



An Roinn Sláinte
Department of Health

Department of Health Divisional Briefing for New Minister

23rd January 2025

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Management Board Organisation Chart



Acute Hospitals Oversight and Performance Division – A/Sec Tracey Conroy

(a) Overview of responsibilities of the Division

The Acute Hospitals Oversight & Performance Division is responsible for policy development and performance oversight of acute hospital services nationally. The Division consists of seven units with the following responsibilities:

- The **Acute Hospital Strategic Policy & Performance Oversight Unit** is responsible for acute hospital strategic reform including providing input on Sláintecare, Health Regions and Capital Planning; Scheduled Care Policy including the development of, and final report against the multi-annual Waiting List Action Plans (WLAP) & oversight of 'reforming scheduled care' WLAP actions; acute hospital performance oversight including governance, estimates and service planning; Divisional planning and coordination.
- The **Scheduled Care Performance Unit** is responsible for performance improvement and oversight of the HSE in relation to Acute Hospital Waiting Lists. This includes monitoring and oversight of inpatient and outpatient activity; oversight and reporting of scheduled care activity in acute hospitals and oversight of the delivery of Waiting List Action Plans. The Unit also has oversight of governance and performance of the National Treatment Purchase Fund.
- The **Trauma, Pre-Hospital Emergency Care & Critical Care Policy Unit** is responsible for National Trauma Policy including oversight of implementation of National Trauma Strategy and liaison with HSE National Trauma Office; oversight of implementation of the Strategic Plan for Critical Care; Policy on Pre-Hospital Emergency Care, including Aeromedical Services; Performance oversight of Pre-Hospital Emergency Care, including liaison with HSE National Ambulance Service on implementation of the NAS Strategic Plan; Governance oversight of the Pre-Hospital Emergency Care Council, and oversight of Acute Hospitals in the HSE Dublin and South East and HSE South West Health Regions.

- The **Maternity & Gynaecology Policy Unit** is responsible for Maternity and Gynaecology Policy including oversight of the implementation of the National Maternity Strategy; liaison with the HSE National Women & Infants Health Programme on maternity and gynaecology services, including complex menopause and specialist endometriosis clinics; oversight of the implementation of the Ambulatory Gynaecology Model of Care; driving the Gynaecology Waiting List Action Plan, oversight of Termination of Pregnancy Services in Acute Hospitals; and oversight of Acute Hospitals in the HSE Mid West Health Region.
- The **Acute Paediatric Policy Unit** is responsible for acute paediatric policy delivered across the paediatric hospitals and the regional and local paediatric units, including liaison with HSE in relation to the implementation of the national paediatric model of care; oversight of the implementation of the Children's Hospital Programme which involves the integration and mobilisation of services to enable the opening of the new hospital, through established governance structures; oversight of the development of acute paediatric spinal services and the Waiting List Action Plan for Scoliosis and Spina Bifida; oversight of the All-Island Congenital Heart Disease Network; and oversight of Children's Health Ireland.
- The **Cancer Policy Unit** is responsible for Cancer Control Policy, including overseeing the implementation of the National Cancer Strategy, performance oversight of cancer services, including liaison with HSE National Cancer Control Programme; Cancer Patient Advisory Committee and oversight of the National Cancer Registry; North-South co-operation in acute hospitals and oversight of acute hospitals in the HSE Dublin and North East and HSE West and North West Health Regions.
- The **Blood & Organ Transplantation Policy Unit** is responsible for the development and implementation of policy in relation to blood, organs and tissue; oversight of acute hospitals in the HSE Dublin and Midlands Region; policy development, governance and oversight of agencies, drafting of legislation, implementation of relevant EU legislation, and representation of the Minister in High Court appeals arising from the Hepatitis C & HIV Compensation Tribunal. The blood section of the unit is responsible for policy related to blood transfusion and the governance of the Irish Blood Transfusion Service. The organ donation and transplantation section of the

unit is responsible for policy and performance oversight of organ donation and transplantation services, including preparations for the phased commencement of the Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024.

(b) 5 priorities for 2025

1. Access to Hospital Services – reduce wait times and lists

It is a key priority for the Division to ensure acute hospital scheduled care waiting times and waiting lists are reduced. It is recognised that the lists are still far too long, and that many patients are waiting a long time for care. To address this issue a multi-annual Waiting List Action Plan (WLAP) approach was initiated in September 2021. Developed between the Department, the HSE and the National Treatment Purchase Fund this two-pronged approach focuses on a combination of short-term actions to increase capacity and activity, along with longer-term reform measures to sustainably reduce and reform hospital waiting lists and waiting times. The WLAP approach also looks to progress and embed technological and digital processes to support the whole of-system reform required to improve access to scheduled care.

Significant progress has been made through the WLAP approach in terms of managing waiting list volumes and in terms of improving waiting times in our hospitals, particularly for those waiting longest. These reductions demonstrate sustained progress towards the ultimate goal of achieving the Sláintecare maximum waiting times, e.g. 10 weeks for outpatients, 12 weeks for inpatients and day cases.

The Department is finalising the 2025 WLAP with the HSE and the NTPF. This year's WLAP will encompass a narrow set of actions that will positively impact hospital waiting lists, in particular in terms of reducing waiting times. The overall targets for the WLAP across outpatients (OPD), inpatient and day case (IPDC) and gastro-intestinal (GI) Scopes, will focus on progress towards the Sláintecare waiting times, continued reduction of the weighted average waiting times, and further reductions in the longest waiters (i.e. patients waiting more than 12 months). It is intended that this national plan, will be underpinned by separate regional action plans in 2025. This new approach for 2025, facilitates a more high-level national plan and allows the HSE REOs some flexibility in

terms of the specific actions they prioritise, with the aim of achieving the overarching national targets set out above.

2. Children's Hospital Programme

Ensuring the ongoing implementation of the Paediatric Model of Care is a very high priority for the Division. This model sets out to underpin the delivery of healthcare for children both in the present and into the future. The new children's hospital is a key enabler of this model, acting as the hub of the national network of paediatric services, with robust links to regional and local paediatric acute units. To deliver this enabler, in parallel to the capital project, the Children's Hospital Programme (CHP) is the overall programme of work to ensure the integration and mobilisation of services to open of the new hospital. This Programme is led by Children's Health Ireland (CHI) and overseen by the HSE and the National Oversight Group. The Government approved budget for the CHP is €362m.

The work involved in opening the new hospital is complex and varied. It includes the

- integration of three hospitals and workforces,
- training of over 4,000 staff,
- build of a fully digital hospital system, which includes the EHR and extensive ICT,
- migration of patients, staff, and equipment into the new hospital, and
- decommissioning of existing hospital sites.

A major aspect is the onsite operational commissioning phase, which is expected to commence in 2025 following substantial completion of the building. With over 4,600 clinical spaces, this will be a complex phase. In preparation, CHI started the pre-commissioning phase in July 2023. Additionally, an expert external review of CHI's operational readiness to commission and commence operations at the new children's hospital was undertaken in April 2024, and the resulting recommendations are currently being implemented to reduce identified risks, with progress being monitored by the HSE and the National Oversight Group. In line with international best practice, CHI has advised that migration cannot be undertaken in winter due to clinical risks.

3. Reform of Pre-Hospital Emergency Care

The National Ambulance Service (NAS) are finalising a new Strategic Plan which will look to position the service to be able to meet health system wide challenges and enable delivery of other key national strategies such as the Trauma Strategy.

Demand for pre-hospital emergency care services continues to rise as a result of population growth, demographic changes and public expectations which is driving the need to reform the delivery and scope of pre-hospital emergency care services. This ambitious programme of reform has already commenced in the NAS under their previous strategy with a particular focus on improving access to care, developing specialist services and delivering a patient centred model of care.

To support continued reform of pre-hospital emergency care, a number of key areas will be delivered:

- Finalisation of the NAS Strategic Plan in 2025, including associated costings and implementation plan,
- Recruitment of additional staff (180 WTE) in line with Budget 2025 allocation (€8m, FYC €16m) to build frontline emergency and intermediate care capacity,
- Increased capacity in the National Emergency Operations Centre (NEOC) to support the triage and treatment of more patients,
- Expansion of the NAS suite of alternative care pathways including both the 'Hear & Treat' and 'See & Treat' pathways, to support services closer to home and reduce unnecessary conveyance to an ED.
- Further development of specialist services including the NAS critical care retrieval services.
- Engagement with the Pre-Hospital Emergency Care Council (the pre-hospital regulator) to support service delivery in line with the above reforms.

In addition, there will be an emphasis in 2025 on improving and increasing HSE aeromedical capacity, through enhanced agreements with key stakeholders such as the Irish Coast Guard, Dept of Defence and the delivery of an additional HSE Helicopter

Emergency Medical Service (HEMS). The overall delivery of the abovementioned reforms in 2025 will be overseen by the Division in collaboration with the NAS.

