Healthy Ireland
in the **Health Services**

National Implementation Plan 2015 – 2017

Contents

Foreword

The health and wellbeing of everyone living in Ireland, and everyone working with our health system, is the most valuable asset that we possess as a nation. While we are focused day-to-day on the challenge of providing high quality services to the people in our care, we must also have our eye on the future.

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 with which we are now familiar. This is why the Health Services must be focused on improving health and wellbeing, on prevention rather than simply on treatment, and why that focus is as important for a modern health service as our priorities of quality, access, value, standards of care, and patient outcomes.

In agreeing this first Implementation Plan for *Healthy Ireland* in the Health Services, we have focused on where we can take concerted and specific actions, at all levels of the health service, to improve health and wellbeing and prevent the onset of disease. The Plan exploits our unique scale as the largest public body in the state, allowing us to capitalise on our influence, our governance and decision-making, our powerful workforce, and our day-to-day interactions with everyone living in Ireland.

This Plan has had to focus to be coherent – because in one way or another, every part of the health service is engaged in improving health and wellbeing. So, the actions set out here don't represent the full quantum of our activity in the Health Services – they represent a sector-wide focus on reducing the biggest risk to our population's health and our services – the burden of chronic disease; ensuring we have a resilient and healthy workforce; and that we deliver the significant reforms which are already underway in terms of how we deliver healthcare.

Up to 80% of chronic illness can be prevented, because so much is caused by and related to poor diet, hypertension, smoking, alcohol misuse and lack of physical activity. By providing an improved service of chronic disease prevention and care to the people using our services, and by supporting them, and the wider community to make healthier lifestyle choices,

we have the potential to make a significant impact on the level of illness, disability and deaths among our population. Changing how we work, our own structures and processes is part of the solution.

Our vision of a healthier Ireland with a high quality health service valued by all is recognised in our recently published Corporate Plan 2015-2017. The first goal states that promotion of health and wellbeing will be part of everything we do so that people will be healthier. Our mission is for people to be supported by health and social care services to achieve their full potential, have access to safe, compassionate and quality care when they need it and be confident that our service will deliver the best health outcomes and values through optimising our resources.

We will continue to invest in and develop a workplace that is dedicated to excellence, welcomes change and innovation, embraces leadership and teamwork, and maintains continuous professional development and learning. Evidence shows that happy, well motivated staff deliver better care and that their patients have better outcomes. Our forthcoming People Strategy will help to support this in line with the fifth goal of the Corporate Plan. The recently announced Department of Health initiative to encourage the development of Healthy Workplace policies across the public sector will further cement this approach.

The delivery of *Healthy Ireland* will involve every part of the health service, and our partners. It will place a responsibility on each person to be aware of why change is needed and to be prepared to do things differently. This Plan is about all of us working together to create an environment that improves health and wellbeing. It is a very challenging and important undertaking, and an essential process to secure the future for Ireland's health services. I look forward to seeing how we will achieve this together.

Tony O'Brien
Director General of the Health Services
Member Healthy Ireland Council

Building the Plan

A Cross Divisional Steering Group was established to lead the development of this three year Implementation Plan for the Health Services. As Chair of this Group and on behalf of the Director General I would like to commend Members and their teams for their time and commitment to this work. The Group included representation from Primary Care, Social Care, Mental Health, Acute Hospitals, Community Services, Clinical Strategy and Programmes, Quality Improvement, National Communications, National HR, Health Business Services, National Cancer Control Programme and Health and Wellbeing. (See Appendix A for full membership).

The development process was underpinned by wide consultation and engagement with key stakeholders and I would like to thank everybody for their contributions. This process demonstrated the many exemplars of health and wellbeing services and approaches in place across the country.

The breadth and complexity of the work encompassed by the *Healthy Ireland Framework* which is being lead at national level by the Department of Health requires our Plan for the Health Services to be packaged to support both national and local level implementation. This Plan includes actions which require leadership and commitment at corporate level. In addition, it contains more detailed actions for implementation locally. An online toolkit has been designed to support each Community Healthcare Organisation (CHO) and Hospital Group to develop its own local plan and to support them in building competence and capacity to drive the changes required within their own managed health and social care services.

We have already made a start. I would like to acknowledge the Saolta Hospital Group in the North West who published its Group Implementation Plan in October 2014 and is now in the process of developing individual hospital plans as well as rolling out a range of actions. Saolta's work has provided valuable insights for the development of this Plan.

The Plan has also been informed by developments in the many reform initiatives underway across our Health Services including the establishment of the Health and Wellbeing Division in 2013. This has enabled our work with national directors and senior staff in other divisions to prioritise health and wellbeing approaches, creating more resources and opportunities through mutually beneficial partnerships with key stakeholders.

The *Healthy Ireland* agenda is as big as it gets. Improving population health for all and reducing health inequalities takes us into topics ranging from job creation, to international food production, to policy on the environment, transport and housing, to technology innovation, to human migration and cross border health threats, to community development, to human behaviour, to science and biomedical developments. Within the health system it takes vision, organisational and system changes and a radical shift in culture.

Neither the health service alone, nor the Department of Health can fully realise the objectives of improving population health, addressing the rise in chronic disease and the widening of health inequalities across our population. It requires our collective efforts, working with our partners across Government, local authorities, the community and voluntary sector, philanthropy, academia, and the private sector – to make a difference and build an informed, empowered and healthier society.

I look forward to building on the momentum generated during the development of this Plan to translate this work into local plans with Chief Officers of CHOs, Chief Executive Officers of Hospital Groups and National Directors.

Stephanie O'Keeffe

Dr Stephanie O'Keeffe
Chair, Healthy Ireland Cross Divisional Steering Group
National Director, Health and Wellbeing
Member Healthy Ireland Council

Healthy Ireland
An Introduction

Our health and wellbeing is shaped by many things in the world around us – our family, our home and neighbourhood, our education and work, our friends and community, in addition to other biological, social, environmental and economic factors.

Health and wellbeing is an economic good and a major asset for our society, and improving the health and wellbeing of the nation is a national priority for the Government and all of society.
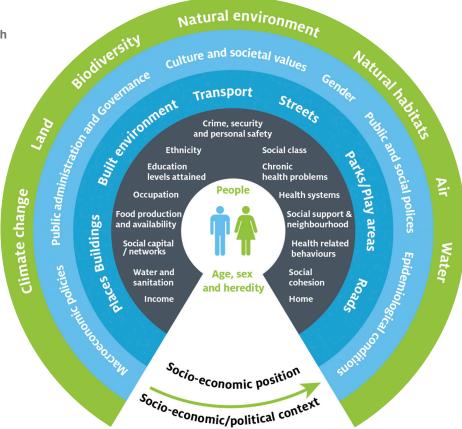
As is well evidenced in Ireland and internationally, enjoyment of health is not evenly distributed in society, with prevalence of chronic conditions and accompanying lifestyle behaviours being strongly influenced by socio-economic status, levels of education, employment and housing. Evidence and experience from around the world clearly shows that to create positive health and wellbeing change that

takes into account the determinants of health and wellbeing, requires the involvement of the whole community, the whole of government, through all of society working in unison.

The *Healthy Ireland (HI) Framework* was adopted by the Irish Government in 2013 in response to Ireland's changing health and wellbeing profile. While life expectancy has increased, and mortality from a range of diseases has fallen significantly, there are many trends that are leading us toward an unhealthy and extremely costly future. It envisions a *Healthy Ireland*; where everyone can enjoy physical and mental health and wellbeing to their full potential; where wellbeing is valued and supported at every level of society and is everyone's responsibility.

Chart 1 Determinants of Health

(Adapted from Dalghren and Whitehead, 1991 and Grant and Barton, 2006)

Achieving this vision is a complex undertaking, and is taking place with growing momentum, designed to last over the coming decades. Influencing current health trends, reversing them where possible, and moving toward a safer, healthier and better future, will take government and societal commitment, will take time, planning and strong leadership, will take good systems of measurement and implementation, and will rest ultimately with supporting and enabling people to make healthy choices, day-by-day, as they go about their daily lives.

The *HI Framework* sets out four central goals for our health and wellbeing, and outlines clear routes and strategies to achieve these goals, in which all people and all parts of our society can participate. They are:

- Increasing the proportion of Irish people who are healthy at all stages of life

- Reducing health inequalities

- Protecting the public from threats to health and wellbeing

- Creating an environment where every sector of society can play its part.

Healthy Ireland
Governance and Leadership

The implementation of the *Healthy Ireland (HI) Framework* at national level is overseen by the Cabinet Committee on Social and Public Sector Reform, chaired by An Taoiseach. A cross-sectoral group, chaired by the Department of Health, ensures a joined up approach across Government to achieve the goals and actions.

Within the Department of Health, the Health and Wellbeing Programme co-ordinates the overall implementation of the *HI Framework*.

