



Rialtas na hÉireann
Government of Ireland

Sláintecare.

Right Care. Right Place. Right Time.

Progress Report 2021–2023



Sláintecare Implementation
Strategy & Action Plan 2021 - 2023



Contents

Foreword	4
Executive Summary	6
1. Sláintecare Implementation Strategy & Action Plan 2021–2023 – Final Progress Report	13
2. Reform Programme 1 – Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing	16
Project 1: Implement the Health Service Capacity Review (2018) including Healthy Living, Enhanced Community Care and Hospital Productivity	17
Project 2: Scale and Mainstream Integration Innovation	41
Project 3: Streamline Care Pathways, from prevention to discharge	43
Project 4: Develop Elective Centres in Dublin, Cork, and Galway	47
Project 5: Implement a Multi-annual Waiting List Action Plan	48
Project 6: Implement the Digital Health Programme	50
Project 7: Remove private care from public hospitals - implement the Sláintecare Public Only Consultant Contract (POCC)	55
3. Reform Programme 2 – Addressing Health Inequalities – towards Universal Healthcare	56
Project 1: Develop a Population Health Approach for Service Planning and Funding	57
Project 2: Implement Sláintecare Healthy Communities Programme	66
Project 3: Develop HSE Health Regions	67
Project 4: Implement Obesity Policy and Action Plan 2016–2025	69
4. Enabling Programmes	71
5. Governance arrangements	74
6. Funding	78

Foreword

Minister for Health

Stephen Donnelly TD

Ireland's health and social care services are undergoing the most significant programme of reform and expansion in the history of the State. This report shows significant progress is being made in moving towards Universal Healthcare, and that solid foundations and governance are now in place across my Department and the HSE to continue successful implementation towards this vision. Ireland now has the highest self-perceived health status in the EU, with 80% of people rating their health as good or very good. Life expectancy for Irish people is 82.4 years - 2.1 years above the OECD average.

Seven years on from the publication of the 2017 Oireachtas Committee on the Future Healthcare Report - Sláintecare, unprecedented progress is being made in transforming our health and social care services to provide the Right Care, in the Right Place, at the Right Time, by the Right Team.

Under the Programme for Government, we have invested significantly in our health and social care services and to achieving these reforms: €1.235 billion was allocated to Sláintecare reforms in Budget 2021 and over 2021-2023 a total of approximately €2 billion has been invested to support delivery of goals as outlined in this report. This has been further supported by the highest levels of investment overall in our health and social care services in 2022 and 2023. We continue to invest in our workforce and are



delivering new care pathways, new facilities, new technologies and new ways of working that will enable our talented health and social care professionals to respond to the growing health needs of our population. We are already seeing the patient impacts of this investment.

We are expanding our primary care capacity and community services to ensure that patients are treated in their locality or as close to their homes as possible. Since January 2021, GPs can directly refer their patients for scans and diagnostic tests. A total of 904,857 GP directly-referred community diagnostics were carried out up to December 2023.

We continue to make inroads in tackling our waiting lists and unscheduled emergency care bottlenecks. Waiting lists are down for the second year in a row - 177,000 more patients were removed from waiting lists in 2023 than in 2022. A 32% reduction in patients waiting longer than 12 months was also achieved last year. The number of patients on trolleys in 2023 was down versus 2022 - a 22% reduction for the second half of 2023 versus the same period in 2022.

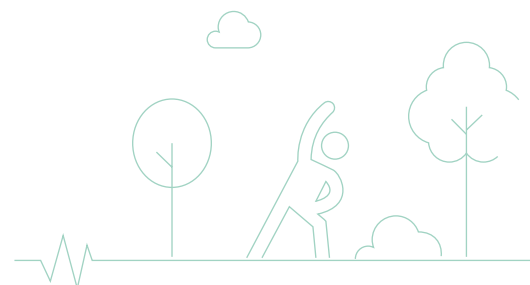
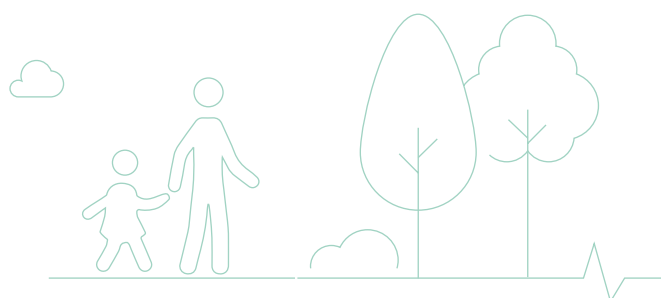
The new Public Only Consultant Contract, which commenced in March 2023, means that we now have more senior decision-makers in our hospitals out of hours and at weekends. This is delivering on the Government's commitment to phase out private practice from public hospitals. By the end of 2023, 1472 consultants representing 35% of all consultants had signed up to the new contract.

We are restructuring our health and social care service through the establishment of the HSE Health Regions to enable the provision of better and more integrated care along regional lines.

Eligibility for free medical services has been substantially expanded, improving access to healthcare services to those who need it most. As a result of the expansion of eligibility measures in 2023 - including free GP care to people earning no more than the median household income - more than half the population are eligible for either a medical or a GP visit card.

In October 2023, I set out the need to identify opportunities to increase productivity and target savings to help with funding our healthcare system and deliver more health outcomes. Since then, ongoing efforts by the Department of Health and the Health Service Executive have culminated in both analysis and a programme of work to be taken forward by the Productivity & Savings Taskforce that I established in January 2024.

We have much more to do but I am very pleased to present this 3-year progress report setting out the detailed programmes that have been delivered or progressed and the tangible and significant improvements that are delivering better health services to patients and the public, on our road to delivering Universal Healthcare for all.



Executive Summary

The 2017 Oireachtas Committee on the Future of Healthcare in Ireland set out the policy direction for the reform of our health services. The Sláintecare vision is for a universal health and social care system where everyone has equitable access to services based on need and not the ability to pay. Sláintecare is the most significant reform programme of Ireland's health and social care sector in the history of the State.

The foundation for this reform was progressed based on the Sláintecare Implementation Strategy 2018, which set out key reforms to be implemented, based on the Oireachtas report over a three-year period. The Programme for Government (PfG) provided significant funding to support and direct the second phase of implementation as set out in the Sláintecare Implementation Strategy & Action Plan 2021–2023. €1.235 billion was allocated by government in 2021 to support Sláintecare reforms. This report sets out the progress made with these government supported reforms over the period 2021–2023.

Sláintecare Implementation Strategy & Action Plan 2021–2023

Building on the first three years of progress, and the learnings and response to COVID-19, the Sláintecare Implementation Strategy & Action Plan 2021–2023, called out two high level priority areas, namely:

1. **Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing**
2. **Addressing Health Inequalities—towards Universal Healthcare**

These priority programmes had eleven associated projects to deliver on tangible outcomes for patients over the three-year period. The reforms in this plan were delivered against the challenges of COVID-19 and the cyber-attack in May 2021.

The record level of investment provided by government for reforms in the 2021 and subsequent budgets supported key initiatives associated with the two priority programmes including innovation, the delivery of integrated services, investment in people, new care pathways, new technologies, new facilities and new ways of working aligned with the PfG priorities.

Reform Programme 1

Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing

This programme delivered on significant progress in improving access to care for patients, against a huge increase in demand for services, over the period, as illustrated below:



Major Trauma Centre services commenced at the **Mater Misericordiae University Hospital** and **Cork University Hospital** in 2023.



Public Only Consultant Contract (POCC) introduced in March 2023. **1472 consultants were on the POCC** at the end of December 2023.



The National Elective Ambulatory Strategy was approved by government in 2021. Elective hospitals at Cork and Galway are at design phase. Dublin site identification underway.



Locations have been identified and planning applications made for **Surgical Hubs** in **Cork, Dublin** (North and South), **Galway, Limerick** and **Waterford**.



96 Community Healthcare Networks (CHNs) are in place to support integrated care across primary, acute and community care.



1126 additional acute beds have been delivered since January 2020. **329 critical care beds are now available** and operating, a **27.5% increase** since 2020.



National Forensic Mental Hospital in Portrane opened.



63.62 million home support hours provided between January 2021 and December 2023.



Sláintecare Integration and Innovation Fund has committed **€46.6 million to 143 projects** from 2021-2023 fostering a culture of innovation.



Over the last three years there has been **record investment in disability services**, from a budget of €2.2 billion in 2021, to **€2.6 billion in 2023**, resulting in significant funding for development of new measures and enhancements of services.



Since January 2021 **GPs have been able to directly refer their patients for scans and diagnostic tests**. A total of **904,857 GP directly-referred community diagnostics** were carried out over the three years.



There are now **174 Primary Care Centres** operational, up from 138 in 2020. **24 Community Specialist Teams for Older People** and **24 Community Specialist Teams for Chronic Disease Management** are now in place.



46,623 WTE nurses and midwives are working in our health service. Of these, **1,132 WTE are at advanced practice level**, equating to **2.4%** of the workforce.



As of end of December 2023, the total workforce stands at **145,985 staff working in our health service**. There are **26,172 more Whole Time Equivalent (WTE)** working in our health service than there were at the beginning of 2020. This includes **8,038 nurses and midwives; 4,017 health and social care professionals; and 2,904 doctors and dentists**.



The initial partial-year WLAP, implemented from September to December 2021, delivered a **5.4% reduction in overall waiting lists**. In 2022 **c. 1.56 million patients were removed** from, and **c. 1.53 million patients were added** to, hospital waiting lists, resulting in a net **reduction of 4.1%**. In 2023 **c. 1.74 million patients were removed** from hospital waiting lists and **c. 1.72 million were added**, resulting in a net reduction of 2.7% to overall waiting lists.

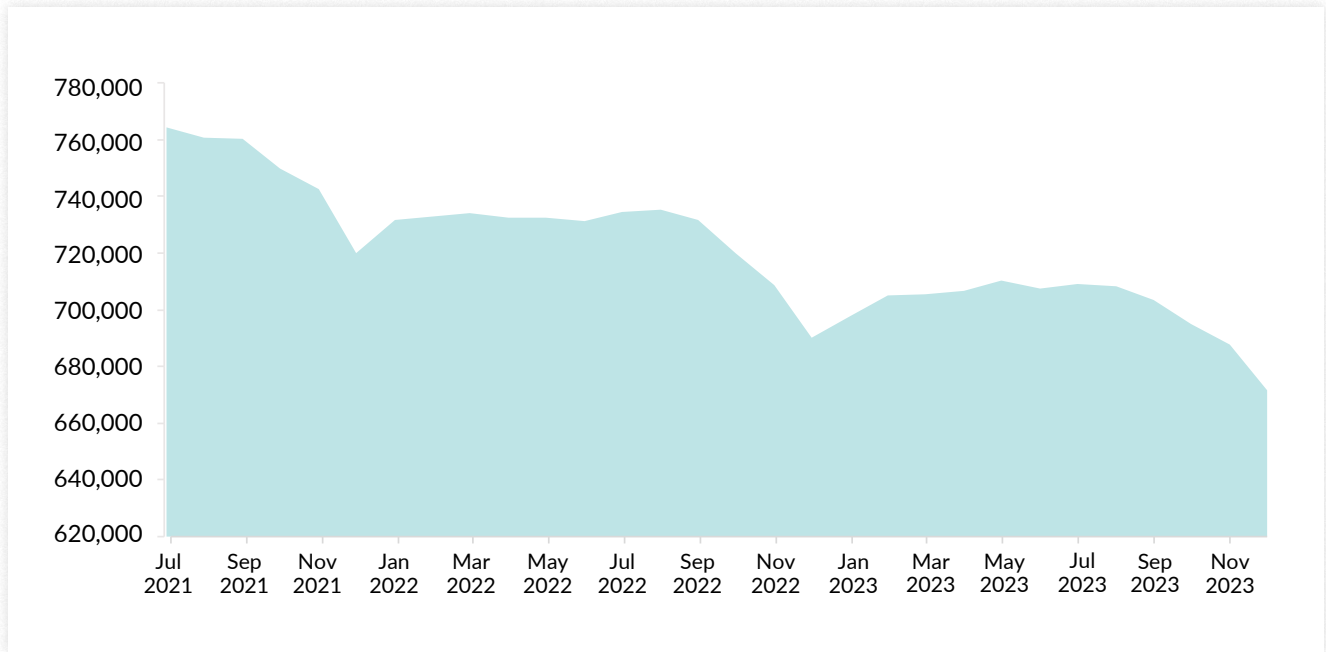


Figure 1. Total Waiting List Trend July 2021-December 2023

- Enhanced Community Care (ECC) Programme** – over the course of 2021–2023 service delivery has increasingly reorientated towards primary care, enhanced GP services and community-based services. This is being implemented through the development of community healthcare networks (CHNs) and community specialist teams (CSTs) for older people and chronic disease management (CDM) working in an integrated way to deliver end-to-end care and embracing a ‘home first’ approach. By end 2023, all 96 CHNs were established and operational and 24 CSTs for Older People and 24 CSTs for CDM were operational. Over 2800 staff were recruited and a total of €540 million was allocated to the ECC Programme over the three-year period.
- GP Access to Community Diagnostics** – this scheme was introduced in January 2021 and has been expanded each year. To date it has been highly successful with GPs now being able to directly refer their patients for scans and diagnostic tests. Over the course of 2021–2023, 904,857 GP directly-referred community diagnostics were carried out.
- Waiting Lists** – 2023 recorded an 11% reduction in patients breaching Sláintecare Max Wait Times between February and December 2023, an 85% reduction in those waiting 4 years with only 5,300 remaining (to be cleared in 2024), an 81% reduction in patients waiting 3 years. This was the second year waiting lists fell since 2015. The overall waiting list at the end of December 2023 was c. 671,000, down from 690,000 in 2022. Figure 1 shows the total combined waiting list trend from July 2021 to December 2023.
- Acute Bed Capacity** – critical care beds have increased to 329, a 27.5% increase since 2020; acute beds have been increased by 1126 over the same period.

-
- **Public Only Consultant Contract:** Approved by government in December 2022 and launched in March 2023. As of the 27 December 2023, 1,472 consultants signed the new Public Only Consultant Contract (POCC 2023).
 - **Elective Hospitals:** the National Elective Ambulatory Strategy was approved by government in 2021. In December 2022, Business Cases for the development of new elective hospitals at Cork and Galway were approved. These are now moving to design phase. The site identification process for Dublin reached an advanced stage.
 - **Surgical Hubs:** New surgical hubs are also being delivered in Cork, Dublin, Galway, Limerick and Waterford with the first two (Swords and Mount Carmel in Dublin North and South expected to be operational in 2024).
 - **Sláintecare Integration Fund:** The Fund's End of Round 1 Report was published in July 2022. The Fund contributed to the avoidance of 19,000 inpatient bed days and 3,000 ED attendances. 8,000 patients were seen from waiting lists, and 13,000 patients reported an improved health status through lifestyle, self-management and physical activity. 106 of 123 projects are receiving recurring funding. Round 2 of the Fund was launched in 2022 and Round 3 in 2023.
 - **Healthy Ireland:** The Healthy Ireland Strategic Action Plan 2021-2025 was launched in May 2021 providing a clear roadmap of how we can continue to work together to bring about good health, access to services, healthy environments, and the promotion of resilience to ensure that everyone can enjoy physical and mental health and wellbeing to their full potential.
 - **Digital Health:** There was extensive and rapid digital transformation in response to COVID-19 with the introduction of tele-consultations for patients with GPs and consultants and the introduction of eScripts – where prescriptions are electronically created and securely emailed to pharmacists. The new Digital Health & Social Care Strategic Roadmap (2024-2030), which has been developed through extensive stakeholder engagement, is being finalised with a view to publication in 2024.

Reform Programme 2

Addressing Health Inequalities – towards Universal Healthcare

Key highlights delivered to Address Health Inequalities with focus on moving towards Universal Healthcare



Considerable progress was made to establish the **regional model and plan for the transition to Health Regions in 2024**. HSE Health Regions will enable the equitable delivery of timely, safe, and integrated care that is planned and funded in line with patient needs at regional and local level.



Drug Payment Scheme threshold has been reduced to €80 per month. This reduction is larger than that which had been envisaged in the Sláintecare programme and is estimated to benefit an extra 70,000 families.



The **Free Contraception Scheme** was introduced in September 2022 and available to women aged between 17 and 30. 277,000 women had accessed the scheme by the end of December 2023.



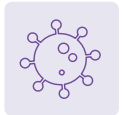
Public hospital in-patient charges for people accessing care as a public patient in all public hospitals have been abolished.



Free GP care for all children under the age of eight years.



People who earn up to the **median household income** became eligible for a **GP visit card**. This extension to the median income meant that roughly an additional 430,000 persons became eligible for a GP visit card.



Introduction of **free national home STI testing service**, 205,000 kits distributed.



Since 2021, there has been an investment of **over €128 million** of additional funding allocated specifically towards **Women's Health initiatives**.



Funding allocated to ensure **access to period products** for women in need.



Healthy Age Friendly homes local coordinators have carried out **4,845 home visits** and provided **9,030 supports to older people** between 2021 and 2023.

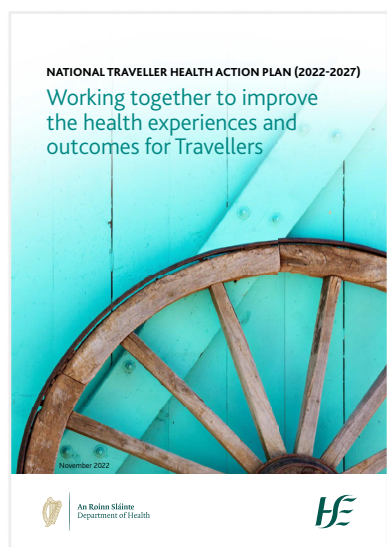


The **Sláintecare Healthy Communities Programme** is providing **increased health and wellbeing services** in 19 community areas across Ireland.



The **National Traveller Health Action Plan 2022-2027** was launched in November 2022 and seeks to address **inequalities in Traveller health**.

Key Initiatives addressing - Health Inequalities



Traveller Health Action Plan



Sláintecare Healthy Communities



Social Inclusion Programme

- **HSE Health Regions:** The Business Case for new HSE Health Regions was approved by government in April 2022, followed by approval of a detailed Implementation Plan in July 2023. Six Regional Executive Officers were recruited (and took up their positions in March 2024), to support transition to the Health Regions in 2024.
- **Eligibility:** There was significant expansion in eligibility across a wide range of areas, including:
 - Free contraception scheme (launched September 2022 for women aged 17–25) extended to 26–year-olds in January 2023 and to women aged 30 from 1 September 2023.
 - Public in-patient charge for public patients in public hospitals was abolished from 17 April 2023.
 - All children under 8 years eligible for free GP care since August 2023.
 - Expansion of eligibility for GP visit cards extended to approximately 500,00 additional people in 2023.
 - Successive reductions in Drug Payment Scheme thresholds.
 - Free IVF treatment since September 2023.

The significant investments made in Sláintecare under the Programme for Government supported the increases in capacity outlined in the Health Capacity Review (2018) and provided funding for Sláintecare reforms including increased expansion of eligibility measures and a renewed reform focus on women's health.

A number of key support programmes were progressed in 2021–2023, which are foundational and key to reforming our health services, namely workforce planning & development, digital health and health & safety.

Key progress in these are highlighted below:

Significant progress in use of Telemedicine in response to COVID-19 and Telehealth now a foundation of our health services.

