Department of Health Statement of Strategy 2011-2014

An Roinn Sláinte
DEPARTMENT OF HEALTH

Tús Áite do Shábháilteacht Othar
Patient Safety First

Published by the Department of Health, March 2012

Published by:-
Department of Health
Hawkins House
Hawkins Street
Dublin 2

Phone: (01) 6354000
Fax: (01) 6354001
Email: info@health.gov.ie
Website: www.doh.ie
Customer Service Desk: (01) 6353000

Our Values

In carrying out our work, we pledge to adhere to the following core values:

- **Service and Professionalism** – We are conscious of our role as a public service organisation, of the particular importance of our role in working to improve the health and wellbeing of the population, and the need for us to operate to the highest standards of professionalism. This includes upholding the traditional values of the public service, such as honesty, impartiality and integrity.

- **Fairness and respect** – We recognise the importance of fairness and respect in our dealings with the wide variety of stakeholders involved in healthcare.

- **Openness and Consultation** – We are open to change and encourage and facilitate the open expression of views. We will try to ensure that the views of key stakeholders, and in particular the perspectives of patients and other service users, are at the heart of the decision making process.

Table of Contents

Foreword by the Minister

This Statement of Strategy charts a course for the Department of Health for the next three years, during which time Ireland's approach to the provision of health services will be radically reshaped.

The Government has been given an unprecedented mandate from the people to bring about transformational change to our health services, and the Programme for Government sets out our agenda of reforms.

Over the period covered by the Strategy, we will move towards a health system that provides access based on need rather than income, underpinned by a strengthened primary care sector, a restructured hospital sector and a more transparent 'money follows the patient' system of funding. This must be done against a backdrop of economic and fiscal conditions which are the most challenging in the history of the State.

Despite our problems, we are lucky in Ireland in having staff at all levels of our health system who are superbly trained, committed and creative, and who want nothing more than to give our people the health service that they need and deserve. The reforms that we will implement over the next three years are central to achieving this shared objective.

The two Ministers of State and I look forward to working with the Secretary General and staff of my Department to advance the Government's objectives.

Dr. James Reilly T.D.
Minister for Health

Introduction by the Secretary General

I am pleased to introduce the Department's Statement of Strategy 2011 to 2014 which has been prepared under the terms of the Public Service Management Act 1997.

The Programme for Government sets out an agenda of fundamental change for our health services. The Department of Health must lead the implementation of Government policy and, in the course of the coming years, must also remodel itself to meet the challenges inherent in these radical changes.

This Statement of Strategy outlines the high-level aims and objectives of the overall health system for the period 2011 to 2014. It also focuses on the functions and responsibilities of the Department itself in leading health service improvements and reforms in the coming years. Although it is a high-level document, the ultimate measure of its success is at the level of the experience of individual users of the health services and the health outcomes of the population.

In setting out strategic goals and programmes, the Statement of Strategy lays the foundation for performance-based Estimates of health expenditure over the coming three-year period. It is intended to inform the Health Service Executive's (HSE) Corporate Plan and similar three/five year plans prepared by other health agencies. These strategic goals and programmes will also be reflected in the annual output statements which are submitted to the Oireachtas each year for the relevant Votes, the Department's annual business plans, the HSE's annual national service plans and the annual business plans/output statements of other health agencies. In this way, progress against our strategic goals will be reported on at every level within the health system's accountability framework.

For the Department and our colleagues across the health sector, the period covered by this Strategy will be one of transformation and change and I have every confidence in their commitment and ability to deliver it.

Michael Scanlan

Michael Scanlan
Secretary General

Section 1

Introduction & Mission

The overall purpose of the health service is to improve the health and wellbeing of people in Ireland by:

- ✓ keeping people healthy
- ✓ providing the healthcare people need
- ✓ delivering high quality services
- ✓ getting best value from health system resources

The Programme for Government sets out an ambitious reform agenda which aims to improve the health system's ability to achieve this core purpose. It commits to developing a universal, single-tier health service which guarantees access to care based on need.

This Statement of Strategy sets out the Minister's overall aims for the health service over the next three years. A list of all Programme for Government Commitments which fall under the remit of the Minister for Health and his Department is set out at Appendix A.

Our Role and Main Functions

The role of the Department of Health is to provide strategic leadership for the health service and to ensure that Government policies for the sector are translated into actions and implemented effectively.

We support the Minister and Ministers of State in their implementation of Government policy, and in discharging their Government, Parliamentary and Departmental duties.

This role involves engaging with service users and other stakeholders, monitoring and evaluating the health service, and steering changes and improvements in the health service. In fulfilling this role over the coming three years, we will have particular regard to the key strategic goals set out in Section 2.

The various means by which we will deliver on our role are as follows:

Leadership and Communication

Health services are delivered within a complex system comprising users; multiple providers (public, voluntary and private) across a wide spectrum of individual locations and facilities; self-employed professionals (including individual GPs and community pharmacists); employees and their representative organisations; regulatory, representative and advocacy bodies; the Oireachtas and Government Ministers; the Department, HSE, the Health Information and Quality Authority (HIQA) and other health agencies as well as

other Government Departments and State agencies; and various international organisations.

The Programme for Government commits to a radical reshaping of the entire health service. Providing leadership in the period ahead will mean charting a route along a road of unprecedented change. The Department must engage effectively with stakeholders at all stages of the journey and seek to provide as much clarity as possible in terms of what is expected of everyone involved.

Governance and Political Accountability

The need for good governance and stronger accountability by the Department itself and by all health agencies will be of critical importance. The Department has a lead role to play in developing and implementing policy in this regard. It must also use its statutory powers as appropriate to ensure that various elements of the health and social care system operate to the highest standards and comply with all regulatory requirements, including in the areas of safety, professional regulation and tax law.

We also support the Minister and the Ministers of State in accounting to the Oireachtas and to the public. Meeting the political accountability of the Minister and the two Ministers of State to the Oireachtas constitutes one of the most significant areas of the Department's workload. This work will continue to absorb considerable staff resources and time. Here, as elsewhere, we must see if the way we manage parliamentary work can be improved.