The *Healthy Ireland* Council was established in 2014 to increase the involvement of all sections of society, and to build a coalition of support for *Healthy Ireland's* vision, goals and actions. The Council is a key initiative to leverage engagement on a whole-of-society basis and to connect and mobilise communities, families and individuals into a national movement with the aim of supporting everyone to enjoy the best possible health and wellbeing.

Within the Health Services, the Director General of the Health Services has assigned responsibility for leading the implementation of the *HI Framework* to the National Director, Health and Wellbeing, in partnership with other health service divisions.

A National Implementation Oversight Group will be established to oversee the Plan's execution at national level. This Group replaces the Cross Divisional Steering Group which led the development phase of this project.

Implementation Steering Groups will be established within each Community Healthcare Organisation (CHO) and Hospital Group. The work of these groups will be supported by Health and Wellbeing. The Head of Health and Wellbeing within each CHO will have
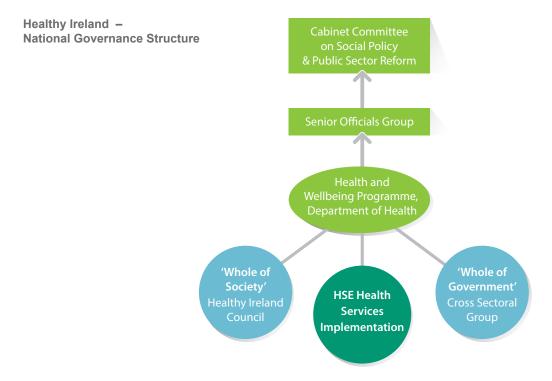
responsibility for driving development and delivery of local plans and reporting on progress. Each Hospital Group will identify a *HI* lead to co-ordinate and drive implementation in each hospital and across the Hospital Group. These Hospital Group Leads and the Heads of Health and Wellbeing in the CHOs will be the link with the *HI* National Programme Lead, Health and Wellbeing Division.
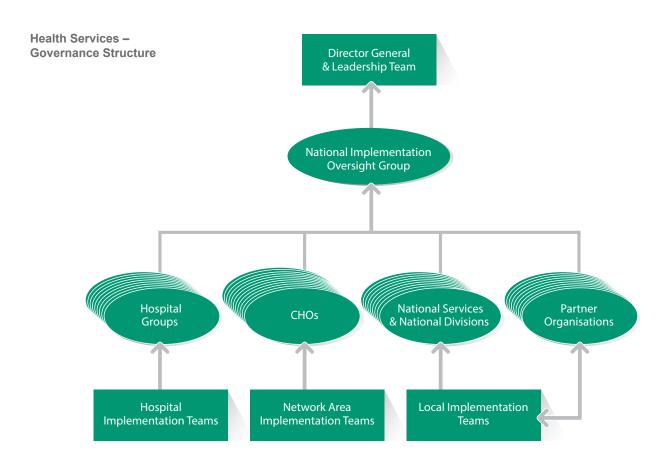
ACTIONS 1–8

- Ensure new and existing governance arrangements across the Health Services support the delivery of this Plan

- Ensure annual service, operational and business plans continue to reflect actions to support the delivery of *Healthy Ireland* in the Health Services

- Establish National Implementation Oversight Group

- Establish Steering Groups in CHOs and Hospital Groups to develop, oversee and report on implementation

- Identify *HI* Lead at Hospital Group level

- Appoint Head of Health and Wellbeing to the management team in each CHO

- Establish Implementation Teams at individual hospital and CHO network area with nominated resources to co-ordinate implementation and report on progress

- Undertake staff engagement sessions to communicate the *HI* vision and build buy-in for the implementation at local level

Chart 2 *Healthy Ireland* **Governance**

**Healthy Ireland –
National Governance Structure**

Cabinet Committee
on Social Policy
& Public Sector Reform

Senior Officials Group

Health and
Wellbeing Programme,
Department of Health

'Whole of
Society'
Healthy Ireland
Council

HSE Health
Services
Implementation

'Whole of
Government'
Cross Sectoral
Group

**Health Services –
Governance Structure**

Director General
& Leadership Team

National Implementation
Oversight Group

Hospital
Groups

CHOs

National Services
& National Divisions

Partner
Organisations

Hospital
Implementation Teams

Network Area
Implementation Teams

Local Implementation
Teams

Framing an Implementation Plan for *Healthy Ireland* in the Health Services

Much work is underway reforming and changing health services in Ireland – the way services are planned for, managed, delivered, paid for and measured. Change on the scale proposed and envisioned within the *HI Framework* is incredibly complex, and an enormous challenge to carry out effectively. Implementing the *HI Framework* within the health service, given the scale and pace of change already happening adds a further challenge but also an opportunity.

Providing strong stewardship and advocacy support to drive the *HI Framework* within other sectors, particularly as it relates to health inequalities, is hugely important work for the Health Services. We do this through our funding arrangements with the community and voluntary sector; through shared work programmes with other public sector organisations; and through the influence and support we generate with a range of partners to help address health inequalities and influence the social and economic factors that affect people's health. Whilst tackling the wider causes of ill health and reducing inequalities requires the collective efforts of whole of government and whole of society, the Health Services' operations and services are crucial to achieving greater health equity.

Given the specific role and purpose of the HSE as the main provider and guardian of health and social care in Ireland, we have a fundamental responsibility for the delivery of the *HI Framework* within our own organisation and to the population we serve.

Over the last two years there has been a significant focus on:

- Ensuring health and wellbeing goals are incorporated within the service planning process and that Acute, Mental Health, Primary Care and Social Care services are reflecting these goals within their service and operational plans and actions

- Resourcing and reconfiguring services within the Health and Wellbeing Division to sustain a focus on this area into the future

- Ensuring health and wellbeing objectives are embedded in the Health Services' Reform Programmes including primary care reform, financial reform and structural reform

- Embedding prevention, early detection and models of self-care for people living with chronic conditions into our clinical strategy and programmes

- Developing a roadmap for system wide implementation of the HI Framework in the health services that is capable of being measured and monitored

This Implementation Plan sets out how the HSE is implementing the *HI Framework* within the Health Services in Ireland – within our own directly managed services that care for and have contact with millions of people living in Ireland each year, and within the wide range of funded agencies and vast number of health professionals working within our system. Our Plan places a significant emphasis and dependency on partnership and collaboration across the health services, and externally with other sectors, including inter alia, other governmental organisations, the community and voluntary sector, academia, local authorities, the private sector and philanthropic organisations.

The Implementation Plan focuses on three priority areas:

- **Health Service Reform** – our greatest opportunity

- **Reducing the burden of Chronic Disease** – our greatest challenge

- **Improving staff health and wellbeing** – our greatest asset

Health Service Reform	Reducing the burden of Chronic Disease	Improving staff health and wellbeing

These are not the only priorities for the HSE, and a wide and critical array of other work will go on in parallel to the actions outlined in the Plan to further deliver on the *HI Framework* goals – developments and programmes within primary care, social care and mental health services, in addition to our screening, health protection and environmental health services.

A suite of actions is described under each priority area. These are far reaching, incorporating systemic and organisational changes as well as a range of programmes to address modifiable lifestyle risk factors, and programmes to improve staff health and wellbeing.

This Plan is designed to provide clear direction for large scale, health service actions that can be taken at national and/or local level, making the most of the size and influence of the HSE's services, funding, knowledge base, expertise and partnerships. Underpinning the approach is a clear understanding that we need to be better at measuring what we do and at demonstrating that what we are doing is making a positive difference to the health of the whole population.

The Health Services' Implementation Plan is a roadmap whilst providing scope for local creativity in delivery. The successful achievement of the actions described under each priority requires leadership, commitment and drive by senior management teams across the health service. Specific actions in relation to accountability, monitoring and resourcing have been set out to support and enable effective delivery. It is acknowledged that in some instances we will be building on established programmes and best practice whilst in other areas, we are in early stages of development and standardisation of approaches that are linked to emerging policies. It is also recognised that some actions have co-dependencies and can only be progressed following the completion of work at national/corporate level.

The Health and Wellbeing Division will actively support Chief Officers of the Community Healthcare Organisations and CEOs of the Hospital Groups at planning and development phases, and resources will also be aligned to local implementation structures to help build capacity and deliver programmes where appropriate. In addition, the online toolkit has supportive content and guidance including powerpoint slides, steps for implementation, policy documents and templates for planning, implementing and monitoring this work.

Strategic Priority
Health Service Reform

Over the last two years we have been able to methodically examine proposed health service changes and embed health and wellbeing goals into reform objectives. As a result we are building structures, accountability mechanisms, payment systems, clinical programmes and delivery organisations that will be better designed to lead and deliver on health and wellbeing objectives.

