



Rialtas na hÉireann
Government of Ireland

Sláintecare.

Right Care. Right Place. Right Time.



Sláintecare Implementation
Strategy & Action Plan
2021 – 2023



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Minister for Health
Stephen Donnelly TD

Four years have passed since the publication of the Sláintecare Report setting the vision of the all-party Committee on the Future of Healthcare to achieve a universal single-tier health and social care system,

where everyone has equitable access to services based on need, and not ability to pay and to deliver safe, quality health and social care services that meet the needs of our growing population, and attracts and retains the very best healthcare clinicians, managers, and staff.

In that time considerable progress has been made in moving from vision to reality. The commitment to Sláintecare has been reconfirmed in the Programme for Government. Budget 2021 has invested in staffing and infrastructure to enhance

the permanent capacity of our health services and expand the scale and range of services to be provided in the community. Major foundational decisions have been made by Government, including the establishment of the HSE Board, and the approval of the geographies for six new regional health areas. We have seen progress against all of the eight Sláintecare Principles from the Oireachtas Sláintecare Report, including the patient being paramount; timely, needs-based care; prevention and public health; and engagement with citizens and staff.

This has been done against the backdrop of COVID-19 which has challenged our healthcare systems in a manner never previously seen. That challenge was met, as we saw how front-line staff, healthcare workers, communities, policy makers, and other key stakeholders responded.

It is now time to take the next steps to further the reform that we all agree is needed. This new three-year Sláintecare Implementation Strategy & Action Plan 2021-2023 will build on the commitment and desire for innovation, demonstrated during the pandemic, and build on the unprecedented levels of investment in our health service.

The Strategy will focus on two new reform programmes. Programme One: *Improving Safe, Timely Access to Care and Promoting Health & Wellbeing* will focus on integration, safety, prevention, shift of care to the right location, productivity, extra capacity and achieving Sláintecare waiting time targets. Programme Two: *Addressing Health Inequalities* will bring us on a journey towards universal healthcare. Eleven associated Projects have been developed and are aligned with key national strategies, policies and initiatives.

The Government is committed to doing its part, but we will also need the continued support and engagement of partners across the health and social care system. We look forward to ongoing engagement with the Joint Oireachtas Committee on Health to ensure that we maintain the collaborative spirit through which the Sláintecare vision emerged.

Finally, we will also need to ensure that we continue to engage with the public at large, whose buy-in and support for Sláintecare reform remains critical for the implementation and success of this new Strategy.

Thank You.



Executive Director
Laura Magahy
**Sláintecare Programme
Implementation Office**

I am very pleased to present the Sláintecare Implementation Strategy & Action Plan 2021 – 2023, which follows on from the Sláintecare Implementation Strategy in 2018.

Since the publication of the Sláintecare Report by the all-party Oireachtas Committee on the Future of Healthcare and the establishment of the Sláintecare Programme Implementation Office in late 2018, steady progress has been made in implementing key reforms.

We have been through a great deal in the past year, and the pandemic has been extremely challenging for everyone in the health and social care system. It has emphasised the strengths and gaps of our system but also the scope and desire for reform. We have seen some wonderful examples of innovation and change, and yet we have clearly witnessed the impacts of the wider determinants of health on our population. This has led to the decision to focus on two Reform Programmes, with eleven projects, for 2021 – 2023: *Improving Safe, Timely Access to Care; and Promoting Health & Wellbeing and Addressing Health Inequalities.*

The Sláintecare Implementation Strategy & Action Plan 2021 – 2023 builds on the progress of Sláintecare reform to date and on the lessons learned from COVID-19. Successful implementation of the two Reform Programmes will have a major impact on our healthcare system. The Programmes will result in people getting timely care as close to their own homes as safely as possible, and will focus on prevention initiatives to promote health and well-being. The Programmes will also support those requiring more targeted health and social care interventions through a population planning approach, and will progress the vision of universal healthcare.

These Reform Programmes depend on the continued cooperation of multiple health and social care stakeholders, without whom it cannot happen. With the goodwill, funding, and implementation focus that has been built up for Sláintecare, collectively we have the opportunity over the next three years to implement Sláintecare at pace and continue to translate the Sláintecare Report from shared vision to reality.

Thank you to everyone involved in Sláintecare implementation.

01



Introduction

The response to COVID-19 by front line staff, health care workers, communities, health policy makers, and other key stakeholders, demonstrated the innovative capability which those involved in the health and social care system can mobilise to ensure that the right care is available to citizens in the right place at the right time, given by the right team.

New pathways of care, new technological improvements, new enabling legislation, and a nationwide focus on infection prevention and control, were implemented at pace, in line with the Sláintecare vision and principles. This Strategic Action Plan seeks to build on this momentum for change.

Looking to the future, the health system faces the ongoing challenges and knock-on impacts of COVID-19 and there will be further pressures in the coming years due to increasing demands for services, driven by a population that is growing by 60,000 per year. In ten years' time there will be more people aged over 65 than under 14. There will be one million people over 65 and 100,000 people over 80 – one third more than now. More people means more demand, and, as well as needing the right infrastructure – people, buildings and e-health – to deliver the right services, we also need to rethink how we deliver these services, placing a greater emphasis on prevention and population health initiatives in order to support people to live independently in their own community for as long as possible.

In 2017 the Oireachtas Committee on the Future of Healthcare set out, in the Sláintecare Oireachtas Report, their vision to deliver safe, quality health and social care services that meets the needs of our growing population, and attracts and retains the very best healthcare clinicians, managers, and staff.

The vision of Sláintecare is to achieve a universal single-tier health and social care system, where everyone has equitable access to services based on need, and not ability to pay.

Over time, citizens will have entitlement to a comprehensive range of primary, acute and social care services. The aim is to deliver a universal health service that offers the right care, in the right place, at the right time, at low or no cost.

Following the publication of the Oireachtas Sláintecare Report in 2017, the Sláintecare Implementation Strategy was agreed by Government in August 2018, setting out an initial set of key actions for a three-year period. Implementation of the Sláintecare vision has continued in line with the 2018 Sláintecare Implementation Strategy with regular updates on progress being reported to the Cabinet Committee on Health and the Joint Oireachtas Committee on Health.

Introduction cont.

Key progress on the Sláintecare reforms, to end 2020, is summarised in Appendix 1. **At a glance:**

- A strong message of the importance of prevention has been made through the work of Healthy Ireland and the roll out of the Keep Well resilience campaign
- A conscious move to implementing more integrated care has been taken, resourcing more networks of care, through the establishment of community healthcare networks, as well as older persons and chronic disease management (CDM) hubs and a GP Structured CDM Programme
- The Sláintecare Integration Innovation projects demonstrated new ways of delivering care, and
- Government made key foundational decisions to underpin the direction of travel for Sláintecare reform

The **Programme for Government (2020)**¹, reaffirmed the commitment to the implementation of Sláintecare and pledged to accelerate the process, underpinned by the allocation in Budget 2021 of more than €1.235 billion to advance the implementation of Sláintecare.

This Strategic Action Plan 2021–2023, has been developed by the Sláintecare Programme Implementation Office (SPIO), setting out priorities and actions for the next phase of Sláintecare. It has been developed factoring in the learnings from COVID-19 (see Appendix 2), the new context within which the health system operates, the Programme for Government and engagement with key stakeholders and partners.

This plan is underpinned by the eight Sláintecare Principles from the Oireachtas Sláintecare Report as illustrated on page 7 in *Figure 1* and these will continue to act as the key reference point during the implementation of this Strategic Action Plan. Building on these Principles, this Strategic Action Plan is grounded in key reform strategies, policies and initiatives including, but not limited to, the:

- Health Service Capacity Review (2018)
- Disability Capacity Review
- Sharing the Vision
- Healthy Ireland Framework 2013 – 2025 and Healthy Ireland Strategic Action Plan 2021 – 2025
- A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 – 2025

- Housing Options for our Ageing Population Policy Statement
- National Development Plan
- Women’s Health Taskforce
- Critical Care Strategic Plan

It is aligned with the reform elements within the Programme for Government, the Department of Health Statement of Strategy 2021 – 23, the HSE’s Corporate Strategy 2021 – 23 and the HSE’s National Service Plan 2021.

The Principles of Sláintecare have been demonstrated to be more relevant than ever within a COVID-19 environment. The importance of these Principles, such as the patient being paramount; timely, needs-based care; prevention and public health; and engagement with citizens and staff, were clearly demonstrated through the COVID-19 emergency, and the important lessons which have been learnt from COVID-19 will be applied to the ongoing implementation of Sláintecare at pace.

Healthcare workers and staff at the front-line are often best placed to recognise issues and challenges in the system and to offer innovative solutions. During COVID-19, we have seen how front-line staff, healthcare workers, communities, policy makers, and other key stakeholders responded and were able to quickly adapt and innovate to the demands of the pandemic. They were trusted and empowered to respond rapidly to the needs of patients and service users. Staff in policy and management roles responded to the crisis with alacrity and dedication.

This Strategic Action Plan aims to build on that innovative spirit, commitment and collaborative engagement, to successfully deliver Sláintecare together.

Sláintecare Fundamental Principles



01

Patient is Paramount

All care is planned and provided so that the patient/service user is paramount, ensuring appropriate care pathways and seamless transition backed-up by full patient record and information.

02

Timely Access

To all health and social care according to medical need.

03

Prevention and Public Health

Patients accessing care at the most appropriate, cost effective service level with a strong emphasis on prevention and public health.

04

Free at the Point of Delivery

Care provided free at the point of delivery, based entirely on clinical need.

05

Workforce

The health service workforce is appropriate, accountable, flexible, well-resourced, supported and valued.

06

Public Money and Interest

Public money is only spent in the public interest for the public good (ensuring value for money, integration, oversight, accountability and correct incentives).

07

Engagement

Create a modern, responsive integrated public health system, comparable to other European countries, through building long-term public and political confidence in the delivery and implementation of this plan.

08

Accountability

Effective organisational alignment and good governance are central to the organisation and functioning of the health system.

Figure 1: Sláintecare Principles from Sláintecare Oireachtas Report 2017

02



Sláintecare Reform Programmes 2021 – 2023

Through research, workshops, and engagement, two Sláintecare Reform Programmes have been prioritised for focused implementation over the next three years. **They are: Reform Programme 1: *Improving Safe, Timely Access to Care and Promoting Health & Wellbeing* and Reform Programme 2: *Addressing Health Inequalities – towards Universal Healthcare.***

These Reform Programmes will involve the work, support, and active engagement of key partners, including the Department of Health, cross government departments, their agencies, in particular the HSE, health and social care workers and their representative organisations, community and voluntary organisations, and the private sector.

The ongoing political and public support for Sláintecare reform remains critical for the implementation of these Programmes.

Sláintecare Reform Programmes 2021 – 2023 cont.

Reform Programme 1

Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing focusing on – integration, safety, prevention, shift of care to the right location, productivity, extra capacity and reduction of waiting lists, **including:**

Project 1



Implement the Health Service Capacity Review (2018) including Healthy Living, Enhanced Community Care and Hospital Productivity

Project 2



Scale and mainstream Integration Innovation

Project 3



Streamline Care Pathways, from prevention to discharge

Project 4



Develop Elective Centres in Dublin, Cork, and Galway

Project 5



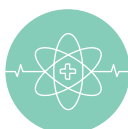
Implement a Multi-annual Waiting List Reduction Plan

Project 6



Implement the eHealth Programme

Project 7



Remove private care from public hospitals – implement the Sláintecare Consultant Contract

Reform Programme 2

Addressing Health Inequalities focusing on – moving towards Universal Healthcare, **including:**

Project 1



Develop a Citizen Care Masterplan

Project 2



Rollout Sláintecare Healthy Communities Programme

Project 3



Develop Regional Health Areas

Project 4



Implement Obesity Policy and Action Plan 2016 – 2025

Reform Programme 1: Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing

3.1 Strategic Context

The Sláintecare waiting time targets, as set out in the Oireachtas Sláintecare Report **are:**

- 01 Inpatient procedure**
no one should wait more than 12 weeks
- 02 Outpatient appointment**
no one should wait more than 10 weeks
(including hospital and community)
- 03 Diagnostics test**
no one should wait more than 10 days, and
- 04 Introduce a maximum waiting time in EDs,**
working towards a four-hour target

Currently, there are too many people waiting for too long for the procedures they need. This is due to insufficient capacity in the system, cancellations due to unexpected emergencies, unclear end-to-end referral pathways, an absence of clear public signposting to services, and a lack of supporting eHealth infrastructure. This has been further compounded by the pausing or curtailment of some services in response to the COVID-19 pandemic.

In line with the principle of ‘prevention and public health’ in the Oireachtas Sláintecare Report, this Reform Programme involves a complex mix of inter-related projects that, when aligned together, will collectively move towards providing safer, more timely access to care.