Performance Evaluation and Information Management

Information is a key driver for improving the delivery of services. In the current economic climate, with reducing health resources, better analysis of performance information will be essential in achieving the most efficient use of these resources. The Department will work to ensure the development of electronic health information systems which deliver more integrated and more cost-effective patient care, as well as better performance management of the health system.

Policy Review and Development

Policy review and development is designed to support and drive ongoing improvements in the services provided to individual patients/users. Over the lifetime of this Statement of Strategy we will improve our capacity to develop evidence-based policy which takes greater account of the views of stakeholders. The inclusion of clear output and outcome targets for each new policy, along with an implementation plan, will become the norm. We will also strengthen the focus and quality of our value for money reviews. All of this will enhance our ability to deliver on the strategic goals outlined in Section 2.

Legislation

It is part of the Department's role to develop proposals for legislation to facilitate access to, and delivery of, the health services that people need and to safeguard the quality of those services. In recent years the Department has delivered an extensive legislative programme, including secondary legislation. It necessarily takes time to develop, draft and enact legislation. It

requires care and attention, and demands particular skills and experience. We have started to centralise our legislative work into a smaller number of dedicated units in order to make best use of our resources and expertise. However, the planned and potential programme of legislation over the next three years is very substantial and will require a more pro-active and robust approach to the prioritisation, planning and preparation of legislation. The details of the legislative programme for the Department are set out on a regular basis in the Government Legislation Programme published by the Chief Whip.

Cross-sectoral and International

The health and wellbeing of our population is shaped by our environment and by personal decisions such as smoking, alcohol and drug misuse, physical activity and healthy eating. Accordingly, the Department will engage with, and seek to influence, wider public policy and behaviour in order to deliver on the objective of keeping people healthy. It will also continue its cross-sectoral work in the areas of disability, mental health, older people and social inclusion and will forge appropriate cross-sectoral links with the new Department of Children and Youth Affairs, and will in all relevant contexts adhere to the principles of *Children First: National Guidelines for the Protection and Welfare of Children*.

We will continue to work with other Departments and agencies in areas of mutual interest and to support overall national economic and social development. This includes playing our part in working to ensure that Ireland meets its obligations under the European Union/International Monetary Fund (EU/IMF) agreement.

More generally, the Department will continue to represent Ireland's interests at international fora, including contributing to the formulation of policy, recommendations and guidelines to promote and protect public health and ensuring that Ireland discharges its obligations at EU and international level in health matters. In particular, this will include a significant role in relation to EU legislation and the transposition of EU Directives, particularly in the food and medicines areas. We will also plan for and deliver the health policy elements of Ireland's Presidency of the European Union in 2013.

The Department will continue to support co-operation with neighbouring jurisdictions through the North-South Ministerial Council and the British-Irish Council. Cooperative action will continue in a range of areas such as Emergency Department services, major emergency planning, radiation oncology services and health promotion.

Environmental Analysis

The Programme for Government commits to a fundamental reform and restructuring of the health service, the ultimate objective of which is to ensure equal access to healthcare based on need, not income. This objective will be achieved through a single-tier health service supported by Universal Health Insurance.

Over the lifetime of this Statement of Strategy, there is to be a significant strengthening of the primary care sector to ultimately deliver universal primary care with removal of cost as a barrier to access. In parallel, there is to be radical reform of the acute hospital sector through initiatives such as the Special Delivery Unit, the introduction of a 'money follows the patient' funding model and the creation of independent 'not for profit' hospital trusts. A Patient Safety Authority is to be established. Its functions are to include overseeing the transformation of publicly funded hospitals to independent trust status and safeguarding the quality of the entire health system. The HSE is to cease to exist over time and its functions are to transfer elsewhere as part of the move towards a system of Universal Health Insurance.

There are also to be important initiatives in private health insurance in order to prepare the system for Universal Health Insurance. These include the establishment of a new risk equalisation scheme, the restructuring of the private health insurance market, and implementation of changes to the VHI as a result of a recent judgment of the European Court of Justice on its status.

All of the above actions represent stepping stones on the path to Universal Health Insurance and each will play a role in improving our health service along the way. It will take time to implement these reforms. Significant work must be done to plan the pace and sequencing of the required changes, and to clarify the shape of the system that will result when the programme of change is delivered.

This reform programme must be progressed in what is economically and financially the most challenging period in the history of the State. Overall resources are falling: - total current expenditure for the public health service is being reduced by nearly €1.1 billion in nominal terms over the period 2011-2014 under the *National Recovery Plan*. However, in order to meet unavoidable pressures and Government commitments, in excess of €2 billion will have to be taken out of the health budget over the same period. The *Public Sector Reform Plan* provides for a total reduction of 23,500 by 2015 in the numbers employed across the public service compared to end 2010 and the health sector must make an appropriate contribution to this. Therefore, flexibility, new and creative ways of working, the elimination of waste, and optimal streamlining of our systems and processes will all be needed alongside the planned changes to the shape of our health system.

Other pressures also intensify the challenges facing us. We have an increasingly ageing population, with all that this implies in terms of health and social care needs and cost of provision. While new treatments and improved technologies offer better medical outcomes for many, they can also increase costs for the system. The characteristics of many modern lifestyles have implications for population health, and consequently for the levels of demands made on our health system.

Healthcare requirements will increase to unsustainable levels unless action is taken to address chronic diseases. A new model of care is being developed which provides structured and integrated care for patients with long-term

chronic conditions. Primary care needs to play a central role in this. Allied to this is the need for prevention and early intervention to promote health and reduce reliance on our hospital system. This will require the mobilisation of the many organisations and sectors that impact on health and wellbeing outcomes.