Several governance, accountability and reform related actions have already commenced that create an environment for sustained implementation of the *Healthy Ireland (HI) Framework* within the health service as follows:

1. New Corporate Goals and Priorities

The HSE Corporate Plan, *Building a high quality health service for a healthier Ireland 2015-2017,* approved by the Minister for Health, was published in May 2015 and it sets out how we aim to improve the health service over the next three years. It makes it clear that our focus during this time will be on reform to deliver better health outcomes – a health service which becomes world class, is available to people where they need it and when they need it.

The first goal of the Corporate Plan reinforces the requirement to reform our health services and promote health and wellbeing as part of everything we do. The Corporate Plan states that we want the health service to have a positive impact on the health and wellbeing of everyone living in Ireland. It places the implementation of the *HI Framework* as a core pillar of our work and recognises the need to support staff to look after their own health and wellbeing. It also states a commitment to deliver person-centred community based services which support independence and choice for older people and people with disabilities.

From an accountability perspective, there is a requirement that annual HSE service plans, in addition to annual business plans from CHOs and Hospital Groups will detail actions and measures to deliver on all corporate goals.

ACTIONS 9–10

- All annual service and business plans will detail how Corporate Plan goals are being achieved

- National and local services will be required to provide status updates on the *Healthy Ireland* Implementation Plan as part of the Corporate Plan reporting requirements

2. Structural Reform

Significant change is underway to re-organise services to better suit the needs of our population, to improve access and quality of services and to underpin our services with a commitment to preventing disease. The Health and Wellbeing Division was established in 2013 and is responsible for helping people to stay healthy and well, reducing health inequalities and protecting people from threats to their health and wellbeing.

CHOs and Hospital Groups are being established across the country, bringing management and decision-making closer to the service user. Each CHO and Hospital Group will develop and implement its own local plan based on this national Plan and the supporting online toolkit, to ensure consistency of approach and prioritisation across all services.

The new management structures of the CHOs, the development of 90 Primary Care Networks, the reform of health services to better meet the needs of local communities and the consolidation of the new Hospital Groups present significant opportunities to embed and sustain a longer-term focus on prevention, early detection and self-care supports for people living with chronic conditions.

ACTIONS 11–16

- A Head of Health and Wellbeing will be appointed to the management team of each CHO, with responsibility for co-ordinating and driving the delivery of a *HI* Implementation Plan on behalf of the Chief Officer

- Each CHO will publish its own *Healthy Ireland* Implementation Plan

- Each Hospital Group will identify a *Healthy Ireland* Lead from its senior management team

- Each Hospital Group will publish an Implementation Plan and from this will flow individual hospital plans

- CHOs, Hospital Groups and national services will proactively build their own internal capability to respond to this agenda, drive change in management and clinical practice and report on agreed outcomes

- The Health and Wellbeing Division will continue to strengthen its senior management team capacity to reconfigure its services, consolidate resources and develop the Division in the context of a commissioning framework and empowered, accountable health delivery organisations

3. Financial Reform

The financial challenges facing the health system are considerable. Demand for services is increasing on an annual basis, while the amount of funding available to provide services has only recently begun to stabilise after a number of years of reduced budgets. A series of financial reforms are underway within the health service to deliver an integrated financial management system for all health and social care services and to introduce a new type of payment model based on activity and healthcare outcomes. Activity Based Funding (ABF) systems reimburse healthcare providers on the basis of what they do, as opposed to who they are. Internationally, these payment models are used to incentivise and drive certain behaviours within the health system. In Ireland, it presents an opportunity to revolutionise how we use payment models to record, fund and integrate all elements in the spectrum of care, including prevention.

An ABF model provides an opportunity to record risk factors and preventative interventions and build hospital avoidance programmes into funding; pay for chronic disease management in ambulatory care, including self-management support and secondary prevention; and incentivise early discharge programmes. Over time, this payment model will allow for improved visibility of patient risk factors, actions being taken by health and social care professionals to reduce healthcare risks, improvements in patient outcomes and the amount of money that our healthcare system spends on prevention, which is not known at present.

ACTIONS 17–18

- Identify mechanisms to incentivise the delivery of preventative activities as part of the Activity Based Funding (ABF) framework

- Use the model to incentivise hospitals to achieve 90% risk recording on the Hospital In-Patient Enquiry (HIPE) system

4. Knowledge, Information and e-health

At the centre of healthcare reform is the need to increase our capability to build knowledge and to provide better access to information for the public, for service users and for staff. Through the publication of a HSE Knowledge and Information Strategy the health service is working towards the realisation of a vision that will enable a service user not only to be referred electronically between services but to also be able to see the content of that referral from their own home. The healthcare professional will be able to safely identify patients regardless of where they receive care and with legitimate reason, access their patient information thereby reducing the burden on service users and making the system more efficient. This digital transformation is key to improving health outcomes of the population, as our successes will be predicated on the availability of robust data, profiling risk factors and risk populations, seeing how integrated healthcare services are being delivered, understanding trends and health determinants, and monitoring patient and population health outcomes.

ACTIONS 19–24

- Ensure that overall governance design for the implementation of the HSE Knowledge and Information Strategy includes a requirement for health and wellbeing deliverables and that health and wellbeing leadership is built into all steps of the implementation process

- Develop and implement a National Child Health Information System

- Adapt HIPE and other IT systems for mandatory recording of key risks and interventions

- Update Patient Administration Systems (PAS) to support recording of appropriate information to support equity audits on services

- Develop and implement an Electronic Patient Record system

- Implement an e-referral system between GP/hospitals/specialist support services e.g. QUIT service, mental health services, addiction services etc.

5. Integrated Care Programmes and Models of Care

The National Clinical Programmes continue to modernise how services are provided and represent the health service's key mechanism for standardising the delivery of high quality, safe and efficient services. The National Clinical Programmes are central to the transformation underway across the health service. 2015 has marked the commencement of the development of Integrated Care Programmes (ICPs) that will provide the framework for the management and delivery of health services to ensure that service users receive a continuum of preventative, diagnostic, care and support services, according to their needs over time and across different levels of the health system. Strengthened management arrangements have been put in place between the Health and Wellbeing and Clinical Strategy and Programmes Divisions to support these deliverables.

From a health and wellbeing perspective, these programmes will provide the framework for how chronic disease should be prevented and managed. Prevention, early detection and self-care support will be core elements of the models of care across the full spectrum of health and social care services, from primary care services provided by nurses, GPs, other allied healthcare professionals through to hospital and specialist services, in addition to long-stay residential support care provided by our Mental Health and Social Care Divisions.

ACTIONS 25–26

- Incorporate prevention and intervention requirements into existing and new clinical care programmes' models of care (starting with four demonstrator projects – Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Asthma, and Heart Failure)

- Develop a national framework for self-care management and develop services accordingly

6. National Policy Priority Programmes

The *HI Framework* mandated the establishment of 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. Programmes are in place for child health, tobacco control, sexual health; and work is progressing to establish programmes for alcohol, healthy eating and active living, positive ageing, and staff health and wellbeing. Each programme will have clear governance arrangements and provide strategic direction for a wide range of cross-cutting actions. In developing these programmes we are building capability and capacity to support national policy and strategy implementation across all health and social care services and with our external partners and funded agencies.

A national implementation group for each policy priority programme will have responsibility for the delivery of agreed actions outlined in annual service and operational plans. Each programme will be managed on a day-to-day basis by a small core team with a national lead. This team will bring focus for achievement of these actions, align priorities across the organisation, develop implementation plans, ensure actions are delivered and outcomes monitored. These programmes will reduce duplication of effort and will be the key drivers of the very many strategic priorities underpinning the health and wellbeing agenda across the HSE.

ACTIONS 27–28

- Establish national policy priority programmes for key policy areas with representation from each HSE service, CHO and Hospital Group

- Ensure that each programme is supported by a network of partner organisations, including the community and voluntary sector, academia and professional bodies

7. Funding and External Partnerships

The HSE works with a large number of public sector organisations, community and voluntary partners, philanthropic organisations, businesses, professional and representative bodies, government departments and international partners. In addition, the HSE funds a large number of community and voluntary agencies and also contracts services with large, charitable and commercial service providers.

The HSE has responsibility for deploying resources and delivering services on the basis of evidence to those most in need, in an effort to improve health and wellbeing, build resilience, empower individuals and families and reduce health inequalities. The HSE also has a role to influence and advocate for other sectors to play their part in working for better health and to assist these sectors in the development and delivery of initiatives that change how people go about their daily lives. These relationships and partnerships present a huge opportunity to align priorities and resources with the aim of improving health, reducing health inequalities, supporting equal access to quality services, mobilising community involvement and empowering citizens.

We have an opportunity to further develop our funding programmes and partnership models to capitalise on these relationships and build a broader coalition of support for the health and wellbeing agenda. We also have a lot to learn from our partners, many of whom are thought leaders and have specific expertise and capability in the broad area of population health and wellbeing improvement.