This Reform Programme provides a focus on ‘prevention’ to support people with their health and wellbeing through promotion, activities, and campaigns, to raise awareness of how they can keep a healthy body and mind. The Programme also focuses on providing care more appropriately in a community rather than a hospital or in a long-term residential care setting, thus preserving hospital spaces for those who need them most and supporting people to have care as close to their own home as possible, including providing support for family carers. This Programme will expand capacity of physical infrastructure, staff and eHealth capability and implement reforms of the health system as set out in the Health Service Capacity Review (2018).

An essential contributor to this Programme is the compilation and implementation of a Multi-annual Waiting List Reduction Plan, which can be monitored and reported on periodically to demonstrate progress. The Integration Innovation Funds Round 2 will support innovations that result in safer integrated care across settings, as well as scaling successful Round 1 projects that can demonstrate significant benefits to patients.

Key projects associated with Reform Programme 1 **are:**

Project 1 – Implement the Health Service Capacity Review (2018) including Healthy Living, Enhanced Community Care and Hospital Productivity

Project 2 – Scale and mainstream Integration Innovation

Project 3 – Streamline Care Pathways, from prevention to discharge

Project 4 – Develop Elective Centres in Dublin, Cork, and Galway

Project 5 – Implement a Multi-annual Waiting List Reduction Plan

Project 6 – Implement the eHealth Programme

Project 7 – Remove private care from public hospitals – implement the Sláintecare Consultant Contract

Reform Programme 1: Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing cont.

3.1 Strategic Context cont.

Reform Programme 1: Improving Safe, Timely Access To Care, and Promoting Health & Wellbeing

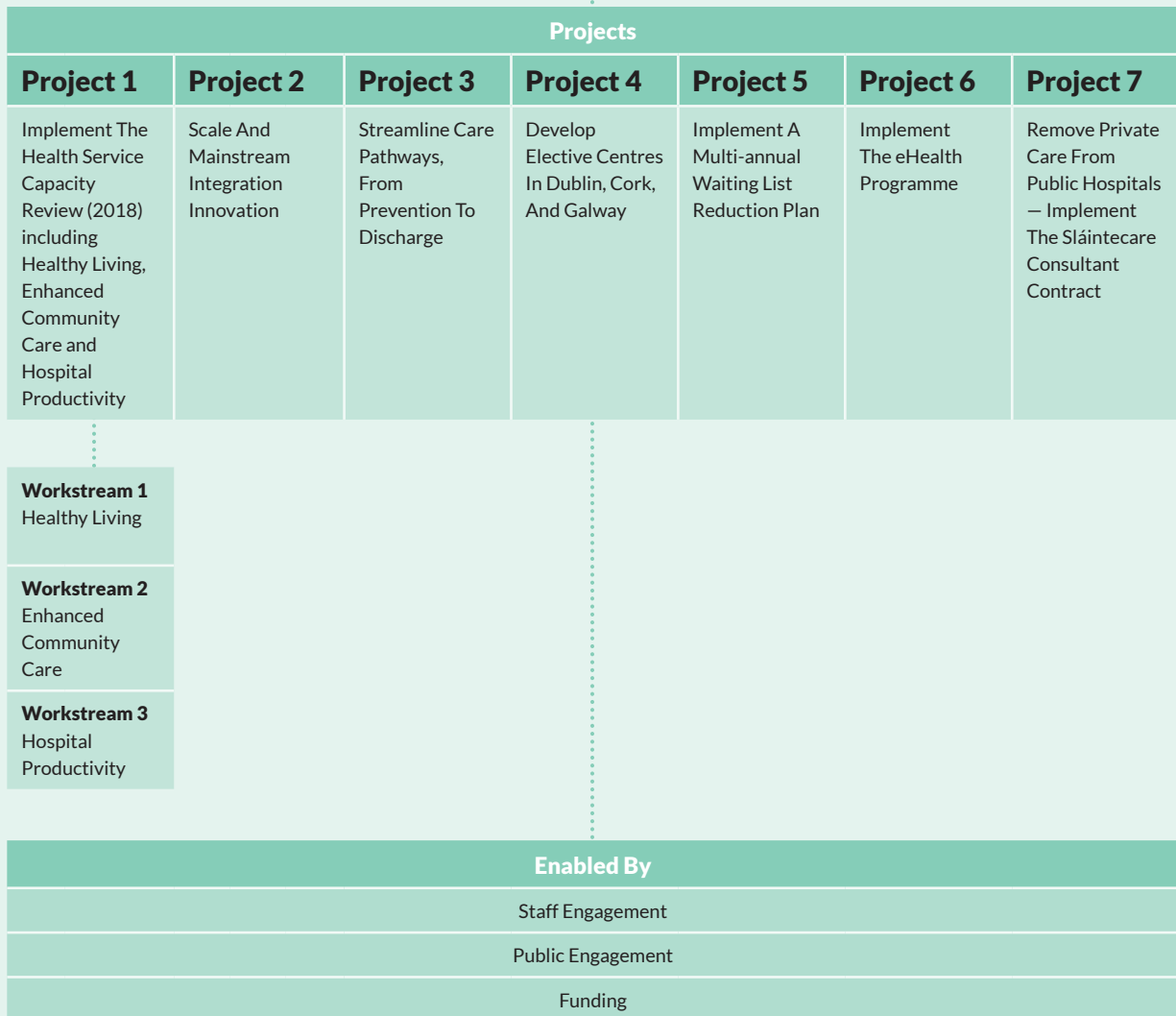


Figure 2: Projects for Programme 1: Improving Safe, Timely Access to Care and Promoting Health & Wellbeing

3.2 Summary of Key Projects



Project 1 Implement the Health Service Capacity Review (2018)

The Health Service Capacity Review (2018), projected to 2031 the staffing and physical infrastructure that would be required to meet the Sláintecare waiting time targets. Details of the three key workstreams which underpin the Health Service Capacity Review **are:**

Workstream 1 – Healthy Living

Workstream 2 – Enhanced Community Care (ECC)

Workstream 3 – Hospital Productivity

Workstream 1 – Healthy Living

The purpose of the Healthy Living workstream is to implement a broad range of health and wellbeing initiatives, policies, and programmes through **Healthy Ireland**. The focus of Workstream 1 is on ‘prevention’ and decreasing the prevalence of unhealthy behaviours that contribute to chronic disease, and also to increase the degree to which diseases and conditions are prevented or detected early to allow for successful intervention. The Healthy Living workstream will ensure maximum impact for citizens in terms of avoiding hospital admission as far as possible, reducing the need for primary care services through initiatives that will prevent illness, and help people lead healthier lives and stay well at home for as long as possible.

The vision of **Healthy Ireland** is an Ireland where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone’s responsibility. **Healthy Ireland** takes a ‘whole of government’ and ‘whole of society’ approach. **Healthy Ireland** is the ‘prevention’ arm of Sláintecare, and working in the Sláintecare Programme Implementation Office Division this workstream will enable a settings-based, population focus through programmes, policies and behavioural change initiatives designed to deliver:

- Healthy Homes
- Healthy Communities
- Healthy Cities & Counties
- Healthy Campuses
- Healthy Clubs
- Healthy Workplaces
- Healthy Schools



Building on the Keep Well² Campaign, which promotes:

- Keeping Active
- Staying Connected
- Switching Off and Being Creative
- Eating Well
- Minding your Mood, and
- Minding your Body

² <https://www.gov.ie/en/press-release/4db9d-an-taoiseach-minister-for-health-and-minister-for-public-health-well-being-and-the-national-drugs-strategy-launch-keep-well-campaign/>

Reform Programme 1: Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing cont.

Project 1 Implement the Health Service Capacity Review (2018) cont.

Workstream 1 – Healthy Living cont.

This workstream will deliver key programmes that impact on health and wellbeing, such as physical activity, healthy eating, alcohol reduction, smoking cessation, mental health, social prescribing and screening services. Working with partners and stakeholders in sectors such as education, community, environment, children, justice, housing, social care, enterprise, arts, sports, among others, it will involve identifying solutions to some of the adverse health impacts of the wider determinants of health. Implementation will be measured through the Healthy Ireland Outcomes Framework.

Workstream 2 – Enhanced Community Care (ECC)

A key aspect of the Health Service Capacity Review (2018) is the shift of care out of acute hospitals into the community and closer to a person's home, where safely possible. The ECC workstream will ensure maximum impact for citizens in avoiding hospital admission as far as possible through initiatives that will see care delivered within the community, at or near a person's home where appropriate.

Over the three years of this Strategic Action Plan this workstream will see the nationwide implementation of capacity, for enhanced community care, through:

- Building health and social care services at a community level to meet the identified health needs of local populations
- Establishing 96 new Community Healthcare Networks that will provide the foundation and organisational structures that will enable integrated care with primary and acute care partners
- Recruiting up to 7,000 community-based healthcare staff
- Building community capacity to provide services to people with a disability through both mainstream health services and specialist disability services
- The scaling of Community Intervention Teams
- Implementing Community Specialist Hubs, including Integrated Care Programmes for Older People, the National Falls Prevention Programme and the recruitment of Dementia Advisors
- Increasing capacity in reablement, frailty and enhanced intermediate short stay care
- Enhancing the regulatory model in respect of nursing homes
- The strategic reform recommendations of the COVID-19 Nursing Homes Expert Panel
- Chronic disease management by GPs and in Specialist Hubs
- Direct GP referral to community radiology
- Rolling out the National Patient Advocacy Service into the community
- Virtual wards in community settings
- Bringing care directly to vulnerable groups of people
- Focusing on bringing services closer to the patient through national strategies, for example, the National Maternity Strategy (2016)
- Supporting the work of the National Ambulance Service which aims to provide care at the lowest level of acuity, including 'See and Treat' measures
- Developing New Primary Care Centres

Workstream 3 – Hospital Productivity

The Health Service Capacity Review (2018) set out that, in addition to increasing physical capacity, as well as focussing on prevention and healthy living programmes, together with moving care to the community, there is a requirement to reform how acute services are delivered, together with hospital productivity improvements. The purpose of the Hospital Productivity workstream is to deliver improved outcomes and a more effective use of resources through the:

- Reconfiguration of acute hospital services
- Implementation of enhanced patient flow through the hospital system from admission to discharge
- Reduction in length of stay (LOS) in hospitals
- Optimisation of available hospital theatre and bed capacity
- Separation of ambulatory and non-ambulatory care, and
- Reduction of delayed discharges



Project 2 Scale and mainstream Integration Innovation

This Project will oversee the evaluation and mainstreaming of successful Sláintecare Integration Fund Round 1 projects, and the rollout of Round 2 of the Integration Innovation Funds, including developing the Sláintecare Integration Innovation Learning Network.

The Sláintecare Integration Fund Round 1 has supported 123 HSE-funded and NGO sector projects, to test and evaluate innovative models of care providing a 'proof of concept' with a view to mainstreaming successful projects. Many projects will transition to mainstream funding during 2021 and beyond, in particular through the Enhanced Community Care Workstream 2.

The goal of Integration Funds Round 1 is to:

- Promote the engagement and empowerment of citizens in the care of their own health
- Scale and share examples of best practice and processes for chronic disease management and care of older people, and
- Encourage innovations in the shift of care to the community or provide hospital avoidance measures

The goal of Integration Innovation Funds Round 2 will be to enable safer, integrated care between settings, through:

- Audit-informed, research-driven, incident prevention or process improvement or productivity projects
- Integrated patient pathway improvement projects
- Integrated wider determinants stakeholder partnerships focused on improving outcomes for communities of particular need



Project 3 Streamline Care Pathways, from prevention to discharge

The development of integrated care pathways that are based on delivering the best outcomes for patients can help to drive streamlined integration between care settings at a national, regional and local level. Pathways that are agreed between GPs, primary/community care providers, community specialist teams and hospital-based specialists can provide better links across these care settings and will ensure that resources are used to provide the best care for patients and that services are provided in a more timely way.

The development of care pathways that also include a focus on prevention will help with better self-care and citizen empowerment when supported by useful information, guides, tools, videos and smart devices to enable people to stay well in their own homes for longer.

This project will work with GPs, hospitals, community partners, including residential care, and the clinical care programmes within the HSE, to agree streamlined, standardised pathways, enabled by a decision support tool and other eHealth projects, and backed-up by an up-to-date services directory.



Project 4 Develop Elective Centres in Dublin, Cork and Galway

Delivery of Elective Centres in accordance with the Health Service Capacity Review (2018), will provide for demands due to increasing demographic pressures. The National Development Plan sets out the requirement for Elective Centres in Dublin, Cork and Galway.

Reform Programme 1: Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing cont.

Project 4 Develop Elective Centres cont.

The goal of this project is to:

- develop the elective hospital capacity with a ten-year horizon of need, which facilitates the separation of scheduled and unscheduled care
- provide quicker, higher quality, safer care for selected elective patients
- create capacity for acute hospital sites and reduce/eliminate outlier boarding (trolleys)
- drive down waiting lists (outpatient, inpatient and day case)
- reduce cancellations, and
- reduce acute hospital footfall

Subject to Government decisions, and working through the Public Spending Code process, the Elective Centres will proceed through planning permission, fire certificate and tender stages with construction work underway on the Centres during the course of this Strategic Action Plan 2021 – 23.