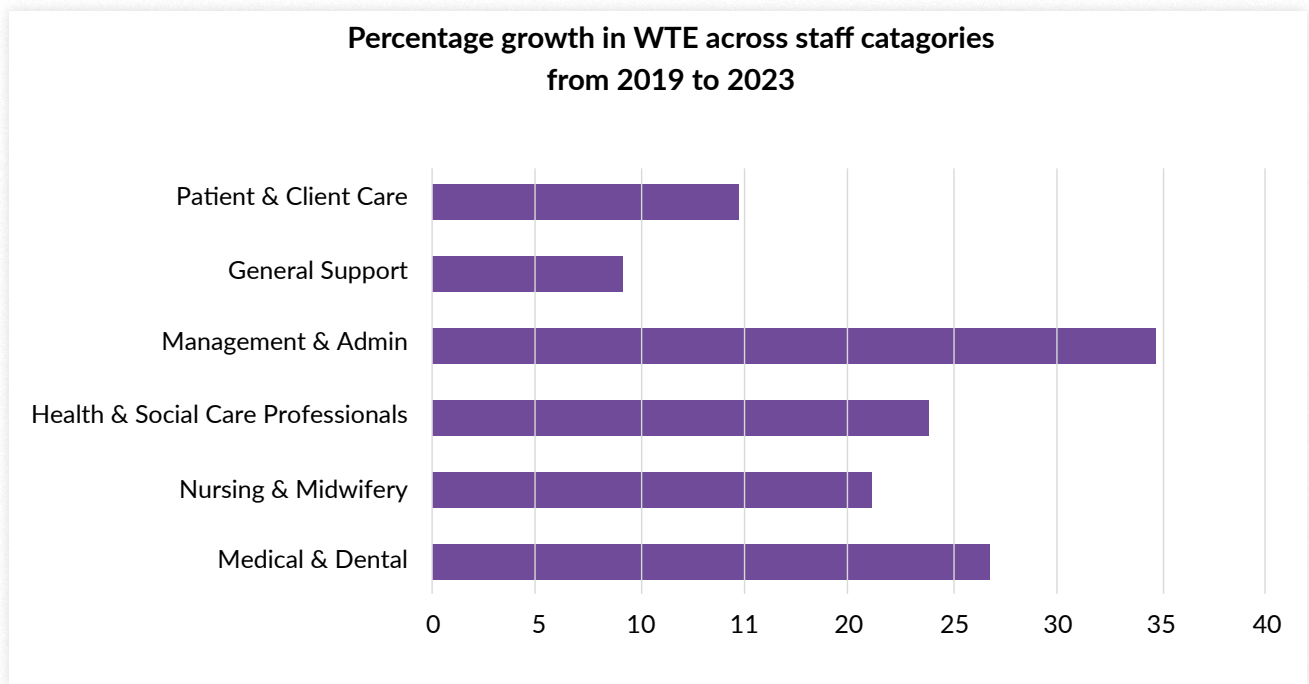


Figure 2. Percentage growth in WTE across staff categories from 2019 to 2023

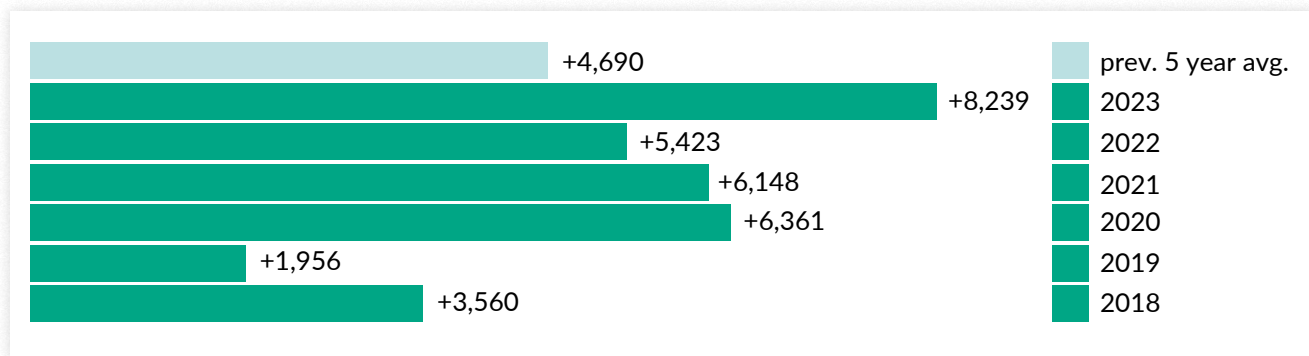


Figure 3. Full year employment growth (WTE) from 2018-2023

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Sláintecare Implementation Strategy & Action Plan 2021–2023 – Final Progress Report



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 Digital Health 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 Population Health Approach for Service Planning and Funding



Project 2

Rollout Sláintecare Healthy Communities Programme



Project 3

Develop HSE Health Regions



Project 4

Implement Obesity Policy and Action Plan 2016-2025

2022

Reform Programme 1

Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing



Reform Programme 1

Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing

Reform Programme 1 was designed to tackle the challenges of too many people waiting for too long for the procedures they need due to insufficient capacity in the system. This is due to cancellations due to unexpected emergencies, unclear end-to-end referral pathways, an absence of clear public signposting to services, and a lack of supporting digital infrastructure. The reform programme involved a complex mix of inter-related projects that, when aligned together, aimed to provide safer and more timely access to care. It provided a focus on 'prevention' to support people with their health and wellbeing, providing care more appropriately in a community rather than a hospital or in a long-term residential care setting, expanding capacity of physical infrastructure, staff and digital capability, tackling waiting lists and continuing to support innovations that result in safer integrated care across settings.



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

The Health Service Capacity Review (HCR 2018) projected to 2031 the staffing and physical infrastructure that would be required to meet Sláintecare waiting time targets. The underpinning analysis considered existing level of demand and capacity, demographic and non-demographic factors

driving future demand. The review set out the proposed capacity increases based on the delivery of key reforms across three workstreams:

- **Workstream 1** - Healthy Living
- **Workstream 2** - Enhanced Community Care (ECC)
- **Workstream 3** - Hospital Productivity

In addition, the Programme for Government (PfG) supported an increased focus on women's health issues and called out a specific programme to address women's poor experiences of health care. The PfG also recognised that COVID-19 had created significant anxiety, stress and fear for many people that reinforced the need for enhanced mental health supports and services.

The 2021 Sláintecare Implementation Strategy & Action Plan also set out to build community capacity to provide services to people with a disability through both mainstream health services and specialist disability services.

Furthermore, Ireland has one of the most rapidly ageing demographic profiles in the EU. A number of important measures were undertaken over the course of 2021-2023 to meet the needs of an expanding older population, to make the service more responsive to their needs and to improve service quality and safety.

Significant progress was made over the period 2021-2023 in implementing reforms in each of these areas as set out below.

Workstream 1: Healthy Living

The Healthy Ireland Programme focuses on health promotion and on 'prevention' measures designed to support healthy living and reduce the four major behavioural risk factors for chronic disease, namely tobacco and excessive alcohol use, inactivity and obesity.

In 2021, the Healthy Ireland Strategic Action Plan 2021–2025 was published, setting out the roadmap to supporting good health and wellbeing, improved access to services, healthy environments, improved resilience and to ensure that everyone can enjoy physical and mental health and wellbeing to their full potential.

The Healthy Communities Programme was launched in 2021 with a €13 million fund and cross-government support to deliver interventions supporting health and wellbeing services to 19 disadvantaged community areas across Ireland and Dublin's North-East inner city.

Healthy Age Friendly Homes

Healthy Age Friendly Homes was launched in July 2021 as a support coordination service seeking to improve the health and wellbeing of older adults and to enable them to remain in their own homes and communities for as long as possible. The programme is an innovative collaboration between the Department of Health and the Department of Housing, Local Government and Heritage, to address these wider determinants of health through the Age Friendly Ireland Shared Service. On referral into the programme, a Local Coordinator carries out a home visit and conducts a holistic needs assessment for the older person in the areas of health, housing, community and social supports, and assistive technologies. The coordinator agrees a personal plan with each individual and supports them to access

the appropriate services and supports in their local communities.

During the course of the pilot programme across nine sites between 2021 and 2023, local coordinators have carried out 4,845 home visits and provided 9,030 supports to older people.

Evaluation results of Healthy Age Friendly Homes

There is an increasing understanding of the considerable impact a person's living environment has on their health outcomes. Evaluation of the programme by Maynooth University has demonstrated improvements in measurements of older peoples' self-reported health status, quality of life, loneliness, social supports, self-efficacy, and functional ability. A final evaluation report is due to be published in 2024. In addition, individual cases have demonstrated evidence of the following positive outcomes:

- Reduced premature/untimely admission to residential care.
- Increase in early discharge from acute hospitals (reduced length of stay).
- Reduction in presentations to Emergency Departments.
- Reduced missed hospital appointments.
- Increased longevity of tenancies.
- Better use of housing stock.

The cross-sectoral nature of this programme is the first of its kind, with key partners including the HSE, Department of Housing, Local Government and Heritage, Age Friendly Ireland and Sustainable Energy Authority of Ireland (SEAI). The approach taken by

the programme has been cited by the World Health Organisation as a best practice example for the provision of person-centred integrated care for older people. Most recently, it has also been highlighted as a case study in the first progress report of the UN Decade of Ageing published in November 2023.

The programme is being expanded from nine pilot sites to roll out nationally in 2024, with a Healthy Age Friendly Homes coordinator in each Local Authority to deliver supports and advice to older people nationwide.

Case Study

Geraldine is a 65-year-old lady living in her own home. She was referred to the Healthy Age Friendly Programme by an HSE occupational therapist within the primary care team. Geraldine has complex health issues; she suffers from rheumatoid arthritis which affects her mobility. Geraldine had a bed in her sitting room and used a commode as she could not access her upstairs due to her medical condition.

The local coordinator assisted Geraldine in making applications for:

- Housing Adaptation application for a stairlift and an accessible shower.
- Bin Waiver Scheme under the local authority.
- SEAI Warmer Homes Scheme.
- Senior alert scheme through the family resource centre.
- State pension.



The local coordinator also liaised with the local Care and Repair team to have two smoke alarms and one carbon monoxide alarm installed.

Outcome Summary

The supports availed of by Geraldine ranged from structural modifications of her home, to reducing the burden of domestic expenses such as bin charges. The stairlift and the accessible bathroom makes her day-to-day routine more comfortable. The installation of alarms and monitors give her a greater sense of security. Finally, assistance with the application for the state pension helps give her greater financial certainty and removes any potential worry surrounding it.

The supports availed of by Geraldine provide her with a safer and less hazardous home environment. Together these supports have a very positive impact on Geraldine's ongoing health and wellbeing. Geraldine said;

Geraldine's case study demonstrates the range of supports which the Healthy Age Friendly Home Programme may assist in making available to participants.

If I hadn't been referred to this programme, I wouldn't know how I could have managed so it has really enhanced my life. It's given me back my dignity. I can't thank the Age Friendly people enough.

Get Ireland Active! – the National Physical Activity Plan for Ireland (NPAP)

Physical inactivity is one of the four major risk factors for chronic disease. As many as 12,000 deaths per year may be attributable to inactivity, which also contributes to the obesity epidemic, increased risk of frailty and an increased risk of dementia as we age.

Get Ireland Active! – the National Physical Activity Plan for Ireland (NPAP) aims to increase the number of people taking regular exercise by 1% per annum and to create a society which facilitates people, whether at home, at work or at play, to lead an active way of life. Work is currently underway within the Department of Health to complete an updated NPAP in 2024.

Increasing physical activity levels in children and young people is a core focus, of which schools are a vital facet. The Active School Flag programme, led by the Department of Education and co-funded by Healthy Ireland, is designed to recognise schools and communities that strive towards achieving a physically educated and physically active community. The process aims to get more schools, more active, more often. Active School Flags are awarded for a 3-year interval. 736 Primary Schools and 46 post primary schools currently hold an Active Flag, with over 131,000 pupils attending these schools.

Case Study

The Sláintecare Physical Activity for Health programme augments both levels of physical activity and of social engagement, which have been associated with poorer mental, physical health outcomes and mortality.

The men who attended the over-60s men's exercise programme in Longford reported an improvement in how they feel physically as well as mentally. The exercise programme consisted of Tai Chi, activator pole walking class, line dancing, step class, circuit class, balance class, mindfulness and boxercise. The men attended a weekly one-hour session for two eight-week blocks.

According to the group the positive effects of this programme go beyond the physical health of each participant and also helps to influence their social health as they age. They enjoyed the social inclusion and “banter and craic”.



One member suggested that;

Group exercise feels like a nicer way to exercise in the community as everyone has a collective identity and a shared sense of purpose.



Case Study

STI rates are rising, both here in Ireland and internationally. In response to the growing need for accessible and discreet sexual health services, the free HSE Home STI Testing service was rolled out nationally in 2022, following an initial pilot funded by the Sláintecare Integration Fund in 2021.

The service is free at the point of use, avoiding both cost and stigma related barriers to access and facilitating higher early detection rates, thereby preventing both onward transmission of infection and infection related harm.

Integrating the online STI testing programme, with the established public STI clinics, nationwide, allows people to test for STIs in the comfort and privacy of their own homes, reaching those who may be reluctant to visit an STI clinic in person.

Those experiencing reactive results (approximately 10%) are then invited for follow-up treatment as appropriate.

The scheme has been very successful, adding approximately 33% to national testing capacity and sending out approximately 108,000 kits in 2023. Additional funding of €720,000 to support increasing demand for the scheme has been allocated through Budget 2024, bringing total support for the scheme in 2024 to €4.22 million.

The success of this initiative underscores the importance of adapting healthcare services to meet the evolving needs and preferences of the population, reducing barriers to timely care and making strides toward a more inclusive and proactive approach to sexual health in Ireland.

The Children's Sport Participation and Physical Activity Study (CSPPA), led by Sport Ireland and Sport Northern Ireland and co-funded by Healthy Ireland, was published in August 2023. The numbers of primary school children meeting the National Physical Activity Guidelines for children (1 hour per day of

moderate to vigorous activity, 7 days per week) rose to 23% in 2022 from 17% in 2018. Similarly, post-primary student activity levels rose to 12% in 2022, from 10% in 2018.

National Sexual Health Strategy (NSHS)

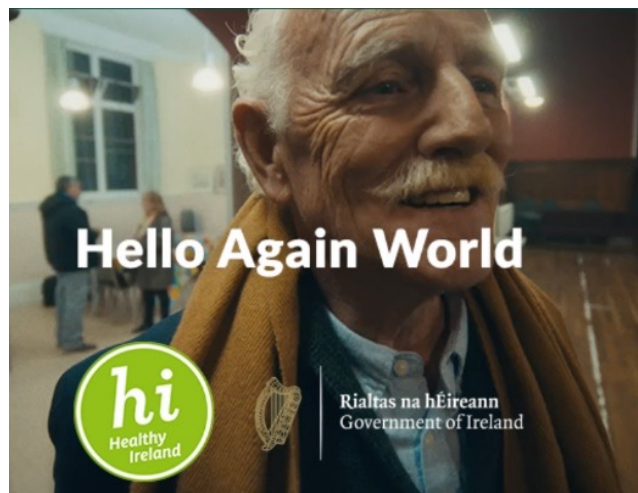
A Review of the National Sexual Health Strategy (NSHS) was published at the end of March 2023. The review found that the majority of the actions under the first Strategy were successfully progressed. Recommendations include widening the scope of the next Strategy to build on the work completed under the first NSHS. Work is ongoing on drafting the new NSHS which is scheduled for publication in 2024.

Following a Sláintecare Integration Innovation Fund pilot in 2021, the free national home STI testing service was established in 2022 and has substantially increased the availability of and access to STI testing in Ireland. In 2022, approximately 97,000 home STI test kits were ordered by service users, with a 59% return rate. This service expanded in 2023 with approximately 108,000 kits ordered in 2023. Orders are steadily increasing, exceeding 10,000 per month in the second half of 2023, with return rates increasing to 68% in this time interval. The percentage of users experiencing a reactive result¹ remains at approximately 10% in both years. The scheme has been very successful, adding approximately 33% to national testing capacity. Additional funding to support increasing demand for the scheme was allocated through Budget 2024, bringing total funding for home STI testing to €4.22m. Since November 2023, individuals who test positive for chlamydia have the option of receiving an online prescription, reducing the number of onward referrals to clinics for treatment.

Public Health Information Campaigns

The older persons social connection campaign, “Hello Again World” which encourages older adults to return to social activities and hobbies, addressing the impacts of loneliness, went live in March 2023. A second burst of the campaign commenced on Monday

20th November 2023 and ran until Sunday 21st January 2024.



Healthy Ireland Outcomes Framework

The first Healthy Ireland Outcomes Framework report was published in late 2022. The Healthy Ireland surveys for 2022 and 2023 were published in December 2022 and November 2023, respectively. Both are available on the Healthy Ireland website. The Health Behaviours in School-Aged Children Report is in the final stages of preparation and will be published in 2024.

Find the Healthy Ireland Framework 2013–2025 [here](#).

Women’s Health

Led by the Department’s Women’s Health Taskforce, the Women’s Health Action Plan and the additional investment committed have enabled significant developments to be made in the area of women’s health.

Since 2021, there has been an investment of over €128 million of additional funding allocated specifically towards women’s health initiatives. The significant investment in recent years is aligned to

¹ Reactive Result means a “possible positive result, to be confirmed via follow up.”

the government's commitment in the Programme for Government, the work of the Women's Health Taskforce and the Minister for Health's priorities for women's health, as reflected in the Women's Health Action Plan 2022–2023, which was launched by the Minister in March 2022.

Significant progress has been made in women's health to date, including:

- The Free Contraception Scheme was introduced in September 2022 and available to women aged between 17 and 30. At the end of 2023, 277,000 women had accessed the scheme.
- Six Regional Fertility Hubs are now operational across the country and are providing a range of interventions and procedures to manage patients' fertility issues at secondary care level and then, where appropriate, referring eligible patients for publicly funded Assisted Human Reproduction treatment (including IVF, ICSI and IUI).
- Sixteen 'See-and-Treat' Ambulatory Gynaecology (AG) Clinics are fully operational with 4 more in development. Approximately 16,000 patients were seen in see-and-treat clinics in 2023.
- Six Specialist Menopause Clinics have opened and, when running at full capacity, will each see and treat 500 patients per year.
- Two Specialist Endometriosis Centres for complex care have been established, along with five regional hubs.
- Through the National Maternity Strategy, over 180 additional full-time staff have been recruited into maternity services to provide women with greater choice in their maternity care, and better access to specialists such as lactation consultants, dietitians and social workers.
- Five new Postnatal Hubs are now open, giving women access to vital postnatal care and support in the community, away from a hospital setting.
- A new National Perinatal Genomics Service is being established to ensure women across the country have access to critical testing both during pregnancy, and in planning for future pregnancies.
- Seventeen of our nineteen maternity hospitals are providing full termination of pregnancy services, as prescribed in the 2018 Act, with services commencing in the final two hospital sites in 2024.

Cancer Care and Services for Women

There have been significant improvements in cancer care and services for women in the last three years. Over 2021 and 2022, €40 million in funding was allocated to the National Cancer Strategy 2017–2026 and €30 million in funding for new cancer drugs. This funding assisted in the recruitment of approximately 390 staff, including over 140 nurses and 40 consultants.

On foot of this recent investment in cancer services, more patients are being seen and waiting times are down. In particular, in Symptomatic Breast Disease clinics (SBDs) waiting times for patients are down across all clinics. Funding of €3.4 million supported increased patient attendances at Rapid Access Clinics (RACs), including SBDs, and improved performance against national Key Performance Indicators (KPIs). This supported a strong recovery from the impact of COVID-19, with new RAC attendances in 2022 at 104% of 2019 levels. Data for 2023 is still being compiled, with attendances expected to be higher than 2022 figures.

Centralisation of cancer services is continuing with centralisation confirmed for many tumour-types, including gynae-oncology surgical services.

Centralisation of these surgeries has a direct impact on outcomes for patients and will continue as a priority.

Funding in 2021 and 2022 included an investment of €1.1 million in cancer genetics services, which allowed for staff to be recruited into specific cancer genetics positions and the development of new GP referral guidelines for those with a family history of breast cancer. The National Cancer Control Programme (NCCP) is also progressing the development of a breast family history pathway, which will include patients with a suspected familial predisposition. A health needs assessment was also developed using this funding. This was published by the NCCP in 2022. The health needs assessment highlighted the improvements required to ensure a high quality, comprehensive service for carriers of pathogenic BRCA gene variants, and helped inform the development of the Hereditary Cancer Model of Care, launched by the NCCP in June 2023. The Hereditary Cancer Model of Care was developed under recommendations 6 and 19 of the National Cancer Strategy. This model of care provides a blueprint for improved access, quality, and governance of hereditary cancer genetics services in Ireland.

Throughout 2021 to 2023 the NCCP continued to engage with the National Women and Infants Health Programme in relation to the referral pathway for those with possible gynaecological cancers, as the establishment of Ambulatory Gynaecology services began nationally.

The target date of 2040 for complete cervical cancer elimination was announced in 2023. Alongside this there has been strong investment in the HPV vaccination programme, including the roll-out of the Laura Brennan HPV Catch-up Vaccination Programme in 2023. Over 500,000 people have already received the HPV vaccine through the HSE vaccination programme in schools.

Period Poverty

Healthy Ireland leads on supports for period poverty. In 2022, funding was provided to progress period poverty mitigation projects with funding increases in 2023 and again in 2024, bringing total annual support for period dignity measures to €914,000. The funding is allocated in partnership with the HSE, local authorities, family resource centres and non-governmental organisations (NGOs) to support those most in need.

An Inter-Departmental Period Poverty Implementation Group has been established. A Procurement Framework is now in place to support the purchase of products and no-cost vending machines to equip facilities. Support is being provided to local authorities and community partners to equip their facilities and to distribute period products to those most in need.

Case Study

The 2021 Period Poverty in Ireland Discussion Paper recommended a number of period dignity measures, to ensure access to period products for women in need. These include:

- Expanding access to free period products in public buildings and publicly funded services
- Partnering with services and NGOs to provide period products to those in need
- Supporting the evidence base through further research
- Wider procurement options and supports
- The Department of Health chairs an inter-Departmental Period Poverty Implementation Group (“IG”) to oversee implementation.

The Department of Health and HSE were initially allocated €714,000 in 2022, rising to €914,000 in 2024 for period dignity supports in the community. The focus is on supporting those most in need; those living with addiction, homelessness or consistent poverty, and minorities including Travellers, Roma and refugees. Supports are provided through the Health sector and its partnerships; with local authorities, community health organisations, family resource centres and NGOs.

The HSE projects alone are estimated to have reached at least 17,000 women in 2023. Focus groups and feedback indicate that women are struggling with increases in the cost of living and really welcome these initiatives. These initiatives are also widening the conversation around women’s health issues more generally and reducing stigma, enabling women to access the care they may need.

Menstrual health and period poverty questions were included in the Healthy Ireland Survey, 2022. The Survey found that 24% of women have experienced at least one indicator of period poverty and 51% of women are limited on occasion from participation in daily activities by period symptoms. Concerningly, 6% of households report wider issues with hygiene poverty.

In June 2023, the Office of Government Procurement (OGP) established a new framework to supply cleaning, paper, personal hygiene, and period equality products to public sector organisations. The Framework can be accessed through the OGP website.