Of all of our partners, it is important to acknowledge the work of local authorities in Ireland. County council and city managers across the country are leading a new emphasis in their work in shaping local communities to be better places to live and age well. The *Age Friendly County Programme* is now up and running in every local authority in Ireland and structures are in place or being put in place to support cross-sectoral involvement and the HSE plays an active role supporting this Programme. The HSE has representation on many of the newly formed Local Community Development Committees (LCDCs) enabling joint working to address local health and wellbeing patterns and improve health outcomes for

all, particularly those most at risk and experiencing poorer health outcomes. Over the next three years, the HSE has committed to work harder with our local authority partners to realise real health and wellbeing improvement gains for the communities we serve.

The HSE also supports the work of the *Children and Young People's Services Committees* designed to improve outcomes for children and young people through local and national inter-agency working.

ACTIONS 29–33

- Better utilise new and existing health service contracts and grant aid agreements to grow social support networks for families and communities to better deliver *Healthy Ireland* objectives as part of service contracts

- Support will be provided for HSE staff to work in a co-ordinated way with local authorities and other partners to inform the development of Local Economic and Community Plans (LECPs) and ensure a focus on health and wellbeing objectives particularly health inequalities and related outcomes

- Continue to work closely with other agents for change, enhancing existing structures for implementation, rather than creating new ones, e.g. Children and Young People's Services Committees and Age Friendly County Programmes

- Increase the size and effectiveness of our stakeholder and partnership network over the next three years, through aligning stakeholder priorities and actions to support *HI* goals and our Implementation Plan

- The Director General and the National Director Health and Wellbeing will work proactively as members of the *Healthy Ireland* Council, building an advocacy network for health and wellbeing across communities in Ireland

Strategic Priority
Reducing the burden of Chronic Disease

Chronic or non-communicable diseases are illnesses that affect people over a long period of time and cause a burden of illness, pain, disability and premature death to those who experience them and to their families. Chronic diseases include diabetes, cancer, heart and lung diseases and mental health problems. Chronic diseases are predicted to increase by up to 40% by 2020.

An overwhelming body of evidence has established that almost 35% of cancer deaths and cases of cancer, and almost 65% of cardiovascular disease deaths and cases, are attributable to a number of known and preventable risk factors – smoking, high blood pressure, overweight and obesity, high cholesterol, alcohol, physical inactivity and poor diet.

There is a pronounced socio-economic gradient in the prevalence of all major chronic diseases, in life expectancy, healthy life expectancy and the prevalence of behavioural risk factors. People in lower socio-economic groups are more likely to smoke, drink at harmful levels, be overweight or obese as children and adults, and to take less exercise as adults. Notably, smoking is the greatest contributor to health inequalities between the richest and poorest sections of society.

Despite the projected threat to our population's health and wellbeing, evidence shows that by changing lifestyle behaviours we can change these projected stark trends for chronic diseases. A reduction in the incidence of these four risk factors will yield substantial benefits for individuals and for wider society now and into the future.

Chronic disease will rise by 4% each year

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

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

1 in 5 children is **overweight**

36,000 **new cases of cancer** are diagnosed each year

19.5% of the **population smoke**

Alcohol consumption in Ireland is 5th highest in Europe

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

Smoking rates are highest (56%) amongst women aged 18-29 years from poor communities compared to 28% among those from higher social classes

9% of 3 year-olds in lower socio-economic groups are obese compared with 5% in higher socio-economic groups

Body mass index, cholesterol and blood pressure are persistently higher among low-income social classes

Poorer individuals and those with lower levels of education have the highest level of obesity

Levels of depression and admissions to psychiatric hospitals are higher among less affluent socio-economic groups

37% of 13-year-olds in the lowest social group never participated in organised sports, compared with 17% in the highest social group

1. Addressing Modifiable Risk Factors and Life Course Perspective

By providing an improved model of chronic disease care to the people using our services, and by supporting them and the wider community, to make healthier lifestyle choices, we have the potential to make a significant impact on the level of illness, disability and deaths among our population. Each individual can make a huge contribution in maintaining their own health and wellbeing, as well as that of their family, friends, neighbours and colleagues. Our services, our environment and our culture needs to dovetail with other policies and programmes in making the healthy choice the easier choice. We need to provide the supports and tools to involve and empower our service users and patients to eat well, drink less alcohol, quit smoking and lead more active lives; as well as promoting positive mental health and wellbeing in the community.

Supporting good health and wellbeing at all stages of a person's life can lead to healthier, more fulfilled lives and increased life expectancy with these extra years lived in good health. Empowering people throughout their lives will help create better conditions for health across the entire life course.

Improving health and health equity begins in pregnancy and early childhood. Child health, wellbeing, learning and development are inextricably linked, and maximum health gains are achieved through early intervention.

Life expectancy has increased significantly in Ireland in recent years. When the risk factors (both environmental and behavioural) for chronic diseases and cognitive impairment are kept low, while the protective factors are kept high, people will enjoy more years and better quality of life; they will remain healthy and be better able to live independently and manage their own health as they grow older. Fewer older people will need costly medical treatment and care services. For those who do need care, access to the entire range of health and social services that address their needs is critical.

Our efforts over the lifetime of the Plan will be focused on where the greatest gains are in preventing and reducing the incidence of chronic diseases in the population including:

- Tobacco Free
- Healthy Eating and Active Living
- Alcohol
- Wellbeing and Mental Health
- Healthy Childhood
- Positive Ageing

ACTIONS 34–40

- Policy priority programmes will develop policy specific implementation plans and ensure delivery of these through health service settings

- Policy priority programme leads will work closely with the Department of Health and other policy makers to inform evidence led policy and legislative change to address health inequalities, in particular inequities in access to healthcare services

- Develop a series of special reports in relation to various elements of health and wellbeing improvement, from determinants to interventions to outcomes with priority given to health protection, health inequalities, and the environment and health

- Build a broader stakeholder network to advocate for evidence based policy and actions to address the determinants of health behaviours

- Health service nominees on external decision-making and advisory committees will drive evidence based policy developments

- Devise and implement a national model for improved community nutrition and dietetic services

- Develop a revised, evidence based, universal child health screening and development programme

An extensive suite of 60 policy programme actions to support Community Healthcare Organisations (CHOs) and Hospital Groups in addressing chronic disease prevention and management are documented in Appendix B.

Chart 3 National Policy Priority Programmes

2. Making Every Contact Count

Evidence shows that health advice and intervention opportunities have the potential to unlock significant behaviour change for service users. This is a cornerstone of the Implementation Plan. The following chart shows the remarkable reach of the healthcare system and its workforce of over 100,000. Our services and our healthcare teams have enormous potential to influence the health and wellbeing of the people for whom we provide care. The aim of this Plan is to ensure that we exploit this to improve health and wellbeing on every level possible and at every possible opportunity.

A National Brief Intervention Model is being developed by the Health and Wellbeing Division in consultation with other divisions for use by all healthcare professionals. Health professionals will be trained to incorporate prevention and support for behaviour change as a routine part of healthcare delivery. This will require a significant culture change in our services which has the potential to deliver substantial value for service users, present and future.

ACTIONS 41–42

- Champion and leverage strong clinical and professional leadership in the development of a framework and implementation plan for the National Brief Intervention Model

- Strengthen collaboration with colleges, universities and professional training bodies to include health and wellbeing and prevention modules in relevant undergraduate and postgraduate training courses

Average Number of Health Service Contacts in a Year

4.59m People live in Ireland

1.8m People have a medical card

68,000 Babies are born

3m People have a consultation with a clinician

10.3m Home help hours delivered

20m Prescriptions filled

1.43m People receive either inpatient or day case treatment

1.3m Dental visits

1.2m Patients seen in an Emergency Department

5m Public Health Nursing contacts

290,000 Emergency calls receive by national Ambulance Service

3. Building Capacity for Self-care and Self-management of Chronic Diseases

The HSE will increase its focus on developing self-care management models and supports to empower people to manage their chronic conditions. This requires a collaborative relationship to help patients and service users build the necessary skills and confidence in this regard. Advances in Information and Communications Technology (ICT) and portable technologies have huge potential to greatly accelerate developments in this area.

ACTIONS 43–44

- Implement a national framework for self-care for the major cardiovascular, respiratory diseases and diabetes
- Increase the proportion of patients utilising self-care and self-management supports

4. Health Literacy

The ability of people to understand, participate in and make decisions for their health is an issue that challenges everyone to varying degrees. People who do not have literacy difficulties in their daily lives can easily experience difficulty in healthcare settings because they are not used to the environment or the language being used. We will enhance the information that we provide to our patients, service users and carers to help them better understand care plans and to enable them to make more informed and healthier lifestyle choices.

ACTION 45

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

5. Quality and Patient Safety

The Corporate Plan places a significant emphasis on quality and patient safety seeking to ensure that people's experience is not only safe and of high quality, but that it is also caring and compassionate.

