



HEALTHY IRELAND IMPLEMENTATION PLAN 2018 - 2022



COMMUNITY
HEALTHCARE WEST
Galway / Mayo / Roscommon

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A message from
Dr. Stephanie O’Keeffe,
Strategic Planning and Transformation
and David Walsh,
National Director, Community Operations.



The Department of Health led cross-governmental Healthy Ireland Framework 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.

The Department of Health’s Slaintecare Implementation Plan 2018 is seeking to embed the principles of Healthy Ireland in the design of all models of care so that they permeate interactions between the health services and the public. It recognises the key leadership role the health system needs to continue to play in driving this whole-system shift towards a culture that places greater emphasis and value on prevention and keeping people well, and that over time will realise the vision of Healthy Ireland.

To deliver on this commitment within the health service the HSE published its Healthy Ireland in the Health Services National Implementation Plan. The Plan identified three strategic priorities - Systems Reform, Reducing the Burden of Chronic Disease and Staff Health and Wellbeing. We are delighted that this HSE Community Healthcare West Healthy Ireland Implementation Plan has translated these priority areas, into concrete, tangible actions for delivery at local level that can make a real lasting difference for their population.

This plan recognises the diversity of the population that HSE Community Healthcare West (CHW) is serving. CHW’s population of approximately 453,000 reside in geographical areas from city settings to remote islands. County Mayo, has the highest percentage of people aged 65 years and over in the country, Galway city, is Ireland’s most multi-cultural city, County Galway has the second highest traveller population, and Ballyhaunis, Co. Mayo, is the most multi-ethnic town in Ireland. This plan builds on the HSE’s HI national actions, including national actions from the HSE’s National Policy Priority Programmes (NPPPs) for Child Health, Alcohol, Tobacco, Healthy Eating and Active Living, amongst others, and identifies 89 large scale actions to improve the health and wellbeing of all CHW’s service users. With the actions in this plan focusing on prevention, on providing care closer to home and supporting people

to better self-manage their illnesses, its implementation over time will contribute to improved health outcomes for the people who live in CHW. CHW already has many initiatives underway for the delivery of this plan and has established a strong working relationship with the SAOLTA Hospital Group.

We would like to take this opportunity to commend the CHW Healthy Ireland Steering Group, the CHO Management Team, in particular Tony Canavan, Chief Officer, Martin Greaney, Head of Health and Wellbeing, and all their staff, on the development of this Plan. The publication of this plan shows their combined commitment to making major systemic and cultural shifts in how healthcare providers do their business. We would also like to acknowledge the staff co-ordinating and supporting this work locally and nationally, particularly Sarah McCormack, HSE National HI Lead, whose work in supporting the planning process and in forging positive working relationships at national and local level strengthens our capability for implementation.

We wish CHW and their partners every success with the implementation of this Healthy Ireland plan.



Dr Stephanie O'Keeffe,
National Director,
Strategic Planning and Transformation,
Health Service Executive.



David Walsh,
A/National Director,
Community Operations,
Health Service Executive.



Photo: Castlebar Primary Care Centre, opened 2017.

A Message from Tony Canavan,

Chief Officer Community Healthcare West

Healthy Ireland is a government-led initiative which aims to create a society where everyone can enjoy physical and mental health, and where health and wellbeing are valued and supported at every level of society.

In Community Healthcare West, we strive day-to-day to provide good access to high quality services for the people of counties Galway, Mayo and Roscommon. Our remit also extends beyond simply meeting this daily imperative. Our role is also about striving towards measured improvements in the health of the people in our area. This is a complex task and is one that can only be measured over time and so, this plan provides us with a clear roadmap of actions that we will take over the coming five years in order:



- to ensure that an increased proportion of our population is healthy at all stages of their lives
- that health inequalities are reduced
- that the public is protected from threats to health and wellbeing
- that we are creating an environment where every sector of society can play its part

The Community Healthcare Organisation role is especially important because it spans so many different services across all stages in the life course. It is also crucially important that we integrate our Plan with the work that is taking place in the SAOLTA University Healthcare Group. We know that good health is influenced and determined by many factors outside of the provision of formal health care services. The Community Healthcare Organisation is uniquely positioned to partner with Community Groups and other Statutory and Non Statutory Organisations in order to achieve the aims of the Healthy Ireland Framework 2013-2025.

This document is relevant to individuals and organisations from within our communities across the three counties. Within the HSE services it is relevant to staff working within the hospitals and all staff working in our Primary Care, Social Care, Mental Health and Health and Wellbeing services. While the development of the Healthy Ireland Plan has been driven by Health and Wellbeing, delivery on the actions will require the involvement of staff from all disciplines and all services.

It gives me great pleasure to introduce you to this, the first Healthy Ireland Implementation Plan for our CHO and I look forward to working with all stakeholders over the coming five-year period to ensure its successful implementation.

Mise le meas,

A handwritten signature in black ink, appearing to be 'T. Canavan', written in a cursive style.

2. INTRODUCTION

Martin Greaney,
*Head of Health and Wellbeing
Community Healthcare West*



Principles/Purpose

The Healthy Ireland Framework puts an onus on all government departments to give effect to a societal change in lifestyle habits and practices that help to improve the health and wellbeing of the general population. In its pursuit of this specific agenda the HSE developed its own plan, Healthy Ireland in the Health Services Implementation Plan 2015. This plan is the response of Community Healthcare West to this HSE National Plan. The principles seek to address health inequalities and put more emphasis than heretofore on lifestyle changes that lead to a reduction in chronic disease. Such lifestyle changes are societal and can best be achieved through interagency co-operation to which the HSE as a healthcare provider must play a pivotal role. This plan seeks to address both the HSE's role in a changing health care delivery model but also in relation to the HSE's contribution to its role as a vital player with all other agencies in seeking to achieve improved wellbeing for all of the population.

Consultation

When preparing this plan, in conjunction with the Head of Human Resources, we held a series of consultation days for staff throughout the region. These consultation meetings gave feedback to those in attendance on the published findings of the national staff survey with an emphasis on the local findings. We also gave an overview of the Healthy Ireland agenda both from a national and local perspective. These consultation workshops allowed staff in attendance to give feedback. While this will be referenced later in the plan, I want to reference it here because we found all of those in attendance were both receptive and responsive to the changing environment and practice that is necessary to look at healthcare in a more holistic and different way.

Actions/Delivery

This plan is based mainly on the areas of intervention that influence a reduction in chronic disease. It follows the priority programmes developed by the HSE nationally. It also includes additional local actions either identified from the consultation process or from our engagement with the delivery end of the service, namely, Primary Care, Social Care, Mental Health and Health and Wellbeing. The actions in the plan have been agreed through a process involving subgroups, consisting of representative staff. The actions identified were then agreed with the appropriate Heads of Service for delivery. Because of this, I am satisfied that the identified actions are deliverable.

Acknowledgements

I would like to thank the following for their input and support with the development of the plan:-

- Our Chief Officer, Tony Canavan, for his support.
- Our Steering Group for guiding the report.
- The subgroups, guided by nominated Chairpersons from the Steering Group.
- Sarah McCormack, National Lead for Healthy Ireland for her significant availability with the consultation process, membership and participation on the Steering Group and general assistance with the direction of the plan.
- The Project Management Office, particularly Bernie Austin.
- The Public Health Department, particularly Dr. Regina Kiernan and Deirdre Goggin.
- The Health Promotion and Improvement staff, and in particular, Thelma Birrane.
- The HR Department including Siobhan Moran, Head of HR.
- All others who helped in any way including those who attended the consultation sessions.
- And finally, to the staff in my own department, particularly Laurence Gaughan and Annette Burke.



Photo: Blacksod Lighthouse, Co. Mayo.

3. COMMUNITY HEALTHCARE WEST: SERVICE DELIVERY OVERVIEW

Photo: Galway Hooker, Co. Galway.



Community Healthcare Organisation Area 2 (Community Healthcare West) was established in 2015, along with eight other Community Healthcare Organisations across the country as part of the new delivery system for the health services based on Hospital Groups and CHOs. Community Healthcare Organisations (CHOs) provide a broad range of health services outside of the acute hospital system in the areas of Primary Care, Social Care, Mental Health and Health and Wellbeing.

Primary Care

The core objective of Primary Care is to achieve a more balanced health service by ensuring that the majority of patients and service users who require urgent or planned care are managed within primary or community-based settings.

The service provides a central role in co-ordinating and delivering a wide range of integrated services in collaboration with other services. It is envisaged that Community Health Services will be delivered by Primary Care Teams (PCT) which will actively engage to address the health and social care needs of the population within their remit. Health and Social Care Networks, consisting of a cluster of Primary Care Teams are proceeding to learning sites shortly, one of which is expected to be in Community Healthcare West.

Social Care

Social Care Services support People with Disabilities and Older Persons. The objective of Community Healthcare West is to enable people with disabilities to achieve their full potential, living ordinary lives in ordinary places, as independently as possible while ensuring that the voice of service users and their families is heard and that they are fully involved in planning and improving services to meet their needs. This objective is supported by the “Transforming Lives”¹ mainstreaming policy and the National Disability Inclusion Strategy 2017-2021². Many of the supports provided to people with disabilities in the Community Healthcare West region, are in partnership with a number of voluntary not for profit organisations. Community Healthcare West has formal service level and grant aid agreements in place, which set out the main provisions of these partnerships to realise an inclusive health, wellbeing and social care, model of support. Social Care services also aim to maximise the potential of older people, their families and local communities and to maintain people in their own homes and communities, within available resources while delivering high quality residential care when required.

Mental Health

The Mental Health Service provides specialist mental health services within Community Healthcare West. The services provided comprise Acute Inpatient Units, community-based Mental Health Teams (Child and Adolescent Mental Health, General Adult, Psychiatry of Old Age), Day Hospitals, Out-patient Clinics and Community Residential and Continuing Care settings. Within the main specialties, certain sub-specialties including Rehabilitation and Recovery, Liaison Psychiatry and Perinatal Psychiatry are also provided. This modern mental health service is integrated with other health services, from promoting positive mental health and suicide prevention to supporting those experiencing severe and disabling mental illness.

The Report of the Expert Group on Mental Health Policy - A Vision for Change (2006) was a progressive, evidence-based document that proposed a new model of service delivery which would be service-user centered, flexible and community based. In line with the Vision for Change principles, the Community Healthcare West Mental Health Service will support Community Healthcare West's population to build resilience and positive mental health by

developing, enhancing and extending:

- Community Mental Health service provision
- Specialist Mental Health services
- Clinical programmes
- Service-user and carer-engagement structures
- Early Intervention Services for adults and children

Health and Wellbeing

The Health and Wellbeing Service in Community Healthcare West was established during 2016. Health and Wellbeing is about helping people to stay healthy and well, reducing health inequalities, protecting people from threats to their health and wellbeing and improving the health and wellbeing of the population. The implementation of *Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025* is key to this improvement. Healthy Ireland aims to create an Ireland where health and wellbeing is valued and supported and on everyone's agenda in a meaningful way. The HSE has published its response to the Healthy Ireland Framework through its Healthy Ireland in the Health Services National Implementation Plan 2015-2017 (HSE).



Photo: St Brendan's Community Nursing Unit, Loughrea.

4. COMMUNITY HEALTHCARE WEST: HEALTH PROFILE

Photo: Achill, Co. Mayo.



Key Points

- The population of Community Healthcare West is 453,109, an increase of 1.7% since 2011.
- The 25 – 29 year age group decreased in all areas of Community Healthcare West.
- The population aged 65 years and over increased by 18.2%.
- Mayo has the highest percentage of population aged 65 years and over in the country.
- Mayo is the sixth most deprived county nationally.
- Galway City is the most multicultural city in the country and Ballyhaunis, Co. Mayo is the most multi-ethnic town in Ireland.
- The main causes of death in Community Healthcare West are cancer and cardiovascular disease.
- Galway has the second highest number of Travellers per head of population nationally.
- Only 2.7% of the Irish Traveller population are aged over 65 years compared to 15.1% of the general population in Community Healthcare West.
- Roscommon has the fourth highest dependency ratio nationally at 55.9%.
- Mayo has the second highest rate of intellectual disability nationally, 9 per 1,000.

This population profile provides information about the key characteristics of the population of (Galway, Mayo and Roscommon). Where possible it draws on Census 2016 data.

Our Population

The population of Community Healthcare West is 453,109. Figure 1 shows the population of the Community Healthcare West region by county. It also indicates the percentage change in the population since 2011.

The following population pyramids for Community Healthcare West highlight that there are relatively fewer young adults aged from 20 to 34 years in Community Healthcare West overall. This contrasts with Galway City.

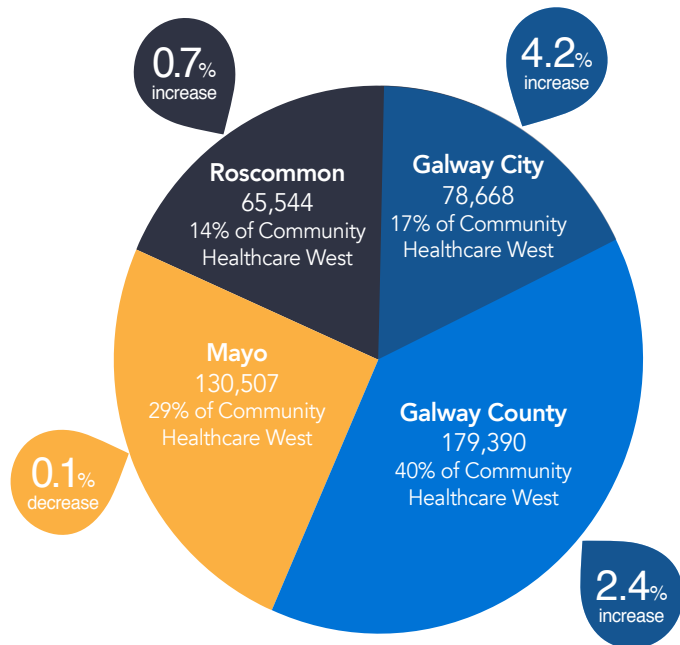


Figure 1: 2016 population of Community Healthcare West and % change in population since 2011

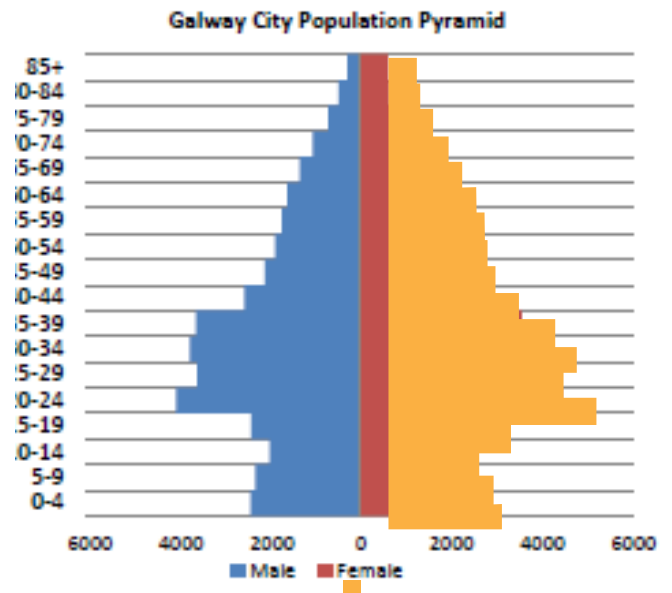
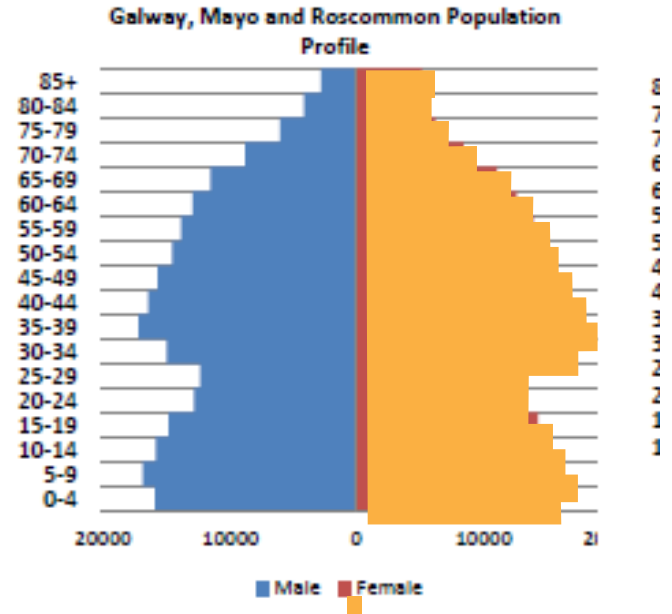


Figure 2: Population Pyramids by Age Group for Community Healthcare West and Galway City

4. COMMUNITY HEALTHCARE WEST: HEALTH PROFILE

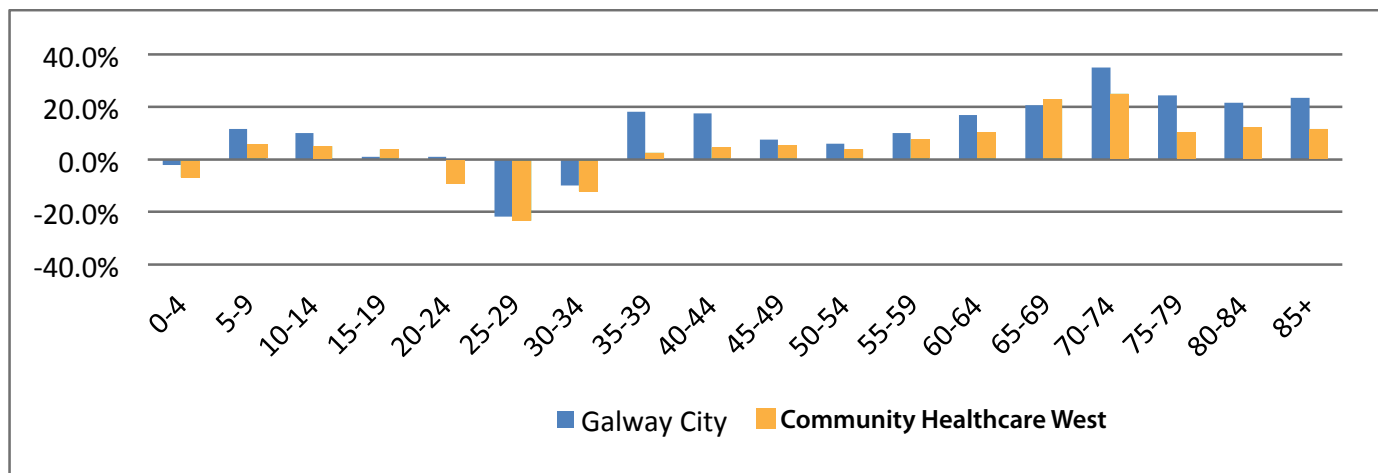


Figure 3: Percentage change in population 2011-2016 in Community Healthcare West & Galway City

There has been a major decline in the population aged 20-34 since 2011 (Figure 3), whereas those aged 60 and over are increasing. This has particular significance for the support of our dependent population and provision of services.

All areas in Community Healthcare West experienced an increase in the percentage of population aged 65 years and over; this age group increasing by 18.2% since 2011. Mayo has the highest proportion of the population aged 65 and over in the country with 17.6% while only 11.2% of the population are aged 65 and over in Galway City.

Population Projections

The population of the Community Healthcare West area is expected to grow from 453,109 in 2016 to 467,326 in 2023, an increase of 14,205 or 3%. It is projected that the population aged 65 and over will increase by 24% (from 68,558 to 84,973).

Birth rates

In 2016 Ireland had the highest birth rate among EU countries with a birth rate of 13.5 births per 1,000 in 2016. The 2016 birth rate/1,000 population in Community Healthcare West varied from 14.9 in Galway City to 11.9 in Roscommon. The number of births has fallen year-on-year since 2011 across our area.