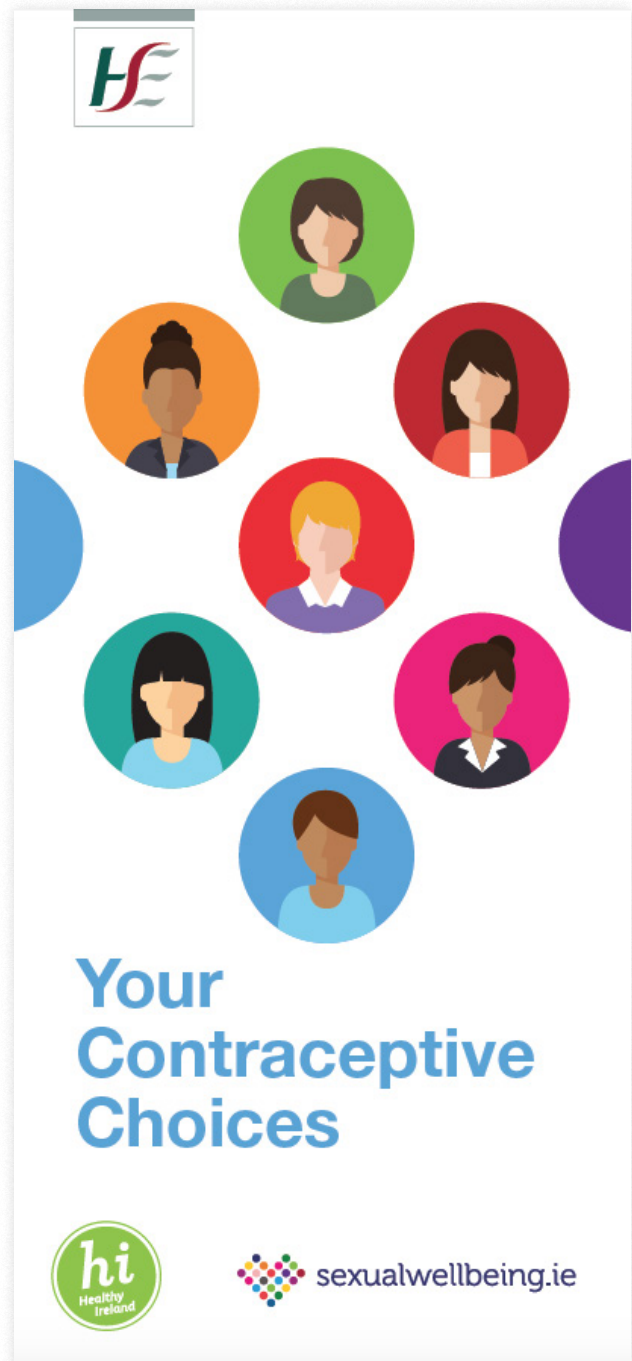
Free Contraception Scheme

September 2022 saw the introduction of a free contraception scheme, initially for women aged 17–25. The scheme has been extended and now includes women aged 17-30 inclusive. Free contraception is supported by approximately 2,400 GPs and 2,050 pharmacists nationwide and by a budget allocation of approximately €44 million in 2024, up from €9 million in 2022 and €31.5 million in 2023.

The scheme covers dispensing of prescription contraception by pharmacists, as well as consultations with GPs, primary care, student health and family planning centres. The scheme additionally covers fittings, checks, injections and/or removals of Long-Acting Reversible Contraception, when prescribed (LARCs; coils, implants, injections).

Approximately 189,000 individuals accessed the scheme between January and December 2023.

It is important to note that prescription contraception, while being very effective at preventing unplanned pregnancy, does not protect against sexually transmitted infections (STIs). The National Condom Distribution Scheme supports both STI prevention and contraception for men and their partners. Free condoms can be accessed through the national STI clinic network, participating 3rd level campuses, NGO partners, and, since 2023, with orders for free home STI testing kits.



Public Health Information Campaigns

Healthy Ireland public engagement campaigns continued in 2023. Led by Sport Ireland, funded by the Women’s Health Fund and in partnership with Healthy Ireland, the “It’s My Time” campaign was run in late 2022 and early 2023 to encourage women over 40 to support their own health and find time for physical activity and sport.

Women’s Health Action Plan 2024–2025 Phase 2: An Evolution in Women’s Health, was launched in April 2024 and builds on the foundations of the many achievements to date.

Workstream 2: Enhanced Community Care

The Enhanced Community Care Programme is designed to increase levels of healthcare provision in the community setting and re-orientate care delivery away from the acute hospital system, towards primary care, general practice and community-based services. The focus is on implementing an end-to-end care pathway that enables a “home first” approach where people are cared for at home, in the first instance, and over time prevent referrals and admissions to hospitals, where it is safe and appropriate to do so.

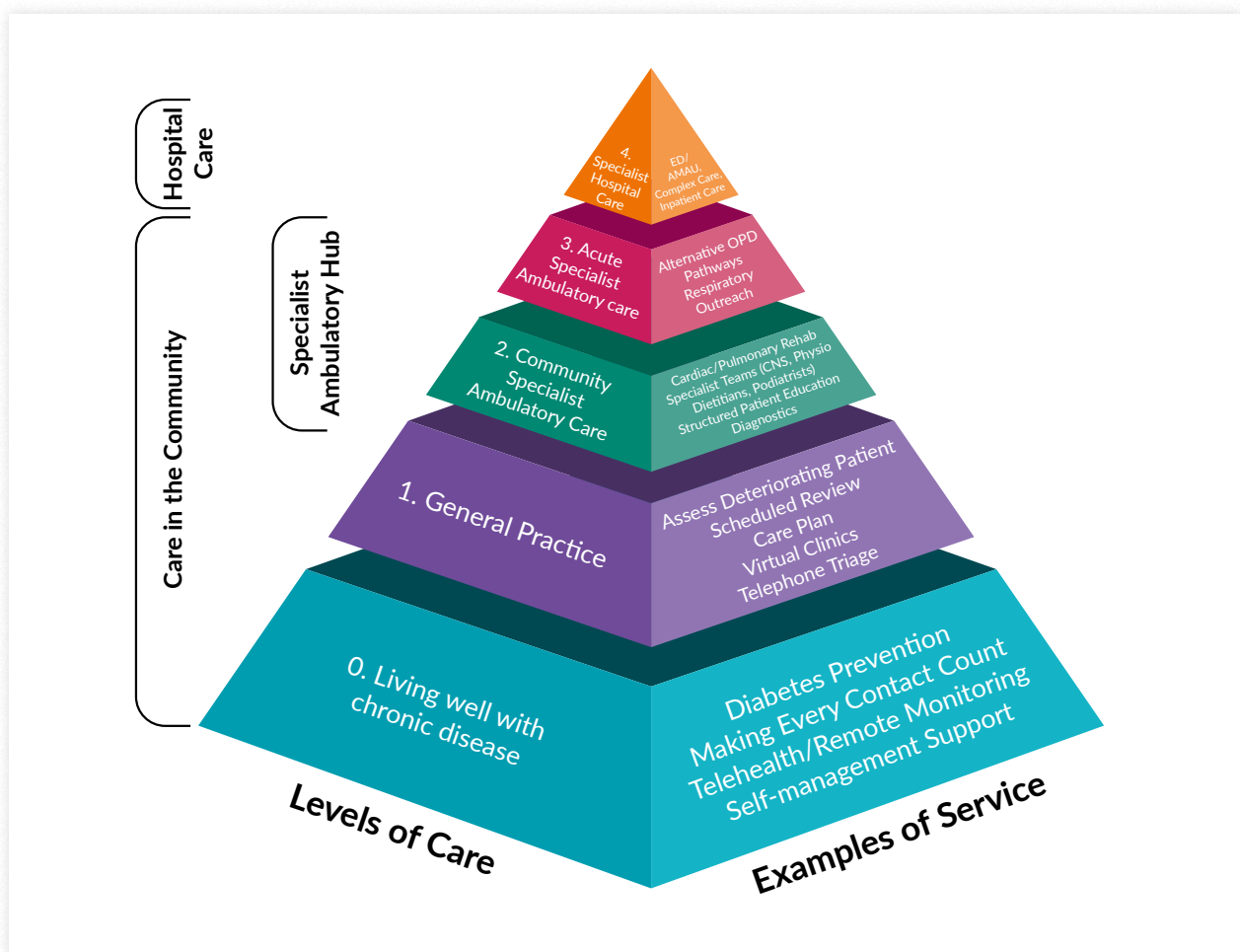


Figure 4: ECC Levels of Care

The Enhanced Community Care (ECC) Programme, which commenced in 2020, has successfully continued implementation throughout 2021–2023 with the ambition of providing greater levels of care closer to home. Recruitment of over 2,800 additional ECC staffing has enabled all 96 of the planned Community Health Networks to be established, with 24 of the planned 30 Community Specialist Teams for Older People, and 24 of the planned 30 Community Specialist Teams for Chronic Disease now fully operational.

Community Healthcare Networks

Through the implementation of the ECC Programme, all of the targeted 96 Community Healthcare Networks (CHNs) have now been established, providing the foundation and organisational structure through which integrated care is being enhanced to deliver locally at the appropriate level of complexity, with GPs, Health and Social Care Professionals (HSCPs), Nursing Leadership and staff, empowered at a local level to drive integrated care delivery and supporting egress in the community.

CHNs on average serve a population of 50,000, working to improve integrated team working in primary care services, and target service delivery on the basis of assessed local population needs. Patients who attend their GPs are being electronically referred via HealthLink to their local CHN or Community Specialist Team to access services required at the appropriate level of complexity.

HealthLink referrals are also supported by the new and innovative HSE Area Finder digital tool implemented in 2023, which enables healthcare professionals to easily identify contact information for CHNs and for healthcare services such as Public Health Nursing, CSTs for Older People and CSTs for those dealing with Chronic Diseases.

Community Specialist Teams (CST Hubs)

The work of the Integrated Care Programme for Older People (ICPOP) and Chronic Disease (ICPCD) has led to improved outcomes particularly for older people who are frail, and those with chronic disease. The ICPOP and ICPCD models of care provide specialist multidisciplinary teams in the community setting, aligned to CHNs.

CSTs service a population on average of 150,000, with each aligned to, and providing services to three CHNs. The teams are being co-located together in hubs located in or adjacent to Primary Care Centres, reflecting a shift in focus away from the acute hospital towards primary care, general practice and a community-based service model.

In 2023, of the total patient contacts delivered by ICPOP Community Specialist Teams (CSTs), the following outcomes were achieved:

- 74% were discharged home,
- 6% were admitted to acute hospital,
- 3% were admitted to long term care,
- 12% of people (target is 10%) were reviewed on same day / next day of referral, reflecting timely review by the team of more urgent cases, and
- 65% of people (target 55%) assessed by the CSTs have a Clinical Frailty Score (CFS) of 5–9, representing more severe frailty, demonstrating that progress is being made in prioritising complex and more frail patients and therefore supporting community-based intervention and avoiding admission to the acute setting.

These figures demonstrate that the ICPOP CSTs are seeing complex and more frail patients, and that most of such cases are discharged home as opposed to having to attend an acute hospital.

Regarding Chronic Disease Management, to year end 2023:

- 92% of GPs have signed up to the CDM contract with 548,685 patients reviewed by their GP between January and end December 2023.
- 91% of patients with chronic disease are now fully managed routinely in primary care and are not attending hospital for ongoing management of their chronic condition.
- GPs are referring patients that cannot be managed within general practice to the Community Specialist Teams for Chronic Disease Management.

Case Study

Enhanced Community Care - New Ways of Working in North Roscommon and North East Galway Community Healthcare Network

Annie* is 80 years old, and lives on her own in a rural area with an ageing population. Annie was previously an active member of her local community, however, Annie recently described a loss of independence and feeling like she had “slowed down and gotten old”. Annie attended her local GP following a fall at home, she also has a history of urinary tract infections (UTIs).

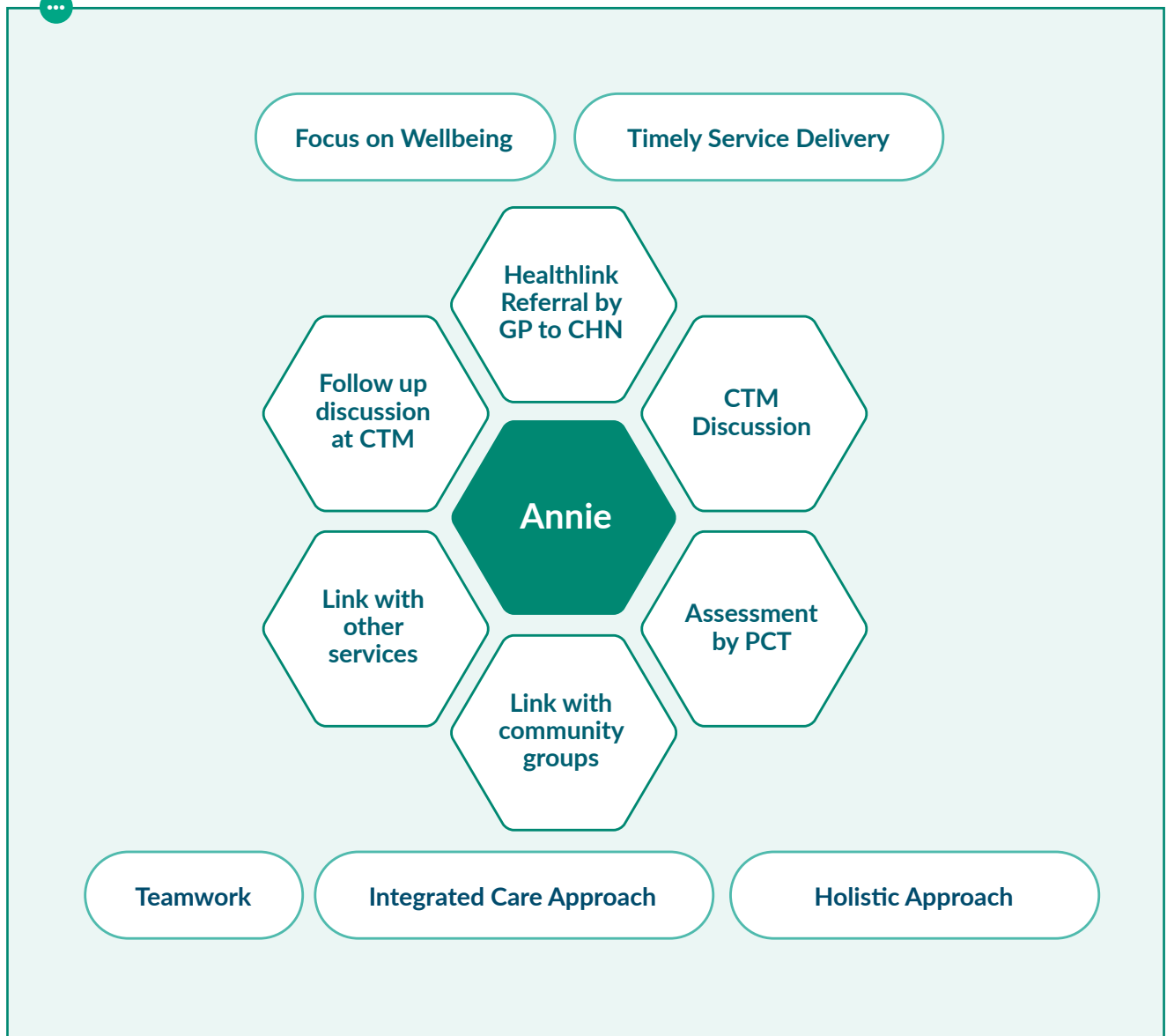
Annie’s GP used Healthlink, a digital referral system, to refer Annie to her local Community Healthcare Network (CHN). CHNs provide the foundation and organisational structure through which integrated care is delivered locally, at the appropriate level of complexity. Annie was identified as being a vulnerable member of the community, and at risk of hospitalisation due to her history of falls and UTIs. Annie’s case required a multi-disciplinary team approach to meet her care needs. Through the Clinical Team Meeting (CTM), a multi-disciplinary care plan was developed for Annie including interventions, home support and coordination with her GP.

Annie received a range of services, through her Community Healthcare Network, including Physiotherapy, Occupational Therapy and home visits by her Public Health Nurse. To support her to get “out and about again”, Annie was also referred to the ALONE coordinator for her area. ALONE is a national organisation that enables older people to age at home alongside providing befriending services, advocacy and support. As Annie wished to reintegrate with her local community, links with community services such as social prescribing and retirement groups were created. This integration of services helped Annie to feel supported. The range of services delivered close to home, in Annie’s community, enabled her to continue to live well at home.

I felt like everyone was pulling together to help me. The team gave me my life back.

*Name changed to protect privacy





GP Access to Community Diagnostics Scheme

GP Access to Community Diagnostics (GPACD) is an integral component of the Enhanced Community Care (ECC) programme available nationally for all GPs, the objective of which is to increase direct referral access to GPs to community diagnostic services. This pathway permits GPs to refer all adult patients for X-ray, Dual-Energy X-ray Absorptiometry (DEXA), Computed Tomography (CT), and Magnetic Resonance

Imaging (MRI) imaging studies, regardless of the patient’s financial circumstances. The scheme builds on pathways already in place for GP direct access to community ultrasound.

The scheme commenced in January 2021 for medical card and GP visit card holders, expanding to full population access in June 2021 in response to COVID-19. Increased GP direct access to chronic disease diagnostics (Echocardiogram, Spirometry and

the NT-proBNP blood test) is also being implemented as part of the programme. Increasing GP and community access to radiology and chronic disease diagnostics has several benefits, including:

- Reduce the need to refer patients to the Emergency Department (ED) and Outpatient Department (OPD)
- Increase GP and patient access to diagnostics
- Enable a greater level of care to be delivered in the community
- Support the provision of patient-centred care
- Support early diagnosis, intervention and improved patient outcomes

The GP access to Community Diagnostics scheme delivered 516,919 community diagnostic tests (radiology scans and CDM tests) from January to end December 2023 (44% ahead of target), and the GPACD community radiology initiative has demonstrated significant increases in service provision since launching in January 2021, with 134,842 community radiology scans delivered in 2021, 251,601 in 2022 and 339,984 in 2023.

Community Intervention Teams (CITs)

The purpose of a Community Intervention Team (CIT) service is to prevent unnecessary hospital admission or attendance, and to facilitate early discharge of patients for whom CIT care is appropriate.

The CIT provides enhanced services in the community in support of the overall Primary Care system, providing access to nursing and home care support, usually from 8am to 9pm, seven days per week. CITs provide a range of services including the administration of home IV antibiotics, acute anticoagulation care, acute wound care and dressings, enhanced nurse monitoring following fractures, falls

or surgery, care of a patient with a central venous catheter and urinary related care among others.

Flexing the ECC Model

The ECC Programme is extending the current model and will maximise its reach by including residents in both public and private nursing homes, with the aim of improving hospital avoidance and supporting post-hospital discharge, in line with Urgent and Emergency Care (UEC) priorities. A profiling exercise of nursing homes has been undertaken to allow for the targeting of services at the areas of greatest need. ECC resources i.e., CST ICPOP, Frailty at the Front Door teams and Inpatient Specialist Teams, are being deployed from late 2023 to provide effective case management, including advanced care planning for older adults being newly discharged from acute hospitals to nursing homes.

Activity Metrics

The ECC Programme has a standard methodology and process for data return, collection, collation, analysis, and reporting of metrics and uses a data visualisation tool (Workbench) for analysis and reporting. It was developed in late 2022 and monthly reporting began in early 2023. Metrics will continue to be designed and collected to measure and report all aspects of activity and subsequent impacts and outcomes within the programme, including a reduction in outpatient waiting times, hospital admissions for those aged 75+, proportion of those aged 75+ admitted to long-term care, as well as a reduction in ED attendance and bed days for patients with chronic diseases.

More detailed information on the ECC programme is available on the HSE's website [here](#).

Older Persons

Ireland has one of the most rapidly ageing demographic profiles in the EU. A number of important measures were undertaken over the course of 2021–2023 to meet the needs of an expanding older population, make the service more responsive to their needs as well as improve service quality and safety. Sláintecare strategic reform programmes such as the Enhanced Community Care Programme (ECC), the Integrated Care Programme for Older Persons (ICPOP) and the modernisation of care pathways more generally also impact on service improvement for older persons.

The following enhancements to reform services, included increased provision of home-support services; enhanced provision of community-based care, including for people with dementia; to continue to ensure that consistent standards of care and safe long term residential care is accessible and affordable for everyone through the Nursing Home Support Scheme; and to ensure the continued implementation of the Nursing Homes Expert Panel's recommendations. The PfG has supported significant increase in the budget to support home care.

Home Support

The home support care budget has increased significantly to expand service capacity. In 2023 the budget for home care support was €723 million, which is a 46% increase in funding, since 2020. At the end of December 2023, 22.1 million hours of home support had been provided, an increase of almost one million on the same period the prior year, while the waiting list for home support services has fallen from over 9,000 at the start of 2020 to 5,986 at the end of August 2023. A new regulatory framework is currently being developed to provide for the licensing of home support providers with the aim of improving the safety and quality of home support services. The process for the development of a home support IT system is underway in the HSE.

Nursing Home Sector

A number of important steps have been taken to improve the level of care provided in our nursing homes, and to ensure that the voice of the nursing home resident and their families is heard in the design and provision of the highest standards of care. Significant progress has been made in implementation of the recommendations of the Nursing Home Expert Panel which was set up in 2020 to consider the lessons learned from Ireland's and wider international best practice in response to COVID-19 with 54 of the 86 recommendations to safeguard the residents in nursing homes into the longer term implemented. For reports, [see here](#).