4. National Strategies & Associated Strategic Developments

Development of, and investment in essential national strategies and associated strategic initiatives has provided the opportunity to deliver permanent improvements, and ensure that healthcare services are timely, responsive and patient-centred, in line with the programme of reform. It is a priority for the Division to continue to drive the implementation of these essential developments in 2025 and to work with the HSE to ensure appropriate oversight of related progress, performance and budgetary requirements. Key strategies and developments include:

- Continued progress in implementing **The National Cancer Strategy (2017–2026)**. The main goals of the Strategy are to reduce the cancer burden, provide optimal care, maximise patient involvement and quality of life and enable and assure change.
- Ongoing successful implementation of the **National Maternity Strategy (2016-2026)**, which aims to deliver safe, woman-centred maternity services to provide improved choice for women nationwide.
- Continued progress in implementing priority **gynaecology service developments**, e.g. additional ambulatory gynaecology clinics, the implementation of the National Framework for Endometriosis Care and ensuring the HSE's continued expansion of termination of pregnancy services across the maternity networks.
- Ongoing implementation of the **National Trauma Strategy (2018)**, which recommended the development of an inclusive trauma system, to co-ordinate and standardise the care of approximately 1,600 patients who suffer major trauma in Ireland each year.
- Development of Critical Care services under the **Strategic Plan for Critical Care (2020)**, which aims to increase capacity and ensure access to high quality facilities and services for patients.
- Reform of **Acute Paediatric Spinal Services** with several initiatives underway to increase capacity for spinal surgery, including the establishment of a dedicated

Paediatric Spinal Surgery Management Unit in Children's Health Ireland (CHI), initiatives to maximise capacity for complex procedures in CHI, international and national outsourcing arrangements, and increased outpatient activity.

- Development of our **Organ Donation & Transplantation** services through progressing the phased commencement of the Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024.

5. Development and Oversight of Acute Hospital Services

Acute Hospital Strategic reform, performance oversight, and internal and external collaboration and consultation will continue to be a priority for the Division in 2025. We will support the continued **strategic reforms** of Acute Hospital policy and services by leading the engagement with, and providing support to Departmental colleagues, to ensure that critical, large scale health reform programmes appropriately encompass acute hospital strategic policy input. This includes significant and ongoing engagement with DoH colleagues regarding the operationalisation of and transition to the Regional Health Areas; detailed interactions with the Sláintecare Programme Management Office in supporting their development of the Sláintecare Framework 2024-2027 and associated annual Action Plans, as well as participating on the Sláintecare Programme Board; and participation in key Capital Infrastructure initiatives such as the Working Group developing the Common Appraisal Framework, and the refresh of the Capacity Review. Ensuring strong **performance oversight** of key acute service performance indicators is also an ongoing high priority, progressed by working with colleagues in the Department and the HSE in line with the Performance Engagement Model. We will ensure that performance issues are escalated in a timely and appropriate manner through our continued day to day engagement with the HSE at operational and senior levels as well as through monthly performance oversight meetings. This includes working closely with colleagues in the Department and the HSE through the Productivity and Savings taskforce, the integrated financial management system, the National Service Planning process, the performance Engagement Framework and the Health Budget Oversight Group meetings to ensure appropriate oversight of acute finances.

We will continue to drive **North-South cooperation on acute hospital services**. As the development of new treatments and services becomes more complex and expensive,

there is an opportunity to deliver treatments more efficiently on an all-island basis. There have been good examples of joint service provision at the North West Cancer Centre and through the All-Island Congenital Heart Disease Network. The Division has fostered good links with counterparts in Northern Ireland and will continue to work with them on proposals for all-island and cross-border acute service provision.

Corporate Affairs Division – D/Sec Greg Dempsey

(a) Overview of responsibilities of the Division

The Corporate Affairs division is a relatively new division, with a substantially internal focus. It supports the Department's objective of being a high performing department by providing support and advice, overseeing our governance and risk frameworks, and co-ordinating input into whole of Government Strategies such as the successor LGBTI strategy, and the National Disability Strategy. It also incorporates the Department's Medico-Legal functions, and oversight of Ireland's Food and Environmental Health functions. It is comprised of eight units;

- **Clinical Indemnity Unit** is responsible for ongoing development of policy relating to clinical and health related general indemnity issues, including implementation of the recommendations of the Report of the Interdepartmental Working Group on Rising Cost of Health-Related Claims, and consideration of the coverage of the clinical indemnity scheme
- **Governance and Risk Unit** comprises Agency Governance, Risk and Innovation, Corporate Governance and oversight of HSE Corporate Governance. The unit facilitates the further development of the Department's expertise in, and approach to, these critical functions, enabling provision of additional support, guidance and training to all colleagues in their roles.

The unit provides support and services to the divisions in the Department across a number of areas including implementation of the Department's Corporate Governance and Risk Frameworks, supporting oversight of the Department's 19 aegis bodies, effective oversight of HSE Corporate Governance and leading on the Department's approach to internal innovation and engagement with DPER on public service innovation.

- **The Data Protection Unit** supports our Data Protection Officer (DPO) role in fulfilling the responsibilities as set out in the GDPR. The tasks include providing information and advice on the obligations in the GDPR; raising awareness of data protection and training staff; monitoring data protection compliance and conducting audits; and acting as the point of contact with data subjects and Data Protection Commission.

- **Food and Environmental Health Unit** ensures, in conjunction with other Departments, agencies and Departmental units, that appropriate frameworks are in place to facilitate the protection of the health of the public from those environmental factors that can adversely affect human health.

This Unit also ensures that an appropriate legal framework, policies and relevant structures are in place to achieve the highest standards of food safety, including governance responsibilities for the Food Safety Authority of Ireland (FSAI) and the Food Safety Promotion Board (*'safefood'*).

It actively engages and contributes to EU food safety policy development and transposes relevant EU legislation into Irish law.

- **Corporate Services** oversee the provision of corporate services and facilities management services to all Units and staff in Miesian Plaza, ensuring the continuation of critical services within the building to support the business needs of the Department. As the lead tenant in Block 1, Miesian Plaza, the Department is responsible for facilities management and health & safety issues for all tenants.

The Unit, through our **Internal Procurement Advice function**, provides oversight and advice to all staff on department procurement

The Information and Communications Technology function provides and supports a modern, centralised, standardised, and rationalised ICT infrastructure to support improved business systems, ensuring its ability to effectively deliver on its business requirements.

The Department continues to work closely with the National Cyber Security Centre, other public service bodies and our security partners in maintaining and strengthening our cyber security posture.

- **Corporate Legislation Unit** oversees, monitors and reports (to the Minister, Chief Whip and Management Board) on the department's legislative programme. It has also developed and maintains a "legislative resource hub" for all staff to ensure high quality and efficient development of legislation.

The Unit also leads on the Department's engagement with the development of a successor LGBTI+ strategy (led by DCEDIY) and engages with the HSE in the development of a model of care and implementation plan for gender healthcare.

CLU is responsible for the establishment of a non-statutory inquiry into the use of sodium valproate in women of child-bearing potential including creating a 'lessons learned' document which will feed into the development of a departmental framework for inquiries.

The Unit has developed a framework for a vaccine damage scheme and will lead on its establishment if approved by Government.

- **Legal Unit** provides independent legal advice to the Ministers and Department officials on legal issues arising in the course of developing and monitoring policy and a template request for advice form is available to make this process more efficient. The Unit also provides a programme of talks throughout the year on useful legal topics to officials to assist them in their daily work and further provides an important monthly channel of communication with the HSE on substantial HSE legal issues under the Legal Protocol, agreed between the Department and HSE. The Unit also processes all statutory instruments made by the Minister each year under the Statutory Instruments Act 1947.
- **Internal Audit Unit** provides independent, objective assurance to the Secretary General and Audit Committee specific to the effectiveness of the Department's Governance, Risk Management, and Internal Control Frameworks in alignment with DPER's 'Internal Audit Standards for Government Departments and Offices 2018,' and the Chartered Institute of Internal Auditor's International Professional Practice Framework, (IPPF).

(b) 5 priorities for 2025

1. Strategic progression of the Department's Folic Acid Strategy to reduce the incidence of Neural Tube Defects (NTDs).
2. To reduce the incidence of skin cancer by preventing exposure to UV from sunbeds, through the development of policy options.

3. Progress on implementation of the recommendations of the Report of the Interdepartmental Working Group on Rising Cost of Health-Related Claims, with an Implementation Plan to be brought to Government by end Q1 2025
4. Improve our cyber security posture, including full engagement with obligations under NIS2
5. Secure Government approval for a vaccine damage scheme. If approved, this will have to be established in legislation, and operationalised. This will require detailed consideration to ensure that it is appropriately implemented.

Health Infrastructure Division – A/Sec Derek Tierney

(a) Overview of the responsibilities of the Division

The Health Infrastructure Division is responsible for developing a strategic approach to the delivery of health infrastructure including ICT and digital health, implementing a robust system for the appraisal, scrutiny and challenge of infrastructure proposals and the associated capital expenditure in line with the public spending code, ensuring implementation of strong programme delivery systems to deliver the overall programme, forecasting and management of the capital funding allocated to the Health Capital programme under the multi annual NDP provision and the annual capital budget determined by Government. The Division also oversees the Sláintecare Programme Office. The Division is comprised of four units;

Major Capital Projects

- Provide sanctioning and Departmental oversight of the implementation of the Infrastructure Guidelines (IG)- which replaced the Public Spending Code for capital expenditure for all major capital health projects, i.e., those requiring capital infrastructural investment greater than €200m, across their IG life cycle. This includes engaging with Policy Divisions and the HSE including Department Irish Government Economic and Evaluation Service (IGEES).
- Oversight of the New Children's Hospital (NCH) capital project, including oversight and governance of the National Paediatric Hospital Development Board (NPHDB)

Capital Infrastructure Unit

- Securing multi annual National Development Plan (NDP) funding for the Health Infrastructure Programme and identification and application for other funding sources e.g. Exchequer windfall gains, EU funds, Climate funds.
- Oversight of development of the annual HSE Building & Equipment Capital Plan (a related document of the HSE National Service Plan) within available capital funding.

- Management and oversight of the Capital Vote and Capital Plan delivery in the year including on-going review, reporting and performance management of spend and deliverables versus plans through the year.
- Implementation of the Department's sectoral arrangements (the Common Appraisal Framework (CAF)) to give effect to DPENDRs Infrastructure Guideline requirements in the development and delivery of health infrastructure projects.