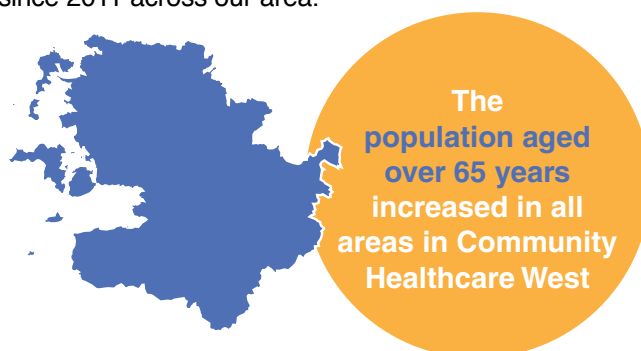


Figure 4: An older generation in Community Healthcare West

Deprivation Level

The Pobal HP (Haase & Pratschke) Deprivation Index measures the relative affluence or disadvantage of any area. The index is colour-coded with a spectrum from red, signifying deprivation, to bright blue, signifying affluence. This data is useful in assessing predicted health outcomes within an area as there is a recognised link between deprivation and chronic illness. The Relative Pobal HP Deprivation Index for Community Healthcare West is shown in Figure 5 below.

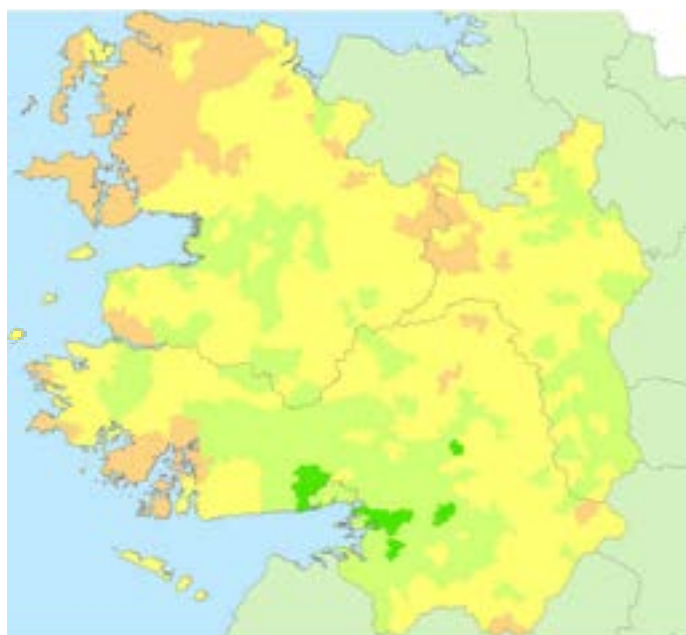


Figure 5: Pobal Deprivation Index for Community Healthcare West

There are high levels of disadvantaged and very disadvantaged areas particularly around the north-western Mayo areas of Erris and Achill and the Galway South Connemara seaboard. Galway City is the third most affluent local authority area with a score of 4.9 (marginally above average); while Mayo is the sixth most deprived county nationally with a score of -3.8.

Ethnicity

Community Healthcare West, like Ireland, is becoming an increasingly multi-ethnic and diverse population. Community Healthcare West area now has a multi-ethnic population of 14.3% (national rate 15.2%). Galway City is the most multi-cultural city in Ireland with 24% of its population multi-ethnic while Ballyhaunis with 40% has the highest multi-ethnic population in the country.

Vulnerable Populations

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

Disability

The 2005 Disability Act, defines disability “as a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment”. In the 2016 Census, 13.2% 59,810 people in the region were noted as having at least one disability⁴.

Intellectual Disability

3,277 people in Community Healthcare West Area, were registered on the National Intellectual Disability Database in 2016⁵. The national average prevalence of ID is 5.96/1,000. In Mayo the prevalence is 9.0/1,000, which is the 2nd highest prevalence in the country, in Galway the rate

4. COMMUNITY HEALTHCARE WEST: HEALTH PROFILE

is 6.3/1,000 and in Roscommon 7.3/1,000⁶, all exceeding the national average, presenting with a number of challenging illnesses and conditions such as autism, dementia and epilepsy⁷.

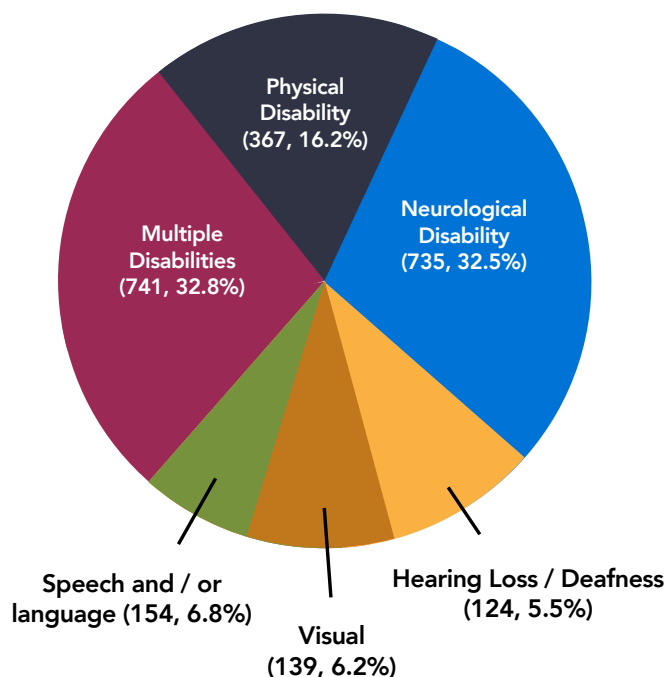


Figure 6: Community Healthcare West Profile of Physical and Sensory Disability 2017

Physical and Sensory

2,260 people were registered on the National Physical and Sensory Disability Database⁸ (NPSDD) see (Figure 6 Regional Profile of Physical and Sensory Disability 2017) and over 85% of these people reside with family

members⁹. Physical environment, income and weather has been identified as their greatest barriers and challenges. This group have identified sports or physical recreation, socialisation, leisure and cultural activities as the areas where they feel most restricted¹⁰.

Irish Travellers

There are 6,076 Irish Travellers living in our region. Galway City has the second highest proportion of Irish Travellers nationally at 20.5 per 1,000 population, Galway County has the third highest rate per 1,000 nationally of 14.7, Mayo is ranked seventh at 10 per 1,000 and Roscommon ranked 11th with 8 per 1,000³.

The population pyramid on page 15 (Figure 7), highlights how the structure of the Irish Traveller population is very different to that of the general population in Community Healthcare West, with a broad base at the younger ages and reducing sharply at higher ages. However, there has been an increase in the older age groups since 2011.

Health in Irish Travellers

Irish Travellers are known to have poorer health than the rest of the general population, with life expectancy for male Travellers 15 years lower than for the general population and 11 years lower for females. Only 2.7% of the Irish Traveller population are aged over 65 years compared to 15.1% of the Community Healthcare West general population. Other findings from the AITHS 2010 (All Ireland Traveller Health Study) were that deaths from respiratory diseases, cardiovascular diseases and suicides were markedly higher in Irish Travellers compared to the general population.

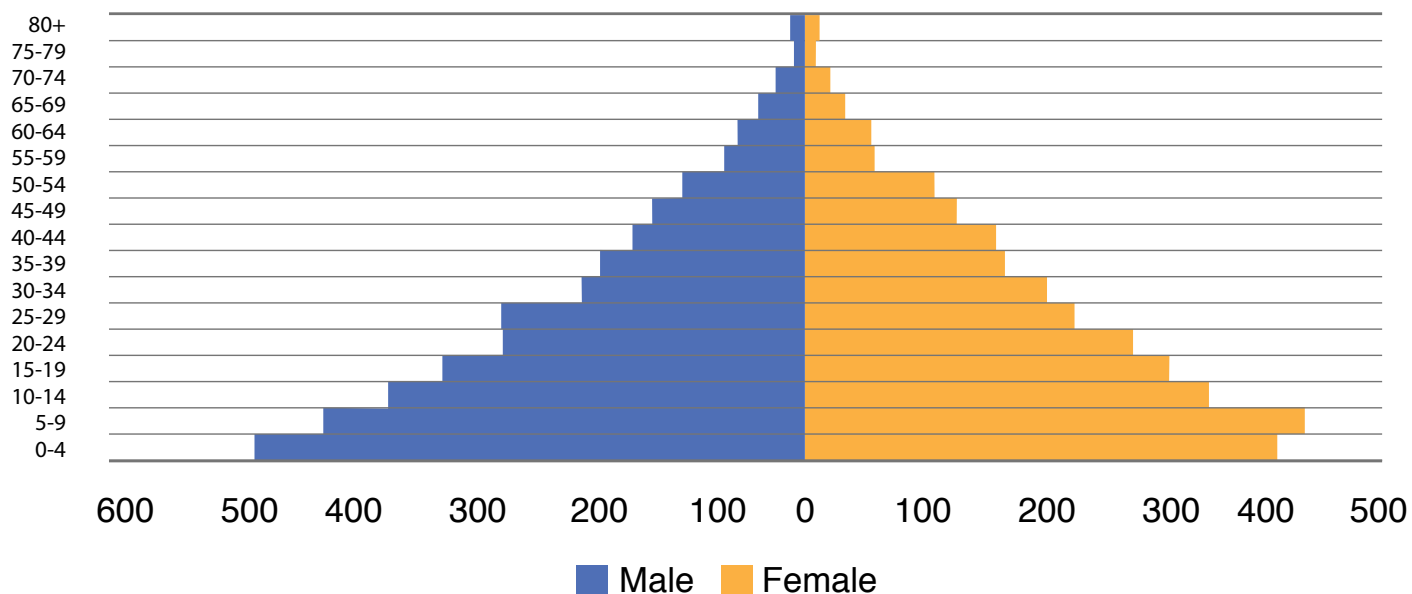


Figure 7: Population Pyramid for Irish Travellers in Community Healthcare West for 2016

The suicide rates among Traveller men were identified as seven times higher than suicide rates among men in the general population. A National Traveller Survey published in 2017 also found high levels of concerns regarding mental health and suicide amongst Irish Travellers.

Homelessness

The Homelessness Report September 2018 show that there were 262 homeless persons in the Community Healthcare West area, 150 of whom were in private

emergency accommodation, 110 in supported temporary accommodation, and 5 in other accommodation. There were 233 in Galway, 23 in Mayo and 6 in Roscommon.

Health Behaviours

Information on health behaviours that can impact on our quality of life is not available at CHO level. However, the recent publication of the third wave of the Healthy Ireland Survey gives some national findings. See Figure 8 on page 16.

Photo: A view of Lough Allen from the top of Arigna, Co Roscommon.

4. COMMUNITY HEALTHCARE WEST: HEALTH PROFILE

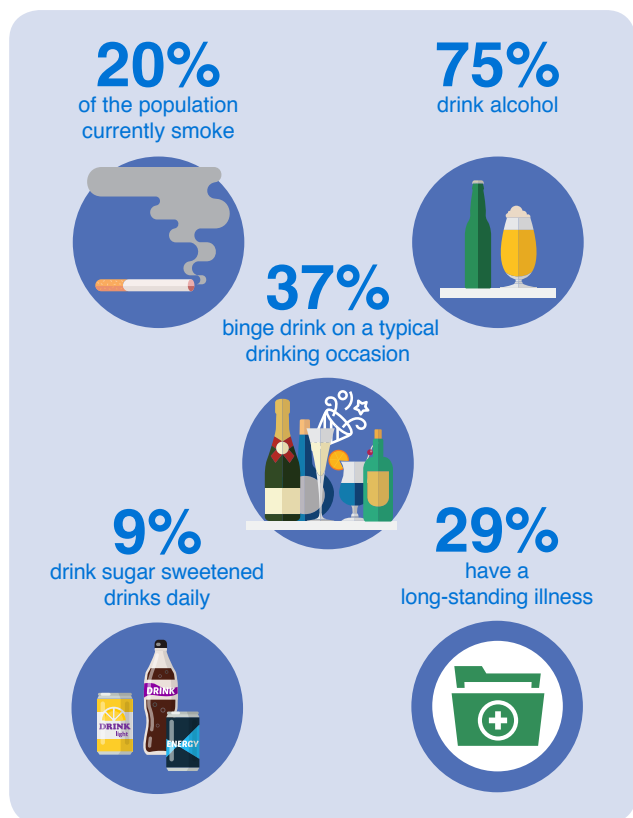


Figure 8: Healthy Ireland survey findings 2018.

Causes of Death

The main causes of death within Community Healthcare West in 2016 were diseases of the heart and stroke (32%) and cancer (28%). See Figure 9.

The spine charts in Appendix 10.4 sets out the five-year age standardised mortality rates 2010-2014 for the main causes of deaths for all ages and for those aged 0-64 (premature deaths) for Community Healthcare West.

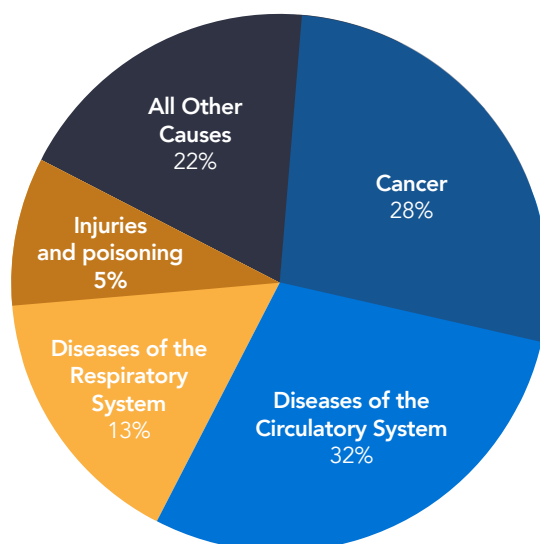


Figure 9: Community Healthcare West: Principal causes of deaths % in 2018

Further Census 2016 Information

Data for Community Healthcare West and Galway City, Galway County, Mayo and Roscommon are contained in Appendix 1. Further information on Census 2016 population data is available on the HSE Health Atlas Finder Area Profile tool <https://finder.healthatlasireland.ie/>.

The challenges for promoting the health and wellbeing of the population within Community Healthcare West include the increasing prevalence of chronic disease, an ageing population and increased dependency levels particularly in counties Mayo and Roscommon. We are confident that the implementation of the actions outlined in our plan will contribute significantly in the coming years to the improved health and wellbeing of the total population.



Camhs 1

LOVE WALKING DAY
TUESDAY 14TH FEB.
Walks at 11am, 1pm, 5pm
MEET AT MAIN ENTRANCE

5. COMMUNITY HEALTHCARE WEST: STAFF PROFILE

Our Aim

Community Healthcare West's aim is to promote health and wellbeing as part of everything we do so that people will be healthier. We believe that promoting and supporting the physical, social and mental health and wellbeing of our workforce will have a positive impact on the health and wellbeing of everyone living in Ireland (Health Service Executive Corporate Plan 2015-2017).

Our workforce is at the core of delivering healthcare in Ireland. By creating a positive, safe and healthy workplace and promoting healthy lifestyle choices, we will increase morale and improve work-life balance. We aim to create a culture of health promotion, providing facilities conducive to healthy lifestyles while at work and getting to and from work, and actively valuing staff health and wellbeing. Research indicates that we could reduce mortality, decrease morbidity and improve the quality of life of our patients and service users through better quality people management (Health Service People Strategy 2015-2018).

We have 5,413 (July 2018) people working across Community Healthcare West, serving a population of 453,109 people (census 2016). Our staff provide services in Primary Care, Social Care, Mental Health, Health and Wellbeing. We engage external service providers across home care services. We work closely with our Section 38 and Section 39 Voluntary Body colleagues to ensure that we continue to build on the care we provide to our family, friends and neighbours. There is no doubt that staff are our wealth and the face of our organisation. We are committed to the continued improvement of the health and wellbeing of staff, which in turn has a positive impact on everybody else with whom they come into contact.

Our Islands

There are seven inhabited off-shore islands in Community Healthcare West, namely, Inishmor, Inishmeain, Inishere and Inishboffin in Galway and Clare Island, Inisturk and Innisbiggle off the West Coast of Mayo. The Galway

islands have 1,166 residents and Mayo islands have 277 residents. Island working brings its own challenges and adverse weather conditions can affect how we deliver our services. Lone working can be challenging for staff generally but particularly so on Islands. A reduced transport system can exert additional pressures on services.

Our Staff Survey

The 2016 Staff Survey "Your Opinion Counts" showed us that 27% of those surveyed agree that the organisation is genuinely interested in the wellbeing of its staff and 33% agree that the organisation encourages a healthy lifestyle.

Staff Health and Wellbeing Steering Group

A staff Health and Wellbeing Steering Group has been established to lead the coordination of staff health and wellbeing initiatives. The group is jointly chaired by the Head of Health and Wellbeing and the Head of Human Resources.

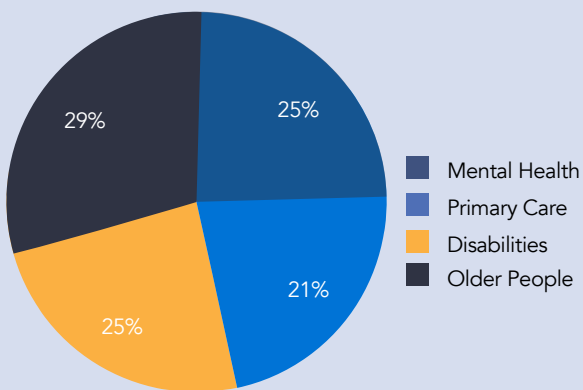
Staff Initiatives

Arising from funding received in 2016 and 2017 a number of staff health and wellbeing initiatives have been developed. These include staff step challenge, bike shelters, staff art and choir supports and partnership initiatives with the Merlin Park and Mayo Social Clubs. This funding is co-ordinated by the Staff Health and Wellbeing Steering Group.

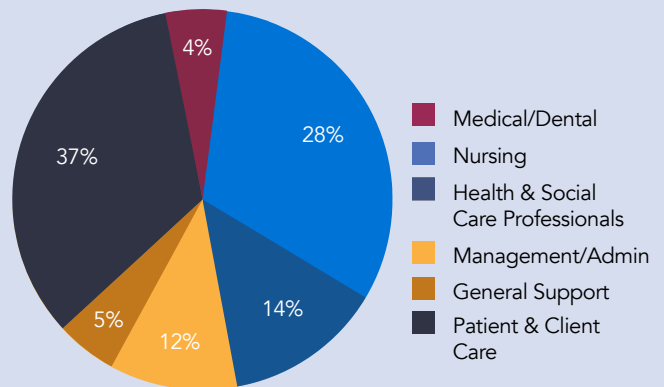
Staff Engagement Forum

Employee engagement is a central theme of the People Strategy 2015-2018 with a focus on developing mechanisms for more effective internal communications across the whole sector. This includes ensuring staff have the space to discuss their professional and career aspirations with their managers and that these engagements will inform learning and development. Within Community Healthcare West we are in the process of developing a staff engagement forum which will be significant in enhancing staff communication and engagement.

| July 2018 | WTE July 2018 |
|----------------------|---------------|
| Mental Health | 1,320 |
| Primary Care | 1,144 |
| Social Care | 2,950 |
| Disabilities | 1,380 |
| Older People | 1,569 |
| Total WTE | 5,413 |
| HSE – Direct | 4,240 |
| Section 38 Agencies | 1,173 |



Employment by Service Category (July 2018)



Employment by Staff Group (July 2018)

Figure 10: Community Healthcare West Employment by Service Category (July 2018)



Photo: Kinvarra, Co. Galway.