[The Patient Advocacy Service](#) - a free and confidential service that provides information and support to people who want to make a complaint about an experience they have had- was extended to private nursing homes from 1 November 2022. The National Nursing Home Experience Survey, the first national survey asking residents of nursing homes, and their friends or relatives, about their experiences of their nursing home care, was published in November 2022. A Safe Staffing & Skill Mix Framework for the nursing home sector is in development to ensure nurse staffing (including both the nurse and healthcare assistant roles) and skill mix is appropriate to meet the needs of the patient. The Patient Safety Bill was signed into law in May 2023 providing the Chief Inspector in HIQA with investigation powers for serious incidents in nursing homes.

Under the Older Person Strategy, the HSE published a Model of Care for Dementia in May 2023, providing a framework for the equitable and integrated provision of dementia assessment, diagnosis, care planning and post-diagnostic support for those with suspected dementia. The PfG has provided successive funding since 2021 to implement the Dementia Model of Care and to improve the provision of community services for people with dementia. As of 1 January 2024, three new Memory Assessment and Support Services (MASS) are operational in Cavan/Monaghan, Mayo

and Sligo. A national dementia adviser service and a national network of Memory Technology Resource Rooms are also operational countrywide.

The government approved the establishment of an independent Commission on Care for Older People on 3 October 2023. The Commission will examine the health and social care services and supports provided to older people across the continuum of care and to make recommendations for their strategic development. In Budget 2024, €1.24 million was allocated to support the work of the Commission, which will be supported by a secretariat from the Department of Health.

Reform of Disability Services

Specialist disability supports and services are delivered to approximately 80,000 people through the HSE, as well as community and voluntary organisations funded by the HSE under sections 38 and 39 of the Health Act, along with a smaller number of private for-profit organisations. The c. 80,000 people supported through these services are those with more complex needs, or about one in five of those who reported having a disability 'to great extent' in the 2022 Census. These services are intended to complement mainstream health and social services which should be accessible to people with disabilities.

The Sláintecare objective of increasing levels of health and social care provision in a community setting dovetails closely with the overall policy direction of disability services. For more than a decade, disability services have been undergoing a reform process known as 'Transforming Lives' which seeks to move services away from the traditional and outmoded model of segregated provision and towards more community-based and inclusive supports and services, in line with a rights-based approach, underscored by Ireland's commitments under the United Nations Conventions on the Rights of Persons with Disabilities.

Service Developments and Enhancements 2021–2023

The Sláintecare Implementation Strategy & Action Plan 2021–2023 set out to build community capacity to provide services to people with a disability through both mainstream health services and specialist disability services. Over the last three years there has been record investment in disability services, from a budget of €2.2 billion in 2021, to €2.6 billion in 2023, resulting in significant funding for development of new measures and enhancements of services. These include:

Children's Services

- Additional 185 therapy posts were funded for children's disability services in 2020–2021 and a further 190 additional posts for 2022, including specialist posts for Deaf children.
- A demonstration project in 2022 for two CHO areas to support Children's Disability Network teams and families to manage children who have behaviours that challenge.
- A significant milestone in the reform of Children's Services in line with Progressing Children's Disability Services was achieved in 2021 with the reconfiguring of all 91 Children's Disability Network Teams (CDNT). This ensures that children with complex needs as a result of their disability, and their families, have access to a CDNT close to their home, regardless of their diagnosis, where they live or go to school, and in line with Sláintecare.
- Establishment of 91 family forums and nine family representative groups in order to co-design CDNT service improvements and developments with families.

Day Service Places for School-Leavers

- Circa 1,400 additional new day services places have been funded each year to provide for school-leavers and people leaving Rehabilitation Training.

Personal Assistance and Home Support

- Funding for an additional 40,000 Personal Assistance hours was provided in 2021, and for an additional 140,000 hours in 2022 along with 70,370 hours in 2023 to expand and enhance supports for people to live self-directed lives in their own communities.
- 30,000 extra Home Support hours in 2022.

Respite

- Funding to open nine new respite centres was provided in 2021, and for a further 10 new centres in 2022, including a specialist service for children with Prader-Willi syndrome, and two centres to provide high-support respite for children and young adults with complex support needs.
- Establishment of five additional respite services and an increase of one service from part time to full time opening to provide 7,872 additional nights to 278 people in a full year; provision of 27 additional in-home respite packages to children and young adults in a full year; and 265 day-only respite packages to 180 people in a full year in 2023.

Community Neuro-Rehabilitation

- Supported the introduction of a managed clinical rehabilitation network demonstrator project, and advanced implementation of the community rehabilitation recommendations of the National Neuro-rehabilitation Strategy. The focus of the demonstrator project is the development of community neuro-rehabilitation teams in the

CHOs in south-east Dublin and East Wicklow, and in southwest Dublin, Kildare and West Wicklow, along with the development of 10 specialist inpatient beds in Peamount, Co Dublin .

- Development of two additional community neuro-rehabilitation teams in two CHOs in line with the Neuro-Rehabilitation Implementation Framework in 2023.

Replacing Institutional Care with Supported Community Living

- In 2021, 144 people moved from congregated disability residential services – where ten or more people live together in a residential institution or on a residential campus – to homes in the community on a domestic scale. 135 such moves took place in 2021, 35 moved in 2022 and 74 moved in 2023. Approximately, 1,500 people remain in a range of different congregated settings.
- Eighteen people aged under 65 with disabilities moved from nursing homes back to the community in 2021, further funding was provided in 2022 and 22 transitions took place. The latest available data, from August 2023, showed that 20 individuals had transitioned from nursing homes in 2023. Additionally, 36 individuals had received enhanced quality of life supports while continuing their placement in a nursing home, and 55 individuals were in active discharge planning with their case managers.

Residential Care

- Provision of additional 85 emergency/priority need residential places in 2021 and 50 in 2022.
- In 2023, funding was allocated to provide 43 additional residential places in response to current need, support 18 delayed transfers of care in line with the Winter Plan.

- Consideration of a sustainable funding model for residential services, incorporating the early learning from the pilot project commenced in Community Healthcare West in 2022.

Autism

- In 2023, continued implementation of the recommendations of the 2018 Autism Report, led by the Service Improvement Programme for the Autistic Community Board, prioritising the ongoing work of the pilot to introduce a tiered model of assessment and improved access to information and resources.

Personalised Budgets

- Personalised Budgets is in the demonstrator project phase. A number of these have progressed to stage 4 of the pilot, the “Living Life” phase.

Transfer of Functions and Action Plan for Disability Services

In March 2023, responsibility for disability services transferred from Department of Health to Department of Children, Equality, Disability, Integration and Youth, providing new opportunities for policy development and improved service delivery, with specialist disability services under the sole purview of a senior Government Minister for the first time.

In 2021, the Disability Capacity Review to 2032 – A Review of Social Care Demand and Capacity Requirements to 2032 was published, detailing the extra capacity that will be required in disability services to meet existing unmet need as well as provide for coming demographic change up to 2032. The government committed to work towards implementing the recommendations of the Capacity Review in the 2020 Programme for Government.

To enable this work, a detailed [Action Plan for Disability Services 2024–2026](#) was developed. This Action Plan was published in December 2023 and details an ambitious programme of work to expand service capacity as well as drive further reform of policy to make services more person-centred. Another important facet of the plan is the work to enhance management information capabilities to allow for better governance and oversight of disability service delivery and financial management. This Action Plan represents a first phase in the implementation of the Capacity Review’s recommendations and will be succeeded by a further plan in 2027.

Roadmap for Service Improvement 2023–2026

In July 2023, the HSE published the Roadmap for Service Improvement for Disability Services for Children and Young People. This Roadmap contains an important set of actions that, collectively, will enhance children’s disability services in Ireland. They include significant measures to integrate and improve access to services, expand the workforce and advance better communication and engagement with families. The key priorities include:

- Establishing a clear governance structure for service integration for the benefit of children and families.
- Setting out substantial measures to improve access to Children’s Disability Network Teams, including setting up six Assessment Hubs to streamline the Assessment of Need (AON) process and relieve pressure on service delivery.
- Presents significant staff development, retention and recruitment actions, including 20 new clinical psychology trainee places, over 400 additional Health and Social Care Professional posts by the end of 2024.

- Finalising the Family Forums and Family Representative Groups with two representatives from each group on each Community Health Organisation Children’s Disability Network Teams Governance Group.
- Improving engagement with Department of Education, National Council for Special Education and National Education Psychology Service to optimise health and education integration.

Reform of Mental Health Services

Sharing the Vision – A Mental Health Policy for Everyone (2020–2030) was published in June 2020. The National Implementation and Monitoring Committee (NIMC) was established in 2021 with responsibility for overseeing implementation of the recommendations in ‘Sharing the Vision’ (StV) and monitoring progress. The NIMC has strong service user and voluntary and community sector representation - including the Reference Group of Service Users and Family Members and NIMC Specialist Groups.



Figure 5: Benefits of Positive Mental Health and Wellbeing

The HSE Implementation Group (HIG) was established in May 2021 to assist NIMC in driving implementation, with a particular responsibility for delivery of HSE-led policy recommendations. The Sharing the Vision Implementation Plan 2022–2024 was published on 23 March 2022. By the end of 2023 all recommendations with a short-term timeframe for delivery had commenced and are in progress.

From 2021–2023, development funding enabled mental health services to recruit 523 new posts to deliver prioritised service improvements, as set out in StV. Many of these posts have been directed at recruitment of clinical staff involved in direct care. During that same period, mental health services have seen a net growth of 336 WTE posts across all disciplines.

A General Scheme of a Bill to amend the Mental Health Act was published in July 2021. The scheme proposed a complete overhaul of mental health legislation and the involuntary admission process to make it more person-centric and bring it into closer alignment with modern human rights standards. The drafting of the Bill is now in its final months.

Key Developments under Sharing the Vision, 2021–2023

Key progress and important service improvements across all four policy domains of StV include:

Domain 1: Promotion, Prevention and Early Intervention

- Embedding Women’s Mental Health in Sharing the Vision was published on 10 March 2023.
- ‘Making the Connections’ public information campaign, which focuses on mental health literacy and signposts people to new content on anxiety, low mood, stress and sleep issues was launched in April 2022.

- Stronger Together – The HSE Mental Health Promotion Plan 2022–2027 was published in April 2022. A national network for health promotion and improvement officers working in mental health was established by the HSE, providing supports and resources to improve the psychosocial work environment through development of workplace wellness champions and ambassadors and the development of partnerships.

Domain 2: Service Access, Coordination and Continuity of Care

- Social prescribing, as an effective means of linking those with mental health difficulties to community-based supports and interventions, has been rolled out nationally since 2021 when the HSE launched the Social Prescribing Framework. In 2023 over 4,000 people engaged with social prescribing services.
- Enhanced access to talk therapies within community and primary care settings has been introduced/ expanded.
- The Model of Care for Crisis Resolution Services was launched in May 2023. Four Crisis Resolution Teams sites are now operational and Solace Café is now operational in CHO 4. The Crisis Resolution Team in Sligo/Leitrim won a HSE 2023 Service Excellence Award.
- HSE's Child and Youth Mental Health Office was established in September 2023, led by an Assistant National Director and a Clinical Lead.
- The Model of Care for Child and Adolescent Mental Health Services (CAMHS) Hubs was launched in September 2023. These hubs will provide enhanced intensive brief mental health interventions to support CAMHS teams in delivering enhanced responses to children, young people and their families and carers, in times of acute mental health crisis.
- Eating Disorders: Following the Model of Care for Eating Disorders, eleven multi-disciplinary teams are now operational (six Adult and five CAMHS).
- The National Clinical Programme on Self-Harm and Suicide Related Ideation is now fully implemented in all 26 adult Emergency Departments. 55 posts have been filled in total across the programme, including six Suicide Crisis Assessment Nurses (SCAN) recruited since 2022.
- Building on the Model of Care for Specialist Perinatal Mental Health Services, six multidisciplinary teams are now in place across the hub sites and perinatal mental health midwife posts funded in all 13 spoke sites. Development of a postnatal multidisciplinary clinic to support women following a traumatic birth experience at the Lavender Clinic, University Maternity Hospital Limerick won a HSE Service Excellence Awards 2023 in the Improving Patient Experience category. This is a good example of a service with direct service user input in design that is integrated with other services.
- Mental Health of Intellectual Disability: National Model of Service, there are now 19 adult teams and four CAMHS-ID teams in place with 45 new multidisciplinary posts appointed since 2021.
- HSE National Forensic Mental Health Service (NFMHS): The Central Mental Hospital relocated from Dundrum to expanded new NFMHS facility at Portrane in 2022.
- The Mental Health Engagement and Recovery Strategic Plan 2023–2026 was launched in June 2023 and continued development of peer support working, recovery education and individual placement and support services.

Domain 3: Social Inclusion

- The new National Housing Strategy for Disabled People (NHSDP) 2022–2027 and associated implementation plan were published in January 2022. Returns from local authorities indicates that in 2022, a total of 2,472 disabled households were allocated social housing and of these 695 (28%) were households who had indicated that their housing need was related to mental health.
- A Green Paper on Disability Reform – A Public Consultation to Reform Disability Payments in Ireland, was published in September 2023. This paper aims to simplify and make the social welfare system work better for people with disabilities.
- Publication of the Traveller Health Action Plan 2022–2027, which incorporates initiatives specifically focusing on the mental health needs of Travellers.

Case Study

The HSE launched a new Model of Care for Crisis Resolution Services in May 2023. The Vision for Crisis Resolution Services is: ***'To provide integrated Crisis Resolution Services to people referred with the right response at the right time for the right amount of time to enable and empower people on their recovery journey'***. There are two key service components in Crisis Resolution Services – 1) Crisis Resolution Teams and 2) Crisis Cafes branded as Solace Cafes.

This Model of Care was developed as a direct recommendation of Sharing the Vision, Ireland's national mental health policy. It emerged from the recognition that people who are experiencing a mental health crisis need specialist services to provide brief intensive supports in a timely way to support them in their recovery journey. The needs for this service development are increasing, with circa 15,720 admissions to Irish psychiatric units and hospitals in 2021. One to three per cent of emergency department attendances are mental health presentations. Self-harm, suicidal thoughts, substance misuse, anxiety/depression, and psychotic illness are the most common mental health presentations at triage in the ED setting.

The Crisis Resolution Services is being piloted across five pilot learning sites, four of which have

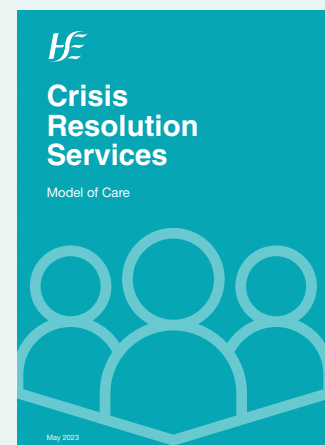
Crisis Resolution Teams operational in;

- Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo
- Cork Kerry Community Healthcare
- South East Community Healthcare
- Community Healthcare Dublin South, Kildare and West Wicklow.

There will be an independent evaluation undertaken of the pilot implementation of Crisis Resolution Service over the pilot testing phase. Over the last year over 450 cases have been accepted and treated across the four operating learning site Crisis Resolution Teams.

One out of the five Solace Cafes is operational in Cork city and plans are progressing for the other four Solace cafes to commence operations in 2024.

The Model of Care is available [here](#).



Domain 4: Accountability and Continuous Improvement.

- The National Population Mental Health and Mental Health Services Research and Evaluation Strategy, supported by the Health Research Board (HRB) - and with allocation of €1.8 million for research and evaluation under StV over 2022 and 2023 - was published in December 2022.
- The HSE's Assisted Decision Making (ADM) mentorship programme was established in December 2022 with 46 mentors and over 500 mentees across CHO areas and hospital groups.

Mental Health Research and Development Funding

2023 saw a total of €7 million being provided for mental health research projects by the Health Research Board (HRB), almost a doubling of investment compared with the previous five years.

During 2023, in line with Recommendation 93 of the national mental health policy, [Sharing the Vision - A Mental Health Policy for Everyone \(2020-2030\)](#), the HRB established a National Mental Health Research Expert Group to provide independent advice and guidance to inform the development of a national mental health research strategy. The Expert Group met four times in 2023 and will continue to meet monthly, with a plan to publish the strategy in 2024.

Connecting for Life update

Connecting for Life, Ireland's suicide reduction strategy was extended in November 2020 by the government by four years to 2024. The seven goals of the Strategy focus on a number of areas including developing a better understanding of suicidal behaviour, reducing access to means, developing high quality services, better data and research, targeted approaches for those vulnerable to suicide, and supporting communities to prevent and respond to suicidal behaviour.

In 2021, the National Self-Harm Registry Ireland recorded 11,415 presentations to hospitals as a result of self-harm. The age-standardised rate of individuals presenting to hospital following self-harm in 2021 was 196 per 100,000, 2% lower than the rate in 2020, and 12% lower than the peak rate recorded by the Registry in 2010 (223 per 100,000).

[Connecting for Life](#) has been running for eight years and a successor strategy will be developed over the next 18 months. The successor strategy will be informed by an evaluation of Connecting for Life and the most up to date evidence on suicide prevention and data on suicide mortality. This will help to further address the trends which have been identified in suicide statistics in Ireland.

Workstream 3

Hospital Productivity

Hospital Productivity is the third key reform area underpinning the Health Capacity Review (2018). 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
- Reduction of delayed discharges
- Increased acute and critical care capacity in line with the HCR (2018)

Despite significant challenges in 2021–2022, when the focus in hospitals was on seeking to maintain the provision of services with the ongoing pandemic, progress was made in this area in the second half of the strategy. Key achievements include:

- By the end of 2023, a total of 1126 additional acute beds and 71 critical care beds have been delivered since January 2020. There are now a total of 329 critical care beds, a 27.5% increase since 2020.
- Major Trauma Centre Development - Major Trauma Centres (MTC) will provide the highest level of specialist trauma care to the most severely injured patients. Major Trauma services commenced at the Major Trauma Centre at the Mater Misericordia University Hospital end quarter 3, 2022 and at Cork University Hospital in quarter 2, 2023.
- Specialist menopause clinics have opened at Nenagh General Hospital, the Galway clinic, the Rotunda and the Coombe during 2022. In 2023, 1,100 new patients were seen in the six specialist menopause clinics.
- Construction on a new 8,000 sqm radiotherapy centre in Galway University Hospital was completed in 2022 and officially opened in October 2023. The facility will lead to an increase in capacity for radiotherapy treatments. The new technology will significantly increase the ability to accurately target and treat tumours.

Other significant productivity measures have been pursued since 2021. This includes:

- Structural productivity measures include the Public Only Consultant Contract (POCC) introduced in March 2023.
- The Framework for Safe Nurse Staffing and Skill Mix: Phase 1 published in June 2023. This is focused on safe nurse staffing and skill mix in general and specialist, medical and surgical care settings. This is the majority of care settings in acute care in Ireland.
- The promotion and development of Advanced Nurse practitioners, €11 million in 2022 secured 149 Advanced Nurse and Midwife Practitioner new additional posts for the health service.
- The focus on integrated patient care.
- Beginning the transition from a five day to a seven-day service.

A key enabling digital health platform, the Health Performance Visualisation Platform (HPVP) was developed and rolled out across the hospital system. The HPVP provides real-time health data and trends to managers and clinicians enabling them to gauge hospital activity and make interventions where

necessary. Data collected across hospitals can be used to generate insights and inform patient-level decisions to improve outcomes.

The platform was deployed across 19 hospitals in 2022 (Sligo, Mayo, Letterkenny, Mullingar, Portlaoise, Cavan, Tullamore, Cork, Galway, Mercy, Kerry, Drogheda, Tipperary, Limerick, Wexford, Portlinculla, St. Luke's hospital, Navan and Connolly). It was deployed to Naas and Waterford in 2023.

The use of this new enabling technology and platform provides hospitals with access to leading-edge data management and visualisation tools to improve health outputs. The platform provides the operational capability for hospitals to identify and address areas for productivity improvement and will be a key reporting tool for the Productivity & Savings Taskforce, established by the Minister in January 2024.

Project 2:



Scale and Mainstream Integration Innovation

We are fostering a culture of innovation to support the delivery of health service reform, through the

Sláintecare Integration Innovation Fund (SIIF). The SIIF is a ring-fenced multi-annual fund supporting projects with a focus on delivering the Right Care, in the Right Place, at the Right Time by the Right Team. During 2021–2023, €46.6 million was committed to 143 projects through three rounds of funding. 20 of these projects will continue during 2024 and 2025. A Sláintecare Learning Network has been established to enable projects to share experiences and learning from their projects and to support each other to address challenges. Pobal administers the fund on behalf of the Department of Health (DoH). DoH also works closely with HSE Strategic Transformation

Office to deliver the SIIF Programme.

The priority themes for SIIF funding in 2021–2023 included:

Digital innovation and transformation solutions with a focus on integrating digital innovation in service delivery.

Workforce Reform – Adapting Roles (Physician Associate role, HSCP Advanced Practice, Nurses & Midwives roles)

Reform Agenda – New models of Integrated Care

Promoting patient self-care and improving healthy behaviour

Clinical Effectiveness & Patient Safety

Improving Oversight and Partnership in the Sector

The aim of the SIIF is to test and evaluate by funding projects that serve as a 'proof of concept' with a view to mainstreaming and scaling successful projects via the annual budgetary estimate's process. **123** projects were supported in Round 1 SIIF. 85% (106) of these projects were mainstreamed by HSE through NSP 2021 (ECC fund) and NSP 2022 (Healthy Ireland/SIIF funding), which means they now receive recurring funding annually and many projects have been scaled. For example, 38 projects which tested integrated care pathways for people with chronic diseases and older people were mainstreamed as part of the national rollout of Community Specialist Teams for Older Persons and Chronic Disease Management Teams. The online/home STI testing project is now available nationally. The Pathfinder project which tested an alternative care pathway for older people with low acuity needs has been scaled to Tallaght, Limerick, Waterford, Cork, Kilkenny, Letterkenny, Galway and Tralee. Patient feedback on the Pathfinder service is provided in the diagram below.