Digital Health

- Oversee the implementation, working closely with the HSE, of the Digital for Care Framework 2024-2030 that looks to harnesses the power of data, digital technology, future technologies and innovation, to widen access to health and social care services, provide improved, affordable and equitable care, better patient safety and boost productivity.

Sláintecare Programme Office/Ambulatory Elective Care Policy

- Developing policy and implementing a national strategy of elective ambulatory care – including developing new Elective Hospitals in Cork, Galway and Dublin and Surgical Hubs across the country working with the HSE and key stakeholders.
- Leading the Sláintecare Programme Office responsible for supporting the Sláintecare Programme Board and Sláintecare Programme/Project leads in driving the delivery of the vision outlined in the Sláintecare Report and Action Plan. This also includes managing the multi-annual Sláintecare Integration Innovation Funds working with Pobal and the HSE. This unit is also leading out on the Health Service Capacity Review 2040, being conducted by ESRI.

(b) 5 priorities for 2025

1. Major Capital Projects

- **New Children's Hospital (NCH):** Construction on the main site continued to advance in 2024, with the construction and equipping phase now over 94% complete against the contract value. The project is now in the construction completion, 'snagging' and finishing phase, with the installation of fixed medical

equipment and integrated building commissioning well underway. The focus of the National Paediatric Hospital Development Board (NPHDB) now is to ensure that the standards and finishes of over 5,500 rooms in the new hospital are to the highest international standards and that the contractor, BAM Ireland, remains on track against its programme to meet its projected substantial completion date of June 2025 (when the contractor will hand the site back to the NPHDB). The NPHDB is also engaging with the contractor, HSE and Children's Health Ireland (CHI) to secure additional early access for CHI of up to three months prior to substantial completion. Once substantial completion is achieved the hospital will be handed over to Children's Health Ireland for a post-substantial completion operational commissioning period of at least 6 months.

The total approved budget for the capital project, plus the Electronic Health Record (EHR) system, ICT infrastructure, integration of the three existing hospitals and operational commissioning and opening is now c.€2.24 billion. c.€1.88 billion of this is for the capital construction projects and c.€360m is for the integration and commissioning programme, and ICT/Electronic Health Record costs.

- **National Maternity Hospital (NMH):** In May 2022, Government approved the legal framework that underpinned the relocation of the National Maternity Hospital (NMH) from Holles Street to St Vincent's University Hospital at Elm Park. In July 2023, Cabinet approved the pre-tender business case, enabling the NMH project team to proceed to tender for the project. The tender process for the main hospital works began in September 2023 and, in April 2024, pre-qualified contractors were invited to submit tenders for the project. Following conclusion of the tender process in early 2025, the successful tenderers (main contractor and reserved specialists) will then enter a Pre-Contract Services Agreement process to secure an agreed detailed programme in advance of signing of contracts and commencement of the works. Government approval to award contracts will also be required. The advanced enabling works to enable the further decant of buildings on the footprint of the future NMH and improve the resilience of the wider Elm Park campus to accommodate the new hospital are ongoing in tandem with this procurement process. Both the tender process and advanced enabling works are programmed to complete in mid-2025. Subject to Government

approval, construction on the main hospital building will then commence in Q4 2025.

2. Capital Infrastructure Unit

- **Implement Strategic Capital Plans for Health Infrastructure Projects in conjunction with stakeholders including HSE.** Work is underway to ensure all infrastructure proposals align with The Strategic Health Investment Framework (SHIF), which was published by the Department in August 2024. SHIF is an overarching framework designed to guide infrastructural investments in the public healthcare sector. This evidence-informed, transparent framework aims to optimise healthcare infrastructure by aligning investments with national and sectoral policy objectives, ultimately enhancing the provision of healthcare services. It employs a four-option intervention hierarchy and is grounded in the principle of the Continuum of Care, aligning with the Sláintecare vision. SHIF is also supported through oversight of the efficient appraisal, planning and delivery of health capital projects in line with sectoral guidance for Infrastructural appraisal and delivery (the Common Appraisal Framework (CAF)), which will be live this year.
- **Securing and Managing funding for the delivery of Health Infrastructure Programme.** Short, Medium and Longer Strategic capital plans are used to inform bids for NDP and other available funding streams. The total health capital allocation is €1,460m for 2025. This comprises capital funding for the HSE Capital Plan for construction and equipping of public health facilities of €1,250m, €190m of funding is allocated to HSE ICT and eHealth and €20m is allocated across DOH/Smaller Agencies. In developing the annual HSE Capital Plan, prioritisation of funding is guided by national healthcare strategies, Government priorities and policy commitments. The first call on funding are contractual commitments, regulatory and patient safety requirements, Infrastructural Risk and Equipment Replacement Programme and Climate Action.

3. Digital Health

- **Patient App:** The initial release of the App will be the first step in enabling public patients to access their own health information online, with additional features and data offered through subsequent releases on the Apple App Store and Google Play Store. Digital versions of the medical card and GP visit card, as well as information about medications reimbursed by the state (PCRS for public patients), will form part of the first release of the app with functionality widening over 2025.
- **National Shared Care Record:** The National Shared Care Record will enable the health system to gather patient data from primary, community and acute settings and present it as one unified digital health record. Both patients and healthcare professionals will access this data via the Patient App and a Secure Clinical Portal, ensuring that everyone involved in a patient's care has access to the same information. The utility of the shared care record will be dictated by what data is available from existing systems. In many cases those systems will need to be updated or replaced to ensure consistency of data. Following completion of a tender, the selected platform will be designed, built and configured through 2025.
- **CHI Electronic Health Record:** There are two components: (a) deployment of the Electronic Health Record systems and (b) Delivery of ICT infrastructure. Both are progressing well. 2025 focus will be on delivering the last 25% of ICT infrastructure in preparation for CHI's commissioning of the site and during the commissioning phase. The EHR team have designed, built and will have configured the system to meet the needs of the service with a focus in 2025 on interfacing with lab analysers and other clinical equipment that can only be deployed during the commissioning phase.
- **IFMS:** The project is currently in the Implementation Group 2 and 3 Fit Validation Stage and is on track to complete deployment to all statutory sites in 2025.
- **RPA and AI:** Widening the use of robotic process automation (RPA) beyond the Saolta Group to the management of waiting lists and use of mobile SMS reminders to reduce DNA rates for outpatient hospital appointments. The HSE has established a Centre of Excellence (CoE) for AI and Automation across the organisation to concentrate capability & capacity in one place and deploy AI safely.

HIQA will develop a safe use and ethical framework for the use of AI with engagement across stakeholders while HSE has established a working group to develop an implementation framework for AI in public health system.

- **Virtual Wards (VW):** These are now live on two sites (Limerick and St Vincents), with regional expansion planned for 2025.
- **Cyber Resilience Programme:** The Department continues to engage with the HSE and wider stakeholders and work continues to build cyber-security and cyber-resilience across the health service following the criminally motivated ransomware attack in 2021. The Service remains ever vigilant to the threat of cyber-attack with the overall threat landscape for health services internationally is increasing year on year, with several high-level attacks in 2024 to other health services resulting in significant operational and financial impacts.
- **Digital Foundations and Enablers:** HSE will continue to invest to improve digital foundations/enablers through upgrades and expansion of core ICT infrastructure, networks, servers, cloud services, licensing and ICT service operations, compliance with regulations and implementation of data and digital standards. Given the scale of the health service and the IT operation that support it, this remains an important area for investment in 2025, but the focus for investment will be on technical infrastructure, standards and enablers that are directly aligned with delivering 'Digital for Care'.

5. Sláintecare Programme Management Office

- **Surgical Hubs & Electives:** Working with the HSE, progress the development of surgical hubs in Dublin (2), Cork, Limerick, Galway and Waterford, during course of 2024 to 2026. Working with the HSE, progress the development of elective treatment centres in Cork (St Stephen's), Galway (Merlin Park) and Dublin (Crumlin and Connolly) through design phase and Infrastructure Guidelines process.
- **Sláintecare/Universal Healthcare Reform:** Progress implementation of Sláintecare and universal healthcare and finalise a new multiannual implementation framework and 2025 Action Plan in line with agreed Programme for Government for consideration by the Cabinet Committee on Health.

- **2040 Demand & Capacity Review:** The Health Service Capacity Review of 2018 is now outdated, given changes to Ireland's health and demographic landscape as well as unforeseen investment and demand shocks (e.g. from Covid-19 and other macroeconomic impacts). The Department has tasked the ESRI with undertaking a new refreshed Capacity Review to project out to 2040, future demand and expenditure for (1) Public Acute Hospitals; (2) Primary & Community Care; (3) Older Persons services. This work will be completed in early 2025.

Office of the Chief Medical Officer – CMO Mary Horgan

(a) Overview of the responsibilities of the Division

The Office of the chief Medical Officer is responsible for the provision of strategic leadership and evidence-based analysis and expert medical advice to the Department, Government, broader health system and regulatory and professional bodies; developing policy and legislation across the domains of Public Health, Leading the response to Pandemics and Public Health Emergencies of International Concern, leading strategic Public Health Reform for the Irish Health System, leading the development and co-ordination of Healthy Ireland Policy. It is comprised of seven units;

- **Immunisation and Infectious Diseases Policy Unit**

The Immunisation and Infectious Diseases Policy Unit (IIDPU) is responsible for:

- the development of policy and oversight of national immunisation programmes
- dynamic policy responses to outbreaks of infectious diseases
- oversight and governance of the National Immunisation Advisory Committee (NIAC)
- providing support to the interdepartmental One Health Oversight Committee.