Project 5 Implement Multi Annual Waiting List Reduction Plan

Waiting lists have grown to historically high levels due to the cessation of services during periods of the pandemic. Waiting lists are likely to continue to be adversely impacted by the ongoing pandemic throughout 2021, with the health system operating at reduced levels of its overall capacity due to COVID-19 and restrictions imposed on services. It will take time to recover from the impacts of COVID-19 on waiting lists.

Given the historically long waiting times and the impacts of COVID-19, the numbers of people now waiting for diagnostics and treatment far exceed Sláintecare waiting

time targets. A comprehensive response to addressing both hospital, as well as community waiting lists is required in order to meet these waiting time targets. A multi-annual plan to reduce all waiting lists, and align the resources/capacity to do so, will be scoped, with substantial targeted delivery during the course of this Strategic Action Plan.

A Waiting List Reduction Plan will require concerted, focused effort from across the Department of Health, HSE, NTPF, GPs, and other partners, including voluntary and private providers, to develop and implement the Plan.

Elements of the Plan will include:

- Identifying and reporting on all waiting lists for all locations by discipline including community, social care, hospital, diagnostic, and palliative care
- Setting up a programmatic and accountable approach to delivering this multi-faceted project
- Establishing clinical groups to agree pathways from prevention to discharge
- Implementing supporting eHealth projects, including a waiting list management system, agreed care pathways, and public signposting and information
- Workforce planning, ensuring appointments to clinical posts are targeted at areas of most need
- Aligning education and training places with specialties of most demand
- Addressing any eligibility anomalies between hospital/community referral pathways
- Considering recommendations of 'Identifying Best Practices in Waiting Time and Waiting List Reporting'
- Rewarding best practice and innovation

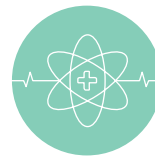


Project 6 Implement eHealth Programme

The eHealth Programme is a critical enabler of the Sláintecare Reform Programmes, and significant investment in eHealth capital and staffing will be available for implementation over the course of this Strategic Action Plan.

Key critical eHealth and technology actions that will support integration, keep people well in their community or at home, and support better acute demand management include:

- National COVID-19 Vaccination IT System
- National Waiting List Management System
- Decision support pathways
- ePharmacy / ePrescribing
- Residential Care and Home Support Management Systems
- Video Conferencing / Remote Consultation
- Electronic Discharge System
- Health Performance and Visualisation Platform
- Integrated Information Services Supporting Recovery
- Summary and Shared Care Record
- Community Patient Management System



Project 7: Removing Private Care from Public Hospitals – introducing the Sláintecare Consultant Contract

The removal of private practice from public hospitals is a core principle of Sláintecare, ensuring that public healthcare facilities are used for public patients only, and that public patients can access public hospitals based on clinical need. The Sláintecare Consultant Contract, which will only permit the carrying out of public care in public hospitals from the date of implementation, is central to the delivery of the goal of universal, single-tier healthcare in Ireland.

The Programme for Government reiterates the commitment to finalising the new Sláintecare Consultant Contract and legislating for public-only work in public hospitals. This project will be the first step along the road to public-only care taking place in public healthcare facilities. A roadmap for completing other policies to support this direction will be developed during the course of this Strategic Action Plan.

Reform Programme 1: Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing cont.

3.3 Key projects and deliverables 2021 – 2023

Reform Programme 1: Improving Safe, Timely Access to Care and Promoting Health & Wellbeing

Q1 2021



Project 1
Implement Health Service Capacity Review (HCR 2018)

Workstream 1 – Healthy Living




- Progress Healthy Age Friendly Homes Programme
- Finalise **Healthy Ireland** 5-year Strategic Action Plan (HI Plan)
- Continue Resilience Campaign with government and agency partners
- Consider metrics to monitor progress in line with Health Service Capacity Review (2018) targets
- Progress key ‘prevention’ initiatives in line with HSE National Service Plan (NSP) 2021
- Progress development of new settings-based approaches to healthy behaviours and develop settings-based information campaigns


Workstream 2 – Enhanced Community Care (ECC)

- Initiate plans and initiate rollout of additional community bed capacity in line with NSP and Budget 2021
- Commence implementation of ECC programmes, including rollout of 57 Community Healthcare Networks (CHN), 18 Specialist Hubs, Integrated Care Programmes for Older People and Chronic Disease Management (ICPOP & CDM), Community Intervention Teams (CIT), Ambulance See & Treat, Virtual Wards
- Continue rollout of GP Structured CDM programme
- Rollout expansion of community diagnostic provision
- Advance development of statutory home support scheme
- Rollout increased home supports
- Support implementation of ‘Sharing the Vision’ in line with NSP 2021
- Consider metrics to monitor progress in line with Health Service Capacity Review (2018) targets
- Continue to progress the implementation of the COVID-19 Nursing Homes Expert Panel recommendations

<p>Project 1 Implement Health Service Capacity Review (HCR 2018) cont.</p>	<p>Workstream 3 – Hospital Productivity</p> <ul style="list-style-type: none"> • Initiate rollout of additional Acute inpatient, ICU, and day bed capacity in line with NSP and Budget 2021 • Commence scoping hospital productivity initiatives in line with HCR reform targets • Commence establishment of specialist teams for Ambulatory Care Sensitive Conditions at 7 (Chronic Disease) hub hospitals • Commence mainstreaming of specialist Frailty Intervention Teams at selected hospitals • Initiate establishment of new referral pathway to audiology services across 18 hospitals • Begin enhancement of staffing levels to achieve national delivery of Musculoskeletal Medicine (MSK) services across 18 hospitals • Begin establishment of orthopaedic virtual trauma assessment (TAC) clinic to achieve national delivery in 18 hospital sites. • Begin commissioning of 10 neuro rehab beds at Peamount Hospital and establishment of community neuro rehab teams (in CHO6 & 7) • Develop plans for the provision of accessible and safe care that meets the needs of the homeless population and reduces dependency on EDs and Acute services
 <p>Project 2 Scale and Mainstream Integration Innovation</p>	<ul style="list-style-type: none"> • Progress evaluation and selection of Integration Funds Round 1 projects to be mainstreamed/scaled • Progress Transition Plan for mainstreaming/scale of successful projects in line with NSP 2021 • Monitor progress and impacts of projects being mainstreamed /scaled • Continue Integration Innovation Learning Network Webinars to promote best practice nationwide • Establish plan to rollout Community Virtual Ward
 <p>Project 3 Streamline Care Pathways, from prevention to discharge</p>	<ul style="list-style-type: none"> • Initiate review of care pathways as part of Scheduled Care Transformation Programme
 <p>Project 4 Develop Elective Centres in Dublin, Cork and Galway</p>	<ul style="list-style-type: none"> • Obtain Strategic Assessment Report (Gate O) approval in line with Public Spending Code • Progress Preliminary Business Case (PBC) approval (Gate 1)

Reform Programme 1: Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing cont.

<p>Q1 2021 cont.</p>  <p>Project 5 Implement Multi-annual Waiting Lists Reduction Plan</p>	<ul style="list-style-type: none"> • Establish governance and working group • Progress work on scoping development of multi-annual plan
 <p>Project 6 Implement the eHealth Programme</p>	<ul style="list-style-type: none"> • Continue rollout of IHIs as part of eVaccination Programme • Progress GP Research Hub • Commence rollout of Health Visualisation Platform Programme • Continue rollout of community and other eHealth initiatives in line with the HSE ICT Capital Plan
 <p>Project 7 Remove private care from public hospitals – implement Sláintecare Consultant Contract</p>	<ul style="list-style-type: none"> • Undertake foundational work to enable rollout of new Sláintecare Consultant Contract
<p>Q2 2021</p>	
 <p>Project 1 Implement Health Service Capacity Review (HCR 2018)</p>	<p>Workstream 1 – Healthy Living</p> <ul style="list-style-type: none"> • Publish Healthy Ireland 5-year Strategic Action Plan (HI Plan) and rollout Implementation Plan • Launch Social Prescribing Policy and projects • Establish Healthy Campuses Advisory Group and agree seed funding • Develop HI Campaigns programme • Agree priorities for Healthy Ireland Fund investment • Implement key ‘prevention’ initiatives in line with HI Plan and NSP 2021 • Work with HSE on restoration of Sexual Health services impacted by COVID-19 • Work with Government to support smoking cessation initiatives targeted at disadvantaged groups • Support the development of a communications strategy to improve public understanding, trust and uptake of screening • Support implementation of ‘Sharing the Vision’ in line with NSP 2021

<p>Project 1 Implement Health Service Capacity Review (HCR 2018) cont.</p>	<p>Workstream 2 – Enhanced Community Care (ECC)</p> <ul style="list-style-type: none"> • Continue implementation of ECC programmes – including rollout of Hubs, ICPOP, CDM and GP CDM contract • Continue roll-out of community diagnostic provision • Continue development of statutory home support scheme • Continue rollout of increased home supports • Develop suite of metrics to monitor implementation of ‘Sharing the Vision’ • Rollout falls prevention teams at multi-network level and CHOs, aligned with ICPOP hubs • Commence the first phase of the rollout of the National Patient Advocacy Service to the community to include HSE operated nursing homes • Undertake consultation on Phase 1 of nursing homes regulatory enhancements • Progress rollout of InterRAI care needs assessment and commence supporting policy development • Commence scoping work on older persons clinical governance and nursing homes resident safety model/outcomes policies
	<p>Workstream 3 – Hospital Productivity</p> <ul style="list-style-type: none"> • Continue implementation of additional capacity in line with NSP and Budget 2021 • Agree productivity initiatives • Progress establishment of specialist teams for Ambulatory Care Sensitive Conditions at 7 (Chronic Disease) hub hospitals • Progress establishment of specialist Frailty Intervention Teams at selected hospitals • Continue to complete introduction of new referral pathway to audiology services across 18 hospitals • Continue to implement staffing levels to achieve national delivery of MSK services across 18 hospitals • Continue to complete set up of orthopaedic virtual trauma assessment (TAC) clinic to achieve national delivery in 18 hospital sites • Progress plans for the rollout of high quality, accessible and safe care that meets the needs of the homeless population and reduces dependency on EDs and Acute services
 <p>Project 2 Scale and Mainstream Integration Innovation</p>	<ul style="list-style-type: none"> • Finalise Transition Plan for mainstreaming/scale of successful projects in line with NSP 2021 • Continue monitoring of progress and impacts of Round 1 projects being mainstreamed / scaled • Identify Integration Innovation Funds Round 2 projects • Initiate rollout of Community Virtual Ward in line with plan

Reform Programme 1: Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing cont.

<p>Q2 2021 cont.</p>  <p>Project 3 Streamline Care Pathways, from prevention to discharge</p>	<ul style="list-style-type: none"> • Progress best practice care pathways for selected specialities
 <p>Project 4 Develop Elective Centres in Dublin, Cork and Galway</p>	<ul style="list-style-type: none"> • Progress approval of PBC for Elective Hospitals
 <p>Project 5 Implement Multi-annual Waiting Lists Reduction Plan</p>	<ul style="list-style-type: none"> • Finalise approach to development of multi-annual plan to reduce waiting lists • Agree actions to deliver a multi-annual plan on reducing waiting lists and assign ownership • Set up workstreams and commence implementation
 <p>Project 6 Implement the eHealth Programme</p>	<ul style="list-style-type: none"> • Continue rollout of IHIs as part of eVaccination Programme • Progress GP Research Hub • Commence rollout of Health Visualisation Platform Programme • Continue rollout of community and other eHealth initiatives in line with the HSE ICT Capital Plan
 <p>Project 7 Remove private care from public hospitals – implement Sláintecare Consultant Contract</p>	<ul style="list-style-type: none"> • Finalise implementation approach of the new Sláintecare Consultant Contract • Initiate development of roadmap to remove private care from public hospitals

Q3 2021



Project 1

Implement Health Service Capacity Review (HCR 2018)

Workstream 1 – Healthy Living

- Launch Healthy Campus Framework and engage with Higher Education Institutions (HEIs)
- Develop implementation plan for Period Poverty Report
- Implement key ‘prevention’ initiatives in line with NSP 2021
- Prioritise NSP 2022 prevention initiatives
- Continue settings-based information and national prevention campaigns
- Refresh Healthy Ireland Alcohol policy to reduce harm and support recovery
- Rollout initiatives to implement ‘Sharing the Vision’
- Develop a plan aimed at tackling loneliness and isolation, particularly among older people, as outlined in the Roadmap for Social Inclusion
- Work with local authorities to develop appropriate oversight of Healthy Ireland funded initiatives that will inform funding decisions at local and national level




Workstream 2 – Enhanced Community Care (ECC)

- Continue implementation of ECC programmes – rollout of Hubs, ICPOP, CDM and GP CDM contract
- Continue community diagnostic provision
- Commence implementation and evaluation of reformed home support delivery model
- Continue rollout and evaluation of increased home supports
- Introduce agreed metrics to monitor and evaluate progress in implementing ‘Sharing the Vision’
- Continue rollout of falls prevention teams at multi-network level and CHO, aligned with ICPOP hubs
- Subject to Government approval, publish draft Heads of Bill to provide interim enhancements to oversight and regulation of nursing homes

Workstream 3 – Hospital Productivity

- Continue implementation of additional capacity in line with NSP and Budget 2021
- Continue rollout of hospital productivity initiatives
- Continue establishment of specialist teams for Ambulatory Care Sensitive Conditions at 7 (Chronic Disease) hub hospitals





Reform Programme 1: Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing cont.

