County HEALTH & WELLBEING COMMITTEE

2016 – 2017 Action PLan

# Aim

This planning document has been devised by the National Health & Wellbeing Committee (HWC), and is based on their three-year plan (2015-17). The aim of this action plan is to outline what the Association wants to achieve in the area of Health & Wellbeing at county level over the coming 12 months and supports you in recording progress in achieving the aims.

# Content Overview

Below is a summary of the 6 key objectives detailed throughout the rest of this document.

## Action 1 - Continued development of your County Health & Wellbeing Committee and structures.

This activity supports a well-functioning committee. It ensures your committee is accessing all the supports available to it at national and provincial level, is attending the required training, and is communicating and reporting on the work that it is undertaking.

## Action 2 - Recruit Tutor(s) & facilitate training for Club Health & Wellbeing Officers

This activity ensures that your county has trained health & wellbeing tutors in place (recommended two per county) to deliver training to Club Health & Wellbeing Officers. Tutors are trained by Croke Park. All necessary training manuals and participation certificates are to be requested from Croke Park.

## Action 3 - Adopt County Critical Incident Response Plan & support clubs to adopt theirs

Awareness and usage of the GAA’s Critical Incident Response Plan is increasing. Unfortunately, most units only turn to it in the aftermath of a situation. We want to ensure that the plan is adopted in a proactive way, and this must start at county level.

## Action 4 - Support Phase II of Healthy Club Project

Every county has at least one club participating in the GAA Healthy Club project. These clubs are leading the way for health and wellbeing in your county. It is important that your county create close links with your Healthy Clubs. It is required that the clubs are offered the opportunity to present to your committee on their action plan and activities.

## Action 5 - Grow the number of people trained in safeTALK in your county

*safeTALK* is the only evidenced-based suicide prevention training recommended by the GAA that is available across the 32 counties. It is delivered by professional HSE and PHA staff and there is no cost involved for delivery other than the provision of an appropriate venue.

***Action 6 – Re-energise and promote the Social Initiative in your county.***

Every county will now have access to the grant to complete the Social Initiative Event in Croke Park and acknowledge a group of older people in your county who would benefit from this event.