- **Health and Wellbeing (Healthy Ireland) Unit**

The Health and Wellbeing Unit is responsible for:

- obesity and nutrition policy
- development and management of Healthy Communities and Healthy Cities and Counties programmes
- healthy settings and mental health promotion
- physical activity policy
- climate change policy (as it relates to Health)
- skin cancer prevention policy
- health promotion communications
- sexual and menstrual health

- health promotion surveys and research.

- **Rare Disease and Rehabilitation Policy Unit**

Rare Disease and Rehabilitation Policy Unit is responsible for:

- Supporting the National Rare Disease Steering Group to deliver an updated National Rare Disease Strategy and pending approval of the strategy the unit will assume responsibility for oversight of its implementation
- Oversight of rare disease policy and primary liaison with the National Rare disease office
- The scoping and development of a new Rehabilitation strategy/action plan
- Long COVID-19 policy operationalised and under the remit of HSE
- Development of a policy position with respect to Lung fibrosis
- Supporting the work of two work streams under the pharmacy taskforce implementation oversight group relating to the development of clinical protocols for a “pharmacy common conditions services” and the prescription of contraception.
- Representing the office of the CMO on the HSE Public Health Strategy Development Oversight group

- **Health Security Unit**

Health Security Unit is responsible for all aspects of pandemic/health emergency planning and preparedness. Pandemic preparedness is one of the five pillars in the Department's Statement of Strategy and aims to build on the lessons learned from the COVID-19 pandemic to ensure that Ireland is better prepared to manage any future serious health threat including a pandemic. This includes:

- Development and oversight of pandemic and emerging health threats planning and preparedness for the Department of Health and the HSE. This includes developing new governance arrangements for high level management of a serious health threat in the Department of Health and associated structures for whole of

government collaboration, decision making and coordination of national response activities.

- Development of a strategy for stockpiling of medical countermeasures and relevant medical devices/equipment for use in a health crisis.
- Transposition of the International Health Regulations (2005) via primary legislation as a result of amendments adopted at the World Health Assembly 2024.
- National IHR Authority to oversee the implementation of the IHR nationally.
- Negotiation of a new Pandemic Agreement at WHO which will be a legally binding international agreement.
- WHO matters in relation to pandemic prevention, preparedness and response.
- Management of the Department's engagement with the Office of Emergency Planning through the Government Task Force and related sub-groups and responsibility for the department's contribution to the implementation of the EU Critical Entities Resilience Directive and the development of a National Resilience Strategy, focused for health security on pandemic and AMR resilience.
- Medical evacuations via the central Union Civil Protection Mechanism including contract management for accommodation and associated services provided by the Irish Red Cross.
- Management of international engagement for the CMO Division including DG HERA, DG SANTE – Health Security Committee and North-South engagement.
- Health sector input to certain groups/committees led by other government departments including the National Air Transport Facilitation Committee and the International Civil Aviation Organisation (Department of Transport); The National Steering Group for Major Emergency Management (Department of Housing, Local Government and Heritage); and The International Atomic Energy Association (Department of Environment, Climate and Communications).

- **Bioethics Unit**

The Bioethics Unit (in effect the AHR and Termination of Pregnancy Policy and Legislative Unit) is responsible for:

- Overseeing the development of policy and drafting legislation on Assisted Human Reproduction including progressing the establishment of the Assisted Human Reproduction Regulatory Authority
- Oversight and engagement with the HSE on the Model of Care for Fertility /Public funding of AHR Treatment
- Policy and legislative responsibility for Parts 2 & 3 of the Children and Family Relationships Act 2015 (Donor-Assisted Human Reproduction);
- Policy and legislation on termination of pregnancy including issues arising from the Review of the Health (Regulation of Termination of Pregnancy) Act and safe access to termination of pregnancy services legislation
- Assisted Decision-Making (Capacity) Act 2015 Part 8 only – Advance Healthcare Directives.

- **Public Health Policy Unit**

Public Health Policy Unit is responsible for:

- Providing secretarial support to the Online Health Taskforce
- Managing the Department's responsibilities concerning litigation relating to COVID-19 vaccinations.
- Engaging with the HSE's Clinical Lead for Laboratory Services Reform Programme regarding the future direction of the National Virus Reference Laboratory (NVRL).
- Overseeing the final stage of implementation of HSE's Public Health Consultant in Public Health Medicine and Public Health Workforce Programme.

- **Tobacco and Alcohol Control Unit**

The Tobacco and Alcohol Control Unit is responsible for:

- Developing tobacco control law
- Tobacco control policy
- Developing alcohol control law and related guidance
- Managing the response to legal challenges to COVID-19 law.

(b) 5 priorities for 2025

1. Health Protection and Prevention priorities:

- Pandemic and emerging health threats preparedness. Development of new governance procedures in the Department of Health for a future serious health threat to include cross government collaboration and coordination of response actions.
- Development of a national strategy for stockpiling of crisis related medical countermeasures, devices and equipment to supplement normal day-to-day supplies in the early stages of a serious health threat.
- Oversight of the HSE's Pandemic Plan to include participation in relevant preparedness exercises to test preparedness capability and response.
- The Office of the CMO has commenced work on the scoping of a Strategy/Action Plan in the domain of Prevention and has determined that Rehabilitation will be the area of focus of this work. This work is on foot of a commitment in the Department of Health Statement of Strategy to develop a Prevention Strategy for Ireland. The Programme for Government will inform a new Statement of Strategy and contains a commitment to develop a National Rehabilitation Strategy.

The proposed Strategy/Action Plan will build on the progress made since the introduction of the Healthy Ireland initiative in respect of primary prevention and health promotion and enable Ireland to adopt a more comprehensive approach to prevention. Demographic changes including an ageing and growing population have placed increased demands on healthcare and this is projected to increase further in the coming years. It is therefore necessary for Ireland to expand its efforts with regard to preventative medicine, with a greater focus required on stabilising, managing and improving symptoms for those already living with a chronic condition. reversing disease progression. The development of a National Rehabilitation Strategy or Action Plan will enable Ireland to adopt a more comprehensive approach to prevention.

Enhancement of rehabilitation services has the potential to generate significant cost benefits for both the individual and society. Rehabilitation enables individuals to remain in or return to employment and continue to live independently at home,

thereby minimising the need for caregiver or social welfare supports. It can reduce pressure on the healthcare system by reducing the need for hospitalisation and shortening stay and preventing re-admission when it is required.

It is envisaged that a Clinical Steering Group chaired by the Chief Medical Officer or a Deputy Chief Medical Officer and comprised of senior clinicians currently working in rehabilitation services is established to define the parameters of the work and progress towards implementation. It is anticipated that the outputs will be finalised and submitted to Government 12 to 18 months from commencement.

2. Continue to build the Office of the CMO with diversity in medical skill set to support a broader medical advisory function in the Department.

- Appointment of new DCMOs to commence in early 2025.
- Development of a training program for senior medical postgraduate trainees with commencement of the program in July 2025 with yearly intake of 2 trainees by competitive process to help sustain pipeline of clinicians with skillset in leadership and policy development for the Irish healthcare system.

3. Health Promotion and prevention related priorities:

- Development of new Healthy Ireland Strategic Action Plan for launch in 2026. In addition, under the Healthy Ireland framework, a new national tobacco control policy will be developed. The current policy, Tobacco Free Ireland, expires in 2025.
- Development of new Obesity Policy and Action Plan for launch in 2026
- Expansion of Healthy Communities Programme to include an additional 4 sites.
- To support the Online Health Taskforce towards ensuring its final report is submitted by the September 2025 deadline. The Taskforce has been set up in recognition of a growing body of evidence, from Ireland and internationally, showing the link between online activity and physical and mental health harms, including anxiety, sleep deprivation, eating disorders, self-harm, and suicide ideation. It has been asked to develop a strategic public health response to the range of harms caused to children and young people and bring forward recommendations. These recommendations may

include, but are not limited to, legislation, regulation, national guidelines, education, awareness campaigns, as well as additional health and social care supports.

- Ongoing immunisation policy development - The National Immunisation Programme aims to prevent diseases in individuals and groups and reduce mortality and morbidity from vaccine preventable diseases. The programme continues to be amended, based on advice for the National Immunisation Advisory Committee (NIAC), to keep up to date with changes in patterns of disease. The potential inclusion of an enhanced flu vaccine for those aged 65 and older in the National Immunisation Programme will be considered.

4. Health Service-related priorities:

- Completion and launch of the new National Rare Disease Strategy. The new National Rare Disease Strategy is nearing finalization and is expected to be launched in Q1 2025. This Strategy has allowed us to consider areas of the previous Plan (National Rare Disease Plan 2014-2018) that need to be further progressed, while also looking to the future and the needs of those patients and families living with a rare disease diagnosis. The vision of this Strategy is to ensure that “all people living with a rare disease, and their families, have access to equitable, inclusive and cross-sectoral care throughout their life journey that will enable them to reach their full potential and to live their best lives”. Good implementation of this Strategy will be paramount to delivering real change for the estimated 300,000 people living with a rare disease in Ireland, and their families. An Implementation Plan, setting out the resources and investment required to deliver on the Strategy’s recommendations, will be developed following the Strategy’s launch. Implementation will be led by the HSE with strong policy oversight by the Department of Health.

5. Progressing the legislative agenda/priorities and working with International Unit preparing for EU presidency.

- Domestic legislation to be progressed in the coming year includes the Public Health (Nicotine Inhaling Products) Bill, which will be drafted and submitted for assessment at EU level by year end; the Health (Assisted Human Reproduction)

(Amendment) Bill, with consequential amendments to the Children and Family Relationships Act 2015, the drafting of which is ongoing currently; as well as any other legislation relevant to the Division which may be required on foot of commitments contained within the forthcoming new Programme for Government.