As a positive counterpoint to the above challenges, the last decade has witnessed major improvements in our nation's health. Life expectancy in Ireland (83.2 for women and 78.7 for men in 2010) and healthy life years (65.2 for women and 63.7 for men in 2009) show a strong upward trend over the period (see footnote 1). At a time when life expectancy has been increasing across the EU, Ireland has improved more rapidly than most other countries. Life expectancy is now above the EU average whereas it was a year below that average in 2000. The largest gains have been recorded for the older age groups reflecting decreased mortality and improved survival from the major causes of death such as circulatory system diseases and cancers. In the decade since 2001, age-standardised death rates from circulatory disease have reduced by 39%, for cancers by 15%, for injuries and poisoning by 25%; and the infant mortality rate is now a third lower than it was ten years ago. Furthermore, a recent working paper by the Organisation for Economic Co-operation and Development (OECD) on mortality amenable to health care (see footnote 2) found that Ireland had the highest average decline in amenable mortality of all OECD countries for both males and females over the decade 1997-2007 and is now below the OECD average on this measure.

1 Data on life expectancy and healthy life years are from the Eurostat database.

2 *Mortality Amenable to Health Care in 31 OECD Countries,* OECD Health Working Papers (31st January, 2011). Amenable mortality refers to premature deaths that should not occur in the presence of effective and timely care. In a country with a perfectly functioning healthcare system the amenable mortality would be zero. Low amenable mortality can be attributed to a healthcare system that is functioning well.

Section 2

Our Strategic Goals

This section describes what we want to achieve over the next three years, what we intend to do to make it happen, and how we will know whether and to what extent we have succeeded.

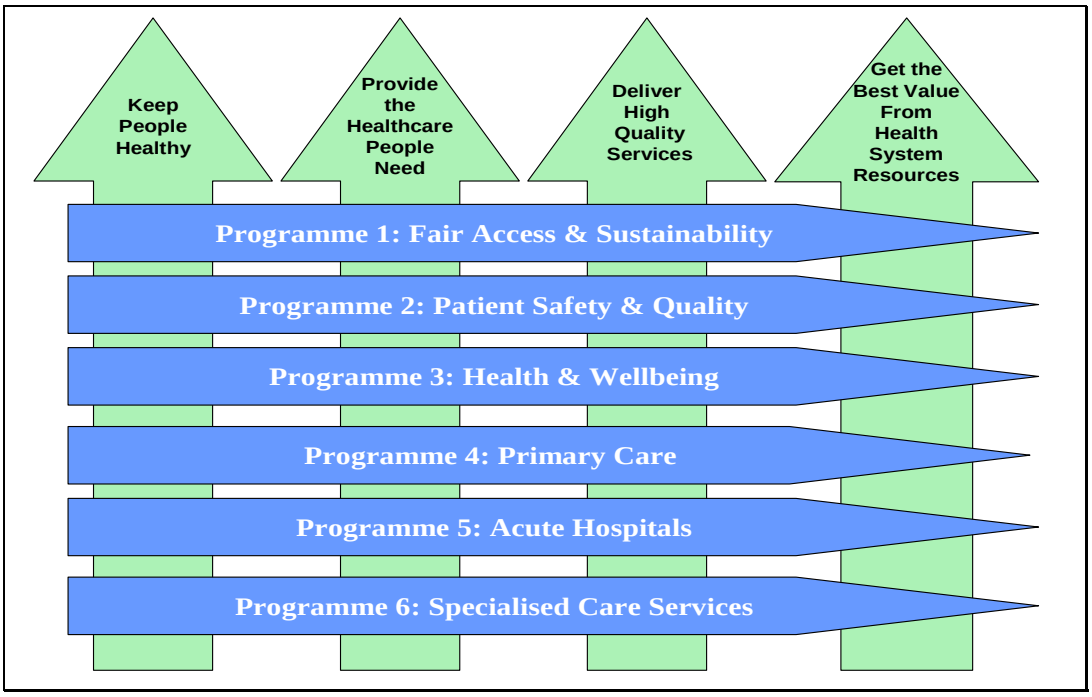
What we want to achieve: These are the high-level goals or objectives which the Department will work towards over the lifetime of the Statement of Strategy.

What we intend to do to make it happen: These are the outputs or actions which the Department commits to either delivering itself or working with others to deliver over the lifetime of the Statement of Strategy.

How we will know whether we have succeeded: These are outcome-focused measures (or 'proxy measures' designed to assess outcomes) which should tell us whether our actions are helping to achieve our high-level goals. As such, they are intended to reflect the final experience of the patient or service user in terms of better health, enhanced access, etc. By their nature, outcome or impact measures tend to be longer-term in nature and can be affected by factors outside of the health sector.

We have organised our goals and actions by strategic programme area. However, it should be emphasised that four elements underpin and inform all of the strategic programmes. This is represented in figure 1 below.

Figure 1: Strategic Programme Areas and Health Sector Objectives



For each strategic programme, we have identified a small number of indicators to measure our success.

The overall performance framework for the health system which was included in our previous Statement of Strategy is reproduced at Appendix B. This framework, and the performance indicators developed under the framework, will also be used to assess the health system's progress in relation to its core objectives and will be reported on annually.

Programme 1- Fair Access and Sustainability

What do we want to achieve?

To work towards the ultimate achievement of a universal, single-tier health service, supported by Universal Health Insurance (UHI), where access is based on need, not income.

What will we do?

- We will progress the Government's health reform programme in a coherent, 'whole system' way through the careful sequencing and alignment of a number of interrelated initiatives.
- We will establish an Implementation Group on Universal Health Insurance which will help to develop detailed and costed implementation plans for UHI and to drive implementation of various elements of the reform programme.
- We will develop and implement policy and legislative proposals to put in place new organisational structures and corporate governance arrangements for the health service reflecting the commitment of the Minister to abolish the Board structure of the HSE and to support the transition of the health system towards UHI.
- We will introduce programme-based budgeting in a manner consistent with the new organisational structures referred to above and as a basis for the subsequent development of 'money follows the patient' funding mechanisms.
- We will invest in health infrastructure to support health priorities as set out in the Programme for Government, including the delivery of more care in the community.
- We will drive performance improvement through developing national clinical programmes and clinical care pathways across the primary, community and hospital sectors.
- We will reform the existing private health insurance market through the establishment of a new risk equalisation scheme, the restructuring of the private health insurance market, and implementation of changes to

the VHI as a result of a recent judgment of the European Court of Justice on its status.