## Action 7 - Identify any additional actions your committee would like to focus on.

Your committee is encouraged to engage in or support any additional health-related activities that it feels will benefit your clubs and members. The Community & Health department has developed a comprehensive suite of programmes and resources in recent years. They cover: healthy eating; gambling, drug, and alcohol education; physical activity; community development; training and personal development; and mental fitness. Visit [www.gaa.ie/community](http://www.gaa.ie/community) for more info.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Action 1:** | | *Support development of County Health & Wellbeing Committee (HWC) and structures* | | | | |
| **Sub-Action** | | | **Resources Needed** | **Schedule** | **Progress Tracking** | **Target** |
|  | Attend County Health Wellbeing Committees National Forum in Croke Park | | * Provided by NHWC | 21/10/16 | Number of County HWC members in attendance | Committee chair and secretary |
|  | Host regular meetings at county level or as required | | * Schedule and minutes of meetings | Ongoing | Number of meetings held annually | Minimum of 2 - plan and review. |
|  | Use official GAA email as main communication channel for committee. Address: [**chair.hwc.COUNTY@gaa.ie**](mailto:chair.hwc.COUNTY@gaa.ie) | | * Official CHWC Email in use | 2017 Jan-April | Monthly email updates from Croke Park | **Full engagement** |
|  | Two committee reps to attend Provincial HWC meetings | | * Provincial HWC | 2017dates TBC | Number of meetings attended | Two annually |
|  | Submit annual report to NHWC & County Convention | | * Annual Report (template provided on request) | Dependent on county convention | Report submitted | Before County Convention |
|  | Make submissions to NHWC for subsequent year’s action plan based on learnings, experience, and local needs | | * Proposals (template provided) | August 2017 | Proposals submitted | County specific |
|  | Review County Health & Wellbeing Committee Terms of Reference and membership annually | | * County HWC Terms of Reference | 2016 Nov/Dec | Compliance with ToR | **Full compliance** |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action 1 Progress Tracker:** | | **PLEASE COMPLETE APPROPRIATE SECTIONS:** | | |
| **Sub-Action** | | | **Target Report (Yes / NO)** | **Progress Summary** | | **Provide Additional Details as Required:** |
| A. | Did some committee members attend County Health Wellbeing Committees National Forum in Croke Park? | | Choose an item. | What were the main learnings? | |  |
| B. | Did you host regular meetings at county level? | | Choose an item. | How many? | |  |
| C. | Are you using official GAA email as main communication channel for committee? | | Choose an item. |  | |  |
| D. | Did chairperson and one other committee rep attend Provincial HWC meetings? | | Choose an item. | Who attended? | |  |
| E. | Did you submit the annual report to NHWC & County Convention | | Choose an item. |  | |  |
| F. | Did you make submissions to NHWC for subsequent year’s action plan based on learnings, experience, and local needs | | Choose an item. |  | |  |
| G. | Review County Health & Wellbeing Committee Terms of Reference and membership annually | | Choose an item. | When was this completed? | |  |
| H. |  | | Choose an item. | Summary: | |  |
| I. |  | | Choose an item. | Summary: | |  |
| J. |  | | Choose an item. | Summary: | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Action 2:** | | *Facilitate training delivery for all Club Health & Wellbeing Officers (HWO) in your county* | | | | |
| **Sub-Action** | | | **Resources Needed** | **Schedule** | **Progress Tracking** | **Target** |
|  | Ensure your county has two trained Health & Wellbeing tutors (training provided by Croke Park – next session TBC) | | * Interested persons who meet Tutor Criteria * Tutor Role Description | Ongoing | Number of Tutors per County | Two Tutors per County |
|  | Schedule CHWO Training for your county in conjunction with your tutors. Inform Community & Health Department in Croke Park of dates and request support materials as necessary | | * Club HWO Tutor * Manuals * Certs for participants | 2017 Jan-April | Status of Training | Min requirement two sessions scheduled |
|  | Organise suitable venue and any logistics for scheduled Club HWO Training | | * Suitable venue * IT requirements | Depends on training dates | Status of venue | Book Venue |
|  | Promote Club HWO Training to all clubs in the county | | * Database of existing Club HWOs in the county | 2017 Jan-April | Proportion of Clubs /  Club HWOs at training | **50%** of Clubs with trained HWOs. Report back attendees at each training. |
|  | Ensure at least one County Health & Wellbeing Committee representative attends the trainings | | * Club HWO Training | 2017 Jan-April | County HWC members in attendance | **100% -** and report back attendees |