<p>Q3 2021 cont.</p> <p>Project 1 Implement Health Service Capacity Review (HCR 2018) cont.</p>	<ul style="list-style-type: none"> • Continue rollout of specialist Frailty Intervention Teams at selected hospitals • Continue to complete introduction of new referral pathway to audiology services across 18 hospitals • Continue to implement staffing levels to achieve national delivery of MSK services across 18 hospitals • Continue to complete set up of orthopaedic virtual trauma assessment (TAC) clinic to achieve national delivery in 18 hospital sites • Progress plans for the rollout of high quality, accessible and safe care that meets the needs of the homeless population and reduces dependency on EDs and Acute services
 <p>Project 2 Scale and Mainstream Integration Innovation</p>	<ul style="list-style-type: none"> • Continue monitoring of progress and impacts of Round 1 projects being mainstreamed / scaled • Rollout Round 2 projects • Progress rollout of Community Virtual ward in line with plan
 <p>Project 3 Streamline Care Pathways, from prevention to discharge</p>	<ul style="list-style-type: none"> • Commence rollout of care pathways • Identify supporting communications programme
 <p>Project 4 Develop Elective Centres in Dublin, Cork and Galway</p>	<ul style="list-style-type: none"> • Tender for design team(s), subject to PBC approval
 <p>Project 5 Implement Multi-annual Waiting Lists Reduction Plan</p>	<ul style="list-style-type: none"> • Approval of multi-annual plan to reduce waiting lists • Implement Multi-annual Waiting List Reduction Plan to deliver more timely care and support service planning




 <p>Project 6 Implement the eHealth Programme</p>	<ul style="list-style-type: none"> • Continue rollout of IHIs as part of eVaccination Programme • Commence deployment of IHIs into other solutions • Progress GP Research Hub • Continue rollout of Health Visualisation Platform Programme • Continue rollout of community and other eHealth initiatives in line with the HSE ICT Capital Plan
 <p>Project 7 Remove private care from public hospitals – implement Sláintecare Consultant Contract</p>	<ul style="list-style-type: none"> • Continue implementation of the new Sláintecare Contract • Monitor implementation and contract enforcement framework • Progress plan to remove private care from public hospitals
<h2>Q4 2021</h2>	
 <p>Project 1 Implement Health Service Capacity Review (HCR 2018)</p>	<p>Workstream 1 – Healthy Living</p> <ul style="list-style-type: none"> • Launch Healthy Workplace Framework and Website to support workplaces • Complete new National Sexual Health Policy • Implement key ‘prevention’ initiatives in line with HI Plan and NSP 2021 • Launch expanded Healthy Clubs Programme • Conclude NSP 2022 prioritisation • Continue settings-based information and national prevention campaigns • Complete review of the Physical Activity Plan and set out monitoring and oversight of implementation aligned to the Outcomes Framework • Engage with sports partners and stakeholders on the rollout of the Physical Activity Plan • Engage with Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media (DTCAGSM) in the ongoing implementation of the Creative Ireland Programme • Support TACU in the Department to implement the Public Health (Alcohol) Act commitment to introducing minimum unit pricing in consultation with Northern Ireland • Support the DoE to establish a new Primary School Healthy Eating education programme building on a range of current initiatives to support healthy eating education • Implement communications strategy to improve public understanding, trust and uptake of screening • Engage and support the work of the Women’s Health Taskforce

Reform Programme 1: Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing cont.

<p>Q4 2021 cont.</p> <p>Project 1 Implement Health Service Capacity Review (HCR 2018) cont.</p>	<p>Workstream 2 – Enhanced Community Care (ECC)</p> <ul style="list-style-type: none"> • Complete rollout of additional community bed capacity in line with plan • CHNs – complete rollout and review implementation progress of 57 CHNs • Review implementation of a population needs and stratification approach to service delivery via the CHNs • ICPOP & CDM – complete development of 18 community specialist teams for older persons and chronic disease management to support 11 acute hospitals • Continue implementation of the 2019 GP Agreement including the structured programme for chronic disease management and prevention • Expand Community diagnostic provision in line with plan • Continue implementation and evaluation of reformed home support delivery model • Rollout increased home care supports • Implement ‘Sharing the Vision’ in line with Plan • Continue rollout of falls prevention teams at multi-network level and CHO, aligned with ICPOP hubs • Further develop community midwifery services and provide more choice to women with regard to the maternity care they receive • Continue rollout of new models of care for maternity and ambulatory gynaecology • Progress the National Cancer Information System (NCIS) in line with Plan • Continue rollout of National Patient Advocacy Service to HSE operated nursing homes • Consider the incorporation of COVID-19 Nursing Homes Expert Panel strategic reform recommendations into wider older persons reform processes • Complete development of draft care needs assessment policy for older persons • Progress review of palliative care strategy • Progress Safeguarding Policy <p>Workstream 3 – Hospital Productivity</p> <ul style="list-style-type: none"> • Operationalise additional Acute inpatient, ICU, day, and community bed capacity • Complete establishment of specialist teams for Ambulatory Care Sensitive Conditions at 7 (Chronic Disease) hub hospitals • Complete establishment of specialist Frailty Intervention Teams at selected hospitals • Continue operation and assessment of new referral pathway to audiology services across 18 hospitals • Continue delivery of National MSK services across 18 hospitals
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<p>Project 1 Implement Health Service Capacity Review (HCR 2018) cont.</p>	<ul style="list-style-type: none"> • Continue operation and evaluation of orthopaedic virtual trauma assessment (TAC) clinics in 18 hospital sites • Open 10 neuro rehab beds at Peamount Hospital and community rehab teams (in CHO6 & 7) established • Review rollout impacts of the delivery of high quality, accessible and safe care for the homeless population on EDs and Acute services
 <p>Project 2 Scale and Mainstream Integration Innovation</p>	<ul style="list-style-type: none"> • Continue monitoring of progress and impacts of Round 1 projects being mainstreamed / scaled and monitor Round 2 projects • Review rollout of Community Virtual ward service delivery and plan for 2022
 <p>Project 3 Streamline Care Pathways, from prevention to discharge</p>	<ul style="list-style-type: none"> • Continue Rollout of Care Pathways
 <p>Project 4 Develop Elective Centres in Dublin, Cork and Galway</p>	<ul style="list-style-type: none"> • Appoint design team(s), subject to approval of PBC
 <p>Project 5 Implement Multi-annual Waiting Lists Reduction Plan</p>	<ul style="list-style-type: none"> • Continue the implementation of the Multi-annual Waiting Lists Reduction Plan

Reform Programme 1: Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing cont.

<p>Q4 2021 cont.</p>  <p>Project 6 Implement the eHealth Programme</p>	<ul style="list-style-type: none"> • Continue deployment of IHI to existing health solutions to enable shared care record • Progress GP Research Hub • Continue rollout of Health Visualisation Platform Programme • Continue rollout of community and other eHealth initiatives in line with the HSE ICT Capital Plan
 <p>Project 7 Remove private care from public hospitals – implement Sláintecare Consultant Contract</p>	<ul style="list-style-type: none"> • Continue implementation and review progress • Continue plan to remove private care from public hospitals
<p>2022</p>	
 <p>Project 1 Implement Health Service Capacity Review (HCR 2018)</p>	<p>Workstream 1 – Healthy Living</p> <ul style="list-style-type: none"> • Continue settings-based information and national prevention campaigns • Continue implementation of key ‘prevention’ initiatives in line with the HI Plan and NSP 2022 • Prioritise NSP 2023 prevention initiatives • Monitor progress in line with Health Service Capacity Review (2018) • Evaluate impacts using the HI Outcomes Framework • Oversee implementation of the Physical Activity Plan and ongoing engagement with Sports partners and stakeholders on its rollout • Continue engagement with DTCAGSM in the implementation of the Creative Ireland Programme • Continue work with Government to support smoking cessation initiatives targeted at disadvantaged groups • Oversee implementation of the Healthy Ireland Alcohol policy to reduce harm and support recovery • Continue engagement with DoE on the primary School Healthy Eating education programme and healthy eating initiatives • Continue rollout of communications strategy to improve public understanding, trust and uptake of screening

<p>Project 1 Implement Health Service Capacity Review (HCR 2018) cont.</p>	<ul style="list-style-type: none"> • Promote Settings based information and National Prevention campaign • Continue implementation of 'Sharing the Vision' in line with Plan • Continue working with Local Authorities on Healthy Ireland funded initiatives • Provide ongoing support to the Women's Health Taskforce <p>Workstream 2 – Enhanced Community Care (ECC)</p> <ul style="list-style-type: none"> • Continue rollout of CHNs (+39 in 2022, subject to funding, giving nationwide coverage of 96 with focus on segmented groupings) • Commence implementation of statutory home support scheme • Continue enhancement of housing options for older people • Progress development of community specialist teams for older persons and CDM to support the remaining acute hospitals • Continue GP support for CDM • Continue rollout of specialist frailty teams • Continue implementation of 'Sharing the Vision' in line with plan • Continue rollout of falls prevention teams at multi-network level and CHO, aligned with ICPOP hubs • Consider policy, and legislation, if required, and commence specification development and tendering requirements for further rollout of National Patient Advocacy Service in nursing homes • Progress Phase 1 of nursing home regulatory enhancement to conclusion • Commence Phase 2 of wider nursing home regulatory review • Implement the National Nursing Home Experience Survey <p>Workstream 3 – Hospital Productivity</p> <ul style="list-style-type: none"> • Continue expansion of Acute inpatient, ICU, and day bed capacity aligned to population health needs • Continue implementation of hospital productivity initiatives • Continue monitoring of implementation progress using HCR (2018) metrics
 <p>Project 2 Scale and Mainstream Integration Innovation</p>	<ul style="list-style-type: none"> • Continue implementation of Integration Innovation Funds Round 2 & mainstreaming of successful projects • Continue implementation of Community Virtual Ward

Reform Programme 1: Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing cont.

<p>2022 cont.</p>  <p>Project 3 Streamline Care Pathways, from prevention to discharge</p>	<ul style="list-style-type: none"> • Review implementation of Care Pathways and expand as appropriate
 <p>Project 4 Develop Elective Centres in Dublin, Cork and Galway</p>	<ul style="list-style-type: none"> • Prepare and submit for planning permission and Fire Certificate, subject to Government approval • Obtain planning permission and Fire Certificate approval • Commence preparation of tender documentation
 <p>Project 5 Implement Multi-annual Waiting Lists Reduction Plan</p>	<ul style="list-style-type: none"> • Continue the implementation of the Multi-annual Waiting List Reduction Plan
 <p>Project 6 Implement the eHealth Programme</p>	<ul style="list-style-type: none"> • Progress eHealth initiatives in line with plan and funding, including, to progress and implement: <ul style="list-style-type: none"> - ePharmacy & ePrescribing - Home support and Residential care management systems - Health performance and visualisation platform - Decision Support Pathways - Electronic Discharge - Shared Care record - InterRAI Assessment tool - Citizen Portal

**Project 7**

Remove private care from public hospitals – implement Sláintecare Consultant Contract

- Continue to implement the new contract and implementation and enforcement framework
- Continue plan to remove private care from public hospitals
- Progress the Patient Safety Licensing Bill

2023**Project 1**

Implement Health Service Capacity Review (HCR 2018)




Workstream 1 – Healthy Living

- Continue settings-based information and national prevention campaigns
- Continue implementation of key ‘prevention’ initiatives in line with the HI Plan and NSP 2023
- Prioritise NSP 2024 prevention initiatives
- Monitor progress in line with Health Service Capacity Review (2018)
- Evaluate impacts using the HI Outcomes Framework
- Continue oversight of the implementation of the Physical Activity Plan
- Continue engagement with DTCAGSM in the implementation of the Creative Ireland Programme
- Continue work with Government to support smoking cessation initiatives targeted at disadvantaged groups
- Continue oversight of the implementation of the Healthy Ireland Alcohol policy to reduce harm and support recovery
- Continue engagement with DoE on the Primary School Healthy Eating education programme and healthy eating initiatives
- Continue implementation of ‘Sharing the Vision’ in line with Plan
- Continue working with Local Authorities on Healthy Ireland funded initiatives

Workstream 2 – Enhanced Community Care (ECC)

- Progress ongoing operation and development of 96 CHNs
- Publish CHN learning network report to share practice
- Continue enhancement of community-based specialist services aligned to population health needs
- Continue implementation of statutory home support scheme

Reform Programme 1: Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing cont.