- We will introduce legislation enabling the use of unique patient identifiers and will drive the development of related electronic health information systems.
- We will drive reform, reconfiguration of services and efficiency improvements across the spectrum of health services in the context of the expenditure ceilings agreed as part of the *Comprehensive Review of Expenditure* and in accordance with the *Public Service Agreement*.

How will we measure success?

(i) Number of people with access to general practitioner (GP) care free at the point of use
(ii) Number and percentage of elective discharges from public hospitals who are public patients
(iii) Waiting times for public patients accessing acute hospital services
(iv) Fair and reasonable distribution of risk amongst private health insurers
(v) Status of VHI addressed
(vi) White Paper on Financing UHI published
(vii) Legislation enacted which provides a legal framework for health information
(viii) Delivery of savings measures, agreed as part of the *Comprehensive Review of Expenditure*

Programme 2 - Patient Safety and Quality

What do we want to achieve?

To provide leadership and stewardship of patient safety and quality for the entire health system in line with the vision and recommendations set out by the Commission on Patient Safety and Quality Assurance.

What will we do?

- We will support the Minister in his consideration of the Health Information and Quality Authority (HIQA) Standards for Safer, Better Healthcare which require his formal approval.
- We will develop legislation to provide for licensing of healthcare providers, public and private.
- We will support and drive the National Framework for Clinical Effectiveness.
- We will establish a new Patient Safety Authority, incorporating HIQA.

- We will continue to lead the change process and manage the coherent engagement of our agencies and all stakeholders under the banner of 'Patient Safety First'.
- We will continue to modernise the regulatory framework for health and social care professions.
- We will introduce a system of registration and inspection of residential services for people with disabilities and publish a regulatory policy framework for social care outlining what further actions will be taken to improve the quality of community based social care services.

How will we measure success?

(i) Hospital acquired bloodstream infection rates
(ii) In-hospital mortality within 30 days following Acute Myocardial Infarction (heart attack)
(iii) In-hospital mortality within 30 days following hip fracture surgery
(iv) Compliance with HIQA standards for residential facilities

Programme 3 - Health and Wellbeing

What do we want to achieve?

To help people live healthier and more fulfilling lives and to create social conditions that support good health, including good mental health, on equal terms, for the entire population.

What will we do?

- We will develop a policy framework setting out the Government's long-term vision for the future of public health, covering the period from 2012 to 2020. The framework will set out how the public health function will operate in the coming years and will be supported by an implementation plan with timelines and targets.
- We will improve the protection of public health by implementing a range of programmes in health promotion, health maintenance, immunisation against infectious diseases, water/air safety, screening and emergency planning.
- We will progress legislative, policy and other measures aimed at advancing the attainment of the goal of a Tobacco Free Society, including the publication of our Tobacco Policy Report and the introduction of graphic warnings on tobacco products.
- We will tackle alcohol and drug misuse through a range of measures, including the publication of a National Substance Misuse Strategy and the introduction of additional controls on use, import and export of benzodiazepines and so-called "legal highs".

- We will progress, via the Special Action Group on Obesity, a range of measures relating to diet and physical activity.
- We will promote legislation, policies and processes to achieve the highest standards of food safety.
- We will protect the health and safety of the public with regard to medicinal products, cosmetics and medical devices through an appropriate legal framework, policies and structures.
- We will transpose EU directives on Pharmacovigilance, Falsified Medicines and Patient Information into Irish law.
- We will develop and enhance preventative and early detection cancer services. This will involve phased implementation of a cervical cancer vaccination catch-up programme for all secondary school girls over the lifetime of this Strategy and the introduction of a national colorectal screening programme.
- We will develop services to reduce levels of suicide and deliberate self harm in line with *Reach Out: National Strategy for Action on Suicide Prevention*.
- We will publish a new Positive Ageing Strategy.

How will we measure success?

(i) Uptake rates for all primary childhood immunisations for children at 24 months of age
(ii) Percentage of the population overweight or obese
(iii) Percentage of the population smoking
(iv) Incidence rates for specific types of cancer
(v) Age standardised rates of suicide

Programme 4 - Primary Care

What do we want to achieve?

To deliver significantly strengthened primary care services with expanded access to GP care free at the point of use and with an enhanced focus on structured care and chronic disease management.

What will we do?

- We will initiate a programme for the implementation of Universal Primary Care which will provide access to GP care, free at the point of delivery, to the entire population on a phased basis within the Government's term of office. This programme will involve the development of strategies for the recruitment of additional GPs and nurses, the creation of a transitional Primary Care Fund, the introduction of universal registration with a GP and the introduction of a

new Universal Primary Care Act which will establish the statutory basis for universal access to GP services.

- We will steer the development of clinical care pathways and chronic disease management programmes throughout the primary care sector promoting service integration.
- Current restrictions on GPs wishing to become contractors under the General Medical Services (GMS) scheme will be abolished.
- New contractual arrangements for GPs will be introduced which will facilitate chronic disease management programmes and clinical care pathways.
- We will continue to develop primary care services and build primary care centres in line with overall implementation plans for the Government's health reform programme.
- We will modernise the professional framework governing the provision of services by Dentists, Pharmacists and Opticians.
- We will improve access to mental health services in primary care settings, including through the strengthening of GP education and training in mental health.
- We will achieve enhanced value for money in pricing and reimbursement arrangements for drugs and medicines supplied to eligible patients.

How will we measure success?

(i) Number of people with access to GP care free at the point of use
(ii) Number of GPs providing extended range of services
(iii) Number of primary care teams that are implementing structured care programmes
(iv) Number of primary care centres
(v) Level of State expenditure on drugs and medicines

Programme 5 - Acute Hospitals

What do we want to achieve?

