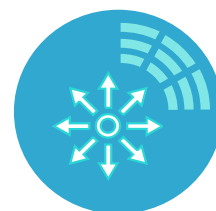




Community Healthcare West

Operational Plan

2021



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Introduction from the Chief Officer



I am pleased to present the 2021 Operational Plan for Community Healthcare West. This document reflects our formal commitment to provide Primary Care, Older Persons, Disabilities, Mental Health and Health & Wellbeing services to the people of Galway, Mayo and Roscommon for 2021 within the resources allocated to us.

Firstly, I would like to take this opportunity to acknowledge the dedication, teamwork and commitment of Community Healthcare West staff, Section 38/39 funded organisations and voluntary organisations. The past year has been a year like no other; Covid19 has challenged and continues to challenge all of society. In Healthcare it has been a very difficult time which necessitated changes to how we delivered many of our services. While these changes created difficulty for many, staff embraced the challenges and took on roles that they would not ordinarily undertake and different ways of working. However, the pandemic also created opportunities such as advancement of telehealth, use of technology, enhanced infection prevention and control measures and supports, online education/training and accelerated integration of services and conjoint working with many stakeholders.

This operational plan outlines our priorities and goals within Primary Care, Health and Wellbeing, Older Persons' Services, Disability Services, and Mental Health services which will be delivered using an integrated approach to provide a sustainable, high quality, safe and effective health and social care system that meets the needs of our population. Our Operational Plan sets out the type and volume of healthcare services to be provided in the Community during 2021. It also includes reform actions that will be undertaken during the year to continue to improve and expand upon service delivery in the spirit of the Sláintecare Implementation Plan to deliver person centred care within our allocated funding.

The National Service Plan for 2021 reflects a very significant investment increase for health services. This unprecedented national investment has created a real opportunity for us to improve the experience, nature and variety of services and care options that we provide to the people we serve. We will continue to implement significant service reforms that have been planned for many years. Notably there will be a demonstrable shift in the provision of services from hospital to community settings, there will be a greater emphasis placed on prevention, supporting people with chronic conditions, access improvement and service delivery close to or in the home i.e. Home First.

Service Quality & Improvement

Community Healthcare West is committed to ensuring that services delivered in counties Galway, Mayo and Roscommon are of high quality, are safe and are delivered within available resources. During 2021, we will continue all efforts towards enhancing the health of our population to support, encourage and empower people to optimise their own health and wellbeing. Our CHO will prioritise initiatives that promote health and wellbeing, improve access to our services and we will maximise all opportunities to further improve integration of healthcare delivery in our area.

Sláintecare - Reform and transformation

COVID-19 has fundamentally changed the way that healthcare services can safely be delivered and accessed. Despite the associated challenges, it has influenced the accelerated delivery of many service transformations that have been advocated for many years. There are nine *Sláintecare Integration Fund* projects firmly established in Community Healthcare West which have shown to be effective enablers of new models of service delivery e.g.

1. End to End Implementation of the Model of Integrate Care for Type 2 Diabetes
2. Integrated Community Based Older Persons Hub Phase 1 – Galway (ICPOP)
3. Development of the Physiotherapy led Pulmonary Rehab Services in Primary Care, Co. Mayo
4. Heart Failure improving Outcomes and Health Service Efficiency by Comprehensive and Innovative Integration of Care Across the Continuum of Healthcare Settings
5. Extension to Self-Care to Wellness Programme across Community Healthcare West
6. Osteoarthritis Knee Pathway
7. Integrated Population Based Falls Model For Mayo
8. DESSIE - Diabetes Education and Self-Management that Specifically Involves Exercise

9. My Home MHCIS – Mental Health, Community Integration & Support – Integrating Mental Health, Social Care & Housing in Local Community

These projects will continue into 2021 and will be assessed for mainstreaming going forward. Resuming services and continuing to safely deliver core services in the context of COVID-19 are a primary focus of our Operational Plan. In parallel however, the additional funding within budget 2021 will enable and support the acceleration of key service transformation objectives and allow us to build upon the positive changes we have seen across our health system in 2020. During 2021 our focus will be on operationalising Phase I of the Enhanced Community Care (ECC) Programme which will include establishment of increased Community Healthcare Networks, Community Specialists Teams for Older Persons' (ICPOP) and also for Chronic Disease Management (ICPCD) across the region. These reforms will ensure that the services that we need are available at the right place and time, delivered by the right people.

Service Challenges & Opportunities

A key priority for 2021 will be to operationalise and optimise the significant investment being made in community services. In this regard this Operational Plan is characterised by a notable shift towards the delivery of service and care in the community or at home whenever possible.

Key challenges identified include: the recruitment of the necessary staffing resources required; the management of a reform and development programme of this scale; the continued delivery of core services to agreed activity levels for 2021 in the context of ongoing uncertainty associated with COVID-19. It is also acknowledged that notwithstanding the scale of investment in 2021, there continues to be a number of service areas with underlying gaps between capacity and service users' changing needs and increased demand for services.

Over the next year and guided by our Public Health colleagues, we aim to continue to maximise the delivery of high-quality health and social care services in a COVID-19 environment. The creation of vaccine options is now giving us hope that we will overcome this Pandemic, an extensive vaccination programme is currently being rolled out and this too will have an impact on our ability to deliver core services. Every effort will be made to mitigate against risks identified through 2021.

Performance Management and Accountability

An important feature of the delivery of safe, high quality and person centred services is that of governance and accountability. Our Organisations performance will be measured against the key performance indicators set out in this Operational Plan. The delivery of the Plan will be underpinned by the HSE Accountability Framework and through the ongoing strengthening of governance arrangements.

Finally, working in the Irish Health Care Services at this time may be very challenging but is also extremely rewarding. Community Healthcare West is proud to have committed, enthusiastic, passionate, well qualified and resilient staff who deliver accessible, responsive, connected and high quality, services and supports day in and day out throughout the West. We value working in partnership with the Saolta Hospital Group, Public Health, National Ambulance Service, Emergency Management, Section 38/39 and voluntary organisations, Private Nursing Homes, Local Authorities, the Garda Síochána, Defence Forces and many other bodies/organisations too many to mention individually.

2021 will see us continue to improve both the quantity and quality of community healthcare services to the population of Galway, Mayo and Roscommon.

I look forward to working with you during 2021.



Breda Crehan-Roche
Chief Officer

Section 1: The COVID-19 Action Plan

1.1 Introduction

The arrival of Covid 19 to Ireland in March 2020 created numerous challenges within the Organisation. Community Healthcare West's response was quickly accelerated by way of support from a broad section of HSE staff to Testing, Tracing, Community Assessment Hubs and other support services.

Our Regions Covid Plan for 2021 has involved bedding down the Testing structure and the recruitment of 60 *Community Swabbers*. The recruitment process is now complete and staff are in situ at our four static Test sites. Most recently in January 2021 Community Healthcare West staff have again been redeployed to facilitate the vaccination programme for rollout.

In the context of planning services for 2021, we will maintain and enhance our resources to reduce the impact of Covid 19 in Community Healthcare West, by way of the following key deliverables:

- Continue to work closely with Public Health to reduce the impact of Covid 19.
- The Covid response team in the CHO will work in line with the following plans to ensure the continuity of Health and Social Care services and to build the required capacity to manage the Covid 19 Pandemic.
 - Resilience and Recovery 202-2021: Plan for Living with Covid 19
 - Strategic Framework for Delivery of service in a Covid 19 Environment.
 - Winter plan (2020/2021)
 - Access to Care Action Plan (2021)
 - National Operating Model for Covid 19 Test and Trace.
 - Working Safely Protocol

1.2 Issues and Opportunities

Workforce planning remains an issue due to the uncertain levels of activity around the Covid Pandemic.

1.3 Priorities and Actions

Priority	Action	Delivery Timeline
Staffing	Complete on -boarding of Swabbing staff in our four Test Centres located at Galway Airport, NUIG, McHale Park, Castlebar and Castlerea Fire Station.	Q1
Infrastructure	Improve Infrastructure and Winter Proofing at our Galway Airport, Castlebar and Castlerea Test Sites and continue to improve processes at these locations.	Q1
Personal Protective Equipment (PPE)	Develop a new Inventory Management System for Personal Protective Equipment (PPE). CHO Covid Management have established a Team to progress this Priority.	Q1
Food Production Facilities	Work with National Ambulance Service (NAS) to ensure appropriate support to Food Production facilities. CHO Covid Management team working with NAS centrally on this.	Q1-Q4
Health and Safety	Ensure staff are fully trained and supported with all Health and Safety requirements. Training Modules are being developed and will be promoted to all relevant staff.	Q1-Q2
Covid response.	Sustain the Covid 19 response at each of the Regions Test sites in line with the Pandemic Operating model and with future service delivery models. The CHO Covid management team will regularly review National Guidelines to ensure best possible delivery of service to end user.	Q1-Q4
Reporting incidents	Develop a system to ensure management and follow through on reported incidents. National Instant Management System	Q1

	training will be encouraged.	
Accountability	Participate in National Audit of PPE systems and controls in place. The Audit will be led by National Procurement and outcomes will be used to develop and assure long term procurement solutions for the provision of PPE.	Q1-Q4
Working Safely Protocol	The Protocol will be implemented CHO wide to ensure the safety of staff and service users.	Q1-Q4

Section 2: Winter Planning in a COVID-19 Environment

2.1 Introduction

The Winter Plan 2020/21 as approved by the HSE Board and Minister for Health will assure an increased investment of €18.5m for service enhancements and uplifts in this CHO (see Appendix 2); this funding is intended to be utilised during Quarters 1 and 2 of 2021. The Winter Plan is underpinned by the principle of integrated service delivery and will result in continued and increased collaboration with our Saolta Healthcare Group colleagues and services.

2.2 Issues and Opportunities

The confidence created by the budget uplift is welcomed. The increased funding provided will enable CHO services to deliver on our commitment of Home First, delivering services closer to service users so that they can remain at Home for as long as possible and that the need for Hospital admission is reduced. Service delivery since March 2020 has been challenged as we fought to address the impact of Covid 19. Essential controls such as governance and Infection Prevention and Control (IPC) are being enhanced to ensure that service delivery levels and service quality are assured. Staffing and recruitment remain an issue and challenge, concerted efforts are being made to collaborate with our colleagues in other CHOs and Acute services to ensure that necessary recruitment is expedited and coordinated.

2.3 Priorities and Actions

- Establish an extra 65 Intermediate Care Beds
- Increase Community Healthcare Networks from 1 to 6
- Establish 2 Integrated Care Programme for Older People (ICPOP) Teams
- Establish 3 Integrated Care Programme for Chronic Disease Management (ICPCDM)/Front Door Teams.
- Introduce a new Community Intervention Team (CIT) bring the total to two in the CHO
- Increase the Dementia Advisory Service in the CHO
- Deliver an increased diagnostics service in the CHO to include X-ray, CT, MRI and Dexa
- Increase delivery of Home Support Hours
- Enhance our Quality and Patient Safety remit by increased governance and infection prevention and control.
- Supply more Aids and Appliances to Service users
- Increase Immunoglobulin Replacement Therapy

Priority	Action	Delivery Timeline
Recruitment	<ul style="list-style-type: none"> • Continue to build capacity to recruit locally and work jointly with HBS Recruit, National HR and CHO and Saolta colleagues to develop a recruitment plan which will make every effort to address the challenges presented in recruiting the additional posts allocated while maintaining existing levels of staffing. • Continue to work with National HR, Ernest & Young, CHO and SAOLTA colleagues to develop a recruitment system that reacts to service needs and makes best use of available resources. 	Q1-Q4
Working Safely Protocol	Continue to develop process and implement the Protocol via Covid Response Managers and Lead Worker Representatives within the CHO	Q1-Q4
Establish an extra 65 Intermediate Care Beds	25 Beds St Brendan's' CNU and 40 Beds under the governance of Mayo	Q1

	University Hospital. Complete the recruitment process for the MDT staff.	
Increase Community Healthcare Networks from 1 to 6	The CHO is actively recruiting the Community Network Managers for 5 Networks in Galway & 1 Network In Roscommon. Under Enhanced Community Care each Network is receiving an addition 15.2 WTE in Nursing & Therapy posts.	Q1–Q4
Establish 3 Integrated Care Programme for Chronic Disease Management (ICPCDM)/Front Door Teams.	The CHO will establish 3 Chronic Disease Teams – Diabetes, Respiratory and Cardiology in 2 Ambulatory Care Hubs – one in Galway City & one in Ballinasloe. It is anticipated that a similar Hub will be developed in Castlebar under Phase 2.	Q1–Q4
Introduce a new Community Intervention Team (CIT) bring the total to two in the CHO	A New CIT Team has been set up in Mayo with 1 initial WTE in Q1. Recruitment of additional 2.5 WTE is ongoing which will increase capacity.	Q1–Q4
Increase the Dementia Advisory Service in the CHO	Complete recruitment process and work with ASI in delivering the Dementia Advisory Service.	Q1 – Q2
Deliver an increased diagnostics service in the CHO to include X-ray, CT, MRI and Dexa	Diagnostics is being established in Tuam PCCC. An Ultrasound service is due to commence Q1. X-Ray service is in planning stage. Funding has been received under the Winter Initiative and diagnostic services are currently being contracted out across the Region, pending the set-up of Diagnostic Hubs.	Q1–Q4
Increase delivery of Home Support Hours	Continue joint delivery of service by HSE Home Support Care Assistants (HSCA) and Agency Home Support (HS) Providers by increasing the number of HSCA employed to deliver care, by appointing 2 additional HS Co-ordination Teams in Mayo and by increasing the number of hours available to service users and broadening the service to include people with disabilities over the age of 65 and services users of the Psychiatry of Later Life (POLL) teams.	Q1 – Q4
Enhance our Quality and Patient Safety remit by increased governance and infection prevention and control.	Appoint Head of Service - Quality and Patient Safety	Q1–Q4
Supply more Aids and Appliances to Service users	All monies received under the Winter Plan have been allocated to the relevant services, i.e. PHN, Physio and OT.	Q1–Q4
Increase Immunoglobulin Replacement Therapy	Continue to provide service from the Tuam Primary Care Centre.	Q1–Q4
Accommodation	Community Healthcare West will engage with HSE Estates to secure suitable accommodation to deliver services detailed in the National Winter Plan and Enhanced Community Care (ECC).	Q1–Q4

Section 3: Community Healthcare Reform and Transformation

3.1 Introduction

The Sláintecare Report (2017) sets out a 10-year high-level policy roadmap to deliver whole-system reforms and a universal single-tier health and social care system. Its reforms centre on health promotion and disease prevention, eligibility, expansion of primary and community services and the funding of health and social care in Ireland into the future. Subsequent to the Report publication, Implementation Plans and Action Plans have been developed by the Sláintecare Programme Implementation Office (SPIO). Four work streams have been highlighted:

1. Service Redesign and Supporting Infrastructure
2. Safe Care, Co-ordinated Governance and Value for Money
3. Teams of the Future
4. Sharing Progress.

Each work stream consists of five main programmes made up of 137 projects in total. These priority programmes within multi-annual plans will align with the Department of Health planning processes and the HSE's National Service Planning and Reporting processes to embed the actions in day-to-day work. Overarching governance arrangements for Sláintecare are in place to provide the necessary oversight and delivery support to give effect to the full intent of Sláintecare reforms.

3.2 Implementation of Sláintecare

Two Sláintecare Joint Action Programmes have been identified as areas of particular focus in transforming the way care is delivered and experienced in Ireland. The two Joint Action Programmes are:

- National, Regional and Local Health and Social Care Delivery Structures
- Capacity and Access.

In addition to these two Joint Action Programmes, a key priority is to support, monitor and evaluate the range of HSE projects and services funded under the Sláintecare Integration Fund (SIF).