Several important synergies exist between what we need to do to drive safer, higher quality services and improve health and wellbeing. *The National Standards for Safer Better Healthcare* include two standards that have particular relevance to the *HI* Implementation Plan for the Health Services.

Standard 1.9 recommends that service users are supported in maintaining and improving their own health and wellbeing in so far as possible. And when service users do seek care, treatment or support they experience a person-centred service that responds in a manner that places them at the centre.

Standard 4.1 recommends that the health and wellbeing of service users are promoted, protected and improved. Services providing care and support have a unique opportunity to promote and protect the health and wellbeing of the population served. A high quality, safe and reliable service constantly looks for ways and opportunities to do this. The improvement of the health and wellbeing of service users is not the sole responsibility of service users *or* service providers. Rather, they work together to achieve this outcome. This enables a culture that promotes better health and wellbeing and leads to better health outcomes.

ACTIONS 46–48

- Standards 1.9 and 4.1 of the *National Standards for Safer Better Healthcare* to be addressed through *HI* Implementation Plans at CHO, hospital and service level
- Include health and wellbeing indicators when measuring patients' needs, experiences and outcomes of care
- Involve patients in the development of programmes and initiatives to improve health and wellbeing

6. Research and Evidence

The consistent application of evidence of what works and what interventions positively impact on health behaviours in a cost effective way is critical to setting policy and investing in prevention programmes. We are building greater capacity and developing governance for this work within the health service, utilising knowledge to support decision-making, inform service design and improve health outcomes.

ACTIONS 49–53

- Produce annual health information paper to inform service planning

- Establish research prioritisation, commissioning, management and dissemination processes in conjunction with key partners

- Develop and disseminate health and wellbeing profiles at county level

- Develop capacity to complete national and local population needs assessment to support services with planning, resource allocation and evaluation

- Design an evaluation tool and promote its availability and use with HSE service planning and funding teams

Strategic Priority
Improving Staff Health and Wellbeing

The HSE is the largest employer in the State, with over 100,000 employees. In addition, there are almost 8,000 service providers with whom we have contracts for the delivery of our services, like GPs, Pharmacists and Dentists, along with over 2,000 non-statutory agencies who receive funding to deliver an average of €3bn worth of services each year. Services are delivered in over 2,500 workplaces which include hospitals, community healthcare facilities and administration sites. Such a large workforce and extensive number of workplace settings provide the HSE with a challenge but also the opportunity to be an exemplar employer protecting the health and wellbeing of its workforce.

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

A healthy workplace policy creates a supportive environment that protects and promotes the physical, mental and social wellbeing of employees. It includes developing health promoting and improvement policies; providing facilities conducive to healthy lifestyles while at work or getting to/from work; and actively promoting a culture of valuing staff health and wellbeing.

The HSE will work with the Department of Health and other stakeholders to develop a healthy workplace policy for the health service as a priority. This collaborative work involving national services and divisions, Community Healthcare Organisations (CHOs) and Hospital Groups will be led by the HSE's National Human Resources (HR) Division and supported by the Health and Wellbeing Division.

100,000+ staff support the delivery of care within the health sector

Work in over **2,500 workplaces**

Believe their role **makes a difference to patients/clients**

This strand will complement ongoing work within the HR Division including the development of the HSE People Strategy to support our workforce to have the ability, flexibility, adaptability and responsiveness to meet the changing needs of the service; initiatives that provide opportunities for staff engagement and feedback. These elements are key to the achievement of the fourth goal of the Corporate Plan – to engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them.
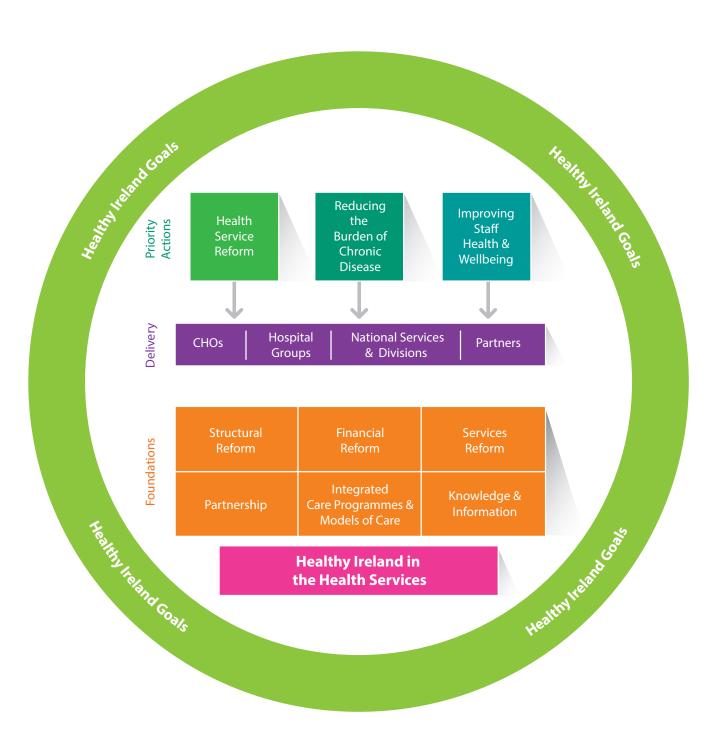
The Implementation Plan also recognises the role that our staff (and retirees) can play in being positive role models and champions for the promotion of our health and wellbeing messages not just within their own working environments but also in their homes, with their families, friends and the many contacts they have in their communities.

ACTIONS 54–64

- Develop and implement a HSE Healthy Workplace Policy

- Ensure the forthcoming HSE People Strategy contains a commitment to staff engagement and staff health and wellbeing as core principles

- Health and Wellbeing in conjunction with HR and Quality Improvement Divisions will develop multi-disciplinary sustainable capacity and expertise to deliver this agenda with the appointment of a lead for staff health and wellbeing a priority

- All delivery organisations will put in place specific consultation mechanisms with their staff to generate bottom-up ideas, and to support and demonstrate commitment to this programme

- Health and Wellbeing Division will establish more refined measures of employee health and wellbeing for inclusion in future national staff engagement surveys

- Health education campaigns will include specific information and supports to help staff improve their own health and wellbeing

- Establish an incentive programme to support improved health and wellbeing amongst staff

- Build health and wellbeing champions amongst current and retired staff

- Implement HSE Tobacco Free Campus Policy, Healthy Food and Nutrition Policy, Calorie Posting Policy and Healthy Vending Policy in all settings

- Make workplaces more supportive of measures to incorporate physical activity into the everyday working lives of staff

- Promote increased uptake of the flu vaccine in line with targets in annual operational plans

Chart 4 *Healthy Ireland* in the Health Services

Monitoring Implementation

It is critical that we have in place mechanisms and structures which will facilitate a clear view of how we are progressing with the implementation of this Plan. Given the breadth of what is envisaged over its lifetime, there are multiple levels to this:

1. The National Implementation Oversight Group will be established and will provide an overarching view of engagement with the *Healthy Ireland (HI)* Health Services' implementation process and the delivery of actions.

2. *HI* implementation plans at Community Healthcare Organisation (CHO), Hospital Group and national services level will be developed with support from the Health and Wellbeing Division. The monitoring of the development and implementation of these plans will be a key aspect of this.

3. Progress in the implementation of individual actions outlined will form part of the annual planning and performance management process within the health service. The further development of the HSE's Accountability Framework presents an opportunity to position the implementation of *HI* priorities as a core part of the overall Balanced Scorecard, reflecting the prominence of health and wellbeing in the Corporate Plan 2015-2017. This will require us to build on the existing key performance indicators suite and include them across all divisional scorecards in Performance Reports.

4. The forthcoming *Healthy Ireland (HI)* Outcomes Framework being developed by the Department of Health in conjunction with key stakeholders will provide evidence to support an objective assessment of the impact of the *HI Framework* on population health and how it is making a difference. This national Outcomes Framework will inform the finalisation of health services measures and outcomes, which will support the monitoring and evaluation of our work.

In Appendix C of this Plan, we have included an initial outline of the measures we think are important to guide and evaluate our work. This outline is guided by our Corporate Plan targets in addition to the work the Department of Health is undertaking.

There will be a wide range of data sources feeding into the HI Outcomes Framework and it will highlight the need for the HSE to capture data not previously recorded or reported. Furthermore, it will reinforce the need for enhanced mining of existing data sources e.g. Growing Up in Ireland (GUI) and The Irish Longitudinal Study on Ageing (TILDA). An important source of data will be the Healthy Ireland Survey due to be published shortly by the Department of Health, capturing the health status of the population in addition to measuring a range of health determinants.

5. Staff engagement and wellbeing levels will be key indicators of success and will be captured annually in the HSE's staff survey.