5. COMMUNITY HEALTHCARE WEST: STAFF PROFILE

| July 2018 | WTE | Headcount | WTE: No. | % Male | % Female |
|------------------|--------------|--------------|-------------|--------------|--------------|
| Mental Health | 1,320 | 1,460 | 1.11 | 27.7% | 72.3% |
| Primary Care | 1,144 | 1,345 | 1.18 | 11.9% | 88.1% |
| Social Care | 2,950 | 3,666 | 1.24 | 16.8% | 83.2% |
| Total WTE | 5,413 | 6,471 | 1.20 | 18.2% | 81.8% |

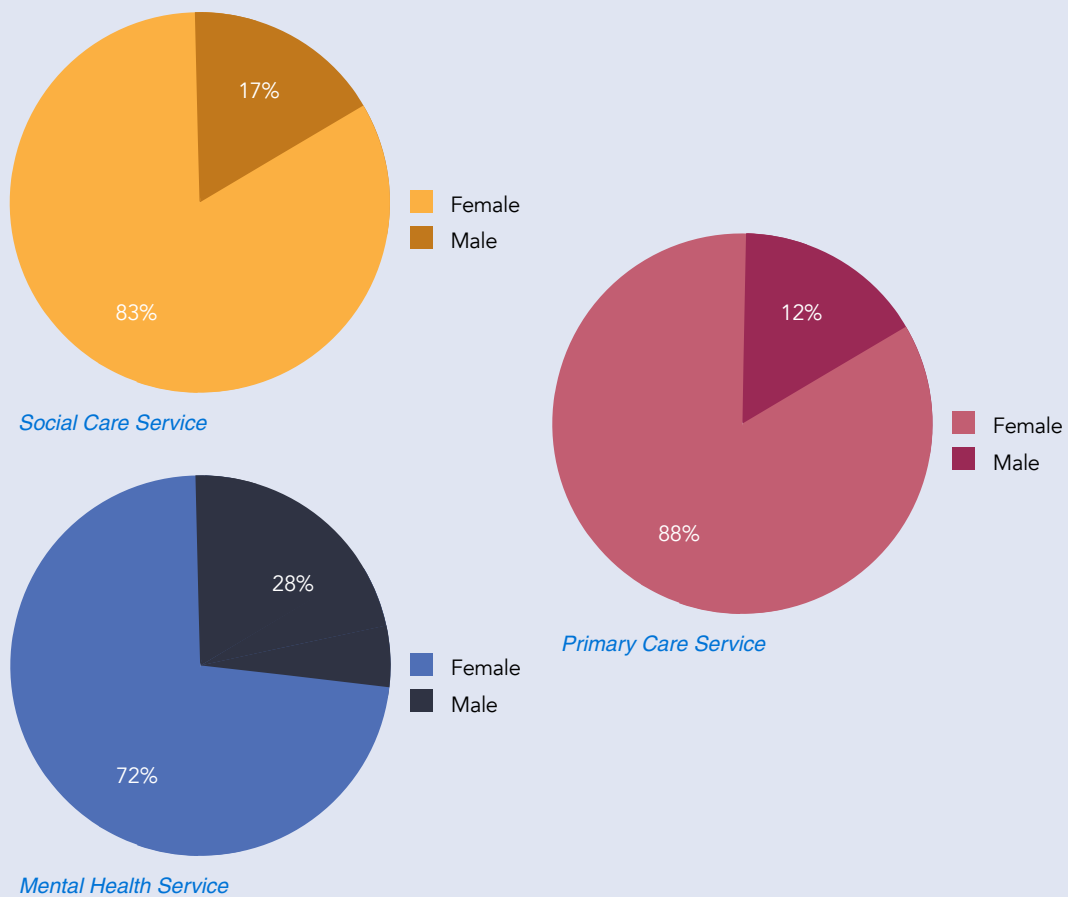


Figure 11: Employment by WTE, Headcount and Gender, (July 2018)



Saolta Partnerships

Community Healthcare West has a close working relationship with Saolta across a range of staff health and wellbeing initiatives. These include active staff health and wellbeing groups on the Merlin Park and Castlebar campuses. Initiatives to date include staff health and wellbeing days, environmental awareness days and joint initiatives to promote the Love Life, Love Walking annual walking days.

Men's Health Initiatives

Community Healthcare West has been to the fore in the development of initiatives for men such as the Men on the Move programme which commenced in 2014 in Mayo. Other initiatives include Engage training for men, supporting the 36 Men's Sheds in the region and annual support during Men's Health Week.

Traveller Health

Statistics in relation to Traveller health demonstrate that health inequalities continue to be a significant issue for the Traveller community. To address this a Traveller Health Unit was established in 1996. A local Traveller Health Strategy (2017 – 2020) was launched recently.



Healthy Ireland at Your Library

Community Healthcare West has an active partnership with the libraries to support the recently launched Healthy Ireland at your library initiative. Healthy Reading Schemes (bibliotherapy) have also been developed in partnership with Mayo and Roscommon County Libraries.

Healthy Cities and Counties

Working with Local Community Development Committees (LCDCs) in each county, Healthy Galway City, Healthy Mayo, Healthy Roscommon and Healthy Galway County are all part of the Healthy Ireland Healthy Cities and Counties of Ireland Network. The aims include improving physical and social environments and developing community resources to implement the Healthy Ireland vision at the local level.



Staff Communication Sessions

During 2017 Staff Consultation Sessions were held at our major work locations to give staff an opportunity to input into this plan.



Staff Flu Campaign

The uptake levels of the Staff Flu vaccine continues to increase. This can be attributed to the work of our Flu Champions and local Peer Coordinators as well as the leadership of our Flu Steering Committee.



Children and Young People's Services Committees (CYPSCs)

Within Community Healthcare West we have three Committees. These are interagency structures that bring together the main statutory, community and voluntary providers of services for children, young people and families. HSE reps participate in these Committees and work in partnership with them to achieve Healthy Ireland goals and the goals of Better Outcomes, Brighter Futures.

Positive Ageing

Community Healthcare West has one of the highest percentages nationally of older people and we have a range of ongoing partnership initiatives to promote positive ageing throughout the region e.g. Falls Prevention, Go For Life.



Chronic Disease Self-Management Support Programme

(Self Care to Wellness Programme)
A six-week programme, which commenced in 2014, is based on the Stanford University model and is currently delivered in Mayo and Roscommon. It supports people with chronic disease to have better quality of life.

7. OVERVIEW OF HEALTHY IRELAND



The Healthy Ireland Framework identified that the Health Service “must assume both a stewardship and advocacy role to support other sectors in pursuing health and wellbeing goals”. (Ref Healthy Ireland Framework Page 13). From where we stand, there is an unsustainable horizon for future health services and for our population’s wellbeing, driven by lifestyle disease patterns and ageing population trends. That is why we in the Health Service must be focused on improving health and wellbeing, on prevention rather than simply on treatment. That focus is as important for a modern health service as our priorities of quality, access, value, standards of care and patient outcomes. If we want a sustainable Health Service then we need to invest in the health of our population. We need to help people stay well for longer, stay at home for longer, and – when they become unwell – stay out of hospital for longer. The majority of older persons in Ireland rate their health as good, very good or excellent and are active participants in the lives of their families and communities. However a larger older population creates an increased demand on the health service, particularly in respect of the health and social care needs of the older people and for the management of chronic disease.

In 2015 the HSE published Healthy Ireland in the Health Services Implementation plan. This plan sets out how the HSE will implement Healthy Ireland in the Health Services in Ireland delivering on its role as outlined in the Healthy Ireland Framework. Given the specific role and purpose of the HSE as the main provider and guardian of health and social care in Ireland, that plan emphasises that we have a fundamental responsibility for the delivery of the Healthy Ireland Framework within our own organisation and to the population we serve. *Healthy Ireland in the Health Services Implementation Plan* highlights the opportunities we have through the millions of contacts we have with the people living in Ireland each year. That plan identifies three strategic priorities for focus:

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

The plan recognises that good work is already underway and that we need to build on these good practices, ensuring that what we do is evidence based and sustainable. That plan has a suite of 126 actions for delivery at national

7. OVERVIEW OF HEALTHY IRELAND

and local levels. It identifies the key role that Hospital Groups and Community Healthcare Organisations must play in order to improve the health and wellbeing of the population. The 66 high level actions identified for Hospital Groups and CHOs focus primarily on building on opportunities to reduce the key known risk factors for chronic disease: Tobacco Control, Healthy Eating and Active Living, Alcohol, Wellbeing and Mental Health, Healthy Childhood and Positive Ageing. The increasing rate of chronic disease places significant demands on our health service: see Figure 15.

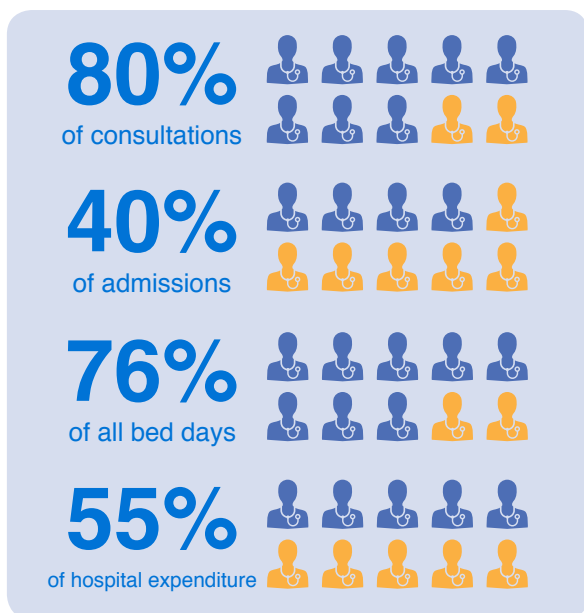


Figure 15: The increasing rate of chronic diseases.



Figure 16: The Healthy Ireland Framework has a total of 12 actions. These actions are prioritised under the six health and wellbeing policy priority programmes.

The HSE has established multi-disciplinary national teams to lead and take responsibility for co-ordinating a coherent and comprehensive Health Service response to key health and wellbeing policy areas. These are known as National Policy Priority Programmes which consist of a Lead and a small support team. NPPPs are in place for Healthy Childhood, Tobacco Control, Sexual Health, Alcohol, Healthy Eating and Active Living. A number of national work streams are also in place for Positive Ageing, Mental Health and Wellbeing and Staff Health and Wellbeing.



This Community Healthcare West plan builds on existing health and wellbeing good practices, and also plans additional local actions to support the implementation of the key Healthy Ireland priorities.

Successful implementation of the plan is dependent on effective partnership working. In all of our actions, we hope to build on the established local relationships with organisations such as Local Authorities, Local Community Development Committees (LCDCs), Children and Young Person Services Committees (CYPSCs), Sports Partnerships, Education and Training Boards and many other community and voluntary organisations.

Sláintecare

The launch of this plan is timely insofar as it specifies actions over the next five years that embrace the expansion of Community based services as recommended in the Sláintecare Strategy. The document indicates that the Healthy Ireland Strategy is underpinned by a whole-system philosophy involving cross government and cross societal responsibility. Many of the actions in this plan are inter-dependent on co-operation with other agencies and bodies.

The Health Service Capacity Review Report 2018 produced by the Department of Health highlights three areas for reform, two of which are as follows:-

- Health and Wellbeing initiatives
- An improved model of care that repositions the health service towards a community based model with a specific focus on older persons.

In fact, the forecasts up to 2031 have been modified to take account of anticipated reforms. Many of the current reforms are reflected in the actions of this plan and are also reflected in the Sláintecare Implementation Strategy which states that “significant programmes of work already exist in some areas, which means that the journey to a reformed system is, in some respects, already advanced. Another action arising from the Sláintecare Report is the anticipated publication of “The New Outcomes Framework for Healthy Ireland” the publication of which is imminent. This publication will further endorse the actions of this plan.

Community Healthcare West has also established a Local Implementation Governance Group (LIGG), to drive and support the roll out of the chronic disease integrated care structure. This group will have a supportive role in the implementation of a number of actions outlined in this plan relating to positive ageing and self-management support.



8. DEVELOPING THIS PLAN

Image © Tara Gibbons

Photo: Lough Key Forest Park, Co. Roscommon.



Each Community Health Organisation is responsible for the development of the local implementation plans with dedicated support and expert input provided by the Health and Wellbeing Division.

The publication of this plan will support initiatives which are already underway within Community Healthcare West. Within the region, we already have close working relationships and many partnership initiatives with our LCDC and local authority colleagues. This includes Galway City, and counties Galway, Mayo and Roscommon being part of the Healthy Cities and Counties of Ireland Network.

In recent years, we have also developed a number of significant local initiatives including the Men on the Move programme which commenced in conjunction with Mayo Sports Partnership in 2013. This programme for men is now being rolled out nationally. We have also developed a number of pilot initiatives, including healthy reading schemes in conjunction with Mayo and Roscommon libraries, and social prescribing and self-management support programmes in Mayo.

The development of this plan began in mid 2017 following the establishment of the Community Healthcare West Healthy Ireland Steering Group. Our Chief Officer, Mr. Tony Canavan assigned Mr. Martin Greaney, Head of Service for Health and Wellbeing as the Healthy Ireland Lead. He is a member of the Community Healthcare West

Management Team and responsible for co-ordinating the work of the Steering Group and other subgroups that have contributed to the development of this plan. The Steering Group will continue to meet quarterly during 2018-2022 to monitor and evaluate implementation of the plan.

The Terms of Reference for the Steering Group

- To develop a Healthy Ireland Implementation Plan for Community Healthcare West.
- Oversee the consultation and communication process associated with the development and implementation of the plan.
- Oversee and provide direction to ensure the successful implementation of the Healthy Ireland Implementation Plan.
- Set priorities based on the plan for each year of implementation.
- Ensure ongoing monitoring and progress reporting processes are in place.
- Support the sites in organising and structuring their resources for the delivery of the Plan.
- Agree and establish sub groups, where necessary, to enable implementation.
- Identify and monitor risks to the implementation and develop mitigation plans where necessary.

Membership of the Steering Group

- Mr. Martin Greaney - Chairperson, Health and Wellbeing
- Ms. Sarah McCormack - National Healthy Ireland Lead, HSE
- Ms. Thelma Birrane - Health Promotion and Improvement
- Mr. Greg Conlon - SAOLTA
- Mr. Ross Cullen* - Communications Department
- Ms. Michelle Egan - HR Dept
- Mr. John Fitzmaurice - Disability Services
- Mr. Laurence Gaughan - Health and Wellbeing
- Mr. Steve Jackson - Mental Health Services
- Mr. Shane Keane - Environmental Health
- Ms. Mary Kerins* - Portfolio Management Lead
- Dr. Regina Kiernan - Public Health Dept.
- Mr. Pat McHale - Finance Dept.
- Ms. Anne O'Neill - Health and Wellbeing
- Ms. Siobhán O'Sullivan - Older People's Services
- Ms. Mary Warde - Primary Care Services
- Ms. Mary Syron - Traveller Health
- Ms. Annette Burke - Health and Wellbeing

**Mary Kerins replaced in Oct 2017 by Bernie Austin. *Ross Cullen replaced in September 2017 by Anita Donoghue.*

Working Sub Groups

A number of sub groups were established to map what services were currently being provided in Community Healthcare West, to identify any gaps and areas of good

practice and to develop an Action Plan to address these matters. The sub groups were Healthy Eating and Active Living (chaired by Mr. Laurence Gaughan); Healthy Childhood (chaired by Dr. Melissa Canny); Positive Ageing (chaired by Ms. Siobhán O'Sullivan); Mental Health (chaired by Mr. Steve Jackson); Staff Health and Wellbeing (chaired by Mr. Martin Greaney); Tobacco Free, Alcohol and Sexual Health was co-ordinated by Martin Greaney.

Each sub group was responsible for defining and agreeing a suite of Actions for inclusion in the Community Healthcare West Healthy Ireland Implementation Plan. They were assisted in this process by the feedback from the Staff Communication sessions.

The purpose of the Staff Communication/Information sessions was to create awareness among staff of Healthy Ireland, to be aware of the development of the plan, the process being undertaken and that their participation was welcome. We delivered a presentation to staff, had a question and answer session and asked staff to complete a feedback questionnaire in respect of influencing the lifestyle behaviours of service users that would reduce chronic disease and improve health and wellbeing. We also asked staff what they could do to improve Staff Health and Wellbeing. These sessions were held in Merlin Park and Newcastle Road Galway; the Primary Care Centre, Castlebar, Áras Attracta, Swinford, the HSE Offices, Convent Road Roscommon and in Ballinasloe Mental Health Services. They generated a good level of interest and gave the process momentum.



Back row from left to right: Bernie Austin, Mary Syron, Anita Donoghue, Thelma Birrane, Regina Kiernan, Siobhan O'Sullivan, Michelle Egan, Pat McHale. **Front row from left to right:** Laurence Gaughan, Anne O'Neill, Martin Greaney, Sarah McCormack, John Fitzmaurice, Annette Burke.

9. IMPLEMENTING THIS PLAN: ACTION TEMPLATES

Photo: Boat in Galway Bay, Co. Galway.



Introduction

This Healthy Ireland Plan for Community Healthcare West will be delivered over a five-year period from 2018 to 2022. The Plan focuses on the actions contained in the Healthy Ireland Framework 2013 - 2025, and also acknowledges and builds on the many good initiatives and practices developed to date.

Governance

Primarily this is a Community Healthcare West Plan and its implementation will be overseen by the Management Team. As part of its Terms of Reference, the Healthy Ireland Steering Group is remaining in place to oversee, provide direction and to ensure the successful implementation of the plan. The Steering Group will provide quarterly reports to the Community Healthcare West Management Team on progress.

The Head of Health and Wellbeing is the Chairperson of the Steering Group and will provide the day-to-day

interactions with other Heads of Service, other HSE services, voluntary groups and other agencies.

Some groups are already in place and have agreed to lead on relevant actions in the plan, such as:

- The Regional Breastfeeding Forum
- The Flu Steering Committee
- The LIGG (Chronic Disease Regional Group)
- The Immunisation Regional Committee
- The Healthy Childhood Committee
- The Travellers Health Unit
- The Staff Health and Wellbeing Committee through the following subgroups:-
 - a) Staff Engagement Forum
 - b) Schwartz Rounds
 - c) Values In Action
 - d) Staff Recognition Programme
- The Self Management Support Steering Group and its 'Self Care to Wellness' working group.

Other groups will be formed as part of the implementation process for areas such as:

- MECC
- Tobacco Free
- Healthy Eating Active Living
- Alcohol

HSE staff also participate in each county as members of Partnership Committees such as:

- Local Community Development Committees (LCDCs)
- Children and Young Persons Services Committees (CYPSCs)
- Sports Partnerships

Many of these Committees have or are developing Health and Wellbeing subgroups to oversee the Healthy Ireland agenda with HSE staff in membership.

Community Healthcare West Implementation Plan – Governance Structure

The following sections of the plan outline the key actions under the 12 key themes which are aligned to the *Healthy Ireland in the Health Services Implementation Plan*.

In addition, section 1, “Crosscutting Actions” outlines priority actions covering three areas, that run across all themes, as follows:

1. Communication and information
2. Embedding Healthy Ireland as key function for all staff
3. Working in partnership with other agencies

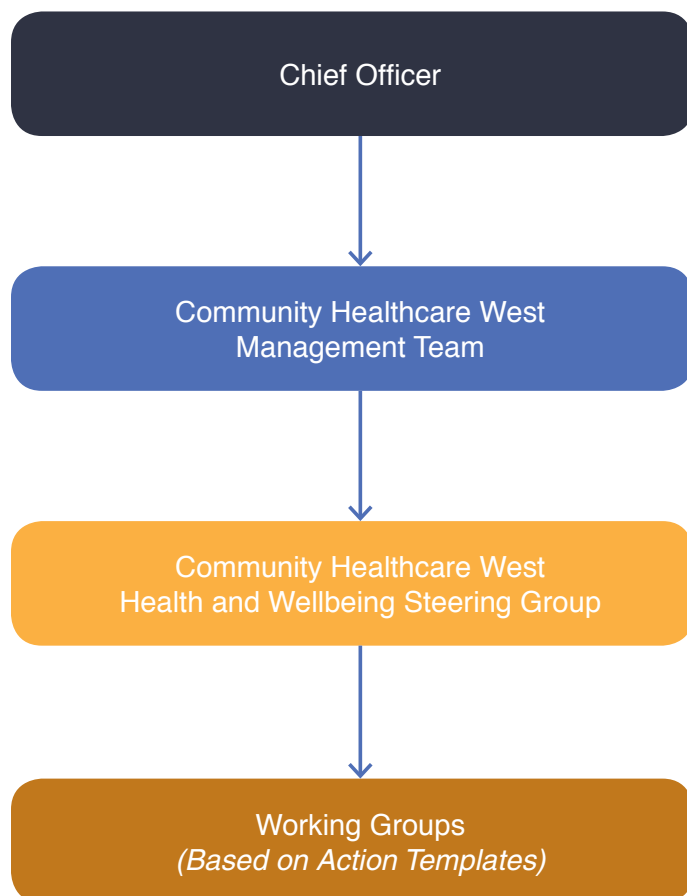


Figure 17: Governance Structure.