The HSE will become a more strategic and patient-focused 'national centre' carrying out national level functions, complemented by the establishment of Regional Health Areas (RHA) that deliver services to meet the known health and social care needs of the population and, within each region, local networks serving populations of approximately 50,000. All design work will focus on delivering the Sláintecare vision for regional delivery organisations so they facilitate:

- A population-based approach to planning for the health and social services needs of the population within each region
- Integration of hospital, community and social care services within the same geographical area
- Empowerment of frontline staff through devolved responsibility and ownership of planning of services, with appropriate flexibility, and decision-making at a regional level
- Equitable access to services that is easier for service users to navigate
- A single budget per region, covering hospital, community and social care services and the allocation of funding within the region on the basis of population need, with clear financial and performance accountability
- A design that will focus on prevention and delivering care at the lowest level of complexity in the community. This will include a design that resources the provision of community and primary care services for all, complemented by smaller, specialist community services for those that require additional support, treatment or care
- A detailed plan setting out the proposed functions, staffing, structures.

The Sláintecare Project Management Offices (PMOs) within the Community Healthcare Organisations (CHOs) and Hospital Groups will support the roll-out of Regional Integrated Sláintecare Planning. Regional engagement fora will be established in 2020, involving citizens, staff, patients, providers, wider partner organisations and others,

operating across community, acute and social services. This work will focus on developing an integrated approach to service planning, taking into account population segmentation and needs analysis.

The SPIO has commenced the administration of a fund through Pobal for Sláintecare demonstration Projects. Community Healthcare West will collaborate with the SPIO to communicate the progress being made on each of these projects. This allocation will support the delivery of key reform initiatives identified as part of the Capacity and Access Programme focusing on enhancing community care.

This allocation is committed to delivering up to 1,000 new community frontline staff in order to support the shift in care from the acute sector to the community sector which is core to the Sláintecare reform. A key focus for the HSE will be to use Community Healthcare Network (CHN) Learning Sites to inform the further development and provision of a multi-disciplinary model of service and agree with the SPIO and the DoH a business case for the required workforce expansion and then ensure the early and effective implementation of the agreed plan.

3.3 Delivering Enhanced Community Care (ECC)

Significant and increased funding of €150m has been provided to enhance community, Social Care and Primary Care services nationally in 2021. This will support the redesign of care pathways to make care more accessible in the community including the development of Community Health Networks (CHN) and specialist Integrated Care Teams such as the Integrated Care Programme for Older People (ICPOP) and Chronic Disease Management (CDM) and expanding the Dementia Advisor Network. Detailed information regarding this CHOs service enhancements can be found within the body of this Operational Plan.

The investment in an Enhanced Community Care Model will be delivered on a phased basis with a view to national coverage being achieved within a 2-3 year period.

Three priority areas have been identified as follows;

1. Structural reform with CHN's becoming the basic building blocks for the organisation, management and delivery of community services across the country.
2. Creating specialist Ambulatory Care Hubs as a secondary care model for the management of chronic disease and older people with complex needs.
3. Scaling Integrated Care for older people and chronic disease through the recruitment of specialist Integrated Care teams including *Frailty at the Front Door* Teams.

3.4 Measuring Outcomes

A critical requirement of any investment programme and particularly in the health service, is that it can clearly identify what the impact of the investment will be on activity levels, outcome levels and service users. The metrics for Enhanced Community Care will include;

- Performance metrics for resource deployment and activity
- Performance on the effect on reducing hospital activity associated ACSC's and frail elderly
- Other measure specific to the persons health & self-care
- Time frame for delivery of anticipated outcomes.

Section 4: Service Quality and Patient Safety

4.1 Introduction

The Community Healthcare West Quality and Safety Department has a remit to support, enable and monitor patient/service user safety, regulatory compliance, Health and Safety, quality improvement and risk management. The nature of Community Healthcare as the cornerstone of our health and social care service is prominent within the current policy direction laid out in Sláintecare.

Moving services to the community in line with Sláintecare, intervening as early as possible in acute illness, chronic disease, disability and poor mental health is well evidenced as being a clinically effective and person centred approach to service delivery.

The current Covid-19 Pandemic has added more complexity to delivering services and a number of different platforms have been introduced to deliver services safely and effectively. A number of staff deployments which were necessary to stand up Covid-19 services have impacted on service delivery. The complexity of need in Mental Health continues to increase and includes a growing volume of chronic, treatment resistant mental disorders at all stages of life.

We have learnt a great deal throughout the COVID-19 crisis on the importance of building resilience in the community and developing a truly integrated model of healthcare delivery. There was an acceleration of collaborative working and policies and clinical guidance to adapt to the provision of high quality safe care in a pandemic environment.

The cumulative impact of COVID-19 on healthcare delivery and wider society will take time to quantify and understand. The COVID-19 experience and evidence-base will provide valuable insights into the core skills and strategies that are essential to better equip healthcare services to meet people's needs into the future.

We plan to introduce a Head of Service for Quality, Safety and Service Improvement in 2021 allowing the services of Consumer Affairs, Safeguarding, Infection Prevention and Control and Quality and Patient Safety to come together to work towards improving safety in tandem with the Patient Safety Strategy.

This plan outlines our core Quality and Safety deliverables and 2021 priorities and is aligned to the HSE Patient Safety Strategy as well as taking account of the safety of our staff.

4.2 Empowering and Engaging Patients to Improve Patient Safety

We will foster a culture of partnership to maximise positive patient experiences and outcomes and minimise the risk of error and harm. This will include working with and learning from patients to design, deliver, evaluate and improve care.

It is by listening and learning from the experiences of patients, service users and their families that we can bring about sustainable improvements to the quality and safety of our Community based services.

Priority Areas for 2021

- Advance the recommendations from the Ombudsman's Report "Learning to get Better".
- Complete the implementation of the Health Services Executive (HSE) Complaints Management System (CMS) Database to ensure there is a common automated process across all services.
- Promote continuing training in each Division for Complaints Officers, Review Officers and support staff who manage the CMS Database.
- Implement a process for tracking & monitoring complaints recommendations, to ensure that the lessons learned from feedback are used to improve services.
- Advance full implementation of the Open Disclosure Policy, 2019 and contribute to the design, use and monitoring of reliable and realistic key performance indicators for same.
- Increase the use of the NIMS (national incident management system) review screen in all CHO (Community Healthcare Organisation) areas to achieve 90% utilisation for all Category 1 incidents.

- The Quality and Safety Department acknowledges the vast work being undertaken in Older Persons Services, Disability Services and Mental Health Services in relation to Individualised Care Planning which has service user involvement at its core. We will provide expertise and support to the services in this area towards achieving our statutory / regulatory requirements in 2021.

4.3 Empowering and Engaging Staff to Improve Patient Safety

We will work to embed a culture of learning and improvement that is compassionate, just, fair and open. We will support staff to practice safely, including identifying and reporting safety deficits and managing and improving patient safety.

Advancing a culture of patient safety, continuous quality improvement and learning will only be achieved with the full engagement of our staff. Supporting staff in implementing Health and Safety requirements and Quality and Safety Policies and Frameworks through on-going guidance and training will continue in 2021. The Community Healthcare West Quality and Safety Department will be key enablers and drivers for delivery of safe services and in promoting a culture of patient safety. Investment in the development of capacity and capability in the Community Healthcare West (CHW) Quality and Safety team is a continued requirement. The investment in a data and surveillance officer (Grade VI) for Community Healthcare West in 2021 is vital to improve data quality and reliability.

We will enhance the capability for governance, for quality and patient safety as well as occupational health and safety across our services through education and training. We will promote good practice by awarding teams and individuals specifically for Quality Improvement Projects through the Staff Recognition awards.

Priority Areas for 2021

- Transition the services of Safeguarding, Consumer Affairs, Infection Prevention and Control, Health and Safety and Quality Patient Safety (QPS) under the Head of Service for Quality, Safety and Service Improvement.
- Enhance and expand Health and Safety expertise within the Quality and Safety Department through the recruitment of a second Health and Safety Officer and a Grade VI to support.
- Support the development of Infection Prevention and Control expertise within nursing by providing guidance and advice to services and developing clinical specialist roles.
- Introduce an Infection Prevention and Control (IPC) Link Nurse programme to enhance expertise and align with recommendations from the Nursing Homes Expert Panel Report.
- Enhance the capability for governance, for quality and safety across our services through education and training.
- Promote good practice by awarding teams and individuals specifically for Quality Improvement Projects through the Staff Recognition awards.

4.4 Anticipating and Responding to Risks to Patient Safety

We will place an increased emphasis on proactively identifying risks to patient safety to create and maintain safe and resilient systems of care, designed to reduce adverse events and improve outcomes.

The Community Healthcare West Quality and Safety Department will promote the ethos of proactive risk assessment and quality improvement action plans in each service through the maintenance of dynamic risk management – moving towards an Enterprise Risk Management (ERM) approach as committed to in NSP (national service plan) 2021. The Community Healthcare West Quality and Safety Department will support the Chief Officer in the governance of risk management between CHO and National Director Level.

We will support each service to effectively operationalise the Incident Management Framework, and with the National Community QPS (Quality Patient Safety) Team to evaluate the implementation of the roll out of the National Incident Management System (NIMS) in Community Operations. This will ensure accurate and timely reporting of incidents and the management of those incidents in line with the relevant HIQA (Health Information and Quality Authority)/ Mental Health Commission Standards and the recommendations of the Scally review.

Under the new structure of Quality, Safety and Service Improvement a Safeguarding Policy Implementation Team will be established to embed the 2019 Policy.

In 2021 we will work with the National Community QPS Team to enhance our surveillance and oversight of patient safety in all Community Operations Care Groups - Older People's Services, Primary Care, Disability Services, Mental Health Services and Health & Wellbeing.

Priority Areas for 2021:

- Provide support and advice to the Chief Officer, Community Healthcare West regarding CHO Risk Registers.
- Assist in responding to the COVID-19 Nursing Homes Expert Panel Report regarding clinical governance, clinical guidance, structures and services in residential services for older persons.
- Establish a Safeguarding Policy (2019) Implementation Team under the Head of Service for Quality, Safety and Service Improvement.

4.5 Reducing Common Causes of Harm

We will undertake to reduce patient harm, with particular focus on the most common causes of harm.

The Community Healthcare West Quality and Safety Team will continue to support the implementation of key Patient Safety policies to guide safe practice in each service through education and monitoring.

In 2021 we will progress a co-ordinated approach to Antimicrobial Resistance and Infection Control through the establishment of an Antimicrobial Resistance and Infection Prevention and Control Unit within Community Healthcare West as well as a Surveillance Scientist and Consultant Microbiologist in conjunction with Saolta University Hospitals Group.

We will work with the National Community QPS Team to offer a series of master classes on the prevention of violence and aggression in Community Healthcare West.

We will continue the work on the reduction of Pressure Ulcers and falls in all services by working in partnership with the National Quality Improvement Team on their Pressure Ulcer to Zero (PUTZ) and Falls collaborative, thereby ensuring their sustainability in all services.

In collaboration with the National Community QPS Team, we will assess the impact of falls prevention work to date in the community. In particular, we will support fall prevention in the frail elderly community dwelling community. We will partner with our national Acute QPS colleagues to work collaboratively on enhanced Integrated Care Initiatives and particularly Transitions of Care which are known to be high risk.

Priority Areas for 2021:

- Progress a co-ordinated approach to Antimicrobial Resistance and Infection Control through the establishment of an Antimicrobial Resistance and Infection Prevention and Control Unit within Community Healthcare West to promote preventative action, early diagnosis, robust antimicrobial stewardship and specialist guidance, aligned to the HSE Antimicrobial Resistance and Infection Control plan.
- In partnership with National Community Operations QPS, offer a series of master classes on the prevention of violence and aggression in Community Healthcare West.
- Work with the National Community Operations QPS function to learn lessons from the analysis of Falls and implement learning.
- Establish a system in Primary Care to facilitate the review of Stage 3 and 4 pressure ulcers using the Concise tool

4.6 Using Information to Improve Service User/ Patient Safety

We will use information from various sources to provide intelligence that will help us recognise when things go wrong; learn from and support good practice; and measure, monitor and recognise improvements in patient safety.

We will maximise the use of the National Incident Management System (NIMS) in Community Healthcare and aim to improve on our performance against National Service Plan 2021 QPS Key Performance Indicators (KPIs.)

We are planning to introduce ICNet (Infection Prevention and Control information technology system). Alongside our acute hospital colleagues in Saolta to enhance governance and monitoring at national and local level.

We will monitor the QPS performance report issued by the National Community Healthcare Quality & Patient Safety Office thus improving our business intelligence for effective service governance.

Priorities for 2021:

- Appoint a Data Manager (Grade VI) for Community Healthcare West to improve data quality and reliability.
- Introduce ICNet alongside our acute hospital colleagues in Saolta to enhance governance and monitoring at national and local level.
- Support the Senior Management Team with structured reporting to (a) enhance oversight of the feedback process, & (b) Drive improvements through learning from quantitative and qualitative information.
- Advise Community Healthcare West Management Team on the development of National key performance indicators (KPIs) for Quality & Patient Safety for Community Operations.

4.7 Leadership and Governance to Improve Service User/ Patient Safety

We will embed a culture of patient safety/ service user improvement at every level of the health and social care service through effective leadership and governance.

We plan to recruit a Head of Service for Quality, Safety and Service Improvement allowing the services of Consumer Affairs, Safeguarding, Infection Prevention and Control and Quality and Patient Safety to come together to work towards improving safety in tandem with the Patient Safety Strategy.

To enable the Chief Officer to govern Community Healthcare West for Quality & Patient Safety, the Community Healthcare QPS Committee oversees compliance with the HSE Incident Management Framework (2020) across Community Healthcare West. This group will evolve over 2021 as the vehicle for CHO QPS oversight which will guide our quality improvement initiatives.

Within our capacity resources, the Community Healthcare West Quality and Safety Team will provide support to any stakeholders on maximising governance arrangements within their respective teams, services and organisations.

Priority Actions 2021

- Progress recruitment of Head of Service for Quality, Safety and Service Improvement.
- Transition the services of Safeguarding, Consumer Affairs, Infection Prevention and Control, Health and Safety and Quality Patient Safety under the Head of Service for Quality Safety and Service Improvement.
- Support the development of new structures for integrated care in Primary Care Networks

4.8 Occupational Health and Safety

Community Healthcare West is committed to putting in place a Health and Safety Management System that is compliant with the Safety, Health and Welfare at Work Act 2005 and associated legislation.

The main priority is to support managers and employees in protecting the health, safety and welfare of all HSE Community Healthcare West employees by ensuring that occupational health and safety risks are managed effectively in our rapidly changing work environment.

We will continue to work on improving Health and Safety management systems within Community Healthcare West which will in turn drive improvement with compliance requirements and encourage a positive safety culture among staff.

We will guide and support Managers in preparing for audits and inspections and in the development of associated quality improvement plans to ensure identified corrective actions are addressed.

Priority Actions 2021

- Develop a template Safety Management system structure that can be implemented across all divisions.
- Improve Mandatory H&S Training Awareness and Compliance.

- Support managers in preparing for audits and inspection and in the development of associated Quality Improvement plans.
- Improve H&S Communication and consultation within Community Healthcare West.