<p>2023 cont.</p> <p>Project 1 Implement Health Service Capacity Review (HCR 2018) cont.</p>	<ul style="list-style-type: none"> • Continue GP rollout and support for CDM • Continue implementation of 'Sharing the Vision' in line with Plan • Continue rollout of falls prevention teams at multi-network level and CHO, aligned with ICPOP hubs <p>Workstream 3 – Hospital Productivity</p> <ul style="list-style-type: none"> • Continue expansion of Acute inpatient, ICU, and day bed capacity aligned to population health needs • Continue implementation of hospital productivity initiatives • Continue monitoring of implementation progress using HCR (2018) metrics
 <p>Project 2 Scale and Mainstream Integration Innovation</p>	<ul style="list-style-type: none"> • Continue implementation of Integration Fund & mainstreaming of successful projects • Continue implementation of Community Virtual Ward
 <p>Project 3 Streamline Care Pathways, from prevention to discharge</p>	<ul style="list-style-type: none"> • Review implementation of Care Pathways and expand as appropriate
 <p>Project 4 Develop Elective Centres in Dublin, Cork and Galway</p>	<ul style="list-style-type: none"> • Prepare, submit and obtain approval for Gate 3 Final Business Case




 <p>Project 5 Implement Multi-annual Waiting Lists Reduction Plan</p>	<ul style="list-style-type: none"> • Continue the implementation and refinement of the Multi-annual Waiting Lists Reduction Plan
 <p>Project 6 Implement the eHealth Programme</p>	<ul style="list-style-type: none"> • Progress eHealth initiatives in line with plan and funding, including, to progress and implement: <ul style="list-style-type: none"> - National Waiting list management systems - ePharmacy & ePrescribing - Home support and Residential care management systems - Health performance and visualisation platform - Decision Support Pathways - Electronic Discharge - Shared Care record - InterRAI Assessment tool - Citizen Portal
 <p>Project 7 Remove private care from public hospitals – implement Sláintecare Consultant Contract</p>	<ul style="list-style-type: none"> • Continue to implement the new contract and implementation and enforcement framework • Continue removal of private care from public hospitals

Table 1: Three-year high-level deliverables for Reform Programme 1

04



Reform Programme 2: Addressing Health Inequalities – towards Universal Healthcare

4.1 Strategic Context

There are many groups of people who require tailored health and social care interventions, in order to address the health inequalities they face. These health inequalities may also be compounded by the wider determinants of health. This Reform Programme sets out key projects required to address health inequalities and move towards universal healthcare.

Reform Programme 2: Addressing Health Inequalities towards Universal Healthcare

Projects			
Project 1	Project 2	Project 3	Project 4
Develop a Citizen Care Masterplan	Rollout Sláintecare Healthy Communities Programme	Develop Regional Health Areas	Implement Obesity Policy and Action Plan 2016 – 2025

Enabled by
Infrastructure Development
Strategic Workforce Planning & Skill Mix
Funding

Figure 3: Key Projects for Reform Programme 1: Addressing Health Inequalities

Reform Programme 2: Addressing Health Inequalities towards Universal Healthcare cont.

4.2 Summary of Key Projects

Key projects associated with Reform Programme 1 are:

- Project 1** – Develop a Citizen Care Masterplan
- Project 2** – Implement Sláintecare Healthy Communities Programme
- Project 3** – Develop Regional Health Areas
- Project 4** – Implement Obesity Policy and Action Plan 2016 – 2025



Project 1 Develop a Citizen Care Masterplan

There is a requirement to coherently evaluate the impact of the significant additional resources being invested in the Irish health and social care system, which are in line with the Sláintecare objectives of equality of access, target waiting times, and safe care. There is a multiplicity of individual strategies, reports, business plans, clinical programmes, models of care, pathways, etc, for the Irish health and social care system, all of which inform the development of services. While the Health Service Capacity Report (2018) describes the quantum of capacity required to 2031, by workforce and infrastructure, it does not indicate how to attain a joined-up 'masterplan' which describes the projected service needs of our entire population by segment and location, supported by underpinning frameworks of resource allocation, capital planning, workforce planning and eligibility.

This project will involve a number of key workstreams:

Workstream 1 – Population profiling and segmentation

Population segmentation involves grouping a population by the kind of care they need as well as how often they might need it. Segmentation can be performed in multiple ways, including the following:

- Demographic characteristics including ethnicity, minority groups, age, etc
- Overall health status
- Clinical (e.g. people living with diabetes, frailty, or multi-morbidity)
- Disability
- Defined geographical area (e.g. Regional Health Areas or Community Health Networks, Electoral District, or Healthy Communities)
- Data-driven (e.g. cohorts of patients with similar patterns of health care use)
- A combination of the above factors

The segmented groups will form the primary organising logic for defining service need and desired outcomes. It will also allow a tailored and more robust approach to measuring progress, where evaluation can be based principally on the rate of progression of people from lower to higher risk population segments, thereby allowing for the development of more preventive-type healthcare interventions.

Workstream 2 – Population needs assessment and service redesign

This workstream will undertake a population needs assessment based on the population profiling and segmentation work done in Workstream 1, enabling the consolidation of existing services, the development of new services designed around the needs of each specific population, and ultimately, providing the best care as close as possible to people's homes.

Workstream 3 – Development of the Population-Based Resource Allocation Funding Model (PBRA)

This workstream will constructively move towards a comprehensive population-based funding model that incentivises delivery of the right care, in the right place, at the right time. This will become a critical pillar of our future health service and will entail an alignment of funding allocation with population health need, at national and local level. It will develop an objective method of distributing funding based on profiling, segmentation, and needs assessment, which can ultimately be administered by Regional Health Area, subject to Government decision.

Workstream 4 – Develop policy proposals and options for achieving universal eligibility across hospital and community settings

The aim of this workstream is to consider the current eligibility and entitlement policies, and review how they align with population needs as identified in the above workstreams, with a view to achieving universal eligibility/entitlement. The following will be considered:

- the range of services to be provided on a universal basis
- the rationale and methodology for eligibility/entitlement for the services, and
- financial mechanisms and phasing

This analysis will then inform the preferred future eligibility framework to deliver universal access to healthcare for decision by Government.

Workstream 5 – Capital Planning

In order to deliver the vision of Sláintecare, significant investment and reorganisation of our capital infrastructure will be required during the course of this Strategic Action Plan, to support safe and effective care delivery at hospital and community levels. There is a strong requirement to update the acute hospital infrastructure, together with a modern primary care, community care, disability, mental health and decongregated-settings infrastructure.

A strategic Multi-annual Capital Infrastructure Programme will be developed taking account of infrastructure requirements required to support:

- policy delivery
- needs based assessment undertaken in Workstreams 1 and 2
- growing demographic needs, as outlined in the Health Service Capacity Review (2018)
- infection prevention and control and modern standards and quality measures, including layouts, privacy, en-suite facilities, and isolation rooms
- the impacts on the acute sector infrastructure of implementing the trauma strategy, the elective hospitals programme, and the Regional Health Areas
- the Programme for Government's commitment to a more environmentally-friendly, carbon neutral, public sector infrastructure
- the need for an imaginative approach to reutilising some existing healthcare infrastructure, which does not meet modern standards
- efficient workflow
- improved patient experience
- attraction and retention of staff

Reform Programme 2: Addressing Health Inequalities towards Universal Healthcare cont.

Project 1 Develop a Citizen Care Masterplan cont.

Workstream 6 – Workforce Planning

Having sufficient capacity in the workforce and the appropriate configuration of staff and skill-mix are integral to the delivery of safe and timely health and social care services. In order to deliver the services required as a result of the outputs from Workstreams 1 and 2 above, significant investment is being made into the health and social care workforce over the lifetime of this Strategic Action Plan. Workforce plans are being developed to ensure the workforce will be aligned to the services required, where funded. This will include enhanced community care services, waiting lists reduction, augmented medical card eligibility, and integrated care programmes, among others.

Work in this area will include consultation with the various professional groups and educational bodies who have responsibility for education standards and for managing the training of clinicians and health and social care professionals and workers to meet the future health and social care workforce needs.

Workforce planning will use the recommendations of the Health Service Capacity Review (2018), as well as other key strategic reference workforce planning documents to inform future workforce requirements. Ensuring that sufficient professionals are trained, attracted, and retained in the areas where need is anticipated, will form a key part of this work. Immediate priorities include:

- implementation of end-to-end staffing configuration across Community Healthcare Networks, Specialty Hubs, Community beds, nursing homes, home supports and Hospitals to support the Enhanced Community Care Programme, in line with the National Service Plan (NSP) Funding in 2021
- appropriate workforce recruitment and retention to support reduction of waiting lists
- rolling out the new Sláintecare Consultant Contract
- Implementation of the new reformed public health model
- engagement with 3rd Level Education facilities to ensure that sufficient staff are being trained in the right disciplines to meet population service needs
- developing the staff engagement programme to enable staff to work at the top of licence, maximise capacity of the workforce and facilitate better job satisfaction and graduate retention
- workforce planning for the new Elective Centres
- alignment of workforce planning with population segmentation and needs assessment and service redesign review (Workstreams 1 and 2)



Project 2 Implement Sláintecare Healthy Communities Programme

The social determinants of health are the non-medical factors that influence health outcomes. These are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. Research has shown that the social determinants can be more important than health care or lifestyle choices in influencing health (WHO, 2021). In Ireland, there is a strong link between poverty, socio-economic status, and health.

A concerted focus on addressing health inequalities will be taken in implementing the Sláintecare Healthy Communities Programme which will take a geographical (area-based) population profiling project and segmentation approach. The goal of the Sláintecare Healthy Communities Programme is to improve the long-term health and wellbeing of the most disadvantaged communities in Ireland, objectively selected based on the Social Inclusion and Community Activation Programme (SICAP) areas. 18 of 51 SICAP areas across the country will receive additional investment in 2021, with a rollout to further areas subject to funding and lessons learned. The Programme for Government provided a clear intention to address cross-sectoral inequalities.

Additional health-specific interventions will be offered by the Department of Health and the HSE, while non-health government departments, their agencies and delivery partners, will offer their wider determinants of health supports for the benefit of these communities, working through community, existing local Healthy Ireland and local authority structures.



Project 3 Develop Regional Health Areas

The geographies of the six new Regional Health Areas (RHA) were approved by Government in 2019. A Business Plan and change management programme to implement the new RHAs will be developed during 2021. The rationale for developing the Regional Health Areas is to improve:

- A. Clinical Governance**
- B. Corporate Governance and Accountability**
- C. Population-Based Approach to Service Planning**
- D. Integration of Community and Acute Services**



Project 4 Implement Obesity Policy and Action Plan 2016 – 2025

Overweight and obesity are significant risk factors for many chronic non-communicable diseases like heart disease, cancers, Type 2 diabetes, respiratory problems and musculoskeletal conditions. It can also have adverse impacts on a person's mental health. The current challenge of obesity in Ireland is clear:

- Healthy Ireland Survey 2019 found adult levels of obesity at 23% and overweight at an additional 37%. While these rates have stabilised compared with 2015 data, they remain high




- Childhood Obesity Surveillance Initiative Report, published in October 2020 found one in five primary school children were overweight or obese, compared with one in four in 2012. These levels have stabilised except in deprived areas where the situation has deteriorated
- According to findings from the ESRI/TCD Growing Up in Ireland studies, at least one in five children aged 5 years and at least one in four young people aged 17 – 18 years are living with overweight or obesity
- The Children's Sport Participation and Physical Activity Study, 2018 (CSPPA), found uptake of PE, physical activity (PA) and sport provided free of charge through schools was even across the socioeconomic spectrum, but uptake was lower amongst disadvantaged groups for extra-curricular and community sports where charges applied

The current position and key statistics around obesity have highlighted the need to take urgent action in this area. A key focus of this project is to support the implementation of A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 – 2025, to tackle the priority area of obesity in Ireland. Key initiatives here will include implementation of the HSE's Healthy Weight for Children (0 – 6 years) Framework, addressing and promoting best practices in reformulation, marketing and food procurement and working with relevant departments to strengthen the delivery of agreed national programmes and initiatives including NURTURE and growth monitoring, START campaign, including NURTURE and growth monitoring, START campaign, SMART Start, Wellbeing Curriculum in Schools, Healthy Food Made Easy and initiatives to support mothers who wish to breastfeed. The Sláintecare Healthy Communities Programme will support the implementation of the Obesity Policy and Action Plan at a local level.

Reform Programme 2: Addressing Health Inequalities towards Universal Healthcare cont.