ACTION 1

1

CROSS CUTTING ACTIONS

- 
- TEAM
- Company Trip
 - Sports
 - Holiday parties
 - Friday Potluck
 - Sporting Event

ACTION 1 CROSS CUTTING ACTIONS

Our plan identifies how we will implement Healthy Ireland and its associated HSE National Priority Programmes in Community Healthcare West. To successfully implement these actions we have identified three cross cutting areas of action that will ensure the successful implementation of our plan.

- 1.1 Communication and Information
- 1.2 Embedding Healthy Ireland as key function for all staff
- 1.3 Working in partnership with other agencies

We are also committed to the implementation of all policies and programmes currently in development to further progress Healthy Ireland across the National Priority Programmes, for example the National Mental Health Promotion Strategy and the National Healthy Workplace Framework.

| No. | Action | Measure | Lead | Partners | Completion |
|-----|--------|---------|------|----------|------------|
|-----|--------|---------|------|----------|------------|

1.1. Communication and Information

| | | | | | |
|--------|--|--|--|---|------|
| 1.1.1. | <p>Support the local implementation of all national awareness campaigns and websites including:</p> <ul style="list-style-type: none"> • Dementia Understand Together Service Directory • Every breastfeed makes a difference • Healthy Childhood • Quit • Healthy Eating and Active Living campaigns such as START • The Little Things Campaign • drugs.ie • Askaboutalcohol.ie • Sexual health campaigns and websites • National Screening Programmes | Campaign implemented | Health and Wellbeing and all other Heads of Service as appropriate | Communications Department | 2022 |
| 1.1.2. | <p>Ensure health information leaflets and resources are on display in all healthcare facilities, for example:</p> <ul style="list-style-type: none"> • Dementia Understand Together • Breastfeeding • Child and infant nutrition • Quit • The Food Pyramid and other nutrition information • Healthy Weight for Children Prevention Programme • Mental Health and Wellbeing • Sexual Health • Alcohol • Drugs • National Screening Programmes <p>Ensure information is available in an easily accessible format and available in different languages where appropriate.</p> | Leaflets on display in appropriate locations | Head of Health and Wellbeing | Health Promotion and Improvement, All HoS | 2022 |
| 1.1.3. | <p>Map the services available to support and promote health and wellbeing and how to access these services.</p> <p>Communicate the availability of these resources to staff and service users in areas such as:-</p> <ul style="list-style-type: none"> • Breastfeeding support groups • Physical activity supports • Nutrition support • Quit Service and smoking cessation service where available • Alcohol support services • Chronic Disease support groups • Self Management Support • Sexual health services and supports including LGBTI | <p>Information mapped</p> <p>Communication to staff and public</p> | Health and Wellbeing | All HoS, Communications Department | 2022 |

| No. | Action | Measure | Lead | Partners | Completion |
|--------|---|----------------------------------|------------------------------------|---|------------|
| 1.1.4. | Promote peer and mutual self-help groups such as AA, NA, SMART Recovery, AI Anon, Naranon, Family Support Network. | Number of initiatives undertaken | Health and Wellbeing Drugs Service | All HoS, Community Voluntary Organisations | 2022 |
| 1.1.5. | Communicate and promote new website developed through the Nurture programme. | Number of initiatives undertaken | Child Health Lead | All HoS, SAOLTA, Community Voluntary Organisations, THU | 2022 |
| 1.1.6. | Identify all referral pathways in signposting to STI, crisis pregnancy and post-abortion support services (in Community Healthcare West). | Annual audit | Primary Care | Health Promotion and Improvement | 2022 |
| 1.1.7. | Implement process to ensure all services are aware of the available free sexual health resources and training opportunities (condom distribution service, Health Promotion material, HSE and HSE funded training) and encourage uptake. | Annual audit | Primary Care | Public Health, Health Promotion and Improvement Community Voluntary Organisations | 2022 |
| 1.1.8. | All Healthy Ireland communications and materials will be produced in plain English using the HSE Communicating Clearly Guidelines. | Annual audit | Health and Wellbeing | All HoS | 2020 |

1.2. Embedding Healthy Ireland into the role of all staff

| | | | | | |
|--------|---|---|---|--------------------------|------|
| 1.2.1. | <p>Training</p> <p>Ensure staff are released to attend training to promote the health and wellbeing of service users for the following actions</p> <ul style="list-style-type: none"> • Making Every Contact Count • Alcohol Policy • Safeguarding review policy • Dementia awareness training (including G.P.s and Primary Care Teams). • Breastfeeding support and lactation consultant training • Infant Mental Health • Nutrition – a learning module • Nurture Programme • Sexual Health Promotion Training • Mental Health Promotion Training | <p>PIs reached</p> <p>Number of staff trained</p> | Heads of Service in Primary Care, Mental Health and Social Care | Health and Wellbeing | 2022 |
| 1.2.2. | <p>Joint refresher training for PHNs and Practice Nurses to support the continuation of breastfeeding.</p> <p>Support the online training of PHNs and Practice Nurses to support the continuation of breastfeeding, including online Level 1 and Level 2 training and skills training where appropriate.</p> | Number and % of staff trained by discipline | Primary Care | Human Resources | 2022 |
| 1.2.3. | Release staff to contribute to the design and development of Healthy Childhood national programmes. | Staff released to national programmes | All HoS | National Leads | 2022 |
| 1.2.4. | Facilitate staff access to IT so they can complete online training for Making Every Contact Count and other online training opportunities. | Training PIs reached | All HoS | Health and Wellbeing, IT | 2019 |

| No. | Action | Measure | Lead | Partners | Completion |
|--------|---|------------------------------|----------------------|----------------------|------------|
| 1.2.5. | As part of all new job descriptions include:- <ul style="list-style-type: none"> Tobacco free services policy Making Every Contact Count | Included in job descriptions | Human Resources | Health and Wellbeing | 2022 |
| 1.2.6. | Support the HSE Research and Development Function by co-operating in the gathering and dissemination of research related information as well as the implementation of governance arrangements at local level for the research activity as per future national guidelines. | Annual audit | Health and Wellbeing | All HoS | 2022 |

1.3. Working with our partners and funded agencies

| | | | | | |
|---------|--|---|---|----------------------------------|------|
| 1.3.1. | Community Healthcare West will provide health information to our funded agencies. | Number of agencies assisted | Health and Wellbeing | Health Promotion and Improvement | 2022 |
| 1.3.2. | Support agencies to implement tobacco free environments. | Number of tobacco free locations | Health and Wellbeing | Health Promotion and Improvement | 2022 |
| 1.3.3. | Include Making Every Contact Count in relevant contractual arrangements with external service providers. See (1.3.1) above. | Included in SLA's | Head of Finance | All HoS | 2022 |
| 1.3.4. | Support the HSE representatives on Community Healthcare West LCDCs to contribute to the implementation of the health and wellbeing actions of the local LECP and the determinants of health. | Number of actions undertaken | Health and Wellbeing | LCDC members | 2022 |
| 1.3.5. | Support LCDCs in Community Healthcare West to implement Healthy Cities and Counties. | Number of counties participating | HSE LCDC representatives, Health Promotion and Improvement | Other LCDC / CYPSC members | 2022 |
| 1.3.6. | Work in partnership with Children and Young People's services committees (CYPSCs) in Community Healthcare West to promote the health and wellbeing of children and young people aged 0-24. | Number of initiatives undertaken | HSE CYPSC representatives | Other CYPSC members | 2022 |
| 1.3.7. | Support our Local Sports Partnerships to provide opportunities to engage in health enhancing physical activity for all ages and groups of people. | Physical activity participation rates | HSE representatives on LSPs, Primary Care | Health Promotion and Improvement | 2022 |
| 1.3.8. | Provide information on good practice and effective interventions to promote health and wellbeing for all service users including those with disability. | Level of information provided | Health Promotion and Improvement | Voluntary / statutory agencies | 2022 |
| 1.3.9. | Support the implementation of Age Friendly Cities and Counties Programme. | Number of initiatives. Contribute to the implementation of health and wellbeing priorities. | Health and Wellbeing, Older People Services, Health Promotion and Improvement | All HoS, LCDCs | 2022 |
| 1.3.10. | Support agencies who provide services to people with disabilities to develop and implement a Health and Wellbeing Charter | Charter developed | GM Disability | HoS Social Care | 2019 |



Drink less, **you'll sleep better and**

have more energy

to spend with

those you love

ask about
alcohol.ie



ACTION 2

2

ALCOHOL

ACTION 2 ALCOHOL

Community Healthcare West will support the implementation of the HSE's National Alcohol Programme. This includes raising awareness of the harm caused by alcohol, building capacity in areas such as early intervention, alcohol screening, brief advice, and supporting evidence-based community action programmes in partnership with other organisations and services throughout the region.

| No. | Action | Measure | Lead | Partners | Completion |
|------|--|---------------------------------|----------------------------------|--|------------|
| 2.1. | Provide care pathways for alcohol for under 18's based on the HSE Four Tier model of service delivery. | Annual audit | Primary Care | WRDATF | 2022 |
| 2.2. | Provide tailored intervention and prevention to effectively address the needs of under 18's. | Annual audit | WRDATF | Primary Care, ETBs | 2022 |
| 2.3. | Promote and disseminate the HSE SPHE Resources on Alcohol and Drugs to Post-Primary Schools. | Number of participating schools | WRDATF | Health Promotion and Improvement, DOE and ETBs | 2022 |
| 2.4. | Communicate information on the impact of alcohol on individuals and society and effective actions to prevent and reduce alcohol-related harm. | Number of communications | Health Promotion and Improvement | WRDATF, Public Health, All HoS | 2022 |
| 2.5. | Work in collaboration with LCDCs, Healthy Cities and Counties, Western Region Drug and Alcohol Task Force, and other stakeholders to support the implementation of HSE National Alcohol Programme to prevent and reduce alcohol-related harm. | Number of actions introduced | Health and Wellbeing | WRDATF, LCDC, Health Promotion and Improvement | 2022 |
| 2.6. | Promote screening and brief interventions through Making Every Contact Count (MECC) in all health and social care settings so that health professionals have the skills and confidence to recognise and address hazardous and harmful use of alcohol and drug use. | Number of interventions | Health and Wellbeing | All HoS, Health Promotion and Improvement | 2022 |
| 2.7. | Ensure knowledge of and implement the HSE Alcohol Partnership Policy. | Annual audit | Health and Wellbeing | All HoS | 2022 |
| 2.8. | Continue to promote a range of interventions for persons with alcohol co-morbidity. | National KPIs | Mental Health | Primary Care | 2022 |



A close-up photograph of a young child with dark, curly hair, looking directly at the camera while holding a red apple with a bite taken out of it. The child is wearing a purple long-sleeved shirt. The background is a blurred outdoor setting with green foliage and a wooden fence.

ACTION 3

3

HEALTHY
CHILDHOOD

ACTION 3 HEALTHY CHILDHOOD

Community Healthcare West will support the implementation of the HSE's Healthy Childhood Programme across the region. It is important that children have access to positive early experiences, to have an impact on chronic disease in later life. The Actions below are focused on health and wellbeing initiatives for mothers, babies and children.

| No. | Action | Measure | Lead | Partners | Completion |
|------|---|---|-----------------------------------|---|------------|
| 3.1. | Identify a lead for Child Health and establish a Child Health Governance team. | Lead identified: Governance Team in place | Primary Care/Health and Wellbeing | All HoS, TUSLA, CYPSCs | 2018 |
| 3.2. | Work with key personnel in Primary Care and SAOLTA to identify pathways to additional services as required. | Pathway rollout | Primary Care | THU | 2022 |
| 3.3. | Support the delivery of the National Child Immunisation Programme. | Immunisation Uptake Rate (KPI) | Primary Care | Public Health, Parents, GPs, PHNs | 2022 |
| 3.4. | Map the child health initiatives that are currently in place to support the implementation of national plans, e.g. National Physical Activity Plan, Healthy Weight for Ireland, HEAL. | Mapping exercise undertaken | Primary Care | All HoS, National Priority Leads, THU | 2018 |
| 3.5. | Implement actions from the following national plans to promote the wellbeing of children:- <ul style="list-style-type: none"> • National Healthy Childhood Programme, including Nurture • Healthy Weight-Obesity Action Plan, • The Healthy Eating and Active Living Action Plan and • National Physical Activity Plan. | Number of actions undertaken | Healthy Ireland Steering Group | All HoS, SAOLTA, THU, Child Health Lead | 2022 |



| No. | Action | Measure | Lead | Partners | Completion |
|-------|---|--|---|--|---|
| 3.6. | Implement the Early Years Health and Wellbeing plans in Galway, Mayo and Roscommon. | Number of actions completed | Health Promotion and Improvement | CYPSC | 2022 |
| 3.7. | Implement the rollout of the universal Ages & Stages Questionnaire (ASQ3) screening tool as part of child developmental surveillance | Number and % of staff trained: % of 21 – 24 month surveillance checks with ASQ – 3 completed | Child Health Lead, All HoS | Healthy Childhood Programme, Nurture Programme | 2018 |
| 3.8. | <p>Breastfeeding</p> <ul style="list-style-type: none"> Support the delivery of relevant actions from the Breastfeeding Action Plan Implement the Breastfeeding Policy for Primary Care Teams and Community Health Care Setting Support the delivery of the Breastfeeding Action Plan by communicating and supporting Breastfeeding Support Groups Establish breastfeeding committees in Galway, Mayo and Roscommon in conjunction with SAOLTA Provide Breastfeeding friendly facilities in the new Primary Care Centres Develop additional lactation consultants post within existing staffing levels in particular in Public Health Nursing | <p>Number of actions completed</p> <p>Implementation of policy</p> <p>Circulation of updated list of supports</p> <p>Establishment of the committees</p> <p>Number of Breastfeeding rooms in Primary Care Centres</p> <p>Number of staff and number of mothers supported</p> | <p>Health and Wellbeing</p> <p>Primary Care</p> <p>Primary Care</p> <p>Healthy Childhood Lead</p> <p>Primary Care</p> <p>Health and Wellbeing</p> | <p>Primary Care, Health Promotion and Improvement, SAOLTA, THU</p> <p>Primary Care, Health Promotion and Improvement</p> <p>Health Promotion and Improvement, THU</p> <p>SAOLTA, Health Promotion and Improvement</p> <p>HSE Estates</p> <p>Primary Care, SAOLTA</p> | <p>2022</p> <p>2022</p> <p>2018</p> <p>2018</p> <p>2022</p> <p>2022</p> |
| 3.9. | <ul style="list-style-type: none"> Support the provision of population-based parenting programmes. Facilitate the release of staff to deliver universal, quality-assured and evidence-based programmes to support parents (in line with the recommendations of the National Youth Mental Health Taskforce Report). Provide additional support for those parents/families identified with greater need. | <p>Number of programmes provided</p> <p>Number and % of staff released to facilitate Parenting Programmes</p> <p>Number of families to whom support is provided</p> | <p>Primary Care, Health and Wellbeing</p> <p>All HoS</p> <p>Primary Care</p> | <p>TUSLA, CYPSCs, THU, Health and Wellbeing</p> <p>Health and Wellbeing, TUSLA, CYPSCs, THU</p> <p>Health and Wellbeing, TUSLA, CYPSCs, THU</p> | <p>2022</p> <p>2022</p> <p>2022</p> |
| 3.10. | Support all schools to develop health and wellbeing action plans (in line with the voluntary Health Promoting Schools initiative at primary level and the mandatory Junior Cycle Wellbeing Guidelines at post-primary level). | Number of schools supported to develop health and wellbeing action plans | Health and Wellbeing | Department of Education and Skills, Education Centres, Health Promotion and Improvement | 2022 |
| 3.11. | Provide health and wellbeing workshops to teachers on a range of topics agreed annually with the Department of Education and Skills. | Number of teachers attending each training session | Health Promotion and Improvement | Department of Education and Skills, Education Centres, Health and Wellbeing | 2022 |





4

HEALTHY EATING AND ACTIVE LIVING

ACTION 4



ACTION 4 HEALTHY EATING AND ACTIVE LIVING

The Healthy Eating and Active Living Programme (HEAL) has been established to address diet, healthy eating and physical activity within the Healthy Ireland Framework and in the context of Ireland's high rates of obesity and sedentary lifestyles. Two national documents guide the HEAL programme: "Healthy Weight for Ireland Obesity Policy and Action Plan 2016-2025" and Get Ireland Active National Physical Activity Plan.

| No. | Action | Measure | Lead | Partners | Completion |
|------|---|--|--|---|------------|
| 4.1. | Undertake audits of existing vending machines. | Level of compliance with National Vending Policy | Health and Wellbeing | SAOLTA, All HoS | 2019 |
| 4.2. | Implement the Healthier Vending Policy. | Policy implementation | Health and Wellbeing | SAOLTA, All HoS | 2020 |
| 4.3. | Implement the HSE Calorie Posting Policy. | Number of compliant sites | Health and Wellbeing | SAOLTA, Health Promotion and Improvement, All HoS | 2019 |
| 4.4. | Support the implementation of the Healthy Food Made Easy community cooking programme. | Number of programmes delivered | Health Promotion and Improvement, Health and Wellbeing | Community Groups, Primary Care | 2020 |
| 4.5. | Support the further development and expansion of the Men on the Move and parkrun programmes in conjunction with local sports partnerships. | Number of programmes and participants | Health and Wellbeing, Health Promotion and Improvement | Sports Partnership, Community Groups, THU | 2022 |
| 4.6. | Ensure delivery of culturally appropriate Traveller healthy lifestyles education and health promotion programmes are integrated into local Traveller Health Plans including 'Small Changes Big Difference'. | Number of programmes | THU | Health and Wellbeing and Primary Care | 2020 |
| 4.7. | Promote increased physical activity levels through the provision of training to community groups. | Number of programmes | Health Promotion and Improvement | Community Groups | 2020 |
| 4.8. | Promote increased physical activity levels within residential and day care services through the provision of initiatives such as Carepals. | Number of programmes | Health Promotion and Improvement | Older People Services, Community Groups | 2020 |
| 4.9. | Support the implementation of Healthy Eating and Active Living programmes through the GAA Healthy Club model with the GAA Executive. | Number of programmes | Health Promotion and Improvement | GAA Healthy Clubs, Primary Care | 2020 |





5

MAKING EVERY CONTACT COUNT

ACTION 5 MAKING EVERY CONTACT COUNT

Making Every Contact Count is about health professionals empowering and supporting people to make healthier lifestyle choices to achieve positive long-term behaviour change. The implementation of the Making Every Contact Count programme will allow health professionals to move to a position where discussion of lifestyle behaviour is routine, part of clinical care; is non-judgemental and central to the work of every staff member within Community Healthcare West.

| No. | Action | Measure | Lead | Partners | Completion |
|------|--|-----------------------------------|----------------------|---|------------|
| 5.1. | Develop an implementation plan for Making Every Contact Count including a communications plan. | Plan developed | Health and Wellbeing | All HoS, Health Promotion and Improvement | 2018 |
| 5.2. | Each service will include the National Targets for 2019 and subsequent years in their operational plans. | Meeting the national targets | Health and Wellbeing | All HoS | 2019 |
| 5.3. | Following training staff will record lifestyle risk factors and behaviour change interventions across the area in line with national guidance. | Numbers of interventions recorded | Health and Wellbeing | All HoS | 2020 |
| 5.4. | In conjunction with the relevant stakeholders map the current referral pathways to specialist services available within the area to support health behaviour change. | Mapping completed | Health and Wellbeing | All HoS | 2019 |
| 5.5. | Ensure that Making Every Contact Count is implemented as part of the Integrated Care Programme for the prevention and management of Chronic Disease. | Level of co-ordination achieved | Health and Wellbeing | All HoS | 2022 |

**MAKING
EVERY**

**CONTACT
COUNT**

6

MENTAL HEALTH AND WELLBEING

ACTION 6

LENDING AN EAR IS LENDING A HAND

Talking about our problems is proven to have a positive impact on how we feel.