4.9 Priorities and Actions

Key result area	Priority Actions	Timeline
Empowering and Engaging Patients to Improve Patient Safety/Service User	Increase the use of the NIMS review screen in all CHO areas to achieve 90% utilisation for all Category 1 incidents.	Q4
	Advance full implementation of the Open Disclosure Policy, 2019 and contribute to the design, use and monitoring of reliable and realistic key performance indicators for same.	Q1 – Q4
	Advance the recommendations from the Ombudsman's Report "Learning to get Better".	Q1-Q4
	<ul style="list-style-type: none"> • Promote continuing training in each Division for Complaints Officers, Review Officers and support staff who manage the CMS\ (Complaints Management system Database. • Implement a process for tracking & monitoring complaints recommendations, to ensure that the lessons learned from feedback are used to improve services 	Q2
	Complete the implementation of the HSE Complaints Management System (CMS) Database to ensure there is a common automated process across all services.	Q3
	The Quality and Safety Department acknowledges the vast work being undertaken in Older Persons Services, Disability Services and Mental Health Services in relation to Individualised Care Planning which has service user involvement at its core. We will provide expertise and support to the services in this area towards achieving our statutory / regulatory requirements in 2021.	Q1-Q4
Empowering and Engaging Staff to Improve Patient Safety/ Service User	Transition the services of Safeguarding, Consumer Affairs, Infection Prevention and Control, Health & Safety and Quality and Safety under the Head of Service for Quality, Safety and Service Improvement.	Q1 - Q4
	Support the development of Infection Prevention and Control expertise within nursing by providing guidance and advice to services and developing clinical specialist roles.	Q1-Q4
	Introduce an Infection Prevention and Control Link Nurse programme to enhance expertise and align with recommendations from the Nursing Homes Expert Panel Report.	Q2
	Enhance the capability for governance, for quality and safety across our services through education and training.	Q1-Q4

	Enhance and expand Health and Safety expertise within the Quality and Safety Department through the recruitment of a second Health and Safety Officer and a Grade VI to support.	Q1
	Promote good practice by awarding teams and individuals specifically for Quality Improvement Projects through the Staff Recognition awards.	Q4
Anticipating and Responding to Risks to Patient Safety	Provide support and advice to the Chief Officer, Community Healthcare West regarding CHO Risk Registers.	Q1- Q4
	Assist in responding to the COVID-19 Nursing Homes Expert Panel Report regarding clinical governance, clinical guidance, structures and services in residential services for older persons.	Q1-Q4
	Establish a Safeguarding Policy (2019) Implementation Team under the Head of Service for Quality, Safety and Service Improvement	Q1- Q4
Reducing Common Causes of Harm	Establish an Antimicrobial Resistance and Infection Prevention and Control Unit within Community Healthcare West.	Q2
	In partnership with National Community Operations QPS, offer a series of master classes on the prevention of violence and aggression in Community Healthcare West.	Q2
	Work with the National Community Operations QPS function to learn lessons from the analysis of Falls and implement learning.	Q2
	Establish a system in Primary Care to facilitate the review of Stage 3 and 4 pressure ulcers using the Concise tool	Q3
Using Information to Improve Patient Safety	Advise Community Healthcare West Management Team on the development of National key performance indicators (KPIs) for Quality & Patient Safety for Community Operations.	Q4
	Appoint a Data Manager (Grade VI) for Community Healthcare West to improve data quality and reliability.	Q2
	Introduce ICNet alongside our acute hospital colleagues in Saolta to enhance governance and monitoring at national and local level.	Q3
	Support the Senior Management Team with structured reporting to (a) enhance oversight of the feedback process, & (b) Drive improvements through learning from quantitative and qualitative information.	Q3
Leadership and Governance to Improve Patient Safety/Service User	Progress recruitment of Head of Service for Quality, Safety and Service Improvement.	Q1

	Transition the services of Safeguarding, Consumer Affairs, Infection Prevention and Control, Health and Safety and Quality Patient Safety under the Head of Service for Quality Safety and Service Improvement.	Q2-Q3
	Support the development of new structures for integrated care in Primary Care Networks	Q1-Q4
Occupational Health and Safety	Develop a template Safety Management system structure that can be implemented across all Divisions.	Q4
	Improve Mandatory H&S Training Awareness and Compliance.	Q1 – Q4
	Support managers in preparing for audits and inspection and in the development of associated Quality Improvement plans.	Q1-Q4
	Improve H&S Communication and consultation within Community Healthcare West.	Q2-Q3

Section 5: Primary Care, Social Inclusion and Palliative Care Services

5.1 Primary Care

5.1.1 Introduction

Primary Care services is the first point of contact the majority of people have with the health service. Primary Care services are available in various forms and the locally accessible and personal nature of the service facilitates close on-going relationships between provider and client. Primary Care delivers care to service users close to home through a community-based approach aligned to general practice, so that service users can access services at the most appropriate, cost effective service level.

Services Provided

A range of multi-disciplinary services are provided to children, adults and older persons via primary care teams, network based services and integrated care teams. Staff including GPs, Community Nursing, Health and Social Care Professionals (HSCP), work with wider community based services (Older People, Disability, Mental Health, Palliative Care Services) and Acute Hospital Services to deliver efficient, effective and sustainable services, meeting the needs of service users.

5.1.2 Issues and Opportunities

Issues:

Return to provision of the range of clinical services post Covid, either by face to face, telehealth or telephone interventions.

- Build-up of waiting lists during Covid period for immunisation, child health assessment, and the range of clinical services.
- Physical distancing requirements and return to clinical services is resulting in a shortfall of clinical and office accommodation.
- Physical distancing and infection control measures are decreasing the numbers of patients who can be seen, putting further pressure on waitlists.
- Community Healthcare Network (CHN) learning site was paused from March to Sept 2020, delaying implementation of the Community Healthcare Network model
- A number of Sláintecare projects were paused from March to Sept 2020, the time frame for delivery and evaluation has been extended to March 2021
- The development of Integrated Care pathways and Diagnostics will require connectivity between Hospital and Primary Care systems. Currently the connectivity is not there and is required to deliver integrated care.
- Backlog of children child health assessment due to Covid.
- Backlog of primary school children for vision and hearing screening due to Covid
- High level of vacant posts compromising achievement of child health backlog and school health screening backlog.

Opportunities:

- Contracts are being agreed nationally for the provision of CT, MRI, X-Ray, and DEXA scans to support GP access to diagnostics. This is due to commence in Q4 2020 with funding from National Primary Care Operations. Additional funding and posts in 2020 will deliver additional Ultrasound services in Tuam, Claremorris and Ballina.
- Additional funding and WTE has been received to develop Integrated Care teams for Chronic Disease focusing on Respiratory, Diabetes and Cardiology. These teams will be part of an integrated care pathway with acute services, each speciality team will cover a population of 150,000 or 3 Community Healthcare Network's and will operate from Ambulatory Care Hubs to be developed in Galway City and Ballinasloe. The Ambulatory Care hubs will also provide Integrated Care for Older People and Diagnostics.
- Additional funding received to continue to develop the Community Healthcare Network Learning Site in Tuam, Athenry and Loughrea. Funding sought to develop a further 5 Community Healthcare Network's in West Galway,

West Galway City, East Galway City & Central Galway, East Galway & South Roscommon and North Roscommon & North East Galway.

- Development of Community Intervention Team for Mayo to support hospital discharge, hospital avoidance and delivery of Outpatient Parenteral Antimicrobial Therapy (OPAT) services.
- The roll out of telehealth using Attend Anywhere has commenced the process of use of technology within service delivery. This has become part of the toolkit clinicians have available to them rather than a full reliance on clinic or home visits.
- Implementation of the access criteria in Children's services and reconfiguration of children's services to establish primary care children's network teams.
- Enhancing service user involvement and co design across primary care services.
- Construction of new Primary Care Centres in Moycullen and Ballyhaunis to be completed in 2021

5.1.3 Priorities and Actions

Priority	Action	Delivery Timeline
Address waiting lists post Covid period	Action plan per discipline to address backlog and waiting lists for vaccinations, child health screening and clinical services	Q1 – Q4
Implementation of CHN learning site and a further 5 CHN's	Appointment of CHN staffing. Amend project plan for learning site and develop an implementation plan for remaining CHN's	Q3
Establishment of Community Intervention team for Mayo	Appointment of coordinators and engage with service provider, Hospital group and GPs to commence service	Q1
Establishment of Integrated Chronic Disease teams based in Ambulatory Care hubs in Galway City and Ballinasloe	Appointment of Chronic Disease staffing, expansion of current Chronic Disease Local Implementation group (LIG) and development of project plan	Q4
Appointment of Home First staff to support hospital discharge in North, West and East Mayo CHN's	Appointment of staff requirement identified,	Q2
Increased access by GP's to diagnostics	Implementation of contracted service for provision of CT, MRI, X Ray and DEXA	Q1
Implementation of Nurture programme National Healthy Childhood Programme (NHCP)	Implementation of new national child health record. Plus new schedule of child health visits. Implement 2 nd tier child health clinics.	Q1
Immunisations Programme Secondary Schools 2020 - 2021	Immunisation teams for central locations in each network	Q1
Immunisations Primary Schools 2020 - 2021	Immunisation teams for central locations in each network	Q1
School Health Programme Hearing and Vision Screening	Provision of vision & hearing screening for Junior Infants	Q1
Liaison PHN to link with frail elderly team for follow up on assessments for continuity of care in primary care	Attend weekly MDT meetings ANP candidate at clinics	Q1
Establish community vascular clinic Athenry – Consultant & TVN lead with direct referral pathways	Hospital avoidance Reduce OPD waiting list	Q1
Moycullen Primary Care Centre	Construction to be completed and centre to be operational	Q4
Ballyhaunis Primary Care Centre	Construction to be completed and	Q4

	centre to be operational	
Progress development proposals for twelve other Primary Care Centres in the region		Q1 – Q4

5.2 Social Inclusion

5.2.1 Introduction

Social Inclusion services in Community Healthcare West focus on ensuring that we address health inequalities and improve access to health services for all socially disadvantaged service users. Ensuring that we improve health outcomes for socially excluded groups in society is a key priority. The COVID-19 pandemic has highlighted significant challenges for this sector of the population, in particular those with increased vulnerabilities including complex health, mental health and addiction challenges.

Services Provided

Social inclusion works across a range of statutory services in partnership with the community and voluntary sectors, to address health inequalities and to improve access to health services for socially disadvantaged groups. Services include homeless services, addiction services, direct provision services, intercultural health, traveller and Roma health and services related to domestic, sexual and gender based violence. The Traveller Health Unit acts as a resource for the Traveller Community and supports the work of the Mental Health Services Co-ordinator.

5.2.2 Issues and Opportunities

Challenges continue to be presented regarding the health requirements of migrants at the Emergency Reception and Orientation Centres (EROC) in the region. Challenges also exist around the homeless issues particularly in Galway City. A concern also relates to access to services for children and families of Traveller groups and the Roma population.

5.2.3 Priorities and Actions

Priority	Action	Delivery Timeline
To continue to implement the health actions, identified as a priority in the Rebuilding Ireland Action Plan for Housing and Homelessness 2016, so that we provide the most appropriate Primary Care and Specialist Addiction / Mental Health services for homeless people.	<ul style="list-style-type: none"> Housing First – Continue to operate Service Reform Fund (SRF) project to house 30 individuals with complex Mental Health needs in Galway City and County. Expand Housing First to other counties in partnership with local authorities. 	<p>Q1 – Q4</p> <p>Q2</p>
Improve access to Primary Care services for refugees in Emergency Reception and Orientation Centres / Resettlement Phase, with a focus on chronic disease management, increasing access to Mental Health supports and addressing the oral health needs of children and adults.	<ul style="list-style-type: none"> CHW will continue to provide Dental services for refugees located at the EROC Centre in Ballaghaderreen, Co. Roscommon. Psychology services will continue to be delivered to refugees in EROC along with newly settled refugees in the community and as required in Direct Provision accommodation. 	Q1 – Q4
Improve health outcomes for those identified as vulnerable in the region including those with addiction issues, the homeless, refugees, asylum seekers and Traveller and Roma communities.	<ul style="list-style-type: none"> Continue to work with Galway Homeless Action Team in association with Galway City Council. Develop Homeless Action Teams in Galway, Mayo and Roscommon in partnership with each local authority. 	<p>Q1 – Q4</p> <p>Q2</p>

	<ul style="list-style-type: none"> • Work with other partners in supporting other minority groups/migrant communities to access health services. 	Q3
The Drug Service will progress the roll out of the adult alcohol service in Galway City. This service will provide a community based treatment pathway for adults who present with alcohol addictions.	<ul style="list-style-type: none"> • This is an exciting new initiative and fills a need identified in the provision of a comprehensive suite of services to people who present with addictions. • Source suitable accommodation necessary for the rollout of this service. 	Q1
The Drug Service will continue to develop its specialist under 18 Addiction Service throughout the region.	<ul style="list-style-type: none"> • This self-referral service operates on a harm reduction philosophy and provides a bespoke one to one counselling for users. 	Q1 – Q4
Flexibility in working with service users has always been a hallmark of the service and this is a central aspect of the service provided to adults. Covid-19 has necessitated that we deliver the service in innovative and exciting ways.	<ul style="list-style-type: none"> • It is anticipated that service delivery to this client group will continue in 2021 by creative use of resources and technology. 	Q1
Ensure sustainability of the Traveller Projects in the region.	<ul style="list-style-type: none"> • Continue to fund the four Traveller Projects and advocate for resources. 	Q1 – Q4
Provide literacy friendly resources relating to mother and child health for the Traveller Community.	<ul style="list-style-type: none"> • Finalise and launch Multimedia Resource relating to maternal and child health. 	Q1
Complete review of PHC/ Peer Support Workers.	<ul style="list-style-type: none"> • Appoint part time Research Assistant to complete review. 	Q2

5.3 Palliative Care Service

5.3.1 Introduction

Palliative services support families in their role as carers, and continues to support them through their experience of grief and loss. Care is provided in a range of locations including acute hospitals, specialist palliative care inpatient units (hospices) and in the Community. A key focus of service development is to ensure equitable access to quality services close to Home. Palliative Care services in Community Healthcare West are provided in association with Galway Hospice, Mayo-Roscommon Hospice and the Acute Hospitals located in the region.

Services Provided

The scope of palliative care includes cancer-related diseases and non-malignant / chronic illness. Palliative care services support people wherever they are being cared for, either at home, in hospices or in hospitals. The focus of the service in line with national priority is to improve patient experience and where appropriate shift care from an Acute setting to the community.

Community based services include:

- Community Specialist nursing to support clients in the home.
- Social Workers who support clients and their families through a difficult period of their life.
- Sitting service provided to again support clients and their families at night time.

5.3.2 Issues and Opportunities

- Covid issues – maintain the safety of staff and patients – new checklist prior to visit patients to assist triage of patients and their families in line with public health guidance. Services have changed to providing essential visits only. Staff to take extra precautions when delivering service to Covid positive/affected patients and families returning from abroad increasing Covid risks.
- The importance of recognising the provision of Palliative care as the responsibility of the whole healthcare system and not just specialist palliative care service.

5.3.3 Priorities and Actions

Priority	Action	Delivery Timeline
Mayo Hospice Unit becoming fully operational	Staff recruitment, training and orientation ongoing.	Q1
Support the development of proposed Galway facility	New site selection ongoing, Galway Primary Care General Manager working closely with Hospice Chief Officer re same.	Q1–Q4
Continue to implement model of care for adults and paediatric palliative care services	Continue to implement in line with National guidance.	Q1–Q4
Locate and provide a satellite base from which two Clinical Nurse Specialists can work from in North Mayo	Source suitable accommodation via Accommodation Request Committee (ARC).	Q4
Continue to explore with voluntary partners ways of providing sustainable services in the future	Close links will be forged with palliative care and services to be explored with voluntary partners in future.	Q1–Q4

Section 6: Mental Health Services

6.1 Introduction

Mental health describes a spectrum that extends from positive mental health, through to severe and disabling mental illness. A strategic goal for mental health services is to promote the mental health of our population and support those seeking recovery from mental health challenges in collaboration with the other services and agencies including reducing the loss of life by suicide. The strategic development of services is informed by our national mental health policy *Sharing the Vision: A Mental Health Policy for Everyone and Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020*.

Services Provided

Specialist mental health services are provided in local community areas. These services include acute inpatient services, day hospitals, outpatient clinics, community-based mental health teams (CAMHS, general adult and Psychiatry of Later Life services), mental health of intellectual disability, community residential and continuing care residential services, peer led services.

Sub-specialties include rehabilitation and recovery, eating disorders, liaison psychiatry and perinatal mental health, peer support and recovery education. All mental health services are informed by a person-centred and recovery approach.

Specialist mental health services are provided to serve a particular group within the population, based on their stage of life. Currently CAMHS serve young people aged up to 18 years, general adult services for those aged 18 to 64 years and Psychiatry of Later Life provides services for those aged 65 years and over.

6.2 Issues and Opportunities

Delivering a robust mental health service that meets the needs of the population has always been challenging and this was particularly true in 2020 with the onset of Covid 19. This position is likely to remain in 2021 with Brexit likely to also add further complexity to service delivery.