Office of the Chief Nursing Officer – A/Sec Rachel Kenna

(a) Overview of the responsibilities of the Division

The primary focus across the CNO Division is to enable and ensure efficient, safe, high quality and innovative healthcare. The division comprises of 6 units;

- **Nursing and Midwifery policy unit (NMPU)** leads the development and implementation of nursing and midwifery policy to meet current and future patient need. Governance oversight of the NMBI is also part of the remit of this unit.
- **Professional Regulation Unit (PRU)** leads the development of regulatory policy and preparation of regulatory legislation for certain health professions. PRU also carries out a vetting role relating to the recognition of some professional qualifications and also provides governance oversight of CORU and the Medical Council.
- **The Population Health Screening Unit** provides policy leadership for new, and changes to existing, organised population-based screening programmes. It also provides oversight of National Screening Service (NSS), Newborn Screening Programmes and the National Screening Advisory Committee (NSAC). In addition, this unit supports Cardiac, Stroke and Neurology policy.
- **The National Patient Safety Office (NPSO)** provides for national patient safety policy and legislation, identification of patient safety priorities and initiatives and acts as a liaison with the HSE in relation to patient safety incidents. The NPSO comprises of **four core workstreams**, patient safety legislation, patient safety policy, patient safety surveillance, IPC/AMR and clinical effectiveness and collectively is responsible for driving a programme of patient safety measures.
- **Strategic Workforce planning (SWFP)** leads on workforce planning and development across the entire health sector. Develops and supports implementation of integrated health workforce planning and workforce planning projection modelling to define health workforce planning needs. **Workforce reform unit** provides leadership, policy development and preparation of legislation for new ways of working, new healthcare roles and expansion of existing roles to meet increasingly complex demands.

- The Chief Nursing Officer is also responsible for providing expert nursing and midwifery professional advice to the Department, Government, and broader health system.

(b) 5 priorities for 2025

1. Continue to enable safe and innovative care by;

Progressing the implementation and development of the Framework for Safe Nurse Staffing and Skill Mix. The Framework for Safe Nurse Staffing and Skill Mix is an evidence-based approach to determine safe staffing and skill mix for nursing based on patient need.

- Review and evaluate implementation of Phase 1 and 2 of the Framework and set out the steps to monitor compliance with Phase 1 and 2 of the Framework up to and including regulation as appropriate.
- Complete the development of Phase 3(i) and (ii) of the Framework for community care areas, and,

Support scaling up virtual care options, virtual care pathways currently include several different approaches to care delivery: acute and community virtual wards and local technology enabled care initiatives. Priorities are

- To establish an appropriate oversight structure to monitor and progress virtual care nationally
- Optimise the expansion of current virtual care and identify new ways of working with technology to support care in line with patient need and maximise productivity.

2. Maximise preventative health through population health screening and cardiovascular policy

- Develop a National Cardiovascular Policy Suite (including new Cardiac Strategy and continued implementation of National Stroke Strategy);
- Enhance National Screening programmes through improved governance, innovation in service delivery, increased productivity, and maximised resource utilisation.

3. Continue to develop and build patient safety infrastructure through policy, legislation and regulation

- Progress Patient Safety legislative agenda, including progression of the Licensing Bill and implementation of the Patient Safety Act 2023
- Implementation of the National Open Disclosure Framework
- Develop a new National Action Plan on Antimicrobial Resistance
- Progress the development of a national complaints and patient safety incidents policy
- Progress the strategic expansion of HIQA's regulatory role and functions
- The Chair of the Paediatric Spinal Taskforce will steer the work of the Taskforce to conclusion in 2025.

4. To develop and support delivering a sustainable health workforce in line with patient and service need

Strategic Workforce Planning Unit

- Increase health and social care training places, informed by evidence-based workforce planning projections.
- Plan for enhanced career pathways and training and development to support retention of health care workers

Workforce Reform Policy Unit

- Complete the legislative amendment required for designation of appropriately trained physiotherapists to refer for medical radiological procedures.
- support continued growth of Advanced Practice in nursing and midwifery and Health and Social Care Professionals.

5. Maximise public safety and continue to support professional practice through Professional Regulation policy and legislation

- Progress on professional regulation issues in the health sector, in particular a regulatory model for psychologists and regulation of counsellors and psychotherapists;
- Ensure robust governance oversight of the Medical Council and CORU and continue work with CORU to advance work on a new model of Sustainable Regulation for the organisation;
- Enact the Regulated Professions (Health and Social Care) (Amendment) Bill 2024, which amends a number of regulatory acts. The Bill's main aim is supporting the

robust regulation of enhanced and advanced practice and increased robustness and efficiency in some FtP processes.

Primary Care Oversight and Performance Division – A/Sec Niall Redmond

(a) Overview of the responsibilities of the Division

The Primary Care Oversight and Performance Division is responsible for developing and overseeing implementation of policy in relation to primary care nationally as part of an integrated model of care for the health service. The Division has remit for policy and legislation regarding the current eligibility framework (including medical cards) for the health service at national, and EU levels as well as for the development of forward-facing policy for the future eligibility framework. In the context of primary care services, this includes policy development (and as relevant legislation), oversight and reform in respect of key services, such as:

- Enhanced Community Care Programme.
- Chronic Disease Management Programme.
- Primary Care therapies such as Occupational Therapy, Speech and Language Therapy, Physiotherapy, Psychology and Dietetics.
- Community optical and audiology services.
- Primary Care Centres.
- General Practice services and the GMS Scheme.
- Expanded access to diagnostic services in the community.
- Oral health.
- Community pharmacy services and the wider role of pharmacists.
- Various community drugs and other reimbursement schemes (Drugs Payment Schemes, Aids and Appliances);
- The pricing and reimbursement of medicines including implementation of sectoral framework agreements and effective international collaboration on relevant issues;
- Pharmaceutical policy and legislation for medicines.
- Contractual terms for Health Service Contractors, including General Practitioners, Community Pharmacists, Dentists and Optometrists.

The Division oversees the performance management of the HSE across the various services outlined above and also has performance oversight and governance of three regulators:

- Pharmaceutical Society of Ireland (pharmacists and community pharmacies);
- Dental Council (Dentists)

- Health Products Regulatory (medicines and devices)

The work of the Division is led by 7 teams and the Chief Dental Officer.

1. Primary Care Policy Unit
2. GP Services and GMS Contracts Unit
3. Community Pharmacy, Optical and Aural Policy Unit
4. Oral Health Unit
5. Chief Dental Officer
6. Medicines, Controlled Drugs and Pharmacy Legislation Unit
7. Eligibility Policy Unit
8. Future Eligibility Unit

(b) 5 priorities for 2025

Primary Care Oversight and Performance Division has a number of objectives for delivery in 2025, including the following:

1. Further Progress Towards Universal Health Coverage

Current eligibility arrangements are provided for in the 1970 Health Act and subsequent legislation. These arrangements have developed over time and in an ad-hoc manner. The overarching eligibility framework has not been subject to a fundamental and holistic review to-date, as envisaged under Sláintecare. There is also a broader Government commitment to expand access to healthcare, following the significant delivery in recent years of eligibility measures to increase access and affordability of healthcare services. Additionally, there is variation of the application of existing eligibility and access criteria arrangements across the country

There are a number of priorities regarding eligibility in 2025 mostly focused on strategic reviews, but also on delivery of Budget 2025 measures. In respect of Budget 2025, a commitment was made to fund the product/medicine cost of Hormone Replacement Therapy (HRT) products prescribed to a woman to help manage any stage of menopause. This measure is for women who have been prescribed HRT by their healthcare provider and it applies to HRT products already covered by the HSE under relevant Community Drug Schemes such as the Drugs Payment Scheme and GMS. The measure was not intended to cover pharmacy or GP fees. ■■■

[REDACTED]

Following the last substantial GP Agreement in 2023, focus has been on the continued implementation of the GP Agreements from 2019 and 2023. The 2023 Agreement delivered expansion of eligibility for free GP Care to children aged 6 and 7 and those earning up to no more than the median household income –78,000 children aged 6 and 7 and a further 0.43m people under the income expansion are eligible for a GP Visit Card. It was agreed to prioritise the completion of **Strategic Review of General Practice**. This review is ongoing, examining issues affecting general practice across five thematic areas: GP Training; GP Capacity; eHealth Agenda; Out of Hours Services Reform and the Financial Support Model. The review stream on Out of Hours is nearing completion following extensive consultation with Out of Hours Co-ops in 2024. The outcome of the review will inform considerations for a new modern GP contract.

In 2024 an overarching **Strategic Review of Eligibility** commenced, with a view to establishing policy options. In 2025, the aim is to progress this Review with development of specific proposals in respect of eligibility to publicly funded health services and standardisation of access to primary care services. This will include finalisation of policy proposals from phase 1 of the strategic review regarding medical card administration, completion of a review of the provision of medical cards for persons who are terminally ill and progress a legal review of the existing eligibility framework. We will also complete a review of the Long-Term Illness Scheme.

2. Service Reform and Expansion

Across the diverse range of primary care services, there is an ongoing focus on the need to reform and expand services in the community to meet new and growing patient needs, demographic changes and to support the shift of care from hospitals.

In relation to Oral Health, aligned with the **National Oral Health Policy** a key focus will be the development of the model of service, clinical design and contractual enablers

to support the establishment of packages of care for 0–7-year-olds. Additionally, a review of the **Dental Treatment Services Scheme** (adult medical card holders) will commence. This process will require substantial engagement and negotiation with the representative body for dentists.

