in the health sector, and more widely, to support people to be as healthy and well as they can.

To deliver on this commitment within the health service the HSE in 2015 published the first *Healthy Ireland* in the *Health Services National Implementation Plan 2015 - 2017*. This Plan was developed following broad consultation, and focused on where the Health Service could take concerted and specific actions at all levels of the health service to improve health and wellbeing and prevent the onset of disease. The Plan challenged us to exploit our unique scale as the largest public body in the state, allowing us to capitalise on our influence, our governance and decision-making, our powerful workforce and our day to day interactions with everyone living in Ireland.

This *Healthy Ireland Implementation Plan* is built on the work already underway in the Health Service, and the strong partnerships developed with external agencies, to improve the health and wellbeing of their population. A set of large-scale actions underpins each of the strategic priorities to ensure focus and consistency for a successful implementation.

The Plan had to be focused to be coherent, so we identified three strategic priorities of equal importance:

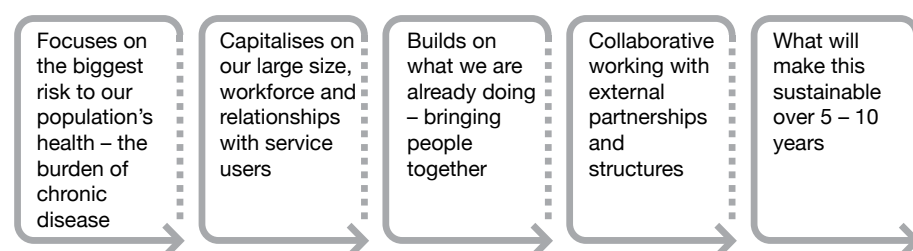
- Health Service Reform
- Reducing the burden of Chronic Disease
- Improving Staff Health and Wellbeing.

66 ACTIONS	NATIONAL LEVEL
60 ACTIONS	HOSPITAL/CHO
07 ACTIONS	TOBACCO
11 ACTIONS	HEALTHY EATING
05 ACTIONS	PHYSICAL ACTIVITY
06 ACTIONS	ALCOHOL
10 ACTIONS	WELLBEING & MENTAL HEALTH
14 ACTIONS	HEALTHY CHILDHOOD
07 ACTIONS	POSITIVE AGEING
126 ACTIONS	TOTAL

Note: The Sexual Health Programme was not included in the HI Implementation Plan 2015-2017. During the implementation period, this programme became part of the HI deliverables, and its progress is included in this report.

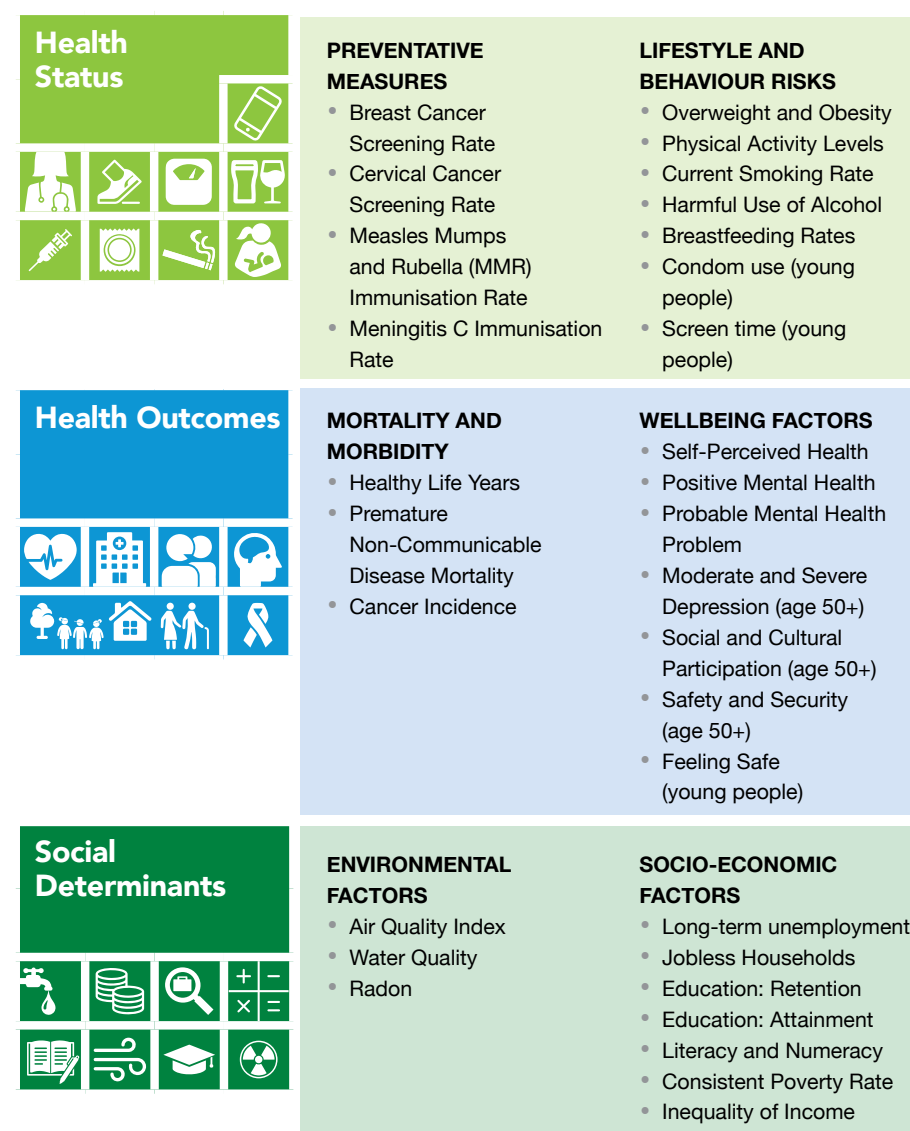
The content that follows gives a high-level summary of the progress made from 2015 to 2020 on the delivery of these actions together with progress on other opportunistic areas that were developed.

HSE HI PLAN FOCUS



Healthy Ireland Outcomes Framework

The *Healthy Ireland Outcomes Framework* was published by the Department of Health in 2018 to monitor and drive the achievement of *Healthy Ireland's* targets and performance indicators. It aims to provide a structured approach to collect and report relevant and appropriate data which can be used to build awareness of the social determinants of health, to support assessment of the impact of policies on the agreed outcomes and to monitor progress on the whole-of-government response needed to improve health and wellbeing. It is based on a conceptual model for health and wellbeing which incorporates health status, health outcomes and determinants of health and wellbeing across the life course. For each of the indicators, an appropriate measure is selected to allow progress to be tracked and to provide this holistic view of the impact of current policies.



HEALTHY IRELAND SURVEYS

In 2015 the first National Healthy Ireland Survey of 7,500 people aged 15 and over was launched and the survey has been repeated annually since then. It gives the most up-to-date picture of the health of the nation, including lifestyle factors like smoking, alcohol consumption, physical activity, diet and mental wellbeing.



The findings from these surveys provide credible data in order to enhance the monitoring and assessment of the various policy initiatives being implemented. Each year the findings underpinned the priorities the Health Services placed on the implementation of *Healthy Ireland* in the *Healthy Services Implementation Plan 2015 – 2017*. The data from these surveys continue to confirm the need for lifestyle changes for the **key known risk factors for chronic disease which are largely preventable these being obesity, smoking, alcohol and the lack of physical activity.**

SMOKING 2019

- 17% are current smokers; down from 20% in 2018 and 23% in 2015-16;
- 14% are daily smokers down from 17% in 2018;
- 40% of all who smoked in the last 12 months have attempted to quit;
- 73% of the population approve of plain tobacco packaging;
- 25% of smokers said that health warnings on tobacco packaging have made them more motivated to quit.

WEIGHT 2019

- 60% have overweight or obesity;
- the proportion of men who have overweight or obesity has declined from 70% in 2017 to 66% in 2019;
- however, among older age groups, men are more likely to have overweight or obesity: only 34% of men aged between 25 and 34 have a normal weight, compared to 47% of women;

- 49% of those reported as overweight or obese are trying to lose weight.

PHYSICAL ACTIVITY 2019

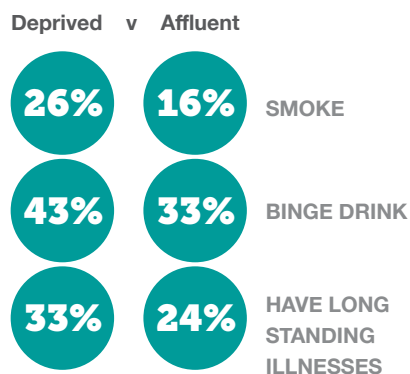
- 46% are achieving the minimum level of physical activity recommended by the National Guidelines (being moderately active for at least 150 minutes a week);
- 54% of men and 38% of women achieve this minimum level;
- time restrictions - due to work, study, or looking after family - are identified as the key barrier to increased activity.

ALCOHOL 2018

- 37% of drinkers binge drink on a typical drinking occasion;
- drinkers from disadvantaged areas are more likely (43%) to binge drink than those from more affluent areas (33%);
- alcohol consumption figures for 2018 show that a worrying 37% of the population binge drink, i.e. consume six or more standard units in one drinking occasion.

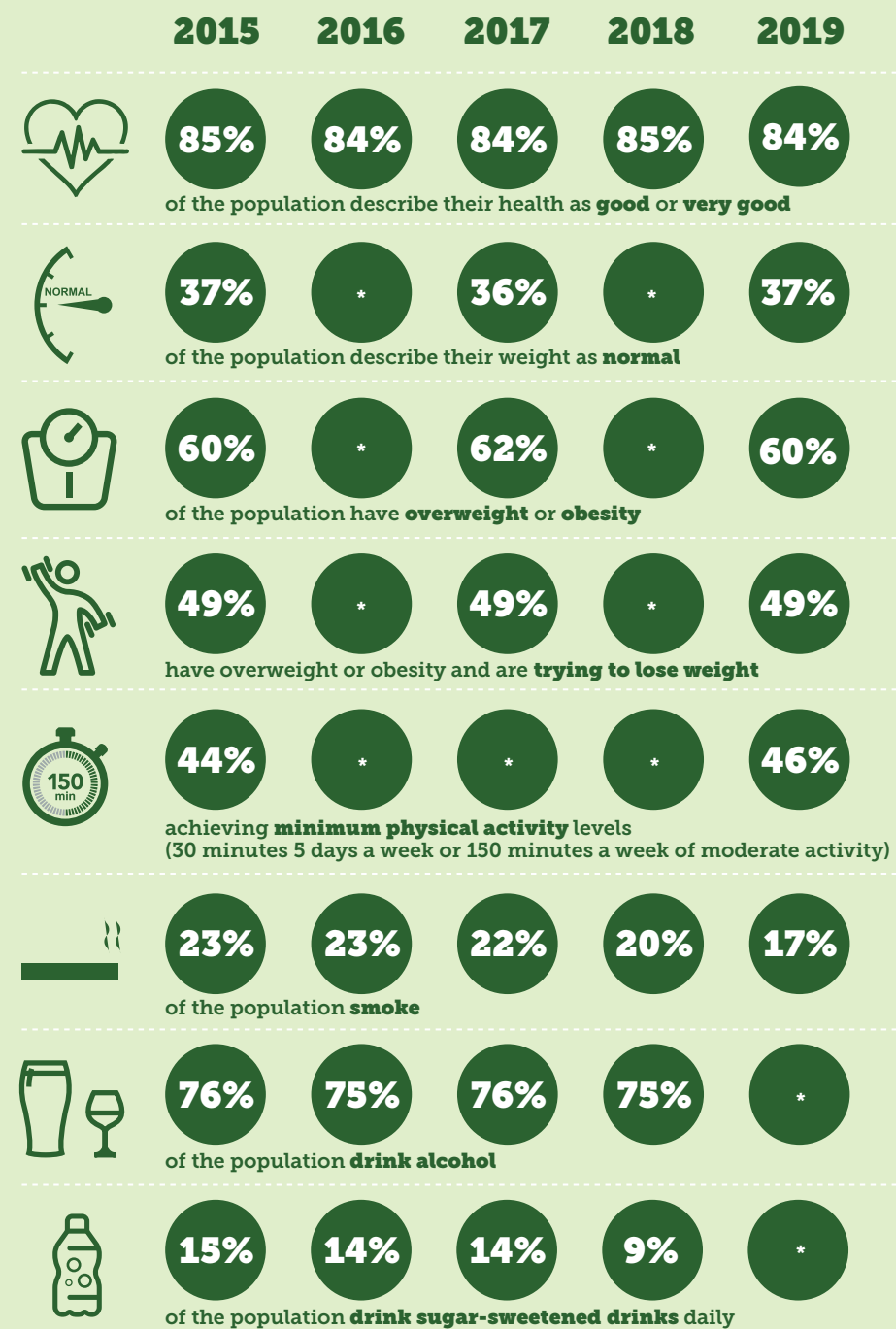
AFFLUENT v DEPRIVED AREAS

In 2018 the HI Survey included a focus on the difference between more affluent and more deprived areas for some of the key health issues. The findings show:



Lifestyle behaviour risk factors at a glance

These statistics are reported in Healthy Ireland Surveys. Note the Survey could not be carried out in 2020 due to COVID-19 restrictions.



* Not all lifestyle behaviours can be included in the HI survey each year as it is not feasible to focus on all areas due to the breath of the programme. This approach gives the opportunity for the survey to focus in-depth on some specific areas of interest each year.

Monitoring Implementation

Existing mechanisms and structures were built on to facilitate a clear view of how progress with the implementation of the actions in the plan was being achieved. Given the breadth of what was envisaged over the lifetime of the plan multiple levels in the monitoring process were adopted:

SUPPORTING ACTIONS 65-66

KEY ACTIVITIES

- National Steering/Oversight Group established and operational from 2015-2017;
- Health & Wellbeing Commissioning Team established in 2017;
- Establishment of Healthy Ireland Steering Groups/Implementation Groups in each CHO and HG;
- Implementation of *Healthy Ireland* agreed as one of the key projects for support and monitoring through the newly established Programme Management Offices;
- Development of *Healthy Ireland* Implementation Plans by each CHO and Hospital Group for local ownership and alignment to national direction and vision;
- Development of Implementation Plans by National Policy Priority Programmes;
- Inclusion of actions in the annual Service Plan;
- Inclusion of actions in the National Health & Wellbeing Operational plans;
- Identification of actions to national Hospital Group and Community Operations for inclusion in their annual Operations Plans;
- Adoption of the Programme for Health Service Improvement methodology for reporting progress and for updates to Leadership Team/Executive Management Team;
- Development of Performance Management Framework for Health & Wellbeing.

Pre-2017, the management structure of the Chief Officers reporting relationship to the National Directors for Community Services provided a structure for the then National Director Health & Wellbeing to receive progress updates on local implementation of Health & Wellbeing KPIs and the development of their plan. In 2017, the structure of Operations and Strategic Planning and Transformation transferred the reporting relationship of the Chief Officers to the National Director of Community Care Operations.

NOTE

Appendix A includes an update on the Process Indicators included in Healthy Ireland in the Health Services Implementation Plan 2015 - 2017

Of the 126 actions in the plan, progress on the 66 national actions was monitored through the National Policy Priority Programmes, National Healthy Ireland and Health and Wellbeing. The nine CHOs and five of the Hospital Groups developed Implementation Plans setting out their implementation approach, ownership, timeline and monitoring processes for the delivery of the 60 actions identified at CHO and Hospital Group level.