4.3 Key projects and deliverables 2021 – 2023

Reform Programme 2: Addressing Health Inequalities

Q1 2021	
 <p>Project 1 Develop a Citizen Care Masterplan</p>	<p>Workstream 1 – Population profiling and segmentation Workstream 2 – Population needs assessment</p> <ul style="list-style-type: none"> • Set up team to work on population profiling, segmentation and health needs assessment <p>Workstream 3 – Development of Population-Based Resource Allocation Funding Model (PBRA)</p> <ul style="list-style-type: none"> • Identify expertise required for PBRA <p>Workstream 4 – Develop Policy proposal and options for achieving universal eligibility</p> <ul style="list-style-type: none"> • Gather existing eligibility and entitlement policies and practices <p>Workstream 5 – Capital Planning</p> <ul style="list-style-type: none"> • Scope approach for Multi-annual Capital Infrastructure Programme • Consider future infrastructural requirements in line with PfG objectives <p>Workstream 6 – Workforce Planning</p> <ul style="list-style-type: none"> • Consider future workforce requirements as part of the reform programme
 <p>Project 2 Implement Sláintecare Healthy Communities Programme</p>	<ul style="list-style-type: none"> • Progress the national governance for the programme and work with partners to establish local governance arrangements • Continue ongoing stakeholder engagement • Develop programme of cross-governmental and local initiatives to be considered by Healthy Communities Areas • Identify the target areas (up to 18 areas) for investment in 2021
 <p>Project 3 Develop Regional Health Areas</p>	<ul style="list-style-type: none"> • Set up team to develop business and change management case in line with 2019 Government decision



Project 4
Implement Obesity
Policy and Action Plan
2016 – 2025³

- Re-convene the Obesity Policy Implementation Oversight Group and agree work programme and sub-group focus areas in accordance with **Obesity Policy and Action Plan 2016 – 2025**
- Convene Health Obesity action group to develop position paper for World Obesity Day

Q2 2021



Project 1
Develop Citizen Care
Masterplan

Workstream 1 – Population profiling and segmentation

Workstream 2 – Population needs assessment

- Commence work on population profiling, segmentation and health needs assessment

Workstream 3 – Development of Population-Based Resource Allocation Funding Model (PBRA)

- Review work on the development of a funding framework to support population-based resource allocation

Workstream 4 – Develop Policy proposal and options for achieving universal eligibility

- Establish group to support the development of policy options on future eligibility/entitlement

Workstream 5 – Capital Planning

- Continue infrastructure planning considerations in accordance with requirements established in Q1
- Consider roadmap for acute hospital modernisation programme in context of Elective Hospitals, Trauma Centre, and Regional Health Areas framework




Workstream 6 – Workforce Planning

- Set up team to align workforce planning with Workstreams 1 and 2
- Conduct workforce planning considerations in accordance with requirements established in Q1
- Agree public health doctors workforce configuration and terms

³ A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 – 2025 - <https://www.gov.ie/en/publication/c778a9-a-a-healthy-weight-for-ireland-obesity-policy-and-action-plan-2016-202/>

Reform Programme 2: Addressing Health Inequalities towards Universal Healthcare cont.

<p>Q2 2021 CONT.</p>  <p>Project 2 Implement Sláintecare Healthy Communities Programme</p>	<ul style="list-style-type: none"> • Engage with the agreed 18 areas for rollout of Healthy Communities initiatives through local governance groups • Develop robust population planning and needs assessment to inform rollout • Develop implementation metrics, with a particular focus on baselining existing and setting out future outcome measures • Appoint external research partner
 <p>Project 3 Develop Regional Health Areas</p>	<ul style="list-style-type: none"> • Progress work on development of RHA business case and submit for government approval
 <p>Project 4 Implement Obesity Policy and Action Plan 2016 – 2025³</p>	<ul style="list-style-type: none"> • Progress initiatives on addressing obesity with focus on Healthy Communities rollout • Monitor progress and impacts of initiatives • Examine supports for mothers who wish to breastfeed
<p>Q3 2021</p>	
 <p>Project 1 Develop a Citizen Care Masterplan</p>	<p>Workstream 1 – Population profiling and segmentation Workstream 2 – Population needs assessment</p> <ul style="list-style-type: none"> • Commence identification of associated existing activity and spend by segment • Develop framework for population segmentation and health needs assessment <p>Workstream 3 – Development of Population-Based Resource Allocation Funding Model (PBRA)</p> <ul style="list-style-type: none"> • Progress development of a funding framework and costing model to support population-based resource allocation

<p>Project 1 Develop a Citizen Care Masterplan cont.</p>	<p>Workstream 4 – Develop Policy proposal and options for achieving universal eligibility</p> <ul style="list-style-type: none"> • Initiate work on the development of an eligibility and entitlement framework in line with Sláintecare vision and population needs assessment <p>Workstream 5 – Capital Planning</p> <ul style="list-style-type: none"> • Continue infrastructure planning considerations in accordance with established requirements <p>Workstream 6 – Workforce Planning</p> <ul style="list-style-type: none"> • Continue workforce planning
 <p>Project 2 Implement Sláintecare Healthy Communities Programme</p>	<ul style="list-style-type: none"> • Continue rollout of Programme to selected 18 areas • Commence detailed planning for 2022 and beyond, to inform Budget 2022, HSE Service Planning and planning processes with other partners
 <p>Project 3 Develop Regional Health Areas</p>	<ul style="list-style-type: none"> • Scope detailed change process for regional/population-based RHAs in line with Government decision
 <p>Project 4 Implement Obesity Policy and Action Plan 2016 – 2025³</p>	<ul style="list-style-type: none"> • Progress initiatives on addressing obesity • Monitor progress and impacts of initiatives

³ A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 – 2025 - <https://www.gov.ie/en/publication/c778a9-a-healthy-weight-for-ireland-obesity-policy-and-action-plan-2016-202/>





Reform Programme 2: Addressing Health Inequalities towards Universal Healthcare cont.

Q4 2021	
 <p>Project 1 Develop a Citizen Care Masterplan</p>	<p>Workstream 1 – Population profiling and segmentation Workstream 2 – Population needs assessment</p> <ul style="list-style-type: none"> • Align approach with development of population-based service design and resource allocation • Develop overall vision of care/service redesign approach and outcome metrics for each segment <p>Workstream 3 - Development of Population-Based Resource Allocation Funding Model (PBRA)</p> <ul style="list-style-type: none"> • Seek approval for funding framework to support population-based resource allocation, and consult to inform NSP 2022 <p>Workstream 4 - Develop Policy proposal and options for achieving universal eligibility</p> <ul style="list-style-type: none"> • Continue development of an eligibility and entitlement framework in line with Sláintecare vision and population needs assessment <p>Workstream 5 - Capital Planning</p> <ul style="list-style-type: none"> • Finalise infrastructure planning considerations to inform revised National Development Plan • Negotiate revised NDP <p>Workstream 6 - Workforce Planning</p> <ul style="list-style-type: none"> • Continue implementation of workforce planning considerations in accordance with established requirements
 <p>Project 2 Implement Sláintecare Healthy Communities Programme</p>	<ul style="list-style-type: none"> • Continue rollout of Programme to selected 18 areas • Continue planning for 2022
 <p>Project 3 Develop Regional Health Areas</p>	<ul style="list-style-type: none"> • Commence implementation of RHAs and change management programme in line with Government decision

 <p>Project 4 Implement Obesity Policy and Action Plan 2016 – 2025³</p>	<ul style="list-style-type: none"> • Monitor progress and impacts • Launch Healthy Eating Guidelines for over-65s, and nutrition standards for meals for older adults • Complete and publish the evaluation of the Obesity Policy and Action Plan • Prepare obesity/overweight plan for NSP 2022
2022	
 <p>Project 1 Develop a Citizen Care Masterplan</p>	<p>Workstream 1 – Population profiling and segmentation Workstream 2 – Population needs assessment</p> <ul style="list-style-type: none"> • Assess impact of service gaps on spend and opportunities to achieve better impact for investment <p>Workstream 3 – Development of Population-Based Resource Allocation Funding Model (PBRA)</p> <ul style="list-style-type: none"> • Test, refine and implement PBRA <p>Workstream 4 – Develop Policy proposal and options for achieving universal eligibility</p> <ul style="list-style-type: none"> • Seek indicative approval for eligibility and entitlement framework in line with Sláintecare vision and population needs assessment • Cost and test policy framework • Further develop eligibility and entitlement policy framework in line with Sláintecare vision and population needs assessment, and seek government decision • Commence implementation of eligibility/entitlement framework, subject to Government approval <p>Workstream 5 – Capital Planning</p> <ul style="list-style-type: none"> • Rollout revised NDP <p>Workstream 6 – Workforce Planning</p> <ul style="list-style-type: none"> • Continue implementation of workforce planning in line with requirements and reform programme

³ A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 – 2025 - <https://www.gov.ie/en/publication/c778a9-a-a-healthy-weight-for-ireland-obesity-policy-and-action-plan-2016-202/>

Reform Programme 2: Addressing Health Inequalities towards Universal Healthcare cont.

<p>2022 CONT.</p>  <p>Project 2 Implement Sláintecare Healthy Communities Programme</p>	<ul style="list-style-type: none"> • Continue implementation in 18 areas and scale to other areas, subject to funding • Consider lessons learned • Target rollout completion in 51 areas by end 2023
 <p>Project 3 Develop Regional Health Areas</p>	<ul style="list-style-type: none"> • Implement RHAs in line with Government decision
 <p>Project 4 Implement Obesity Policy and Action Plan 2016 – 2025³</p>	<ul style="list-style-type: none"> • Continue implementation of obesity initiatives in line with Obesity Policy and Action Plan and NSP 2022 • Monitor progress of implementation
<p>2023</p>	
 <p>Project 1 Develop a Citizen Care Masterplan</p>	<p>Workstream 1 – Population profiling and segmentation Workstream 2 – Population needs assessment</p> <ul style="list-style-type: none"> • Continue implementation and refinement of approach <p>Workstream 3 – Development of Population-Based Resource Allocation Funding Model (PBRA)</p> <ul style="list-style-type: none"> • Continue implementation and refinement of PBRA model <p>Workstream 4 – Develop Policy proposal and options for achieving universal eligibility</p> <ul style="list-style-type: none"> • Continue implementation of eligibility and entitlement framework <p>Workstream 5 – Capital Planning</p> <ul style="list-style-type: none"> • Continue rollout of revised NDP




<p>Project 1 Develop a Citizen Care Masterplan cont.</p>	<p>Workstream 6 - Workforce Planning</p> <ul style="list-style-type: none"> • Continue implementation of workforce planning in line with requirements and reform programmes
 <p>Project 2 Implement Sláintecare Healthy Communities Programme</p>	<ul style="list-style-type: none"> • Continue rollout of community areas nationwide in line with plan • Conduct robust research and evaluation
 <p>Project 3 Develop Regional Health Areas</p>	<ul style="list-style-type: none"> • Continue implementation of revised health service structures and change management in line with Government decision
 <p>Project 4 Implement Obesity Policy and Action Plan 2016 – 2025³</p>	<ul style="list-style-type: none"> • Continue implementation of obesity initiatives in line with Obesity Policy and Action Plan and NSP 2023 • Monitor progress of implementation

Table 2: Three-year high-level deliverables for Reform Programme 2

³ A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 – 2025 - <https://www.gov.ie/en/publication/c778a9-a-healthy-weight-for-ireland-obesity-policy-and-action-plan-2016-202/>

05



Enabling Programmes

The enabling programmes are cross-cutting and foundational and essential for the timely and effective implementation of the two Reform Programmes and 11 associated projects.

5.1 Public and Political Engagement and Empowerment

The Sláintecare Citizen and Staff Engagement and Empowerment Programme, which commenced in 2019, will continue to work and engage stakeholders in the Sláintecare Implementation Programme.

Key areas of focus for public and political engagement and empowerment **include:**

- Regular engagement with the political system at national and local level
- Developing prevention and self-care programmes with citizens' input
- Building on community spirit and mobilisation by engaging with volunteer groups (e.g. Volunteer Ireland), to harness the momentum developed during the COVID-19 pandemic and build awareness of Sláintecare for people and communities
- Continuing to develop a stronger partnership approach with NGOs to reflect their essential role in augmenting care pathways to ensure a more holistic approach to health and social care development
- Developing partnerships with existing providers (HSE, Section 38/39 and private) and through the Dialogue Forum with Voluntary Organisations to augment care pathways and ensure holistic approach to health and social care development
- Developing appropriate communications to take account of health literacy and other barriers that may impact a person's access to and understanding of health messages and actions e.g. co-morbidities, anxiety, accessibility, and language of communication
- Exploring ways for societal engagement on healthy ageing
- Implementation of the citizen health portal, shared care record, and health services signposting

Enabling Programmes cont.