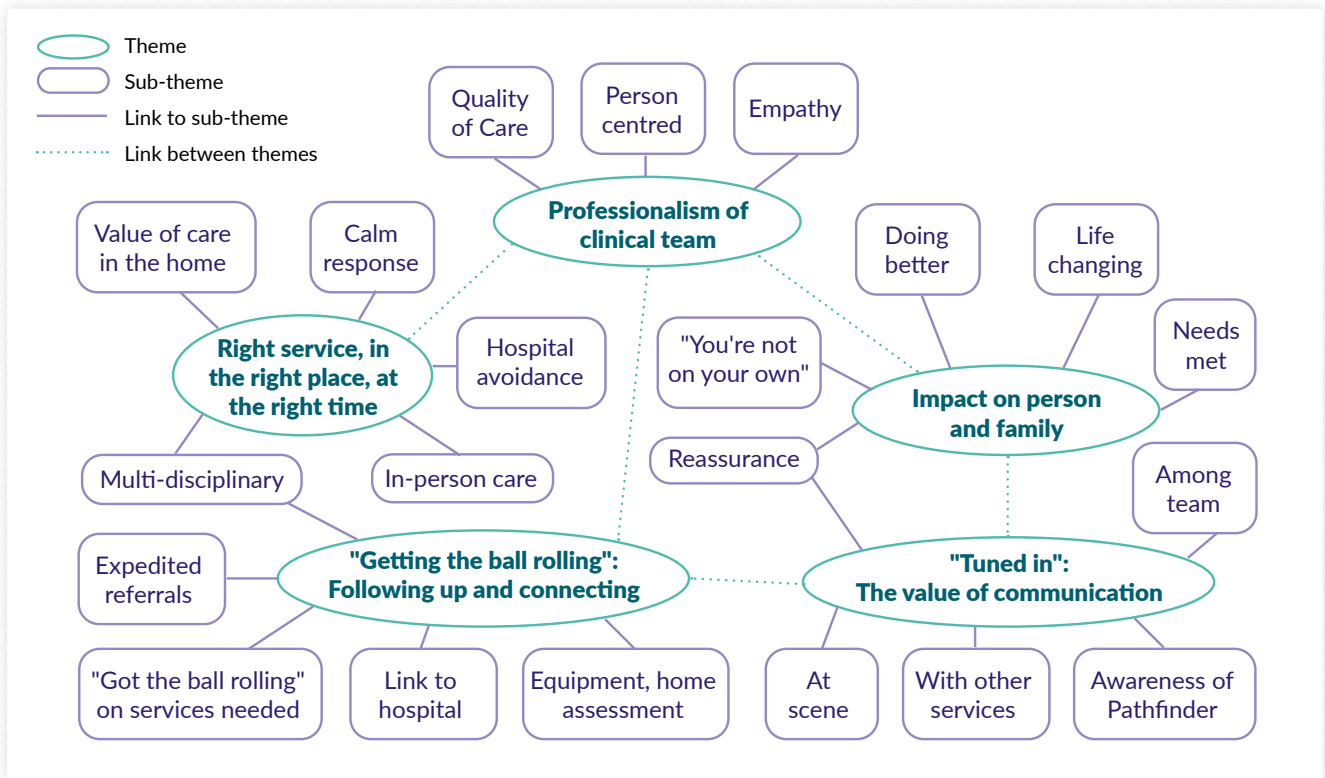


Figure 6: Thematic Map of Patient Feedback

Key achievements of Round 1 projects include: 3,000 ED attendances were avoided, 8,000 patients were seen from waiting lists, 15,000 people received more appropriate referrals to relevant health specialists in a community setting. The SIIF End of Programme report for Round 1 was published in July 2022 and it can be viewed on the following link: [Sláintecare Integration Fund End of Programme Report](#).

Pathfinder Project

Early achievements and Patient feedback reported from Round 2 projects which commenced in January 2023 include:

1. Integrated Virtual Case Management of Multimorbidity Chronic Disease Patients - Phase 2.

The project centres on the integrated virtual case management of patients with multimorbid chronic disease in the community by trained triage nurses

combined with remote patient monitoring and empowering patients to self-care and improve health. The project seeks to support patients with multimorbidity to live more independently and reduce their episodes of deterioration. **Early outcome data** reports 58% of participants report a reduction in unscheduled care episodes ED/hospital attendances, 92% of participants report a reduction in unscheduled care episodes GP daytime and 88% of patients enrolled engaged with the technology monthly (accessed the patient app).

Patient Feedback: Colm has heart failure and hypertension with a history of becoming increasingly unstable. He says;

It's nice to know that my blood pressure and heart rate are noted and if anything is wrong, I will receive a phone call to check on me. It's a fantastic service, I feel relaxed and know I'm being well looked after.

2. Enhanced Services for Children and Young People in Primary Care

In Community Healthcare Organisation 2 a Community Paediatrician led Integrated Primary Care Paediatric team has been established in Galway City North & West Network in response to patients with complex needs, to reduce waiting times. **Early outcome data** is reporting a reduction in waiting time from 52 weeks to 12 weeks for an appointment with the Paediatrician.

Patient feedback: parents and staff are very satisfied with this more integrated model of care.

3. Osteoarthritis Hip and Knee Pathway

The project aims to improve early access for appropriate patients with Osteoarthritis (OA) Hip/ Knee to an inter-disciplinary community-based programme and thereby reduce the number of patients being referred for surgery without first trying conservative management. **Early outcome data:** During September–December 2023: there were 87 GP referrals to the (OA) Hip and Knee Pathway at Navan site. Only 3% were referred for orthopaedic review and these patients were deemed appropriate to be listed for joint replacement surgery.

Patient Feedback

Meath Hip & Knee OA Group Classes

So reassuring to be with other people who understand my pain

I came with knee pain and stiffness and left feeling so much better all around

I've stopped panicking that I need surgery every time my knee gets sore or stiff. I know what to do and how to get it to settle down

It's only week 3 and I haven't needed my pain medication this week. I'm thrilled!

It's given me the confidence to be more active than I thought was possible at my age



Project 3: Streamline Care Pathways, from prevention to discharge

Modernised Care Pathways (MCPs) are founded on the principle of transitioning acute scheduled care closer to home through primary and/or community care. MCPs redesign the patient journey for a particular patient cohort to deliver care in the most efficient manner possible. The pathways empower multidisciplinary teams, embrace new technologies where possible, and introduce innovative service-delivery models.

The development of MCPs 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 timelier way. Foundational work was completed in the initial stages of this strategy in developing and progressing a priority programme of work with the focus of MCPs being to:

- Deliver best practice scheduled care pathways across 16 specialties that comprise 91% of waiting lists with the intention of bringing waiting times in line with Sláintecare targets.
- Implement evidence-based, redesigned patient journeys from source of referral through to assessment, diagnosis, treatment/management, and discharge.
- Address challenges around access to services and provision of services nationally while supporting local flexibility in the delivery of services.

- Deliver more person-centred care by considering the needs of the individual, their family and carers.
- Enable and empower staff to work to the top of their licence, harnessing multi-disciplinary teams working across both community and acute services.
- Support sustainable improvement by broadening points of access to specialty care and closing the capacity gaps in specialties and hospitals, while addressing unacceptably long scheduled care waiting lists and times.

In 2023, a multi-annual implementation programme involving significant health system-wide stakeholders, was initiated to implement a total of 72 modernised care pathways. The MCPs include 36 pathways that have been approved and fully funded for implementation and a further 36 pathways that are in design completion phase. The modernised care pathways were developed based on local and international best practice and in line with the Models of Care. The pathways transition care from the acute setting into the community, delivering care closer to the patient's home and adopting a multi-interdisciplinary approach to care delivery.

In 2023, funding of c. €43 million was approved to progress the implementation of the modernised care pathways through this multi-annual approach. A phased approach was agreed commencing with the implementation of the following seven modernised care pathways:

1. Haematuria
2. Continence
3. Lower Urinary Tract Symptoms (LUTS)
4. Medical Retina
5. Paediatric Eye Care

6. Cataract

7. Orthopaedics - Virtual Fracture Assessment Clinics (VFAC)

In 2023, the Modernised Care Pathways Implementation Programme progressed the implementation of 33 scheduled care pathways, with priority focus on operationalising the seven priority pathways (set out above). These seven priority pathways became operational in 30 out of 43 sites and delivered a total of 36,143 patient contacts (May-November). Overall, 26/33 scheduled care pathways are now delivering patient contacts.

The investment in the modernised care pathways is supporting the reform of service delivery, ensures patients are seen in the appropriate setting, reduces the length of time patients are waiting for care and enhances capacity to deliver additional activity. The additional activity delivered will occur across acute and community setting.

Other key developments aligned with Streamlining Care Pathways include:

Integrated Care Programme for Chronic Diseases (ICPCD) and Modernised Care Pathways for Chronic Disease

The ECC ICPCD Programme funded 49 Integrated Care Consultants in our acute hospitals, 35 of which have been onboarded, with a further four at an advanced stage of recruitment. The ECC Programme in collaboration with the Modernised Care Pathways Programme has provided for the recruitment of a further 27 consultant posts, 15 of these consultants were onboarded in 2023.

While providing the clinical governance for the ECC Programme and hubs in the community, these consultants are also actively reducing outpatient waiting lists within the hospital system. It is anticipated that each Integrated Care Consultant can see 2,500 patients per year in outpatients, with an initial focus on long-waiters. The HSE has estimated that, in total, the target is that over 70,000 outpatients will be seen by these consultants in 2023.

The work of these Integrated Care Consultants and the CSTs for CDM are already providing more efficient service delivery for patients and impacting upon the acute system. Between January 2023 to January 2024:

- Cardiology Long Waiter Waiting List has reduced from 3,700 to 2,500.
- Diabetes Long Waiter Waiting List has reduced from 2,500 to 2,300.
- Respiratory Long Waiter Waiting List has reduced from 1,700 to 400.

The National Ambulance Service (NAS) continued the development and implementation of Alternative Care Pathways with the aim of avoiding clinically unnecessary conveyance to busy acute hospitals and a more appropriate use of healthcare resources. NAS achievements between 2021 and 2023 include:

- Roll out of the Pathfinder “See and Treat” pathway to eight locations around the country, including Cork, Limerick, Galway and Waterford, following the successful Sláintecare-funded pilot in the Beaumont Hospital catchment area.
- Strengthened clinical capacity in the National Emergency Operations Centre (NEOC) “Hear and Treat” Clinical Hub resulting in over 600 patients receiving treatment through the Hub each week.
- A number of alternative care pathways have been developed by the NAS in conjunction with Hospital Groups involving the transportation of patients by the NAS to Medical Assessment and Local Injury Units for treatment, where deemed clinically appropriate, rather than to hospital EDs. Following a successful pilot in Mallow pathways have been introduced to five locations including Wexford, Nenagh and St John’s Limerick.
- A National Trauma Triage Tool has been developed using international best practice to support pre-hospital care practitioners to identify suspected cases of major trauma and support clinical decision making to ensure that patients are taken directly to the nearest Major Trauma Centre if within 45 minutes or to the nearest trauma unit for stabilisation and subsequent transfer to the Major Trauma Centre when trauma bypass is enabled.

Further development and expansion of these care pathways in the past two years has been illustrated by the following:

- Total patients treated through a NAS-administered alternative care pathway annually has more than doubled from 18,140 treated between 2020 and 2021 to 39,271 in 2023. Of those, 40% were treated in a home community setting and did not need subsequent conveyance to an acute hospital.
- Since October 2020 over 87,000 patients have received treatment through a NAS administered alternative care pathway with an estimated 40% being successfully treated in a home/community setting.



Case Study

The National Ambulance Service (NAS) Pathfinder initiative, originally funded through the Sláintecare Integration Innovation Fund, involves the NAS and Healthcare Professionals working together to respond and treat older people in the comfort of their home or community setting where clinically appropriate. The service enables staff to treat and assess the patient as well as provide the appropriate supports and follow up care with a view to the patient avoiding the need for conveyance to a busy hospital Emergency Department.

Pathfinder is one of the NAS “See and Treat” and “Hear and Treat” Alternative Care Pathways (ACPs) that are designed to deliver patient care at the most appropriate level of clinical need at the right time and in the right care setting. This is in line with the continuous strategic reform of NAS and the overall objectives of Sláintecare.

- The NAS continue to implement an ambitious strategic programme to transform from a conventional emergency response service to an agile and responsive mobile medical service.
- In 2023 the NAS expanded Pathfinder to eight additional locations in Tallaght, Limerick, Waterford, Cork, Kilkenny, Letterkenny, Galway and Tralee.
- The NAS strengthened clinical capacity in the “Hear and Treat” National Emergency Operations Centre (NEOC) Clinical Hub in 2023 resulting in between 600-700 patients receiving treatment through the Hub each week.
- By the end of 2023 between 900 and 1000 patients received treatment through one of the NAS-administered Alternative Care Pathways each week.

The National Screening Advisory Committee (NSAC): Screening is a preventative strategy and aims to improve the population outcomes for the condition being screened for. The National Screening Advisory Committee (NSAC) published its Work Programme in November 2022, after considering over 50 submissions received as part of its first Annual Call.



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

The provision of specialist elective facilities, allowing the separation of scheduled and unscheduled care, was recommended in the 2017 Sláintecare report, the 2018 Health Service Capacity Review and the subsequent National Development Plan. The provision of dedicated elective capacity provides quicker, higher quality, safer care for elective patients; creates capacity for acute hospital sites; drives down waiting lists (outpatient, inpatient and day cases); reduces cancellations; and reduces acute hospital footfall.

Through the development of Elective Hospitals and Surgical Hubs we are creating a sustainable approach to improved elective care. This additional elective capability will address existing health system capacity deficits and will help to meet future demand.

Elective Hospitals

A new network of Elective Hospitals in Cork, Dublin and Galway will provide significant high-quality additional day case capacity across a range of clinical specialities – delivering over 977,700 procedures, treatments and diagnostics annually.

The following work has been carried out across 2021–2023 to progress the new Elective Hospitals:

- In order to ensure value for money and that robust plans are in place, the Business Cases for

the new Elective Hospitals are required to go through a number of stages in the Government’s Infrastructure Guidelines (previously referred to as the Public Spending Code).

- The government approved the National Elective Ambulatory Care Strategy at the end of 2021.
- The project team progressed the Preliminary Business Cases and following a thorough internal and external review process, government gave approval-in-principle, in December 2022, to the Preliminary Business Case for the programme and the Project-level Business Cases for Cork and Galway. The preferred sites identified for development of Elective Hospitals are in Cork (St Stephen’s Hospital, Sarsfield Court) and Galway (Merlin Park University Hospital).

Discussions with key stakeholders on emerging preferred sites in Dublin are at an advanced stage and a memorandum will be brought to government in 2024.

In 2023, the HSE progressed the planning phase of the programme, which includes work to further define the shape and scale of the hospitals and how they will operate, and the initiation of procurement, ICT, and workforce planning. The HSE also progressed the procurement of an Architect-led Design Team and Project Control Team which will be appointed in 2024 to progress the detailed design and pre-tender business cases. Given the significant scale of the project, a process auditor was appointed in 2023 to provide an independent assurance role on behalf of the HSE CEO/Board.

Surgical Hubs

In addition to the strategic development of Elective Hospitals, the Minister announced in 2022 that the HSE would progress proposals for a shorter-term measure to deliver Surgical Hubs at locations across Ireland. These will provide additional elective capacity

and have a shorter-term impact on waiting times. The Hubs model is based on the Reeves Day Surgery Unit at Tallaght University Hospital, which has successfully led to a 17% reduction in the total Day Case Waiting List at the hospital and a 34% improvement in the achievement of the 12-week Sláintecare Waiting Time Target for day case procedures.

During 2023, the HSE has followed an ambitious timeline to develop the Surgical Hubs, in order for them to commence operations in 2024 and 2025. The locations identified for Surgical Hubs are Cork, Dublin (North and South), Galway, Limerick and Waterford. In 2023, planning applications were made for each of these sites, three of which had been granted by the end of the year. It is expected that once fully operationalised each hub will be able to deliver over 25,000 day-cases, minor operations and outpatient consultations annually.

For more on Elective Hospitals see [here](#).



Project 5: Implement a Multi-annual Waiting List Action Plan

The challenge facing our acute hospital waiting lists is well recognised, and both the government and the Minister for Health have acknowledged that waiting lists are too long and many patients on those lists are waiting too long to receive the care they need. Between 2015 and 2021, our scheduled care waiting lists increased by nearly 60%.

In response to these challenges, in late 2021 the Minister for Health implemented a multi-annual approach to reduce hospital waiting lists and waiting times. This Waiting List Action Plan (WLAP) approach aims to ensure that everyone has more timely and transparent access to high-quality scheduled care,

where and when they need it and to sustainably reduce and reform hospital waiting lists and waiting times.

The WLAP is a comprehensive plan with a dual approach. It involves an immediate, targeted response to stabilise and reduce waiting lists overall, with a particular focus on those waiting longest. Secondly, it also aims to instigate longer-term reforms needed to enhance capacity, improve care pathways, and build towards the Sláintecare vision of equal, timely access to safe quality healthcare for all. The WLAP focuses on delivering immediate reductions in acute hospital scheduled care waiting lists through increased activity to impact volumes, while building on previous work to lay the foundations of longer-term reforms, including through the application of enabling technologies.

Reducing Waiting Lists

The initial partial-year WLAP, implemented from September to December 2021, delivered a 5.4% reduction in overall waiting lists. Reductions achieved in outpatients (OPD) and GI Scope numbers exceeded planned targets. The 2022 WLAP built on progress made in 2021 and achieved the first annual reduction in waiting lists since 2015. In 2022 c. 1.56 million patients were removed from, and c. 1.53 million patients were added to, hospital waiting lists, resulting in a net reduction by end 2022 of approximately 30,000 people, or 4.1%.

Under the 2023 WLAP waiting list activity exceeded 2022 levels. The target of removing approximately 1.66 million patients from hospital waiting lists in 2023 was exceeded by 5%, with around 1.74 million patients removed. This equated to an additional 77,000 patients. Furthermore, over 177,000 more patients were removed from acute hospital waiting lists in 2023 compared with 2022. This represented an 11% increase year on year.

The total number of patients on acute hospital waiting lists decreased by 2.7% or approximately 18,800 in 2023. Without the intervention of the 2023 WLAP, it is estimated that waiting lists would have increased by 54% to almost 1.1 million people in 2023.

Improving Waiting Times

From a patient perspective, one of the ultimate objectives in reforming scheduled care through the WLAP approach is to ensure that people are able to access care in a timely manner as and when needed. A critical metric to measuring progress towards achieving this goal is not the total number of people waiting, but rather the total number of people waiting longer than the Sláintecare recommended waiting times (i.e. 10 weeks for new OPD appointments and 12 weeks for inpatient/day case (IPDC) procedures and GI Scopes).

Target maximum wait times were implemented in 2022 as the first step of a phased approach to gradually bring waiting times in line with Sláintecare recommended waiting times. In 2022, the number of patients exceeding these Sláintecare maximum wait times fell, by 11% (i.e. over 56,000 people).

Significant progress was also achieved in 2023 in relation to Sláintecare waiting list metrics. In 2023, the core target of a 10% reduction in the number of patients waiting longer than the Sláintecare 10/12 weeks waiting times was achieved, with an 11% reduction delivered between February and December 2023. Additionally, since the pandemic peak, to the end of December 2023 there was a 27% reduction in the number waiting longer than the Sláintecare targets – equating to approximately 170,000 people.

In 2023, there was also an increased focus on addressing the longest waiters, targeting those waiting or at risk of waiting four years for treatment. An 85% reduction in patients in this category was achieved in 2023. This equates to more than 29,000

patients. At the end of 2023, there were fewer than 5,300 people outside that target. Furthermore, there was also significant improvement in the number of patients currently or at risk of waiting over three years for care. As at the end of December 2023, there were approximately 13,000 patients currently or at risk of waiting longer than three years, which represented a decrease of approximately 81% (c. 57,000) since the end of 2022. Additionally, in 2023, the number of people waiting over 12 months for scheduled care (OPD, IP/DC and GI Scopes) fell by 32%.

Increasing Demand for Scheduled Care

It should be noted that the progress delivered in 2023, both in terms of reducing hospital waiting lists overall and in terms of improving waiting times, was achieved against the backdrop of significantly increased demand for scheduled care services.

The health service is treating significantly more patients. For example, in 2023 there were approximately 3.6 million outpatient and 1.8 million IPDC attendances. The rate of additions to the waiting lists in 2023 was approximately 12% (c. 188,000) higher than in 2022 and over 23% (c. 322,000) higher than in 2019. The HSE is attributing the increases in waiting list additions to a range of factors, both demographic (e.g., population growth, immigration, ageing population, etc) and non-demographic challenges (e.g., increased awareness of services, new service developments, increased access to diagnostics by GPs, and pent-up demand following the COVID-19 pandemic).