HIGH-LEVEL ASSESSMENT OF ACTIONS STATUS DECEMBER 2020

NO.	IMPLEMENTATION RAG STATUS AT DEC. 2019	ACTION	RAG
1	Governance and Leadership	Actions 1 - 8	Green
2	New Corporate Goals and Priorities	Actions 9 - 10	Green
3	Structural Reform	Actions 11 - 16	Green
4	Financial Reform	Actions 17 - 18	Red
5	Knowledge Information and e-Health	Actions 19 - 24	Red
6	Integrated Care Programmes and Models of care	Actions 25 - 26	Green
7	National Policy Priority Programmes	Actions 27 - 28	Green
8	Funding and External Partnerships	Actions 29 - 33	Green
9	Addressing modifiable Risk Factors and Life Course Perspective	Actions 34 - 40	Green
10	Making Every Contact Count	Actions 41 - 42	Amber
11	Building capacity for Self-Care and Self-Management of Chronic Disease	Actions 43 - 44	Green
12	Health Literacy	Actions 45	Green
13	Quality and Patient Safety	Actions 46-48	Green
14	Research and Evidence	Actions 49 - 53	Green
15	Improving Staff Health and Wellbeing	Actions 54 - 64	Green
16	Monitoring and Implementation	Actions 65 - 66	Green
17	Tobacco	Actions 67 - 73	Green
18	Healthy Eating	Actions 74 - 84	Green
19	Physical Activity	Actions 85 - 89	Green
20	Alcohol	Actions 90 - 95	Green
21	Wellbeing and Mental Health	Actions 96 - 105	Green
22	Healthy Childhood	Actions 106 - 119	Green
23	Positive Ageing	Actions 120 - 126	Amber
23	Sexual Health & Crisis Pregnancy	Actions in National Sexual Health Strategy 2015 - 2020	Green

- Red:** Action paused due to issues outside the scope of H&WB SP&T.
- Amber:** Project not advanced to the original time plan. Action is taken to resolve the issue and progress continues.
- Green:** The project is performing to plan.

Governance and Structures

WORK COMPLETED

- ✓ National HI Lead appointed and National Healthy Ireland office established in Health Service
- ✓ National Healthy Ireland Steering/Oversight Group in place from 2015 – 2017
- ✓ Director General and National Director Strategic Planning and Transformation members of Healthy Ireland Council 2015 – 2018
- ✓ HI Executive Leads identified in 6 Hospital Groups
- ✓ HI PMs identified in 6 Hospital Groups
- ✓ Heads of Service H&WB appointed in the 9 CHOs

SUPPORTING ACTIONS 1-8

New and existing governance arrangements across the Health Services is key to support the delivery of *Healthy Ireland* together with strong partnership working between the Health Service and the Health and Wellbeing Programme in the Department of Health who co-ordinates the overall implementation of the *Healthy Ireland Framework*.

Delivery of the suite of 126 actions in the *Healthy Ireland* in the *Health Services Implementation Plan 2015 – 2017* is being achieved through national guidelines and policies with local ownership for implementation in Hospital Groups and Community Health Care Organisations.

KEY PRIORITIES

- Responsibility for the Implementation of the *HI Framework* was designated by the CEO to the National Director Health and Wellbeing a Strategic Planning & Transformation;
- Joint partnership working with the Health and Wellbeing Programme in the Department of Health;
- Deliver staff engagement sessions to communicate the *HI* vision to create an understanding of the key role of the Health Service and build buy-in for the implementation of the plan in the Health Service;
- Create a process, ownership and structure for the delivery and monitoring of the implementation in the Health Services building on the existing processes in place.

KEY ACTIVITIES

- In the HSE, leadership for the implementation of the *HI Framework* was delegated to the National Director Health & Wellbeing, which in 2018 transitioned to the role of National Director Strategic Planning and Transformation;
- Health Service represented by National Director Strategic Planning and

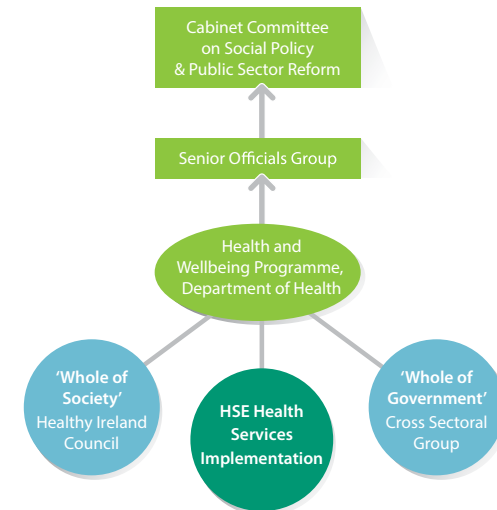
Transformation and the DG/CEO on the first DOH HI Council (2014 – 2018) and on the *Healthy Ireland* Cross-Sectoral Group chaired by the Department of Health;

- National HI Steering/Oversight Group established in the HSE;
- HSE, National Healthy Ireland Programme Lead appointed and National Healthy Ireland Office established;
- A member of the Hospital Group Executive Teams appointed as Healthy Ireland Executive Lead in six Hospital Groups;
- Heads of Service Health and Wellbeing appointed to the management team in each CHO;
- HI Steering Groups established in 6 Hospital Groups and the 9 CHOs;
- Healthy Ireland Implementation Teams established in Acute Hospitals and HI Leads identified in hospitals;
- Over 100 Communications Sessions held across the country for staff to give input for the development of Hospital Group and CHO HI Implementation Plans, together with agreeing priorities for staff health and wellbeing;
- HSE Annual Service Plans, Operational Plans include HI actions to progress implementation year on year;
- HI merchandise designed and procured to embed the brand and build buy-in;
- *Healthy Ireland* microsite developed www.hse.ie/healthyireland;
- HSE Annual Reports include updates on progress achieved for key areas.

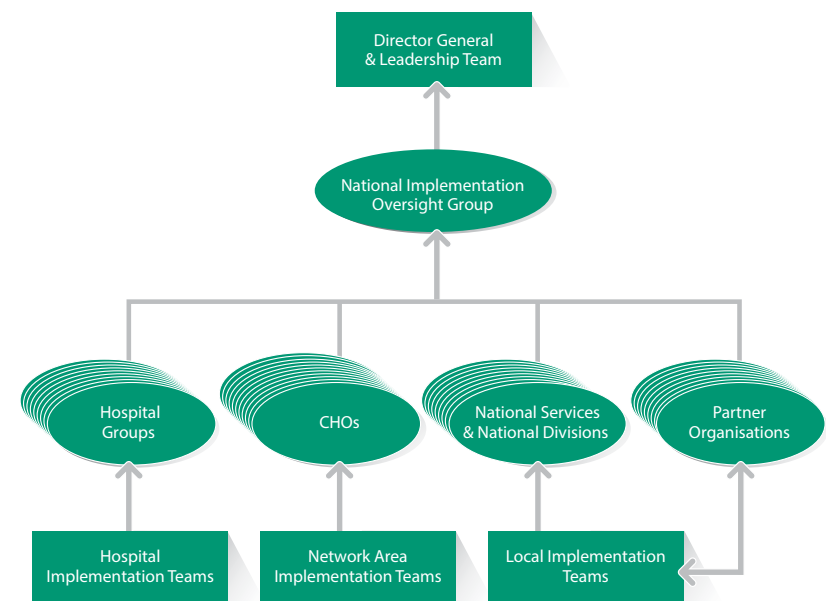
OPPORTUNITIES

- Sláintecare forum for further collaborative working with the Department of Health, Health & Wellbeing Programme;
- Government's *Healthy Ireland Strategic Action Plan 2021-2025*;
- The development of the second *Healthy Ireland Implementation Plan in the Health Services 2022-2025*.

NATIONAL STRUCTURE - HEALTHY IRELAND GOVERNANCE



HEALTH SERVICE STRUCTURE - HEALTHY IRELAND GOVERNANCE



Working together with Hospital Groups, CHOs and Partners

While we are focused day-to-day on the challenge of providing high-quality safe services to the people in our care, we must also be focused on the future and the challenge we face in terms of unsustainable healthcare costs driven by rising levels of chronic illness. An increased emphasis on prevention, early detection and self-management to improve the health and wellbeing of all our citizens is therefore as important for a modern health service as our priorities of quality, access, value, standards of care and patient outcomes.

Communities are where we live and where there are real opportunities to work with the population at large to help them stay healthy. Our nine Community Healthcare Organisations play a vital role in taking a strategic approach to population health planning and management and population health improvement. This is a combination of our stewardship and advocacy role in working with external partners and government on the broader social determinants of health and engaging directly with our patients and service users.

We strengthened our partnership model at local level, enhancing the linkages between health and social care service delivery and wider cross-sectoral partnerships, programmes and services. There has been fantastic progress at both local and national levels considering the challenging and difficult nature of the work, what it involves and how to keep it moving. Vision, mission, values, partners, leadership, planning and measurement are key and we have that in

spades in our Hospital Groups and CHOs. They embraced the *Healthy Ireland* agenda developing their *Healthy Ireland* plans with enthusiasm, while recognising that their implementation will change the way that services are delivered.

The development of *Healthy Ireland* plans in the nine CHOs and five of the Hospital Groups to date identified key dependencies that they have on each other to implement the key integrated care pathways that will make the change required in our service delivery. This has since formed a key part of Sláintecare. Partnerships and agreed commitment between Hospital Groups and their Academic Partners for the delivery of their plans, have set a robust direction of travel to achieve the change needed to improve the health and wellbeing of the population. However, implementation is and will continue to be a challenge. The actions in these plans are based on a key set of national actions identified by the National Policy Priority Programmes, and require a shift in culture with a greater focus on prevention.

The solid foundation that the implementation of Healthy Ireland in the Health Services 2015 – 2017 put in place proved to be a key enabler for collaboratively working with external partners, providing health and wellbeing supports during COVID-19. Those existing partnerships supported the rapid establishment by Local Authorities of Community Foras and Community Call Hubs and the implementation of Governments Healthy Ireland KeepWell Campaign through the Healthy City and County structure.

Our key partners include:

- Hospital Groups
- Community Healthcare Organisations
- Healthy Ireland Department of Health
- Healthy City and Counties Network
- CYPSCs
- Local Authorities and Local Community Development Committees (LCDCs)
- Department of Rural and Community Development (DRCD)

HOSPITAL GROUPS



✓ 5 Hospital Group Healthy Ireland Implementation Plans developed and 1 in progress

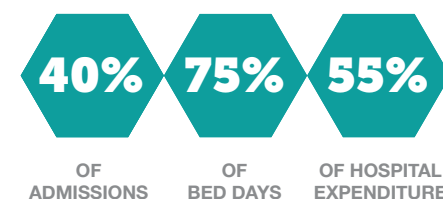
GOVERNANCE

- HI Executive Lead, member of Senior Management Team identified in 6 Hospital Groups;
- HI Hospital Group Project Managers identified in 6 Hospital Groups;
- HI Implementation Leads identified at Hospital level;
- Hospital Group HI Steering Groups in place and chaired by HI Executive Lead;
- HI updates provided to Executive Council/ Board as appropriate;
- Quarterly meetings of Hospital Group PMs chaired by National Healthy Ireland Lead;
- Annual service, operational and business plans used to monitor actions for the delivery of *Healthy Ireland* in the Health Services.

REDUCING THE BURDEN OF CHRONIC DISEASE

- Development and Implementation of *Healthy Ireland* Plans;
- Large scale communication with staff for HI buy-in;
- Introduction of the COPD care bundle;
- Participation in World Health Promotional Days e.g. World Asthma Day, Medication Awareness, Men's Health Week;
- Implementation of Making Every Contact Count;
- Our Lady of Lourdes Hospital, Drogheda receives GOLD Global Network for Tobacco-Free Healthcare Services Award for a second time;
- Hospitals won Gold, Silver and Bronze Happy Heart Awards;
- Continued improvement of the implementation of Tobacco-Free Campus;
- Focus on Smoking Cessation Services increasing year on year;
- Volunteer Programmes with meet and greet teams;

CHRONIC DISEASE ACCOUNTS FOR:



- Review of patient information leaflets and signage for consistency and use of Plain English;
- Promoting Breastfeeding;
- Implementation of Calorie Posting and Healthy Vending Policies in hospitals;
- Free community health talks in public centres covering Protecting Your Mental Health, Your Heart Health, Breast Cancer, Back Pain, Falls Prevention, Bone Health Education Classes etc.
- Weight Management Information booklet produced;
- Adoption of Butterfly Scheme enhancing staff skills to communicate with patients with memory loss and dementia;
- Building hospital environments to be dementia friendly;
- Review of ED Alcohol-related attendances and development of care pathways;
- Working collaboratively with Community Healthcare Organisations for development of Clinical Pathways;
- STOP b4 OP project;
- STOP the CLOT Roadshow 2019;
- Exercise and relaxation classes for oncology service users;
- Arts programmes to enhance the wellbeing and hospital experience of patients, their families and staff;
- Flu vaccination increase uptake year on year.

STAFF HEALTH AND WELLBEING INITIATIVES

- 66,317 (WTE) employed in Hospital Groups in 2020;
- Over €2.68m invested from 2016-2020 in Staff Health & Wellbeing initiatives for the 66,317 (WTE) staff. Examples of these initiatives included on page 47 & 48.

€2.68m

INVESTED IN HG STAFF HEALTH & WELLBEING INITIATIVES

9 COMMUNITY HEALTHCARE ORGANISATIONS (CHOS)



✓ 9 Community Healthcare Organisation Healthy Ireland Implementation Plans developed

GOVERNANCE

- Head of Services Health and Wellbeing appointed in each CHO;
- Health & Wellbeing capacity building continuing across the CHOs;
- CHO HI Steering Groups established with cross-functional representation;
- Regular updates on Implementation provided to Chief Officer and CHO Senior Management Team;
- Implementation Sub Groups established;
- Annual Service, Operational and Business Plans used to monitor actions for the delivery of *Healthy Ireland* in the Health Services.

REDUCING THE BURDEN OF CHRONIC DISEASE

- Significant effort and engagement was given to the development of *Healthy Ireland* 5-year Implementation Plans in each CHO;
- Large scale communication with staff to create *Healthy Ireland* awareness and buy-in;
- Promotion of the results from the DOH HI Surveys since 2016;
- Population Profiles reviewed and communicated to service managers;
- Working collaboratively with Hospital Groups for development of Clinical Pathways;
- Strengthening partnerships and collaborative working with Local Authorities, Community and Voluntary organisations;
- Representatives on Local Community Development Committees (LCDCs) and Children Young Peoples Services Committees (CYPSCs);
- Supporting the development of Healthy Cities and County plans and their implementation.
- Supporting LCDCs & CYPSCs in Healthy Ireland Fund Application process and supporting the implementation of HI Fund projects;

- Identification of focus areas to address Health Inequalities;
- Highlighting the importance of Lifestyle Behaviour for people with Disabilities and Mental Health challenges;
- Organising and promoting Healthy Ireland activities and awareness events in the community;
- *Making Every Contact Count* Implementation;
- Sites participating and winning Silver and Bronze Happy Heart Awards;
- Tobacco-Free Campus implementation continued;
- Focus on Smoking Cessation Services increasing year on year;
- Promoting Breastfeeding and creating baby-friendly environments;
- Implementation of Calorie Posting Policy and Healthy Vending Policy;
- Implementation of social prescribing;
- Flu Vaccination increase uptake year on year.

STAFF HEALTH AND WELLBEING

- 53,830 (WTE) employed in CHOs in 2020;
- Over €2.6m invested from 2016-2020 in Staff Health & Wellbeing initiatives for the 53,830 (WTE) staff. Examples of these initiatives included on page 47 & 48.



EXTERNAL PARTNERS

The *Healthy Ireland Framework* identified that the goals set out in that Framework depends on the participation of many sectors of society. The HI Framework identifies that the HSE must assume both a stewardship and advocacy role to support other sectors in pursuing health and wellbeing goals.

Over the past five years since the launch of the HI Framework, there has been huge momentum by Government, HSE and Cross-Sector partners to drive the *Healthy Ireland* agenda. This investment was a key asset for the extensive partnership work and the support that external partners provided during COVID-19. It has shown how influential these supports can be for lifestyle behaviour changes.

HEALTHY IRELAND DEPARTMENT OF HEALTH AND HSE

The leadership that we have had from Government since the launch of our Implementation Plan has been significant. It has given us governance and a mandate for implementation, and to have discussions that have been challenging with partners and people who wouldn't necessarily see it as being the primary or the most important agenda. The strong working relationship between the Health and Wellbeing Departments in the HSE and the Department of Health (DoH) is visible from the many joint initiatives. As well as working together to develop campaigns e.g. START, the HSE has given strong support for HI initiatives such as the HI Network events, the Ploughing Championships, Bloom and RTE's Operation Transformation.