|  | Ensure all Clubs that attend club HWO training are recorded and kept in one database. | | * Database | 2017 Jan-April | Status of completed Database | Completed with all people trained included |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action 2: Progress Tracker** | | **PLEASE COMPLETE APPROPRIATE SECTIONS:** | | |
| **Sub-Action** | | | **Target Report**  **(YES / NO)** | **Progress Summary** | | **Provide Additional Details as Required:** |
| A. | Has your county now got at least has two trained Health & Wellbeing tutors? | | Choose an item. | Names:  Email Addresses  Clubs | |  |
| B. | Have Club HWO trainings has been completed over the past year? | | Choose an item. | How many sessions?  Number of attendees | |  |
| C. | Was a suitable venue and all logistics for scheduled Club HWO Training arranged? | | Choose an item. | Please list locations: | |  |
| D. | Was Club HWO Training promoted to all clubs in the county? | | Choose an item. | How? | |  |
| E. | Did all County Health & Wellbeing Committees members attend the training | | Choose an item. | If not, why not? | |  |
| F. | Was a list of these people who attended Club HWO trainings recorded and kept in one database? | | Choose an item. | If not, why not?  If Yes, please submit. | |  |
| G. |  | | Choose an item. | Summary: | |  |
| H. |  | | Choose an item. | Summary: | |  |
| I. |  | | Choose an item. | Summary: | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Action 3:** | | *Adopt County Critical Incident Response Plan (CIRP) & support interested clubs in adopting theirs* | | | | |
| **Sub-Action** | | | **Resources Needed** | **Schedule** | **Progress Tracking** | **Target** |
|  | Adopt the Critical Incident Response Plan in conjunction with County Executive, using resource available, and make available to all Clubs in the County | | * CIRP templates * County CIRP | By end of 2017 | Adoption of CIRP | Plan adopted |
|  | Make the Critical Incident Response Plan Guide available to all clubs and support them in adopting it for club purposes | | * Critical Incident Response Plan Guide | 2017 Jan-April | Proportion of Clubs with CIRP | **100%** |
|  | Promote the County CIRP through online and print media (match programmes etc., local media.) | | * County PRO support * Press release (template can be provided) | Ongoing | CIRP presence on County website and print media | Online CIRP  All match programmes. |
|  | Ensure all County HWC members are familiar with the content and process surrounding the use of the CIRP\* | | * CIRP online overview * CIRP reporting form | Ongoing | Number of committee members completed CIRP overview | **50%** |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
| \* Due to the increased demand for the GAA CIRP the National Committee and Community & Health department will develop a new critical incident response training module to be made available to interested Health & Wellbeing Tutors and County HWC members. Work will commence in 2017. It is hoped this will be ready by end of 2017. | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action 3 Progress Tracker:** | | **PLEASE COMPLETE APPROPRIATE SECTIONS:** | | | |
| **Sub-Action** | | | **Target Report**  **(YES / NO)** | **Progress Summary** | **Provide Additional Details as Required:** | |
| A. | Did you adopt the Critical Incident Response Plan in conjunction with the County Executive, using resource available? | | Choose an item. | When? |  | |
| B. | Was the Critical Incident Response Plan Guide made available to all clubs and did you support them in adopting it for club purposes? | | Choose an item. | How many clubs adopted plan?  What clubs? |  | |
| C. | Was the County CIRP promoted through online and print media (match programmes etc., local media.)? | | Choose an item. | How was it promoted? |  | |
| D. | Did you insure all County HWC members are familiar with the content and process surrounding the use of the CIRP\*? | | Choose an item. | How was this done? |  | |
| E. |  | | Choose an item. | Summary: |  | |
| F. |  | | Choose an item. | Summary: |  | |
| G. |  | | Choose an item. | Summary: |  | |
| H. |  | | Choose an item. | Summary: |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Action 4:** | | *Support Phase II of Healthy Club Project* | | | | |
| **Sub-Action** | | | **Resources Needed** | **Schedule** | **Progress Tracking** | **Target** |
|  | Open direct line of communication with the clubs participating in Phase II of the Healthy Clubs project in your county | | * Healthy Club(s) contacts * Official GAA email | Ongoing | Number of communications | Contact made with all Healthy Clubs |
|  | Invite Healthy Clubs to give update on activities at County HWC meeting(s) | | * Meeting details * Healthy Club contact | 2017 Jan-April | Meeting scheduled | At least 1 meeting |
|  | Have representation at Provincial Healthy Clubs Forums | | * None | Dates TBC for 2017 | Number of Provincial Seminars attended | Two annually |
|  | Support as necessary Healthy Clubs in the county in the delivery of their own action plans | |  | Ongoing |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action 4 Progress Tracker:** | | **PLEASE COMPLETE APPROPRIATE SECTIONS:** | | | |