Fóidmesanacht na Seirbhíse Sláinte
Health Service Executive

116 123

SAMARITANS
IRELAND



Little things can make a big difference

yourmentalhealth.ie
#littletings

ACTION 6 MENTAL HEALTH AND WELLBEING

Mental Health is an integral and essential component of health. The promotion, protection and restoration of mental health is a key concern of Community Healthcare West and this plan includes several actions to encompass mental health and wellbeing in a broad context. Our staff are provided with appropriate training to promote mental health and also support implementation of national policies such as the National Strategy to Reduce Suicide – Connecting for Life.

| No. | Action | Measure | Lead | Partners | Completion |
|------|---|---|----------------------|---|------------|
| 6.1. | Promote and support existing social prescribing projects in the area. | Number of projects and participants | Health and Wellbeing | Mental Health, Primary Care | 2020 |
| 6.2. | Support the delivery of the HSE National Men's Health Action Plan 2017-2021 by: | Number of sheds | Health and Wellbeing | Health Promotion and Improvement, IMSA, MDN | 2022 |
| | • Supporting the establishment and sustainability of Men's Sheds. | Number of programmes completed | | | |
| | • Supporting the Sheds for Life Health Programme | Number of training programmes delivered | | | |
| 6.3. | Supporting the national framework for recovery in mental health by: | Number of participants | Mental Health | Health and Wellbeing / Primary Care | 2019 |
| | • Supporting co-produced and co-delivered recovery training to promote service users taking responsibility for their own mental health and wellbeing. | Number of participants | Mental Health | All HoS | 2019 |
| 6.4. | Extend the number of locations and resources for the Adult Counselling Service, increasing accessibility and decreasing waiting times. | Existing KPIs and evaluation, Number of locations | Mental Health | Primary Care | 2019 |
| 6.5. | Extend the Eden Programme. | Number of participants | Mental Health | All HoS | 2020 |
| 6.6. | Support the implementation of Connecting for Life Strategy. | National KPIs | Mental Health | All HoS | 2022 |
| 6.7. | Promote the health of mental health service users in line with the recommendations from the National Working Group on Improving the Physical Health of Mental Health Service Users. | National KPIs | Mental Health | All HoS | 2022 |
| 6.6. | Support the development and implementation of the forthcoming National Mental Health Promotional Plan. | | Mental Health | All HoS | 2022 |





ACTION 7

7

POSITIVE
AGEING

ACTION 7 POSITIVE AGEING

The objective of the National Positive Ageing Strategy is to ensure that Ireland will be a society for all ages that celebrates and prepares properly for individual and population ageing. It will enable and support all ages to enjoy physical and mental health and wellbeing to their full potential. It will promote and respect older people's engagement in economic, social, cultural, community and family life and foster better solidarity between generations. It will be a society in which the equality, independence, participation, care, self-fulfilment and dignity of older people is pursued at all times.

| No. | Action | Measure | Lead | Partners | Completion |
|------|--|--|--|---|------------|
| 7.1. | Incorporate Dementia Friendly Design in the Capital Projects for the Community Nursing Units in Clifden, Merlin Park, Tuam and the Sacred Heart Home, Roscommon. | Dementia friendly design included and meets the HIQA Standards | Older People Services | OPS Managers, Community Healthcare West Lead for Dementia Care, Estates Dept. | 2022 |
| 7.2. | Implement a pilot dementia specific Intensive Home Care Packages (IHCP's) as allocated nationally. | Number of IHCPs implemented, enhanced collaborative work between community and hospitals | Older People Services | OPS Managers, SAOLTA | 2018 |
| 7.3. | Increase the number of bespoke person-centred dementia-specific IHCPs | Increased number of IHCPs in place | Community Healthcare West Lead for Dementia Care | Primary Care | 2022 |
| 7.4. | Develop a dementia care pathway in conjunction with the relevant Hospital Group(s), and support the implementation of the pathway | Pathway developed | Older People Services | Voluntary and Private Providers | 2022 |
| 7.5. | Support an integrated model of home care provision. | Number of agencies involved with clients | Older People Services | Voluntary and Private Providers | 2022 |



| No. | Action | Measure | Lead | Partners | Completion |
|-------|---|--|---------------------------------------|---|------------|
| 7.6. | Implement the recommendations of the National Safeguarding Review. | Number of recommendations implemented | Social Work Team Leader, Safeguarding | OPS Managers, THU | 2018 |
| 7.7. | Provide a Safeguarding Designated Officer for every 50 residential beds from within existing resources. | Number of designated officers trained per 50 beds | Quality & Patient Safety Managers | Safeguarding Team | 2018 |
| 7.8. | Review current Falls Prevention services. | Review completed | Older People Services | Primary Care | 2018 |
| 7.9. | Develop a Falls Prevention Audit Tool for use in each Community Nursing Unit. | Tool signed off by QPS committee | Older People Services | Primary Care, QPS | 2018 |
| 7.10. | Educate all direct care staff in each Community Nursing Unit in Falls Prevention. | Number and % of staff trained | Older People Services | Primary Care, QPS, NMPDU | 2018 |
| 7.11. | Achieve 100% compliance with post-fall reporting to HIQA and SIMT. | 100% reporting | Older People Services | Primary Care | 2018 |
| 7.12. | Achieve 100% compliance of the review and evaluation of residents' Falls Care Plans every four months or when a resident's condition changes. | 100% compliance | Older People Services | Primary Care | 2022 |
| 7.13. | Falls Assessment will be completed within 24 hours of a patient's admission to a short-stay facility. | Assessment completed within 24 hours | Older People Services | Primary Care | 2022 |
| 7.14. | Promote the uptake of the flu vaccine among over 65's, in particular for those in residential units. | Numbers vaccinated | Older People Services | All HoS | 2022 |
| 7.15. | Deliver Go for Life Training to community based older people groups. Deliver CarePals Workshops to relevant Nursing Home staff. | Number of training programmes delivered. Number of participants | Health Promotion and Improvement | Age & Opportunity, Older Peoples Services LSP's | 2022 |
| 7.16. | Implement the Single Assessment Tool across the Region. | Number of assessments | Older People Services | Primary Care | 2022 |
| 7.17. | Implement Assistive Technology Libraries in each county which will accept referrals from hospitals and community to support people to remain at home or to return home from hospital. | Number of Libraries set up | Older People Services | OPS Managers, SAOLTA | 2019 |
| 7.18. | Establish a pilot for the assessment of malnutrition by clinicians using MUST (Malnutrition Universal Screening Tool). | Number of clinicians using MUST | Older People Services | Health and Wellbeing, Social Care | 2019 |
| 7.19. | Review and map existing protocols and policies which relate to elder abuse across the CHO and promote awareness of national policy. | Mapping exercise undertaken. | Older People Services | | 2022 |
| 7.20. | Provide additional day care services and allow older people to remain active and engage in their local communities. | Number of additional day care places, initiatives and supports | Older People Services | | 2022 |





ACTION 8

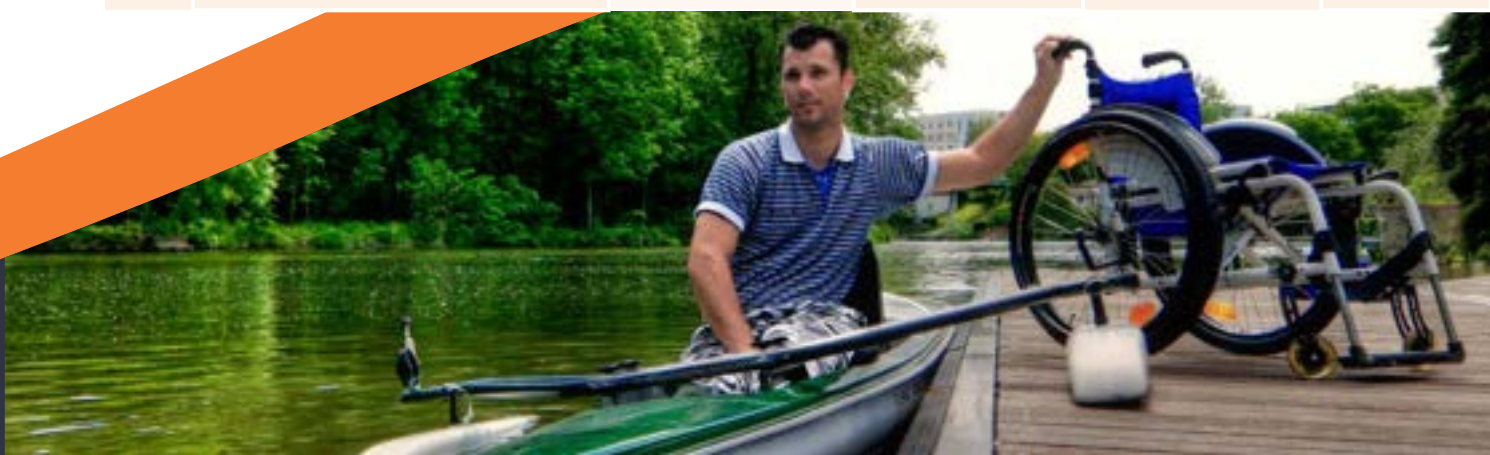
8
SELF-MANAGEMENT
SUPPORT

ACTION 8 SELF-MANAGEMENT SUPPORT

The national Self-Management Support (SMS) framework for chronic conditions, COPD, asthma, diabetes and cardiovascular disease was launched by the HSE in 2017. The increasing prevalence of chronic disease requires that structures are in place to ensure that people with long term conditions are supported to develop the knowledge, skills, confidence they need to manage their condition(s) effectively in the context of their everyday life.

This approach is central to both patient-centred care and the sustainability of the Irish health system. Supporting people to self-manage their health conditions improves outcomes for patients; ranging from improved quality of life and clinical outcomes, to reduced healthcare utilisation, resulting in significant cost-savings. The actions outlined for Community Healthcare West will support the implementation of this national strategy.

| No. | Action | Measure | Lead | Partners | Completion |
|------|---|---|----------------------|----------------------------------|------------|
| 8.1. | Develop SMS implementation plan for chronic conditions for Community Healthcare West. | SMS implementation plan for chronic conditions developed and finalised | Health and Wellbeing | All HoS, LIGG, SAOLTA | 2019 |
| | Establish SMS Steering Group for the region. | SMS Steering Group established | | | 2018 |
| 8.2. | Develop and maintain a directory of programmes and supports for self-management support within the region. | Mapping exercise undertaken | Health and Wellbeing | All HoS, Voluntary Organisations | 2022 |
| | | Directory developed and maintained | | | |
| 8.3. | Continue to work in partnership with the SAOLTA Hospital Group in the promotion and delivery of SMS programmes to patients with chronic conditions. | Number of awareness initiatives for staff | Health and Wellbeing | All HoS, SAOLTA | 2022 |
| | | Increased rollout of Self Care to Wellness Programme within Community Healthcare West | | | 2022 |
| 8.4. | Within the region support the implementation of relevant clinical programmes' models of care. | Recommendations on SMS from the National clinical programmes for COPD, Asthma, Diabetes and Heart Failure will be supported | Health and Wellbeing | SAOLTA, All HoS, LIGG | 2022 |
| 8.5. | Collect and report on agreed KPIs for SMS for chronic conditions. | National KPIs for SMS to be developed | Health and Wellbeing | All HoS | 2022 |
| 8.6. | Deliver structured education programmes for Type 2 Diabetes. | National KPIs | Primary Care | Health and Wellbeing | 2022 |





A young man and woman are lying on a light-colored wooden floor. The woman is on the right, wearing a blue denim shirt, and the man is on the left, wearing a red and blue plaid shirt over a white t-shirt. They are both smiling and looking at each other. Their hands are clasped together in the center. The floor is scattered with several red hearts of various sizes. A large red heart is positioned between their hands. The overall mood is romantic and affectionate.

ACTION 9

9

SEXUAL
HEALTH

ACTION 9 SEXUAL HEALTH

The National Sexual Health Strategy 2015-2020 acknowledges the importance of developing a healthy attitude to sexuality in young people and building on that foundation for positive sexual health and wellbeing into adulthood and older age. Immediate actions involve educational supports for parents, teachers and youth workers, communication and information as well as good overall governance. The actions outlined for Community Healthcare West will support the implementation of this national strategy.

| No. | Action | Measure | Lead | Partners | Completion |
|------|---|---|----------------------------------|---|------------|
| 9.1. | Identify a lead staff member to oversee the implementation of the National Sexual Health Strategy. | Staff member appointed | Health and Wellbeing | All HoS | 2019 |
| 9.2. | Implement the findings of the national mapping of sexual health services with particular emphasis on signposting. | National mapping | Health and Wellbeing | All HoS, Public Health, SAOLTA, | 2019 |
| 9.3. | Develop support groups for the LGBTI community. | Number of support groups and evaluation | Health and Wellbeing | CYPSC, FRCs, LCDCs, Health Promotion and Improvement | 2022 |
| 9.4. | Prioritise the needs of marginalised groups in the planning and delivery of sexual health services and supports to reduce health inequalities. | Needs assessment undertaken | Health and Wellbeing | Social Inclusion, Community Voluntary Organisations, Primary Care, SAOLTA | 2022 |
| 9.5. | Continue to promote HSE Sexual Health website at www.sexualwellbeing.ie and to promote safer sex advertising campaigns in line with the Sexual Health Strategy 2015-2020. | % increase in campaign activity | Health Promotion and Improvement | Health and Wellbeing, All HoS, Community Voluntary Organisations | 2022 |





10
STAFF
HEALTH AND
WELLBEING



ACTION 10

ACTION 10 STAFF HEALTH AND WELLBEING

Creating a supportive environment for the 6,471 staff within Community Healthcare West is a key priority. We need to ensure that all of our staff can improve their own health and wellbeing, and also ensure that they have the appropriate support and training to implement the many actions contained in this plan.

| No. | Action | Measure | Lead | Partners | Completion |
|--------|---|--|--------------------------|-----------------|------------|
| 10.1. | Survey staff to identify their health and wellbeing needs as part of the HR Engagement process. | Number of engagements | Health and Wellbeing | Human Resources | 2019 |
| 10.2. | Identify and support workplace champions to promote staff initiatives. | Number of workplace champions | Health and Wellbeing | Human Resources | 2019 |
| 10.3. | Promote a range of initiatives including bike shelters, step challenge, fact sheets and active at work schemes. | Number of participants | Health and Wellbeing | All HoS | 2022 |
| 10.4. | Continue to promote the uptake of the staff flu campaign for all staff to meet national targets. | Meeting the identified national target | Health and Wellbeing | All HoS | 2022 |
| 10.5. | Promote HSE breastfeeding policy for every staff member who wishes to breastfeed. | Number of staff participating | Health and Wellbeing | All HoS | 2022 |
| 10.6. | Promote the Community Healthcare West staff recognition awards scheme. | Number of staff participating | Human Resources | All HoS | 2022 |
| 10.7. | In conjunction with the Staff Health and Wellbeing Steering Group, support the further development of all staff health and wellbeing initiatives. | Number of staff participating / staff feedback | Health and Wellbeing, HR | All HoS | 2022 |
| 10.8. | Promote an inclusive working environment for all staff working in the HSE. | Annual survey of staff | Health and Wellbeing, HR | All HoS | 2022 |
| 10.9. | Support the Implementation of the National Healthy Workplace Framework when published. | | Health and Wellbeing | All HoS | 2022 |
| 10.10. | Implement the HSE Staff Health and Wellbeing Policy when developed. | | Health and Wellbeing | All HoS | 2022 |
| 10.11. | Community Healthcare West will support staff who smoke to quit by providing a smoking cessation service and reduced cost pharmacotherapy. | Number of staff who avail of pharmacotherapy Number of staff who quit | Health and Wellbeing | All HoS | 2022 |



ACTION 11

11

TOBACCO
FREE
IRELAND

ACTION 11 TOBACCO FREE IRELAND

The Head of Health and Wellbeing Community Healthcare West will lead the implementation of Tobacco Free Ireland in the area with the support of all Community Healthcare West services. A local implementation plan for Tobacco Free Ireland will be developed; staff will be supported to implement and review the tobacco free campus policy on a regular basis and a smoking cessation service will be developed.

| No. | Action | Measure | Lead | Partners | Completion |
|-------|---|---|----------------------|----------|------------|
| 11.1. | Assign a nominated tobacco lead from senior management in Community Healthcare West to support monitoring and implementation of local Tobacco Free Campus Policies across all sites and services. | Lead appointed | Health and Wellbeing | All HoS | 2018 |
| 11.2. | Develop an action plan to support the implementation and ongoing monitoring of the HSE tobacco free campus policies across all sites and services. | Action plan complete Annual performance data | Health and Wellbeing | All HoS | 2022 |
| 11.3. | Implement on a phased basis the Tobacco Free Healthcare (GNTH) self audit and develop action plans based on the outcome of these audits for Tobacco Free Campus Policy implementation. | Number of target sites to be identified and audited | Health and Wellbeing | All HoS | 2022 |



| No. | Action | Measure | Lead | Partners | Completion |
|--------|--|---|----------------------|----------|------------|
| 11.4. | All residential services in the CHO (mental health, disability and older persons services) should treat tobacco use as a care issue and provide support for service users and staff who wish to quit smoking. Smoking cessation service information and QUIT support resources will be displayed in all appropriate CHO sites. | Annual audit | Health and Wellbeing | All HoS | 2022 |
| 11.5. | A smoking cessation service will be developed in Community Healthcare West to meet the needs of its population. CHO West will aim to treat at least 5% of its smoking population (NICE guideline recommendation). The service will be targeted to treat those in most need i.e. people with a chronic disease, people experiencing disadvantage e.g. smokers experiencing mental ill health and pregnant smokers. | Numbers attending | Health and Wellbeing | All HoS | 2019 |
| 11.6. | All services in Community Healthcare West will routinely record the smoking status of patients using its service, deliver brief interventions and refer to intensive services where appropriate. | Smoking status recorded in files Number of referrals | Health and Wellbeing | All HoS | 2022 |
| 11.7. | Community Healthcare West will seek to ensure compliance with the HSE Protection from Second hand Smoke in Domestic Settings Policy e.g. review of risk assessments/complaints from HCWs regarding exposure to second hand smoke. | Annual audit / reports | Health and Wellbeing | LCDCs | 2022 |
| 11.8. | Support Tobacco Free Ireland with external agencies including the development of:- Tobacco Free Playgrounds, Tobacco Free School Gates, Smoke Free Homes, etc. | Number of facilities | Health and Wellbeing | LCDCs | 2022 |
| 11.9. | Community Healthcare West will support the implementation of the National Behavioural Support Patient Management System (e-referral to Quit services). | Annual audit | Health and Wellbeing | All HoS | 2019 |
| 11.10. | Community Healthcare West will engage with the Tobacco Free Ireland Programme (where required) to assist in the implementation of National Clinical Guidelines for the Identification, Diagnosis and Treatment of Tobacco Addiction. | Clinical guidelines implemented | Health and Wellbeing | All HoS | 2020 |

Photo: Knockvicar, Co. Roscommon.