NATIONAL POLICY PRIORITY PROGRAMMES (NPPPS) WORKING IN PARTNERSHIP

Each of the National Policy Programme Leads has a broad reach of working with external partners. In 2019, the Tobacco-Free Ireland Partnership Group (chaired by the HSE) hosted a National Conference, Mobilising Communities Towards a Tobacco-Free Ireland. From attendance of Limerick Local Authority at this event, a very successful project "*Not Around Us*" was initiated. This

project is being adopted by at least 2 other counties.

HI BRAND AND GOALS AWARENESS

When *Healthy Ireland in the Health Services National Implementation Plan 2015 – 2017* was launched there was little understanding of the HI brand and what it represented. The HSE has invested in designing and developing HI merchandise and the promotion of the HI brand. The DoH 2019 Market Research study was an affirmation to the HSE of the success of this work with the HSE/Health Services being the top agency where the public had become aware of *Healthy Ireland*. HI information stands were provided at many conferences internally and externally. HI has become a trusted brand that is sought after for the inclusion of its logo on publications internally and externally to the Health Services.

LOCAL AUTHORITIES AND LOCAL COMMUNITY DEVELOPMENT COMMITTEES (LCDCS)

The HSE works with a large number of public sector organisations, community and voluntary partners, philanthropic organisations, businesses, professional and representative bodies, government departments and international partners. Each of these partnerships is being exploited to support our work for the delivery of the *Healthy Ireland* goals. It is important to acknowledge the work of the Local Authorities. Under the *Local Government Reform Act (2014)* as set out in *Putting People First*, each Local Authority has set up an LCDC. The LCDCs are ideally placed to support and implement *Healthy Ireland* at the local level in response to local people's needs. The HSE built on this opportunity to have a representative on each LCDCs and today 29 of the LCDCs has a nominated HSE representative. For LCDCs who do not have a HSE Representative included, local arrangements are in place to ensure good collaborative working. Through this collaboration, a focus on Health & Wellbeing was included in the Local Economic Community Development Plans (LECPs). In 2015 the HSE Health & Wellbeing

Division established a HSE LCDC Network. This network includes representation from the DOH HI and Department of Rural and Community Development. From 2015, the network has met on average three times a year. This has proved to be an ideal forum for the exchange of information and the empowerment of the representatives with updates being provided by the National Policy Priority Programme Leads and other key policy/project leaders. This forum has been upheld as an exemplar for stakeholder engagement by the Department of Rural and Community Development.

HEALTHY IRELAND FUND

The government implemented the *Healthy Ireland* Fund in 2017 commencing with a budget of €5m. The fund has been increasing over the years and in 2019 was €7.3m. The bulk of this fund goes to LCDCs and Children and Young Peoples Committees (CYPSCs). The HI Fund secured Healthy City and County Co-ordinators in every city and county by 2020. The HSE works in partnership with Pobal/DOH HI providing expert guidance for the development of proposed themes for LCDCs/CYPSCs for their HI projects. This process supports local implementation being aligned to national policy priority programmes. Projects like "Not Around Us", "Community Cooking Made Easy" and "Breast Feeding Friendly" are examples of the success of this partnership. The HSE also supports *Healthy Ireland @Your Libraries* initiative, has representation on the National Steering Group and has rolled out HI Dropbox to all of the HSE Libraries.



Healthy Ireland Fund

DEPARTMENT OF RURAL AND COMMUNITY DEVELOPMENT (DRCD)

The HSE HI Team has developed a strong partnership working in collaboration with the DRCD. The DRCD presented updates at all of the HSE LCDC Network events. The HSE supported the DRCD in the review of the LCDCs outcomes recently published for implementation. They provide updates from the HSE aspects of the LCDC in each of the counties and engage on how well HSE representation is working. The HSE through attendance at workshops and other

feedback channels supported the DRCD in the development of Sustainable, Inclusive and Empowered Communities (the five-year strategy to support the community and the voluntary sector in Ireland 2019 – 2024). This is a partnership that continues to grow.

CYPSCS

The HSE is represented on the National CYPSC Steering committee. HSE representatives are included on the membership of the local committees that are in place in each of the CHOs.

HEALTHY CITIES AND COUNTIES

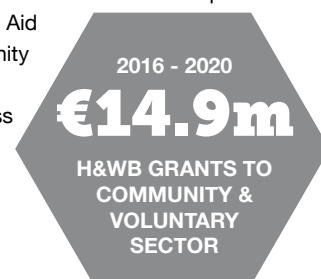
The Healthy Cities project is a global World Health Organisation (WHO) movement, set up initially in 1987. The concept is based on the importance of local action and the key role of local governments and Local Authorities in health and sustainable development. The National Healthy Cities and Counties of Ireland Network received accreditation in 2016.

- 20 counties/cities are members of the network;
- Supported the development of 20 Healthy County/City plans and supports their implementation;
- Continue to support the development of *Healthy Ireland* plans in the remaining 11 counties/cities;
- Provides support to National Healthy Cities and Counties Ireland Committee;
- Provides support to the HCC Network;
- Supports the DOH in organising information and knowledge sharing events for members of the network;
- Supported the development of the Healthy Cities and Counties Strategic Framework.

HEALTH & WELLBEING GRANT

AGREEMENTS

Each year grant funding is provided to a number of organisations for their implementation of health & wellbeing initiatives in support of achieving the HI goals. A review of the grants was completed in 2018. Service level agreements were updated bringing deliverables in line with HI goals. From 2016-2020, over €14.9 million was paid in Section 39 Grant Aid funding to Community and Voluntary organisations across the country, both Local and National from Health and Wellbeing.



Progress on Strategic Priorities

SUPPORTING ACTIONS 9 - 126

STRATEGIC PRIORITY
Health Service Reform

25 ACTIONS

Health Service Reform

Our greatest opportunity to embed our approach

STRATEGIC PRIORITY
Reducing the burden of Chronic Disease

80 ACTIONS

Reducing the burden of Chronic Disease

Our greatest challenge

STRATEGIC PRIORITY
Improving Staff Health & Wellbeing

11 ACTIONS

Improving Staff Health & Wellbeing

Our greatest asset

STRATEGIC PRIORITY

Health Service Reform

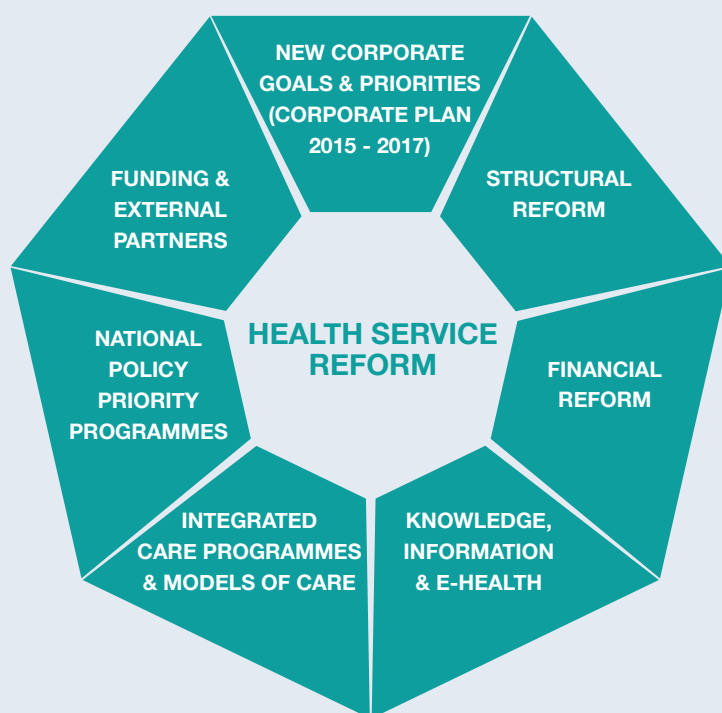
25 ACTIONS

Health Service Reform

Our greatest opportunity to embed our approach

Improving the health and wellbeing of the population is a key tenet of the health reform programme. Sláintecare identifies the need to reorient health services from acute provision towards primary and social care. In developing *Healthy Ireland in the Health Services 2015 – 2017* this opportunity was identified. Progress has been achieved under Health Service Reform in the following areas identified in the plan.

SUPPORTING ACTIONS 9-33



CORPORATE PLAN 2015-2017

SUPPORTING ACTIONS 9-10

- Committed to implementing *Healthy Ireland* across the Health Service;
- 14 Actions from *Healthy Ireland Implementation Plan* included for delivery;
- 9 Key measures identified to measure our success;
- All annual service and business plans detailed how the Corporate Plan goals were being achieved;
- The performance monitoring is integrated with the annual planning and performance cycle within the HSE.

CORPORATE PLAN 2021-2024

- Work progressed for the development of this plan focusing on supporting people to live well and to feel connected in their community;
- Objective 6 is to prioritise prevention and early intervention services focusing especially on children's health, obesity and alcohol harm.

PROMOTE HEALTH AND WELLBEING AS PART OF EVERYTHING WE DO SO THAT PEOPLE WILL BE HEALTHIER.

STRUCTURAL REFORM

SUPPORTING ACTIONS 11-16

We have built on the significant changes in the Health Service. The establishment of the Hospital Groups and CHOs provided an opportunity to embed health and wellbeing and to provide an improved service of chronic disease prevention and care to the people using our services, and by supporting them, and the wider community to make healthier lifestyle choices.

KEY ACTIVITIES

- Each Hospital Group identified a Healthy Ireland Lead from its Executive Management Team;
- CHOs continue to build capacity for Healthy & Wellbeing. In 2019 arrangements completed for the transition of Health

- Promotion & Improvement staff to Health & Wellbeing in CHOs increasing their local capacity. The transition was completed in 2020;
- Hospital Group Project Managers identified with Healthy Ireland Leads at Hospital Level;
- Self-Care Management Support Co-ordinator appointed in each CHO;
- Child Care Administrator appointed in each CHO;
- 5 Hospital Groups and the 9 CHOs developed *Healthy Ireland* Implementation Plans;
- Strong Partnerships developed between CHOs and Hospital Groups in the implementation of *Healthy Ireland* Implementation Plans.

FINANCIAL REFORM

SUPPORTING ACTIONS 17-18

The implementation of Activity Based Funding (ABF) systems reimbursing healthcare providers on the basis of what they do was identified as an ideal opportunity to incentivise and drive prevention as part of our everyday treatment and care service. Using the ABF model provides an opportunity to record risk factors and prevention interventions and build hospital avoidance programmes into funding, and pay for chronic disease management in ambulatory care,

including self-management support and incentivise early discharge. The Hospital Patient Enquiry (HIPE) system was proposed to support risk recording aiming to achieve a 90% target.

Initial discussions were held with the National HIPE Office and the ABF Programme. Due to competing demands with the focus on Acute Hospital Budget allocations, these actions are still to be progressed.

KNOWLEDGE, INFORMATION & E-HEALTH

SUPPORTING ACTIONS 19-24

The HSE Knowledge and Information Strategy (May 2015) includes the governance design for implementation.

NATIONAL CHILD HEALTH INFORMATION SYSTEM

A business case was submitted to Department of Public Expenditure (DPER) and Reform for a National Immunisation and Child Health Information System (NICHIS). It was advised that this system should not be developed in the context of the Electronic Patient Record (EPR) and so it has not proceeded. A business case has been

submitted to DPER to procure a national immunisation system. The Office of Chief Information Officer (CIO) is recommending the child health screening and surveillance component be addressed by a proposal for a Primary Care Management System (PCMS) which has been sanctioned by DPER.

PATIENT ADMINISTRATION SYSTEMS (PAS)

The updating of PAS to support the recording of appropriate information to support equity audit of services is yet to be agreed.

INTEGRATED CARE PROGRAMMES AND MODELS OF CARE

SUPPORTING ACTIONS 25-26

The National Clinical Programmes continue to modernise how services are provided. From a health and wellbeing perspective, these programmes provide the framework for how chronic disease should be prevented and managed.

KEY PRIORITIES

- Incorporate prevention and intervention requirements into existing and new clinical care programmes' models of care starting with Diabetes, Chronic Obstruction Pulmonary Disease (COPD) Asthma and Heart Failure;
- Develop national frameworks for self-management and develop services accordingly.

KEY ACTIVITIES

- **“Living Well with a Chronic Condition”**, the National Framework and Implementation Plan for Self-Management support was launched and SMS co-ordinators appointed in each CHO in 2018;
- **Cardiac Rehab:** A community-based cardiac rehab programme has been developed and an interim model of care for cardiac rehabilitation developed. An expert

report on the use of telemetry monitoring during exercise in cardiac rehabilitation was produced. These will be incorporated under the National Clinical Programme for Cardiology once established;

- **Pulmonary rehabilitation:** The COPD Model of Care was reviewed and updated. Resources and funding were identified to increase and standardise the provision of this key self-management support service;
- **Diabetes Structured Patient Education:** A National Lead for Structured Patient Education (SPE) has enabled development of diabetes self-management support; Eighteen dieticians were appointed to provide structured education for patients with Diabetes Type II in the community; 3,259 individuals completed a structured education programme in 2018 and with a further 3,580 in 2019. A central database for structured patient education has been developed to enable increased access for patients and Health Care Professionals (HCP) and to facilitate standardisation and ongoing evaluation of these programmes; An Irish diabetes education programme and a diabetes prevention programme are in development; a National Diabetes Register is also in development.

NATIONAL POLICY PRIORITY PROGRAMMES

SUPPORTING ACTIONS 27-28

The establishment of the National Policy Priority Programmes (NPPPs) are the mechanisms that provides an opportunity for health and wellbeing services to support the health service by transitioning from treating patients to keeping people healthy and well.

The Health & Wellbeing Policy Priority Programmes play a critical role in the reduction of lifestyle risk factors. They provide expertise, strategic advice and direction to address lifestyle determinants of health through identifying evidence-based, best practice policies, programmes, initiatives and infrastructure to support and deliver on relevant goals and targets in national policies. The NPPPs support the implementation of *Healthy Ireland* and *Sláintecare*. There are a number of Health & Wellbeing Policy Priority

Programmes at various stages of maturity including *Health Eating & Active Living*, *Healthy Childhood*, *Sexual Health & Crisis Pregnancy*, *Tobacco-Free Ireland*, *Alcohol and Wellbeing & Mental Health*. Leadership, both clinical and administrative, is a critical factor to successful Policy Programme design and implementation. The investment of the Policy Priority Programmes at €1.2m represents significant value for money given the positive impact on the positive behavioural change set against the cost of lifestyle risk factors to the State. Each Programme identifies actions to ensure that strategy is translated into action. Each Programme has developed action plans for implementing particular strategic initiatives and are utilising project management approaches to ensure that they will be carried out to completion.

They also develop their own annual business plan within the framework of the HSEs overall strategic agenda to monitor implementation.

Strategic Planning and Transformation continues to ensure there is a dedicated Clinical Lead in place for each Programme providing clinical expertise and leadership to drive implementation across all HSE functions.



NPPPs cost of €1.2 m represents significant value for money



Assessing performance in monthly and quarterly reporting periods and making adjustments as needed to keep implementation on track



NPPPs have Implementation/Action Plans



Actions from NPPPs informed the identification of local actions in HG and CHO plans.

FUNDING & EXTERNAL PARTNERS

SUPPORTING ACTIONS 29-33

The HSE works with a large number of public sector organisations, community and voluntary partners, philanthropic organisations, business, professional and representative bodies. It also funds a large number of community and voluntary agencies and contracts services with large, charitable and commercial service providers.

KEY PRIORITIES

- Better utilise new and existing health service contracts and grant aid agreements to grow social support networks for families and communities to better deliver *Healthy Ireland* objectives as part of service contracts;
- Support HSE staff to work in a co-ordinated way with local authorities and other partners to inform the development of Local Economic and Community Plans (LECPs) and ensure a focus on health and wellbeing objectives: particularly health inequalities and related outcomes;
- Continue to work closely with other agents for change, enhancing existing structures for implementation, rather than creating new ones, e.g. Children and Young People's Services Committees and Age-Friendly County Programmes.