| **Sub-Action** | | | **Target Report**  **(YES / NO)** | **Progress Summary** | **Provide Additional Details as Required:** | |
| A. | Was there open and direct line of communication with the clubs participating in Phase II of the Healthy Clubs project in your county? | | Choose an item. | How was this done? |  | |
| B. | Did you invite Healthy Clubs to give update on activities at County HWC meeting(s)? | | Choose an item. | How many meetings?  Please share useful details: |  | |
| C. | Did you have representation at Provincial Healthy Clubs Forums? | | Choose an item. | Who attended? |  | |
| D. | Did you support as necessary Healthy Clubs in the county in the delivery of their own action plans? | | Choose an item. | Please share useful details: |  | |
| E. |  | | Choose an item. | Summary: |  | |
| F. |  | | Choose an item. | Summary: |  | |
| G. |  | | Choose an item. | Summary: |  | |
| H. |  | | Choose an item. | Summary: |  | |
| I. |  | | Choose an item. | Summary: |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Action 5** | | *Grow the number of people trained in safeTALK in the county* | | | | |
| **Sub-Action** | | | **Resources Needed** | **Schedule** | **Progress Tracking** | **Target** |
|  | Request suitable agency (either HSE or PHA) to deliver safeTALK training within the County | | * Partner details * safeTALK Facilitators | As decided (off-season is best) | Identification of partner | Partnership agreed |
|  | Identify suitable target audience – e.g. will session be hosted at county level or by a specific club | | * safeTALK partner | As decided | Suitable location agreed upon | One annually |
|  | If session is taking place at county level, ensure County HWC representatives attend along with other key county officers. Invite all interested clubs to send representatives. | | * Suitable venue * Approved safeTALK trainer | As decided | Numbers signed up | 12-20 people |
|  | Encourage clubs within the county to host safeTALK session in their own community for their members and to show details with County Health and Wellbeing Committee | | * safeTALK partner * Club contact (preferably HWO) | As decided | Number of Club safeTALK sessions in the County | 1 club p.a. |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action 5 Progress Tracker:** | | **PLEASE COMPLETE APPROPRIATE SECTIONS:** | | |
| **Sub-Action** | | | **Target Report**  **(YES / NO)** | **Progress Summary** | | **Provide Additional Details as Required:** |
| A. | Was a suitable agency (either HSE or PHA) requested to deliver safeTALK training within the County? | | Choose an item. | What agency? | |  |
| B. | Was a suitable target audience identified? – e.g. was session hosted at county level or by a specific club | | Choose an item. | Where and When was safeTALK delivered? | |  |
| C. | Did you ensure all County HWC members attended along with other key officials/representatives? | | Choose an item. | Who attended from CHWC? | |  |
| D. | Did you encourage clubs within the county to host safeTALK session in their own community for their members? | | Choose an item. | What clubs participated? | |  |
| E. |  | | Choose an item. | Summary: | |  |
| F. |  | | Choose an item. | Summary: | |  |
| G. |  | | Choose an item. | Summary: | |  |
| H. |  | | Choose an item. | Summary: | |  |
| I. |  | | Choose an item. | Summary: | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Action 6** | | *Social Initiative – Re-energise and promote the Social Initiative in your County.* | | | | |
| **Sub-Action** | | | **Resources Needed** | **Schedule** | **Progress Tracking** | **Target** |
| A. | Identify a group of older people in your county (target audience older men but not exclusively) who would benefit socially, from completing the trip to Croke Park for the GAA Museum tour | | * Liaise with clubs | By August 2017 | Identify and gather a group –more than 20 participants | A large group of older people who wish to complete trip |
| B. | Arrange Transport for group and liaise with Croke Park Museum to arrange time and date to complete trip | | * Croke Park Museum Number/Email * Suitable transport | By August 2017 | Time and date organise | Trip arranged |
| C. | Complete Trip – liaise with Ronan Flynn ronan.flynn@gaa.ie (National Social Initiative Co-ordinator) regarding when trip happening. | | * Camera – promotion * Email Ronan Flynn | By August 2017 | Trip completed |  |
| D. | Share Event on social media and in local media to promote success (#GAAHealth) | | * Images from event * Press release (access as required from C+H Dept.) | Post Trip |  | Print in local media and on social media |
| E. | Complete Grant application and access Grant from Community and Health Department | | * Grant Application | Post Trip (any concerns contact C+H dept.) | Grant application completed and successful receipt of grant | Grant received |
| F. |  | |  |  |  |  |
| G. |  | |  |  |  |  |