ACTION 12

12

SUSTAINABILITY

ACTION 12 SUSTAINABILITY

The HSE Sustainability Strategy for Health 2017-2019 embraces the approach of the entire Irish Health Sector to Sustainability. By reducing our environmental impact through improved services and education programmes will allow the population served by Community Healthcare West and its staff to live and acknowledge the importance of a healthier environment.

| No. | Action | Measure | Lead | Partners | Completion |
|-------|---|----------------------------------|---------------------------------------|----------|------------|
| 12.1. | Foster participation and engagement of staff at all levels of the organisation in creating cultural and organisational change towards sustainable systems. | Number of staff initiatives | Head of Health and Wellbeing | All HoS | 2022 |
| 12.2. | Monitor, measure and report on the HSE's annual energy use to improve understanding of consumption and promote efficiency. | Annual audits | Estates, Maintenance, NHSO | All HoS | 2022 |
| 12.3. | Minimise water consumption in healthcare facilities. Monitor, measure and report on water use to improve understanding of consumption and promote efficiency in healthcare facilities. | Consumption figures | Estates, Maintenance, NHSO | All HoS | 2022 |
| 12.4. | Increase recycling; promote the re-use of materials, correct segregation of waste, waste disposal and waste recovery in healthcare facilities. | Levels of recycling | Head of Health and Wellbeing | All HoS | 2022 |
| 12.5. | Provide education to health service staff in relation to waste reduction including food waste and risk waste. | Number of staff education events | Head of Health and Wellbeing | All HoS | 2022 |
| 12.6. | Monitor, measure and report on waste in healthcare facilities to improve understanding of consumption and promote efficiency. | Annual reports | Maintenance | All HoS | 2022 |
| 12.7. | Promote health and wellbeing through improved opportunities for active and sustainable transport. | Number of staff participating | Estates, Head of Health and Wellbeing | All HoS | 2022 |



10. APPENDICES

10.1. LIST OF USEFUL LINKS

| | |
|--|--|
| Alcohol | www.askaboutalcohol.ie |
| Bowel Screen | www.bowelscreen.ie |
| Breast Check | www.breastcheck.ie |
| Cancer Screening | www.screeningservice.ie |
| Census Data | www.cso.ie |
| Cervical Check | www.cervicalcheck.ie |
| Dementia | www.understandtogether.ie |
| Department of Health | www.health.gov.ie |
| Drugs | www.wrdatf.ie |
| Eating Disorders..... | www.bodywhys.ie |
| Food Safety | www.safefood.eu |
| Health Atlas Ireland | www.healthatlasireland.ie |
| Health Promotion | www.healthpromotion.ie |
| Health Promotion Surveillance Centre | www.hpsc.ie |
| Health Research Board | www.hrb.ie |
| Health Service Executive | www.hse.ie |
| Healthy Cities | www.galwayhealthycities.ie |
| Healthy Ireland | www.healthyireland.ie |
| HSE Quit | www.quit.ie |
| HSELand | www.hseland.ie |
| Immunisation | www.immunisation.ie |
| Littlethings Campaign | www.yourmentalhealth.ie |
| Making Every Contact Count | www.makeeverycontactcount.ie |
| Mental Health | www.mentalhealthireland.ie |
| Physical Activity | www.getirelandactive.ie |
| Public Health | www.publichealth.ie |
| Saolta Healthy Ireland Resources | www.saolta.ie/hi |

General References

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Health Service Executive (HSE) (2015). Breastfeeding in a Healthy Ireland – Breastfeeding Action Plan 2016-2021. HSE: Dublin.

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SafeFood (2012). The Cost of Overweight and Obesity on the Island of Ireland. Executive Summary. Dublin: Safefood.

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Department of Health (2017). National Cancer Strategy 2017-2026. DoH: Dublin.

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ⁱ <http://www.cso.ie/en/census/census2016reports/>

ⁱⁱ Regional Population Projections 2016-2021. CSO statistical release, 12 December 2013

ⁱⁱⁱ Source: <http://www.cso.ie/en/statistics/birthsdeathsandmarriages/>

^{iv} <http://www.cso.ie/en/csolatestnews/presspages/2017/census2016profile8-irishtravellersethnicityandreligion/>

^v All Ireland Traveller Health Study Team. All Ireland Traveller Health Study, Summary of Findings. School of Public Health, Physiotherapy and Population Science, University College Dublin, 2010. Accessed at http://health.gov.ie/wp-content/uploads/2014/03/AITHS2010_SUMMARY_LR_All.pdf

^{vi} Brack J and Peelo D. Traveller Community National Survey. Research carried out by Behaviour & Attitudes Market Research for the Community Foundation for Ireland, 2017.

Slides available at <http://www.foundation.ie/wp-content/uploads/2017/10/National-Traveller-Survey-2017.pdf>

^{vii} The Department of Housing, Planning & Local Government Homelessness Report September 2017. Source: http://www.housing.gov.ie/sites/default/files/publications/files/homeless_report_-_september_2017.pdf

^{viii} Healthy Ireland Survey 2017. Summary Findings. Ipsos and MRBI. Government publications. ISBN 978-1-4064-2965-7

^{ix} Source: <http://www.cso.ie/en/statistics/birthsdeathsandmarriages/>

^x 5 Year Age Standardised Mortality Rate 2010-2014 for all ages and age group 0-64, for the following ICD codes: ICD-10 A00 - Y89 All Causes of Death, ICD-10 C00 - C97

10.2. REFERENCES

All Malignant Neoplasm's, ICD-10 C18 Colon, Cancer, ICD-10 C32 - C34 Larynx and Trachea/Bronchus/Lung Cancer, ICD-10 C50 Breast Cancer, ICD-10 C61 Prostate Cancer, ICD-10 I00 - I99 Diseases of the Circulatory System, ICD-10 I20 - I25 Ischemic Heart Disease, ICD-10 I21 Acute Myocardial Infarction, ICD-10 I60 - I69 Cerebrovascular Disease, D-10 J00 - J99 Diseases of the Respiratory System, ICD-10 J12 - J18 Pneumonia, ICD-10 J40 - J47 Chronic Lower Respiratory Disease, ICD-10 J45 - J46 Asthma, ICD-10 V01 - Y89 External Causes of Injury and Poisoning, ICD-10 X60 - X84 Suicide and Intentional Self Harm. Source: PHIS Personal Edition July 2016.

³ The 2005 Disability Act <http://www.irishstatutebook.ie/eli/2005/act/14/enacted/en/html>

⁴ Central Statistics Office 2016 Census <https://www.cso.ie/en/csolatestnews/presspages/2017/census2016profile9-healthdisabilityandcarers/>

⁵ National Intellectual Disability Database Report 2017 <http://www.hrb.ie/publications/publications/5/>

⁶ NIDD Annual Report 2017 <http://www.hrb.ie/publications/publications/5/>

⁷ Shaping the Future of Intellectual Disability Nursing in Ireland 2018 <https://www.hse.ie/eng/about/who/onmsd/news/rnid-launch-2018.html>

⁸ National Physical and Sensory Disability Database Bulletin 2017 CHO 2 https://www.hrb.ie/fileadmin/2._Plugin_related_files/Publications/2018_pubs/Disability/NPSDD/2017_CHO_Bulletins/NPSDD_2017_Bulletin_-_CHO_Area_2.pdf

⁹ National Physical and Sensory Disability Database Bulletin 2017 CHO 2 https://www.hrb.ie/fileadmin/2._Plugin_related_files/Publications/2018_pubs/Disability/NPSDD/2017_CHO_Bulletins/NPSDD_2017_Bulletin_-_CHO_Area_2.pdf

¹⁰ National Physical and Sensory Disability Database Bulletin 2017 CHO 2 https://www.hrb.ie/fileadmin/2._Plugin_related_files/Publications/2018_pubs/Disability/NPSDD/2017_CHO_Bulletins/NPSDD_2017_Bulletin_-_CHO_Area_2.pdf

| | | | |
|-----------------|--|---------------|--|
| CHO | Community Health Organisation | LGBTI | Lesbian Gay Bisexual Transgender Intersex |
| CIPC | Counselling in Primary Care | LIGG | Local Implementation Governance Group |
| CNME | Centre of Nurse Management and Education | LSP | Local Sports Partnership |
| CNU's | Community Nursing Units | MDN | Men's Development Network |
| COPD | Chronic Obstructive Pulmonary Disease | MECC | Making Every Contact Count |
| CYPSC | Children and Young Peoples Services Committee | MUST | Malnutrition Universal Screening Tool |
| DPHN | Director of Public Health Nursing | NHSO | National Health Sustainability Office |
| ETBs | Education Training Boards | NIO | National Immunisation Office |
| FRCs | Family Resource Centres | OPS | Older People Services |
| GNTH | Global Network for Tobacco Free Healthcare | OT | Occupational Therapy |
| GP | General Practitioner | PC | Primary Care |
| H&WB | Health and Wellbeing | PHN | Public Health Nurse |
| HEAL | Healthy Eating Active Living | PI's | Performance Indicators |
| HIQA | Health Information and Quality Authority | PMO | Principal Medical Officer |
| HoS | Head of Service | PN | Practice Nurse |
| HP&I | Health Promotion and Improvement | SAMO | Senior Area Medical Officer |
| HR | Human Resources | SIMT | Serious Incident Management Team |
| IHCP | Intensive Home Care Package | SLA | Service Level Arrangement |
| IMSA | Irish Men's Sheds Association | SMS | Self-Management Support |
| IT | Information Technology | STI | Sexually Transmitted Infections |
| LCDC | Local Community Development Committee | THU | Traveller Health Unit |
| LECP | Local Economic and Community Plan | WRDATF | Western Regional Drugs and Alcohol Task Force |
| | | WTE | Whole Time Equivalent |

10.4. HEALTH PROFILE DATA

The health profile shows key CSO Census demography variables of the selected area/s of Community Healthcare West and in the context of Ireland. Data are from 2016 and show changes since 2011. The blue bars represent the selected area proportion, and the wider grey bars represent the comparative national proportion within each category.

The demographic profile includes the following:

- Age group.
- Deprivation level – Hasse and Pratschke (HP) Index.
- Deprivation determinants – as used by the HP Index.
- Nationality.
- Self reported health indicators.
- Vulnerable groups.

Health Atlas Finder – Area Profile CHO2 (note all indicators are based on % of total population)

CSO Census 2016 (de facto, provisional) - Community Healthcare West (CHW) - Population Total

| | Relative proportions National % Area % | Area | | Area change (since 2011) | | Ireland | | Ireland change (since 2011) | |
|-------------------------------------|---|---------|-------|--------------------------|-------|-----------|-------|-----------------------------|-------|
| | | # | % | # | % | # | % | # | % |
| AGE GROUP | | | | | | | | | |
| Total | | 453,109 | 100.0 | +7,753 | +1.7 | 4,761,865 | 100.0 | +173,613 | +3.8 |
| 85+ | | 7,904 | 1.7 | +814 | +11.5 | 67,555 | 1.4 | +9,139 | +15.6 |
| 80-84 | | 8,897 | 2.0 | +977 | +12.3 | 81,037 | 1.7 | +10,924 | +15.6 |
| 75-79 | | 12,170 | 2.7 | +1,152 | +10.5 | 115,467 | 2.4 | +13,431 | +13.2 |
| 70-74 | | 17,134 | 3.8 | +3,446 | +25.2 | 162,272 | 3.4 | +31,082 | +23.7 |
| 65-69 | | 22,453 | 5.0 | +4,185 | +22.9 | 211,236 | 4.4 | +37,598 | +21.7 |
| 60-64 | | 25,430 | 5.6 | +2,422 | +10.5 | 238,856 | 5.0 | +20,070 | +9.2 |
| 55-59 | | 27,634 | 6.1 | +1,939 | +7.5 | 270,102 | 5.7 | +25,580 | +10.5 |
| 50-54 | | 29,068 | 6.4 | +1,097 | +3.9 | 299,935 | 6.3 | +25,549 | +9.3 |
| 45-49 | | 31,119 | 6.9 | +1,584 | +5.4 | 326,110 | 6.8 | +20,925 | +6.9 |
| 40-44 | | 33,014 | 7.3 | +1,391 | +4.4 | 357,460 | 7.5 | +26,648 | +8.1 |
| 35-39 | | 34,628 | 7.6 | +843 | +2.5 | 389,421 | 8.2 | +25,160 | +6.9 |
| 30-34 | | 31,031 | 6.8 | -4,246 | -12.0 | 361,975 | 7.6 | -31,970 | -8.1 |
| 25-29 | | 24,565 | 5.4 | -7,426 | -23.2 | 297,435 | 6.2 | -63,687 | -17.6 |
| 20-24 | | 25,011 | 5.5 | -2,523 | -9.2 | 273,636 | 5.7 | -23,595 | -7.9 |
| 15-19 | | 28,953 | 6.4 | +1,079 | +3.9 | 302,816 | 6.4 | +19,797 | +7.0 |
| 10-14 | | 30,749 | 6.8 | +1,463 | +5.0 | 319,476 | 6.7 | +16,985 | +5.6 |
| 5-9 | | 32,797 | 7.2 | +1,805 | +5.8 | 355,561 | 7.5 | +34,791 | +10.8 |
| 0-4 | | 30,552 | 6.7 | -2,249 | -6.9 | 331,515 | 7.0 | -24,814 | -7.0 |
| DEPRIVATION LEVEL - HP INDEX | | | | | | | | | |
| Extremely affluent | | 4,045 | 0.9 | n/a | n/a | 77,802 | 1.6 | n/a | n/a |
| Very affluent | | 22,092 | 4.9 | n/a | n/a | 310,816 | 6.5 | n/a | n/a |
| Affluent | | 71,097 | 15.7 | n/a | n/a | 819,257 | 17.2 | n/a | n/a |
| Marginally above average | | 126,150 | 27.8 | n/a | n/a | 1,277,631 | 26.8 | n/a | n/a |
| Marginally below average | | 125,746 | 27.8 | n/a | n/a | 1,203,652 | 25.3 | n/a | n/a |
| Disadvantaged | | 72,458 | 16.0 | n/a | n/a | 712,558 | 15.0 | n/a | n/a |
| Very disadvantaged | | 25,204 | 5.6 | n/a | n/a | 278,059 | 5.8 | n/a | n/a |
| Extremely disadvantaged | | 6,317 | 1.4 | n/a | n/a | 82,091 | 1.7 | n/a | n/a |
| HP INDEX DETERMINANTS | | | | | | | | | |
| Age dependency | | 162,656 | 35.9 | +11,593 | +7.7 | 1,644,119 | 34.5 | +129,136 | +8.5 |
| Classes - professional | | 34,733 | 7.7 | +2,913 | +9.2 | 386,648 | 8.1 | +50,028 | +14.9 |
| Classes - semi & unskilled | | 69,587 | 15.4 | +4,827 | +7.5 | 671,494 | 14.1 | +14,031 | +2.1 |
| Education - primary or lower | | 41,437 | 9.1 | -8,540 | -17.1 | 386,498 | 8.1 | -70,398 | -15.4 |
| Education - 3rd level | | 82,675 | 18.2 | +12,103 | +17.1 | 881,276 | 18.5 | +141,284 | +19.1 |
| Unemployed - aged 15+ | | 24,801 | 5.5 | -12,284 | -33.1 | 265,962 | 5.6 | -124,715 | -31.9 |
| NATIONALITY | | | | | | | | | |
| Irish | | 391,805 | 86.5 | +8,050 | +2.1 | 4,082,513 | 85.7 | +155,370 | +4.0 |
| UK | | 13,858 | 3.1 | -1,411 | -9.2 | 103,113 | 2.2 | -9,146 | -8.1 |
| Polish | | 11,677 | 2.6 | -152 | -1.3 | 122,515 | 2.6 | -70 | -0.1 |
| Lithuanian | | 2,739 | 0.6 | +169 | +6.6 | 36,552 | 0.8 | -131 | -0.4 |
| Elsewhere in EU | | 10,258 | 2.3 | +2,043 | +24.9 | 146,738 | 3.1 | +31,501 | +27.3 |
| Elsewhere in world | | 9,567 | 2.1 | -2,785 | -22.5 | 126,557 | 2.7 | -31,036 | -19.7 |
| Visitors/Not stated | | 13,205 | 2.9 | +1,839 | +16.2 | 143,877 | 3.0 | +27,125 | +23.2 |
| HEALTH INDICATORS | | | | | | | | | |
| Health bad/very bad | | 7,302 | 1.6 | +65 | +0.9 | 76,435 | 1.6 | +6,774 | +9.7 |
| Carers | | 19,840 | 4.4 | -304 | -1.5 | 195,263 | 4.1 | +8,151 | +4.4 |
| Disabled | | 59,946 | 13.2 | +3,302 | +5.8 | 643,131 | 13.5 | +47,796 | +8.0 |
| VULNERABLE GROUPS | | | | | | | | | |
| Travellers | | 6,061 | 1.3 | +139 | +2.3 | 30,987 | 0.7 | +1,492 | +5.1 |
| Vulnerable migrants | | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |

Health Atlas Finder – Area Profile Galway City (note all indicators are based on % of total population)