KEY ACTIVITIES

- Good partnership working developed with the Department of Community and Rural Development;
- HSE has a representative on 29 of the Local Community and Development Committees (LCDCs). In LCDCs where there is no representative there

are arrangements in place for good engagement and partnership working;

- The HSE has established an LCDC HSE Network to facilitate information sharing and the development of guidance materials for the HSE Reps;
- The HSE supported the LCDCs with the Health & Wellbeing sections of their LECPs;
- HSE supports the LCDCs and CYPSCs in the development of applications for the HI Fund;
- HSE H&WB supports the DOH with the HI Fund providing information on evidence-based and sustainable projects for consideration for areas of focus;
- H&WB grants reviewed and strategic leads assigned to all grants to ensure consistency with national policy priority direction for implementation;
- The National Healthy Childhood Programme has worked closely with the National Steering Group for CYPSCs to promote the HSEs key priorities in terms of child health and development at local level;
- H&WB is one of the core funders for Age-Friendly Ireland (AFI). The HSE is represented on the AFI National Oversight Group;
- Many HSE working groups include representatives from AFI to achieve an aligned delivery of service for our aged population;
- Stakeholder and partnership network convened to target and improve men's health to deliver the HSE 'Healthy Ireland Men' Action Plan including the delivery of Engage Men's Health Training/Events to 1,820 individuals.

STRATEGIC PRIORITY

Reducing the burden of Chronic Disease

80 ACTIONS

Reducing the burden of Chronic Disease

Our greatest challenge

Chronic disease accounts for 40% of admissions, 75% of bed days and 55% of hospital expenditure: Investment in prevention is crucial. Demand for healthcare services will increase by between 20% and 30% in the next 10 years (*Smith et. al. 2017*).

SUPPORTING ACTIONS 34-53

The growing rate of chronic disease represents the greatest risk to the sustainable provision of health and social care services in Ireland in the future. Prevention is the most cost-effective way to maintain the health of the population in a sustainable manner, creating healthy populations that benefit everyone.

The current health system is unable to address the demands on its services due to the negative impact of lifestyle changes, chronic disease patterns and ageing population trends which alter our healthcare needs.

Chronic disease will rise by **4%** each year

1 in 5 of all of us will experience **mental health problems** in our lifetime

1 in every 10 people over 50 years of age has **diabetes**

1 in 5 is living with overweight or obesity

36,000 new cases of cancer are diagnosed each year

17% of the population **smoke**

Alcohol consumption in Ireland is **5th** highest in Europe

Half of all people over 50 have at least one **chronic disease**

1.07m

PEOPLE >18 YRS CURRENTLY HAVE ONE OR MORE CHRONIC DISEASES

49%

OF IRISH PEOPLE OVER 50 HAVE ONE CHRONIC DISEASE AND 18% HAVE MORE THAN ONE

3

MOST COMMON DISEASES: CANCER, CARDIOVASCULAR & RESPIRATORY

4%

INCREASE IN CHRONIC DISEASE EACH YEAR

76%

OF DEATHS ARE ATTRIBUTED TO CHRONIC DISEASE

CHRONIC DISEASE IS LARGELY PREVENTABLE

MAKING EVERY CONTACT COUNT (MECC)

SUPPORTING ACTIONS 41-42

THE MAJORITY OF CHRONIC DISEASES CAN BE PREVENTED BY SUPPORTING PEOPLE TO MAKE HEALTHIER LIFESTYLE CHANGES

80% of GP consultations and 75% of hospital bed days relate to chronic diseases.

By *Making Every Contact Count* (MECC) health professionals can encourage patients to make healthier lifestyle choices during routine contacts to help prevent and manage chronic diseases.

The health behaviours identified at the outset for the focus of healthcare professionals are the four lifestyle risk factors for chronic disease: tobacco use, physical inactivity, harmful alcohol consumption and unhealthy eating. *Making Every Contact Count* equips healthcare professionals to have conversations with their service users on tobacco use, alcohol use, unhealthy eating and physical activity.

AVERAGE HEALTH SERVICE CONTACTS IN A YEAR

4.59 million people live in Ireland

3 million have a consultation with a clinical consultant

5 million public health nursing contacts

1.8 million have a medical card

1.43 million people receive either inpatient or day-case treatment

68,000 babies born

20 million prescriptions filled

1.3 million dental visits

1.2 million patients seen in an Emergency Department

The aim of *Making Every Contact Count* is chronic disease prevention and management.



KEY PRIORITIES

- Champion and leverage strong clinical and professional leadership in the development of a framework and the implementation of a National Brief Intervention Model;
- Strengthen collaboration with colleges, universities and professional training bodies to include health and wellbeing prevention modules in relevant undergraduate and postgraduate training course.

KEY ACTIVITIES

- Implementation Group established;
- Project Manager and support team assigned;
- Making Every Contact Framework developed;
- National Brief Intervention Model developed;
- Blended training programme in brief interventions for lifestyle behaviour changes for healthcare professionals developed;
- www.makingeverycontactcount.ie launched;
- Face-to-face training programme developed;
- Communication materials developed;
- National Undergraduate Curriculum for Chronic Disease Prevention and Management – Part 1 *Making Every Contact Count* for Health Behaviour Change Facilitator Guide developed with Higher Education Institutions;
- CPDs secured for MECC training through the relevant Health Professionals Bodies for Public Health Nurses and Allied Health Care Professionals;
- Engagement with the Royal College of Physicians Ireland (RCPI) to include MECC in their CPDT Post Graduate Curriculum;
- Engagement with ICGP to adapt and develop the MECC training programme and to commence training for GPs and Practice Nurses;
- Development of a virtual workshop where face-to-face delivery is not possible.

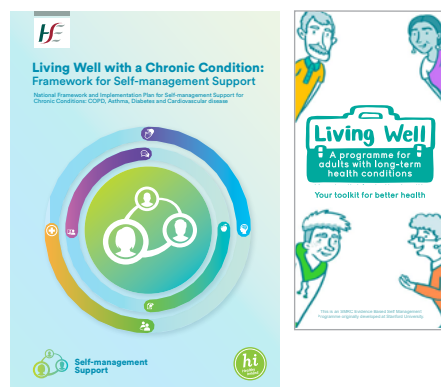
SELF-CARE AND SELF-MANAGEMENT OF CHRONIC DISEASE

SUPPORTING ACTIONS 43-44

EVERY DAY, PEOPLE WITH CHRONIC CONDITIONS MAKE DECISIONS AND TAKE ACTION TO MANAGE THEIR HEALTH.

KEY PRIORITIES

- Increase focus on self-management support to enable people to better manage their chronic condition;
- Develop and implement a national framework for self-management support for the major cardiovascular, respiratory diseases and diabetes;
- Increase the number of people living with a chronic condition using self-management action plans and self-management supports.



RESOURCES

<https://www.hse.ie/eng/health/hl/selfmanagement/resources-for-people-living-with-a-long-term-health-condition/long-term-health-condition.html>



KEY ACTIVITIES

- "Living Well with a Chronic Condition", the national framework and implementation plan for self-management support launched;
- SMS co-ordinators appointed in each of the 9 CHOs;
- CHOs developed Self-Management downloadable Support Directories for adults living with Asthma, COPD, Diabetes, Heart;

- A template care plan developed, for use in regular clinical review in GP settings incorporating self-management support;
- Education of practice nurses on self-management support assisted through linking with practice nurse co-ordinators - presentations given at practice nurse training;
- Updated the Asthma e-learning programme for practice nurses incorporating education on self-management support;
- A National Cardiac Rehabilitation and Pulmonary Rehabilitation Services Needs Assessment was completed;
- National Coordination for type 2 diabetes self-management education has been developed with the appointment of 18 Dieticians for the delivery of these programmes;
- Developed a patient guide to SMS entitled 'Tips for Self-Managing your Health when living with a long-term health condition';
- Self-Management is a central aspect of the new GP Chronic Disease Contract, the clinical model of which is based on the SMS framework and NCP models of Care;
- The National Undergraduate Curriculum for Chronic Disease Prevention and Management - Part 2: Self Management Support for Chronic Conditions is completed and being implemented in all Higher level Educational Institutions;
- Development of The Living Well Programme, a series of online workshops designed to offer support to people living with Long-Term Health Conditions (LTHCs);
- Developed content for HSELand modules for Diabetes and COPD;
- Developed online self-management support content for the NCP Respiratory Pulmonary Rehabilitation programme;
- Inclusion of Self management support content on Diabetes and COPD section of www.hse.ie;
- Increased access to peer support groups in partnership with key voluntary organisations for people living with chronic conditions;
- Developed a resource entitled 'Minding your Long-term Health Condition during Coronavirus'. This resource, supporting YouTube videos and a 'Directory of Resources and Supports available during Coronavirus' can be found on www.hse.ie/selfmanagementsupport.

HEALTH LITERACY

SUPPORTING ACTION 45

Even people who do not have literacy difficulties in their daily lives can easily experience difficulty in healthcare settings because they are not used to the environment or the language used.

KEY PRIORITIES

- Promote and provide national tools for training, resource development and health literacy audits in services to raise standards of health literacy among patients, service users and carers.

ACTIVITIES

- Plain English Guidelines for all HSE staff launched;
- Engagement of NALA for the development of service user information.

Patients and service users ask us to be **clear** when we give them information about their health.

Research has shown that there are **fewer errors** and better treatment outcomes **when there is good communication** between patients and their healthcare providers.

Plain English requires HSE staff to write accurately and clearly, **avoid jargon** and use clear layout and design.

RESOURCES

<https://www.hse.ie/eng/about/our-health-service/making-it-better/navigating-the-health-service-with-literacy-difficulties.html>

QUALITY AND PATIENT SAFETY

SUPPORTING ACTIONS 46-48

When service users seek care, treatment or support, they need to experience a person-centred service that responds in a manner that places them at the centre.

KEY PRIORITIES

- Implement Standard 1.9 and 4.1 of the National Standards for Safer Better Healthcare;
- Support service users in maintaining and improving their own health and wellbeing in so far as possible;
- Service users and service providers to work together to improve the health and wellbeing of service users;
- Include health and wellbeing indicators when measuring patients' needs, experiences and outcomes of care;
- Involve patients in the development of programmes and initiatives to improve health and wellbeing.

KEY ACTIVITIES

- Commitment to implement Standards 1.9 and 4.1 included in all Hospital Group Implementation Plans;
- *Making Every Contact Count* for focusing on lifestyle behaviour risk factors developed and being implemented;
- A suite of actions for Improving Staff Health and Wellbeing were included in *Healthy Ireland in the Health Services Implementation Plan 2015 – 2017* and each of the Hospital Group and CHO *Healthy Ireland* Implementation Plans;
- Staff Briefing sessions held in five Hospital Groups and the nine CHOs;
- Processes in place to include Service Users in the design of campaigns and models of care for implementation;
- Patient Experience Survey carried out in 2017, 2018 and 2019. In 2019 the survey scope design was extended to include Maternity sites.

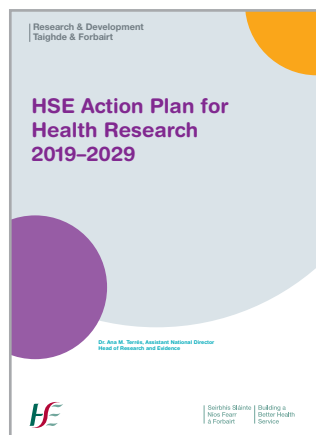
RESEARCH AND EVIDENCE

SUPPORTING ACTIONS 49-53

Research generates critical evidence to inform decision making and ensures that our practices are evidence-based. The Research and Evidence (R&E) function of the HSE aims to be a key driver in exploiting available data, enabling the discovery of new approaches and innovative ways to deliver health and social care services, and broadening access to the latest evidence by integrating the work of its three component multi-disciplinary services: Research and Development, Health Intelligence, and the National Health Library and Knowledge Service. Our vision is that of a health system renowned for its culture of building and using data and knowledge for improved patient care, improved health service delivery and improved population health and wellbeing.

KEY PRIORITIES

- Build greater capacity and develop governance for research and evidence-based information within the health service, utilising knowledge to support decision-making inform service design and improve health outcomes;
- Develop and implement a robust governance framework for research activity;
- Build research capacity to enable the sustainable growth of research activity;
- Support and promote the involvement of patients and the public in all levels of research activity.



ACTIVITIES

- The new HSE Research and Evidence function, encompassing R&D, National Health Library and Knowledge Service and the Health Intelligence Unit has been established;
- The HSE published its first Action Plan for Health Research 2019-2029;
- Development of a HSE framework for the Governance management and support of Research;
- Support the creation of the necessary research support and management infrastructure;
- Strengthening and embedding a culture of knowledge translation, data-informed decision making and evidence-based practice into healthcare delivery;
- Building research capacity to enable the sustainable growth of research activity;
- Implementation of institutional measures to facilitate the translation of research and innovation into policy and practice;
- Promoting the involvement of patients and the public in research activity;
- Establishing strong collaborative working relationships with key stakeholders;
- Planning for Health series of reports produced annually since 2016;
- County Population Profiles developed and published with specific extracts for the CHO and Hospital Group HI Plans;
- Research prioritisation exercises initiated with a number of the National Policy Priority Programmes e.g. HEAL contributed to the i-PARC research consortium for designing and testing a standard evaluation framework for physical activity interventions;
- Health Atlas continued to be expanded to provide supporting information for planning and review.

National Policy Priority Programmes Progress

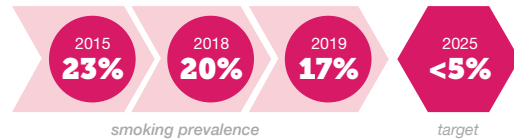
SUPPORTING ACTIONS 34-40

SUPPORTING ACTIONS 67-126



Note: Actions for Sexual Health were not included in the *Healthy Ireland in the Health Services Implementation Plan 2015 -2017*. Since 2015 the work of this programme was later incorporated into the *Healthy Ireland Health & Wellbeing* programme.

Tobacco



Tobacco use is responsible for almost 6,000 deaths and 55,000 hospital admissions each year. It is the leading cause of chronic disease in Ireland. One in every two smokers will die of a tobacco-related disease. Around 800,000 people in Ireland currently smoke tobacco products.

SUPPORTING ACTIONS 67-73

Actions 67-73 in the plan were delivered by identifying the following Key Priorities and undertaking the following Key Activities.

KEY PRIORITIES

- Support the denormalisation of tobacco use;
- Reduce the number of children that smoke and prevent youth initiation of tobacco use;
- Treat tobacco dependence as a care issue;
- Encourage, promote and support smokers to quit;
- Protect service users, staff and the public from the effects of second-hand smoke;
- Build and maintain compliance with tobacco legislation; *and*
- Monitor and evaluate the effectiveness of interventions.

KEY ACTIVITIES

QUIT

- QUIT is a multi-channel campaign using mass media, media partnerships, targeted digital and social media, press and public relations and peer support. QUIT's 117K strong Facebook community targets, various groups, with tailored messaging, with a particular focus on men who smoke aged 25-45. Every campaign has a 2-3 year life span. In April 2017 the campaign highlighted the fact that Ireland had more quitters than smokers. In 2020 a new QUIT campaign was launched which highlighted the most effective ways of quitting - quit for 28 days and you are 5 times more likely to quit for good;
- Market research on the QUIT campaign in 2018 found that 31% of people who smoke said they were likely to engage with a Facebook-based support group. The QUIT campaign piloted three closed Facebook groups. The results have now been published. Feedback from the intervention showed that 60% of the participants felt that the programme helped them to quit or to reduce their smoking. A key focus for

the future will be how to improve activity and engagement within the Facebook groups;

- From 2015 to 2020, there have been 987,640 visits to the online QUIT site and 67,519 people to the QUIT Plan sign-ups;
- 63,054 people received intensive cessation support from a trained stop smoking advisor between 2015 and 2020.

PROGRESS 2015-2020

- 6% smoking prevalence reduced between 2015 and 2019.
- 63,054 number of smokers who received cessation support services from a cessation advisor since 2015.
- 67,519 number of smokers who signed up online QUIT.ie since 2015.
- 46.5% of smokers on cessation programmes who quit at 4 weeks in 2020.