Many people develop mental illness for the first time over the age of 65 years and older adults with mental health difficulties have specific needs that require specialist intervention. The increase in the population aged over 65 years, and especially those over 85 years, will have implications for the Psychiatry of Later Life services (PoLL). Mental Health will address this challenge by continuing to grow PoLL teams to provide services to this population.

In 2021 mental health services will continue to invest in CAMHS through increased staffing of community teams and enhanced day services to reduce admissions and length of stay of young people in acute units.

Additionally, there are requirements for enhanced care for vulnerable groups within the population and these are being addressed through the clinical care programmes, homeless initiatives, the national forensic service, dual diagnosis services for people with mental health illness and addiction, and initiatives in Traveller mental health. Rehabilitation services are also being expanded to respond to the needs of those with enduring mental illness and challenging behaviour.

The clinical care programmes include early intervention for first episode psychosis, eating disorder services spanning CAMHS and adult services, responses to self-harm presentations at Emergency Department (ED), those with dual diagnosis of mental health and substance misuse, and attention deficit hyperactivity disorder in adults.

There is a significant challenge in the recruitment and retention of staff, particularly Allied Health Professionals, Nursing and Medical staff. This challenge can provide opportunities to deliver services that are focused on maximising productivity and on service improvement and also expansion of different disciplines / workers in mental health services.

Mental health services will continue to deliver a number of service improvement initiatives through the Service Reform Fund (SRF) that will assist services and increase productivity and efficiency. These improvements will also be enabled by the development of a range of Information Communication Technology (ICT) and eHealth initiatives to support awareness and improved responses to meeting mental health needs of the general population.

Mental health services are increasingly operating in a more regulated environment. This enhanced regulation is welcomed as it contributes to patient safety and quality of care. Best practice guidance will be further expanded as one strand of a more proactive approach to patient safety.

In 2021, Community Healthcare West (CHW) mental health Service will provide an agreed level of mental health services with risk assessed, realistic and achievable efficiencies applied to ensure that we operate within our allocated budget.

6.3 Priorities and Actions

- Progress the implementation of national mental health strategy, including *Sharing the Vision: A Mental Health Policy for Everyone* and *Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020*
- Progress the roll-out of accessible integrated mental healthcare programmes in line with the HSE Corporate Plan
- Design integrated, evidence-based and recovery-focused mental health services
- Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements
- Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services
- Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure

Priority	Action	Delivery Timeline
Progress the implementation of national mental health strategy, including <i>Sharing the Vision: A Mental Health Policy for Everyone</i> and <i>Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020</i>	Continue to progress initiatives and interventions in line with <i>Connecting for Life</i> national implementation plan 2020-2022.	Q4
	Develop a sustainable costed plan for the governance, model of services and implementation of the national policy for mental health – <i>Sharing the Vision: A Mental Health Policy for Everyone</i> .	Q3
Progress the roll-out of accessible integrated mental healthcare programmes in line with the HSE Corporate Plan	Development of multidisciplinary 7/7 services ,including multidisciplinary home based crisis resolution teams across CHW, in line with best practice to include the examination of Crisis Cafe provision and other alternatives to A&E out of hour presentations.	Q1 - Q4
	Further development of Perinatal Services in Community Healthcare West.	
	Further development of Mental Health Intellectual Disability (MHID) services in Galway/Roscommon area with the recruitment of an additional MHID Consultant.	
	Review of external placements with an MHID diagnosis with a view of establishing an appropriate alternative service in Community Healthcare West.	
	Establishment of the CAMHS eating	

	disorder specialist service.	
	Develop a training programme for other agencies working with homeless population –Simon, COPE, city and county Councils to increase their skill set in working with the homeless population – Workshops on Trauma informed practices, Mental Health Act, how to work with challenging behaviour etc. This is to improve skills and to enhance inter-agency working.	Q 3
	Delivery of ‘Mental Health First Aid’ training to members of the Travelling community.	Q4
Design integrated, evidence-based and recovery-focused mental health services	Developing a strategy document for Rehab and Recovery Services across the region that is co-produced and integrates the work of all disciplines supporting service users pathways in and out of Rehab and Recovery Teams/ services. This document will be the blueprint for how rehab and recovery services are delivered for the next number of years.	Q1 - Q 4
	Further develop the Project Team to oversee the full implementation of the 27 recommendations laid out in the <i>Roscommon Report</i> .	Q1 - Q4
	Continued Implementation of the Tobacco Free Campus policy in all approved centres and Community Residences.	Q1 - Q4
	Further roll out the actions identified in the Community Healthcare West Recovery Framework Implementation plan.	Q1 - Q4
	Examine the sustainability of the provision of Tenancy Support Workers.	Q3
	Roll out the review of Daycentre and Training Centre service provision across Mental Health Services in Community Healthcare West.	Q1 - Q4
	Further implementation of the HSE National Standardised Process for Incident Reporting, Management and Investigation.	Q1 - Q 4
	Housing Co-ordination – Our Service will establish a community facing social model of service provision, providing robust wrap around services linking with housing bodies to support service users	Q 4

	transition to community living.	
Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements	Develop a guidance document on supporting families bereaved by suicide. This will be social work led – developing a Bereavement support pack for families as well as guidance and training to new social work staff (induction) on the facilitation of complex interdisciplinary meetings with families bereaved by suicide. This is in conjunction with the Connecting for Life Initiative meeting their recommendation in Improving Bereavement Suicide Supports in Ireland (Action 4.9.1).	Q2 - Q 4
	Develop standard Recovery care plan template for community mental health teams across the Region.	Q1 -Q4
	Establish a Mother & Baby Home Counselling Service.	Q1 – Q4
	The National Counselling service in CHW will create video talks for the public around how to access the service and what to expect on admission.	Q3
Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services	Continue with improvement of Mental Health Service provision through the strengthening of existing Service Reform Fund (SRF) initiatives. ,	Q1 - Q4
	Design of culturally sensitive and literacy friendly leaflets/resources on pathways to access mental health services for members of the Travelling community.	Q4
	Continue the work of the local Mental Health Engagement office, facilitating Area Forum service user feedback on current mental health service provision to Community Healthcare West Mental Health Area Management Teams.	Q1 -Q4
	Further enhancement of the overarching Area Management Team (AMT) for the whole of Community Healthcare West which will produce a strategic plan for the service going forward.	Q1 - Q4
	Further development of the CAMHS & Poll day hospital facilities along with the telemedicine hub at former Rosalie Site in Roscommon.	Q1 - Q4
	Coproduce with service users a strategy document on Rehab and Recovery services.	Q1 - Q4
Enable the provision of mental health services by highly trained and engaged	Delivery of workshops called 'Promoting Diversity and Equality in Mental Health Practice – The Traveller	Q1 - Q 4

staff and fit for purpose infrastructure	voice'. The workshops aim at creating cultural competency among mental health service providers.	
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Section 7: Disability Services

7.1 Introduction

Disability services support and enable people with disabilities to live the life of their choosing in their own homes and communities, through services, supports and environments, designed and adapted as necessary to meet their needs, enabling them to live ordinary lives in ordinary places as independently as possible. Building on the Transforming Lives Policy and in line with the UN Convention on the Rights of Persons with a Disability, we will work to reimagine and strategically change disability services. This will be done through a co-ordinated and focused approach. It will be delivered through collaborative engagement of relevant Government departments, service users and their families, service providers and representative bodies, and the national clinical programme for people with disabilities. This will ensure services are the most responsive, person-centred model achievable with greater flexibility and choice for the service-user and are delivered in an operationally and financially sustainable model while at all times keeping our service users and staff safe in a Covid environment.

Services Provided

Disability services across Community Healthcare West are provided to those with physical, sensory, intellectual disability and autism in community, day, respite and residential settings. Services include personal assistant, home support, multi-disciplinary and other community supports. Services are delivered through a mix of HSE direct provision as well as through non-statutory section 38 / 39 service providers and private providers in line with Public Health guidance.

7.2 Issues and Opportunities

Issues

The provision of day services, respite and PA services and to meet the level of changing needs across Community Healthcare West Disability Services during 2021 in the COVID-19 environment and in line with Public Health guidance will be a challenge for the service.

Recruiting the appropriately qualified and necessary staff including 3 Children Disability Network Managers to complete the reconfiguration of Children's Services during 2021 across Community Healthcare West.

Meeting the set targets for decongregation of the Mayo Community Living campus due to delays in completing works on the properties acquired within the COVID-19 environment.

Increasing and maximising capacity in the provision of Day Services to service users in line with Public Health guidance.

Opportunities

- Deliver high quality and safe residential and respite care to persons with disabilities and their families in the COVID-19 environment.
- Finalise the reconfiguration of the Galway Roscommon ASD (Autism Spectrum Disorder) services in line with the establishment of the Progressing Disability Services Network Teams for children and young people concluding the reconfiguration of Children's Services.
- Progress implementation of *Time to Move on from Congregated Settings – A Strategy for Community Inclusion* with the further decongregation of Mayo Community Living which in 2021 includes four additional houses opening in the community with 12 individuals moving from on site to their new homes. A further 4 individuals will move in to the community from the John Paul Centre Brothers of Charity Services Galway
- Continue to implement the Disability Act 2005 – including assessment of need.
- Advance the personalised budgets demonstration projects.

- Progress the full implementation of agreed Joint Protocols underpinning Interagency Arrangements between HSE Disability Services in partnership with the Child and Family Agency.

7.3 Priorities and Actions

Priority	Action	Delivery Timeline
Continue to implement the Disability Act 2005 – including assessment of need	Reduce the waiting times for assessment of need in 2021.	Q1-Q4
	Meet the set monthly targets for the number of assessment of needs(needs assessments) to be completed each month throughout the year.	Q1-Q4
Provide high quality and safe residential and respite care to persons with disabilities and their families	Provide the maximum level of high quality and safe residential care to persons with disabilities during 2021 in line with Public Health guidance across the region.	Q1-Q4
	Participate in Staff Serial Testing Programmes in order to keep our residents and staff safe in residential care facilities.	Q1-Q4
	Support the provision of safe respite services across Community Healthcare West in line with Public Health guidance.	Q1-Q4
	Support the provision of safe alternative innovative models of day respite in the COVID-19 environment.	Q1-Q4
Reconfiguration of Children's Services	Continue the establishment of the Progressing Disability Services for Children and Young People (0-18) 9 Network Teams <ul style="list-style-type: none"> • The recruitment of 3 vacant positions. • Finalise the team composition in each network. • Establish the required governance structures. • Deliver on agreed implementation plan. 	Q1-Q2
	Finalise the reconfiguration of the ASD Services in line with the establishment of the Progressing Disability Services Network Teams for children and young people	Q1
Provision of Day Services	Provide the maximum level of Day Services and supports safely to	Q1-Q4

	persons with disabilities in line with Public Health guidance including young people due to leave school to rehabilitative training, encompassing profiling all School Leavers and analysis of profiling data to inform funding.	
	Support the provision of the maximum additional capacity in Day Services across Community Healthcare West safely possible throughout 2021 including initiatives involving transport, rental of community spaces and building refurbishments in line with Public Health guidance.	Q1-Q4
	Support the repatriation of Day Service staff from residential services in order to increase capacity within Day Service provision during 2021.	Q1-Q4
	Promote more accessible remote supports for day service attendees through improvements in Service Providers IT infrastructure.	Q1-Q4
Further progress implementation of Time to Move on from Congregated Settings – A Strategy for Community Inclusion	Progress plans for meeting the housing requirements of residents prioritised to transition from congregated settings during 2021 by working in partnership with Approved Housing Bodies, Local Authority Housing Department and HSE Estates.	Q1-Q4
	Continue to support people to live healthy and safe lifestyles to move safely to homes in the community during 2021, including 15 individuals currently on the Mayo Community Living Campus and 4 individuals in the John Paul Centre Brothers of Charity Services Galway.	Q1-Q4
Continue to deliver a safe high quality personal assistant (PA) and home support service	Deliver the maximum level of home support and PA hours as is safely possible within the COVID-19 environment to in excess of 1100 people with disabilities across Community Healthcare West in line with Public Health guidance.	Q1-Q4
	Work in partnership with our colleagues in Older Person Services to support older people with disabilities to	Q1-Q4

	remain in their own homes for as long as possible where possible through the provision of a Home Support service.	
	Supporting staff safety through the promotion of regular temperature checks, the training in the correct wearing of PPE while promoting Social Distancing measures where possible in the COVID-19 environment in order to maintain sustainable and safe staffing levels to provide service.	Q1-Q4
Progress the roll-out of the revised HSE safeguarding policy in line with DoH national health sector adult safeguarding policy	Implement the new revised Safeguarding Vulnerable Persons at Risk of Abuse – National Policy during 2021 across services in Community Healthcare West.	Q1-Q4
	Prepare for the introduction of Health Information and Quality Authority (HIQA) / Mental Health Commission (MHC) new national standards in adult safeguarding.	Q1-Q4
Progress personal budgets demonstration projects	Continue to empower service users and provide them with increased choice, independence and control over their everyday lives in line with the Personalised Budgets policy.	Q1-Q4
Joint Protocols HSE Disability Services/Child and Family Agency	Progress the full implementation of agreed Joint Protocols underpinning Interagency Arrangements between HSE Disability Services in partnership with the Child and Family Agency.	Q1-Q4

Section 8: Older Persons Services

8.1 Introduction

Services for older persons are delivered, is so far as possible, in their own homes and within their own communities.

Older persons' services have been undergoing strategic change to ensure that they reflect current contexts and future requirements in order to meet the needs of an ageing demographic. The emphasis will be to deliver a new model of integrated, older person services across a care continuum as part of the Enhanced Community Care (ECC) Programme. This includes minimising referrals and admission to acute settings or, when admitted, facilitating discharge through a designated pathway in order to maximise the potential for remaining at home and in turn reducing the requirement for long-term residential care.

Services Provided

A wide range of services for Older People are provided across Community Healthcare West including home supports, day care, community supports provided in partnership with voluntary groups, intermediate care (both residential and in the home), respite, as well as long stay residential care when remaining at home is no longer feasible. Currently, services are provided across a number of settings and are delivered, either directly by the HSE or through service arrangements with voluntary, not for profit and private providers. Community Healthcare West has developed a number of integrated pathways with the Saolta Hospital Group and the primary focus along with supporting the Covid-19 vaccination programme in 2021 for Older People will be the progression of the Integrated Care Programme Older People (ICPOP) model of care aligned to two networks in the Team 1 area (mid Galway) and Team 2 area (East Galway/South/North Roscommon). An updated Project Plan will be put in place to progress the work based on the funding allocation received by Older Persons Service, Community Healthcare West to ensure service design in key pathways is aligned to the services being delivered. It will include the reduction in unnecessary hospital admissions, lengths of stay and re-admission rates of older persons to the acute hospitals.

8.2 Issues and Opportunities

Implementation of the Winter Plan 20/2021

- Implementing the Winter Plan targets set for Community Healthcare West across Older People Services including: -
- 25 Intermediate care beds in St. Brendan's CNU Loughrea.
- Additional 499, 000 Home Support hours.
- Establishing ICPOP Teams aligned to Community Healthcare Networks and the Chronic Diseases Programme.
- Implement Home First policy
- Working in conjunction with Alzheimer's Society of Ireland who will employ Dementia Advisors. .

Retention and recruitment of staff:

- Achieving required target of Home Support hours across the region including an additional 499, 000 hours in the context of a 'home first' approach and the challenges presented in recruiting sufficient Carers in some parts of Community Healthcare West.
- The challenge in a COVID-19 environment of having sufficient and appropriately qualified staff and management available to staff Community Nursing Units while successfully retaining as well as attracting and recruiting additional staff in line with reducing the dependency for agency staff.

Delivery of Older People Services in COVID-19 environment:

- An increasing elderly population year on year is seeing further demands being placed on Older People Services across Community Healthcare West. The delivery of safe services including Home Support, long

stay residential care, the resumption of Day Care Services along with the restoration and availability of a respite care service for older persons in a COVID-19 environment is a challenge for the service in 2021.