The final report of the Expert Taskforce to Support the Expansion of the Role of Pharmacy established to identify how to enable pharmacists to extend their role was published in August 2024. The Taskforce recommended the role of pharmacists should expand in a step wise manner, commencing with a **Common Conditions Service** (CCS) permitting pharmacists to treat patients and prescribe for 8 common conditions. An Implementation Oversight Group was established developing the enablers to implement the CCS in 2025 including all of the clinical and educational and training requirements as well as secondary legislation. [REDACTED]

[REDACTED]

[REDACTED]

A **Diabetes Policy and Services Review** is underway, led by a Steering Group (including representatives of the Department of Health, the HSE, and Diabetes Ireland) and supported by a larger Review Group (including healthcare and patient representatives). A draft Review Report is nearing completion, with the expectation that it will be available for submission to the Minister in the first half of 2025. The report will focus on ensuring that services are delivered consistently across the State as there are currently gaps and inconsistencies in what is available, and on ensuring that resources are properly identified and allocated.

The **National Hearing Care Plan Working Group** was established in 2024. The Group is considering the recommendations of the WHO World Report on Hearing in the development of a **National Hearing Care Plan** for Ireland. There is increasing demand on public audiology services and substantial growth in patient waiting times. There is a need to integrate services in respect of the provision of audiology and maximise the wider use of capacity, including non-HSE capacity. The Group will undertake a public

consultation and stakeholder submissions process. The Working Group aims to have a draft Plan for the Minister by August 2025.

3. Improve Access to Primary Care Services and Manage Waiting Lists

Waiting lists for the five core **Primary Care therapy services** have increased significantly.

- 205,000 (October 2024) people waiting to access assessment or treatment, of which 60,000 people are waiting over a year.
- 82,000 (August 2024) people under 18 years waiting to access assessment or treatment of which 28,000 are waiting over a year.

There are multiple factors impacting the continued increases in waiting lists, including increases in demand for children's therapy services due to the implementation of the National Policy on Access for Children with a Disability or Developmental Delay and associated increasing complexity of presentation in primary care services leading to longer interventions, coupled with shortages in therapists due to recruitment/retention challenges or maternity and sick leave which can have a significant and lasting impact on waiting lists in local areas .

The focus for 2025 is to drive the implementation of a **programmatic approach**, which has been developed jointly by the Department and the HSE, to support improvements in the consistency of patient experience regardless of location, as well as a greater understanding of the scale of demand, the drivers of demand and to allow for improved planning, interventions, investment considerations, enhanced productivity, and the most efficient use of capacity.

4. Improve Productivity and Sustainability

To maximise the budget, the Unit is progressing a package of work on the sustainability of this expenditure from a policy and performance oversight perspective. A **Department-HSE Medicines Sustainability Taskforce** is overseeing this work. Budget 2025 has provided that the first €30m of new savings will be reinvested to support access to new medicines, underling the importance of the Sustainability Agenda.

The **Enhanced Community Care (ECC) Programme** objective is to deliver increased levels of health care with service delivery reoriented towards general practice, primary care and community-based services. The focus is on implementing an end-to-end care pathway that will care for people at home and over time prevent referrals and admissions to acute hospitals.

It aims to provide 96 Community Health Network (CHNs) teams, 30 Community Specialist Teams (CSTs) for the Integrated Care Programme for Older People (ICPOP) and 30 CSTs for the Integrated Care Programme Chronic Disease (ICPCD). Approximately, 2,800 staff out of a target 3,500 have been onboarded. In the last two years the programme has been in a consolidation phase, which has resulted in some reduction in the total capacity.

However, between January and September 2024, CHNs saw 1.0m therapy patients; ICPOP CSTs had 0.1m patients contacts (+33.4%, Same Period (SP) 2023) and ICPCD teams had 0.256m patient contacts (+154% SP2023). The current focus is continued consolidation, improving productivity and activity as teams mature, and completing analysis to support further investment to progress towards the completion of recruitment into the programme as intended, subject to Budgetary process.

5. Implement Policy and Progress National Enablers

The **National Oral Health Policy** was approved by Government in 2019. Implementation, delayed by the pandemic, is now proceeding. It fundamentally aspires that people will have their own 'dental home' where they build a life-long relationship with a local dental practice of their choosing for continuity of care. It will replace the current service approach, based on the Dental Health Action Plan (1994), which was informed by data from the 1980s. While some implementation work has progressed in recent years, a more structured multi-year plan, as envisaged under the policy is required. In 2025 the development of an **Implementation Plan for Phase 1 of Reform 2025-2027** will be concluded and supporting delivery structures established. Additionally delivery of interim regulatory reform for Dentists, including mandatory Continuous Professional Development, through primary legislation is planned for 2025, along with commencing of new regulatory policy to underpin a new Dentists Act.

The majority of medicines used by public patients are supplied by community pharmacists who are reimbursed by the HSE. Pharmacy fees are a further demand on the health budget, expected to have reached over €500m in 2024. In 2025, the Department and HSE will engage in **a formal contractual and fee negotiation with the Irish Pharmacy Union**. A funding allocation was made in Budget 2025 to facilitate this process. Departmental policy is that any public investment in pharmacy services should address public healthcare needs, increase access to services, improve patient outcomes and provide value for money.

The State has entered into agreements, the **Framework Agreements for the Supply and Pricing of Medicines** (FASPM), with the pharmaceutical industry for decades. These Agreements provide stability to the medicines reimbursement market for the State and for Industry, providing certainty and stability to the supply and pricing of medicines. [REDACTED]

[REDACTED] **The next iterations of these Agreements will be negotiated in 2025**, representing a major programme of work.

There is significant ongoing development and negotiation on EU policy and legislation regarding pharmaceuticals. The Division is developing and delivering Irish policy input into major **EU policy and legislation**, particularly for medicines and medical devices. This includes negotiation of the revised **general pharmaceutical legislation** - which encompasses the regulation of the authorisation, manufacturing distribution, marketing, and monitoring of medicines. It is the first full revision of pharmaceutical legislation in over 20 years and is significant to all stakeholders in the medicines' ecosystem. The Commission's aim for the revision is to ensure access to affordable, available medicines, while maintaining the competitiveness of the EU pharma industry.

Medicine shortages are a feature of modern health systems and a global problem which is increasing nationally and internationally. Causes can include manufacturing issues, quality issues, unexpected increased demand, commercial reasons, and distribution issues, such as geopolitical uncertainties. In 2025 we will be progressing workstreams to enhance the security of medicines supply for the better management

of shortages including via Medicines Substitution Protocols (MSPs). A priority focus is ongoing engagement with stakeholders to enable the introduction of MSPs, and to **draft a Framework and an implementing regulation** for operationalising the protocols.

R&D and Health Analytics Division – A/Sec Muiris O’Connor

(a) Overview of the responsibilities of the Division

The work of this Division reflects the Department’s commitment to evidence-based approaches to policy and to the promotion of research and innovation in Irish health and social care.

We have responsibility for health research policy and for Government promotion and funding of this area. Health research is critical for the advancement of treatment in areas such as cancer care and in the use of new technologies such as genomics to diagnose rare diseases. Much of this work is done through the Health Research Board in partnership with universities and medical schools in Ireland and abroad.

We are responsible for improving the evidence-base for health policy and practice. The Division includes teams of CSO Statisticians, Health Economists and policy experts and we work with colleagues across the Department of Health to build capability for evidence-based approaches. You will see the outputs of our work in our Reports and in our Productivity dashboards. Overviews of these dashboards are available online and they will go live in 2025. (See <https://www.gov.ie/en/collection/e22bb-productivity-and-savings-taskforce-indicator-dashboards/>)

We are responsible for national health information policy and are working every day to ensure that all of us, as Irish citizens – and as EU citizens - can have access to our own digital health records. This is a very exciting area of work which involves new legislation and working with colleagues in the Health Infrastructure Division and with HSE on their Digital for Care Strategy.

Our responsibilities encompass All-island, EU and International engagement. We are committed to North-South cooperation in healthcare and we work with counterparts in Northern Ireland to progress these goals. Immediate priorities are to work with NI counterparts to refresh and update the work programme for North-South cooperation in health and social care. Areas of most interest include Cancer, Paediatrics, Digital Health, Genomics and Health Research.

The importance of the EU to Irish healthcare was seen clearly during the pandemic. The EU has ambitious plans to strengthen research and innovation across EU health systems and we

work to support our Health Minister in representing Ireland at the Council of European Health Ministers. Ireland will hold the Presidency in the second half of 2026. In order to ensure sufficient engagement from Ministers in other Member States with our Presidency, Ministers will need to prioritise attendance at Council meetings in the preceding Presidencies.

The Division is also responsible for key Sláintecare reforms with a particular focus now on the establishment of integrated management structures in the HSE and also on the improvement of Women's Health services. Our clear intention is to achieve better links across hospital and community-based services and to plan and deliver care on the basis of health needs in our population. We seek to promote health in all policies and to work across government to promote health and resilience.

All of our work in the Division – the analytics, the health information policy, the international engagement and the health service reforms – are motivated by our determination to improve health services so as to continue to improve the health and wellbeing of all people in Ireland.