ACTIONS 65–66

- Use annual service, operational and business plans to monitor actions for the delivery of *Healthy Ireland* in the Health Services

- Further develop measures and indicators to facilitate a comprehensive view of progress in the implementation of *Healthy Ireland* in the Health Services

Chart 5 Monitoring Implementation Process Flow

References

Department of Health and Children. "A vision for change": report of the Expert Group on Mental Health Policy. Dublin: Department of Health and Children; 2006. Available from http://www.lenus.ie/hse/handle/10147/43357

Department of Children and Youth Affairs. Better Outcomes Brighter Futures: The National Policy Framework for Children & Young People, 2014 – 2020: Stationery Office; 2014. Available from: http://www.lenus.ie/hse/handle/10147/316942

Department of Health: Connecting for Life Ireland's National Strategy to Reduce Suicide 2015-2020. Dublin: Department of Health; 2015. Available from: http://health.gov.ie/blog/publications/connecting-for-life-irelands-national-strategy-to-reduce-suicide-2015-2020

Department of Health. Healthy Ireland: A Framework For Improved Health and Wellbeing, 2013 - 2025. Dublin: Department of Health; 2013. Available from: http://www.lenus.ie/hse/handle/10147/296821

Department of Health. Positive Ageing – Starts Now: The National Positive Ageing Strategy. Dublin: Department of Health; 2013. Available from: http://www.lenus.ie/hse/handle/10147/301527

Department of Health. Steering Group Report On National Substance Misuse Strategy, Dublin: Department of Health; 2012. Available from: http://lenus.ie/hse/handle/10147/214613

Department of Health. The National Carers' Strategy: Recognised, Supported, Empowered. Dublin: Department of Health; 2012. Available from: http://www.lenus.ie/hse/handle/10147/307015

Department of Health. Tobacco Free Ireland, Report of the Tobacco Policy Review Group. Dublin: Department of Health; 2013. Available from http://health.gov.ie/wp-content/uploads/2014/03/TobaccoFreeIreland.pdf

Health Information and Quality Authority (2012): National Standards for Safer Better Healthcare. Available from: http://www.hiqa.ie/standards/health/safer-better-healthcare

Health Service Executive. Building a high quality health service for a healthier Ireland: Health Service Executive Corporate Plan 2015-2017. Dublin: Health Service Executive; 2015. Available from: http://www.lenus.ie/hse/handle/10147/533456

Health Service Executive. Healthy Vending Policy, OQR001: HSE policy for developing healthy vending. Dublin: Health Service Executive; 2014. Available from: http://www.hse.ie/eng/services/publications/topics/healthyvending.pdf

Health Service Executive. The Irish National Dementia Strategy. Dublin: Health Service Executive, 2014. Available from: http://health.gov.ie/future-health/reforming-social-and-continuing-care-2/older-people/national-dementia-strategy/

Health Service Executive. Tobacco Free Campus Policy. Dublin: Health Service Executive; 2012. Available from: http://www.hse.ie/tobaccofree

Health Service Executive & Ipsos MRBI. Have Your Say: The Health Services Employee Survey: Report Of Findings. Dublin: Ipsos MRBI; 2014. Available from: http://www.lenus.ie/hse/handle/10147/550249

Jennings, S (2014). Preventing Chronic Disease: Defining the Problem. Report from the Prevention of Chronic Disease Programme. Health Service Executive. ISBN: 978-1-908972-05-7 Available from: http://www.lenus.ie/hse/bitstream/10147/338212/3/PreventingChronicDisease_DefiningtheProblem.pdf

Appendix A

Membership of the Cross Divisional Steering Group

Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing **(Chair)**

Mr Douglas Beaton, Health Intelligence & Knowledge Management, Health and Wellbeing

Ms Fidelma Browne, Head of Programmes & Campaigns, Communications

Dr. Mary Browne, Strategic Lead for Quality Improvement and Safety, Quality Improvement

Mr Pat Cafferty, Head of Planning, Performance & Programme Management, National Cancer Control Programme

Ms Geraldine Crowley, Head of Planning, Performance & Programme Management, Social Care

Ms Therese Dalchan, General Manager, Planning and Performance, Acute Hospitals, (replaced Ms Helen Byrne)

Ms Mairead Gleeson, Programme Manager, Health and Wellbeing & Clinical Strategy and Programmes

Ms Sinead Glennon, Planning & Performance Manager, Office of the National Director for Social Care (replaced Ms Geraldine Crowley)

Dr. Cate Hartigan, Assistant National Director, Health Promotion & Improvement, Health and Wellbeing

Ms Mary Keane, Regional Chief Environmental Health Officer, Environmental Health Service, Health and Wellbeing

Dr. Kevin Kelleher, Assistant National Director, Public Health & Child Health, Health and Wellbeing

Ms Marie Killeen, National Office, Health and Wellbeing

Ms Marie Laffoy, Assistant National Director, National Cancer Control Programme

Ms Maria Lordan Dunphy, Assistant National Director, Quality Improvement (replaced **Dr. Mary Browne**)

Ms Norah Mason, Assistant National Director, HR, Employee Relations Advisory & Assurance Services

Ms Sarah McCormack, HI Programme Lead, Health and Wellbeing

Mr Barry McGinn, Head of Planning, Performance & Programme Management, Health and Wellbeing

Dr. Laura Molloy, National Health Promoting Health Services Co-ordinator, Health Promotion & Improvement, Health and Wellbeing

Mr Brian Murphy, Head of Planning, Performance & Programme Management, Primary Care

Ms Yvonne O'Neill, Head of Planning, Performance & Programme Management, Mental Health Services

Dr. Orlaith O'Reilly, National Clinical Advisor and Group Lead, Health and Wellbeing

Ms Martina Queally, Chief Officer, CHO Area 6 (Wicklow, Dun Laoghaire, Dublin South East)

Mr Liam Woods, National Director, Acute Hospitals Division (formerly National Director, Health Business Services during the lifetime of the group)

Appendix B

Reducing the burden of Chronic Disease – Action Plans to support Community Healthcare Organisations (CHOs) and Hospital Groups

To support Community Healthcare Organisations (CHOs) and Hospital Groups to reduce the burden of chronic disease within the populations they serve we have developed a suite of additional specific actions to be prioritised under the six health and wellbeing policy priority programmes – Tobacco Free, Healthy Eating and Active Living, Alcohol, Wellbeing and Mental Health, Healthy Childhood and Positive Ageing. This is not an exhaustive list as these programmes are still in the process of being established and becoming fully operational. Forthcoming implementation plans under each of the programmes may include additional actions for delivery at CHO or Hospital Group level over the lifetime of this Plan. The actions outlined in this section of the Plan must be considered in conjunction with actions in the previous sections.

Tobacco Free Ireland Action Plan

Tobacco use is responsible for over 5,000 deaths each year in Ireland and is a leading cause of chronic disease burden and health inequalities. Tobacco dependence is internationally recognised as a chronic relapsing disease. National policy on tobacco control is set out in *Tobacco Free Ireland (2013) (TFI)* which builds on policies and legislation already in place, and sets a target for Ireland to be tobacco free (i.e. smoking prevalence < 5%) by 2025. There are currently approximately 750,000 smokers in Ireland and achieving this target will require at least 55,000 current smokers to quit every year. To achieve this goal we must accelerate implementation of the comprehensive range of tobacco control policies described in TFI.

The HSE's key priorities over the next three years are: support the de-normalisation of tobacco use; reduce the number of children that smoke; treat tobacco dependence as a care issue; encourage, promote and support smokers to quit; protect service users, staff and the public from effects of second-hand smoke; build and maintain compliance with tobacco legislation; and monitor and evaluate effectiveness of interventions.

The HSE Tobacco Free Ireland Programme provides national guidance and support for the implementation of TFI, the first policy document launched under the HI Framework. A suite of resources is available on *www.hse.ie/tobaccofree* to support CHOs and Hospital Groups in the continued implementation of this policy.

ACTIONS 67–73

- KPIs for Brief Intervention training and treating tobacco dependence as a care issue are embedded in local operational plans

- Complete the implementation of the HSE Tobacco Free Campus Policy in all health service sites

- Staff to "make every contact count" by screening, intervening and referring service users as appropriate to cessation support services as a routine part of the delivery of care across all services. Record smoking status and intervention delivered

- Establish training targets for key frontline staff requiring training in brief intervention so that staff have the skills and confidence to treat tobacco addiction as a care issue

- Train staff working in areas of high tobacco dependence (e.g. mental health) on the harm caused by tobacco use and the benefits of quitting so that they have the specialist skills to proactively deliver an ongoing programme of support to service users and staff within their service

- Display QUIT communications materials and resources in all premises to promote and support service users, visitors and staff to quit

- Ensure compliance with HSE Protection from Second-hand Smoke in Domestic Settings Policy

Healthy Eating and Active Living Action Plan

In Ireland, 1 in 4 children, 2 in 3 adults and 4 in 5 people over the age of 50 are overweight or obese. Healthy weight targets were set out in *Changing Cardiovascular Health National Healthy Policy 2010-2019* and reflected in the *HI Framework* – to increase by 5% and 6% the number of adults and children respectively with a healthy weight. These targets will be reviewed in the Department of Health's forthcoming Obesity Policy and Action Plan.