CSO Census 2016 (de facto, provisional) - Local Authority - Population Total

| | Relative proportions | Area | | Area change (since 2011) | | Ireland | | Ireland change (since 2011) | | |
|-------------------------------------|----------------------|--------|-------|--------------------------|-------|-----------|-------|-----------------------------|-------|--|
| | | # | % | # | % | # | % | # | % | |
| AGE GROUP | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | 78,668 | 100.0 | +3,139 | +4.2 | 4,761,865 | 100.0 | +173,613 | +3.8 | |
| 85+ | | 887 | 1.1 | +169 | +23.5 | 67,555 | 1.4 | +9,139 | +15.6 | |
| 80-84 | | 1,116 | 1.4 | +198 | +21.6 | 81,037 | 1.7 | +10,924 | +15.6 | |
| 75-79 | | 1,617 | 2.1 | +319 | +24.6 | 115,467 | 2.4 | +13,431 | +13.2 | |
| 70-74 | | 2,322 | 3.0 | +604 | +35.2 | 162,272 | 3.4 | +31,082 | +23.7 | |
| 65-69 | | 2,906 | 3.7 | +499 | +20.7 | 211,236 | 4.4 | +37,598 | +21.7 | |
| 60-64 | | 3,447 | 4.4 | +500 | +17.0 | 238,856 | 5.0 | +20,070 | +9.2 | |
| 55-59 | | 3,761 | 4.8 | +346 | +10.1 | 270,102 | 5.7 | +25,580 | +10.5 | |
| 50-54 | | 3,954 | 5.0 | +228 | +6.1 | 299,935 | 6.3 | +25,549 | +9.3 | |
| 45-49 | | 4,383 | 5.6 | +311 | +7.6 | 326,110 | 6.8 | +20,925 | +6.9 | |
| 40-44 | | 5,340 | 6.8 | +800 | +17.6 | 357,460 | 7.5 | +26,648 | +8.1 | |
| 35-39 | | 7,160 | 9.1 | +1,109 | +18.3 | 389,421 | 8.2 | +25,160 | +6.9 | |
| 30-34 | | 7,759 | 9.9 | -839 | -9.8 | 361,975 | 7.6 | -31,970 | -8.1 | |
| 25-29 | | 7,297 | 9.3 | -2,005 | -21.6 | 297,435 | 6.2 | -63,687 | -17.6 | |
| 20-24 | | 8,477 | 10.8 | +104 | +1.2 | 273,636 | 5.7 | -23,595 | -7.9 | |
| 15-19 | | 5,003 | 6.4 | +50 | +1.0 | 302,816 | 6.4 | +19,797 | +7.0 | |
| 10-14 | | 3,942 | 5.0 | +364 | +10.2 | 319,476 | 6.7 | +16,985 | +5.6 | |
| 5-9 | | 4,525 | 5.8 | +479 | +11.8 | 355,561 | 7.5 | +34,791 | +10.8 | |
| 0-4 | | 4,772 | 6.1 | -97 | -2.0 | 331,515 | 7.0 | -24,814 | -7.0 | |
| DEPRIVATION LEVEL - HP INDEX | | | | | | | | | | |
| Extremely affluent | | 1,890 | 2.4 | n/a | n/a | 77,802 | 1.6 | n/a | n/a | |
| Very affluent | | 8,029 | 10.2 | n/a | n/a | 310,816 | 6.5 | n/a | n/a | |
| Affluent | | 18,855 | 24.0 | n/a | n/a | 819,257 | 17.2 | n/a | n/a | |
| Marginally above average | | 23,025 | 29.3 | n/a | n/a | 1,277,631 | 26.8 | n/a | n/a | |
| Marginally below average | | 16,110 | 20.5 | n/a | n/a | 1,203,652 | 25.3 | n/a | n/a | |
| Disadvantaged | | 7,559 | 9.6 | n/a | n/a | 712,558 | 15.0 | n/a | n/a | |
| Very disadvantaged | | 2,570 | 3.3 | n/a | n/a | 278,059 | 5.8 | n/a | n/a | |
| Extremely disadvantaged | | 630 | 0.8 | n/a | n/a | 82,091 | 1.7 | n/a | n/a | |
| HP INDEX DETERMINANTS | | | | | | | | | | |
| Age dependency | | 22,087 | 28.1 | +2,535 | +13.0 | 1,644,119 | 34.5 | +129,136 | +8.5 | |
| Classes - professional | | 8,048 | 10.2 | +490 | +6.5 | 386,648 | 8.1 | +50,028 | +14.9 | |
| Classes - semi & unskilled | | 11,099 | 14.1 | +1,178 | +11.9 | 671,494 | 14.1 | +14,031 | +2.1 | |
| Education - primary or lower | | 3,828 | 4.9 | -493 | -11.4 | 386,498 | 8.1 | -70,398 | -15.4 | |
| Education - 3rd level | | 19,980 | 25.4 | +2,570 | +14.8 | 881,276 | 18.5 | +141,284 | +19.1 | |
| Unemployed - aged 15+ | | 4,541 | 5.8 | -2,039 | -31.0 | 265,962 | 5.6 | -124,715 | -31.9 | |
| NATIONALITY | | | | | | | | | | |
| Irish | | 60,065 | 76.4 | +2,196 | +3.8 | 4,082,513 | 85.7 | +155,370 | +4.0 | |
| UK | | 1,481 | 1.9 | -5 | -0.3 | 103,113 | 2.2 | -9,146 | -8.1 | |
| Polish | | 3,872 | 4.9 | -224 | -5.5 | 122,515 | 2.6 | -70 | -0.1 | |
| Lithuanian | | 747 | 0.9 | +7 | +0.9 | 36,552 | 0.8 | -131 | -0.4 | |
| Elsewhere in EU | | 3,853 | 4.9 | +882 | +29.7 | 146,738 | 3.1 | +31,501 | +27.3 | |
| Elsewhere in world | | 3,794 | 4.8 | -1,073 | -22.0 | 126,557 | 2.7 | -31,036 | -19.7 | |
| Visitors/Not stated | | 4,856 | 6.2 | +1,356 | +38.7 | 143,877 | 3.0 | +27,125 | +23.2 | |
| HEALTH INDICATORS | | | | | | | | | | |
| Health bad/very bad | | 1,229 | 1.6 | +116 | +10.4 | 76,435 | 1.6 | +6,774 | +9.7 | |
| Carers | | 2,891 | 3.7 | +236 | +8.9 | 195,263 | 4.1 | +8,151 | +4.4 | |
| Disabled | | 10,133 | 12.9 | +1,144 | +12.7 | 643,131 | 13.5 | +47,796 | +8.0 | |
| VULNERABLE GROUPS | | | | | | | | | | |
| Travellers | | 1,606 | 2.0 | -60 | -3.6 | 30,987 | 0.7 | +1,492 | +5.1 | |
| Vulnerable migrants | | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | |

10.4. HEALTH PROFILE DATA

Health Atlas Finder – Area Profile Galway County (note all indicators are based on % of total population)

CSO Census 2016 (de facto, provisional) - Local Authority (LA) - Population Total

| | Relative proportions | Area | | Area change (since 2011) | | Ireland | | Ireland change (since 2011) | | |
|-------------------------------------|----------------------|---------|-------|--------------------------|-------|-----------|-------|-----------------------------|-------|--|
| | | # | % | # | % | # | % | # | % | |
| AGE GROUP | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | 179,390 | 100.0 | +4,266 | +2.4 | 4,761,865 | 100.0 | +173,613 | +3.8 | |
| 85+ | | 3,059 | 1.7 | +337 | +12.4 | 67,555 | 1.4 | +9,139 | +15.6 | |
| 80-84 | | 3,363 | 1.9 | +431 | +14.7 | 81,037 | 1.7 | +10,924 | +15.6 | |
| 75-79 | | 4,622 | 2.6 | +455 | +10.9 | 115,467 | 2.4 | +13,431 | +13.2 | |
| 70-74 | | 6,486 | 3.6 | +1,284 | +24.7 | 162,272 | 3.4 | +31,082 | +23.7 | |
| 65-69 | | 8,528 | 4.8 | +1,561 | +22.4 | 211,236 | 4.4 | +37,598 | +21.7 | |
| 60-64 | | 9,869 | 5.5 | +1,079 | +12.3 | 238,856 | 5.0 | +20,070 | +9.2 | |
| 55-59 | | 10,878 | 6.1 | +840 | +8.4 | 270,102 | 5.7 | +25,580 | +10.5 | |
| 50-54 | | 11,842 | 6.6 | +644 | +5.8 | 299,935 | 6.3 | +25,549 | +9.3 | |
| 45-49 | | 13,308 | 7.4 | +1,148 | +9.4 | 326,110 | 6.8 | +20,925 | +6.9 | |
| 40-44 | | 14,080 | 7.8 | +629 | +4.7 | 357,460 | 7.5 | +26,648 | +8.1 | |
| 35-39 | | 14,015 | 7.8 | -116 | -0.8 | 389,421 | 8.2 | +25,160 | +6.9 | |
| 30-34 | | 11,100 | 6.2 | -2,135 | -16.1 | 361,975 | 7.6 | -31,970 | -8.1 | |
| 25-29 | | 8,007 | 4.5 | -2,490 | -23.7 | 297,435 | 6.2 | -63,687 | -17.6 | |
| 20-24 | | 7,993 | 4.5 | -978 | -10.9 | 273,636 | 5.7 | -23,595 | -7.9 | |
| 15-19 | | 11,597 | 6.5 | +627 | +5.7 | 302,816 | 6.4 | +19,797 | +7.0 | |
| 10-14 | | 13,256 | 7.4 | +964 | +7.8 | 319,476 | 6.7 | +16,985 | +5.6 | |
| 5-9 | | 14,360 | 8.0 | +1,050 | +7.9 | 355,561 | 7.5 | +34,791 | +10.8 | |
| 0-4 | | 13,027 | 7.3 | -1,064 | -7.6 | 331,515 | 7.0 | -24,814 | -7.0 | |
| DEPRIVATION LEVEL - HP INDEX | | | | | | | | | | |
| Extremely affluent | | 1,552 | 0.9 | n/a | n/a | 77,802 | 1.6 | n/a | n/a | |
| Very affluent | | 9,133 | 5.1 | n/a | n/a | 310,816 | 6.5 | n/a | n/a | |
| Affluent | | 30,311 | 16.9 | n/a | n/a | 819,257 | 17.2 | n/a | n/a | |
| Marginally above average | | 52,802 | 29.4 | n/a | n/a | 1,277,631 | 26.8 | n/a | n/a | |
| Marginally below average | | 49,176 | 27.4 | n/a | n/a | 1,203,652 | 25.3 | n/a | n/a | |
| Disadvantaged | | 25,862 | 14.4 | n/a | n/a | 712,558 | 15.0 | n/a | n/a | |
| Very disadvantaged | | 8,427 | 4.7 | n/a | n/a | 278,059 | 5.8 | n/a | n/a | |
| Extremely disadvantaged | | 2,126 | 1.2 | n/a | n/a | 82,091 | 1.7 | n/a | n/a | |
| HP INDEX DETERMINANTS | | | | | | | | | | |
| Age dependency | | 66,701 | 37.2 | +5,018 | +8.1 | 1,644,119 | 34.5 | +129,136 | +8.5 | |
| Classes - professional | | 14,742 | 8.2 | +1,166 | +8.6 | 386,648 | 8.1 | +50,028 | +14.9 | |
| Classes - semi & unskilled | | 27,318 | 15.2 | +3,106 | +12.8 | 671,494 | 14.1 | +14,031 | +2.1 | |
| Education - primary or lower | | 16,559 | 9.2 | -3,381 | -17.0 | 386,498 | 8.1 | -70,398 | -15.4 | |
| Education - 3rd level | | 32,903 | 18.3 | +4,957 | +17.7 | 881,276 | 18.5 | +141,284 | +19.1 | |
| Unemployed - aged 15+ | | 9,002 | 5.0 | -5,121 | -36.3 | 265,962 | 5.6 | -124,715 | -31.9 | |
| NATIONALITY | | | | | | | | | | |
| Irish | | 160,625 | 89.5 | +4,564 | +2.9 | 4,082,513 | 85.7 | +155,370 | +4.0 | |
| UK | | 4,622 | 2.6 | -575 | -11.1 | 103,113 | 2.2 | -9,146 | -8.1 | |
| Polish | | 3,635 | 2.0 | +200 | +5.8 | 122,515 | 2.6 | -70 | -0.1 | |
| Lithuanian | | 643 | 0.4 | +29 | +4.7 | 36,552 | 0.8 | -131 | -0.4 | |
| Elsewhere in EU | | 3,070 | 1.7 | +595 | +24.0 | 146,738 | 3.1 | +31,501 | +27.3 | |
| Elsewhere in world | | 2,942 | 1.6 | -737 | -20.0 | 126,557 | 2.7 | -31,036 | -19.7 | |
| Visitors/Not stated | | 3,853 | 2.1 | +190 | +5.2 | 143,877 | 3.0 | +27,125 | +23.2 | |
| HEALTH INDICATORS | | | | | | | | | | |
| Health bad/very bad | | 2,576 | 1.4 | +8 | +0.3 | 76,435 | 1.6 | +6,774 | +9.7 | |
| Carers | | 7,897 | 4.4 | -1 | +0.0 | 195,263 | 4.1 | +8,151 | +4.4 | |
| Disabled | | 22,523 | 12.6 | +1,337 | +6.3 | 643,131 | 13.5 | +47,796 | +8.0 | |

Health Atlas Finder – Area Profile Mayo (note all indicators are based on % of total population)

CSO Census 2016 (de facto, provisional) - Local Authority (LA) - Population Total

| | Relative proportions | Area | | Area change (since 2011) | | Ireland | | Ireland change (since 2011) | |
|-------------------------------------|----------------------|---------|-------|--------------------------|-------|-----------|-------|-----------------------------|-------|
| | | # | % | # | % | # | % | # | % |
| AGE GROUP | | | | | | | | | |
| | | | | | | | | | |
| Total | | 130,507 | 100.0 | -131 | -0.1 | 4,761,865 | 100.0 | +173,613 | +3.8 |
| 85+ | | 2,587 | 2.0 | +103 | +4.1 | 67,555 | 1.4 | +9,139 | +15.6 |
| 80-84 | | 2,949 | 2.3 | +299 | +11.3 | 81,037 | 1.7 | +10,924 | +15.6 |
| 75-79 | | 4,052 | 3.1 | +308 | +8.2 | 115,467 | 2.4 | +13,431 | +13.2 |
| 70-74 | | 5,689 | 4.4 | +1,065 | +23.0 | 162,272 | 3.4 | +31,082 | +23.7 |
| 65-69 | | 7,632 | 5.8 | +1,595 | +26.4 | 211,236 | 4.4 | +37,598 | +21.7 |
| 60-64 | | 8,136 | 6.2 | +396 | +5.1 | 238,856 | 5.0 | +20,070 | +9.2 |
| 55-59 | | 8,776 | 6.7 | +595 | +7.3 | 270,102 | 5.7 | +25,580 | +10.5 |
| 50-54 | | 8,907 | 6.8 | +98 | +1.1 | 299,935 | 6.3 | +25,549 | +9.3 |
| 45-49 | | 8,933 | 6.8 | +7 | +0.1 | 326,110 | 6.8 | +20,925 | +6.9 |
| 40-44 | | 9,017 | 6.9 | -30 | -0.3 | 357,460 | 7.5 | +26,648 | +8.1 |
| 35-39 | | 8,862 | 6.8 | -165 | -1.8 | 389,421 | 8.2 | +25,160 | +6.9 |
| 30-34 | | 8,111 | 6.2 | -777 | -8.7 | 361,975 | 7.6 | -31,970 | -8.1 |
| 25-29 | | 6,165 | 4.7 | -1,965 | -24.2 | 297,435 | 6.2 | -63,687 | -17.6 |
| 20-24 | | 5,792 | 4.4 | -1,076 | -15.7 | 273,636 | 5.7 | -23,595 | -7.9 |
| 15-19 | | 8,345 | 6.4 | +175 | +2.1 | 302,816 | 6.4 | +19,797 | +7.0 |
| 10-14 | | 9,015 | 6.9 | +4 | +0.0 | 319,476 | 6.7 | +16,985 | +5.6 |
| 5-9 | | 9,146 | 7.0 | +43 | +0.5 | 355,561 | 7.5 | +34,791 | +10.8 |
| 0-4 | | 8,393 | 6.4 | -806 | -8.8 | 331,515 | 7.0 | -24,814 | -7.0 |
| DEPRIVATION LEVEL - HP INDEX | | | | | | | | | |
| Extremely affluent | | 400 | 0.3 | n/a | n/a | 77,802 | 1.6 | n/a | n/a |
| Very affluent | | 3,107 | 2.4 | n/a | n/a | 310,816 | 6.5 | n/a | n/a |
| Affluent | | 13,927 | 10.7 | n/a | n/a | 819,257 | 17.2 | n/a | n/a |
| Marginally above average | | 32,819 | 25.1 | n/a | n/a | 1,277,631 | 26.8 | n/a | n/a |
| Marginally below average | | 40,455 | 31.0 | n/a | n/a | 1,203,652 | 25.3 | n/a | n/a |
| Disadvantaged | | 26,843 | 20.6 | n/a | n/a | 712,558 | 15.0 | n/a | n/a |
| Very disadvantaged | | 10,205 | 7.8 | n/a | n/a | 278,059 | 5.8 | n/a | n/a |
| Extremely disadvantaged | | 2,751 | 2.1 | n/a | n/a | 82,091 | 1.7 | n/a | n/a |
| HP INDEX DETERMINANTS | | | | | | | | | |
| Age dependency | | 49,463 | 37.9 | +2,611 | +5.6 | 1,644,119 | 34.5 | +129,136 | +8.5 |
| Classes - professional | | 7,932 | 6.1 | +1,007 | +14.5 | 386,648 | 8.1 | +50,028 | +14.9 |
| Classes - semi & unskilled | | 21,475 | 16.5 | -107 | -0.5 | 671,494 | 14.1 | +14,031 | +2.1 |
| Education - primary or lower | | 14,651 | 11.2 | -3,543 | -19.5 | 386,498 | 8.1 | -70,398 | -15.4 |
| Education - 3rd level | | 19,962 | 15.3 | +3,044 | +18.0 | 881,276 | 18.5 | +141,284 | +19.1 |
| Unemployed - aged 15+ | | 7,823 | 6.0 | -3,150 | -28.7 | 265,962 | 5.6 | -124,715 | -31.9 |
| NATIONALITY | | | | | | | | | |
| Irish | | 114,308 | 87.6 | +557 | +0.5 | 4,082,513 | 85.7 | +155,370 | +4.0 |
| UK | | 5,165 | 4.0 | -631 | -10.9 | 103,113 | 2.2 | -9,146 | -8.1 |
| Polish | | 2,806 | 2.2 | -127 | -4.3 | 122,515 | 2.6 | -70 | -0.1 |
| Lithuanian | | 972 | 0.7 | +109 | +12.6 | 36,552 | 0.8 | -131 | -0.4 |
| Elsewhere in EU | | 2,194 | 1.7 | +283 | +14.8 | 146,738 | 3.1 | +31,501 | +27.3 |
| Elsewhere in world | | 1,707 | 1.3 | -568 | -25.0 | 126,557 | 2.7 | -31,036 | -19.7 |
| Visitors/Not stated | | 3,355 | 2.6 | +246 | +7.9 | 143,877 | 3.0 | +27,125 | +23.2 |
| HEALTH INDICATORS | | | | | | | | | |
| Health bad/very bad | | 2,303 | 1.8 | -115 | -4.8 | 76,435 | 1.6 | +6,774 | +9.7 |
| Carers | | 6,129 | 4.7 | -429 | -6.5 | 195,263 | 4.1 | +8,151 | +4.4 |
| Disabled | | 17,977 | 13.8 | +267 | +1.5 | 643,131 | 13.5 | +47,796 | +8.0 |
| VULNERABLE GROUPS | | | | | | | | | |
| Travellers | | 1,299 | 1.0 | -86 | -6.2 | 30,987 | 0.7 | +1,492 | +5.1 |
| Vulnerable migrants | | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |

10.4. HEALTH PROFILE DATA

Health Atlas Finder – Area Profile Roscommon (note all indicators are based on % of total population)