To reform our acute hospital system in order to provide faster access for patients to high quality services and to prepare for the introduction of a single-tier system of hospital care supported by Universal Health Insurance.

What will we do?

- We will establish a Special Delivery Unit which will be charged with the task of reducing waiting times for both emergency and elective services in public hospitals.

- We will steer the development of the national clinical programmes promoting service integration.
- We will reorganise hospital services, including through the development of the smaller hospitals framework, so that patients receive high quality care in the most appropriate setting resulting in the best possible outcomes for their health.
- We will develop and implement plans for introducing a 'money follows the patient' financing mechanism throughout the public hospital system. This will involve funding the treatment of acute physical and mental health conditions on a transparent 'per patient' basis.
- We will abolish the existing system of public/private bed designation and improve the collection of private patient income in a manner consistent with the move to UHI.
- We will develop proposals for the transformation of publicly funded hospitals to independent hospital trusts and commence preparatory work to support the transition.
- We will achieve continuing efficiencies in how hospital services are provided, so as to maximise the use of all available resources. This will involve reforming how consultants and other health professionals work, modernising rostering and other organisational arrangements, and maximising the skills and abilities of all staff.
- We will provide quality assured cancer services in line with the *National Strategy for Cancer Control*.

How will we measure success?

(i) Waiting times for Emergency Department (ED), elective, outpatient and diagnostic services
(ii) Rates of day surgery and day of surgery admission, and average length of stay
(iii) Waiting times for access to safe stroke thrombolysis
(iv) Waiting times for access to interventional cardiology for ST elevation myocardial infarction (STEMI) and non-STEMI cases
(v) Five-year survival rates for breast, colorectal, prostate and cervical cancer
(vi) Transparency of funding arrangements
(vii) Plans in place for the transition of acute hospitals to independent hospital network trusts

Programme 6 - Specialised Care Services

What do we want to achieve?

To provide a wide range of long-term supports and services aimed at ensuring that people who need long-term services and care can achieve their full potential and enjoy a high quality of life in the workplace, and within their own

homes and communities. This goal encompasses and reflects the Government's policy objectives for particular care groups as set out below:

Disability Services
To help people with disabilities to achieve their full potential including living as independently as possible.

Mental Health Social Services
To provide appropriate support to people with mental health problems by ensuring that the stigma of mental illness is reduced, ensuring early and appropriate intervention and improved access to modern mental health services in the community.

Services for Older People
To enhance the quality of life of older people, maintain their full potential, support them in their homes and communities, provide access to respite care and day care and, when required, provide access to appropriate quality long-term residential care.

What will we do?

- We will undertake comprehensive planning and forecasting in respect of demand for all long-term care services.
- We will continue to develop long-term services in line with the recommendations of *A Vision for Change: Report of the Expert Group on Mental Health Policy*, the Government's Disability Strategy and Government Policy on Older People. This commitment encompasses a spectrum of services from those aimed at empowering and supporting people with the activities of daily living (e.g. home help, meals on wheels and day services) to those which are more intensive (e.g. rehabilitative and long-term residential care) to those which are highly specialised in nature (e.g. specialist palliative care, forensic mental health services).
- We will publish a Value for Money and Policy Review of Disability Services and, based on its findings, implement reforms to the system of financing and delivering services, including the introduction of individualised budgets.
- We will enhance the cost effectiveness of services by introducing standardised funding bands for specific types of services for people with disabilities and developing a standardised needs assessment framework to ensure that levels/types of services provided are appropriate to people's needs.
- We will continue to implement the recommendations outlined in *A Vision for Change: Report of the Expert Group on Mental Health Policy* to close unsuitable psychiatric institutions and move patients to more appropriate community based facilities, to ensure the involvement of patients and service users in their own care, to put in place robust

assessment and care planning procedures and to promote a continuous focus on recovery.

- We will review the Mental Health Act 2001 in consultation with service users, carers and other stakeholders.
- We will review the *Fair Deal: Nursing Homes Support Scheme* system of financing nursing home care to assess its sustainability and with a view to developing a secure and equitable system of financing for community and long-term care which supports older people to stay in their own homes.
- We will develop a National Dementia Strategy by 2013.

How will we measure success?

(i) Number of people with a disability living in inappropriate settings
(ii) In-patient re-admission rates to acute mental health units per 100,000 population
(iii) Percentage of people over 65 years of age in long-term residential care

Section 3

Internal capacity of the Department

The Department's administrative budget for 2012 is €31.92 million, a 13.3% reduction on the 2009 provision when adjusted for the establishment of the new Department of Children and Youth Affairs. At the end of December 2011, 365.56 Whole Time Equivalent staff were employed in the Department, a reduction of 17.4% since 2004 when adjusted for the establishment of the new Department.

The Department participated in the Organisational Review Programme (ORP). The report which was published in October 2010 provides an evaluation of the organisational capacity of the Department, including its skills, leadership, systems and structure.

It highlights many positive elements of the Department including the ability, skills, knowledge and commitment of our staff; our track record of policy development; our proven capacity to lead the response to crises such as the most recent influenza pandemic; the progress made in evaluating the outputs, outcomes and performance of the HSE through the service plan process; and our willingness to engage openly with stakeholders and users.

It also identifies deficiencies and areas where we need to improve, including better HR management, more effective communication, and strengthening of our capabilities in the areas of research and specialist skill areas. Greater clarity around our role relative to that of the HSE is also highlighted.

The Department developed and published an action plan to implement the recommendations of the ORP and we are currently implementing a significant programme of change internally within the Department to respond to its findings. However, the position outlined in the ORP and the action plan has been changed significantly by the new Programme for Government and the appointment of our new Ministers, particularly in areas such as the respective roles of the Department and the HSE. We will, therefore, need to review and adjust our action plan to reflect these changes.