Physical inactivity is now the fourth leading risk factor for global mortality. Physical activity promotes wellbeing, physical and mental health, prevents disease and improves quality of life as well as having economic, social and cultural benefits. Currently, 3 out of 4 Irish adults and 4 out of 5 Irish children do not meet the Department of Health's National Physical Activity Guideline for maintaining and improving their current and future health.

Tackling healthy eating and active living requires multi-agency, multi-level and co-ordinated approaches. Comprehensive and wide ranging policies are needed to support a suite of interventions, acting on different levels, engaging all stakeholders and with a particular focus on inequality.

Healthy weight management and a more active lifestyle is relevant at each stage along the life course.

The HSE Healthy Eating and Active Living (HEAL) Programme is currently being established and will have responsibility for implementing the recommendations of the *HI Framework* that address diet and physical activity, the recommendations of the forthcoming National Policy on Obesity from the Department of Health, and the forthcoming National Physical Activity Plan by the Department of Health and Department of Transport, Tourism and Sport.

The Programme will provide strategic direction and ensure a comprehensive and integrated response from across the health service and from relevant external stakeholders.

The HEAL Programme will produce a national implementation plan with wide ranging actions for the health service including: develop and implement a standardised approach for the detection and management of obesity; develop our capacity to prevent people becoming overweight and obese and to better promote health and wellbeing; design effective social marketing campaigns to support healthy eating and active living; enhance effectiveness in surveillance, research and monitoring and evaluation; and proactively engage and support the work of other sectors in addressing the determinants of obesity and inactivity.

Information and resources for healthy weight management, the treatment of obesity and active living are available at *www.hse.ie/heal*

The actions that follow will be updated following publication of the National Policy and Action Plan for Obesity and the National Physical Activity Plan by the Departments concerned.

ACTIONS 74–84

HEALTHY EATING

- Staff to "make every contact count" by routinely recording Body Mass Index (BMI), assessing, advising and referring service users as appropriate to specialist services. Record weight and intervention delivered

- Public Health nurses, practice nurses and allied health professionals will be prioritised for training in national programmes and initiatives that promote healthy eating in infants, children, young people and their families

- Promote the recording of BMI in medical records including electronic records e.g. HIPE and GP systems

- Promote training for medical practitioners to record obesity as a related cause of death as appropriate

- Implement the forthcoming HSE Healthy Food and Nutrition Policy including the national clinical guideline for identification and management of under-nutrition

- Support the implementation of agreed national pathways of care for prevention and management of overweight/obesity and chronic disease including clinical services, structured patient education and prevention and self-care programmes

- Support GPs in the implementation of the Diabetes Programme for adults on GMS

- Support GPs in the implementation of Preventive Wellness Checks as set out in the 2015 GP Agreement

- Implement the HSE Healthy Vending Policy and Calorie Posting Policy in all settings

- Record baselines, interventions and outcomes in HIPE, Primary Care and GP systems to monitor and evaluate effectiveness

- Implement actions from the forthcoming National Obesity Plan

ACTIONS 85–89

PHYSICAL ACTIVITY

- Facilitate the release of key frontline staff for training in brief intervention so that staff have the skills and confidence to discuss the importance of physical activity for good health and wellbeing with service users

- Staff to "make every contact count" by routinely assessing levels of physical activity of patients and service users and promoting increased participation in activities available in the local community. Record patients' and service users' activity levels and advice offered

- Support, promote and implement evidence based programmes to increase physical activity among key risk groups

- Engage and collaborate with local authorities in their work to promote active living among key population groups in the community

- Implement actions from the forthcoming National Physical Activity Plan

Alcohol Action Plan

The _Report of the National Substance Misuse Steering Group (2012)_ recognises the burden of health harms and the social consequences of excessive patterns of alcohol consumption and outlines a comprehensive range of policy measures to protect and preserve public health. The aim of the Report is to reduce alcohol consumption in Ireland to 9.1 litres per person per annum (the OECD average) by 2020, and to reduce the harms associated with alcohol. 2014 provisional data report consumption per capita at 11 litres – placing Ireland in the top 5 among EU 28 member states. Population surveys indicate that almost one and a half million adults in Ireland drink in a harmful manner. The financial cost of alcohol was estimated at €3.7bn in 2007.

There is compelling evidence that regulating the supply of alcohol by controlling price, availability and marketing are the main cornerstones of reducing alcohol-related harm.

Drink-driving countermeasures (random breath testing and low blood alcohol content) have been very effective in reducing harm in Ireland over the last decade. The recently published Public Health (Alcohol) Bill encompasses a suite of far reaching measures including – minimum unit pricing to eliminate very cheap alcohol from stores; health labelling on alcohol products; structured separation in stores to reduce availability and visibility; restrictions on the advertising and marketing regulation of sports sponsorship.

While many of these policies lie outside the health sector, there are significant areas where we have direct responsibility and must take action.

The HSE National Alcohol Programme has responsibility for developing, planning and overseeing an Action Plan in line with the Report of the Steering Group and to support implementation of the forthcoming legislation. The key priorities for 2015-2017 include: raising awareness of the harm caused by alcohol; building capacity within services to address excessive consumption through early intervention alcohol screening, brief advice and effective services for alcohol dependency; enforcement of new legislation and regulations; and supporting evidence based community action.

Information and resources relating to alcohol are available at _www.hse.ie/alcohol_

ACTIONS 90–95

- Facilitate the release of key frontline staff for training in brief intervention so that they have the skills and confidence to recognise and address alcohol misuse

- Staff to "make every contact count" by screening, intervening and referring service users to specialist support as appropriate as a routine part of the delivery of care across all services. Record alcohol consumption patterns and intervention delivered

- Display communications campaign materials and resources in all HSE settings to reinforce positive health messages

- Continue the development of linkages with community drugs and alcohol services

- Record baselines, interventions and outcomes to demonstrate effectiveness of interventions

- Continue work in the area of sexual health promotion and improvement relating to the role of alcohol and sexual-risk taking

Wellbeing and Mental Health Action Plan

The vision for mental health services is to support the population to achieve their optimal mental health and the Mental Health Division aims to do this through the implementation of the recommendations of the *Report of the Expert Group on Mental Health Policy – A Vision for Change (2006)*, and in the context of the publication of *Connecting for Life Ireland's National Strategy to Reduce Suicide (2015-2020).* The vision is recovery focussed, service user-centred, flexible and community based. It spans the spectrum of services provided by the Division which extends from promoting positive mental health through to supporting those experiencing severe and disabling mental illness.

Resources and materials to support this programme are available at www.hse.ie/wellbeing

ACTIONS 96–105

- Continue roll out of SCAN (Suicide Crisis Assessment Nurse)

- Continue implementation of the Clinical Programmes for Self Harm

- Collaborate with Health and Wellbeing teams and programmes to accelerate the development of programmes for early intervention and prevention

- Improved service user and carer/family engagement in the design and delivery of mental health and wellbeing services

- Develop an increased focus on the health and wellbeing of our population in the delivery of recovery oriented services

- Provide continuous professional development to all staff

- Deliver health promotion and improvement programmes aimed specifically at supporting the wellbeing of staff working in mental health services

- Implement *Connecting for Life Ireland's National Strategy to Reduce Suicide (2015-2020)*

- Develop a programme to train staff in intensive cessation supports to enable them to assist clients who smoke to quit

- Further develop psychology services within primary care to support and empower clients and service users to manage their mental health and promote wellbeing

Healthy Childhood Action Plan

The HSE Healthy Childhood Programme has responsibility for the development of a broad and significant range of initiatives that will protect and improve child health and wellbeing in the short to medium term, whilst contributing to the longer term goal of reducing the burden of chronic disease for future generations. A key component of this Programme is the "Nurture – Infant Health and Wellbeing Programme" supported by funding from Atlantic Philanthropies focusing on the 0-2 age group.

The Nurture Programme will identify emerging best practice for child health screening and surveillance, building on the current strengths within the system. It will be based on a model of progressive universalism which also underpins the Department of Children and Youth Affairs' *Early Years Strategy* and is a goal of the *Better Outcomes Brighter Futures – The National Policy Framework for Children and Young People 2014-2020.*

Key strategic priorities for the Healthy Childhood Programme include: reducing health inequalities by ensuring access for all children through the universal child health screening and development programme; availability of child health services and through targeted interventions for those with greater needs; addressing risk factors and promoting protective factors at pre-natal stage of life; addressing risk factors for long term chronic disease in early childhood and promoting wellbeing with a special focus on the first 1,000 days; and promoting protective factors throughout early childhood.

The Programme integrates and supports work across other policy programmes including healthy eating and active living, tobacco free, alcohol and mental health and wellbeing.