- Support the delivery of re-ablement packages in the community in line with national target set for Community Healthcare West to facilitate the discharge of older persons back to their home.
- Supporting the implementation of the Nursing Home Expert Panel recommendations across Older People Service during 2021 including providing COVID-19 support to the private Nursing Homes sector across the region.
- Support the Covid-19 vaccination programme in 2021 for Older People across Community Healthcare West in residential and community settings.

Resource constraints:

- Achieving a 'home first' approach through the delivery of the Home Support target hours for Community Healthcare West of 2,552,320 million hours with a total budget allocation of €62.784m to maximise the potential for older persons to remain in their own homes.
- Meeting HIQA compliance and standards whilst delivering safe services in line with Public Health guidance and Infection Prevention and Control requirements within current Community Nursing Units infrastructures.
- Reaching and maintaining 95% occupancy rates in some Community Nursing Units, especially in units with multi- occupancy rooms across Community Healthcare West while maintaining the equivalent level of income in a COVID-19 environment.
- Delivering safe care and services across Older Persons long stay residential services including the resumption of Day Care Services and the restoration of a respite service to older persons in the community across the region within the resources allocated.
- The multi- occupancy rooms in Merlin Park, Sacred Heart Roscommon and in St Anne's Clifden will be in breach of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 as amended through HIQA, which allowed registered providers until the end of 2021 to demonstrate compliance with Regulation 17 and Schedule 6 of the 2013 care and welfare regulations. Community Healthcare West is working closely with Estates to progress the new builds in Merlin Park, Clifden & Roscommon, issues such as planning permission; redesign of replacement facilities is likely to impact on this programme. Community Healthcare West is liaising with Estates to overcome issues on all aspects of the Capital Plan for the delivery of replacement buildings in these 3 areas. The timeframe on these projects is continually being reassessed due to the impact of Covid-19 and other external factors.

8.3 Priorities and Actions

Priority	Action	Delivery Timeline
Implementation of the Winter Plan	Open 25 Short Stay beds in St. Brendan's CNU and recruit the staff required to support this service.	Q1
	Successfully recruit and retain sufficient Carers to provide the additional 499,000 Home Support hours across the region.	Q1-Q4
	Establish 2 specialised Teams with bases in Galway city and Ballinasloe area for implementation of the ICPOP model of care.	Q1-Q4
	Support the delivery of re-ablement packages in line with national target set for Community Healthcare West.	Q1-Q4

	Support and actively work with the Dementia Advisor to be recruited by the Alzheimer's Society of Ireland as part of the Winter Plan.	Q1-Q4
Community Beds	In relation to timely discharge from hospitals: Repurposing some existing Centres through refurbishments and extensions The conversion of existing beds to Rehabilitation beds Repurposing unoccupied Nursing Home Support Scheme (NHSS) beds Obtaining additional capacity from the private sector	Q1-Q4
	To provide care to the elderly population: Support older people to live as independently as possible in their own homes and communities To deliver care in the Community, where appropriate Reduce the percentage of the population of over 65 years in NHSS nursing homes to 2% Enhance service delivery models in residential care settings Reduce hospital bed day use by over 65 years	Q1-Q4
	OPS will be funded to purchase a number of private beds.	Q1-Q4
Progress the roll out of the Single Assessment Tool (InterRAI Ireland)	Continue to roll out Single Assessment Tool, InterRAI Ireland and its use to assess levels of dependencies for long term care applications and in Home Support in preparation for the introduction of the statutory home support system	Q1-Q2
	Support the use of the new preliminary assessment tools across Community Nursing Units for falls related Serious Reportable events and continue to support the positive ageing actions which have been developed for	Q1-Q4

	Community Healthcare West's Healthy Ireland Plan and to support those older persons recovering from COVID-19.	
Provision of Day Care Services	Reopen day care centres and resume the provision of day care services safely in line with public health guidance as early as possible, and in the interim continue to support clients living independently by phone or remotely through services like meals on wheels which provide nutritional food as well as social support as part of the delivery process.	Q1-Q4
	Reconfigure some Day Care Services to meet the different needs of clients that are currently co-located in residential care facilities.	Q1-Q4
Provision of Home Support	The delivery of 2,552,320 million hours of Home Support across the region which includes an additional 499, 000 hours in 2021.	Q1-Q4
	Recruit and provide work location bases for an additional 13.5 wte Deputy Home Help Co-ordinators and a 0.5wte Home Help Co-ordinator which will include a 5th Home Support Team for Mayo based in Swinford within the Home Support Services.	Q1-Q4
	Support the establishment of a Home Support Audit Team including the appointment during 2021 of a Grade VII, a Grade IV administrator and 2 nursing posts.	Q1-Q3
Maintain Community and Voluntary Supports	Support older persons' to remain in their own homes and communities including the provision of Day Care services, Meals on Wheels, social contact initiatives and Dementia care projects through Section 39 Grants/GAA/Lottery funding into projects and initiatives	Q1-Q4
The Irish National Dementia Strategy	Continue to support the implementation of Dementia-specific quality improvement initiatives within Older Persons' Services through national grants scheme.	Q1-Q4

	Implement the recommendations of the Community Healthcare West Report 2020 on Dementia Services across the region	Q1-Q4
	Continue with the implementation of the actions in the Community Healthcare West Healthy Ireland Plan in respect of Dementia Care and to also support the two WTE additional staff resources now available for Memory Resource Technology.	Q1-Q4
Delivering safe care and services to residents in residential care facilities	Deliver safe care and services to residents of residential care facilities across the region in the COVID-19 environment in line with the Health Service Capacity review 2018, Sláintecare and the learning from the COVID-19 pandemic in IPC HPSC guidance.	Q1-Q4
	Work with HSE Estates to progress improvements in the physical environments in our District Hospitals across Community Healthcare West during 2021 to redress Infection Prevention and Control deficits taking on board the learning from Covid 19 to enhance resident's quality of life.	Q1-Q4
	Advance Capital Plan projects including the commencement of the new Tuam CNU, the progression through planning issues in Clifden, Merlin Park and Roscommon CNUs and action plans for the District Hospitals.	Q1-Q4
Implementation of the Nursing Home Expert Panel	Implement recommendations in the Nursing Home Expert Panel.	Q1-Q4
	Support private Nursing Homes in Covid-19 Outbreak and support them in the prevention of Covid-19 Outbreak.	Q1-Q4
Provision of Transitional Care	Reduce the number of delayed discharges from acute hospitals across Community Healthcare West by working on a Home First approach through facilitating an increase in Home Care Packages, access to convalescent care beds and short stay beds to facilitate their discharge to	Q1-Q4

	home.	
	Prevent delayed discharges of patients from acute hospitals to Nursing Homes through the provision of Transitional Care Funding for those patients finalising their NHSS applications.	Q1-Q4
Nursing Home Support Scheme (NHSS)	Support the reconfiguration of the nursing home support offices to improve services to the public through centralisation of the NHSS service nationally.	Q1-Q4
Support the Reform Programme	Support the National Service Plan through Sláintecare initiatives and the integration of Community Services for older people with Acute Hospital services to achieve an integrated workforce.	Q1-Q4
OPS COVID-19 Response Plan	Continue to provide Serial Testing for Healthcare Workers to keep residents and staff safe in Residential Care Facilities, both public and private.	Q1-Q4
	Provide the necessary equipment including PPE and an oxygen supply to all private as well as public Residential Care Facilities across the region.	Q1-Q4
	Provide and facilitate the roll out of a vaccination programme for the Flu Vaccine as well as the COVID-19 Vaccine when it becomes available for use across Older People Services.	Q1-Q4
	Together with Public Health hold Outbreak Control Committee meetings to support Public Health with the management of COVID-19 Outbreaks in Residential Care Facilities across the region.	Q1-Q4
	Provide and facilitate the provision of Infection Prevention and Control training and education to all Health Care Workers across Older People Services in CNUs, District Hospitals and Home Support Services.	Q1-Q4
	Provide ongoing support to the private Nursing Home Sector across the region during the COVID-19 pandemic	Q1-Q4

	Support the Covid Vaccination Programme in CNU's, District Hospitals and Home Support Care Assistants as well as all Healthcare workers in Older People's Services.	Q1-Q2
Support the Safeguarding Policy Implementation Team to progress the roll-out of the revised HSE safeguarding policy in line with DoH national health sector adult safeguarding policy	Support the roll-out and implementation of the revised HSE Safeguarding policy across Older Persons' Services during 2021 and support the transfer of the Safeguarding Team to the Quality, Safety and Service Improvement Division.	Q1-Q4
Sláintecare Integration fund	Continue to support the implementation of the Sláintecare Action Plan for 2020 – 2022 through Older Persons Services projects and services funded under the Sláintecare Integration Fund including funding for the ICPOP project that will continue into July 2021 and then amalgamate with the ICPOP Teams being put in place.	Q1-Q4

Section 9: Health and Wellbeing

9.1 Introduction

Population health and wellbeing is about reforming and changing how health and social care services are planned and delivered so as to keep people healthy and well and reduce the likelihood of disease and premature mortality – especially for individuals and communities at risk.

Services Provided

Population health and wellbeing services take a whole of population approach to supporting people to stay healthy and well throughout their lives, working collaboratively at national and local level in Galway, Mayo and Roscommon to implement the Healthy Ireland Actions prioritised in the HSE Corporate Plan 2021-2024, the Community Healthcare West Healthy Ireland Plan 2018-2022 and the 2021 Winter Plan, to deliver improved population health outcomes for all.

We have several HSE services with local responsibility to protect health, promote and improve health, intervene early and prevent disease onset. Illness prevention aims to improve our population's health and wellbeing. This means targeting services and interventions to address health inequalities as well as environmental and lifestyle risk factors. It also means reducing morbidity by facilitating cross-sectoral policy and partnerships to address the broader social determinants of health. An enhanced focus by health services on prevention is recognised by the World Health Organisation (WHO), the EU and Sláintecare as a core tenet of building a sustainable health service.

Research undertaken by the Central Statistics Office and research commissioned by the HSE and Department of Health highlight the significant impact the COVID-19 pandemic continues to have on the health and wellbeing of our staff and the wider public. Research has highlighted the need for health information and interventions to be made more accessible to all parts of our society. A rapidly expanding evidence base shows that smoking increases the risk of COVID-19 infection (hand to mouth action), obesity is linked to COVID-19 disease severity, and the evidence shows rising levels of alcohol consumption during the pandemic.

Given the impact of Covid-19 on service interruptions, including preventative health priorities, we need to re-set and strengthen collaborative working across a variety of settings in the community, hospitals, local authorities, education and workplaces to implement the National Healthy Ireland Framework in our local communities in Galway, Mayo and Roscommon. In doing this, we will provide staff with training and skills development to enable improved local delivery of standardised services to target improved health outcomes at local community level and among specific groups, especially for people most at risk. The inclusion of health and wellbeing priorities, programmes and interventions at Community Healthcare West (CHW) and Saolta Hospital Group level continues to be a priority so as to ensure primary prevention, health promotion and improvement are embedded within all aspects of health and social care service delivery.

Health and Wellbeing services will work collaboratively with the National Health and Wellbeing Offices along with our statutory, community and voluntary partners in Galway, Mayo and Roscommon to implement the *Healthy Ireland* Framework's priorities as set out in our local Healthy Ireland Plan 2018-2022, the HSE Corporate Plan and the HSE's 2021 Winter Plan to deliver improved population health outcomes for all.

We will work with the national *Healthy Ireland* office, the National Health and Wellbeing offices and national Policy Priority Programmes to deliver a range of government agreed targets and performance indicators, in the context of the challenges presented by Covid 19. The programmes (tobacco, alcohol, healthy eating and active living, sexual health and crisis pregnancy, mental health and wellbeing, healthy childhood and staff health and wellbeing) provide expertise and drive the HSE strategic response to address known preventable lifestyle risk factors by designing and developing evidence-based best practice policies, programmes, communication campaigns and services

Community Healthcare West and the Saolta Hospital Group will continue to work in partnership to implement their comprehensive *Healthy Ireland* plans to deliver upon the health and wellbeing reform agenda locally, and improve the health and wellbeing of the local population by reducing the burden of chronic disease and improving staff health and wellbeing

Winter Plan/Enhanced Community Care Developments

- There will be significant investment (8.4 WTE) in Health Promotion and Improvement (HP&I) and Smoking Cessation staff within 6 Community Health Networks and 2 Chronic Disease Hubs in Phase 1 of the Plan and additional resources will be forthcoming in Phase 2 Winter monies. This will ensure that prevention, early intervention and self-care support is embedded within the Community Health Network model. Together with the resources and integration of the Health Promotion and Improvement Services that took place in Q1 2020, this will allow for the development and provision of HP&I support and activities within every Community Health Network.
- Local health and wellbeing priorities, programmes and interventions will focus in particular on disease prevention in order to improve health and reduce morbidity, especially focusing on communities at risk (people who are homeless, refugees, asylum seekers, Traveller, Roma, members of LGBTI+ community, people with enduring mental health problems).
- Activities for wellbeing, health promotion and disease prevention will include public health education initiatives, health promotion, behaviour modification initiatives, risk communication and behavioural support, health messaging, social connectivity and community enablement.

9.2 Issues and Opportunities

Unhealthy lifestyle choices such as those related to diet, exercise, smoking and alcohol use are resulting in increased levels of chronic disease amongst our population and are driving demand for health services.

Individual lifestyle choices are heavily influenced by social and economic circumstances. A whole system approach involving cross government and cross-societal actions are required to help our community and especially our most vulnerable and deprived communities. Building on Sláintecare and HSE structural reforms and enablers creates greater capacity within the organisation to lead and deliver upon the health and wellbeing reform agenda. This is resource dependent.

The increase in population diversity, particularly in Galway city, coupled with the challenge of engaging with marginalised, disadvantaged groups requires the need to future proof Health and Wellbeing programmes by adopting a health inequalities lens to remove barriers of access and to ensure no one gets left behind. Closer collaboration with our partners in Social Inclusion will ensure that our future plans are effectively segmented and targeted to ensure population-wide engagement and delivery. The appointment of 8 Health Promotion and Improvement Officers in Phase 1 of the Winter Plan/Enhanced Community Care Plan to join the multidisciplinary teams in both the Community Specialist Teams (Hubs) and Community Health Networks will facilitate closer integration between the prevention of lifestyle risk factors for chronic illness and its early intervention and management in the community.

In addition, a detailed national framework 'Living Well with Chronic Conditions' has been developed which outlines how to progress implementation of Self-Management Support (SMS) for chronic diseases such as Chronic Obstructive Pulmonary Disease, Asthma, Diabetes and Cardiovascular Disease. Through the implementation of the Making Every Contact Count (MECC) Programme, which supports people to change their behaviour in order to improve their health and wellbeing and the Self-Management Support (SMS) Framework, Chronic Disease prevention and management will further be strengthened.

Covid-19 has provided challenges and opportunities in both engaging and interacting with partners and building community capacity through training and collaboration. While adapting to disseminating and delivering our messages on-line has been effective for some programmes and target audiences, for others e.g. The Foundation Programme for Sexual Health Promotion, physical interaction is required between trainers and participants and peer to peer experiential learning is a challenge in a Covid environment. However, our response to investing in multiple forms of delivery will provide a greater client offering going forward.