Appendix A: Programme for Government Commitments relating to the Health Sector

Introduce Universal Health Insurance with equal access to care for all. Under this system there will be no discrimination between patients on the grounds of income or insurance status. The two-tier system of unequal access to hospital care will end. The Universal Health Insurance system will be designed according to the European principle of social solidarity: access will be according to need and payment will be according to ability to pay. The principle of social solidarity will underpin all relevant legislation. As a statutory system of health insurance, guaranteed by the State, the Universal Health Insurance system will not be subject to European or national competition law.
Act speedily to reduce costs in the delivery of both public and private health care and in the administration of the health care system.
Introduce a system of risk equalisation for the current insurance market.
A Special Delivery Unit will be established in the Department of Health to assist the Minister in reducing waiting lists and introducing a major upgrade in the IT capabilities of the health system.
A Patient Safety Authority, incorporating HIQA, will be established.
The Minister for Health will be responsible for health policy and for implementing this ambitious programme of reform and cost control.
The Health Service Executive will cease to exist over time. Its functions will return to the Minister for Health and the Department of Health and Children; or be taken over by the Universal Health Insurance system. Staff will be deployed accordingly.
Universal Primary Care will remove fees for GP care and will be introduced within this Government's term of office.
The legislative basis for Universal Primary Care will be established under a Universal Primary Care Act.
Universal Primary Care will be introduced in phases so that additional doctors, nurses and other primary care professionals can be recruited.
GP training places will be increased.
GPs will be encouraged to defer retirement and will be recruited from abroad
The number of practice nurses will be increased so that GPs can delegate care when appropriate to nurses.
Access to primary care without fees will be extended in the first year to claimants of free drugs under the Long-Term Illness scheme at a cost of €17 million.
Access to primary care without fees will be extended in the second year to claimants of free drugs under the High-Tech Drugs scheme at a cost of €15 million.
Access to subsidised care will be extended to all in the next phase.
Access to care without fees will be extended to all in the final phase.

GPs will be paid primarily by capitation for the care of their patients and will work in primary care teams with other primary care professionals.
A new GP contract will provide incentives to GPs to care more intensively for patients with chronic illnesses. This will significantly reduce pressures and demands on the hospital system.
Registration with a primary care team will be compulsory once the Universal Primary Care system is fully implemented.
Exchequer funding for primary care will go to a Primary Care Fund on a transitional basis, which will pay providers of primary care.
The goal under UHI will be to create an integrated system of primary and hospital care.
Ring-fenced funding will be provided to recruit additional psychologists and counsellors to community mental health teams, working closely with primary care teams to ensure early intervention, reduce the stigma associated with mental illness and detect and treat people who are at risk of suicide.
A system of Universal Health Insurance (UHI) will be introduced by 2016, with the legislative and organisational groundwork for the system complete within this Government's term of office.
UHI will provide guaranteed access to care for all in public and private hospitals on the same basis as the privately-insured have now.
Insurance with a public or private insurer will be compulsory with insurance payments related to ability to pay.
The State will pay insurance premia for people on low incomes and subsidise premia for people on middle incomes.
Everyone will have a choice between competing insurers.
The VHI will be kept in public ownership to retain a public option in the UHI system.
Exchequer funding for hospital care will go into a Hospital Insurance Fund which will subsidise or pay insurance premia for those who qualify for subsidy.
The Hospital Insurance Fund will oversee a strong and reformed system of community rating and risk equalisation; provide direct payments to hospitals for services that are not covered by insurance such as Emergency Departments and ambulances; and provide matching payment to hospitals for treatments delivered.
The Hospital Insurance Fund will also control those health care costs for which central control is most effective.
Under UHI insurers will be obliged to offer the same package of services to all.
This guaranteed UHI package will be determined by the Minister for Health in consultation with the Hospital Insurance Fund and medical experts and will be regularly reviewed in a process to be established in legislation, the Universal Health Insurance Act.
Insurers will not be allowed to sell insurance giving faster access to procedures covered by the UHI package.

Hospitals and clinics which participate in supplying care under UHI will not be allowed to sell faster access to procedures covered by the UHI package.
A White Paper on Financing UHI will be published early in the Government's first term and will review cost-effective pricing and funding mechanisms for care and care to be covered under UHI.
The legislative basis for UHI will be established by the Universal Health Insurance Act.
Under UHI public hospitals will no longer be managed by the HSE. They will be independent, not-for-profit trusts with managers accountable to their boards. Boards will include representatives of local communities and staff.
Smaller hospitals may combine in a local hospital network with a shared management and board.
Hospitals will be paid according to the care they deliver and will be incentivised to deliver more care in a "money follows the patient" system.
Insurers will negotiate directly with hospitals to help control costs and encourage innovation in the delivery of care.
Insurers will not take over the running of hospitals which will be independent providers of care separate from insurers as purchasers of care.
The Minister for Health will be responsible for hospitals policy and determining that hospitals which play an important role in an area should not be allowed to close under UHI.
The Hospital Insurance Fund will assist hospitals in more remote locations that may not have a large throughput of patients to continue to provide important local services.
To ensure that hospitals compete on an equal footing, public hospitals will be compensated for costs that they bear that private hospitals do not such as Emergency Departments and training health care professionals.
The Patient Safety Authority will introduce a national licensing system for hospitals, and will oversee the transition of hospitals from the HSE to independent local control.
The existing policy of co-location of private hospitals on public hospital lands will cease.
In the first term of this Government the legislative basis for UHI will be enacted.
In the first term of this Government public hospitals will be given autonomy from the HSE.
In the first term of this Government the HSE's function of purchasing care for uninsured patients will be given to a Hospital Care Purchase Agency which will combine with the National Treatment Purchase Fund to purchase care for the uninsured over this transition period. This separation of purchaser-provider functions will enable the development of a money follows the patient system of purchase of care for people without insurance before the implementation of the UHI system.
Investment in the supply of more and better care for older people in the community and in residential settings will be a priority of this Government.