Resources and materials to support this programme are available at www.hse.ie/healthychildhood

ACTIONS 106–119

- Establish improved governance for child health services in CHOs
- Collaborate with the development of the revised evidence based universal child health screening and development programme
- Identify those groups requiring additional support and services and ensure programmes developed encompass the wider determinants of health
- Support training and up-skilling of staff so that the new screening and development programme can be implemented
- Implement the revised evidence based universal child health screening and development programme when finalised
- Support pregnant women, mothers and their partners to quit smoking
- Promote alcohol-free pregnancy
- Promote breastfeeding among all pregnant women and mothers with a focus on groups where rates of breastfeeding are low
- Promote good maternal nutrition
- Promote smoking cessation among parents and young people
- Provide information and support on infant and child nutrition
- Promote healthy eating among children
- Promote physical activity to increase the proportion of children taking regular physical activity
- Promote the parent-child relationship and positive parenting through empowering parents by provision of information and parenting programmes

Positive Ageing Action Plan

The *National Positive Ageing Strategy* was published in April 2013 by the Department of Health. The Strategy is a high level document outlining Ireland's vision for ageing and older people and the national goals and objectives required to promote positive ageing. The Department of Health and the HSE are currently developing an implementation plan for the delivery of this strategy. This work will be co-ordinated and guided by the HSE National Positive Ageing Programme which will be established in 2016.

A number of initiatives are already being progressed through the HSE's Services for Older People Unit, Social Care Division, including work on the *National Carers' Strategy* and the *National Dementia Strategy*, the latter supported by significant funding from Atlantic Philanthropies. The National Dementia Office is co-ordinating the implementation of this strategy. The National Dementia Strategy Implementation Programme includes the rollout of a programme of Intensive Home Supports and Homecare Packages for people with dementia; the provision of additional dementia-specific resources for GPs who are the critical and initial point of contact with the health system for those with dementia; and measures to raise public awareness, address stigma, and promote the inclusion and involvement in society of those with dementia.

Actions outlined in other areas of this Plan are hugely relevant to promoting positive ageing, including programmes on healthy eating, physical activity, tobacco free, alcohol and mental health and wellbeing.

Resources and materials to support this programme are available at www.hse.ie/positiveageing

ACTIONS 120–126

- Display information and communications materials on dementia in all health service sites to help build understanding and awareness, and reduce stigma associated with dementia

- Implement actions from the Dementia Strategy Implementation Programme in identified locations

- Implement Older People Remaining at Home (OPRAH) in identified locations

- Implement the actions of the National Carers' Strategy Implementation Plan

- Promote the welfare and safeguarding of vulnerable persons at risk of abuse

- Implement the primary care, acute hospital and public residential aspects of the four early adapters for falls prevention and bone health and subsequent development of the integrated care pathway in designated sites

- Support the development of Age Friendly Cities and Counties in conjunction with the local authorities and other community and voluntary organisations

Appendix C

Outcomes Framework

The Department of Health is leading the development of an Outcomes Framework for the *Healthy Ireland* Framework. This work is progressing apace, and the Outcomes Framework when published, will detail a range of Government approved cross-sectoral measures that will allow us to monitor our work and assess the effectiveness of our individual and collective efforts over time.

The *Healthy Ireland* Outcomes Framework will focus on three key areas –

1.   Health status

2.   Determinants of health and wellbeing

3.   Health and social care

The determination of outcomes under each of these areas will be informed by a number of selected domain areas and associated indicators.

The design and development of the Outcomes Framework for the Health Services will be guided by the targets and goals in our Corporate Plan, along with the measures and outcomes in the forthcoming national Framework. The following section includes an outline of these three key areas with potential indicators, and targets from the Corporate Plan as appropriate. A section on input, output and process-type indicators follows.

1. Health Status

This category will include measures of mortality, morbidity and wellbeing. For example, measures of how long we live, how long we live without disease and premature mortality rates for the main diseases including cardiovascular disease, cancer, diabetes and chronic respiratory illnesses.

Examples of measures in this category includes:

Indicator	Target HI Outcomes Framework – In development
% population with a healthy life expectancy at age 65 years	
Infant mortality rates	
Prevalence of disease and ill-health – cancer, cardiovascular disease, diabetes, COPD	
Levels of perceived and self reported health in the population	
Low birth weight rates	
% of population involved in any social activities/volunteering	
No. of infectious disease outbreaks	

2. Determinants of Health and Wellbeing

Measures will range from socio-economic indicators, to measures describing living and working conditions, to measures capturing lifestyle and behavioural determinants of health. Targets are described for a number of lifestyle determinants in the Corporate Plan for the Health Services 2015-2017 as indicated in the following table.

Examples of measures in this category includes:

Indicator	Target	
	2017 – HSE Corporate Plan	HI Outcomes Framework – In development
% of adults who smoke daily	< 15%	
% of children who are current smokers		
% of population within a healthy weight range	↓ 3 percentage points	
% of adults and children meeting national physical activity guidelines		
Alcohol consumption per head of population	↓ 1.5 litres	
% of population reporting positive mental health and wellbeing		
Air quality levels		
% participation and completion of various levels of education		
% population at risk of poverty		

3. Health and Social Care

Health and social care measures range from staff health and wellbeing indicators such as staff flu immunisation levels, to measures of screening uptake among specific populations, in-hospital mortality rates, levels of health care associated infection and patient experience measures.

Examples of measures in this category includes:

Indicator	Target	
	2017 – HSE Corporate Plan	HI Outcomes Framework In development
% uptake rate for childhood immunisation	95%	
BreastCheck: % uptake of women aged 50-64 years	> 70%	
CervicalCheck: % coverage of eligible women	80%	
BowelScreen: % uptake rate of eligible people	60%	
Diabetic RetinaScreen: % uptake rate of eligible individuals	80%	
% uptake for human papillomavirus (HPV) immunisation	85%	
% of the population over 65 years supported to live independently in their own home	96%	
% of people with a disability living in congregated group residential settings		
% compliance with Safeguarding Vulnerable Persons at Risk of Abuse Policy		
% supported living in local communities		
Health service staff flu vaccination rates		
Hospitalisation rates for patients with chronic diseases		
Infection rates in acute settings		

Outcomes Framework for the Health Services

In addition to domains, indicators and targets contained in the previous section, the health service is working to improve data collection mechanisms and to increase the breadth and quality of indicators that will allow us to track input, output and process-type indicators. These types of indicators will let us know if we are planning and prioritising in the way outlined in the Implementation Plan. Process indicators will tell us if plans are in place, actions are being taken, staff are being trained, engagement levels are improving and patients are receiving interventions in the way prescribed in our models of care. Once the *Healthy Ireland* Outcomes Framework is published we will work to develop a more detailed, aligned set of health services performance and effectiveness measures, with associated targets and timelines that will allow us carefully track progress and success of this work.

The following list of measures provides an outline of the type and range of indicators we will be looking at in order to finalise a health service performance and monitoring framework. Where possible we will attempt to describe and identify targets that are relevant at Hospital Group and CHO level.

Process Indicators for the Health Services
Health Service Reform
No. of HI Leads in place in CHOs, Hospital Groups and National Services
No. of Implementation Plans developed
No. of CHO, Hospital and National Services' Operational Plans with specific actions on health and wellbeing
Level of investment (financial and people) in health and wellbeing activities in each Hospital Group and CHO
% of SLA/Grant Arrangements with specific health and wellbeing deliverables
% of LCDC plans with health and wellbeing commitments and targets
% of health education/social marketing campaigns with inequalities focus
Reducing the burden of Chronic Disease
No. of national health and wellbeing policy priority programmes established and fully operational
No. of Chronic Disease Prevention and Self-management Programmes established in each CHO
% recording of risk factors on HIPE, GP and other systems
% of patients with chronic disease who have a personal care plan
No./% of staff trained in brief intervention
No./% of brief interventions delivered in each hospital/CHO service
No./% of service users referred to specialist support services – QUIT team, addiction counsellors etc
No./% of service users participating in structured patient education programmes e.g. self-care, diabetes programmes
No./% of smokers supported to quit smoking and who remained quit at 1 month
No. of CHO/Hospital Group population profiles published
% compliance with health literacy guidelines

Improving Staff Health and Wellbeing
% participation in staff surveys and audits
No. of staff engagement opportunities
No./% of workplaces implementing HSE Healthy Workplace Policy
No./% of workplaces with supportive environments for increased physical activity by staff
No. of staff health and wellbeing initiatives in each workplace
% staff involved in any social activities, clubs, associations etc
No./% of social marketing/health education campaigns with staff messaging and outcomes (smoking, physical activity, diet, alcohol, wellbeing, sexual health etc.)
% uptake of flu vaccination amongst staff
% staff reporting positive mental health and wellbeing
% of people out of work due to ill-health
No. of work-related ill-health and injuries and their causes