TARGETED APPROACHES FOR SPECIAL GROUPS

- Collaboration with the National Women and Infants Health Programme to scope and agree on a smoking cessation pilot at a maternity hospital and provide dedicated antenatal smoking cessation services across five more maternity hospitals going forward;
- Key actions to engage mental health services have been agreed. Collaboration with Mental Health Ireland with an emphasis on co-producing tobacco cessation support services for people with mental health difficulties with service users;
- Engagement with HIQA and the Mental Health Commission to explore the inclusion of tobacco control criteria for the routine audit of services for older people and disabilities;
- A workshop was held with Men's Health Groups in November 2018 to begin to explore how best to engage men through the QUIT campaign and encourage men to use HSE smoking cessation services;

- A successful bid was prepared and submitted to the Department of Health seeking funding for Stop Smoking Support services in CUMH and the NMH Dublin. Work began on the coordination and delivery of these Sláintecare projects in 2020. The TFI programme supported tobacco elements of other Sláintecare projects in the South East as well as COPD projects in the Midlands and Wicklow;
- EVE, a programme within the HSE provides a network of services for adults with mental health disabilities. In 2016, the Quit Smoking Programme (QSP) was implemented in 16 of these centres.

QUITMANAGER E-REFERRAL SYSTEM

- Roll-out of the national IT patient management system (QuitManager), which will manage timely referral to services and integrated care for smokers trying to quit;
- A referral module was scoped and developed in 2019 and 2020 which in the coming years will help integrate the QuitManager patient management system with the maternity hospital patient management system (MN-CMS) and GP systems (Healthlink) and facilitate electronic referral.

TOBACCO-FREE ENVIRONMENTS

- Currently, 93 clinics are providing expert intensive smoking cessation support in operation in various locations (both community and hospital-based) across the country;
- A bursary programme was established in 2019, whereby a number of services that avail of funding for Tobacco-Free Campus initiatives;
- Due to the impact COVID-19 has had on the health service, and subsequent changing priorities and re-deployment of key staff, timelines for the TFC Bursary were extended from January 2020 to June 2021 giving services 18 months for completion;
- In 2019 the programme collaborated with Athletics Ireland to support a Tobacco-Free sporting environments campaign;
- Continued support and provision of toolkits and training along with advice on planning, delivering and evaluating the potential introduction of a Tobacco-Free Campus policy to a selected unit in the Irish Prison Service.

PUBLICATIONS

- *A State of Tobacco Control Report* was published by the HSE in May 2018 and sets out the progress made in tobacco

control in Ireland while describing the scope and impact of tobacco control activities undertaken by the HSE over recent years which contribute to the reductions we are seeing in the numbers of people smoking in Ireland today. The report also describes the health burden of tobacco use and its impact on the health service and serves as a reminder that we must continue to strengthen our work to tackle smoking;

- A successful national conference was held in Farmleigh in May 2018 with international keynote speakers, the aim to engage new partners in the Tobacco Control agenda;
- The Tobacco-Free Ireland Programme conducted extensive secondary analysis of existing major data sets from Healthy Ireland (Wave 1 2015), the Health Behaviour in School-Aged Children (HBSC) study 2014 and The Irish Longitudinal Study on Ageing (*TILDA Wave 1*). Two further reports were produced following this secondary analysis. The first of these reports, *Adult Smoking in Ireland*, describes tobacco use in the general adult population and the second, *Youth Smoking in Ireland*, describes tobacco use and associated health-related outcomes in children.

OPPORTUNITIES

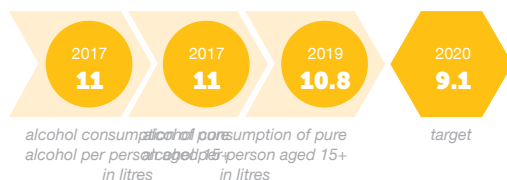
- A decision was made to postpone the World Conference on Tobacco or Health due to take place in March 2021 due to COVID-19. A series of online events were delivered in 2020 and planned for May 2021;
- Tobacco lessons for the SPHE Junior Cycle Curriculum are being developed in conjunction with the Department of Education;
- Development of Clinical Practice Guidelines (CPG) for the identification, diagnosis and treatment of tobacco addiction is underway and expected to be completed in 2021;
- Provide tobacco-free campus bursaries as an incentive to healthcare facilities to work on continuous policy implementation, monitoring and improvement.

RESOURCES

www.hse.ie/tobaccofree
Freephone 1800 201 203
Free text QUIT to 50100



Alcohol



Ireland has high levels of alcohol consumption and four out of five adults drink alcohol. Comprehensive surveys show that harmful drinking patterns have become the norm for many people in Ireland, while awareness of the significant risk associated with these drinking patterns remains low.

SUPPORTING ACTIONS 90-95

Actions 90-95 in the plan were delivered by identifying the following Key Priorities and undertaking the following Key Activities.

KEY PRIORITIES

- Raising awareness of the harm caused by alcohol;
- Building capacity within services to address excessive consumption through early intervention alcohol screening, brief intervention and effective services for alcohol dependency;
- Enforcement of new legislation and regulations; and
- Supporting evidence-based community action.

KEY ACTIVITIES

- The over-arching aim of the Programme is to reduce alcohol-related harm by reducing consumption;
- Support DoH in implementing *Public Health Alcohol Act (2018)*;
- Support ongoing implementation, review and activation of the *Ask About Alcohol Campaign*;
- *Parents' Guide to Alcohol & Drugs for Young People* developed and disseminated;
- Work is well underway on producing an implementation plan to deliver on the *Reducing Harm, Supporting Recovery, a health-led response to drug and alcohol use in Ireland 2017-2025*;

- The Senior Cycle SPHE resource on Alcohol and Drugs '*Know the Score*', consisting of 14 lessons on drugs and alcohol along with three videos on cannabis, risks of adolescent substance use, alcohol, drugs, brain and dependency have been completed. Resources were disseminated to secondary schools and training for teachers commenced in 2020;
- *Ask About Alcohol Campaign* has introduced an enhanced self-help strategy section incorporated into the self-assessment tool to enable high-risk drinkers to consider drinking less by following a stepped approach;
- Migrate of www.askaboutalcohol.ie to HSE site;
- An expert advisory group for the prevention of alcohol consumption during pregnancy was established in 2020;
- New Pregnancy and Alcohol Creative brief developed and launched Sept. 2019;
- Continue to assert the position of the HSE as the authoritative voice on alcohol harm and alcohol risks;
- Support the work of CHOs and Hospital Groups, Drug Alcohol Task Forces and communities to address alcohol-related harm;
- Set guidance for low-risk alcohol consumption with the aim of reducing alcohol consumption to 9.1 litres per capita among the adult population, promoting alcohol-free pregnancy and minimising underage alcohol consumption.



PROGRESS 2015-2020

- **Askaboutalcohol.ie** website launched March 2017 and successfully migrated to the HSE site in December 2019. The alcohol pages saw increased traffic in 2020, with a total of 269k visits;
- Evaluation of website carried out in December 2018 to assess the performance of the campaign and its messages. **56%** of people had seen an element of the campaign. A review of the campaign is currently being planned for 2021 to inform the strategic direction;
- April 2019: Askaboutalcohol.ie **14,000** self-assessment tool completions and analysed by the HRB. The self-assessment tool was based on the *Alcohol Use Disorders Identification Test (AUDIT)*, a ten-item tool used to screen for alcohol problems. Results: Almost a third of drinkers were identified as hazardous/risky drinkers (30.9%) a further fifteen per cent (15%) were identified as harmful drinkers and over a quarter (26.5%) were classified as having probable alcohol dependence. Use of the self-assessment tool increased to 62.4k in 2020;
- Parent's guide developed and widely disseminated;
- The Junior Cycle SPHE resource on Healthy Choices on Alcohol and Drug Use was completed;
- *Making Every Contact Count* Alcohol and Drugs Module completed;
- Public Health Alcohol Act 2018 – HSE's Alcohol programme supported the policy and advocacy work of Alcohol Action Ireland for the legislation of the Public Health (Alcohol) 2018. The Act provides for the introduction of Minimum Unit Pricing (MUP) as well as a range of other measures around advertising, labelling and product placement in shops;
- A review of the campaign is currently being planned for 2021 to inform the strategic direction;
- September 2020: An Expert Advisory Group for the prevention of Foetal Alcohol Spectrum Disorders (FASD) was established;

- Contacts to the HSE Helpline relating to alcohol increased from 1,563 in 2018 to 2,208 in 2020. The COVID-19 pandemic had some impact on the number of contacts with the service. During periods of confinement, people contacted the helpline about family members with problem drinking that may have previously gone unnoticed and some callers in recovery called about relapsing or concerns about relapsing.

OPPORTUNITIES

- Continue to inform the national discourse on alcohol and tackle social and cultural norms through continuous development of the Askaboutalcohol.ie communication campaign;
- Support the work of CHOs and Hospital Groups, Drugs and Alcohol Task Forces and communities to address alcohol-related harm;
- Expand the availability and geographical spread of integrated alcohol teams and implement a digital intervention with people drinking at hazardous and harmful levels;
- Continue to support implementation of the Public Health (Alcohol) Act and actions emerging from the 2021 review of the Reducing Harm, Supporting Recovery strategy;
- Collaborate with further and higher education providers and organisations to support the scale up of effective early interventions with young people;
- Implement a FASD prevention plan, to include the development of alcohol supports for women who are pregnant or considering becoming pregnant.

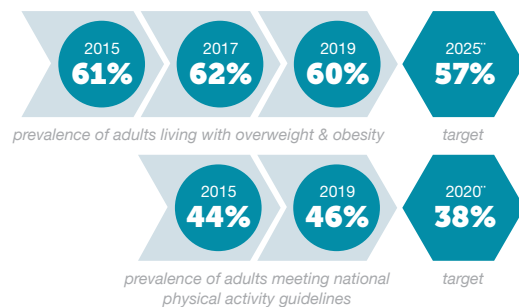
RESOURCES

www.hse.ie/alcohol
AskAboutAlcohol.ie



Healthy Eating & Active Living

In setting these targets the Department of Health recognised that a cross-government and whole-of society approach is required. The function of the Healthy Eating & Active Living programme is to mobilise the Health Services to contribute to this target.



Planning for Health 2017 highlights that the number of adults in Ireland living with obesity is rising at an alarming rate. Six out of ten of all adults are living with overweight and obesity, rising to three-quarters of those aged 50+. Furthermore, only one in three adults are sufficiently active for health benefits: adults need to be physically active, at a moderate level, for at least 30 minutes for five days a week.

SUPPORTING ACTIONS 74-84 (HEALTHY EATING) & 85-89 (PHYSICAL ACTIVITY)

OBESITY

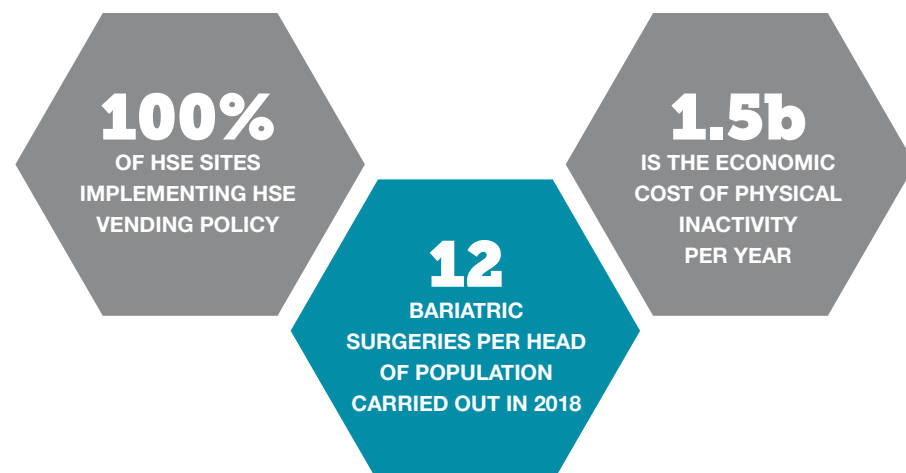
Obesity is recognized by the WHO as a chronic, often progressive disease, similar to high blood pressure or diabetes, in that it can require lifelong management. Obesity is also a risk factor for the development of other chronic diseases including diabetes, cardiovascular disease and some cancers.

At least one in five children (across the ages of 3, 5 and 9) are living with overweight or obesity. The adverse consequences of childhood obesity can be lifelong and even continue into subsequent generations. The total lifetime costs of childhood obesity in Ireland are €4.6 billion, a reduction in population-level BMI of just 5% is estimated to reduce the lifetime costs of childhood obesity by €1.1 billion (Safefood 2017). The cost of adult obesity in Ireland, in 2009, was conservatively estimated to be €1.13 billion, with direct healthcare costs of €450m (Safefood 2009).

PHYSICAL INACTIVITY

The Royal College of Physicians report (2016), *A prescription for a wonder drug – the evidence* highlights that in Ireland, physical inactivity is responsible for 8.8% of the disease burden from coronary heart disease, 10.9% of type 2 diabetes, 15.2% of breast cancer and 15.7% of colon cancers. From an economic perspective, physical inactivity may cost €1.5bn per annum. Globally physical inactivity is the 4th leading risk factor for mortality.

Even small increases in physical activity can extend life, or result in improvements to health. Regular physical activity has been shown to reduce all-cause mortality by up to 30%. Regular physical activity plays a role in the management and secondary prevention of many chronic diseases such as chronic obstructive pulmonary disease, heart disease, hypertension, high cholesterol, obesity, depression, peripheral vascular disease, diabetes, osteoarthritis, chronic pain, fibromyalgia, cancer and dementia.



Actions 74-89 in the plan were delivered by identifying the following Key Priorities and undertaking the following Key Activities.

KEY PRIORITIES

- Mobilise the health service to better prevent childhood obesity and address adult overweight and physical inactivity through:
 - effective community-based health promotion programmes and effective social marketing campaigns;
 - development of evidence-based policies, guidelines, resources and programmes;
 - training and skills development for staff in health services and education; and
 - enhanced systems for detection and referrals of patients with overweight and obesity at primary care level.
- Develop a service model for specialist care for children and adults living with obesity;
- Enhance effectiveness in surveillance, research, monitoring and evaluation;
- Proactively engage and support the work of other sectors in addressing the determinants of obesity and physical inactivity.

KEY ACTIVITIES

PREVENTING CHILDHOOD OBESITY

- **START** - a multi-channel campaign using mass media, targeted digital and social media, press and PR to support parents of children aged 6 months-12 years to make and persist with healthy lifestyle changes to better prevent childhood obesity. Delivered in partnership with Safefood and *Healthy Ireland*;
- **Healthy Weight for Children Framework and Action Plan** provides strategic direction for a national and sustainable approach across multiple sectors to facilitating healthy weight for children aged 0-6 years. In health services, a 3-year plan led by Health & Wellbeing is in place to progress implementation of the Framework incorporating Nurture and Healthy Childhood Programme;
- Collaboration with external stakeholders to strengthen public policy and regulation to address factors contributing to 'obesogenic environment' e.g. Sugar-Sweetened Drinks Tax, Voluntary Code on marketing, promotion and sponsorship of high fat, salt & sugar foods, establishing national reformulation targets for food industry;
- Capacity to deliver *Healthy Food Made Easy* programme in communities and post-primary schools strengthened;
- Collaboration with academic partners on research initiative *Healthy Ireland Demonstration Project*.

CREATING A HEALTHIER FOOD ENVIRONMENT IN HEALTH SERVICES

- Develop evidence-informed policies, guidelines and practices to create healthier food environments in the health services:
 - HSE Vending policy
 - HSE Calorie Posting policy
 - Nutrition standards for the provision of food and beverages for staff and visitors
 - Food, nutrition and hydration policy for adult patients in acute hospitals
 - Food, nutrition and hydration policy for adults accessing disability services;
- Establish governance, support infrastructure and processes with internal and external partners to support and monitor the implementation of HSE policies and standards;
- Collaboration with National Nutrition Surveillance Centre to publish Irish data for WHO-Europe *Childhood Obesity Surveillance Initiative (COSI)*, *HSE Vending Policy - Assessment of Compliance* and with HRB SpHERE programme on *Factors influencing implementation of a calorie menu labelling policy in Irish public hospitals: a multiple-case study*.