(b) 5 Priorities for 2025

- 1. Enactment of the Health Information Bill** establishing a 'duty to share' in health information policy and providing a clear legal basis for electronic health records.
- 2. Completion of the implementation of integrated management structures in HSE,** consistent with the Health Regions Implementation Plan.
- 3. Provision of core investment in the future of healthcare with a focus on nationally coordinated approaches in the area of Clinical Trials and in Genetics and Genomics.**
- 4. Refreshment of the agenda for North-South Cooperation** in health alongside comprehensive preparations for our Presidency of the EU in 2026.
- 5. Oversight and effective implementation of the Women's Health Action Plan.**

In addition to leading on the priority areas outlined above, the Division's real added value and USP is in the partnerships we establish with other Divisions to progress cross-Departmental and Ministerial priorities, where our CSO and IGEES colleagues have developed and improved

the quality and the policy-relevance of our evidence base and support our responsibilities for policy development and for performance oversight.

Priority objectives summarised at unit level for 2025

Statistics and Analytics Unit

- Continue to work with the HSE to gain access to valuable datasets to inform policy and to assist in the development of a system-wide data strategy in the HSE
- Leverage the Health Information Bill and the EHDS to support the National Data Infrastructure and to promote statistical best practice

Policy, Strategy and Integration Unit

- To oversee the effective implementation of the Women's Health Action Plan 2024 - 2025
- To enhance policy capability in DoH through roll out of the new Civil Service Policy Guide and through the development of DoH tailored education and policy support resources.

North South, EU and International Unit

- Prepare for and support the DoH contribution to, and role in, Ireland's EU Presidency (July to December 2026).
- Refresh and strengthen bilateral engagement and cooperation with Northern Ireland and the rest of the UK.
- Ensure that DoH continues to fulfil its obligations to international treaties and multilateral fora.

Health Information Policy Unit

- Ready the landscape for EHDS implementation, through legislative measures including enactment of the Health Information Bill 2024, appointment of supervisory bodies, development of health data access services, enhancement of national data standards and stakeholder engagement.

Sláintecare Regions Unit

- To continue to implement and embed Health Regions and the associated governance changes in line with the Health Regions Implementation Plan.
- Finalise and approve a population-based approach to revenue expenditure.

Research Policy and Innovation

- Through the work of the National Clinical Trials Oversight Group, support the delivery of a nationally coordinated approach to the management of clinical trials, to increase the number of trials taking place and to improve patient access to clinical trials in providing better outcomes for patients into the future.
- Through partnering and collaborating with the NGGO, support the implementation of the National Strategy for Accelerating Genetic and Genomic Medicine, creating resilient and future-proof genetic and genomic medicine services in Ireland.

Strategic Research and Evaluation Unit

Research support for decision making. Underneath this we will likely be working in the following areas:

- Strategic Workforce Planning – projecting the supply and demand of healthcare staffing, updating the model and extending to include newly regulated professions.
- Capital Investment – advice on implementation of Strategic Healthcare Investment Framework and Common Appraisal Framework, technical review of Business Cases
- Eligibility – exploring the gap between uptake and eligibility
- Procurement – investigating the relationship between activity and non pay expenditure
- Older Persons – examination of the utility of interRAI data for policy and service planning
- Behavioural Science – uptake of Bowel Screening, reducing did not attends (DNAs), pandemic preparedness, national report under the WHO Action Framework

- [REDACTED]
- Health System Financing – Expenditure forecasting, implementation of Activity Based Funding, weighting of Population Based Funding model for social deprivation and rurality
- Productivity – avoidable hospitalisations, analysis of diagnostic utilisation, development and visualisation of productivity enabling key performance indicators.
- ESRI Research Programme – delivery of new Capacity Review for health
- OECD – strengthen the link between international best practice and policy in Ireland
- TILDA – strengthen the link between academic research and policy
- Evidence Synthesis Service – match research expertise to prioritised policy requirements.

Resources Division – A/Sec Louise McGirr

(a) Overview of responsibilities of the Division

The Resources Division is responsible for ensuring that resources (current expenditure and posts) are secured, allocated, managed and utilised efficiently and effectively across the health service in line with health policy priorities, leading in the development and implementation of Government policies on health expenditure, pay, employment levels, pensions and terms of employment in the public health service, including value for money and efficiency considerations. Also responsible for oversight and development of the Irish health insurance policy and regulatory framework. The Division is comprised of five units;

- **Finance Business Support**, undertakes monitoring and reporting to a range of stakeholders on the financial performance of the HSE, ensuring that funding requirements and financial risks for Vote 38 are identified and managed appropriately.
- **Central Finance and Accounts Unit** prepare the annual budget and forecast modelling processes with a special focus on payroll costs and staff numbers within the HSE. The Unit is responsible for communication of reporting and financial information with relevant stakeholders. The Unit also manages all Department receipts and payments, the preparation of the annual Appropriation Account and mitigates internal control risks.
- **Health Sector Employment & Industrial Relations Policy Unit** oversees the HSE Pay and Numbers strategy and performance; controls and sanctions senior appointments, implements Government policies on employment terms and conditions in the public health service and other DoH agencies; manages industrial relations; implements Public Services Agreements as they relate to the health service; develops and negotiates agreements on employment terms and conditions for staff in the health service.
- **Performance Management Unit (PMU)** coordinates DoH's input into the HSE's service planning processes i.e. National Service Plan, Corporate Plan (3-year cycle). PMU coordinates DoH's performance oversight of the HSE through a performance engagement model, which supports a structured strategic dialogue between DoH/HSE, with a view to improving performance in line with NSP targets.

- **Private Health Insurance Unit** has responsibility for private health insurance policy, including community rating and carrying out all tasks relating to the governance of both the HIA and VHI.

(b) 5 priorities for 2025

1. Financial and staffing performance in the HSE in 2025

- Substantial progress was made in 2024 on improving funding and financial governance. During 2024, MoH, CEO HSE, and MPENDR have reached an agreement until end 2025 on Health Expenditure.
- This includes €25.8 billion health budget for 2025 comprising:
 - €24.3 billion current expenditure
 - €1.5 billion capital expenditure
- This budget for 2025 will deliver more than 3,300 additional staff in our health and social care services, 335 additional hospital beds, expand services and continue the reductions in waiting lists and trolley numbers.
- Looking to 2025, a key priority is staying within budget and not having a supplementary estimate. Measures in place to achieve this include:
 - Financial/expenditure limits and WTE controls are in place for 2025 in all regions and sites and are a key part of the new performance management model in the HSE.
 - Non-pay savings targets and agency savings are set out in the Taskforce for Savings and Productivity. This will be challenging as HSE have not made sufficient savings in this area in 2024. In addition, it is against a background of increased demand across all services in the health sector.
 - A subgroup of the Board of the HSE has been established to work with senior HSE officials in driving savings.
- The recruitment ceiling for December 2025 is 133,303 WTE leaving considerable headroom for recruitment, including new developments. The HSE faces challenges in recruiting in certain sectors, particularly community and mental health services, notwithstanding record growth in the workforce in the last 4 years.
- Both Pay and non – pay expenditure will need to be carefully managed in 2025.

2. Focus on Productivity and Savings in 2025

- The Productivity and Savings Taskforce was established in early 2024, jointly chaired by the Secretary General of the Department of Health and the CEO of the HSE.
- The aim of the Taskforce is to ensure that we maximise the use of Health funding by identifying savings and opportunities to improve productivity across the health service.
- The Taskforce progressed several important actions to deliver savings and improve productivity in 2024, including:
 - Publication of OPD Productivity data for hospitals through the Health Performance and Visualisation Platform (HPVP), allowing comparison between individual sites and specialisms.
 - Agreement on a new performance management framework for consultants, with leadership from the new Regional Clinical Directors, including benchmarked standards of productivity.
 - Agreement on key benchmarks for the full rollout of Activity Based Funding, including reductions to transition payments.
 - Introduction of the Virtual Care Seedlings Projects programme, encompassing 19 telehealth projects. These projects include remote health monitoring in respiratory and cardiology pathways, remote rehabilitation for stroke, cancer and physio patients, wireless monitoring for low acuity ED Patients, and community virtual care for COPD and Older Persons services (ICPOP).
 - Launch of two 25-bed Acute Virtual Wards at UHL and St. Vincent's, resulting in significant hospital beds days saved. It is planned to scale up to 4 additional sites in 2025 to ensure a virtual ward in each Health Region.
- The Taskforce areas of focus for 2025 includes:
 - Improving productivity in key service areas for the public including:

- Further progress on OPD productivity to achieve a maximum wait time of 10 weeks for first OPD appointment (95%+ compliance per Sláintecare waiting list target);
- Examination of specific measures to improve ED productivity, inpatient productivity, theatre utilisation and ECC utilisation.
- Full deployment of healthcare analytics solutions, including HPVP, to support performance management and improvements in Waiting Lists and Urgent Emergency Care (UEC).
- Fully maximising the public only consultant contract, including, work plans and rostering.
- Extending the working day/week across the HSE to improve access to services for the public.
- Implementing digital solutions and automation to reduce of manual processes, duplication, waste and lower value tasks. These measures include the rollout of the Patient Health App, rollout of the national laboratory system including automated GP referrals, increased use of eReferrals, and further exploration of the potential uses of Artificial Intelligence (AI) tools.
- The National Service Plan (NSP) reflects this focus on productivity throughout. In particular it refers to:
 - standardisation and the elimination of any unnecessary variation, duplication and waste,
 - supporting HSE staff to create and share new ideas to improve productivity,
 - rolling out a standardised framework for productivity including a productivity data strategy, and toolkit for implementation across Health Regions,
 - a dynamic reporting model to support the productivity framework which will measure progress against 2025 activity targets nationally, regionally and at site level.