CSO Census 2016 (de facto, provisional) - Local Authority (LA) - Population Total

| | Relative proportions | Area | | Area change (since 2011) | | Ireland | | Ireland change (since 2011) | |
|-------------------------------------|----------------------|--------|-------|--------------------------|-------|-----------|-------|-----------------------------|-------|
| | | # | % | # | % | # | % | # | % |
| AGE GROUP | | | | | | | | | |
| | | | | | | | | | |
| Total | | 64,544 | 100.0 | +479 | +0.7 | 4,761,865 | 100.0 | +173,613 | +3.8 |
| 85+ | | 1,371 | 2.1 | +205 | +17.6 | 67,555 | 1.4 | +9,139 | +15.6 |
| 80-84 | | 1,469 | 2.3 | +49 | +3.5 | 81,037 | 1.7 | +10,924 | +15.6 |
| 75-79 | | 1,879 | 2.9 | +70 | +3.9 | 115,467 | 2.4 | +13,431 | +13.2 |
| 70-74 | | 2,637 | 4.1 | +493 | +23.0 | 162,272 | 3.4 | +31,082 | +23.7 |
| 65-69 | | 3,387 | 5.2 | +530 | +18.6 | 211,236 | 4.4 | +37,598 | +21.7 |
| 60-64 | | 3,978 | 6.2 | +447 | +12.7 | 238,856 | 5.0 | +20,070 | +9.2 |
| 55-59 | | 4,219 | 6.5 | +158 | +3.9 | 270,102 | 5.7 | +25,580 | +10.5 |
| 50-54 | | 4,365 | 6.8 | +127 | +3.0 | 299,935 | 6.3 | +25,549 | +9.3 |
| 45-49 | | 4,495 | 7.0 | +118 | +2.7 | 326,110 | 6.8 | +20,925 | +6.9 |
| 40-44 | | 4,577 | 7.1 | -8 | -0.2 | 357,460 | 7.5 | +26,648 | +8.1 |
| 35-39 | | 4,591 | 7.1 | +15 | +0.3 | 389,421 | 8.2 | +25,160 | +6.9 |
| 30-34 | | 4,061 | 6.3 | -495 | -10.9 | 361,975 | 7.6 | -31,970 | -8.1 |
| 25-29 | | 3,096 | 4.8 | -966 | -23.8 | 297,435 | 6.2 | -63,687 | -17.6 |
| 20-24 | | 2,749 | 4.3 | -573 | -17.2 | 273,636 | 5.7 | -23,595 | -7.9 |
| 15-19 | | 4,008 | 6.2 | +227 | +6.0 | 302,816 | 6.4 | +19,797 | +7.0 |
| 10-14 | | 4,536 | 7.0 | +131 | +3.0 | 319,476 | 6.7 | +16,985 | +5.6 |
| 5-9 | | 4,766 | 7.4 | +233 | +5.1 | 355,561 | 7.5 | +34,791 | +10.8 |
| 0-4 | | 4,360 | 6.8 | -282 | -6.1 | 331,515 | 7.0 | -24,814 | -7.0 |
| DEPRIVATION LEVEL - HP INDEX | | | | | | | | | |
| Extremely affluent | | 204 | 0.3 | n/a | n/a | 77,802 | 1.6 | n/a | n/a |
| Very affluent | | 1,822 | 2.8 | n/a | n/a | 310,816 | 6.5 | n/a | n/a |
| Affluent | | 8,004 | 12.4 | n/a | n/a | 819,257 | 17.2 | n/a | n/a |
| Marginally above average | | 17,503 | 27.1 | n/a | n/a | 1,277,631 | 26.8 | n/a | n/a |
| Marginally below average | | 20,004 | 31.0 | n/a | n/a | 1,203,652 | 25.3 | n/a | n/a |
| Disadvantaged | | 12,193 | 18.9 | n/a | n/a | 712,558 | 15.0 | n/a | n/a |
| Very disadvantaged | | 4,003 | 6.2 | n/a | n/a | 278,059 | 5.8 | n/a | n/a |
| Extremely disadvantaged | | 810 | 1.3 | n/a | n/a | 82,091 | 1.7 | n/a | n/a |
| HP INDEX DETERMINANTS | | | | | | | | | |
| Age dependency | | 24,405 | 37.8 | +1,429 | +6.2 | 1,644,119 | 34.5 | +129,136 | +8.5 |
| Classes - professional | | 4,011 | 6.2 | +250 | +6.6 | 386,648 | 8.1 | +50,028 | +14.9 |
| Classes - semi & unskilled | | 9,695 | 15.0 | +650 | +7.2 | 671,494 | 14.1 | +14,031 | +2.1 |
| Education - primary or lower | | 6,399 | 9.9 | -1,123 | -14.9 | 386,498 | 8.1 | -70,398 | -15.4 |
| Education - 3rd level | | 9,830 | 15.2 | +1,532 | +18.5 | 881,276 | 18.5 | +141,284 | +19.1 |
| Unemployed - aged 15+ | | 3,435 | 5.3 | -1,974 | -36.5 | 265,962 | 5.6 | -124,715 | -31.9 |
| NATIONALITY | | | | | | | | | |
| Irish | | 56,807 | 88.0 | +733 | +1.3 | 4,082,513 | 85.7 | +155,370 | +4.0 |
| UK | | 2,590 | 4.0 | -200 | -7.2 | 103,113 | 2.2 | -9,146 | -8.1 |
| Polish | | 1,364 | 2.1 | -1 | -0.1 | 122,515 | 2.6 | -70 | -0.1 |
| Lithuanian | | 377 | 0.6 | +24 | +6.8 | 36,552 | 0.8 | -131 | -0.4 |
| Elsewhere in EU | | 1,141 | 1.8 | +283 | +33.0 | 146,738 | 3.1 | +31,501 | +27.3 |
| Elsewhere in world | | 1,124 | 1.7 | -407 | -26.6 | 126,557 | 2.7 | -31,036 | -19.7 |
| Visitors/Not stated | | 1,141 | 1.8 | +47 | +4.3 | 143,877 | 3.0 | +27,125 | +23.2 |
| HEALTH INDICATORS | | | | | | | | | |
| Health bad/very bad | | 1,194 | 1.8 | +56 | +4.9 | 76,435 | 1.6 | +6,774 | +9.7 |
| Carers | | 2,923 | 4.5 | -110 | -3.6 | 195,263 | 4.1 | +8,151 | +4.4 |
| Disabled | | 9,313 | 14.4 | +554 | +6.3 | 643,131 | 13.5 | +47,796 | +8.0 |
| VULNERABLE GROUPS | | | | | | | | | |
| Travellers | | 516 | 0.8 | +120 | +30.3 | 30,987 | 0.7 | +1,492 | +5.1 |
| Vulnerable migrants | | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |

Spine Charts - Galway City and Council

The following charts show how people in this area compare with the rest of Ireland for key indicators. The black circle shows the score for this area and the black line shows the average for Ireland. For some indicators, being above average is preferable, whereas for others the opposite is the case.

Ireland Key:



● Local Value

| Indicator | Local Number | Local Value | Irl Avg | Irl Low | Ireland Range | Irl High |
|---|--------------|-------------|---------|---------|---------------|----------|
| BIRTHS | | | | | | |
| 1 Live birth per 1,000 females aged <20 2011 Galway City | | 8.2 | 12.3 | 5.2 | | 24.1 |
| 2 Live births per 1,000 all ages 2015 Galway City | 1030 | 14.7 | 14.0 | 11.5 | | 16.8 |
| 3 Total period fertility rates 2011 Galway City | | 1.5 | 2.0 | 1.5 | | 2.4 |
| 4 Live birth per 1,000 females aged <20 2011 Galway Co. | | 7.0 | 12.3 | 5.2 | | 24.1 |
| 5 Live births per 1,000 all ages 2015 Galway Co. | 2464 | 13.9 | 14.0 | 11.5 | | 16.8 |
| 6 Total period fertility rates 2011 Galway Co. | | 2.3 | 2.0 | 1.5 | | 2.4 |
| 5 YEAR AGE STANDARDISED DEATHS 2010-2014 | | | | | | |
| 7 All Causes of Death SDR 0-64 years | 1506 | 165.9 | 176.9 | 152.2 | | 201.1 |
| 8 All Causes of Death SDR all ages | 7412 | 965.8 | 1040.6 | 944.8 | | 1176.0 |
| 9 All Malignant Neoplasms SDR 0-64 years | 578 | 67.4 | 70.0 | 62.1 | | 85.3 |
| 10 All Malignant Neoplasms SDR all ages | 2171 | 274.3 | 287.9 | 259.2 | | 336.4 |
| 11 Colon Cancer SDR 0-64 years | 39 | 4.6 | 3.4 | 1.2 | | 6.4 |
| 12 Colon Cancer SDR all ages | 157 | 19.9 | 19.4 | 9.2 | | 27.6 |
| 13 Larynx and Trachea/Bronchus/Lung CancerSDR 0-64 years | 104 | 12.6 | 15.1 | 10.3 | | 19.6 |
| 14 Larynx and Trachea/Bronchus/Lung CancerSDR all ages | 402 | 51.3 | 60.4 | 47.1 | | 77.4 |
| 15 Breast Cancer SDR 0-64 years | 85 | 9.8 | 7.9 | 4.9 | | 11.1 |
| 16 Breast Cancer SDR all ages | 194 | 23.0 | 22.2 | 18.1 | | 28.6 |
| 17 Prostate Cancer SDR 0-64 years | 8 | 1.0 | 1.3 | 0.2 | | 2.4 |
| 18 Prostate CancerSDR all ages | 148 | 20.5 | 20.9 | 16.1 | | 30.1 |
| 19 All Diseases of the Circulatory System SDR 0-64 years | 306 | 35.7 | 36.4 | 29.6 | | 42.4 |
| 20 All Diseases of the Circulatory System SDR all ages | 2368 | 320.8 | 365.8 | 320.8 | | 452.4 |
| 21 Ischaemic Heart Disease SDR 0-64 years | 174 | 20.4 | 21.2 | 16.3 | | 30.7 |
| 22 Ischaemic Heart Disease SDR all ages | 1140 | 152.9 | 182.0 | 149.9 | | 229.8 |
| 23 Acute Myocardial Infarction SDR 0-64 years | 79 | 9.2 | 7.8 | 4.2 | | 11.5 |
| 24 Acute Myocardial InfarctionSDR all ages | 559 | 74.9 | 90.2 | 57.4 | | 115.8 |
| 25 Cerebrovascular Disease SDR 0-64 years | 34 | 4.1 | 5.4 | 2.0 | | 7.8 |
| 26 Cerebrovascular Disease SDR all ages | 465 | 64.8 | 78.3 | 62.4 | | 96.5 |
| 27 All Diseases of the Respiratory System SDR 0-64 years | 61 | 7.0 | 7.6 | 5.0 | | 13.8 |
| 28 All Diseases of the Respiratory System SDR all ages | 888 | 123.9 | 138.5 | 115.3 | | 195.7 |
| 29 Pneumonia SDR 0-64 years | 16 | 1.8 | 1.8 | 0.6 | | 4.3 |
| 30 Pneumonia SDR all ages | 307 | 43.8 | 44.5 | 26.3 | | 82.0 |
| 31 Chronic Lower Respiratory Disease SDR 0-64 years | 20 | 2.4 | 3.5 | 1.4 | | 5.7 |
| 32 Chronic Lower Respiratory Disease SDR all ages | 373 | 51.9 | 60.8 | 43.5 | | 85.0 |
| 33 Asthma SDR 0-64 years | 3 | 0.3 | 0.4 | 0.0 | | 1.2 |
| 34 Asthma SDR all ages | 15 | 2.1 | 1.9 | 0.3 | | 3.3 |
| 35 External Causes of Injury and Poisoning SDR 0-64 years | 277 | 28.1 | 32.4 | 22.1 | | 42.7 |
| 36 External Causes of Injury and Poisoning SDR all ages | 438 | 44.8 | 41.5 | 28.3 | | 56.1 |
| 37 Suicide and Intentional Self Harm SDR 0-64 years | 130 | 12.6 | 13.9 | 8.3 | | 19.9 |
| 38 Suicide and Intentional Self Harm SDR all ages | 146 | 12.3 | 12.5 | 8.0 | | 17.9 |

10.4. HEALTH PROFILE DATA

Spine Charts - Mayo

Ireland Key:

| Ireland Average | | | |
|-----------------|------|------------|---------|
| Lowest | | | Highest |
| | 25th | Percentile | 75th |

● Local Value

| Indicator | Local Number | Local Value | Irl Avg | Irl Low | Ireland Range | Irl High |
|---|--------------|-------------|---------|---------|---------------|----------|
| BIRTHS | | | | | | |
| 1 Live birth per 1,000 females aged <20 2011 | | 8.8 | 12.3 | 5.2 | | 24.1 |
| 2 Live births per 1,000 all ages 2015 | 1572 | 12.1 | 14.0 | 11.5 | | 16.8 |
| 3 Total period fertility rates 2011 | n/a | 2.1 | 2.0 | 1.5 | | 2.4 |
| 5 YEAR AGE STANDARDISED DEATHS | | | | | | |
| 4 All Causes of Death SDR 0-64 years | 981 | 189.7 | 176.9 | 152.2 | | 201.1 |
| 5 All Causes of Death SDR all ages | 5506 | 1075.6 | 1040.6 | 944.8 | | 1176.0 |
| 6 All Malignant Neoplasms SDR 0-64 years | 383 | 74.6 | 70.0 | 62.1 | | 85.3 |
| 7 All Malignant Neoplasms SDR all ages | 1510 | 288.0 | 287.9 | 259.2 | | 336.4 |
| 8 Colon Cancer SDR 0-64 years | 24 | 4.7 | 3.4 | 1.2 | | 6.4 |
| 9 Colon Cancer SDR all ages | 113 | 21.6 | 19.4 | 9.2 | | 27.6 |
| 10 Larynx and Trachea/Bronchus/Lung CancerSDR 0-64 years | 72 | 14.0 | 15.1 | 10.3 | | 19.6 |
| 11 Larynx and Trachea/Bronchus/Lung CancerSDR all ages | 294 | 55.8 | 60.4 | 47.1 | | 77.4 |
| 12 Breast Cancer SDR 0-64 years | 45 | 8.8 | 7.9 | 4.9 | | 11.1 |
| 13 Breast Cancer SDR all ages | 130 | 24.9 | 22.2 | 18.1 | | 28.6 |
| 14 Prostate Cancer SDR 0-64 years | 9 | 1.8 | 1.3 | 0.2 | | 2.4 |
| 15 Prostate CancerSDR all ages | 107 | 21.6 | 20.9 | 16.1 | | 30.1 |
| 16 All Diseases of the Circulatory System SDR 0-64 years | 189 | 36.9 | 36.4 | 29.6 | | 42.4 |
| 17 All Diseases of the Circulatory System SDR all ages | 1910 | 381.6 | 365.8 | 320.8 | | 452.4 |
| 18 Ischaemic Heart Disease SDR 0-64 years | 116 | 22.6 | 21.2 | 16.3 | | 30.7 |
| 19 Ischaemic Heart Disease SDR all ages | 1027 | 204.3 | 182.0 | 149.9 | | 229.8 |
| 20 Acute Myocardial Infarction SDR 0-64 years | 59 | 11.5 | 7.8 | 4.2 | | 11.5 |
| 21 Acute Myocardial InfarctionSDR all ages | 583 | 115.8 | 90.2 | 57.4 | | 115.8 |
| 22 Cerebrovascular Disease SDR 0-64 years | 25 | 4.9 | 5.4 | 2.0 | | 7.8 |
| 23 Cerebrovascular Disease SDR all ages | 385 | 78.2 | 78.3 | 62.4 | | 96.5 |
| 24 All Diseases of the Respiratory System SDR 0-64 years | 51 | 10.0 | 7.6 | 5.0 | | 13.8 |
| 25 All Diseases of the Respiratory System SDR all ages | 776 | 157.0 | 138.5 | 115.3 | | 195.7 |
| 26 Pneumonia SDR 0-64 years | 11 | 2.2 | 1.8 | 0.6 | | 4.3 |
| 27 Pneumonia SDR all ages | 259 | 53.2 | 44.5 | 26.3 | | 82.0 |
| 28 Chronic Lower Respiratory Disease SDR 0-64 years | 25 | 4.9 | 3.5 | 1.4 | | 5.7 |
| 29 Chronic Lower Respiratory Disease SDR all ages | 332 | 66.2 | 60.8 | 43.5 | | 85.0 |
| 30 Asthma SDR 0-64 years | 4 | 0.8 | 0.4 | 0.0 | | 1.2 |
| 31 Asthma SDR all ages | 9 | 1.6 | 1.9 | 0.3 | | 3.3 |
| 32 External Causes of Injury and Poisoning SDR 0-64 years | 191 | 37.7 | 32.4 | 22.1 | | 42.7 |
| 33 External Causes of Injury and Poisoning SDR all ages | 276 | 47.4 | 41.5 | 28.3 | | 56.1 |
| 34 Suicide and Intentional Self Harm SDR 0-64 years | 82 | 16.2 | 13.9 | 8.3 | | 19.9 |
| 35 Suicide and Intentional Self Harm SDR all ages | 94 | 15.5 | 12.5 | 8.0 | | 17.9 |

Spine Charts - Roscommon

Ireland Key:

| | | | | |
|--------|-----------------|------------|---------|--|
| | Ireland Average | | | |
| Lowest | | | Highest | |
| | 25th | Percentile | 75th | |



Local Value

| Indicator | Local Number | Local Value | Irl Avg | Irl Low | Ireland Range | Irl High |
|---|--------------|-------------|---------|---------|---------------|----------|
| BIRTHS | | | | | | |
| 1 Live birth per 1,000 females aged <20 2011 | | 8.1 | 12.3 | 5.2 | | 24.1 |
| 2 Live births per 1,000 all ages 2015 | 766 | 11.9 | 14.0 | 11.5 | | 16.8 |
| 3 Total period fertility rates 2011 | | 2.0 | 2.0 | 1.5 | | 2.4 |
| 5 YEAR AGE STANDARDISED DEATHS 2010-2014 | | | | | | |
| 4 All Causes of Death SDR 0-64 years | 412 | 165.3 | 176.9 | 152.2 | | 201.1 |
| 5 All Causes of Death SDR all ages | 2425 | 978.1 | 1040.6 | 944.8 | | 1176.0 |
| 6 All Malignant Neoplasms SDR 0-64 years | 166 | 67.8 | 70.0 | 62.1 | | 85.3 |
| 7 All Malignant Neoplasms SDR all ages | 689 | 271.2 | 287.9 | 259.2 | | 336.4 |
| 8 Colon Cancer SDR 0-64 years | 13 | 5.4 | 3.4 | 1.2 | | 6.4 |
| 9 Colon Cancer SDR all ages | 53 | 21.3 | 19.4 | 9.2 | | 27.6 |
| 10 Larynx and Trachea/Bronchus/Lung Cancer SDR 0-64 years | 40 | 16.4 | 15.1 | 10.3 | | 19.6 |
| 11 Larynx and Trachea/Bronchus/Lung Cancer SDR all ages | 158 | 61.7 | 60.4 | 47.1 | | 77.4 |
| 12 Breast Cancer SDR 0-64 years | 17 | 6.8 | 7.9 | 4.9 | | 11.1 |
| 13 Breast Cancer SDR all ages | 49 | 19.0 | 22.2 | 18.1 | | 28.6 |
| 14 Prostate Cancer SDR 0-64 years | 2 | 0.8 | 1.3 | 0.2 | | 2.4 |
| 15 Prostate Cancer SDR all ages | 51 | 20.7 | 20.9 | 16.1 | | 30.1 |
| 16 All Diseases of the Circulatory System SDR 0-64 years | 81 | 33.4 | 36.4 | 29.6 | | 42.4 |
| 17 All Diseases of the Circulatory System SDR all ages | 863 | 357.8 | 365.8 | 320.8 | | 452.4 |
| 18 Ischaemic Heart Disease SDR 0-64 years | 50 | 20.7 | 21.2 | 16.3 | | 30.7 |
| 19 Ischaemic Heart Disease SDR all ages | 438 | 182.3 | 182.0 | 149.9 | | 229.8 |
| 20 Acute Myocardial Infarction SDR 0-64 years | 23 | 9.5 | 7.8 | 4.2 | | 11.5 |
| 21 Acute Myocardial Infarction SDR all ages | 244 | 102.1 | 90.2 | 57.4 | | 115.8 |
| 22 Cerebrovascular Disease SDR 0-64 years | 9 | 3.7 | 5.4 | 2.0 | | 7.8 |
| 23 Cerebrovascular Disease SDR all ages | 203 | 85.5 | 78.3 | 62.4 | | 96.5 |
| 24 All Diseases of the Respiratory System SDR 0-64 years | 13 | 5.3 | 7.6 | 5.0 | | 13.8 |
| 25 All Diseases of the Respiratory System SDR all ages | 320 | 134.5 | 138.5 | 115.3 | | 195.7 |
| 26 Pneumonia SDR 0-64 years | 4 | 1.6 | 1.8 | 0.6 | | 4.3 |
| 27 Pneumonia SDR all ages | 105 | 44.7 | 44.5 | 26.3 | | 82.0 |
| 28 Chronic Lower Respiratory Disease SDR 0-64 years | 8 | 3.3 | 3.5 | 1.4 | | 5.7 |
| 29 Chronic Lower Respiratory Disease SDR all ages | 145 | 60.4 | 60.8 | 43.5 | | 85.0 |
| 30 Asthma SDR 0-64 years | 0 | 0.0 | 0.4 | 0.0 | | 1.2 |
| 31 Asthma SDR all ages | 5 | 1.9 | 1.9 | 0.3 | | 3.3 |
| 32 External Causes of Injury and Poisoning SDR 0-64 years | 77 | 31.2 | 32.4 | 22.1 | | 42.7 |
| 33 External Causes of Injury and Poisoning SDR all ages | 120 | 42.8 | 41.5 | 28.3 | | 56.1 |
| 34 Suicide and Intentional Self Harm SDR 0-64 years | 40 | 16.4 | 13.9 | 8.3 | | 19.9 |
| 35 Suicide and Intentional Self Harm SDR all ages | 44 | 14.7 | 12.5 | 8.0 | | 17.9 |



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Feidhmeannacht na Seirbhíse Sláinte
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Healthy Ireland for All Ages