9.3 Priorities and Actions

Priorities for action in 2021 include:

- Chronic disease prevention and self-management support which enables people to play an active role in their health care
- Winter Plan/Enhanced Community Care development
- An area based disadvantage approach in 2021 to local health and wellbeing improvement
- National Priority Programmes
- Build upon Sláintecare funding and HSE structural reforms and enablers to create greater capacity within the organisation to lead and deliver upon a cross-sectoral health and wellbeing reform agenda
- Implement the Sustainability Plan for the Nurture Infant Health and Wellbeing Programme
- Improve staff health and wellbeing

Priority	Action	Delivery Timeline	Lead
Chronic Disease Management and self-management support	Continue to implement the relevant 2021 Self-management Support Actions from the Community Healthcare West Healthy Ireland Plan 2018-2022 in conjunction with the Project Management Office	Q1-Q4	Head of Service (HoS), Health and Wellbeing in conjunction with all Community Healthcare West HoS; Local Implementation Governance Group (LIGG); SAOLTA
	Work with the Local Implementation Governance Group for Chronic Illness (LIGG) to implement the actions of Living Well with a Chronic Condition: Framework for self-management Support within Community Healthcare West	Q1-Q4	
	Support local implementation of the <i>National Framework for the Integrated Prevention and Management of Chronic Disease in Ireland 2020-2025</i> through the new specialist Chronic Disease Ambulatory Care Hubs and Community Health Network structures in Galway, Mayo and Roscommon	Q1-Q4	
	Deliver 15 on line 6 week <i>Living Well</i> Chronic Disease Self-Management Programme (CDSMP) across Galway, Mayo and Roscommon.	Q1-Q4	
	Develop content on community and hospital-based Self-management Support services for local Community Healthcare West Directories	Q1-Q2	
	Develop and promote resources that support self-management including the dedicated online self-management support	Q1-Q4	

	resource on hse.ie		
	Link with Pulmonary Rehab, Cardiac Rehab, Stroke, Diabetes Service and CROI to provide a referral pathway for clients to stop smoking through the Community Healthcare West (CHW) QUIT Smoking West smoking cessation service	Q1-Q4	
	Further develop the QUIT Smoking West smoking cessation service across Galway, Mayo and Roscommon to provide services to 317 clients with 2 Stop Smoking Advisors in each county providing weekly clinics.	Q1-Q4	
Winter Plan and Enhanced Community Care Development	There will be significant investment in Health Promotion (8.4 WTE) and Smoking Cessation staff (2.0) within 6 Community Healthcare Networks (CHNs) and 2 Chronic Disease Hubs in Phase 1 and additional resources will be forthcoming in Phase 2 Winter Plan monies. This will ensure that prevention; early intervention and self-care support is embedded within the network model. Together with the resources and integration of the Health Promotion and Improvement (HP&I) function that took place in Q1 2020, this will allow for the development and provision of HP&I support and activities within every Community Healthcare Network.	Q2	Head of Service (HoS), Health and Wellbeing in conjunction with All HoS, SAOLTA, Local Authorities, Community and Voluntary Agencies
	With national funding, embed a collaborative approach with statutory, voluntary and community partners to develop an ALONE type model for enhanced community care with particular emphasis on further development of befriending services	Q2-Q4	
	Deliver 15 six week on line <i>Living Well</i> Chronic Disease Self-Management Programmes (CDSMP) across Galway, Mayo and Roscommon	Q1-Q4	
	Continue to support 2 models of Social Prescribing with our community partners in Mayo and Roscommon, financed by Healthy Ireland Funding and the National Office for Suicide Prevention	Q1-Q4	

	Support implementation of the National Making Every Contact Count (MECC) Framework and support 230 staff in Community and Saolta sites to undertake MECC online training with 71 of these staff completing follow on face to face training to hone their skills for 1:1 delivery with clients.	Q1-Q4	
An Area-Based Disadvantage Approach in 2021 to Local Health and Wellbeing Improvement	Develop and implement a Communications Plan for QUIT Smoking West smoking cessation service for both the public and staff (317 people in all) with priority targeting of disadvantaged groups, particularly through advertising in free local papers e.g The Galway Advertiser	Q2	Head of Service (HoS), Health and Wellbeing; HoS, Primary Care
	Working with the Traveller Health Unit and Roma community, continue to support the development and dissemination of culturally appropriate Covid 19 and Flu Vaccination health messaging, including online messaging, leaflets and fridge magnets	Q1-Q4	
National Priority Programmes	Through our Health and Wellbeing nominees, provide support in Galway City and County and Counties Mayo and Roscommon to Local Community Development Committees (LCDCs), Community Response Fora (CRFs) and Children's and Young People's Committees (CYPSCs) in implementing 'Recovery and Resilience 2020-2021' and the national 'Keeping Well' Campaign.	Q4	Head of Service (HoS), Health and Wellbeing; All HoS; SAOLTA; Local Authorities; Community and Voluntary Partners
	Through our Health and Wellbeing nominees, support progression of local projects and initiatives under the Healthy Ireland Fund, the Community Resilience Fund and the National Lottery Grants scheme during 2021	Q4	
	Promote and signpost askaboutalcohol.ie in all Lifestyle Intervention Programmes e.g. Making Every Contact Count, Self-Management Support) for HSE Staff and the public.	Q1-Q4	
	Through the Galway City Alcohol Forum, engage stakeholders in Galway City to	Q1-Q4	

	implement the Galway City Alcohol Strategy		
	Through the Local Community Development Committees (LCDCs) and Healthy City and County Co-ordinators; support roll out and implementation of the Community Cooking Programme: <i>Healthy Food Made Easy</i> in Galway City and County and commence training of local tutors to introduce this programme in Mayo and Roscommon through the provision of 40 courses and 1 Train The Trainer Programme in 2021	Q1-Q4	
	Continue implementation of A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025 particularly by working with Local Sports Partnerships (LSPs) and the GAA Healthy Club Model.	Q1-Q4	
	Develop linkages between existing Health Promotion and Improvement training and programmes and the new Health Promotion and Improvement Officers in Community Healthcare Networks to promote Healthy Food Made Easy, Development of Physical Activity Pathways and referral to Social Prescribing to aid implementation of the HSE Healthy Weight for Children Framework and the Model of Care for Management of Overweight and Obesity (Adults and Children)	Q1-Q4	
	Continue implementation of Get Ireland Active: National Physical Activity Plan for Ireland e.g. Men on the Move programme and Girls Active, and augment this through the development of Physical Activity Pathways and referral to Social Prescribing at Community Network level	Q1-Q4	
	Engage with ParkRun and Local Sports Partnerships in Galway, Mayo and Roscommon to promote targeted physical activity programmes tailored to the different population groups	Q1-Q4	
	Engage with Primary and Secondary Schools to support the continued implementation of Health Promotion Programmes	Q1-Q4	

	and Initiatives by offering online refresher sessions to teachers who have already (pre Covid) attended training in Minding Your Wellbeing, Zippy's Friends and Know The Score programmes for children.		
	Support 65 Tobacco Free Campus Implementation Sites, per national guidance	Q1-Q4	
	In partnership with the recently appointed Flu Lead, promote the uptake of the Flu Vaccine amongst over 65s, in particular residents in long-term care facilities and Community Healthcare West staff	Q1 and Q4	
	Implement the National Men's Health Action Plan 2017-2021: <ul style="list-style-type: none"> • In collaboration with The National Men's Health Forum providing 2 Men in the Middle Courses to support middle-aged men's mental health • In collaboration with Teagasc providing 3 On Feirm Ground Train The Trainer Courses to support men's health • Continue to work with the Men's Shed Association and Local Sports Partnerships in Galway, Mayo and Roscommon 	Q1-Q4	
	Continue to develop the Engage programme to promote positive mental health and healthier lifestyles for younger men.	Q1-Q4	
	Partner, through the Community Healthcare West, Healthy Ireland Implementation Plan's Sexual Health Sub Group, local groups to develop Galway as a HIV Fast Track City and support Sexual Health West Network to promote Sexual Health. The provision of one 10-day Foundation Programme in Sexual Health Promotion face-to-face training (subject to Covid restrictions) will assist in this.	Q1-Q4	
	Support the Implementation of Connecting for Life; the National Suicide Prevention strategy, through ongoing engagement with community groups and initiatives with special emphasis on marginalised groups e.g. Traveller Men.	Q1-Q4	

	Support the further development of the Eden Suicide Prevention Programme throughout Community Healthcare West in conjunction with partners on the Community Response Fora and the Local Community Development Committees	Q1-Q4	
	Continue engagement with library services in Galway, Mayo and Roscommon to deliver "Healthy Ireland at Your Library initiative."	Q1-Q4	
	Continue the change management process (interrupted by Covid19) of integrating Health Promotion and Improvement into Health and Wellbeing in Community Healthcare West, in tandem with the development of Chronic Disease Hubs and Community Health Networks	Q3	
	Continue to engage with Healthy Cities and Counties Steering Groups and Sub Groups to implement Health and Wellbeing actions in their Healthy Ireland Plans and positively influence the use of national funding streams	Q1-Q4	
	Through our Health and Wellbeing nominees, continue to support the implementation of the SAOLTA Healthy Ireland Implementation Plan	Q1-Q4	
	Continue to strengthen partnership working and support Local Community Development Committees (LDCCs) in embedding health and wellbeing activities in our Healthy City and Counties Plans and Local Economic and Community Plans (LECPs).	Q1-Q4	
	Continue to provide leadership to the Community Healthcare West Children First Operational Steering Committee	Q1-Q4	
	Improve the Health and Wellbeing of Children through continuation of "Book Magic" in partnership with Children and Young Peoples Services Committee (CYPSC), Tusla and the library service in Mayo.	Q1-Q4	
	Through the Head of Service and General Manager, support national rollout of the Covid-19 vaccination campaign, when vaccine is available.	Q4	

Build upon Sláintecare funding and HSE structural reforms and enablers to create greater capacity within the organisation to lead and deliver upon a cross-sectoral health and wellbeing reform agenda	Through the local Health and Wellbeing National Lottery Grants Governance Group, influence and guide local voluntary and community groups to advance the Health and Wellbeing agenda through grass roots local implementation facilitated	Q1-Q4	Head of Service (HoS), Health and Wellbeing in conjunction with All HoS, SAOLTA, Local Authorities, Community and Voluntary Partners
	Continue to support 2 models of Social Prescribing with our community partners in Mayo and Roscommon, financed by Healthy Ireland Funding and the National Office for Suicide Prevention	Q1-Q4	
	Partner (through the Community Healthcare West Healthy Ireland Implementation Plan Sexual Health Sub Group) local groups to develop Galway as an HIV Fast Track City and support Sexual Health West to promote sexual health.	Q2-Q4	
	Through the Community Healthcare West Regional Local Community Development Committee, improve coordination, collaboration and input to multi-agency partnerships to ensure joined up approaches to public health priorities, particularly to address health inequalities in communities at risk.	Q1-Q4	
Implement the Sustainability Plan for the Nurture Infant Health and Wellbeing Programme	Leverage our partnerships across our local communities, professional bodies and the public to promote the importance of effecting positive change in children's health and wellbeing, in conjunction with the Child Health Governance Group and the Child Health Development Programme Lead	Q1-Q4	Head of Service (HoS), Health and Wellbeing in conjunction with HoS, Primary Care, Public Health, GPs, TUSLA, CYPSCs
	Chair and re-organise the structure and remit of the Child Health Governance Group to meet national priorities	Q1-Q4	
	Support implementation of the Nurture Programme for 0-3 year olds, in conjunction with the Children's and Young People's Services Committees in Galway, Mayo and Roscommon	Q1-Q4	
	Working with Galway City Partnership, continue to develop and deliver "Feeding your Baby" weaning online workshops during Covid 19	Q1-Q4	
	Continue to Chair sub Groups	Q1-Q4	

	and implement Early Years Plans for Galway, Mayo and Roscommon in collaboration with Children's and Young People's Services Committees (CYPSCs)		
	Continue to lead the Community Healthcare West Regional Breastfeeding Forum and, in partnership with Saolta, improve breastfeeding rates in Galway, Mayo and Roscommon in line with the <i>Health Service Breastfeeding Action Plan 2016-2021</i> i.e. 2% annual increase	Q1-Q4	
	Finalise the development of systems approach to active play in Galway City in collaboration with NUIG and commence implementation of actions to support recommended physical activity guidelines for 0-3s	Q3-Q4	
Improve staff health and wellbeing	Continue to support the implementation of evidence-based staff health and wellbeing initiatives based on findings from Covid 19 Surveys e.g. <i>Minding Your Wellbeing</i>	Q1-Q4	Head of Service, Health and Wellbeing, All HoS, All Directors of Functions
	Continue to support staff in the Health and Wellbeing Division to undertake statutory and mandatory training in the area of Occupational Health and Safety (e.g. Biological Agents, manual Handling, Management of Workplace Stress) and ensure sign-off on relevant Policies and Procedures	Q1-Q4	
	Develop local Calendar of initiatives in tandem with the National Staff Health and Wellbeing Calendar 2021	Q1-Q4	
	Provide a smoking cessation service and free Nicotine Replacement Therapy for staff across Community Healthcare West.	Q1-Q4	
	Promote Positive Mental Health (<i>Minding Your Wellbeing</i> , Stress Control, and Small Daily Steps) via on line and face to face programmes.	Q1-Q4	
	Provide tools and initiatives to combat Sedentary Work practices e.g. <i>MoveMore@Work</i> ; On-line Chair based exercises	Q1-Q4	
	Promote the annual Community Healthcare West Staff Step Challenge for all staff	Q1	
	Promote, through local	Q1-Q4	

	advertising, further development of workplace green spaces and outdoor recreational areas for all staff, with financial support from the National Healthy Ireland Staff Health and Wellbeing Fund		
	Disseminate the Community Healthcare West Staff Health and Wellbeing Guide to all staff and incorporate into the staff induction process in collaboration with Service Managers, and the Leadership, Education and Talent Development Dept.	Q1	
	Support the Mental Health and Wellbeing of staff through the provision of online courses, guides, translating the messages of the Little Things National Media Campaign to the HSE workplace and signposting to Employee Assistance Programmes, and in-house and external counselling.	Q1-Q4	
	Reinvigorate Workplace Choirs in Merlin Park Hospital, Galway and St. Mary's Hospital, Castlebar (post Covid)	Q3-Q4	
	Support workplace champions to promote staff health and wellbeing initiatives in Galway, Mayo and Roscommon	Q1-Q4	
	Implement the National Healthy Workplace Framework when available in collaboration with the Community Healthcare West Staff Health and Wellbeing Committee	Q4	

Section 10: Finance

10.1 Introduction:

Community Healthcare West (Area 2) is notified of its 2021 budget by individual care group (Primary Care; Mental Health Services; Older Person Services and Disability Services) and services are accountable on this basis. The 2021 allocation for Community Healthcare West is €548.30m and is an increase of €46.2m over 2020 Operational Plan budget of €502.1m. This equates to significant investment in the development of new services in each division. Other development funding will be made available during 2021 with the delivery of the 2020/21 Winter Plan and the enhancement of Community Service Teams.

10.2 Service Challenges and Pressures:

During 2020 Community Healthcare West experienced the financial impact of the ongoing Covid19 crisis and incurred costs of €14.885m for 2020. A supplementary budget allocation in December 2020 addressed this. Expenditure was mainly on Covid19 testing teams and Nursing and other Health Care staff deployed to support Residential Care Homes in the region. This expenditure will continue in 2021 with additional costs associated with the rollout of the various Covid19 vaccination programmes. Our voluntary partners (Section 38 & 39 service providers) incurred proportionately similar costs. They will be subject to the same pressures into 2021. Resumption of services later in the year will require financial and resource planning to ensure that core services have adequate funding in the new environment.

10.3 Funding for New initiatives:

The initial 2021 Community Healthcare West allocation includes welcome significant investment in the development of services in the region. The key focus in Community Healthcare West is the implementation of the 2020/21 Winter Plan and the development of enhanced community services in Primary Care and Older Person Services. Disability Services is in receipt of €10.34m for service developments. These are outlined in more detail in the 2021 Funding Allocation section. Mental Health Services receive a recurring allocation of €15.6m in 2021 towards its core services and an additional funding allocation will be available later in 2021 to fund 28 development posts.

10.4 2021 Funding Allocation:

Primary Care Budget 2020 (Exc. Local Demand Led Schemes)

The 2021 allocation for Primary Care excluding demand led schemes is €115.48m. This is an increase of €7.36m over the 2020 Operational Plan Budget (€108.12m). Included in the Budget is €1.48m towards Pay restoration under National Agreements.

The 2021 allocation for demand led schemes is €21.71m which remains constant. The initial 2021 Primary Care Allocation includes the following amounts for the development of services in the region.