5.2 Staff Engagement and Empowerment

The engagement and empowerment of staff is recognised as a key driving factor in transformation, and this programme will **seek to:**

- Continue the ongoing engagement with Department of Health staff
- Continue the ongoing engagement with healthcare staff through the HSE Staff Forum
- Engage with front-line staff to identify the facilitators to rapid innovation and embed those as the model for the future
- Explore new opportunities to enhance staff engagement, including through Sláintecare Integration Innovation projects' implementation and Learning Network

5.3 Patient Safety and Quality Initiatives

Patient Safety and Quality initiatives are enablers for safe, high quality care and can contribute to good care experiences for patients and families across all care settings. There are a range of Patient Safety Initiatives and policies that will support and enable the reforms outlined in this plan and these **include:**

- **National Care Experience Programme** – this tripartite programme of patient experience surveys is operated by the Department of Health, Health Information and Quality Authority and the HSE. The National In-Patient Experience Survey and the National Maternity Experience Survey are now established, and three new surveys will be developed during the course of this Plan

-
- **The Patient Safety (Notifiable Patient Safety Incidents) Bill 2019**, in addition to addressing mandatory open disclosure of serious patient safety incidents, will also provide for a number of other important patient safety concerns, including in relation to mandatory reporting of serious incidents to an appropriate regulatory body such as HIQA and the Mental Health Commission
 - Embedding of Open Disclosure – in addition to the Patient Safety (Notifiable Patient Safety Incidents) Bill 2019, work is underway in the Department of Health to embed a culture of open disclosure in the health service. It is imperative that a culture prevails where patients are treated the way that they would most like when things go wrong, that they receive a sincere and genuine apology, are afforded the opportunity to understand what has happened, and can be sure that what happened to them will not happen to other patients
 - Antimicrobial Resistance (AMR) & Infection Prevention and Control (IPC) - COVID-19 has resulted in a very significant increased requirement for infection prevention and control (IPC) capacity across the health system since the beginning of 2020. COVID-19 has necessitated new ways of working and revised IPC responses in order to deliver health and social care services in different ways to protect patients, service users and staff. IPC is a key part of Ireland's first National Action Plan on Antimicrobial Resistance (iNAP 1) which covered 2017 to 2020. The successor plan (iNAP 2) will build on the foundation of iNAP 1 and the learnings from the CPE and COVID-19 public health emergencies
 - Evidence for patient care and improvement – Use of clinical guidelines and clinical audit to provide safe, high quality care and enable evidence-based practice and quality improvements

06



Governance and the Sláintecare Programme Implementation Office

The overall governance approach for the implementation of the two Reform Programmes is set out below:

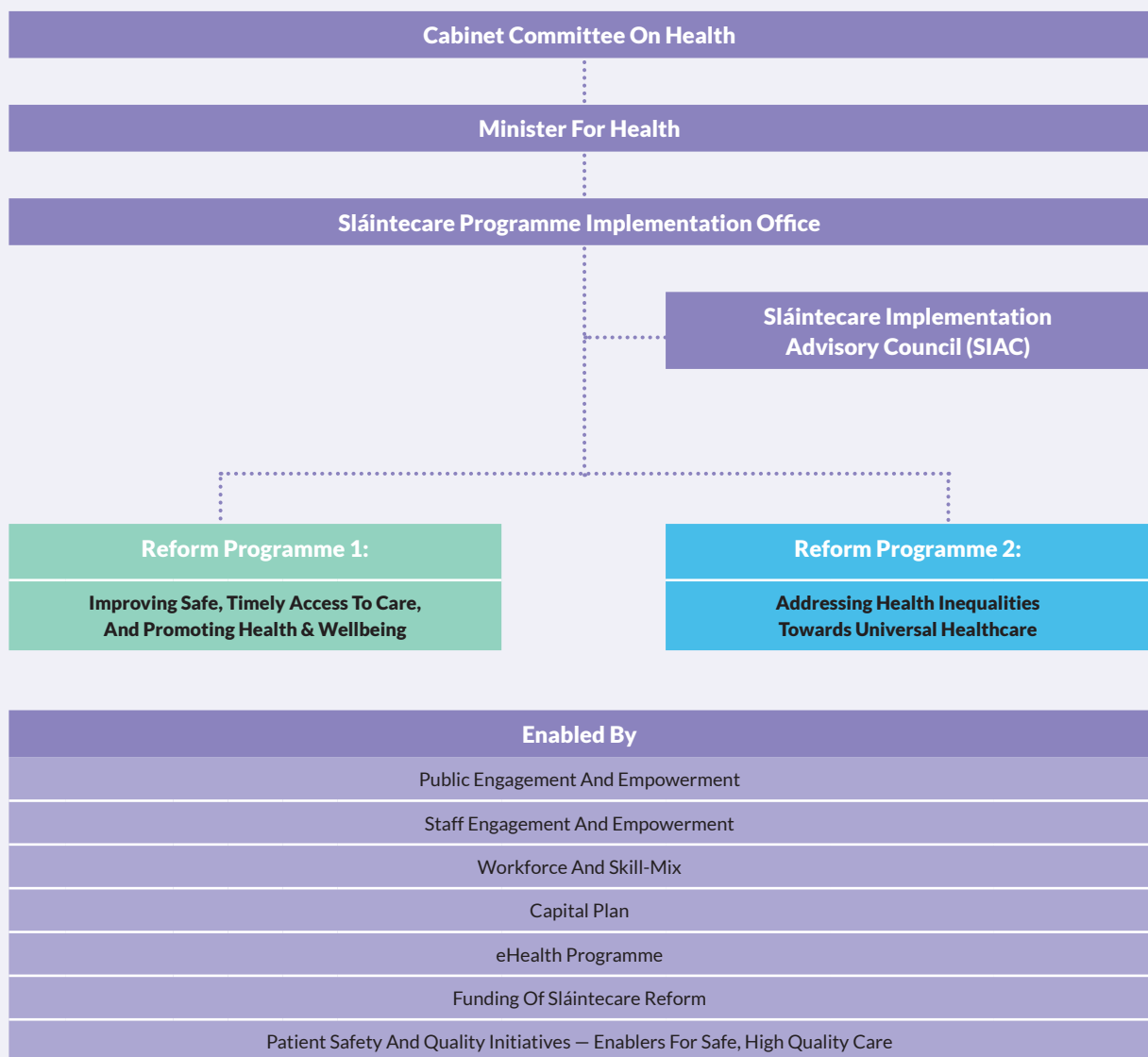


Figure 4: Governance and enabling programmes for the implementation of Sláintecare Strategic Action Plan 2021 – 2023

07



Reform Programme Implementation

7.1 COVID-Context

The response to the COVID-19 crisis led to significant positive changes in the way services were delivered, but the pandemic also placed an inordinate strain on the health system and the workforce. The learnings from COVID-19 (Appendix 2) have been factored into the development and implementation approach of this Strategic Action Plan.

7.2 Sláintecare Programme Implementation Office (SPIO)

The Sláintecare Programme Implementation Office (SPIO) was established in the Department of Health in September 2018, to drive implementation of the Sláintecare reforms across the health service. The key functions of the Office **are to:**

- Develop a strategic and programmatic approach to implementation
- Establish the programme of reform, put in place governance, processes, structures and resources
- Communicate and engage with stakeholders
- Develop capacity of the Sláintecare Programme Implementation Office
- Work in partnership with the Department, the HSE and other stakeholders
- Monitor performance and impacts of reforms
- Report regularly on plans and progress

Reform Programme Implementation cont.

7.2 Sláintecare Programme Implementation Office (SPIO) cont.

SPIO will oversee the implementation of this Strategic Action Plan and work with colleagues in the Department of Health, the HSE, voluntary organisations and other stakeholders and partners to enable progress, and to support an overall integrated approach to the implementation of the two Reform Programmes.

SPIO will continue with a strategic and programmatic approach to implementation of these Reform Programmes. It will monitor and evaluate the implementation of the Reform Programmes and projects in line with the role of the Office, as set out above. Progress against this Strategic Action Plan will be reviewed after the first full year of implementation to evaluate progress and to realign and reprioritise as necessary.

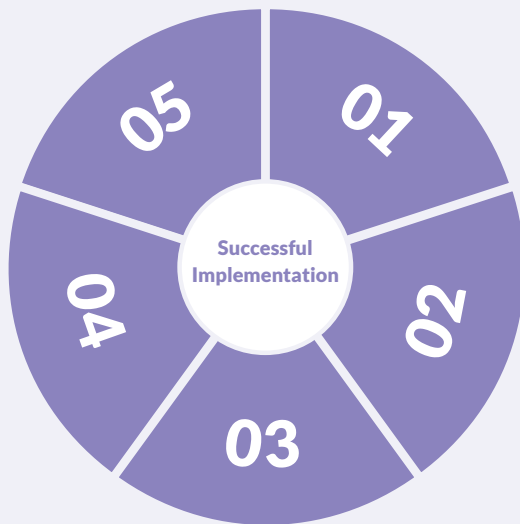
7.3 Programmatic Implementation Approach

The ongoing implementation of the Sláintecare vision, and the next phase of reform, as set out in this Strategic Action Plan, requires the sustained effort of the wider health and social care system to work together over the long term, sustaining momentum, and with a clear focus on the desired outcomes of reform. The implementation approach will continue to build on the core components for successful implementation, detailed below in *Figure 5*.

Each Reform Programme has a number of specific interrelated projects, as set out in the preceding sections. Many of these projects as delineated, are well established, and they will continue to operate in a programmatic way. Some projects will need to be established, as they are new initiatives. Each project will have a clearly defined team and a nominated project lead who will have overall responsibility and accountability for the delivery of each project. Project plans and Project Initiation Documents (PIDs) will be developed for each project, where they are not already in place.

Sláintecare will continue its programmatic approach to implementation of the 11 projects associated with the two reform programmes. A Risk, Actions, Issues and Dependencies (RAID) log will be introduced as part of the ongoing planning and monitoring of each project. A nominated team member will actively update and maintain the RAID log by:

- Identifying potential risks and issues and assigning responsible owners
- Assessing the potential impact / likelihood of a risk or issue
- Establishing plans to mitigate against the specific risks and issues, and
- Implementing action plans for risk and issue mitigation



01

Senior leadership and decision-making

02

Dedicated reform programme office to act as the engine for transformation

03

Focused work programme with a clear start, middle and end

04

Deep and sustained engagement with stakeholders

05

Targeted and protected funding for the reform programme

The two Reform Programmes and 11 associated projects will be managed in line with recognised best practice. Specifically:

- Plans (critical paths) at both programme and project level will be developed and used to monitor and report on progress
- The project PIDs will set out the project team leader, team members and governance structures; key ambitions of the project; the project outcomes and outputs; key milestone dates; project interdependencies and project risks as well as identifying funding availability for the project
- Deliverables will be clearly and comprehensively defined within the project PID
- There will be regular and comprehensive communication across programme and project teams
- Key stakeholders and advisory bodies will be consulted as appropriate including input and advice from the Sláintecare Implementation Advisory Council
- Risks and issues will be proactively managed through use of project RAID logs

Figure 5: Components for successful implementation

08



Strategic Action Plan Development

SWOT Analysis and Risk Assessment

8.1 SWOT Analysis

A SWOT analysis was conducted to support the development of this Strategic Action Plan, which built on the lessons learnt from COVID-19 and the challenges the ongoing pandemic poses to the health system and the two Reform Programmes.

A high-level summary of the SWOT is summarised **below:**

Strengths

COVID-19 provided a massive shock to the health and social care system. Some positive changes happened at speed, **resulting in strengths in:**

- new ways of e-working and telemedicine
- new ways of integrated working
- reinforcement of importance of public health
- an engaged public who respond to health messaging
- some enhanced physical capacity

Weaknesses

COVID-19 has demonstrated weaknesses within the healthcare system, **in particular with regard to:**

- a lack of real-time information and data
- a lack of agreed care pathways between GPs, community and voluntary sector, pre-hospital, and hospital care
- some governance and oversight deficits
- a lack of modern acute and community care infrastructure

Opportunities

There are clear opportunities arising from the COVID-19 response now, **as there is:**

- experience of the health and wider determinants of health working under a whole of government response
- experience of rapid deployment of new pathways, new ways of working and eHealth solutions in response to COVID-19 and an appetite to maintain and build on this reform, and continue with the change journey
- experience of introducing one tier universal healthcare, for COVID-19 related care
- recognition of the importance of investing in health and wellbeing
- great hope from the vaccination rollout and there is a real appetite to build on the collaborative teamworking and changes to the health system, seen in response to COVID-19

Threats

External threats are emerging as a result of the pandemic **including:**

- an uncertain economic situation
- population and healthcare workforce fatigue
- poorer population, with increasing health needs
- uncertainty about how long the virus will last
- challenges of implementing reform during the ongoing pandemic
- global shortage of healthcare workers
- unknown unmet need resulting from the pandemic

Strategic Action Plan Development SWOT Analysis and Risk Assessment cont.