Additional funding will be provided each year for the care of older people to fund more residential places, more home care packages and the delivery of more home help and other professional community care services.
The Fair Deal system of financing nursing home care will be reviewed with a view to developing a secure and equitable system of financing for community and long-term care which supports older people to stay in their own homes.
The integration of care in all settings is key to efficient health care delivery, in which the right care is delivered in the right place.
Integration of care will be the responsibility of an Integrated Care Agency under the aegis of the Minister for Health.
This agency will oversee the flow of centrally tax-funded resources between the different arms of the system so that there are incentives for care to occur in the best setting.
Reference pricing and greater use of generics will be introduced to reduce the State's large drugs bill and the cost to individuals of their medications.
Under the new GP contract the rate of remuneration of GPs will be reduced.
Under a new consultant's contract hospital consultants' remuneration will be reduced.
Action will be taken to reduce the cost of procurement for medical equipments and construction of facilities.
The Minister for Health and the Department of Health will be responsible for policy and spending.
The HSE will cease to exist as its functions are given to other bodies during this process of reform.
The HSE hospital purchasing arm will merge with the NTPF to become a new purchaser of public patient care during this period of transition.
HSE hospitals will become autonomous providers of care.
Health capital spending will be a priority.
Within the Health capital budget, the immediate priority areas will be primary care centres, step-down and long-term care facilities, and community care facilities such as day centres for older people.
The completion and commissioning of the cystic fibrosis unit will be expedited.
The National Children's Hospital will be built.
Our policy on mental health incorporates the recommendations of A Vision for Change. We are committed to reducing the stigma of mental illness, ensuring early and appropriate intervention and vastly improving access to modern mental health services in the community.
A comprehensive range of mental health services will be included as part of the standard insurance package offered under Universal Health Insurance.
Given the central role of primary care in our reforms, we will ensure that patients can access mental health services such as psychologists and counsellors in the primary care setting.
We will also strengthen GP education and training in mental health so that they can better diagnose, treat and refer as necessary.

We will ring fence €35m annually from within the health budget to develop community mental health teams and services as outlined in A Vision for Change to ensure early access to more appropriate services for adults and children and improved integration with primary care services.
Part of the ring-fenced funding will be used to implement Reach Out, the National Suicide Prevention Strategy, to reduce the high levels of suicide.
We will close unsuitable psychiatric institutions moving patients to more appropriate community-based facilities.
We will develop specific strategies for elderly patients and those with intellectual disabilities who remain under the care of mental health services.
To ensure a joined-up approach to mental health in the community we will establish a cross-departmental group to ensure that good mental health is a policy goal across a range of people's life experiences including education, employment and housing for example.
We will endeavour to end the practice of placing children and adolescents in adult psychiatric wards.
We will review the Mental Health Act 2001 in consultation with service users, carers and other stakeholders, informed by human rights standards, and introduce a Mental Capacity Bill that is in line with the UN Convention on the Rights of Persons with Disabilities.
We will develop a national Alzheimer's and other dementias strategy by 2013 to increase awareness, ensure early diagnosis and intervention, and development of enhanced community based services to be implemented over five years.
We will introduce a cervical cancer vaccination catch-up programme for all girls in secondary school.
We will also extend Breastcheck to 65-69 year old women.
We will develop a National Carers Strategy to support carers and to address issues of concern.
We will reopen discussions with the Irish Thalidomide Association regarding further compensation for victims of Thalidomide.
We will seek a mechanism to compensate those women who were excluded on age grounds alone from the Lourdes Hospital Redress Scheme.
We will legislate to clarify the law surrounding assisted human reproduction including the law relating parental relationships arising from assisted human reproduction.
We will legislate to regulate stem cell research.
We will establish an expert group to address the recent ruling of the European Court of Human Rights subsequent to the established ruling of the Irish Supreme Court on the X-case, drawing on appropriate medical and legal expertise with a view to making recommendations to Government on how this matter should be properly addressed.
We will legislate for post-mortem procedures and organ retention practices as recommended by the Madden report.

We will legislate to change the organ donation to an opt-out system for organ transplantation, rather than an opt-in system so as to improve the availability of organs for patients in desperate need.
Enact legislation to prohibit the practice of Female Genital Mutilation for the protection of girls and women.
Outline key priorities for short-term implementation of the National Addiction Strategy.
Expand rehabilitation services at local level in line with need and subject to available resources.
Integrate drug and alcohol abuse strategies at local level
Develop compulsory as well as voluntary rehabilitation programmes.
Ensure every Government Department, Agency or task force responsible for implementing elements of the National Addiction Strategy will be required to account to the Minister for their budget annually and to demonstrate progress on achieving targets.
Work with Local and Regional Drug Task Forces to implement effective programmes aimed at preventing addiction in schools.
Require all local and regional drugs taskforces to build on the success of Education Prevention Units in other taskforces.
Target resources to increasing the number of needle exchange programmes and rehabilitation places across the country where it is needed most.
Assist drug users in rehabilitation through participation in suitable local community employment schemes.
Ensure that the quality of life of people with disabilities is enhanced and that resources allocated reach the people who need them. To achieve this, we will reform the delivery of public services to bring about back office savings that will protect front line services.
A Comprehensive Spending Review will examine all provision for people with disabilities with a view to determining how users can get the best services. We will also ensure that money spent on disability services under the National Disability Strategy is clearly laid out and audited.
Move a proportion of public spending to a personal budget model so that people with disabilities or their families have the flexibility to make choices that suit their needs best. Personal budgets also introduce greater transparency and efficiency in funding services.
Put the National Standards for Residential Services for People with Disabilities on a statutory footing and ensure that services are inspected by the Health Information and Quality Authority.
We will complete and implement the National Positive Ageing Strategy so that older people are recognised, supported and enabled to live independent full lives.
Local Authorities will be required to establish Older People councils, where members of the community can raise local concerns or issues of importance.

We will support older people in living in their own homes and communities for as long as they wish and will facilitate this by ensuring that the eligibility criteria for the home help and the Home Care Package Scheme are applied consistently.
We will also develop and implement national standards for home support services which are subject to inspection by the Health Information and Quality Authority.