- During 2020 and into 2021 €2.3m additional funding was received towards the maintenance of Palliative Care Services during the Covid19 crisis.
- €0.8m has been allocated towards costs associated with the opening of the Palliative Care facility in Castlebar.
- In the Letter of Allocation for Community Healthcare West indicative funding of €13.8m will be made available to develop Chronic Disease Management teams in the Community and to enhance Community Services. This funding is currently held as part of the National Budget and will be devolved as services are put in place in the Community.

Mental Health Services

The budget of €120.45m for Community Healthcare West in 2021 is an increase of €2.44m on 2020 Operational Plan Budget. Included in the Budget are the following Amounts:

- Additional funding towards Pay Awards of €3.6m

- Funding on a recurring basis of €10.06m towards core service funding deficits
- Once off additional Budget of €1.99m.

Older Persons Services

The total 2021 allocation for Older Persons Services is €108.72m and this represents a (€23.72m) 27.9% increase over the 2020 Operational Plan.

Included in the Budget is €1.74m towards pay restoration under National Agreements.

An additional €14.795m development funding for Home Support services is included. Part of this funding (€1.522m) relates to the full year effect of 2020 development funding and the remaining €13.273 is additional allocation for 2021. This funding will facilitate the significant development of the Home Support service.

Additional funding received will facilitate the development of Integrated Care Teams for Older Persons with the SAOLTA Hospital Group.

€6.2m is included in the 2021 allocation towards the repurposing of Long Term Beds and availability of additional Short Term Beds.

Disability Services

The total 2021 allocation for Disability Services is €202.3m. This is a (€12.6m) 6.7% increase on the 2020 allocation. Included in the 2021 Budget is a €1.69m allocation towards pay restoration under National Agreements.

Development Funding Received includes the following:

- Full Year funding of 2020 Emergency Residential Placements and Home Support Packages €0.99m
- Full Year Funding 2020 School Leavers €1.33m
- Covid19 Costs relating to places associated with Covid19 €0.28m
- Day Service Resumption
- 2021 Emergency and Home Support Developments

10.5 Financial Position

Primary Care

Cost pressures within Primary Care include Medical & Surgical supplies, Incontinence Wear, Aids & Appliances Repair, Logistics costs and ongoing costs associated with the national reception centre for those fleeing conflicts in other countries.

Pay cost pressures associated with agency expenditure on GP replacements in rural areas and offshore islands continues to be a significant cost driver and has increased over the past year.

Mental Health Services

The financial challenge in Mental Health will be to continue with the measures introduced over the past two years in the following areas:

- Overhead and Non Pay efficiencies
- Review of Private Placements
- Agency/Overtime conversion
- Workforce Planning
- Cost control of expenditure in Voluntary Organisations

The ongoing challenge in Mental Health is managing the level of agency and emergency residential placements beyond funded levels while also managing service associated risk. In 2021 the allocation of the additional funding

on a recurring basis will help address a sustainable financial model for Mental Health services while restructuring services.

Older Persons Services

The challenge in Home Support Services in 2021 will be to deliver the target hours in the Winter Plan 2020/21 in line with available resources due to scarcity of suitably qualified staff.

Other factors that influence current cost of care are those associated with maintaining current infrastructure and services to HIQA standards and occupancy rates in some individual units in remote locations.

Disability Services

The ongoing challenge facing Disability services is the provision of emergency residential placements within available funding and the fixed costs relating to the maintenance of the Aras Attracta site following de-congregation of services there.

Local Demand Led Schemes

The 2021 allocation for demand led schemes is €21.71m which remains constant. Cost pressures in Primary Care include Medical & Surgical Supplies, Incontinence Wear, Aids & Appliances Repair and Logistics costs and ongoing costs associated with National Reception Centre for those fleeing conflicts in other countries.

Pay cost pressures associated with agency expenditure on GP replacements in rural areas and offshore island cover continue to be a significant cost driver. Based on current expenditure trends and with the implementation of cost saving initiatives there remains a projected €7.0m challenge in 2021. Continuing emphasis will be on a workforce plan and delivery of value improvement initiatives to address this challenge.

10.6 Service challenges and related risks to the delivery of the plan

The Financial Operational Plan has been prepared on the basis of a range of assumptions and with careful consideration of risks to delivery as outlined below:

1. Delivering a volume of activity in 2021, consistent with available funding and reflecting improved efficiency, which may not respond adequately to needs caused by demographic changes and the Covid19 crisis in 2021.
2. Unfunded Pay Cost Pressures (changes in parental leave/ Job Evaluation / Miscellaneous)
3. Meeting regulatory requirements in the disability sector, long-stay facilities in older persons and mental health services, within the limits of funding available without affecting service levels.
4. Responding adequately to unplanned and unforeseen events in the absence of contingency funding.
5. Lack of Capital investment to replace equipment and vehicles.
6. Inflationary Pressures in maintaining existing levels of services for drugs and other clinical non-pay costs including health technology innovations are not included

Budget summary 2021

Please see Appendix 2, table for full 2021 budgetary breakout.

Section 11: Workforce

11.1 Introduction

Progress continues to be made on delivering on the priorities identified by National Human Resource Division that will result in improved people services across the healthcare system. The Community Healthcare West 2021 objectives will ensure a clear alignment with the *Health Services People Strategy 2019-2024* and the findings from the research examining staffs experiences during COVID-19. Our focus for 2021 is to support the restoration of health and social care services in a COVID-19 environment and address the associated workforce needs. We will also continue to support the implementation of *Sláintecare, Winter Plan and Enhanced Community Care Programme* and associated acceleration of change in our care models to address our current health needs and protect the future viability of health services.

11.2 Leadership and Culture

It is our priority to ensure our leaders at all levels within Community Healthcare West are working together towards a shared purpose, reinforcing the 'Values in Action' and creating a caring and compassionate culture, nurturing talent and inspiring innovation and excellence throughout the system. In consultation with Leadership, Education, Talent and Development (LETD) Community Healthcare West will continue to focus on staff development and succession planning. The Service Level Arrangement process will result in a training schedule which prioritizes building capacity of staff and managers to meet organisational requirements and to support front-line managers to undertake their people management role.

Recruitment

Community Healthcare West will continue to grow our Recruitment resources while working with Health Business Services (HBS) to support the attraction, acquisition and retention of the right people, ensuring their integration and development into a workplace that cares about their wellbeing, motivation and opportunities at work. The recruitment of staff to meet the levels allocated under the Winter Plan and Enhanced Community Care allocations while maintaining existing levels of staffing within our services will be a significant challenge for 2021 and beyond. We are committed to working with National HR, HBS Recruit, Managed Service Providers and other recruitment channels to address the priorities identified for service developments.

Employee Experience

- **Staff Wellbeing**
 - Promote health and safety through the Workplace Health and Wellbeing Unit which provides support for all staff and assists in preventing staff becoming ill or injured as a result of all hazards including biological hazards such as COVID-19 and returning them safely to work after an illness or injury.
 - Encourage healthy workplace practice by maintaining and progressing compliance with the requirements of the European Working Time Directive (EWTD) for both NCHDs and staff in the social care sector. Key indicators of performance agreed with the European Commission include a maximum 24 hour shift, maximum average 48 hour week, 30 minute breaks every six hours, 11 hour daily rest / equivalent compensatory rest and 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest.
- **Staff engagement**
 - Actively engage with staff, in line with recovery planning and the transformation process to hear their feedback particularly for the initial response to COVID-19, so that prompt and appropriate action is taken and a roadmap developed for new ways of working to be integrated into regular work practices, improving preparedness for any crisis situation that may arise in the future.
 - Oversee the implementation of the findings from the research examining health service staff experience during COVID-19.
 - Continue engagement with our workforce ensuring that the benefits, speed and consistency of the

digital and technical solutions that emerged for staff and the public during COVID-19 are fully maximised.

- As part of our ongoing commitment to engage, consult and listen to staff feedback we will conduct a staff health, wellbeing and engagement staff survey during 2021.
- **Capability and Talent**

Our commitment is to engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them. Staff who are valued, supported in their development and treated well, improve patient care and overall performance. Improved people management and development is the responsibility of all leaders, managers and staff. Leadership is the most influential factor in shaping organisation culture and so ensuring the necessary leadership behaviours, strategies and qualities are developed in fundamental. In 2021 Community Healthcare West HR will further develop the established working relationships with LETD on the access and delivery of Development Programmes to meet the needs of local services and succession planning.
- **Workforce Planning and Intelligence**

Government policy on public service numbers and costs is focused on ensuring that the health workforce operates within the pay budgets available. The number of WTE's in post at the end of November 2020 is 4,322.78 (Appendix 3). Effective control over workforce numbers and associated pay expenditure will be essential to ensuring that we deliver relevant and timely services within the available financial resources for 2021. The Winter Plan and Enhanced Community Care Programme will require significant monitoring and reporting and will identify the priority areas for recruitment. Particular attention will be directed to the further development of measures to support the sourcing, recruitment, and retention of staff in light of increased service demands. The development of a workforce plan for Community Healthcare West will be progressed as a priority.
- **Service Design and Integration**

Peoples Needs Defining Change has been incorporated into all change processes in collaboration with our PMO colleagues. Human Resources is represented on each change management steering committees to ensure that the project team and staff involved are fully supported and any training needs addressed to support the change processes. Service User Representatives form part of most change management steering groups and sub groups. Locally facilitated training develops the skills and knowledge of our managers and staff to the needs of the service. This supports the delivery of change projects with minimal disruption to services and service users.
- **Performance Accountability**

Change Management/Service Reconfiguration

 - Implement the *People's Needs Defining Change – Health Services Change Guide* as the agreed approach that will underpin our process for change and reform in line with the *Public Service Stability Agreement 2018-2020*.
 - Support the monitoring, collection of data and evaluate the implementation of the Performance Achievement programme and associated resources such as the HSElanD Hub.
- **Network and Partner**

The Joint Union Management Forum established in 2017 with Trade Union partners and representatives for all the Divisions, Finance, Communications and the Chief Officer's Department will continue. This forum will meet four times during 2021 with subgroups established for all Divisions.

In addition, to support the implementation of Sláintecare and further reform, a combined Joint Union Management Forum has been established consisting of Trade Union Officials and management representatives from Saolta, CHO 1 and Community Healthcare West.

- **Professional HR Services**
Building on progress made in 2020, evidence based decision making and ensuring that our managers have the knowledge, skills and confidence to undertake their people management and leadership roles, are key priorities for 2021. We will continue to develop our HR business partner relationships with specialist services to ensure that we offer a blend of strategic, specialist and operational Human Resource advice and support. Where there are identified deficits in that support, we will pursue as part of a future HR operating model in accordance with national and regional objectives. We will continue to develop workforce planning within Community Healthcare West and develop specialist knowledge within current resources.
- **Employee Relations**
Support our managers in formal and informal employee relations processes, including:-
 - The interpretation, implementation and advice on policies and procedures, public sector agreements and relevant legislation
 - The operation of HSE HR policies - Grievance, Disciplinary, Trust in Care, DAW
 - Advise on Performance Issues, up to an including Personal Improvement Plans and initiation of Disciplinary action
 - Provide proactive assistance to Line Managers on informal counselling to resolve performance and relationships issues
 - Convene appeal hearings at Stage 3 of HSE Grievance Procedure and issue outcomes in relation to same within strict timeframes
 - Prepare submissions and represent CHW at relevant Employment Law and Industrial Relations hearings, including mediation, conciliation, adjudication and Labour Court Hearing

11.3 Priorities and Actions

Key result areas	Priority Actions	Timeline
Improved skill and knowledge in dealing with People Management Issues.	<ul style="list-style-type: none"> • Design and deliver virtual training and development programmes to staff throughout Community Healthcare West, promoting one-to-one and team coaching and interventions. • Facilitate effective communication training for managers in providing updates and check ins with staff. • Continue to provide practice and knowledge based supports to change leaders across the services; to develop a culture of people's needs defining change and nurturing innovation, agility and person-centred design across improvement initiatives. • Promote the use of HSELand which will focus on providing a personalised and adaptive learning experience to support the professional development needs of each learner, allowing staff to be targeted with the most appropriate learning. 	Q1-Q4
Community Healthcare West fosters a learning and development culture within our area.	Review and update Line Manager HR Toolkit to support managers in dealing with People Management issues.	Q1
	Develop supports for line managers to communicate effectively with staff.	Q2
	Support implementation of 'Values in Action'	Q1 – Q4

	An Organisational Training Schedule is available to all staff incorporating HSELand LETD, CHO HR and Quality Risk Training.	Q1
	Support the Completion of Succession Development and Leaders in Management programmes (2020) in a COVID environment and review programmes for future sustainability.	Q1
	Coaching and Mentoring will continue to be promoted to managers at all grades.	Q1-Q4
	We support and promote communities of practice throughout our development programmes and beyond.	Q1-Q4
Workforce transformation and service design.	Peoples Needs Defining Change framework is utilised to support all Change projects. Service User Representatives are included on change management project teams where possible.	Q1-Q4
	Support the implementation of the Winter Plan and Enhanced Community Care, participate in the review process of the Learning Site.	Q1-Q4
	Support the implementation of the Children's Disability Networks within Community Healthcare West.	Q1
Staff Health and Wellbeing.	Staff Health and Wellbeing Steering Group will continue for 2021, TOR and membership to be reviewed with a renewed focus on using the research to guide and direct our actions.	Q1-Q4
	Establish Staff Health, Wellbeing and Engagement Forum with a nominee to join Staff Health and Wellbeing Steering Group. Review Staff Recognition awards process for 2021. With the Communications Steering Group review communication methods to ensure that all staff are communicated with. Introduce a Monthly Human Resource and Health and Wellbeing newsletter to be circulated in both hard and soft copy to all staff.	Q1-Q4 Q1 Q1 Q2
	Promote and support the roll out of the staff guide to Health and wellbeing supports. Carryout Staff Health and Wellbeing survey and encourage staff contribution to SHWB initiatives.	Q1
Develop local expertise in Workforce Planning and Intelligence so as to Implement strategic workforce planning.	Ensuring that current management reporting meets management needs and can be easily adapted to service requirements including Agency conversion/ elimination.	Q1-Q4
	Staffing/ WTE trends will continue to be analysed monthly, staff movement and agency levels are reviewed by operational and recruitment leads.	Q1-Q4
	Develop a recruitment schedule for 2021 which ensures that the available resources are best utilised to achieve Winter Plan, Enhanced Community Care priorities, COVID and Community Healthcare West priorities.	

Develop a partnership approach to include service user engagement in how we provide our services and in change projects.	Change Management and Project Steering Groups and sub Groups include membership from Service User representatives	Q1-Q4
	Co-Production has been progressed to initiation stage with the support of our PMO.	Q1-Q4
	Community Healthcare West Joint Union Management Forum and sub groups will meet four times in 2021.	Q1 – Q4
	A SAOLTA, Area 1 and 2 JUMF will take place in Q1 2021 and will meet twice during 2021, this Forum will support and establish relationships to assist in the delivery of future service reconfiguration and Sláintecare, Winter Plan and Enhanced Community Care.	Q1
	We will continue to work closely with our colleagues in Occupational Health, Employee Support services to support our staff attendance and health matters.	Q1-Q4
	A very close and proactive working relationship has been built over the years with LETD and will continue to ensure that we can react to training needs as they arise.	Q1-Q4
Enable productivity and efficiency including developing digital competency.	Recent access to programmes (BEX) and Workforce Planning and Analytics data and resources has proved to be very beneficial in having standardised data available for decision making. We will continue to pursue access to IT systems to generate data to support our managers in decision making, to avoid duplication and the manual collation of data.	Q1-Q4
	Pursue training programmes and access specialist supports to support our staff to see the benefits and use digital technology. Pursue a computerised recruitment system which will allow for a more streamlined recruitment process resulting in a greater capacity to recruit locally.	Q3 Q1

Section 12: Enabling Healthcare Delivery

12.1 Communications

The Community Healthcare West Communications Office strives to provide consistent, reliable and accessible communications. The office contributes to the management and processing of both internal and external communication requirements. Engaging with stakeholders is a key function in the provision of and access to information about our services to all stakeholders.