3. [REDACTED]

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4. Redesigning the Department’s planning and performance oversight role to:

Our role in the planning and performance oversight of health services is a key task across all areas of the Department. The current model of performance oversight is being further developed and improved to:

- reflect the HSE’s new regional accountability structures;
- provide greater insight into Health sector performance through analytics;
- provide a performance framework that supports continuous improvement in the sector through peer comparison;
- develop a more strategic outcome-based approach to performance management

5. Private Health Insurance - EU approval for Risk Equalisation Scheme as State Aid.

- 47% of the population has private health insurance.

- A key pillar of the private health insurance market in Ireland is that everyone pays the same price for a particular policy – the price is not based on risk, unlike car and home insurance.
- Private health insurers receive compensation through the Risk Equalisation Scheme for covering older and sicker people at the same price as younger, healthier people.
- To fund the Scheme, stamp duty is charged on each policy.
- The Risk Equalisation Scheme is considered State Aid and has to be approved by the European Commission (EC).
- The deadline for the next approval is March 2027.
- The approval process involves intense work and engagement with the EC and other stakeholders, particularly the private health insurers, and public consultation. This work is essential to ensure that State Aid approval of the Risk Equalisation Scheme continues and everyone can continue to pay the same price for their particular health insurance policy.
- We will be seeking ministerial decisions at key points in the approval process over the next period.

Social Care, Mental Health, Drugs Policy and Unscheduled Care – A/Sec Siobhan McArdle

(a) Overview of responsibilities of the Division

The Social Care, Mental Health, Drugs Policy and Unscheduled Care Division is responsible for policy development and oversight of the provision of health and social care services for older people, palliative care, dementia care, mental health services, people who use drugs, inclusion health and access to urgent and emergency care. The Division consists of seven units with the following responsibilities;

- **Home Support / Older Persons Hub**
 - Coordination and delivery of certain functions across the Older Persons units and Social Care Projects, including: parliamentary / PQs, performance oversight and the Budget, Estimates and HSE National Service Plan processes.
 - Home support reform, including: legislation to regulate home support providers, delivery of private (including voluntary) sector recruitment and retention reforms, policy and oversight of standardised care needs assessment (interRIA) and development of the statutory scheme for home care.
- **Social Care Projects unit is responsible for:**
 - Developing adult safeguarding policy and legislation for the health and social care sector
 - Developing Protection of Liberty Safeguards legislation for people who lack decision-making capacity and are deprived of their liberty in health and social care facilities.
 - Progressing a range of quality and safety initiatives for nursing home care arising from the Nursing Homes Expert Panel report.
- **Older Persons Residential Care Unit is responsible for:**
 - Oversight and monitoring of the sustainability of the nursing home sector including performance, NHSS Act (Fair Deal) and NHSS funding of €1.5 billion.
 - Strategic capital planning for the delivery of additional public community bed capacity (long & short term), including oversight of capacity and staffing.

- Monitor sectoral compliance (HIQA Inspection Reports) for analysis & reform and to deliver €10m Schemes to support nursing homes with HIQA premises compliance.
- **Older Persons Strategy Unit is responsible for:**
 - Strategic planning for a future model of care for older people; family carers; people with dementia; and people near the end of their lives
 - Oversight of specialist palliative care services
 - Support the independent Commission on Care for Older People
 - Liaison and oversight of Age Friendly Ireland and the Healthy Age Friendly Homes Programme
 - National coordinator for the EU Council Recommendation on Access to Affordable, High-Quality Long-Term Care; and World Health Organization Engagement on Older Persons
 - Ireland representative and bureau member to the UNECE Standing Working Group on Ageing
- **Unscheduled Care Performance unit is responsible for:**
 - Performance improvement and oversight of the HSE in relation to unscheduled care in Acute Hospitals including Emergency Department performance and Injury Unit performance
 - Development, implementation, oversight and review of initiatives to improve access to Emergency Departments and Injury Units including Urgent and Emergency Care Operational planning
- **Mental Health unit is responsible for:**
 - Development and implementation of mental health policies, including Ireland's national mental health policy *Sharing the Vision*, and the suicide reduction policy *Connecting for Life*
 - Progressing the reform of mental health legislation through the Mental Health Bill 2024
 - Strategic planning and performance oversight of mental health services, including associated collaborative working with stakeholders to drive improvements in access and services across adult services and child and adolescent mental health services (CAMHs)

- Continued enhancement of the Clinical programmes and specialist services to deliver quality mental health services and improve access, and associated strategic capital planning.
- Contribution to international mental health projects, including North-South collaboration, and EU/WHO mental health initiatives.
- **Drugs policy, refugee and inclusion health unit is responsible for**
 - Leading the health-led response to illicit drugs, including the provision and monitoring of drug services and funding, oversight of drug and alcohol task forces and international collaboration (BIC, EU, CoE and UN);
 - Coordinating the National Drugs Strategy with relevant stakeholders and preparing the government response to the recommendations of the Citizens Assembly on Drug Use;
 - Overseeing the provision of healthcare services for refugees as part of a whole-of-govt response to immigration;
 - Improving access to healthcare services and addressing the social determinants of health for people who are homeless, Travellers and other social excluded groups in conjunction with cross-departmental strategies.

(b) 5 priorities for 2025

1. **Develop and implement national policy implementation** plans to drive service reform, promote prevention and early intervention, improve service access and integration, and deliver improved health outcomes in the areas of Mental Health (*"Sharing the Vision"*), suicide reduction (*"Connecting for Life"* successor strategy), drugs policy (new National Drugs Strategy) and Palliative Care (Adult Palliative Care Policy, and a new Children's Palliative Care Policy).

- **Mental Health:**

- Support National Implementation Monitoring Committee (NIMC) for *Sharing the Vision* to ensure policy implementation targets are progressed and deadlines met in line with the second Implementation Plan, to be published in April 2025
- Continue the cross-sectoral approach to the implementation of *Connecting for Life* as the Department moves from the current suicide reduction strategy to the next.

2. Expand and integrate care in the community with a focus on enabling older people to live and age well in their communities, through the ongoing reform and expansion of home support, the strengthening and integration of pathways that optimise health and reduce hospital admission for people living at home and in residential care, and support of the work of the Commission on Care.

- Review the delivery of short stay care options in the community to ensure quality outcomes for residents. This includes analysis of policy, funding, procurement, governance, and oversight. Strategic planning for future capacity (Transitional Care, Intermediate care etc.) of short stay beds to ensure sufficient quality provision while considering the impact on long-term residential care.
- Achieve consensus on the approach to delivering the statutory scheme for home support. Design and commence an implementation programme for the delivery of the statutory scheme, including (a) delivery of primary legislation for the licensing and regulation of home support providers, (b) the continuation of the home support reform programme through the HSE that is aimed at delivering equitable access and allocation of home support through standardised care needs assessment, introduction of an ICT system and enhancement of the operating model, and (c) measures to attract and maximise the utilisation of the workforce.

3. Drive the delivery of a better UEC service for patients and their families, delivering a programme of reform and innovation.

- Working with the HSE, develop a UEC plan for 2025/26 that continues to respond to changing patient needs and emerging demands and challenges, delivers an ambitious programme of reform and innovation
- Continue to identify and champion on a national basis, those local initiatives and processes with proven efficacy.
- Provide effective governance and oversight of the implementation of the 2024/25 UEC plan initiatives and support systemic cultural change and to embed sustainable improvements.
- Develop and publish a national policy for Injury Units
- Finalise and publish the Age Friendly Health System Blueprint

4 Progress a rights-based approach to the delivery of health and social care by bringing forward a range of policy and legislative improvements including the first National Adult Safeguarding policy for the sector, the Protection of Liberty Safeguards legislation, and the enactment of the Mental Health Bill 2024.

- Ensure appropriate stakeholder groups are convened by the Department to support the commencement of the Mental Health Act, and to plan for future implications of the Act, including the regulation of community Child and Adolescent Mental Health Services, and regulation of wider community mental health services
- Finalise and publish national adult safeguarding policy for the sector, commence drafting of legislation to underpin policy, and work with HSE and other bodies to strengthen safeguarding services in line with the policy.
- Finalise broad policy parameters for Protection of Liberty Safeguards legislation and commence legislative drafting.

5. Ensure new technologies and digital health systems are developed to support modern, safe high- quality care in the areas of Mental Health, Palliative Care, Urgent and Emergency Care and Services for Older People.

- **Mental Health:**
 - Develop the Digital Mental Health Roadmap on behalf of, and with the collaboration of, the WHO
 - Oversee the introduction of electronic health records in CAMHs
- **Urgent and Emergency Care:** Maximise the use of current and emerging technologies to assist in ED avoidance and in hospital patient flow, eg:
 - Deliver a hospital wide Acute Hospital holistic patient flow model that maximises the use of current and emerging technologies.
 - Building on and expand models already in place eg. Virtual Wards, “Frailty Hotline” services for GPs and Nursing Homes, Cardiology virtual consultation services to help GPs.
 - Conclude work on the HIQA Health Technology Assessment (HTA) of providing an alternative telephone pathway for acute, non-urgent medical care needs in the pre-hospital setting.
 - Conduct a Cost/benefit analysis of ED automated medicine dispensing cabinets and provide a set of recommendations for inclusion in the UEC plan
- **Palliative Care:**
 - Develop a modern and standardised palliative care information and communications technologies (ICT) infrastructure that includes a Clinical Management System for Specialist Palliative Care.
- **Home Support:**
 - Extend and commence phased roll out of the pilot telehealth project for home support that utilising technology to support older people to live independently at home through smart devices, tablets and phone-based expert care.
 - Procure and prepare for implementation of the HSE ICT system for home support that will allow for effective and equitable planning of home support delivery, facilitate online application, and support compliance with imminent regulation.