Social Initiative – with an aim over the next 6 months to re-energise and re-engage GAA counties and clubs to become more age friendly we are initially offering a €500 grant for all CHWC to access. Irish Life have kindly set aside this money from their CSR investment. This is exclusively for the Social Initiative GAA Croke Park Museum tour for older people within your county. This money can be accessed once receipts of a booked bus/tour have been arranged. The grant application can be completed and returned to the Community and Health Department in Croke Park.

More information on how to engage older people in your GAA community will follow over the coming months. Continue to check out www.gaa.ie/comunity

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action 6 Progress Tracker:** | | **PLEASE COMPLETE APPROPRIATE SECTIONS:** | | |
| **Sub-Action** | | | **Target Report**  **(YES / NO)** | **Progress Summary** | | **Provide Additional Details as Required:** |
| A. | Did you identify a suitable group of older people to attend the Croke Park Social Initiative Tour | | Choose an item. | How many people selected for the trip? | |  |
| B. | Did you arrange a suitable time and date? | | Choose an item. |  | |  |
| C. | Did you complete the trip? | | Choose an item. | Please comment: | |  |
| D. | Did you share the event on Social media and in local media to promote the Social Initiative? | | Choose an item. | What methods did you use? Please share details: | |  |
| E. | Did you complete the grant application and receive grant? | | Choose an item. | Did you share through Social Media Did local media cover the event? | |  |
| F. | Was the event successful? | | Choose an item. | Please comment: | |  |
| G. | Has it inspired any further interest in the area in your county? | | Choose an item. | Comments: | |  |
| H. |  | | Choose an item. | Summary: | |  |
| I. |  | | Choose an item. | Summary: | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Action 7:** | | *Identify additional actions that your County HWC would like to undertake* | | | | |
| **Sub-Action** | | | **Resources Needed** | **Schedule** | **Progress Tracking** | **Target** |
|  | Review [www.gaa.ie/community](http://www.gaa.ie/community) to see Health & Wellbeing resources and programmes available | |  |  |  |  |
|  | Communicate with Healthy Clubs in your county to see potential for collaboration | |  |  |  |  |
|  | Consider supporting the HSE’s #littlethings ([www.yourmentalhealth.ie](http://www.yourmentalhealth.ie)) or the PHA’s 5 Ways to Wellbeing ([www.mindyourhead.org.uk](http://www.mindyourhead.org.uk)) campaigns | |  |  |  |  |
|  | Encourage all clubs in your county to adopt health & wellbeing policies. Options include: smoke-free clubs; drug & alcohol policies; healthy eating and physical activity guidelines – all available at [www.gaa.ie/community](http://www.gaa.ie/community) | | * Drug & Alcohol Policy * Database of compliant Clubs |  | Number of Clubs with up-to-date Policies | 100% |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action 7 Progress Tracker:** | | **PLEASE COMPLETE APPROPRIATE SECTIONS:** | | | |
| **Sub-Action** | | | **Target Report**  **(YES / NO)** | **Progress Summary** | **Provide Additional Details as Required:** | |
| A. | Are you consistently reviewing [www.gaa.ie/community](http://www.gaa.ie/community) to see Health & Wellbeing resources and programmes that are available? | | Choose an item. | Have you found anything specific that interested you? |  | |
| B. | Are you communicating with Healthy Clubs in your county to see potential for collaboration? | | Choose an item. | If yes, what is it you are collaborating on? |  | |
| C. | Did you support the HSE’s #littlethings ([www.yourmentalhealth.ie](http://www.yourmentalhealth.ie)) or the PHA’s 5 Ways to Wellbeing ([www.mindyourhead.org.uk](http://www.mindyourhead.org.uk)) campaigns? | | Choose an item. | How did you do this? |  | |
| D. | Did you encourage all clubs in your county to adopt health & wellbeing policies? | | Choose an item. | How did you encourage them? Examples of clubs? |  | |
|  |  | | Choose an item. |  |  | |
| F. |  | | Choose an item. | Summary: |  | |
| G. |  | | Choose an item. | Summary: |  | |
| H. |  | | Choose an item. | Summary: |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Action 8:** | | Use this template to create additional action plans as desired | | | | |
| **Sub-Action** | | | **Resources Needed** | **Schedule** | **Progress Tracking** | **Target** |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action 8 Progress Tracker:** | | **PLEASE COMPLETE APPROPRIATE SECTIONS:** | | |
| **Sub-Action** | | | **Target Report**  **(YES / NO)** | **Progress Summary** | | **Provide Additional Details as Required:** |
| A. |  | | Choose an item. |  | |  |
| B. |  | | Choose an item. |  | |  |
| C. |  | | Choose an item. |  | |  |
| D. |  | | Choose an item. |  | |  |
| E. |  | | Choose an item. |  | |  |
| F. |  | | Choose an item. |  | |  |
| G. |  | | Choose an item. |  | |  |
| H. |  | | Choose an item. |  | |  |
| I. |  | | Choose an item. |  | |  |