PROMOTING ACTIVE LIVING

- Partnership with *Sport Ireland*, *Local Sports Partnership* network and Parkrun Ireland to strengthen the promotion of and opportunities for people to engage in health-enhancing physical activity;
- Delivery of evidence-based training to support participation in physical activity by key target groups examples:
 - Making Every Contact Count* (all patients and service users);
 - Men on the Move* programme with Local Sports Partnerships (men in lower socio-economic areas);
 - Active Healthy Me* programme with CARA (adult disability day services);
 - CarePALS* programme with Age & Opportunity (older people attending day services or in residential care).
- Delivery of annual Steps to Health initiative for health service staff;
- Collaboration with academic partners on Health Research Board funded *Irish Physical Activity Research Collaboration (i-PARC)* and HaPAI funded *Move4Life* research project.

Providing effective clinical treatment services for people with obesity

- Clinical Lead for Obesity appointed in late 2017;
- Partnership with RCPI to develop Model of Care for Management of Overweight and Obesity.

PROGRESS 2015-2020

- **Healthy Eating and Active Living Programme** established in late 2016, 4-year implementation plan published in late 2017;
- **National Obesity Management Clinical Programme** established in late 2017 and Model of Care approved by HSE Clinical Forum in 2020;
- **89%** of Acute Hospital sites implementing HSE Calorie Posting Policy;
- An average of 23,000 individual adults took part in the 84 free weekly 5km Parkrun events each month;
- **5150** people attended a HSE supported Community Cooking Programme in 2019;
- Working with 27 of 29 **Local Sports Partnerships** - 466,380 people participated in 1,427 locally delivered participation initiatives in 2019;
- **National nutrition standards published for:**
 - provision of food and beverages for staff and visitors
 - food, nutrition and hydration for adult patients in acute hospitals
 - food, nutrition and hydration policy for adults accessing disability services;
- **National resources and guidelines published to support staff promote physical activity with service users:**
 - Physical activity strand of *Making Every Contact Count* training;
 - *Get Active to improve health and wellbeing* – guidelines to support mental health service users engage in physical activity.

OPPORTUNITIES

- Build capacity for Sláintecare, Hospital Groups and Primary Care to prioritise resources to implement effective care for the management of overweight and obesity;
- Enhanced surveillance, weight monitoring and opportunities for prevention and early intervention with children and families through GP contract and primary care;
- Strengthen connections and pathways for service users to community-based supports for physical activity, healthy eating and parenting;
- Engage Health Business Services and Office for Government Procurement to ensure catering and hospitality services procurement and contract management supports sites to implement national policies and guidelines.

RESOURCES

www.makeastart.ie



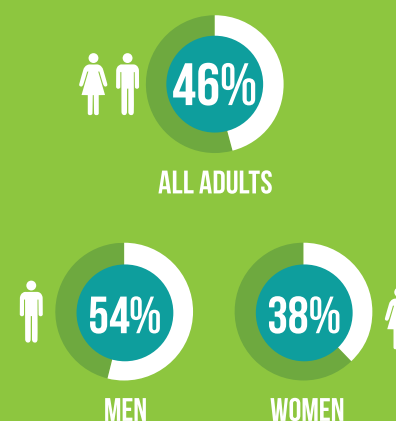
CAMPAIGNS



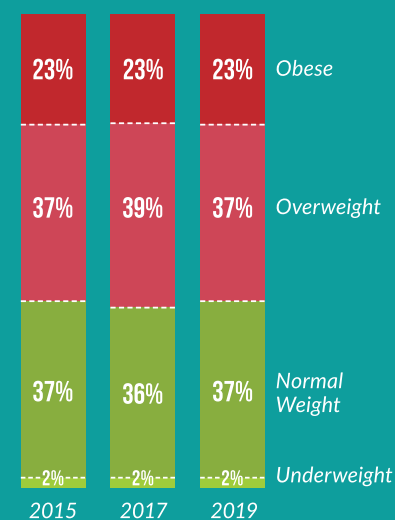
Healthy Ireland Survey 2019

PHYSICAL ACTIVITY

% of those achieving National Physical Activity Guidelines



BMI BY YEAR



9,629

STAFF IN 664 TEAMS
TOOK PART IN STEPS
TO HEALTH CHALLENGE
IN 2019

Mental health and wellbeing are fundamental to the overall health and prosperity of the population. The delivery of interventions to support the mental wellbeing of the whole population, alongside interventions focused on preventing mental health difficulties and enhancing the recovery and inclusion of people experiencing mental health difficulties, will result in improved health, more resilient communities and increased productivity.

SUPPORTING ACTIONS 96-105

Physical and mental health are closely linked – people with severe and enduring mental illness are at risk of dying on average 15-20 years earlier than others, and people with long-term physical illnesses have an increased risk of developing mental health problems.

The Connecting for Life Suicide Strategy commits Health and Wellbeing to a number of lead actions to improve Wellbeing and Mental Health as well as supporting other actions.

1.1.2 Develop and implement a national mental health and wellbeing promotion plan;

KEY PRIORITIES

- The development of the HSE National Mental Health Promotion Plan;
- Commence the national implementation of Stress Control for HSE staff and the general population in collaboration with CHOs and Hospital groups;
- Develop an evaluation framework for social prescribing in partnership with National Office for Suicide Prevention (NOSP);
- Develop a framework for how social prescribing could be integrated and mainstreamed within the HSE;
- Extend the capacity for delivery of 1 day 'Minding Your Wellbeing' course to HSE staff.

KEY ACTIVITIES

- **Development of a HSE national mental health promotion plan** which will include evidence-based actions to promote positive mental health among HSE staff, service users and wider communities;
- **Mental Health Promotion Training in Schools** continued to be offered to teachers to implement Zippy's Friends in Primary Schools and the MindOut Programme in Post-primary schools although paused in 2020 because of Covid restrictions;
- **Development of mental health resource** to support the implementation of SPHE short course at Junior Cycle;
- **Delivery of Minding Your Wellbeing** training programme to support staff to care for their own mental wellbeing and to promote positive mental health in their workplace setting. This programme has been further developed as 5 online videos and available to the general public as well as HSE staff;
- **National Implementation of Stress Control** which was planned for national implementation was re-developed as an online programme in 2020. This evidence-based 6-week programme has been available to HSE staff, service users and the general public. A national advisory group oversees the implementation and evaluation of the programme;

Mental health was ranked the most important issue among respondents in a national public consultation to inform the development of a Healthy Workplace Framework for Ireland (McAvoy et al, 2019);

Depression is the leading cause of ill health and disability worldwide (WHO) and accounts for a similar level of stress and disability within society as cancer or heart disease;

Mental health problems are also related to **deprivation, poverty, inequality** and other social and economic determinants of health.

- **Minding Youth Mental Health/ Understanding Youth Mental Health** training programmes were developed in partnership between Health Promotion & Improvement and Jigsaw. Youth Talk WE LISTEN consultation event on youth mental health and wellbeing involved 80 young people and 45 stakeholders;
- **A Traveller Mental Health Promotion Programme** has been developed in partnership with the Traveller Health Advisory Forum, HSE Traveller Health Units and Regional Traveller Primary Health Care Projects;
- **A National Framework for Social Prescribing** has been developed, led by the Wellbeing and Mental Health Programme and supported by a national steering group;
- In partnership with NOSP, an Evaluation Framework for Social Prescribing was published.

PROGRESS 2015-2020

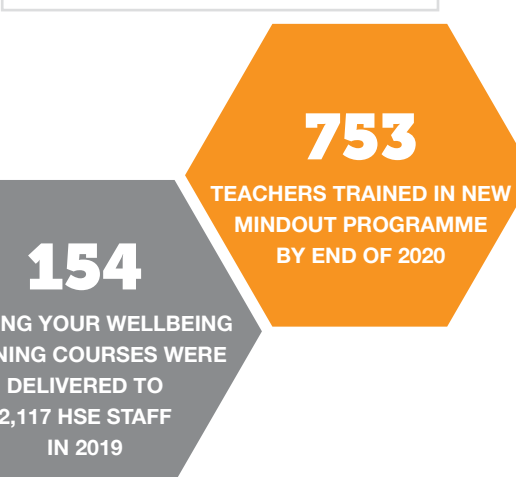
- 40 Lesson Plans drafted in line with the National Council for Curriculum and Assessment for the new Social Personal and Health Education (SPHE), a short course for Junior Cycle;
- National Advisory Group established to oversee the implementation and evaluation of Stress Control Programme;
- Minding Your Wellbeing F2F delivery to 2,117 HSE staff in 2019; Minding Your Wellbeing online version 19,000 viewership (HSE staff & public) in 2020;
- Over 18,000 people accessed Stress Control online in 2020;
- 753 Post Primary Teachers trained in Mind Out Programme;
- 7 Minding Your Mental Health/ Understanding Youth Mental health delivered to 1,560 participants;
- Traveller Mental Health Promotion Programme developed;
- Work progressing to the development of a National Evaluation Framework for Social Prescribing.

OPPORTUNITIES

- *Sharing the Vision – A Mental Health Policy for Everyone* adopts a whole population approach with recommended actions in relation to 'Promoting, Prevention and Early Intervention'. This creates an opportunity to address wellbeing and mental health within a broader policy context and identifies the need for the development of a National Mental Health Promotion Plan. The development of a HSE Mental Health Promotion Plan is in development;
- Develop a HSE Stress Management Programme targeting HSE staff and general public;
- Further develop Minding Your Wellbeing programme targeting particular population groups e.g. older people;
- Expand social prescribing in line with the HSE Framework for Social Prescribing;
- Build on the forthcoming *Healthy Ireland Workplace Framework* which includes a focus on Mental Health;
- Mainstream and embed mental health promotion within existing programmes, interventions and policies that impact on health and wellbeing as one of the central actions that will feature in the proposed HSE National Mental Health Promotion plan.

RESOURCES

www.yourmentalhealth.ie



The HSE Sexual Health & Crisis Pregnancy Programme (SHCPP) is a national programme with responsibility for implementing the *National Sexual Health Strategy 2015 - 2020*, Ireland's first national framework for sexual health and wellbeing.

The strategy takes a life course approach, which is a key underpinning concept in the *Healthy Ireland Framework*. It acknowledges the importance of developing a healthy attitude to sexuality throughout childhood and adolescence and builds on that foundation for positive sexual health and wellbeing into adulthood and older age through the following goals:

Goal 1: Sexual health promotion, education and prevention

Goal 2: Sexual health services

Goal 3: Sexual Health Intelligence

Goals 1-3 were delivered by identifying the following Key Priorities and undertaking the following Key Activities.

KEY PRIORITIES

- Develop communications campaigns and initiatives for the public, targeting particular at-risk groups;
- Enable parents, teachers and youth workers to address the sexual health education and information needs of children and young people;
- Manage the funding arrangements to provide crisis pregnancy counselling, parenting support and sexual health promotion training;
- Deliver on the clinical actions of the strategy, which include the development of clinical practice guidance, information and resources to support sexual health services in Ireland;
- Commission research and evaluation studies; monitor trends; and disseminate and implement research findings to inform policy and improve practice in the areas of sexual health and crisis pregnancy.

KEY ACTIVITIES

- Development and roll-out of new website for the public and professionals www.sexualwellbeing.ie;
- Development and roll-out of #RespectProtect campaign for young adults aged 18-30yrs;
- Management of man2man.ie in partnership with Gay Health Network, including the development of campaigns encouraging regular STI testing and vaccinations;
- Development and roll-out of *My Options* telephone counselling service for those experiencing an unplanned pregnancy;
- Development and implementation of Sexual Health Promotion Training Strategy 2019 – 2029 to address the training needs of professionals, enabling them to address the sexual health education and information needs of their service users;
- Collaboration with our HP&I and NGO colleagues to roll out the Foundation Programme in Sexual Health Promotion in 12 locations (8 CHOs) nationally. Completion of a comprehensive evaluation of the programme to inform future direction;
- Development of a brand for all parent-focused resources, 'Making the 'Big Talk' many small talks'. Publication and dissemination of an initial 3 titles under that brand;
- Collaboration with HP&I (CHO 4) to update and publish the Busy Bodies resource for 8-12 year olds;
- Establishment of the National Condom Distribution Service to distribute free condoms and lubricant sachets to organisations working with those at risk of negative sexual health outcomes;
- Publication of HSE position on HIV antiretroviral treatment and HIV treatment information for people living with HIV;
- Development and dissemination of patient information leaflets for people with STIs and genital conditions;

- Roll-out of national pre-exposure prophylaxis (PrEP) HIV prevention programme for those at substantial risk for HIV in line with national PrEP standards and guidelines;
- Publication of STI service mapping report and needs assessment to identify resource gaps nationally;
- Extension of the HPV vaccine to people living with HIV and MSM aged 16-45;
- Coordination of the Irish government's signing of the HIV Fast Track Cities initiative. This included the provision of funding for rollout of community HIV testing initiatives in Dublin, Cork, Limerick and Galway;
- Management of online STI testing pilot service integrated with public STI services;
- Management of evaluation of outreach service for gay, bisexual and other MSM and supported its further establishment through the development of a logic model, programme manual and monitoring and evaluation framework;
- Published research exploring the factors that inhibit and enable communication between parents and children aged 4–9 years about relationships, sexuality and growing up;
- Partnered with HPSC and Gay Health Network to analyse and publish EMIS-2017 Ireland report.

PROGRESS 2015-2020

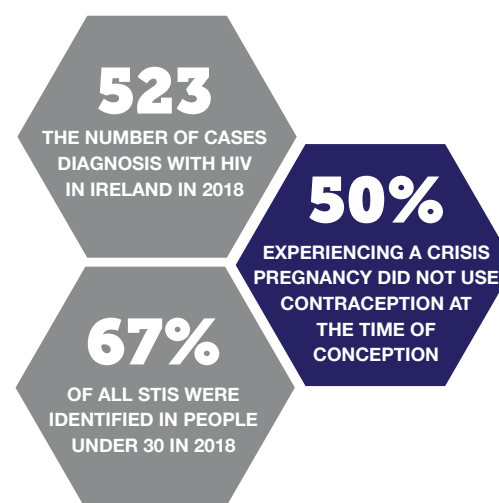
- **1,564,129 visits** to www.sexualwellbeing.ie between April 2018 and December 2020;
- **891,359 visits** to myoptions.ie between 2018 and 2020;
- **23,595 calls** received by *My Options* telephone counselling from people seeking information on unplanned pregnancy, and 4,939 by the nursing helpline from people seeking support after a termination of pregnancy in 2019 and 2020;
- **2.2 million condoms** were distributed to organisations working with individuals at an increased risk of experiencing negative sexual health outcomes by the National Condom Distribution Service, between 2015 and 2020;
- **5,672 gbMSM and PLHIV** had commenced the HPV vaccine, between October 2016 and December 2019.

OPPORTUNITIES

- Further development of resources for parents;
- Expansion of the National Condom Distribution Service;
- Commissioning of a general population study on sexual health and crisis pregnancy;
- Redevelopment of online relationships and sexuality information aimed at teenagers;
- Progression of research study on women's experiences of unplanned pregnancy services and abortion services;
- Progression of Fast Track Cities Initiative in Dublin, Cork, Limerick and Galway;
- Consider options to progress roll-out online STI testing service following pilot.

RESOURCES

www.sexualwellbeing.ie
www.myoptions.ie



Healthy Childhood



Breastfeeding at 3-month developmental check-up (exclusive and non-exclusive)

5.4%

Is the increase in breastfeeding since 2015 at month stage which is showing that mothers are breastfeeding for longer.

Over 61,000 babies are born in the State every year. As children (under 18 years) account for 25% of the Irish population, we have the youngest population in the EU. The Health Service Executive, through the delivery of *The National Healthy Childhood Programme*, has a key role in supporting families so these babies can fully realise their potential into adulthood.

SUPPORTING ACTIONS 106-119

Investment in the early years of life, starting from conception, creates the best outcomes for children, providing the foundations for health over their lifetime. Early intervention and prevention has a positive impact on children's health, social and educational development and offers the best chance of living a happy and fulfilled life.

From birth to their 14th birthday each child will have had at least 22 contacts with the health service as part of the Programme – that is 1.5 million opportunities to “*Make Every Contact Count.*”

Actions 106-119 in the plan were delivered by identifying the following Key Priorities and undertaking the following Key Activities.

