

Community Capacity Working Group

Terms of Reference and Membership

The purpose of this working group is, in collaboration with the HSE, to oversee:

- A. Development of a view of the current level of delivery of services (non-COVID-19 and in response to COVID-19) in the community;
- B. Identification of the opportunities and challenges emanating from the current response to COVID-19; and
- C. Development of a high-level plan for the phased resumption of services and associated capacity requirements and dependencies for the community.

The plan developed must be in line with public health guidance as advised to NPHET and will be operationalized, as appropriate, under the joint governance of the Chief Clinical Officer and Chief Operations Officer having due regard for the advice of the Office of the Chief Clinical Officer of the HSE and the need to achieve an integrated approach between acute and non-acute services. It should also reflect, as far as possible, the Sláintecare vision of the right care, in the right place, at the right time.

Terms of reference

1. Oversee a stocktake of the type and level of community services being provided, having regard to the response to COVID-19 and taking account of planned service levels and developments as set out in NSP 2020:
 - (i) current services including new services;
 - (ii) services reduced;
 - (iii) services paused.
2. Consider the effectiveness of changes in work practices and new methods in the delivery of services in this period e.g. use of technology systems, telehealth and assistive technology, integrated working across the community; Clinical Assessment Hubs, COVID-19 Response Teams in CHOs; and developments of clinical, palliative care and infection prevention supports and infrastructure, as well as their potential for continued application in resumption of services.
3. Identify and consider responses to the operational challenges that the system will face in resuming services within the context of COVID-19 and the disease trajectory e.g. staffing, IPC, testing, environment, location of services etc.
4. Consider, in partnership with other Government Departments the role of the Community Support Framework including the ALONE model, the Local Authority Support Framework and the broader utilisation of voluntary supports as part of the response to COVID-19 and their use in the medium to longer term to deliver supports to people in the community.
5. Set out a draft high-level plan for the phased resumption of prioritised community services, adoption of new models of care delivery and the associated capacity requirements, dependencies and changes in ways of working.

Membership of working group

The working group will be chaired by the Department of Health. Membership will include representatives of the following:

- **Department of Health**
 - Head of Primary Care Division (Chair); one team member
 - Head of Social Care Division; one team member
 - Head of Mental Health & Social Inclusion Division; one team member
 - Chief Nurse's Office (CNO)

- **HSE Community Operations**
 - Head of Community Operations
 - 2 to 3 representatives covering the range of services including Primary Care incl. Social Inclusion, Health & Wellbeing, Older Persons Services, Palliative Care, Disability Services and Mental Health.

- **HSE Office of Chief Clinical Officer**
 - 2 to 3 representatives

Modus Operandi

- The working group will meet weekly with effect from the week starting 11 May and will review this frequency once the work programme is established and timelines of deliverables are agreed.
- Across each key area (primary care, social care, mental health, social inclusion and health & wellbeing) HSE and Department corresponding teams will work between meetings through their usual engagements to progress agreed considerations and deliverables.
- The plan will include priority actions, timeframes for phased actions, capacity requirements and dependencies
- Final plan will be proposed by the Working Group and presented as a joint HSE/Department plan.

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