Project 6: Implement the Digital Health Programme

The Digital Health Programme is a critical enabler of the Sláintecare Reform Programmes, and the COVID-19 pandemic necessitated the rapid deployment of new digital solutions. The accelerated pace of some of these developments demonstrated an ability by the system and HSE to react and implement digital solutions at pace to enable better care delivery across the system. Some of the significant digital solutions, that were implemented or progressed in 2021-2023 include:

Video Conferencing/Remote Consultation/Virtual Wards

The pandemic led to widespread adoption of video conferencing as a means of enabling people to work together while maintaining social distancing. Telehealth and telemedicine solutions provided the means to ensuring continuity of care where clinically appropriate. The accelerated rate at which this was deployed demonstrated the ability of clinicians, management and all groups in the system to work collaboratively and implement enabling digital solutions that improve access and delivery of care to patients.



Figure 7: Virtual Care Ward Case Study

Following on from the learnings from COVID-19, the National Telehealth Steering Committee now governs the HSE's Telehealth Programme and in April 2023, it set up a dedicated Telehealth Working Group with the mandate to develop a Telehealth Roadmap for Ireland. The HSE published HSE Telehealth Roadmap 2024-2027: Building Blocks for the Embedding & Expansion of Telehealth – to guide future developments in this area – on 1 December 2023.

The telehealth programme is also developing acute virtual wards which are defined as a safe and efficient alternative to bedded care that is enabled by technology. Virtual Wards support patients who would otherwise be in hospital to receive acute care, monitoring, and treatment in their own home, thus preventing avoidable hospital admissions, or supporting early discharge. Foundational work for this has been completed and the HSE will progress two significant virtual ward projects in Limerick and Dublin in 2024.

ePharmacy

The electronic transfer of prescriptions was another response to COVID-19, that allows GPs to prepare and issue prescriptions for patients to their pharmacy of choice. This single innovation has substantively reduced paper and administration and simplified the process of getting medications for patients. An important attribute of this new approach is that handwritten prescriptions have been greatly reduced/eliminated reducing the potential for prescription errors.

The electronic transfer of prescriptions is a first step to fully digitising medications prescribed and dispensed. There are three key components to fully digitising the medication prescriptions process, namely:

- The Hospital Medicines Management System (HMMS).

- Community ePrescribing.
- The establishment of the National Medicinal Products Catalogue (NMPC).

Hospital Medicines Management System (HMMS)

The HMMS will replace existing hospital pharmacy systems, with software with a modern, national, standardised pharmacy system. Since 2021, the HMMS system has been procured, configured and deployed at the first two sites in Galway University Hospital & Merlin Park Hospital. HMMS will continue to be rolled out to other sites in the acute and community sector in 2024 and 2025.

Community ePrescribing

Electronic prescribing is one of the fundamental building blocks for any country's national digital health programme. Community ePrescribing is the most important part of this and looks at digitising the entire prescriptions process in the community from GPs to pharmacists and will build on work delivered by the electronic transfer of prescriptions outlined above. Initial foundational work has been completed and the HSE will tender for the core technology platform to support ePrescribing in 2024. GP practice systems, community pharmacy systems and hospital outpatient and discharge systems will all need upgrades to support full ePrescribing.

National Medicinal Product Catalogue (NMPC)

The NMPC will be the single national catalogue of medicines, each with a unique identifier, for use across the Irish healthcare system and will enable data to be processed effectively by related ePharmacy systems. Between 2021 and 2023, the NMPC team commenced the first phase of an open procurement for an NMPC and this is to be completed in 2024.

Health Performance and Visualisation Platform

The Health Performance Visualisation Platform (HPVP) provides near real-time health data and trends across emergency departments, outpatient services, surgery and theatres, diagnostic services and bed management. The integrated platform provides monitoring of activity across the system and will facilitate performance management improvements by ensuring that accurate data is available for resource allocation decisions. Over the period 2021–2023 HPVP has been rolled out and is now live in 21 hospitals and work is ongoing to roll out to the remaining seven hospitals.

This HPVP platform is going to be a key enabler supporting the work of the Productivity & Savings Taskforce, established by the Minister in January 2024.

National COVID-19 Vaccination IT System

The national COVID-19 vaccination system (CoVAX) was developed in early 2021 in response to the pandemic and was used to manage the rollout of the COVID-19 vaccine. The system created an electronic medical record for every person who received a COVID-19 vaccination in Ireland. The CoVAX system enabled service users to schedule vaccination appointments themselves by phone, laptop or tablet.

Individual Health Identifier (IHI)

The legal basis for the IHI was established under the Health Identifiers Act 2014. IHIs are essential as technical identifiers that are needed when we wish to combine health information for one patient from multiple IT systems across different healthcare settings. This is necessary when trying to create integrated health records for individuals that have been treated in different parts of the health service

by different health professionals and where their data was recorded digitally (for example in a GP practice and in an ED of a hospital). The creation of a single electronic record of a patient's medical history, will help health professionals deliver the best integrated care possible for each patient.

IHIs are an 18-digit number (10 core numbers) that are similar to National Health Service numbers as used in the UK. Patients are not expected (or required) to know their own IHI. It is however, essential that people can uniquely and robustly identify themselves so that their health records can be combined safely as they may receive care in different parts of the service. During the pandemic, where it was essential to know who was being tested for COVID-19 and who had received which vaccine, people were routinely asked to provide their firstname, lastname, date of birth and PPSN (and gender). This resulted in the health service being able to assign an IHI to their digital health record in more than 95% of cases.

Future of Digital Health

A new digital health strategy Digital for Care – A Digital Health Framework for Ireland (2024-2030), has been developed in close consultation with patients, healthcare professionals, staff, and a wide range of diverse stakeholders across the health and social care sector. The framework sets out a vision that aims for “better health outcomes enabled by seamless, safe, secure, and connected digital health services and which support health and wellbeing for both our patients and providers.”

This vision is underpinned by six strategic guiding principles as illustrated below to provide clear direction, alignment and guide investment towards Digital Health and Social Care goals for 2030 and beyond and is due to be published in early 2024.

A programme of digital health projects aligned to this new Digital Health Framework is underway and central to the delivery of Sláintecare to support

hospital avoidance and discharge, deliver greater productivity and efficiencies, and boost capacity while also reforming the delivery of health services in the longer terms.

Find out more about the HSE Digital Health Strategic Implementation Roadmap 2024-2030 [here](#).

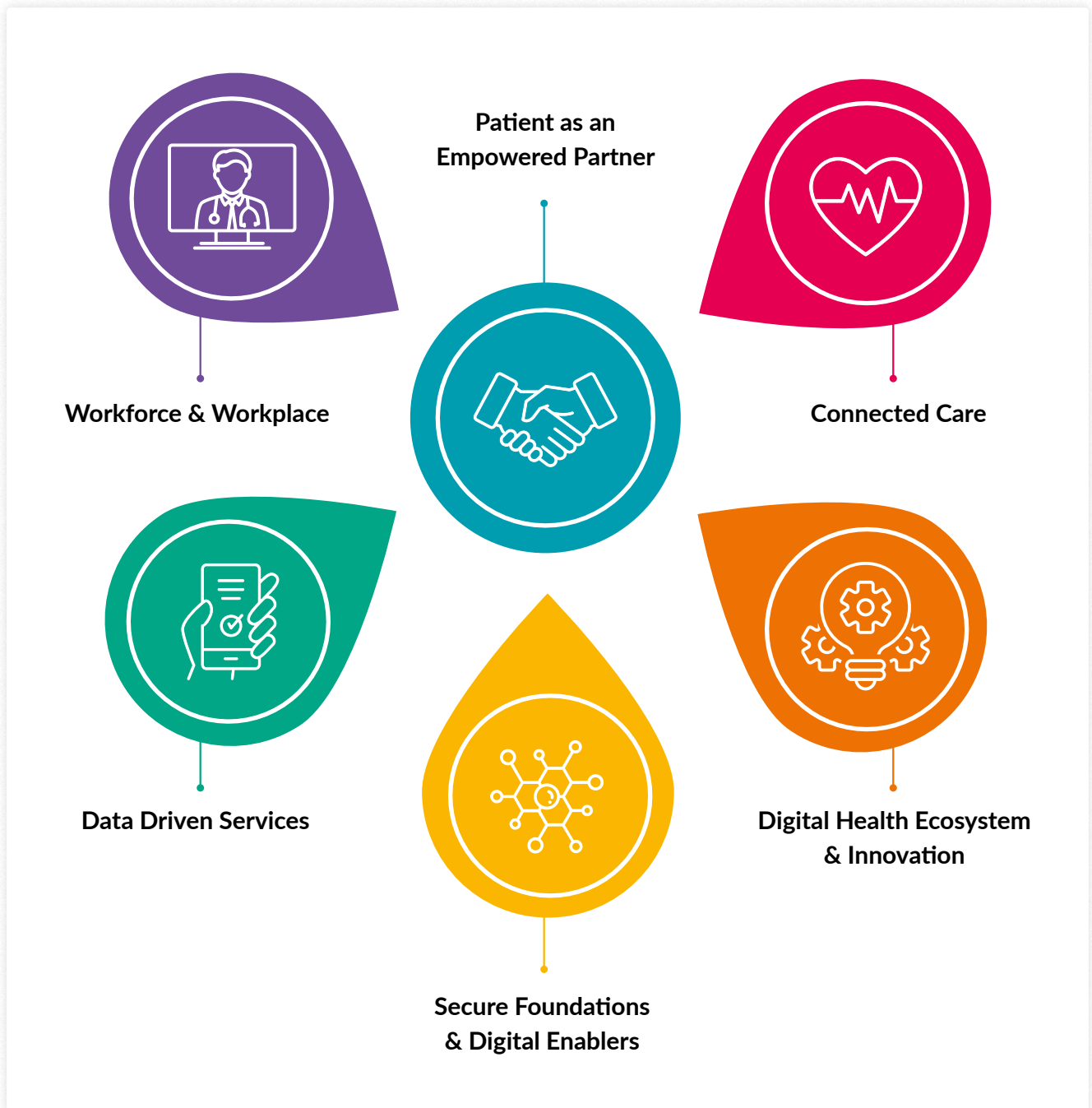
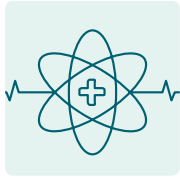


Figure 8: The Six Strategic Guiding Principles for the Digital Framework



Project 7: Remove private care from public hospitals - implement the Sláintecare Public Only Consultant Contract (POCC)

Background

The removal of private practice from public hospitals is a core principle of Sláintecare, ensuring that over time, public healthcare facilities are used for public patients only. This is to ensure that public patients can access public hospitals based on clinical need. Throughout the second half of 2022, the Department of Health and the HSE engaged extensively with the consultants' representative bodies, the IMO and the IHCA, resulting in the approval of the proposed contract by government in December 2022.

As a result of the new POCC, new consultant entrants may not engage in any private practice within the public system. Serving consultants who moved to the new contract in 2023 will cease any private practice by the end of 2025.

Benefits of the Public Only Consultant Contract

The POCC will ensure there are more consultant senior decision-makers in our hospitals out of hours and at weekends, therefore providing a greater level of access to public patients. POCC will ensure a significantly greater consultant on-site presence. Consultant decision-making on site results in reduced emergency admissions, shorter lengths of stay and more complete care plans for discharge. This will enable the health service to maintain efficient and timely patient flow out of hours and at weekends,

enhance senior decision-maker presence on-site and reduce waiting times by maximising capacity in our hospitals.

Key achievements

The POCC 2023 was implemented on 8 March 2023. No other contract is now available to new consultants taking up posts. The Academic Consultant Public Only Contract was implemented on 31 May 2023. Academic consultants are joint appointments between a hospital and a university. The HSE has reported the impact of the POCC 2023 as follows:

- A number of Hospital Groups are now scheduling their consultants to work outside of the hours 08:00–17:00 Mon-Fri and on Saturdays from 08:00–18:00. The extended hours and days are being used to prevent build-up of patients for discharge over the weekend and helping to clear patient backlogs.
- Hospital Groups report that Saturday working and extended days in Emergency Departments and Anaesthesiology is leading to improved patient and theatre flows.
- The POCC 2023 has helped attract candidates to previously difficult to fill positions, e.g. in some CAMHS.
- The HSE is continuing to recruit consultants both at home and abroad and a significant international recruitment campaign was initiated in 2023 and continues to attract doctors working overseas, including those who may have trained in Ireland, and also those who might be considering moving to Ireland for the first time. The campaign has been live in the UK, Australia, New Zealand, US and Canada since June 2023.

Uptake of Public Only Consultant Contract

There has been progressive uptake of the POCC since it was implemented. As of 27 December 2023, 1,472 consultants had signed the new contract as follows:

- New Entrants: 298
- Change of contract for existing consultants: 1,174

The graph below highlights the monthly uptake in POCC.

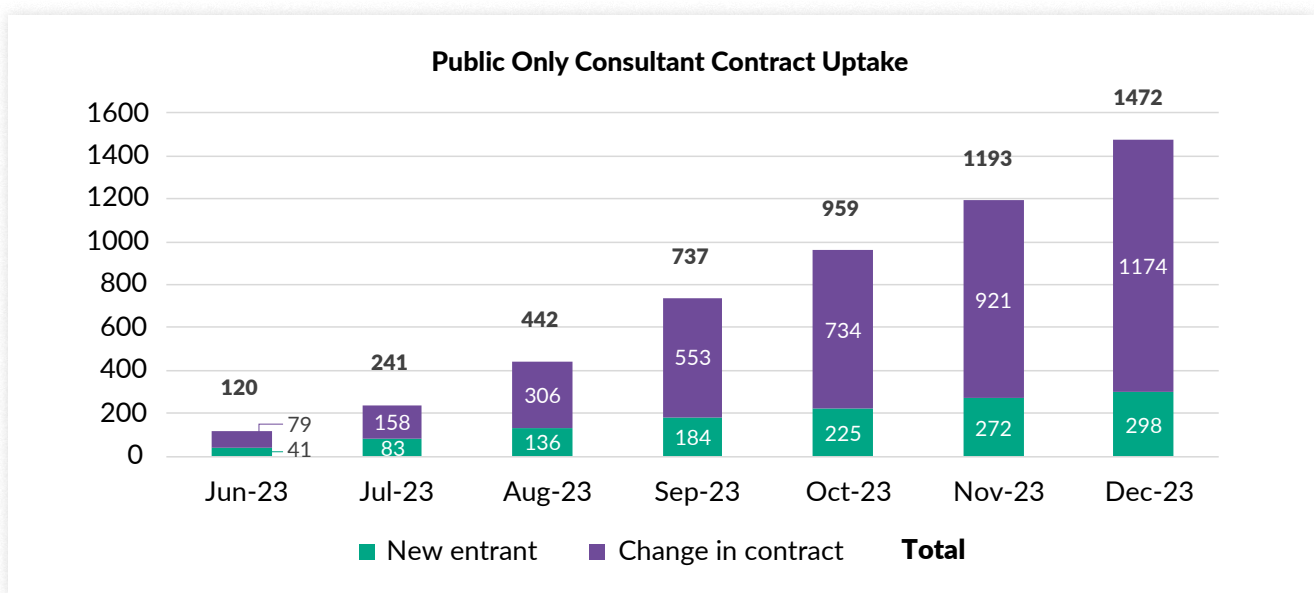


Figure 9: Public Only Consultant Contract Uptake

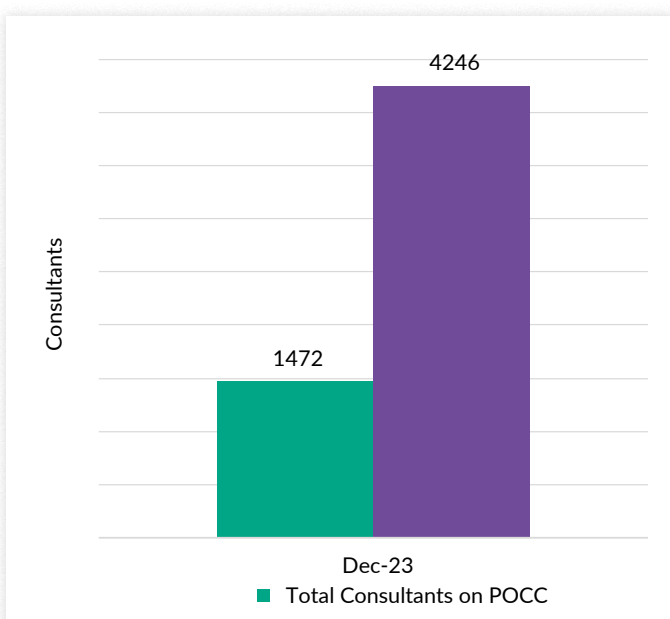


Figure 10: Total Consultants on POCC

The graph to the left shows that 35% of the consultant workforce were on the Public Only Consultant Contract, as of December 2023.

03

Reform Programme 2

Addressing Health Inequalities
– towards Universal Healthcare



Reform Programme 2

Addressing Health Inequalities – towards Universal Healthcare

There are many groups of people who require tailored health and social care interventions to address the health inequalities they face. As research shows, these health inequalities may also be compounded by the wider determinants of health. This reform programme set out key projects to address these health inequalities and move towards universal healthcare. It included the transition to HSE Health Regions - a key recommendation of the Sláintecare Report.



Project 1: Develop a Population Health Approach for Service Planning and Funding

There is a requirement to consider 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. As we move towards a system that is organised around populations of geographic regions, being able to plan, deliver and fund services around the needs of those populations becomes increasingly important. Developing a Population Health Approach 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 Population Health Approach for Service Planning and Funding has six key workstreams:

- **Workstream 1:** Population profiling and segmentation
- **Workstream 2:** Population needs assessment and service redesign
- **Workstream 3:** Development of the Population Based Resource Allocation Funding Model (PBRA)
- **Workstream 4:** Develop policy proposals and options for achieving universal eligibility across hospital and community settings
- **Workstream 5:** Capital Planning
- **Workstream 6:** Workforce Planning

Workstreams 1 & 2: Population profiling and segmentation & Population needs assessment and service redesign

Health Regions will take a population-based approach when planning and delivering their services, promoting a responsive and reflexive service, equipped with the appropriate decision-making capacity in line with national frameworks to ensure consistency in the quality and safety of care to all patients and service users, irrespective of location or condition. This approach seeks to better understand our population's health needs in order to address health inequalities by ensuring that all areas of the population are appropriately represented in how services are planned and delivered.

Population profiles for each of the six Health Regions have also been developed by the Department of Health which bring together demographic and non-demographic data to draw a detailed picture of the populations in each region. These will serve as an important source of evidence-informed planning for future capital investments and for strategic workforce planning.

National Traveller Health Action Plan

[The National Traveller Health Action Plan 2022-2027](#) (NTHAP) was launched in November 2022 and seeks to address inequalities in Traveller health. During 2023, the governance structures for oversight of implementation of NTHAP were established; the priority areas of work were agreed; and steps to strengthening Traveller health infrastructure were agreed.

Detailed CHO Traveller health implementation plans were agreed during the first half of 2023, after extensive consultations with Traveller representatives, HSE and other relevant stakeholders. Each plan outlines the current Traveller health infrastructure, key priority areas of work and details of how NTHAP will be implemented in that area.

Strengthening Traveller health infrastructure

During 2023, the National Traveller Health Implementation Group (NTHIG) made recommendations on the allocation of €1 million funding available to support NTHAP implementation, including funding to support the establishment of two new Primary Healthcare for Traveller Projects (PHCTPs), one in east Limerick and another in Co. Louth. The NTHIG also recommended funding to support the employment of 14 community health workers in PHCTPs across the seven Traveller Health Unit areas.

Once off funding supported projects in implementation of specific NTHAP actions include:

- Reviews of Traveller Health Units & Primary Healthcare for Traveller Projects which will inform future alignment with new Health Regions structures and inform needs for future development.
- Scoping to develop accredited training modules for the Traveller community.
- Traveller Proofing Toolkit for HSE services.
- Development of a process framework in partnership with NTHIG, HSE and Travellers that can review the implementation of NTHAP 2022-2027 actions on ongoing basis.
- Mapping of Traveller populations and mapping of Traveller health assets.
- Developing standardised framework for delivery of Traveller Cultural Awareness Training.

Addressing Homelessness

The Health Research Board (HRB) published, for the first time, a report of premature deaths among people experiencing homelessness in 2019 in March 2023. The report was commissioned by the Department of Health in order to improve understanding of premature mortality among people who are homeless and to inform healthcare policy and services for this cohort. A study of 2020 data on homelessness is due to be published in 2024, and it has been agreed between the Department and the HRB to continue the yearly publication of these reports. This will assist in assessing the impact of measures put in place to improve the health status of those experiencing homelessness.

In both reports, we can see that the majority of those who died had a history of drug and alcohol use, and the deaths were primarily the result of the social determinants of health, including inadequate accommodation, poverty, lack of employment, child and adult trauma, and imprisonment.

Since this data was recorded for both 2019 and 2020, there have been extensive advancements in healthcare services for people who are homeless. A funding boost of €26 million was provided in addition to the recurring fund of €40 million in supports for people addicted to drugs between 2021 and 2023. This has allowed the Department of Health and HSE to put in place a number of public health measures since COVID-19 to improve health outcomes for people who experience homelessness.

Significant developments include:

- Appointment of a homeless deaths coordinator and establishment of an oversight committee.
- Granting of planning permission to establish a supervised injecting facility for people who inject drugs on the street.
- A single integrated case management model was established in Dublin in Sept 2022, which has provided health and wellbeing assessments to over 2,100 clients in private emergency accommodation.
- Increased availability of Naloxone, the antidote for opioid overdose.
- Defibrillators installed in all 74 private emergency accommodation facilities.
- An additional 144 people who are homeless received opioid substitution treatment.
- Development of a hospital discharge protocol for people who are homeless.