KEY PRIORITIES

- Providing a defined core (universal) child health service to all children and supporting those identified as requiring extra support or additional services;
- Recognising the importance of antenatal care on long-term maternal, child and adult health and the impact of good mental and emotional child and maternal health on long-term child and adult health;
- Promoting the programme so that all parents will be made aware of the universal child health screening and surveillance service;
- Empowering parents as the primary educators during the critical early years of a child's development, including the provision of evidence-based, easily accessible information sources;
- Focussing on evidence-based strategies for prevention and early intervention, including the implementation of standardised assessment tools;

- Implementing a governance framework (regional and national) which supports the provision of quality services;
- Providing access to up to date evidence-based training programmes for health care professionals delivering child health services;
- Supporting the breastfeeding continuum through implementing the HSE Breastfeeding Action Plan (2016-2021);
- Developing strategies to promote and support healthy weight for children.

KEY ACTIVITIES

- As part of the implementation of the Nurture Programme:
 - development of a new one-stop-shop pregnancy and child health website for parents and parents-to-be for first 3-years of the child's health www.mychild.ie;
 - development of new resources 'My Pregnancy, My Child: 0 to 2 years' and 'My Child: 2 to 5 years';
 - the provision of new resources for PHNs and Community Medical Doctors including a blended learning training programme for areas such as child safety, nutrition, growth monitoring and breastfeeding;
 - developing a new national child health record for PHNs and community medical doctors.
- Implementation of the HSE Breastfeeding Action Plan (2016-2021);
- Supporting the development and implementation of Healthy Childhood actions in CHO and HGs;
- Working in partnership with the *Healthy Ireland* Healthy Eating Active Living Programme to develop a Healthy Weight for Children prevention;

- Implementing the Framework for Healthy Weight for Children (community prevention programme).

PROGRESS 2015-2020

- In 2016, the Nurture Programme (Infant Health and Wellbeing) launched and won Our Children's Health Award at the HSE Health Service Excellence Awards in 2020;
- The Newborn Clinical Examination Handbook and the Healthy Weight for Children (0-6) Framework published;
- The National Newborn Bloodspot Screening Programme introduced screening for 2 additional inherited conditions;
- New pregnancy and child health website www.mychild.ie launched with 2.35 million page views as of 2020; My Pregnancy and My Child books 0-2 yrs/2-5yrs books launched also available in Arabic translation;
- Phase 1, 2 & 3 of the blended learning training programme for health care professionals developed, with between 3,600 to 5,300 HCP's having completed modules;
- In 2020, 160 community doctors attended a new RCPI Certificate in Community Paediatrics;
- “Breastfeeding, A good start in life” booklet was updated, redesigned and printed;
- The HSE Infant Feeding Policy for Primary Care Teams & CHOs; & The HSE Infant Feeding Policy for Maternity and Neonatal Services published;
- A new Child Health Assessment Manual for PHNs developed and distributed;
- In 2020, a new Clinical Skills Review training programme was developed (1,500 PHNs trained);
- New antenatal education standards launched;
- Implementation commenced for a new national standardised child health record for PHNs and doctors.

OPPORTUNITIES

Sláintecare

- Recommendations regarding child health present new opportunities to further develop child health in the context of an early intervention model;
- Sláintecare funding secured to develop a suite of personalised digital supports, information and signposting services to guide parents and parents-to-be through pregnancy, birth and early childhood.
- *The First 5 Early Years Strategy* (Department of Children, Equality Disability, Integration and Youth) supports the implementation of the National Healthy Childhood Programme;
- Ongoing promotion of *My Child* resources enables Healthy Childhood to reach out to all parents and families and empower them in their parenting role.

RESOURCES

www.mychild.ie

mychild.ie

CAMPAIGNS



3.4m
VISITS TO
MYCHILD.IE
IN 2020

80%
INCREASE IN MYCHILD
FACEBOOK COMMUNITY
IN 2020

98.5%
OF BABIES VISITED BY PHN
WITHIN 72-HOURS
OF DISCHARGE

Positive Ageing

Positive ageing refers to a holistic, individual, community and 'whole-of-government' approach to changing attitudes towards ageing. Particular emphasis is based on the life course approach, highlighting that ageing policy and practice is an issue for all ages and sectors of society.

SUPPORTING ACTIONS 120-126

The National Positive Ageing Strategy outlines the national goals and objectives required to promote positive ageing. The National Dementia Office co-ordinates the implementation of the National Dementia Strategy supported by significant funding from Atlantic Philanthropies.

Actions outlined for Tobacco-Free, Physical Activity, Healthy Eating, Alcohol, Mental Health and Wellbeing are hugely relevant to promoting positive ageing.

In 2020, COVID-19 had a significant impact on Older Persons. A new Health & Wellbeing COVID-19 Older Persons Support Programme was established as a result of the findings from the impact of COVID-19 report on vulnerable older persons. Existing partnership arrangements were strengthened with Age Friendly Ireland for the delivery of supports in 2021.

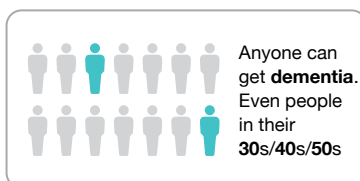
KEY PRIORITIES

- Collaborative working with all key stakeholders to embed the actions for Tobacco-Free, Physical Activity, Healthy Eating, Alcohol, Mental Health and Wellbeing into all developments for positive ageing;
- Help to build understanding and awareness and reduce the stigma associated with Dementia;
- Support the development of Age-Friendly Cities and Counties in conjunction with local authorities and other community and voluntary organisations;

- Strengthen collaborative working with Age Friendly Ireland and other organisations focusing on Older People.

KEY ACTIVITIES

- Development of Healthy and Positive Ageing for All Research Strategy;
- Identification of actions for Positive Ageing for including in HSE *Healthy Ireland* Plans;
- Identifying the importance of health & wellbeing for Positive Ageing for inclusion in all *Healthy Ireland* Healthy City and County Plans;
- Developing nutrition support guidance for nursing homes in conjunction with the Older Person Integrated Programme;
- Identification of opportunities to strengthen the collaborative working of all organisations working at a local level for Older People;
- Identify and capitalise on all opportunities to grow national partners and community champions for Dementia Understand Together.



The proportion of people aged **50 years** and over will **increase** from **27.7%** (1.3 million) of the total population to nearly **41%** (2.3 million) by 2046.

The number of those aged **65 and over** is projected to **increase** significantly from **531,600 to 1.42 million** (or by 167%) by 2046.

The oldest population (ie. those aged **80 years** and over) is expected to nearly **quadruple**, increasing from **128,000 to 476,700** by 2046. (CSO, 2013)

PROGRESS 2015-2020

- Healthy and Positive Ageing for All Research Strategy 2015 – 2019 launched;
- Healthy and Positive Actions identified for Older Peoples' Health and Wellbeing included in each CHO and Hospital Group *Healthy Ireland* Plan;
- Healthy City and County Plans developed have included a focus on Positive Ageing and the Older Person;
- Dementia Understand Together campaign launched and continues to be implemented with 40 national partners and 340 community champions now involved and taking actions such as training, awareness talks and creating social supports;
- Walkability Audits for Older People updated to include Dementia requirements;
- A number of LCDC Dementia Projects approved for funding from the *Healthy Ireland* Fund for LCDCs;
- Nutrition Support Guidance for Nursing Homes developed;
- A new Health & Wellbeing COVID-19 Older Persons Support Programme was established;
- Assignment of Programme Manager to COVID-19 Older Persons Programme through Age Friendly Ireland for the delivery of supports in 2021;
- €100,000 was allocated for the purchase of additional technical devices for older persons in residential settings.

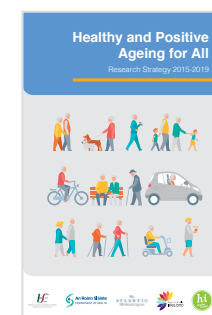
OPPORTUNITIES

- Build on the findings from the *Healthy and Positive Ageing for All* Research Strategy for the continued focus on Positive Ageing;
- NPPPs strengthen collaborative working with HSE Services for Older People's Unit and the HSE National Clinical and Advisory Group for Older Persons to ensure focus on key known-risk factors for health and wellbeing;
- NPPPs continue collaborative working with National Dementia Programme to continue focus on reducing the risk factors for Health and Wellbeing and ensure focus included in all programmes and strategies for people with dementia;
- Continue partnership working with external organisations such as Age Friendly Ireland and Local Authorities for the embedding of health and wellbeing focus on risk factors in their work for Older People;
- Promote a focus on Older People in the implementation of Healthy City and County Healthy Ireland Plans and provide guidance for proposed projects for the *Healthy Ireland* Fund;
- The learnings from the HWB COVID-19 Older Persons Support Programme.

RESOURCES

www.hse.ie/positive-ageing
www.understandtogether.ie

June 2017, 'Healthy and Positive Ageing for All' Research Strategy 2015-2019 published. The purpose of the Research Strategy is to support and promote research that aims to improve people's lives as they age <https://www.hse.ie/eng/health/hl/selfmanagement/resources-for-people-living-with-a-long-term-health-condition/>



STRATEGIC PRIORITY
Improving Staff
Health & Wellbeing

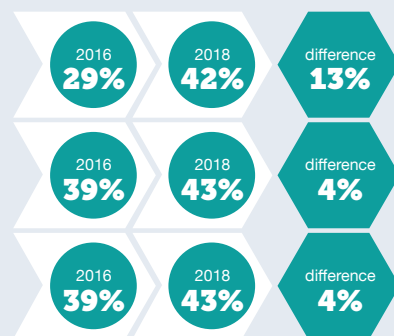
Improving Staff Health & Wellbeing

Our greatest asset

11 ACTIONS

There is strong evidence that much can be done to improve the health and wellbeing of employees. Workplace health programmes have been identified by the WHO as one of the “best buy” options for prevention and control of non-communicable diseases and for mental health and wellbeing.

SUPPORTING ACTIONS 54-64



My organisation clearly demonstrates its interest in staff health and wellbeing

My organisation continuously tries to support a healthy lifestyle among its staff

My line manager takes a positive interest in my health and wellbeing

In 2015, both managers and employees welcomed the priority that *Healthy Ireland* in the *Health Services Implementation Plan 2015 – 2017* placed on Staff Health and Wellbeing.

Benefits from investment in staff health and wellbeing can be seen from a growing correlation between positive feedback from service users in the National Patient Experience Surveys and sites where there is a focus on staff health and wellbeing. Hospitals who won achievement awards made reference to their success coming from improved staff initiatives, enabling them to build strong and supportive working relationships.

The HSE is the largest employer in the country. Many organisations are now contacting the National Healthy Ireland Office for advice and access to resources to support them with their initiatives for staff health and wellbeing. Our service users and our staff expect that the places where we provide our services and their workplaces to be environments that are exemplar for health and wellbeing. As healthcare delivery organisations we continue to formalise and strengthen our role in empowering service users and patients to make the healthy choice the easier and supported choice.

Many initiatives such as Calorie Posting, Healthy Vending, the Nutrition Standards for provision of food & beverages for staff and visitors together with Slí na Sláinte walking routes are all supporting our goal for healthy workplaces.

Each of our National Policy Priority Programmes includes a focus on staff health and wellbeing encouraging staff to be smoke-free, achieving the national physical activity levels, being aware of the harms of alcohol and being a healthy weight. Our staff can be ambassadors in their homes and communities supporting the change in culture for health and wellbeing.

**YOUR OPINION COUNTS
HSE NATIONAL STAFF SURVEY**

We have used *Your Opinion Counts Staff Survey* to get feedback from our staff on how they feel the organisation is prioritising their health and wellbeing.

There has been a 13% increase from 2016 – 2018 to the question **MY ORGANISATION CLEARLY DEMONSTRATES ITS INTEREST IN STAFF HEALTH & WELLBEING**

GOVERNANCE AND BUILDING CAPACITY

- ✓ Healthy Workplace Framework Implementation Group established co-chaired by Health & Wellbeing and HR and draft framework produced
- ✓ People Strategy launched
- ✓ Wide-scale staff consultations held in Hospital Groups and CHOs and Feedback Reports produced
- ✓ Staff Health & Wellbeing a priority in 5 Hospital Groups and 9 CHO HI Implementation Plans
- ✓ Staff Health & Wellbeing subgroups established in many Hospitals and Community Healthcare Organisations
- ✓ National Business Services (HBS) produced their Staff Health & Wellbeing Implementation plan
- ✓ The HSE continues to fund 25 staff members to undertake the Post Graduate Certificate in Health Promotion for Workplace Wellness Programme through National University of Ireland Galway

THE STAFF HEALTH AND WELLBEING INITIATIVE FUND

Health & Wellbeing introduced the first Staff Health and Wellbeing Initiative Fund in 2016 and it has continued each year to date. As part of this initiative over €5.4m has been allocated to staff health & wellbeing projects which have been mainly invested in HGs and CHOs. The fund has seen a significant shift in the offer of health and wellbeing initiatives for employees across the system. Initiatives include:

- Health checks
- Mindfulness programmes
- Slí na Sláinte walking routes
- Outdoor spaces
- Bicycle shelters and racks
- Stress control programmes
- Pilates and Yoga classes
- Water stations
- Quiet spaces
- Picnic benches
- Changing & shower facilities
- Food demonstrations
- Choir groups
- Art classes

HSE CREATING A SUPPORTIVE ENVIRONMENT THAT PROTECTS AND PROMOTES THE PHYSICAL, MENTAL AND SOCIAL WELLBEING OF EMPLOYEES

Between 2015-2020, a broad span of initiatives were introduced for staff health and wellbeing. These included a variety of items involving the arts, including the establishment of 16 staff choirs and the inaugural HSE Sing for Wellbeing Concert. Some CHO's focused on Healthcare Staff Awards. There was also significant interest and uptake shown in behaviour change lifestyle Health Checks.

ACTIVE LIVING

In 2017 the HSE commenced its own National Steps to Health Challenge for employees which have grown steadily in numbers over the years:

- The HSE has received 38 new 'Active @ Work' Irish Heart Foundation National Workplace Awards from 2016-2019;
- 69 Slí na Sláinte routes were identified or upgraded around our Hospital and Primary Care sites;
- A national walking day themed 'Love Life Love Walking' was organised for staff participation on Valentines Day in 2017, 2018 and 2020.



HEALTHY EATING

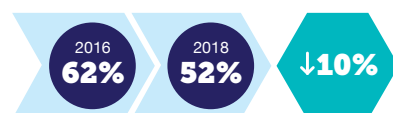
- Calorie Posting and Healthy Vending policies being implemented;
- IHF Healthy Eating Awards in HSE workplaces:
2016 AWARDS: 14
2017 AWARDS: 26
2018 AWARDS: 41
2019 AWARDS: 47
- HSE Nutritional Standards for the provision of food and beverages for staff and visitors in Irish Healthcare Settings published in 2019.

STRESS & STRESS MANAGEMENT

I feel that my level of stress sometimes affects work



I believe the source of my stress is work-related



I am aware of facilities where I work that provide support to staff experiencing stress at work



YOUR OPINION COUNTS FINDINGS:

- In the 2018 staff survey, over half of those surveyed (54%) say they feel that their level of stress sometimes affects their work, a decline of 8 points from the previous survey (2016) and now in line with Ipsos;
- In 2018, 52% of staff believe that the source of their stress is work-related, which encouragingly has dropped by 10 points since the 2016 survey;
- In 2018, two in three respondents (67%) to the staff survey say they tend to manage any work-related stress well, as was the case in 2016;
- In 2018, 70% of staff are aware of facilities where they work that provides support to staff experiencing stress at work, though 18% disagree indicating they are not aware of these facilities;
- In 2018, the majority of staff (90%) said they always persevere at work even when things do not go well, which was 88% in 2016 survey.

QUIT

- National QUIT campaigns had an inward focus on the health service, targeting staff who smoke and offering free behavioural support;
- A new initiative to provide stop smoking medication (nicotine replacement therapy and/or varenicline), which was piloted in some areas of the health services was streamlined and provided nationally to all staff at the end of 2020.

MENTAL HEALTH AND WELLBEING

- 154 'Minding Your Wellbeing' courses reaching 2,117 employees to end of 2019;
- 19,000 aggregate viewership of online Minding Your Wellbeing videos which include HSE staff;
- 18,000 individuals completed Stress Control online which includes HSE staff.