During 2020 and because of the restrictions in place to protect us all, many staff and service users moved from face to face engagement to screen to screen engagement, this presented communication challenges but equally provided significant opportunity. Building on the experience developed and gained during 2020, the Department will embrace efficient and new ways of working to ensure that we remain connected both internally and externally.

12.2 Accommodation Management

The Community Healthcare West Accommodation Review Committee (ARC) is responsible for managing the process of accommodation allocation. All decisions relating to the use or change of use of existing CHO property is – without exception – centralised via the ARC.

The ARC membership includes representatives from each of the Services along with representatives from the Maintenance Departments and HSE Estates. The day-to-day functioning of the ARC is supported by an Accommodation Co-ordinator.

The ARC meets regularly to review new requests, make decisions on requests or recommend alternative courses of action to those applying. Lease, purchase or disposal of property is the remit of HSE Estates and the ARC support that process where required.

Anyone or any Service with an accommodation requirement e.g. new staff, relocation or expansion of a service, in any Non-Clinical properties managed by Community Healthcare West must submit a completed *Accommodation Request Form* before submitting to the ARC. Further information and Request Forms are available from accommodation.cho2@hse.ie.

12.3 Portfolio Management Office (PMO) - Strategic Transformation Service

The National Programme for Health Service Improvement (PHSI) was established to support the development of a better health service for all the people of Ireland and is intrinsic with Sláintecare implementation.

The PMO is working together with the people who deliver and receive health and social care across the country with the intention of designing a better, more joined-up, health service at the lowest level of complexity.

It is supported by a network of Programme Management Offices at national and local level.

A robust Portfolio Management Office (PMO) has been established in Community Healthcare West consisting of a dedicated team to drive and enable service improvements at a local level and to support the delivery of national projects.

The Portfolio Management Office was established to provide a single overarching body to coordinate and drive the delivery of a range of service improvement programmes and projects arising from strategies, frameworks, policies, reviews and recommendations reports.

In 2021 the team will support the delivery of a portfolio of projects, working with teams across all Divisions of Community Healthcare West to ensure consistent and integrated project execution.

Over the next twelve months our priorities will include:

- Leading out on the Sláintecare Projects
- Leading out on E Health
- Leading on the Transformational Agendas
- Support the implementation of National priorities and lead on the Implementation of local priorities.
- To enable the integration between Hospital and Community.

12.4 Information Services (IS)

The Community Healthcare West Information Services Liaison Office works with our business users, the Portfolio Management Office (PMO) and the Office of Chief Information Officer (OoCIO) on projects with an IS element. Our goal is to help ensure our services migrate to common solutions based on common processes. All our business related projects will be managed by the business teams themselves to ensure we design the correct process to meet their needs and ensure we have appropriate ownership of the process, solution and the data going forward. Looking ahead to 2021, we will continue working on a variety of projects to support enhanced community care. A major element of our work will be to continue the deployment & development of the iPMS system (Integrated Patient Management System). This will include deploying the solution to additional sites (that did not previously use the old Patient Administration System) but also develop new reports & processes e.g. Chart Tracking. This project will continue to have a significant positive impact on our Mental Health & Social Care services. The iPMS system will allow our services to share service user information to enhance both Inpatient and Outpatient processes.

We will also continue to work closely with the OoCIO on many of the components detailed within the 2021 Winter Plan (Winter Planning within the COVID-19 Pandemic, October 2020-April 2021) the Pandemic Plan (Planning for Health Services Delivery in the COVID-19 Pandemic – Winter 2020 to End 2021) and the National Service Plan 2021. This will include projects like a new National Immunization System, expanding the use of Attend Anywhere & general Telehealth solutions etc. As was the case in 2020, we will support & work with OoCIO and all their COVID related projects to ensure the delivery of Sláintecare Goals and principles.

Appendices

Appendix 1: Key Performance Indicators

Community Healthcare				
Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
Primary Care Services				
Healthcare Associated Infections: Medication Management Consumption of antibiotics in community settings (defined daily doses per 1,000 population) per day based on wholesaler to community pharmacy sales – not prescription level data	Q (1 Qtr in arrears)	<22	19.05	<22
Nursing % of new patients accepted onto the nursing caseload and seen within 12 weeks	M (1 Mth in arrears)	100%	98%	100%
Physiotherapy % of new patients seen for assessment within 12 weeks	M	79%	81%	81%
% on waiting list for assessment ≤52 weeks		94%	87%	94%
Occupational Therapy % of new service users seen for assessment within 12 weeks		68%	70%	71%
% on waiting list for assessment ≤52 weeks	M	95%	65%	95%
Speech and Language Therapy % on waiting list for assessment ≤52 weeks		100%	87%	100%
% on waiting list for treatment ≤52 weeks		100%	72%	100%
Podiatry % on waiting list for treatment ≤12 weeks		33%	23%	33%
% on waiting list for treatment ≤52 weeks		77%	65%	77%
Ophthalmology % on waiting list for treatment ≤12 weeks		27%	19%	19%
% on waiting list for treatment ≤52 weeks		66%	64%	64%
Audiology % on waiting list for treatment ≤12 weeks		41%	20%	20%
% on waiting list for treatment ≤52 weeks		88%	75%	75%
Dietetics % on waiting list for treatment ≤12 weeks		40%	27%	40%
% on waiting list for treatment ≤52 weeks		80%	72%	80%
Psychology % on waiting list for treatment ≤12 weeks		36%	15%	36%
% on waiting list for treatment ≤52 weeks		81%	60%	81%
Oral Health % of new patients who commenced treatment within three months of scheduled oral health assessment		91%	90%	90%
Orthodontics % of patients seen for assessment within six months	Q	46%	22%	22%
% of orthodontic patients (grades 4 and 5) on the treatment waiting list longer than four years		<6%	<6%	<6%
Child Health % of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age	M (1 Mth in arrears)	95%	54%	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	Q	99%	99%	99%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q (1 Qtr in arrears)	64%	60%	64%
% of babies breastfed exclusively at first PHN visit		50%	40%	50%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit		46%	29%	46%
% of babies breastfed exclusively at three month PHN visit		32%	32%	32%

Community Healthcare				
Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
Social Inclusion				
Opioid Substitution Average waiting time from referral to assessment for opioid substitution treatment	M (1 Mth in arrears)	4 days	3.8 days	4 days
Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced		28 days	33.1 days	28 days
Homeless Services % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	80%	87%	85%
Substance Misuse % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q (1 Qtr in arrears)	100%	96%	100%
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment		100%	100%	100%
Older Persons' Services				
Safeguarding (combined KPIs with Disability Services) % of safeguarding initial assessments for adults aged over 65 with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	Q (1 Mth in arrears)	100%	93.9%	100%
% of safeguarding initial assessments for adults aged under 65 with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan		100%	99.2%	100%
Residential Care % occupancy of short stay beds	M	90%	62.9%	90%
Quality % compliance with regulations following HIQA inspection of HSE direct-provided Older Persons' Residential Services	Q (2 Qtrs in arrears)	80%	75.9%	80%
Intensive Homecare Packages (IHCPs) % of clients in receipt of an IHCP with a key worker assigned	M	100%	99.5%	100%
Nursing Homes Support Scheme (NHSS) % of population over 65 years in NHSS funded beds (based on 2016 Census figures)		≤3.5%	3.4%	≤3.5%
% of clients with NHSS who are in receipt of ancillary state support		15%	15.2%	15%
% of clients who have Common Summary Assessment Reports (CSARs) processed within six weeks		90%	86.9%	90%
Palliative Care Services				
Inpatient Palliative Care Services Access to specialist inpatient bed within seven days during the reporting year	M	98%	98.5%	98%
Community Palliative Care Services Access to specialist palliative care services in the community provided within seven days (normal place of residence)	M	90%	81.3%	80%
% of patients triaged within one working day of referral (community)		95%	92.6%	95%
Disability Services				
Safeguarding (combined KPIs with Older Persons Services) % of safeguarding initial assessments for adults aged over 65 with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	Q (1 Mth in arrears)	100%	93.9%	100%

% of safeguarding initial assessments for adults aged under 65 with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan		100%	99.2%	100%
Quality % compliance with regulations following HIQA inspection of disability residential services	Q (2 Qtrs in arrears)	80%	75.9%	80%
Day Services including School Leavers % of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	Annual	100%	83%	95%
Disability Act Compliance % of child assessments completed within the timelines as provided for in the regulations	Q	100%	73.9%	100%
Progressing Disability Services for Children and Young People (0-18s) Programme % of Children's Disability Networks established	M	100%	54%	100%
Mental Health Services				
Quality % compliance with regulations following Mental Health Commission inspection of Mental Health approved centres	Q	70%	70%	70%
General Adult Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks by General Adult Community Mental Health Team	M	90%	90.6%	90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team		75%	74.4%	75%
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month		<22%	22%	<22%
Psychiatry of Later Life Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	M	98%	97.3%	98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams		95%	95.5%	95%
% of new (including re-referred) Psychiatry of Later Life Psychiatry Team cases offered appointment and DNA in the current month		<3%	3%	<3%
Child and Adolescent Mental Health Services Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units		75%	85%	85%
% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units		95%	95%	95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams		78%	78%	78%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams		72%	72.1%	72%
% of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month		<10%	10%	<10%
% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs		95%	95.5%	95%
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days		>80%	90%	>90%

Population Health and Wellbeing				
Indicator	Reporting Period	NSP2020 Target	Projected Outturn 2020	Target 2021
Tobacco % of smokers on cessation programmes who were quit at four weeks	Q (1 Qtr in arrears)	45%	47.9%	45%
Immunisations and Vaccines % of children aged 24 months who have received three doses of the 6 in 1 vaccine		95%	94%	95%
% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine	Annual	95%	91%	95%
% of first year students who have received two doses of HPV vaccine*		85%	75%	85%
% of healthcare workers who have received seasonal Flu vaccine in the 2020-2021 influenza season (acute hospitals)		75%	59%	75%
% of healthcare workers who have received seasonal Flu vaccine in the 2020-2021 influenza season (long term care facilities in the community)		75%	45%	75%
% uptake in Flu vaccine for those aged 65 and older		New PI NSP2021	New PI NSP2021	75%
% uptake of flu vaccine for those aged 2-12 years old		New PI NSP2021	New PI NSP2021	60%
* In 2020 the cohort for receipt of the HPV vaccine was expanded to include all first year students (previously only girls were recipients of the vaccine)				

Appendix 2: Financial Tables

Community Healthcare West Budget Summary - Net Expenditure Allocations 2021					
CHO - Primary Care	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Primary Care	69.19	31.39	100.57	(2.07)	98.50
Social Inclusion	1.26	6.28	7.54	0.00	7.54
Palliative Care	1.86	7.57	9.44	0.00	9.44
Total	72.31	45.24	117.55	(2.07)	115.48

CHO - Mental Health	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Mental Health	100.41	21.02	121.42	(0.97)	120.45
Total	100.41	21.02	121.42	(0.97)	120.45

CHO - Older Person Services	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Older Persons	91.27	63.18	154.45	(45.73)	108.72
Total	91.27	63.18	154.45	(45.73)	108.72

CHO - Disability Services	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Disability Services	16.60	186.10	202.70	(0.40)	202.30
Total	16.60	186.10	202.70	(0.40)	202.30

CHO - Health & Wellbeing	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Health & Wellbeing	0.64	0.13	0.78	(0.00)	0.77
Total	0.64	0.13	0.78	(0.00)	0.77

CHO - Corporate Services	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Corporate Services	0.58	0.00	0.58	0.00	0.58
Total	0.58	0.00	0.58	0.00	0.58

CHO - TOTAL (Exc Local Demand Led Schemes)	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
TOTAL (Exc Local Demand Led Schemes)	281.81	315.67	597.48	(49.18)	548.30

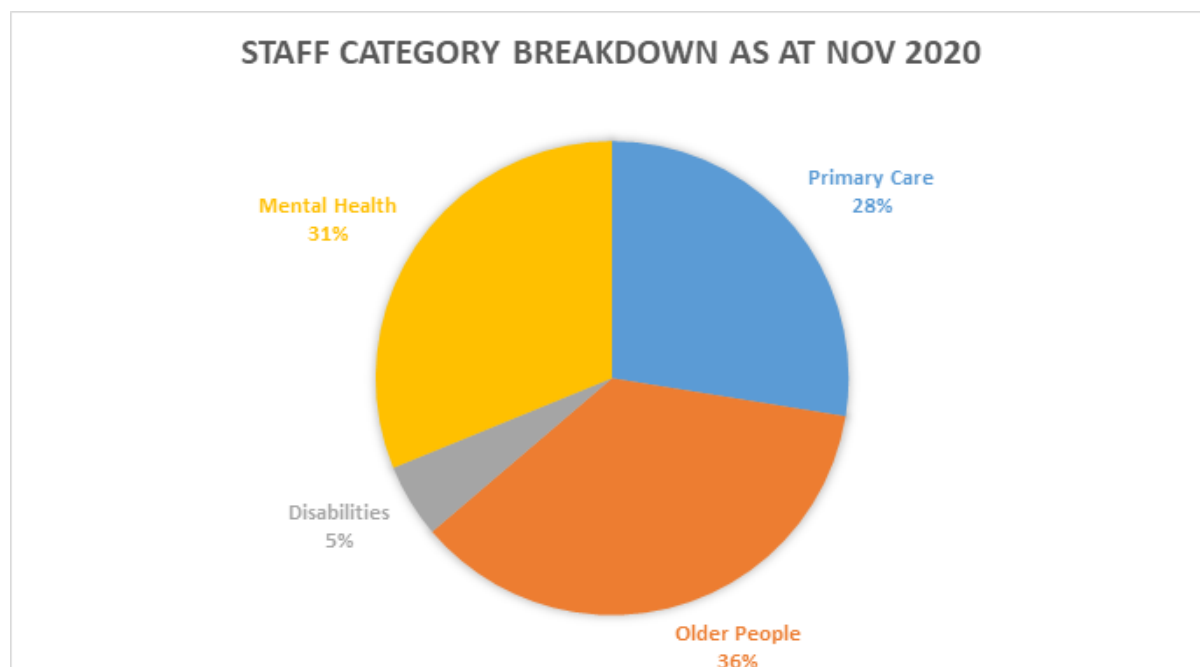
CHO - Local Demand Led Schemes	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Demand Led Schemes	0.00	21.71	21.71	0.00	21.71

Appendix 3: HR Tables

WTE (Whole time equivalent) November 2020

Division	Management/ Admin	Medical/ Dental	Nursing/ Midwifery	Health & Social Care Professionals	General Support	Patient & Client Care	Total
Primary Care	330.72	103.42	323.32	333.32	30.42	68.10	1,189.30
Older People Services	76.17	10.60	376.33	39.06	76.31	982.80	1,561.27
Disabilities	24.98	2.00	54.06	38.76	7.82	89.59	217.21
Mental Health	131.90	115.32	602.87	152.58	64.68	277.81	1,345.16
Health & Well-being	8.84	1.00					9.84
Total	572.61	232.34	1,356.58	563.72	179.23	1,418.30	4,322.78

Community Healthcare West



Appendix 4: Capital Infrastructure

Facility	Project Details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m	
						2021	Total
Primary Care Division							
Primary Care Centre Ballyhaunis	Under construction	Q2 2021	Q3 2021	~	~		
Primary Care Centre Moycullen	Under construction	Q3 2021	Q4 2021	~	~		
Primary Care Centre Portumna	Site commencement (fit out) imminent	Q2 2021	Q3 2021	~	~		
Primary Care Centre Roscommon	Extension fit out due to commence Q4 2020	Q2 2021	Q3 2021	~	~		
Disabilities Services Division - Mayo Community Living Project							
Mayo Community Living Project	3 Properties: The Lodge, Kilmaine Road, Bushfield	Q2 2021	Q3 2021	0	11	€1M	€2.43M



Cúram Sláinte Phobail, Iarthar
ag freastal ar Ghailimh,
Maigheo agus Ros Comáin

Community
Healthcare West
serving Galway, Mayo
and Roscommon

Community Healthcare West Organisational Structure