- Approved model of care for the dual diagnosis programme for people who present with a concurrent mental health disorder and a substance use disorder.

Housing First

A national evaluation of the Housing First Programme demonstrated how, across Ireland, Housing First is housing people with long term histories of homelessness and complex health needs, keeping them housed, and supporting them on their journeys to recovery and well-being.

By December 2023:

- A total of 979 individuals were housed and supported in their tenancies through collaborative efforts involving various organisations such as the HSE, local authorities (LAs), non-governmental organisations (NGOs), and other community services. Together, they provided a comprehensive program of supports.
- Housing First targets were met, and almost reached 1000 Housing First tenancies in situ. Negotiations are underway for the opening of the Homeless Health facility in Ushers Island in 2024.

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

A key recommendation of the 2017 Sláintecare Report was a move towards a population-based approach to how services are planned, funded and delivered. The HSE Health Regions Implementation Plan, approved by government in July 2023, reaffirms this commitment through the development of a Population Based Resource Allocation (PBRA) approach.

The aim of PBRA is to fairly distribute available healthcare funding to Health Regions according to the relative needs of their populations and the cost of providing health and social care services to meet those needs. This resource allocation approach will apply to the allocation of existing healthcare resources.

PBRA development has become a key deliverable of Health Regions Implementation and as detailed in the progress update for Health Regions, a proposed methodology has been put forward which will be further developed by a PBRA Expert Group in 2024.

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

The aim of this workstream was to consider the existing eligibility policies, and review how they align with population needs as identified in the above workstreams, with a view to achieving universal eligibility. In line with this, and having regard to the Programme for Government, the Department of Health implemented a range of measures to extend the availability of services, and the universality of coverage of healthcare throughout the State. Key progress has been:

2021 and 2022

- In 2021 a scheme to issue medical cards to persons with terminal illnesses, based on a prognosis of 24 months or less was introduced on an administrative basis.
- In February 2022, the Drug Payment Scheme threshold was further reduced to €80 per month, after having been reduced to €100 in Budget 2022. This reduction is larger than that which had

been envisaged in the Sláintecare Report and is estimated to benefit an extra 70,000 families.

- September 2022 saw the introduction of a free contraception scheme for women aged between seventeen and twenty-five as set out in detail under Healthy Ireland above. The free contraception scheme has been gradually extended and now includes women aged seventeen to thirty-one inclusive in 2024. The scheme is provided by approximately 2,400 GPs and 2,050 pharmacists nationwide and is supported by a budget allocation of approximately €44 million in 2024, up from €9 million in 2022 and €31.5 million in 2023.
- Also in September 2022, legislation was passed to abolish the acute public in-patient charge of €80 per day (including day-case charges) for children under sixteen in all public hospitals. This was a key step aligned to Sláintecare's aim of achieving universal eligibility to healthcare provision in Ireland, by easing the financial burden of parents or guardians when bringing their child to hospital for in-patient care.

2023

- In February 2023, the government approved the continuation of the Northern Ireland Planned Healthcare Scheme with further related work undertaken to develop the scheme on a statutory basis.
- In April 2023, public hospital in-patient charges for people accessing care as a public patient in all public hospitals were also abolished for all citizens. This was an extension of the abolition of charges for children under sixteen that occurred in the previous year.
- Two extensions of eligibility for GP visit cards were made during 2023. The first extension made in

August was to extend free GP visits to all children under the age of eight years, as part of the two-stage implementation of the largest expansion in free GP eligibility in the State's history. This first expansion covered around 78,000 children aged 6 and 7.

- A second expansion of eligibility covered people who earn up to the median household income in two phases in September and November 2023. This extension to the median income meant that roughly an additional 430,000 persons became eligible for a GP visit card. The measure extended the coverage of parts of the health service to all and was also part of the drive to reduce costs and remove potential barriers to access for patients.

The range of measures outlined above continue to create a health and social care service that offers affordable access to quality healthcare. Additionally, there has been considerable enhancement in community services access through, for example, the Enhanced Community Care Programme (ECC), which provides improved community-based support for older people and those with chronic disease through the roll-out of Community Specialist Teams for Older People and the Community Specialist Teams for Chronic Disease.

The Department of Health has commenced a strategic review of the eligibility framework. The overall objective of the review is two-fold: (1) to review the existing framework to clearly assess what is working well and fit-for-purpose, and (2) to inform policy options and proposals to enhance eligibility and access to services based on robust evidence and focussed on improving health outcomes.

Workstream 5: Capital planning

Capital infrastructure and investment is an enabler for delivery of health policies, strategies and the reforms needed to modernise our health system. A rolling strategic multi-annual Capital Infrastructure Programme, which takes account of infrastructure requirements has been developed and is being implemented. It includes:

- Progressing construction of the New Children's Hospital at St James's campus.
- Progressing the Elective Hospital programme and the relocation of National Maternity Hospital to the St Vincent's campus.
- Expediting the development of surgical hubs at locations across the country based on the successful Reeves Day Surgery Unit.
- Expanding and upgrading acute bed and capacity across the Health Regions.
- Continuing to progress the Critical Care Capacity Plan across the Health Regions.
- Capital investment in radiation oncology and in line with the requirements of the National Cancer Control programme.
- Primary Care Centres (PCC) programme continued to be rolled out across the regions. At the end of 2023, a total of 174 centres are operational throughout the country.
- Enhanced Community Care (ECC) programme will continue to focus on delivering a mix of new builds, extensions, refurbishments, reconfigurations and fit outs across the country to meet the objectives required by the ECC programme. A total of 14 hubs had completed construction at the end of 2023.

- Progressing the HIQA compliance programme to bring Community Nursing Units to HIQA standards. At the end of 2023, 48 units in the HIQA compliance programme have been completed.
- Mental health services capital projects in acute and community settings.
- Investment in infrastructural risk and the equipment replacement programme through the country.
- Investment in maintaining ambulance fleet and in ambulance bases through the country.
- Progression of Climate Action and Sustainability capital programme.

During 2023, the Strategic Healthcare Infrastructure Framework (SHIF) was further refined and is due for publication in 2024. The development and implementation of the SHIF will enhance assessment and speed of delivery of capital investment and ensure that investments are targeted toward satisfying an identified need, they are evidenced informed, equitable and enable reform to be achieved, with the overall objective of having better health outcomes for the population of Ireland.

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. To deliver the services required, significant investment has been made in the health and social care workforce. As of end of December 2023, the total workforce stood at 145,985 staff working in our health service. This represented an increase of 8,239 since the start of January 2023.

There were 26,172 more Whole Time Equivalent (WTE) working in our health service than there were at the beginning of 2020. This included 8,038 nurses and midwives; 4,017 health and social care professionals; and 2,904 doctors and dentists. The total number working in the acute sector was 79,578 WTE. This has been the largest increase in the workforce since the foundation of the HSE.

There have been significant increases in the number of doctor training places. Approval was granted in 2023 for additional intern and post-graduate medical training places. This measure supports medical workforce planning and more doctors in specialist training programmes. It represents a target increase of 133 specialist training doctors in the health service. An additional 24 Intern posts were provided in July 2023 bringing the total number of intern training places available to 879. The recruitment process has been completed for all 24 intern posts, and trainees commenced in these posts in July 2023. 59 new postgraduate training places have been provided in July 2023 to those specialties whose training programmes are required to expand to meet current workforce planning requirements and don't have existing/suitable non-training posts to convert to training. The recruitment process has been completed for all postgraduate training places, and trainees commenced in these posts in July 2023.

As part of our Strategic Workforce Planning, it is key that the Department of Health ensures that sufficient professionals are trained, attracted, and retained in our health services. The Department of Health has been working in collaboration with the Department of Further and Higher Education, Research, Innovation and Science, and the Higher Education Sector to significantly increase the number of student training places across Medicine, Nursing and Midwifery and Health and Social Care Professionals. An existing agreement with the Medical Schools co-funded by the DoH will see an increase of 200 in the number

of Irish/EU student places in medicine by 2026. An additional 662 student places have been provided in the Higher Education Sector on health-related courses in the academic year 2023–2024. This includes approximately 200 student places across Nursing and Midwifery and Allied Health Professions in Northern Ireland.

Significant work was undertaken by the HSE in collaboration with the Department of Health to significantly increase the number of clinical practice placements for Nurses and Midwives and HSCPs and this led to the unprecedented increase of 255 student places in Nursing and Midwifery in September 2023. Further work is underway with the HSE National Office for Health and Social Care Professionals, to develop a governance framework for clinical placements for HSCPs to support the expansion of student places in 2023 and future years.

Over the past two years the Department of Health undertook development of a Health and Social Care Workforce Planning Projection Model based on international best practice, with the support of the European Commission. The objective of this project is to address the long-term workforce planning needs of the health sector, and this will support the development of joint education and workforce plans, training plans, and other policies to address the gaps and bottlenecks identified through the workforce analysis and modelling. The workforce planning projections from the Workforce Planning Model developed under the EU Technical Support Instrument (TSI), as well as other key strategic reference workforce planning documents will be used to inform future workforce requirements.

National Taskforce on the NCHD Workforce

In September 2022, the National Taskforce focused on the NCHD (non-consultant hospital doctors) Workforce was established. The purpose of the

Taskforce was to put in place sustainable workforce planning strategies and policies to address and improve NCHD experience to support present and future retention of NCHDs in Ireland. The Taskforce sought to improve NCHD experience/work-life balance through improved NCHD structures and supports in hospital sites and to foster a culture of education and training at clinical site level. The Minister published the Interim Recommendations Report of the Taskforce on 13 April 2023 and requested the HSE to prioritise implementation of the Recommendations. The final phase of the work of the NCHD Taskforce in 2023 completed the development of medium to longer term recommendations. Minister Donnelly published the final report of the Taskforce on 7 February 2024. The report recommends improved working standards in Irish hospitals for NCHDs.

Building on the work of the Interim Recommendations, the final report contains 44 further recommendations, with responsible leads and implementation timeframes. The report includes recommendations for immediate implementation in 2024, as well as medium to longer term recommendations to be implemented on a phased basis from 2024 to 2026. Minister Donnelly has written to the Chair of the HSE Board and to the Forum of Irish Postgraduate Medical Training Bodies to ensure that the development and roll-out of implementation plans is prioritised.

Advance Practice for Nursing and Midwives

The Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice was published in 2019. Specialist and advanced practice posts offer career pathways for nurses and midwives. This supports retention of the nursing and midwifery workforce, including new graduates.

Advanced Nursing and Midwifery Practitioners (ANMPs) have been recruited to Acute and Community settings; providing full episodes of

care, including assessment, treatment, prescribing medications, and discharge and/or referral to other specialist services that may be required. The provision of care by advanced practitioners can increase hospital avoidance, promote early supported discharge, address waiting lists and improve access to services, support unscheduled care access and delivery and support integrated care and patient flow through the health services.

In November 2021, the Minister requested that the number of nurses and midwives practicing at an advanced level across the health service be increased from 2% of the workforce to 3% over the following three years with additional funding to support this provided in 2022 and 2023.

Budget 2023 provided funding to recruit an additional 80 WTE ANMPs during 2023, 70 of which have now been recruited and onboarded, with recruitment for the remaining 10 ongoing.

As of December 2023, the total nursing and midwifery workforce was 46,623 WTE and the number of nurses and midwives at advanced practice level, including those registered and at candidate level was 1,132 WTE, bringing the percentage of the total workforce at advanced practice level at this time to 2.4%.

Case Study

Women with gestational diabetes, who previously had to come to the hospital every three to four weeks for the duration of their pregnancy on top of their antenatal care, currently receive the care they need in the comfort of their own homes by availing of the Registered Advanced Midwife Practitioner (RAMP) led Gestational Diabetes Virtual Care Clinic at the National Maternity Hospital.

The Gestational Diabetes Virtual Care Service is the first of its type and size nationally. The RAMP provides care to approximately 800 women per annum and up to 75% of these women can now have their gestational diabetes managed at home. The women in the service have access to online education sessions and have virtual reviews with a member of the specialist midwifery team. The team use digital health technology such

as glucometers which hook up to the patient's smart phone, this communicates the data back to the hospital and allows the team to have all the information to hand to provide a comprehensive assessment when they see the women at the clinics.

Initial results from a study looking at maternal and neonatal outcomes in the Gestational Diabetes Virtual Service versus in-person care at the NMH, Holles Street Dublin has found that access to care through the virtual clinic is much faster with 90% of women treated within 10 days of diagnosis and 70% of women treated within five days of diagnosis. Feedback about the clinic from women who attend is also very positive with women not needing to travel for appointments, along with no requirement for child-care or to take time off work to attend the hospital.

Advanced Practice in Health and Social Care Professions

The HSE National Health and Social Care Professions (HSCP) office completed a HSCP Advanced Practice Framework document in June 2023. The Department of Health has been a stakeholder in its development and the framework sets out the pathway from qualification to Advanced Practice for HSCPs in Ireland.

The HSE Framework on Advanced Practice includes a number of pilot initiatives which demonstrate the positive impact of expanding the scope of practice of HSCPs. The impact of these roles has also been demonstrated by extensive international evidence and is underpinned by the World Health Organisation Strategy.

There is a growing evidence base in Ireland from initiatives and pilots where skills and experience of HSCPs were used to develop an innovative approach to care within integrated care teams, to deliver improved access to care, reduce waiting times and provide integrated care in the community.

In May 2023, the Department of Health appointed a Chief Health and Social Care Professional (HSCP) Officer. The initial focus of this role is on advanced practice, workforce planning and practice education for the 26 Health and Social Care Professions.

The Department is preparing the Policy on Advanced Practice in Health and Social Care Professions. Work on policy development is ongoing.

Policy development of advanced practice is underpinned by patient safety in the context of all the competing components to optimise the skills of the professionals.

Safe Nurse Staffing and Skill Mix

The Framework for Safe Nurse Staffing and Skill Mix (SSF) is an evidence-based approach to determine safe nurse staffing levels and skill mix for registered nurses and healthcare assistants in a variety of care settings across the healthcare system. The framework determines nurse staffing levels based on individual patient care requirements. The impact of the framework is demonstrated by measuring a range of patient, staff and organisational outcomes

The framework comprises three phases. Two safe staffing policy documents have been published and currently being implemented by the HSE, supported by significant government investment. Phase 1, published in 2018, focused on Adult General and Specialist Medical and Surgical Care Settings and Phase 2, published in 2022, focused on Adult Emergency Care Settings.

As of December 2023 there have been over 1,200 WTE registered nurses and healthcare assistants recruited to implement both phases of the framework in all acute hospitals nationally. Phase 3 of the framework has three distinct stages. The first stage will focus on the development and testing of a framework in long-term residential care settings and is due for completion in 2024. Planning work has also commenced on the second stage which will focus on community care settings.

Physiotherapist Referral for Radiological Procedures

One of the workforce reforms prioritised for 2024 is to designate physiotherapists as referrers for radiological procedures. Currently, physiotherapists can refer for radiological investigations, such as x-ray, in several jurisdictions including England, Sweden, Canada and New Zealand. A review by the Health Research Board of seven high quality systematic reviews did not identify any serious adverse events of this practice, and noted many advantages for the patient and the system, including decreased waiting times and treatment times, increased workforce capacity, higher likelihood of physiotherapist offering educational approaches to increase self-reliance, employing less invasive interventions, prescribing less medication and fewer injections and recommending fewer assistive devices.

To support the operational needs communicated to the Department from clinical services and in light of the above evidence, a policy decision was approved in July 2023 by the Minister to progress this piece of work.

Funding for the development and delivery of the appropriate training to implement this policy decision is through the Sláintecare Integration Innovation Fund. The training will be delivered by University College Dublin. The first cohort of students are to undertake training in 2024.

Consideration must be given to this practice in operation. This involves integration across and within clinical services and programmes. It includes the development of imaging referral guidelines, the creation of clinical decision support tools and the development and implementation of monitoring and quality improvement systems to promote adherence to imaging referral guidelines among all referring practitioners.



Project 2 Implement Sláintecare Healthy Communities Programme

Sláintecare Healthy Communities is a cross-sectoral community-based health and wellbeing initiative, which was launched in 2021. The goal of the Sláintecare Healthy Communities Programme is to improve the long-term health and wellbeing of the most disadvantaged communities in Ireland. 19 areas of greatest need are provided with targeted supports by the HSE in areas such as smoking cessation, parenting, nutrition and social prescribing. In addition, the North East Inner City (NEIC) of Dublin is also included in the programme.

The NEIC area produced an Impact Evaluation Report on the Healthy Communities Programme in December 2023. The report concluded that the project is having a positive impact, with accessible personnel, by enabling communities with information and resources to improve their health and has reduced isolation and increased healthier behaviours.

Services on offer to each community are as follows:

- A Stop Smoking Advisor and 'We Can Quit' groups with access to free of charge Nicotine Replacement Therapies
- Parenting Programmes such as Triple P or the Parents Plus
- The Healthy Food Made Easy (HFME) programme
- A Social Prescribing link worker to work with individuals who need support, linking them into community activities and services
- A Community Food & Nutrition Worker looking at the wider food environment

These services are delivered both by Health and Wellbeing Services within the HSE and by 46 local delivery partners, such as Family Resource Centres and Local Development Companies. A key aspect of delivery is the development of trusted relationships within the targeted communities.

Local Authorities have employed Local Development Officers who work to improve public realm and health and wellbeing through funding locally identified projects. In 2023, 104 seed funding projects, submitted via the programme Local Development Officers were approved, with an overall allocation of €1.46 million. These seed funding initiatives range from refurbishing community facilities to the provision of mental health promotion and prevention supports.

A national office to coordinate and to support Local Government in implementing the programme was established in 2023. The office has provided significant programme support around information gathering, capacity building and training and planning and implementation supports. An evaluation of the programme is planned to commence in 2024.

For more on Sláintecare Healthy Communities visit [here](#).



Project 3: Develop HSE Health Regions

The Health Regions reform involves the reorganisation of the HSE into six operational regions with responsibility for the planning and coordinated delivery of health and social care for their respective populations. This is a foundational recommendation of the Sláintecare Report.

This reform aims to facilitate timely access to safe, high-quality, and improved integrated care. Integration will be achieved through the alignment of hospital and community-based services and through a holistic partnership with patients and service users, GPs, Voluntary Agencies, and the full range of health service providers at local, regional and national level. Health Regions will function as part of a strengthened national health and social care service with their own budget, their own Executive Management Teams (EMTs), and increased local autonomy and decision-making.

Between 2021 and 2023, considerable progress was made to establish the regional model and plan for the transition to Health Regions in 2024. Throughout this period, engagement with key stakeholders from across the health and social care system has underpinned the design of and approach to the reform.

Key achievements during this time period include the following:

- In 2021, a ministerially appointed Health Regions Advisory Group was established with representatives from across the health and social care sector. The group provided ongoing support, guidance, and advice on the implementation of the reform to the Department of Health and HSE officials.

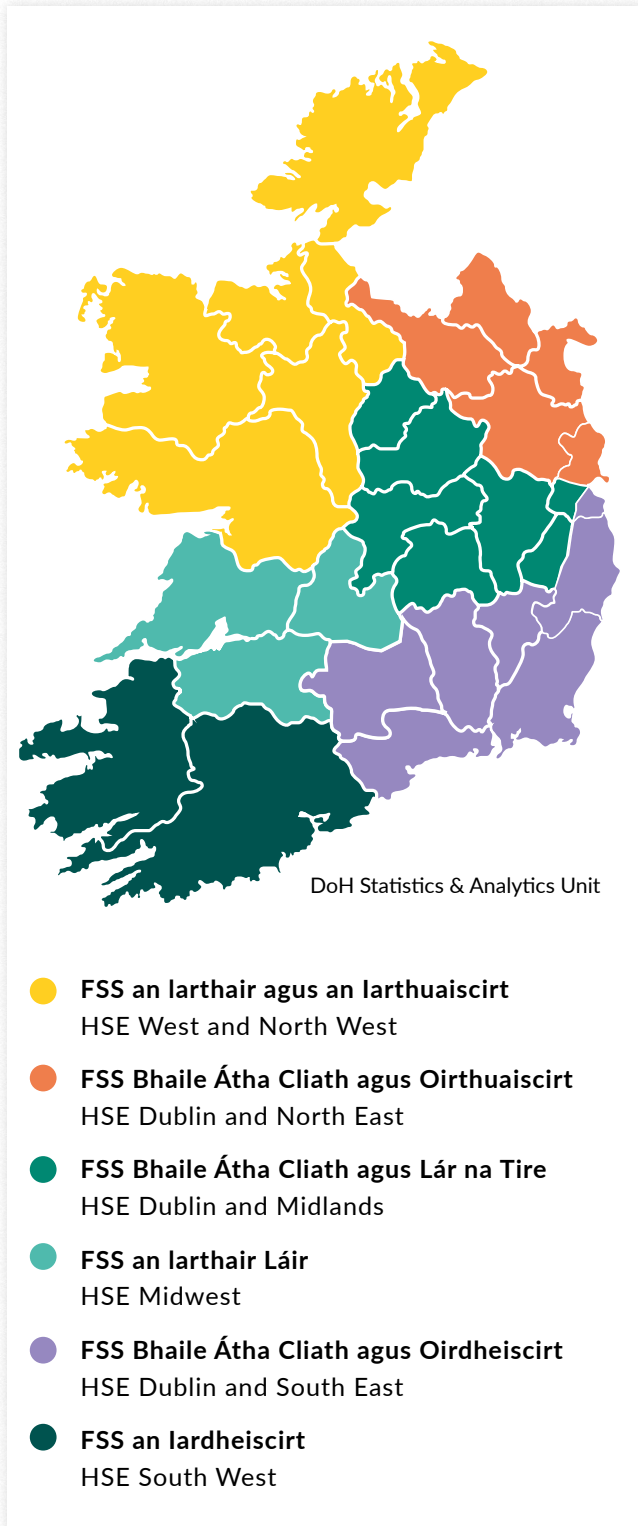


Figure 11: HSE Health Regions

- A cross-departmental team was set up to explore potential models of regionalisation, culminating in a memorandum for government and business case in April 2022. The model approved by government establishes Health Regions as regional divisions of the HSE alongside a leaner HSE Centre. Working groups were subsequently established to progress the functional design of these Health Regions.
- The HSE Health Regions Implementation Plan was approved by government in July 2023. The plan sets out the vision and principles for Health Regions and a high-level programme of work to transition from the current structures.
- A programme governance approach was established to oversee and guide the implementation and transition phase of the programme.
- The HSE CEO conducted a high-level review of the HSE Centre, outlining a new structure which seeks to achieve a more lean, agile, and streamlined Centre, focused on delivery of national/specialist services and national schemes, and supporting the Regions through its key functions of planning, enablement, performance, and assurance.
- The recruitment process for the six Regional Executive Officers (REOs), the accountable officers at Health Region level, commenced in August 2023 and concluded in November 2023.
- Design, consultation, and appraisal of the new regional structures continued throughout 2023. This included the regional Executive Management Teams (EMTs), led by the REO, and the Integrated Healthcare Areas (IHAs) that will plan and deliver the bulk of services in each region.
- Several workshops took place with patient and service user partners to further inform the design of patient partnership systems and processes,

culminating in a proposal setting out the Patient and Service User Partnership approach within Health Regions.