GUIDES AND RESOURCES

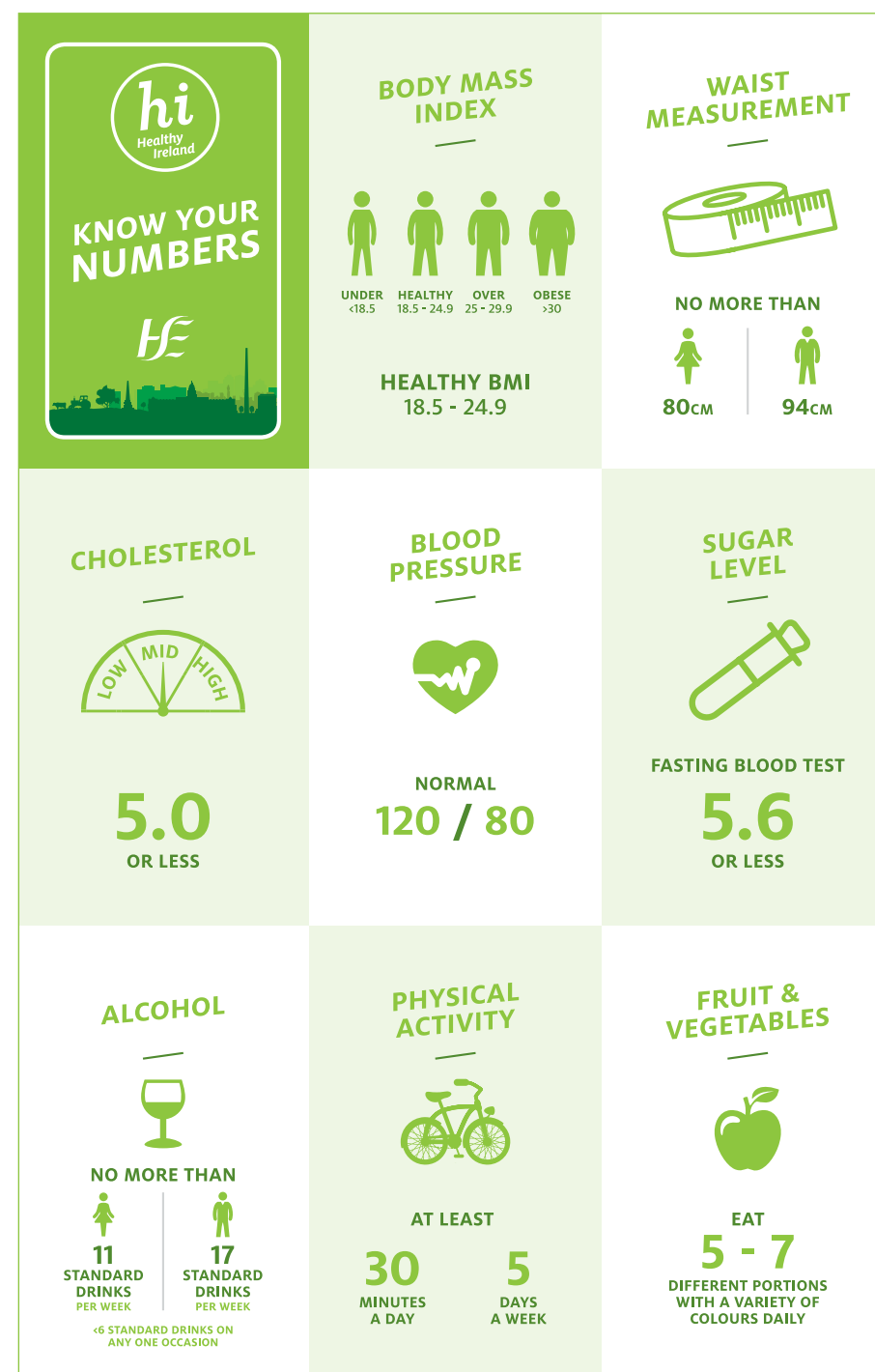
- Know Your Numbers Card produced and circulated to approximately 150,000 staff;
- Healthy meeting guidelines developed;
- Guidelines for setting up a Choir developed
- 16 HSE choirs set up;
- The inaugural HSE Sing for Wellbeing Concert was held in 2018 and repeated in 2019 each attracting over 500 attendees. Virtual concert in 2020 (530 attendees);
- Staff Health & Wellbeing focused webinars;
- *Take Your Lunch Break* guidance produced.

VOLUNTEERING

- The HSE advocate and encourage staff to volunteer at various events throughout the year such as HSE Community Games and Special Olympics;
- HSE participated in Junior Achievement Award Programme with 40 staff supported to volunteer;
- HSE staff encouraged to volunteer and participate in parkruns around the country.

Webinar Titles	No. of Registrants
Keeping Well when working from Home	1,234
Minding Your Wellbeing	1,363
Staying Connected	874
Christmas Concert	1,352
Total	4,823

HSE Health & Wellbeing Know Your Numbers Card



Appendix A

PROCESS INDICATORS FOR HEALTH SERVICES

HEALTH SERVICE REFORM	
Number of HI Leads in place in CHOs, Hospital Groups and National Services	9 x CHO Heads of Service Health & Wellbeing 9 x CHO Health & Wellbeing Health Promotion & Improvement Managers 6 x HI Executive Leads in Hospital Groups 3 x full-time HI Hospital Group Project Managers and 3 part-time 1 x HI Programme Lead in National Health & Wellbeing
Number of Implementation Plans developed	9 CHO Plans 5 Hospital Group Plans and one in progress 1 Health Business Services (HBS)
Number of CHO, Hospital and National Services' Operational Plans with specific actions on health and wellbeing	100%
Level of investment (financial and people) in health and wellbeing activities in each Hospital Group and CHO	Additional Investment from 2015 – 2020 (Pay and Non-Pay) CHOs Transfer of HP&I services to CHOs Jan 2020 €11,833,317 Nurture Programme: €2,467,896 9 X SMS co-ordinators (allocated recurring Jan 2017) €550,500 Staff Initiative Funding: €5.4m Flu 2016-2019: €2,024,000 HoSH&W Startup Budget: €225,000 WTEs to CHOs 9 X Head of Service Health & Wellbeing 9 x Child Development Co-ordinators 9 x SMS Co-ordinators 1 Child Health Communication Manager 139 HPI Staff transferred with budget to 9 CHOs
% of SLA/Grant Arrangements with specific health and wellbeing deliverables	100% of H&W grants
% of LCDC plans with health and wellbeing commitments and targets	100% (Local Economic Community Development Plans (LECPs))
% of health education /social marketing campaigns with inequalities focus	100% of Health & Wellbeing funded campaigns

REDUCING THE BURDEN OF CHRONIC DISEASE	
Number of national health and wellbeing policy priority programmes established and fully operational	Six as follows: <ul style="list-style-type: none"> • Tobacco-Free Ireland • Alcohol • Healthy Eating and Physical Activity • Healthy Childhood • Mental Health and Wellbeing • Sexual Health Four National Work Streams: <ul style="list-style-type: none"> • National Dietician Service • Staff Health & Wellbeing • Training and Programmes • Communications and Stakeholder Engagement
Number of Chronic Disease Prevention and Self-management Programmes established in each CHO	66 Living Well programmes delivered in 2020
% recording of risk factors on HIPE, GP and other systems	GP ICT systems have been developed to support the GP chronic disease contract and continue to be enhanced. Preliminary data shows that over 90% of GP visits patients risk factors are recorded.
% of patients with chronic disease who have a personal care plan	The GP Chronic disease contract for over 70yr olds commenced in January 2020, at the end of November 2020 preliminary data estimates that 51% of patients are recorded as having a care plan.
Number or % of staff trained in brief intervention	Brief Intervention Smoking Cessation (BISC) annual training target was 1,350. 2015: 1,279 achieved (95%) 2016: 1,306 achieved (97%) 2017: 1,076 achieved (80%) 2018: There was no target for BISC BISC replaced by Making Every Contact Count (MECC), in 2018 The total BISC training target for mental health services for the period of 2015-2017 was 1,367. 69% of this target was achieved (947 staff trained). Making Every Contact Count (MECC) 2018: 397 eLearning & 16 Enhancing Your Skills workshop 2019: 1,792 eLearning & 367 Enhancing Your Skills workshop 2020: 1505 eLearning & 130 Enhancing Your Skills workshop
Number or % of brief interventions delivered in each hospital/CHO service	This data is not collected at CHO and HG level

REDUCING THE BURDEN OF CHRONIC DISEASE (CONT.)	
Number or % of service users referred to specialist support services – QUIT team, addiction counsellors etc.	<p>55,909 the number of smokers who received cessation support services from a cessation counsellor between 2015-2019</p> <p>2015: 12,127 2016: 11,938 2017: 12,001 2018: 10,608 2019: 9,235</p> <p>59,764 number of smokers who signed up online QUIT.ie between 2015-2019</p> <p>2015: 10,867 2016: 17,166 2017: 16,280 2018: 8,951 2019: 6,500</p> <p>219,220 visits to www.askaboutalcohol.ie in 2019</p>
Number or % of service users participating in structured patient education programmes e.g. self-care, diabetes programmes	<p>Type 2 Diabetes structured patient education programmes</p> <p>2016: 1,711 2017: 2,494 2018: 3,259 2019: 3,580</p>
Number or % of smokers supported to quit smoking and who remained quit at 1 month	<p>% of smokers on cessation programmes who quit at 4 weeks :</p> <p>2015: 50% 2016: 51% 2017: 49% 2018: 49% 2019: 49% 2020: 46.5%</p>
Number of CHO/ Hospital Group population profiles published	<p>Population Profiles produced for 26 counties which informed the development of 9 CHO and 5 Hospital Group population profiles produced to support development of Healthy Ireland plans.</p>
% compliance with health literacy guidelines	<p>Communicating Clearly Guidelines issued by HSE National Communication in Jan 2018.</p> <p>NALA Plain English Mark on numerous HSE documents compliant with Communicating Clearly Guidelines.</p> <p>HSE engaged with NALA in its efforts to comply with Communicating Clearly Guidelines particularly for seminal texts such as:</p> <ul style="list-style-type: none"> • Cancer Cervical Check documents • The HSE Service Improvement Plan (2017) • National Office for Suicide Prevention leaflets • Immunisation leaflets • Guidance for providers of health and social care services: Communicating in Plain English

IMPROVING STAFF HEALTH AND WELLBEING	
% participation in staff surveys and audits	<p>National Staff Survey Your Opinion Counts</p> <p>2014: 7% responded 2016: 15% responded 2018: 15% responded</p>
Number of staff engagement opportunities	<p>National Staff Engagement Forum established in 2016</p> <p>11 additional local staff engagement forums/groups established since 2016 with others coming on stream.</p> <p>Digital engagement with HSE Live Twitter page:</p> <p>2015: 8,000 followers 2019: 41,000 followers (97,000 engagements) 2020: 164,000 followers (223,000 engagements)</p>
Number or % of workplaces implementing HSE Healthy Workplace Policy	<p>Each Hospital Group and CHO HI plan included Staff Health & Wellbeing as one of its key priorities and each has a suite of actions identified for implementation.</p> <p>HSE also progressed the development of HSE Healthy Workplace Framework pending the publication of Governments Healthy Workplace Framework.</p>
Number or % of workplaces with supportive environments for increased physical activity by staff	<p>Annual Steps to Health Challenge:</p> <p>2017 – 424 teams: 2,439 participants 2018 – 467 teams: 6,534 participants 2019 – 464 teams: 9,629 participants 2020 – 901 teams; 6,863 participants</p> <p>IHF Active @ Work Awards</p> <p>2015: 10 baseline workplace sites 2016: 6 new workplace sites 2017: 4 new workplace sites 2018: 7 new workplace sites 2019: 12 new workplace sites</p> <p>Love Life Love Walking: estimated participation</p> <p>2017: 1,000 2018: 1,500 2020: 1,000</p>
Number of staff health and wellbeing initiatives in each workplace	<p>3 x Nationally-led Steps to Health Challenge 2 x Nationally-led Choir Events 3 x Nationally-led Love Life Love Walking Day 3 x Nationally-led “HSE follow RTE Operational Transformation Programme”</p> <p>In addition to participating in these events CHOs, Hospital Groups and other Corporate areas organised many different types of staff events.</p>
% of staff involved in any social activities, clubs, associations etc.	<p>Data on this engagement is not currently collected</p>
Number or % of social marketing/health education campaigns with staff messaging and outcomes (smoking, physical activity, diet, alcohol, wellbeing, sexual health etc)	<p>HSE and partnered campaigns:</p> <p>13 campaigns targeting staff and the public</p>

Glossary of Abbreviations

ABF	Activity-Based Funding
AFI	Age-Friendly Ireland
BISC	Brief Intervention Smoking Cessation
BMI	Body Mass Index
CarePALs	Care Physical Activity Leaders
CHO	Community Healthcare Organisation
COPD	Chronic Obstruction Pulmonary Disease
CPD	Continuous Professional Development
CYPSC	Children and Young People's Services Committees
DCYA	Department of Children and Youth Affairs
DOH	Department Of Health
DRCD	Department of Rural And Community Development
ED	Emergency Department
EMIS	European men who have sex with Men Internet Survey
GbMSM	Gay, Bisexual & other Men who have Sex with Men
GP	General Practitioner
H&WB	Health & Wellbeing
HaPAI	Healthy and Positive Ageing Initiative
HCC	Healthy City and Counties
HCP	Healthcare Professional
HEAL	Healthy Eating & Active Living
HG	Hospital Group
HI	Healthy Ireland
HIPE	Hospital Inpatient Enquiry
HIQA	Health Information and Quality Authority
HoS	Head of Service
HPSC	Health Protection Surveillance Centre
HRB	Health Research Board
HSE	Health Service Executive
ICGP	Irish College of General Practitioners
IHF	Irish Heart Foundation
iPARC	Irish Physical Activity Research Collaboration
IT	Information Technology

IMPROVING STAFF HEALTH AND WELLBEING							
% uptake of flu vaccinations amongst staff	Flu season	Target	Acute Hospitals achieved		Long term care facilities achieved		
	2015/2016	40%	22.5%		26.6%		
	2016/2017	40%	31.9%		28.1%		
	2017/2018	40%	44.8%		33.1%		
	2018/2019	65%	53.2%		42.2%		
2019/2020	75%	58.9%		45.5%			
% of staff reporting positive mental health and wellbeing	Staff reported in the 2018 Staff Survey Your Opinion Counts that 54% feel that their level of stress sometimes affects their work. This represents a decrease of 8 points from 2016 survey.						
% of people out of work due to ill-health	2015: 4.2%	2016: 4.5%					
	2017: 4.4%	2018: 4.6%					
	2019: 4.7%	2020: 5.9% (1.7% COVID-19 absence)					
Number of work-related ill-health and injuries and their causes	No. of work-related incidents (that required medical attention and above) and their causes:						
		2015	2016	2017	2018	2019	2020
	Crash/Collision	15	13	8	16	19	14
	Exposure to Behavioural Hazards	485	498	568	592	514	407
	Exposure to Biological Hazards	163	240	226	314	280	1949
	Exposure to Chemical Hazards	34	39	49	34	27	28
	Exposure to Physical Hazards	860	1015	1,178	1,213	1,071	1028
	Exposure to Psychological Hazards	17	11	9	19	17	3
Totals	1,574	1,816	2,038	2,188	1,928	3,429	

LCDC	Local Community Development Committee
MECC	Making Every Contact Count
MN-CMS	Maternal and Newborn Clinical Management System
MSM	Men who have Sex with Men
NALA	National Adult Literacy Agency
NCP	National Clinical Programme
NGO	National Governing Organisation
NOSP	National Office For Suicide Prevention
NPPP	National Policy Priority Programmes
PHN	Public Health Nurse
PLHIV	People Living with Hiv
PM	Project Managers
PR	Public Relations
PrEP	Pre-Exposure Prophylaxis
RCPI	Royal College Of Physicians Of Ireland
SLA	Service Level Agreement
SMS	Self-Management Support
SP&T	Strategic Planning and Transformation
SPHE	Social Personal and Health Education
SPHeRE	Structured Population and Health Services Research Education
STI	Sexually Transmitted Infection
TFC	Tobacco-Free Campus
WHO	World Health Organisation
WTE	Whole Time Equivalent