8.2 Risk Assessment

While a RAID log will be maintained at both programme and project level, a PESTLE framework was used to consider the high-level risks to the implementation of this Strategic Action Plan, **a summary of which is shown on the page opposite:**

Pestle Area	High Level Risk	Mitigation Action
Political	<ul style="list-style-type: none"> • Ongoing support for the Sláintecare Reform Programme across all stakeholders • Clarity on Sláintecare implementation governance 	<ul style="list-style-type: none"> • Maintain ongoing engagement and communication of Sláintecare priorities with political stakeholders • Encourage involvement and ownership of Sláintecare by all health and social policy, and health and social delivery stakeholders • Engage the public in progress of the Reform Programmes • Ensure clarity on responsibility and ownership of Reform projects
Economic	<ul style="list-style-type: none"> • Deterioration of economic situation during COVID-19 • Impacts and shocks to the Irish economy due to Brexit • Management of health budget 	<ul style="list-style-type: none"> • Demonstrate value for money as a result of significant investment • Continue monitoring of Brexit impacts • Ensure timely and appropriate value for money reporting
Sociological	<ul style="list-style-type: none"> • Adverse impacts from COVID-19 on the health and wellbeing of health workers and staff in the health system • Availability of healthcare workers and wage pressures 	<ul style="list-style-type: none"> • Run the cross-government Keep Well campaign to support the health and wellbeing of all citizens and healthcare staff • Develop focused recruitment and retention policies to attract and retain health and social care workers • Work with professional bodies and all key stakeholders to make appropriate utilisation of clinical and healthcare talent
Technological	<ul style="list-style-type: none"> • Maintaining new ways of eHealth working developed through COVID-19 • Ownership of integrated care eHealth solutions that cross between different care settings • Technology literacy and availability/affordability of equipment and broadband 	<ul style="list-style-type: none"> • Proactively engage in sustaining positive piloted technological gains made during COVID-19 and embed them as new ways of working • Establish joint community-hospital-primary care teams for integrated care eHealth solutions implementation • Proactively address technology literacy and affordability issues with responsible partners
Legal	<ul style="list-style-type: none"> • Competing legislative priorities impacting implementation timescales 	<ul style="list-style-type: none"> • Ensure the required legislative changes to support policy decisions are detailed in the project planning process and are actively managed
Environmental	<ul style="list-style-type: none"> • Ability to meet Sustainable Development Goals (SDG) • Ongoing effects of the pandemic 	<ul style="list-style-type: none"> • Ensure appropriate resourcing and supports are available in line with plans • Monitor and mitigate effects of the pandemic on an ongoing basis

09



Budget 2021

The 2021 Reform Programmes set out in this strategy are funded in Budget 2021. This provides the opportunity to deliver Sláintecare at pace, with more than €1.235 billion allocated for 'pure' Sláintecare initiatives as defined in the Oireachtas Sláintecare Report, the Implementation Strategy, and the Programme for Government, which required a *“Revised Sláintecare plan – underpinned by the provision of more health services in the community, increases in capacity including bed and critical care capacity and promotion of good public health policy”*.

For the first time, the system is being funded to increase both infrastructure and staffing to the levels recommended in the Health Service Capacity Review (2018).

Budget 2021 demonstrates a strong commitment by Government to the Sláintecare vision and will enhance the permanent capacity of the health services, substantially increase the workforce, expand the scale and range of services to be provided in the community and introduce targeted measures to improve access to care in 2021.

For Sláintecare, the Budget 2021 will enable:

- transforming the model of health service delivery in line with Sláintecare objectives and addressing known capacity deficits highlighted by the Health Service Capacity Review 2018
- improving access for patients to health services to meet, insofar as possible, the growing demand for health services in 2021 and future years
- an area-based approach to developing healthy communities, with a particular focus on targeted investment in areas of deprivation

The funding investment allocated to the HSE’s National Service Plan for 2021 is aligned broadly with the resource levels required, as set out in the Health Service Capacity Review (2018), **a summary of which is:**

- €467m increased acute & community bed capacity
- €186m Enhanced Community Care
- €133m Social Care expansion
- €121m National Strategies
- €78m Improved access to care
- €128m eHealth

A summary of the funding breakdown of the €1.235 billion supporting the reforms in 2021 is given in Appendix 3.

10



Monitoring and reporting progress

10.1 Oversight reporting

The Sláintecare Programme Implementation Office will work with divisions across the Department of Health, the HSE and other key stakeholders, to ensure a coordinated and integrated approach to implementing this Plan. SPIO will monitor and report on the progress of implementation and publish periodic update reports.

10.2 Metrics, Research, and Evaluation of Reforms

Demonstrating the benefits of the Sláintecare Reform Programmes is a strong driver of the Sláintecare Programme Implementation Office. To this end a series of tools are being **developed, or are in use, including:**

- A Health System Performance Assessment (HSPA) framework for Ireland, through work that the Department of Health has commissioned with Amsterdam University Medical Centre (UMC)
- The Health Service Capacity Review (2018), Reporting Framework which monitors the supply side investment against the HCR recommendations
- The Healthy Ireland Outcomes Framework which provides a structured approach to collect and report relevant and appropriate data in order to monitor progress on the whole-of-government response to health and wellbeing outcomes

In addition, the Programme for Government sets out a goal to develop a set of indicators to create a broader context for policymaking, to include:

- a set of wellbeing indices to create a well-rounded, holistic view of how our society is faring
- a balanced scorecard for each area of public policy, focused on outcomes and the impact that those policies have on individuals and communities. Initially this will be focused on housing, education, and health

Appendix 1

Sláintecare Implementation Progress 2020

There has been significant and step change funding allocated to support implementation of Sláintecare in the 2021 Budget. Two full years into the reform process, key progress set out against the Oireachtas Sláintecare Report Principles, **has been:**

Patient is Paramount:

- Targeted support for Integration/Innovation Projects focussed on patient empowerment
- Community Healthcare Networks funded to provide integrated services for people nearer to home
- Integrated Care Hubs for Older People and People with Chronic Diseases
- Establishment of the Patient Safety Office

Timely Access:

- Decision to fund Sláintecare to the levels envisaged in the Health Service Capacity Review (2018), including health and wellbeing, and enhanced community care
- Elective hospitals Strategic Assessment Report (SAR) and investment in Tallaght elective theatres
- Targeted waiting lists reduction initiatives
- Electronic transfer of prescriptions from GP to pharmacy
- Direct access to diagnostics for General Practice

Prevention and Public Health:

- Investment in Healthy Ireland and in public health promotion, including the Obesity Policy and Action Plan, the National Physical Activity Plan and the Sexual Health Strategy, and Alcohol and Smoking prevention
- Sláintecare Communications and Citizen Engagement Campaign
- In This Together Campaign supporting the Government's Resilience and Recovery Plan, and a new public engagement Keep Well campaign

Free at the point of delivery:

- Increased entitlement to GP care and reduction in prescription charges
- GP contract agreement to support chronic disease management
- Increased homecare packages

Workforce:

- Additional 7000+ community acute staff
- Additional 3600 hospital staff
- Additional 600 consultant posts

Public Money and Interest:

- The public-only Sláintecare Consultant contract

Engagement:

- Wide political and public engagement
- Staff Engagement Forum and Integration Fund Learning Network
- Cross governmental partnerships through Healthy Ireland
- Engagement with Community Voluntary Network and the Dialogue Forum on Voluntary Organisations
- Establishment of joint GP Forum

Accountability:

- Significant Foundational Decisions made by Government, including the establishment of the HSE Board, and the approval of the geographies for six new regional health areas

Appendix 2

Learnings from COVID-19

A research programme was established in March 2020 to gather learnings from COVID-19, and to assess its impact on Sláintecare implementation. This included understanding the challenges faced by the health system, services and the workforce, as well as learning from the rapid deployment of new technologies, the changes in care pathways and the collaborative working response from communities, clinicians, the entire workforce and other stakeholders.

Key areas of input to this programme has to date **included:**

Advice from the Sláintecare Implementation Advisory Council

The Sláintecare Implementation Advisory Council was established under the chairmanship of Professor Tom Keane and is representative of a wide range of healthcare and implementation-experienced professionals. The Council provides periodic implementation advice to the Executive Director of Sláintecare. Given the breadth of experience and varied roles of the members of the Council, they were asked to provide first-hand case studies, as relevant, on their experience in dealing with COVID-19 and the changes they have witnessed that could enhance or deter Sláintecare implementation.

A series of learning webinars

A series of learning webinars was developed, to share stories of how services supported by the Sláintecare Integration Fund have contributed to the COVID-19 response. Given the focus of many of these projects on supporting community-based delivery of care for vulnerable people to stay well in their communities, this learning was of particular relevance for services provided for those most at risk of developing COVID-19.

Joint Sláintecare/HSE/HRB funded research project undertaken by Trinity College Dublin

The Regional Health Areas research project funded by the HRB, HSE and Sláintecare, and awarded to Trinity College, was re-focussed on the COVID-19 response to examine ongoing learnings from the COVID-19 pandemic response, to inform the implementation of Sláintecare.

Appendix 3

€1.235 billion Sláintecare Reform Budget for 2021

Amount 2021	Funding Areas
<p>+€467 million</p> <p>Increased acute and community bed capacity to progress implementation of the 2018 Capacity Review</p>	<p>Critical Care Beds</p> <p>Funded critical care beds will increase to 321 by end of 2021, an increase of 66 over funded 2020 levels. The Capacity Review targeted an increase to 330 by the end of 2021</p> <p>Acute Beds</p> <p>Funded acute inpatient beds will increase to approximately 11,699 by end of 2021, an increase of 1,146 in acute beds over 2020 funded levels. The Capacity Review (after reforms) targeted an increase to 11,900 beds by end 2021 and 12,600 by end of 2031</p> <p>Community Beds (including sub-acute beds)</p> <p>Funded community, repurposed rehab and sub-acute beds totalling 1,250, bringing the total capacity of public short stay beds to just under 3,500 by end of 2021</p> <p>Sub Acute Beds</p> <p>Funded sub acute beds will increase to approximately 135 by end of 2021, an increase of 74 over 2020 funded levels. Sub-acute care is intensive, but to a lesser degree than acute care. This care can be delivered in a setting outside an Acute Hospital (e.g. community hospital)</p>
<p>+€150 million</p> <p>Enhanced Community Services (Total €186 million investment 2020 – 21)</p>	<p>This will support the redesign of care pathways to make care more accessible in the community including the expansion of the Community Health Networks, Community Intervention Teams and specialist, integrated care teams such as the Integrated Care Programme for Older People (ICPOP) and Chronic Disease Management (CDM). These measures will see 3,000+ staff recruited, with a particular focus on nursing and community therapists such as physios, OTs and SLTs</p>
<p>+€25 million</p> <p>GP access to diagnostics</p>	<p>Approx. 136,000 additional diagnostic tests in 2021</p>
<p>+€133 million</p> <p>Social care expansion</p>	<p>Additional 5 million hours of home support will be provided in 2021 above NSP 2020 level bringing total funded hours to 24.26 million. The Capacity Review targeted an increase to 22.7 million hours by end 2021 and 36.5 million hours by end of 2031</p>
<p>+€5 million</p> <p>Community Paramedicine / Critical Care Retrieval / Pathfinder / 1813 Medical Helpline / NEOC</p>	<p>The ongoing strategic evolution of the National Ambulance Service from an Emergency Medical Service to a Mobile Medical Service will continue to deliver enhanced system integration and reduce pressure on acute hospitals</p>

Amount 2021 cont.	Funding Areas cont.
+€15 million Health & Wellbeing	Focus on preventative measures as well as promoting health and wellbeing in disadvantaged areas
+€90 million Additional Services for People with Disabilities	Additional residential places, respite, day and personal assistant services. Additional multi-disciplinary services and assessment of need for children and adults. Further progress strategy for community inclusion – Time to Move On from Congregated Settings. Implement the recommendations of the Autism Spectrum Disorders Report
+€23 million Mental Healthcare expansion	To progress 'Sharing the Vision'
+€33 million revenue +€95 million capital eHealth	Leveraging technology to modernise the delivery of care – improve linkages, streamline communication flows and support data-driven projects to support timely and informed decision making
+€121 million Implementing National Strategies & Expert Reviews	Implementing National Strategies & Expert Reviews including: National Cancer Strategy, National Maternity Strategy, A Trauma System for Ireland, Paediatric Model of Care, NAS Strategy, Antimicrobial Resistance in Infection Control, Organ Donation & Transplant, National Gynaecology Plan, The Women's Health Taskforce, a range of Social Care Strategies, Sláintecare Consultant Contract, Safe Staffing, Nursing Home Expert Review, Public Health Workforce, Staff Health & Wellbeing
+€78 million Improving Access to Care	Alternative Care Pathways Acute Hospital Service Restart Cancer Screening
+€1.235 billion <i>(incl. €136 million capital)</i> TOTAL INVESTMENT	

Notes