- Work to design a staff transition plan, to ensure sufficient organisational change supports are in place, to develop a Health Care Needs Assessment Framework and Regional Population Health Profiles, to geographically align CHO and Hospital Groups to Health Region boundaries, and to design the visual identity and branding of the Health Regions also continued.
- Health Regions will take a population-based approach in how services are planned and funded. This means that we will be planning services around the health and social care needs of our population. Work has progressed to develop a Population Based Resource Allocation (PBRA) approach with the publication of two Irish Government Economic and Evaluation Service (IGEES) Spending Reviews in 2022 and 2023 respectively, which explore best practice in resource allocation, and which set out an illustrative model. Under the proposed approach, allocation of existing healthcare resources to regions will be informed by factors such as age, sex, socioeconomic status, and rurality. Building on this work, a PBRA Expert Group has been established by the Department of Health to focus on the development of a new evidence-informed and coherent approach to allocation of healthcare funding.



Project 4: Implement Obesity Policy and Action Plan 2016–2025

In Ireland, overweight and obesity poses an increasing challenge, with one in five children and almost 60% of the adult population now living with overweight or obesity, according to the Healthy Ireland survey 2022. The policy for addressing obesity in Ireland is A Healthy Weight for Ireland, the Obesity Policy and Action Plan (OPAP), which was launched in September 2016 as part of the Healthy Ireland Framework. The OPAP covers a 10-year period up to 2025 and aims to reverse obesity trends, prevent health complications, and reduce the overall burden for individuals, families, the health system, and the wider society and economy.

The HSE Model of Care for the Management of Overweight and Obesity in children and adults was launched on World Obesity Day on 4 March 2021. This sets out how healthcare for children, young people and adults living with overweight and obesity in Ireland should be organised and resourced now and into the future. The Model of Care covers the whole spectrum of care for overweight and obesity, from prevention in the community, through primary and secondary care on to specialist treatment including surgery.

In December 2021, a Roadmap for Food Product Reformulation in Ireland was launched. Foods that are high in fat, sugar and salt are overconsumed in Ireland and many other countries and contribute to high levels of non-communicable diseases including high blood pressure, Type 2 diabetes and obesity. The Roadmap sets targets for reductions in levels of salt, sugar, saturated fat and calories in processed food by 2025. A dedicated Reformulation Taskforce, funded by Healthy Ireland, has been established and situated in the Food Safety Authority of Ireland to oversee implementation of the Roadmap.

In 2022, an evaluation of OPAP carried out by University College Cork to evaluate the effectiveness of OPAP throughout its first five years of implementation was published. The assessment of implementation and the rate of implementation progress showed areas of high levels of implementation while also highlighted areas of limited action.

In 2023 progress on the implementation of the Obesity Policy Action Plan continued. Healthy eating resources for older adults which includes advice for physical activity were published and are available on the HSE Healthy Eating Active Living (HEAL) website. The Food Safety Authority of Ireland (FSAI) Public Health Nutrition Scientific committee continued its work on Healthy Eating Guidelines for teenagers which incorporates a review of sustainable healthy diets in the Irish population. Vitamin D supplementation advice was disseminated to encourage everyone to take a Vitamin D supplement, particularly in the winter months.

Find the Obesity Policy and Action Plan 2016–2025 [here](#).

The Healthy Weight campaign is one of a series of national measures as part of OPAP which aims to reverse obesity trends, to prevent health complications and reduce the overall burden for individuals, families, the health system and the wider society and economy. The campaign aims to support people to prevent weight gain among people in their 20s and 30s by sharing information about behaviours that may affect weight, focusing on four pillars – sleep, stress, physical activity, and nutrition. Phase 1 of this campaign sought to change knowledge and attitudes about overweight and obesity and was run in 2022.

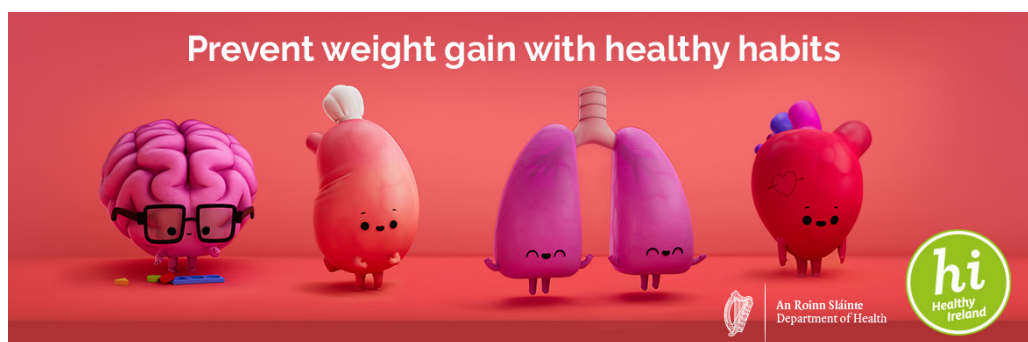
The Healthy Weight digital campaign was positively received in 2022 and re-run in quarter 4, 2023 to a target audience of 25–34 year-olds. Further evaluation of the campaign will be used to design a new media campaign in 2024.

Research shows that 19% of people aged 15–24 and 36% of people aged 25–34 are living with overweight in Ireland. The rate of people living with obesity stands at 8% for 15–24 year-olds and 22% for 25–34 year-olds. Overall, approximately 37% of adults in Ireland are living with overweight and 23% are living with obesity indicating that the mid–20s to mid–30s are a time of significant risk with regard to weight gain.

Research with young adults led to the development of a creative concept based around four pillars, each linked to healthy habits that help individuals maintain a healthy weight: Eat Well, Be Active, Sleep and Stress.

The campaign was launched in September 2022; advertisements and content featured on various social media platforms to maximise the campaign's reach to the target audience (24–34-year-olds). A second burst of the campaign launched in October 2023, with similar content going out on social media alongside advertisements on radio stations nationwide. In addition, Science Communicators were used to raise awareness among their peers through social media platforms.

Awareness about the importance of being active, sleeping well and managing stress as factors in maintain a healthy weight saw an increase after the first run of the campaign, with awareness about being active rising from 74% to 77%, sleep awareness rising from 53% to 59%, while stress awareness rose from 65% to 68%.



04

Enabling Programmes



Enabling Programmes

Citizen and Staff Engagement

- Building on the success of the Sláintecare 'Right Care, Right Place, Right Time' Webinar series which began in 2020, Sláintecare hosted 15 further webinars from 2021–2023. The webinars showcased Sláintecare innovation and health reform that is taking place across the health and social care service. The themes of the webinars align with the fundamental principles of Sláintecare, ensuring that all care is planned and provided so that the patient/service user is paramount. To-date, the live webinars have attracted over 6,000 attendees in addition to over 12,000 views online.
- There has been continued stakeholder engagement and attendance at key healthcare seminars to provide updates on Sláintecare implementation e.g. RCSI Charter Day, Health Summit, RCSI Faculty of Nursing & Midwifery Conference, Health Summit, and the Irish Society of Chartered Physiotherapists.
- Sláintecare hosted a virtual workshop at the 23rd International Conference on Integrated Care (ICIC23) which explored how we leverage digital innovations to deliver person-centred integrated care closer to home.
- The Secretary-General of the Department of Health and HSE CEO appeared before the Joint Oireachtas Committee on Health on a regular basis to discuss the progress in the implementation of Sláintecare.
- The Sláintecare Programme Management Office (SPMO) continues to communicate on policy development milestones to the public, media and other relevant partners and stakeholders on the successful delivery of Sláintecare through providing information on the Enhanced Community Care (ECC) Programme, the HSE Health Regions and by ensuring the patient's voice is heard through

their testimonials – communicating how ECCs are benefitting patients and their families, showing how the service is making a difference to people's lives.

- Sláintecare hosted a Learning Network Event in 2023 for projects which received funding through the Sláintecare Innovation and Integration Fund. The Learning Network enables project to support one another, to create synergies between the projects, to identify challenges and solutions, and to identify best practice and case studies among the projects.
- HSE Communications worked with the Health Regions Programme to deliver a comprehensive communications programme to support the rollout of Health Regions.

Patient Safety & 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 support this and key achievements in the period from 2021 to 2023 include:

- Ireland's second One Health National Action Plan on Antimicrobial Resistance 2021–2025 (iNAP2) was published on 18 November 2021. The HSE Antimicrobial Resistance & Infection Control (AMRIC) Action Plan 2022–2025 which is aligned to the human health actions in iNAP2, was published in tandem on the same date. Implementation of both plans is ongoing.
- In 2023, the Department of Health undertook a review of human health actions under Ireland's second iNAP2. The midterm review resulted in the identification of five new actions. Implementation is ongoing.

- The National Care Experience Programme is a partnership initiative between the Department of Health, the HSE and HIQA. The programme conducts surveys which ask people about their experiences of care in order to improve the quality of health and social care services in Ireland. The programme has expanded in recent years. In the period from 2021 to 2023, the programme conducted five separate surveys, hearing from almost 30,000 people, about their experience of care across four different care settings (hospital inpatient, nursing homes, maternity bereavement, and end of life care). The programme also commenced development work on two new surveys covering mental health and cancer care.
- Enactment of Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023. The Act will further embed Patient Safety and Quality initiatives in the health sector.
- National Clinical Audit and National Clinical Effectiveness Committee National Clinical Guidelines:
 - In 2021, funding was provided from the Sláintecare Integration Innovation Fund to support the establishment of the HSE National Centre for Clinical Audit.
 - In the period from 2021–2023, five NCEC National Clinical Guidelines were published:
 - National Clinical Guideline No. 26 Sepsis Management for Adults (including maternity) in September 2021, National Clinical Guideline No. 27 Chronic Obstructive Airways Disease in November 2021, National Clinical Guideline No. 28 Stop Smoking in January 2022, National Clinical Guideline No. 29 Unexpected Intraoperative Life-Threatening Haemorrhage, in May 2022, and the NCEC National Clinical Guideline on IPC: National Clinical Guideline No. 30: Infection Prevention and Control in May 2023.
 - A rapid update of NCG No. 29 Unexpected Intraoperative Life-Threatening Haemorrhage was also completed in July 2023.
- The Perinatal Mortality Audit was launched in April 2022, as the second NCEC National Clinical Audit.
- In November 2023, funding of almost €670,000 was awarded under the Sláintecare Integration Innovation Fund to the HSE National Quality and Patient Safety Directorate for a Clinical Effectiveness and Patient Safety National Programmatic Integrated Approach to Address Common Causes of Harm, in particular Sepsis and Deteriorating Patient.
- The National Open Disclosure Framework was launched in October 2023 and provides a unified and consistent approach to open disclosure across the entire health sector.

05

Governance arrangements



Governance arrangements

Sláintecare Governance & Implementation

Sláintecare implementation is driven by the Sláintecare Programme Board, supported by the Sláintecare Programme Management Office (end 2021 to date). Prior to this Sláintecare implementation was driven by the Sláintecare Programme Implementation Office (SPIO).

The governance and project management model of Sláintecare transitioned in 2021, whereby responsibility for implementation of Sláintecare projects/programmes moved from the SPIO to individual DoH Management Board Members who now report into the Sláintecare Programme Board (SCPB), established in November that year.

Sláintecare Programme Board

The role of the Programme Board is to:

- Provide leadership, direction, oversight, support and guidance to the Sláintecare reform programme to ensure a coordinated, integrated, effective approach across DoH and HSE.
- Ensure effective communication and information sharing across all aspects of the programme and its constituent projects, throughout the DoH and HSE, and with all key stakeholders.
- Ensure an integrated approach and planning framework is developed for all projects with appropriate timelines, deliverables and milestones, and assignment of appropriate responsibility/expertise to lead the delivery of the projects.
- Receive formal progress updates from the Management Board/HSE Centre Senior Leadership Team project leads, monitor overall implementation progress and address escalated matters.

- Serve as the escalation path to resolve issues and make resource changes to the scope of a project if necessary.
- Review programme risk register and risks mitigation plans.
- Ensure there is an effective, joined up citizens and staff communications plan across the reform programmes.
- Ensure the Sláintecare reform programmes are adequately resourced and supported.

The Programme Board is co-chaired by the Secretary-General of the DoH and CEO of the HSE. It comprises the joint leads of the reform projects from DoH Management Board, HSE Centre Senior Leadership Team and Regional Executive Officers, as appropriate, and representatives from the Department of an Taoiseach and Department of Children, Equality, Disability, Integration and Youth.

Since its first meeting in November 2021, the Programme Board met 11 times in total until the end of December 2023. The minutes of the meeting are published [here](#) as a matter of course.

The co-chairs of the Sláintecare Programme Board attend the Joint Committee on Health (JCH) on a quarterly basis on matters specifically relating to the implementation of Sláintecare. Nine meetings were held between the co-chairs of the Sláintecare Programme Board and the JCH over the course of 2021–2023 in relation to Sláintecare.

Detailed updates on the implementation of Sláintecare, which has the support of and is overseen by the Department of an Taoiseach, are provided through the Cabinet Committee on Health, chaired by the Taoiseach, on a bi-monthly basis.

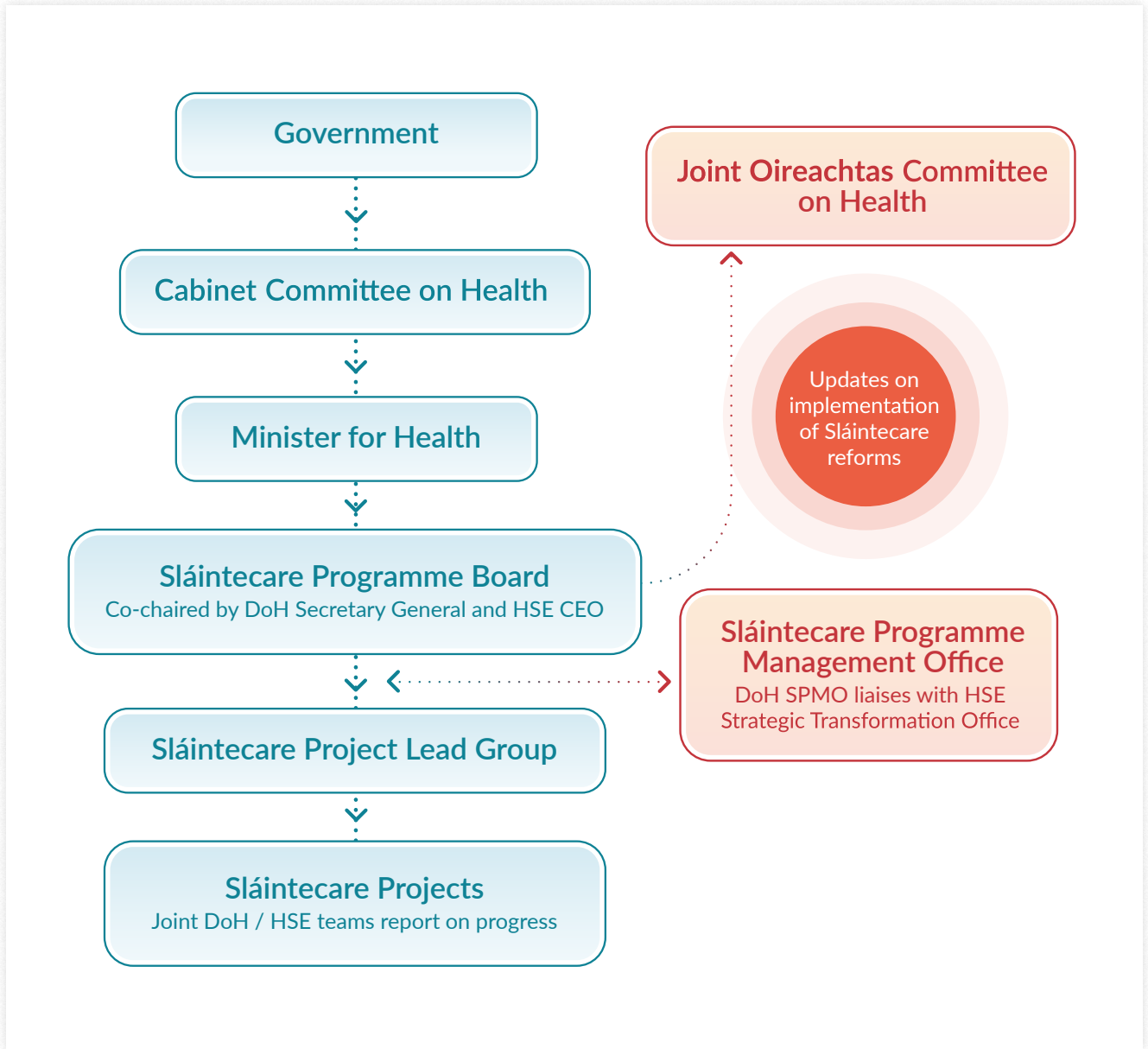


Figure 12: Governance Structure

Sláintecare Programme Management Office (SPMO)

Sláintecare implementation is supported by the work of the Sláintecare Programme Management Office working in collaboration with the HSE Strategic Transformation Office (STO). Its role includes:

- **Sláintecare Governance:** Supporting Sláintecare Governance through provision of the effective secretariat to the Programme Board (agenda setting, prepare meeting papers, meeting minutes).
- **Policy Development:** Development of annual and multi-annual Action Plans.
- **Programme Management:**
 - Building a programmatic approach and project management capacity across the Sláintecare projects and drive a results-focused approach to delivery of the Sláintecare projects.
 - Collaborating: Working with Sláintecare Project Leads through the Sláintecare Project Leads Group and Joint Project Leads Group respectively to ensure collaboration across the programme in addressing interdependencies.
- Reporting on strategic objectives and associated KPIs, in conjunction with Sláintecare Project Leads and DoH Performance Unit in order to build the evidence that will demonstrate the impact of the reform programme on patients, service users and the people of Ireland.
- **Reporting**
 - Supporting DoH preparations for attendance at Joint Oireachtas Health Committee meetings, in collaboration with Sláintecare Project Leads and DoH Communications;
 - Development of the annual Sláintecare Progress Reports
- **Communications & Stakeholder Engagement**
 - Sláintecare communications and stakeholder engagement, in conjunction with Sláintecare Project Leads and DoH/HSE Press and Communications in order to promote understanding in the progress being made, listen to stakeholders and build confidence in the Health Sector transformation programme.

06

Funding



Funding

The aim of the Sláintecare reforms is to move towards the goal of a universal health and social care system, where everyone has equitable access to services based on need, and not ability to pay. In 2021, the government allocated a significant budget of €1.235 billion to support Sláintecare reforms. The Budget of 2021 demonstrated a strong commitment by government to delivering on the Sláintecare vision and helped 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 supported the introduction of targeted measures to improve access to care in 2021–2023.

Specifically, the funding of €1.235 billion enabled:

- The transformation of the model of health service delivery in line with Sláintecare objectives and addressing known capacity deficits highlighted by the Health Service Capacity Review 2018.
- Improvements in access for patients to health services to meet, insofar as possible, the growing demand for health services in 2021 to 2023.
- An area-based approach to developing healthy communities, with a particular focus on targeted investment in areas of deprivation.

Subsequent budgets in 2022 and 2023 continued to support the Sláintecare reforms and cumulatively over the period 2021–2023, the overall funding for Sláintecare reforms and new developments grew to c. €2 billion. It is noted that new development funding once provided in a year then becomes part of existing level of services (ELS) funding for subsequent years.

In addition to the significant funding allocations provided to support the delivery of the Sláintecare reforms, the government also provided capital funding in excess of €500 million to support Sláintecare capital and infrastructure projects.