Appendix B: Performance Framework for the Health System

(i) *To keep people healthy*
This is designed to reflect the fact that the core aim of health policy is to improve the health and wellbeing of the population of Ireland. It would encompass issues such as:

(a) increasing healthy behaviours/lifestyles;
(b) a focus on prevention and early detection;
(c) reducing health inequalities and, in particular, improving the health status of vulnerable groups; and
(d) providing children with a healthy start to life and helping older people, persons with disabilities and people affected by mental illness to live as independently as possible.

(ii) *To provide the health care people need*
This is designed to reflect the fact that a core function of the heath services has to be the provision of services to those in need of them, with a focus on timeliness, geographic location and equity. It would encompass issues such as:

(a) access to emergency care without delay;
(b) shorter waiting times;
(c) providing services as close to patients as possible; and
(d) fair access to services.

(iii) *To deliver high quality services*
This is designed to reflect the fact that the services provided have to be safe, consistent and effective. It would encompass issues such as:

(a) providing care in the right setting;
(b) integrated service delivery;
(c) high quality clinical treatment; and
(d) consistency of treatment/care and outcomes.

(iv) *To get best value from health system resources*
This is designed to reflect the fact that our health system, like health systems worldwide, is faced with the need to deliver better value for the resources made available. It would encompass issues such as:

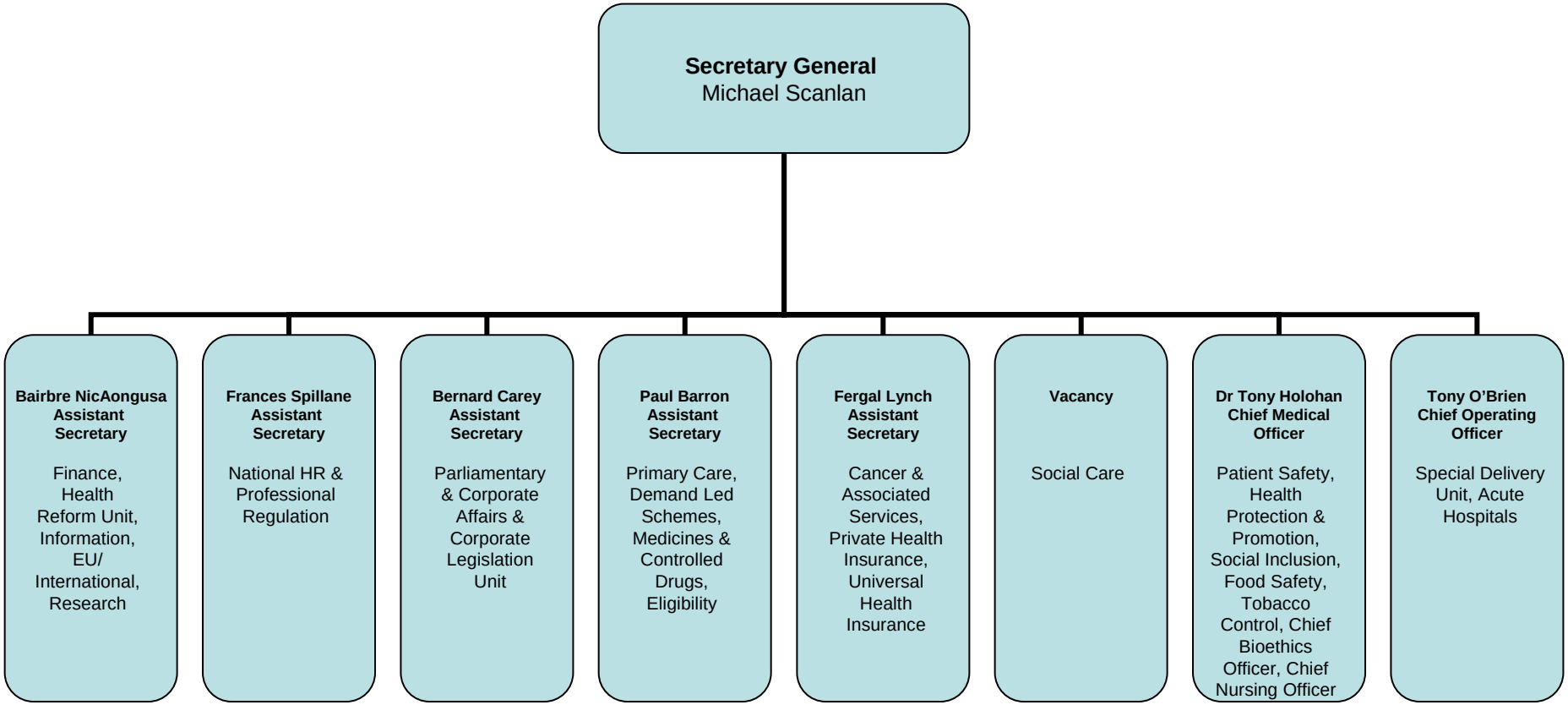
(a) strong corporate and clinical governance;
(b) sound resource and financial management;
(c) skilled motivated staff working in an innovative environment; and
(d) sustainability.

Appendix C: Agencies under the aegis of the Department

An Bord Altranais
Dental Council
Drug Treatment Centre Board
Food Safety Authority of Ireland
Food Safety Promotion Board (Safefood)
Health and Social Care Professionals Council (CORU)
Health Information and Quality Authority
Health Insurance Authority
Health Research Board
Irish Blood Transfusion Service
Irish Medicines Board
Medical Council
Mental Health Commission
National Cancer Registry Board
National Paediatric Hospital Development Board
National Treatment Purchase Fund
Opticians Board
Pharmaceutical Society of Ireland
Pre-Hospital Emergency Care Council
Voluntary Health Insurance Board*

***** commercial semi-state agency

APPENDIX D: ORGANISATION CHART



An Roinn Sláinte / Department of Health

Teach Haicín Baile Átha Cliath 2
Hawkins House Dublin 2

Fón/Tel (01) 635 4000
Facs/Fax (01) 635 4001

R-phost/Email info@health.gov.ie
Suíomh Gréasáin/Web www.doh.ie