

Joint Committee on Health - Sláintecare

3rd October 2018

Open Statement by Minister for Health, Simon Harris TD

Introduction

Good morning, Chair, Committee Members,

I would like to thank the Committee for inviting me to attend today to discuss the Implementation of Sláintecare with you.

I am pleased to be joined by Laura Magahy, who was recently appointed as Executive Director of the Sláintecare Programme Office in the Department of Health. Laura was appointed following a comprehensive recruitment process and brings a wealth of experience to the role. I welcome her to the position and assure her of my full support in this challenging but exciting role. Shortly I will ask Laura to outline her immediate plans for implementation.

The Sláintecare Implementation Strategy

Just as the Government and I value the cross-party support that produced the Sláintecare report, we recognise that same support and cross-party cooperation will be required to successfully deliver the Sláintecare Implementation Strategy.

As I have said to this Committee before, we will only succeed in bringing about change if everyone – politicians, clinicians, patients, service users and others – are united on the overall goal and are all pulling in the same direction.

The publication of the Sláintecare Implementation Strategy in August marked another important step in the Sláintecare process. The Strategy provides an implementation framework for this transformation process and it outlines 106 actions that will be taken over the next three years.

I firmly believe that this process is different to others that came before it. This isn't my plan, and it isn't just my Government's plan.

Everyone can be clear that this is THE long-term plan.

Change of this magnitude cannot be delivered overnight and it is important that we acknowledge this is a strategy that will take time to implement. The publication of the Strategy was an important step, but this is a process that will have many steps over its lifetime.

We have also paid particular attention to getting the implementation governance and structures right, which I know was, rightly, important to the Committee on the Future of Health Care. In the past, this has been lacking. I will return to this later. Finally, we are committing to the development of detailed actions plans each year, and we will measure our progress transparently with twice yearly progress reports.

Key Elements of Sláintecare Vision

Sláintecare will be delivered over a 10-year period. At its core, it will do a number of things.

It will move our system to a population-based approach of health care planning and delivery.

This will involve the development of a citizen care masterplan for the health service which will inform detailed service planning, resource allocation, workforce planning and policy prioritisation. Informed by this overall whole-system framework, new models of care will be designed that are structured, coherent and tailored to population need.

It will continue the focus on promoting the health and wellbeing of our population through the implementation of Healthy Ireland, the Framework for Improved Health and Wellbeing, 2013-2025.

A priority action in relation to this is the publication of the Healthy Ireland Outcomes Framework in 2018.

A huge part of Sláintecare implementation will be focused on bringing the majority of care into the community. This will require a stronger system of community care, with increased resources and an expansion in the range of services that are available.

The initial focus will be on developing capacity to manage chronic disease in the community, development of Community Intervention Teams, increasing investment in and access to community based diagnostic facilities, and development of community nursing services.

We will also move towards a health service where care is provided on the basis of need, not on ability to pay. This ambition must be planned carefully and introduced over an appropriate time period in parallel with workforce expansion and service investment.

Progress is being made in extending eligibility, including providing medical cards to those in receipt of Domiciliary Care Allowance, and GP visit cards to those in receipt of Carers Allowance. The Government has also committed to the introduction of a statutory scheme for homecare to support people to live in their own homes.

It is my intention that this scheme will be operational in the first three years of this Strategy.

Under Sláintecare we will move our system from long hospital waiting times to a timely service, especially for those who need it most. There is no single solution to this – we will provide additional bed capacity in hospitals and the community, we will invest further in homecare services, we will produce multi-annual plans for reducing waiting times, and we will consider how best to introduce a waiting time guarantee.

One development that I believe will have significant impact is the development of three elective hospitals in Galway, Cork and Dublin. I had the opportunity to visit Golden Jubilee Hospital in Scotland just last week – established 16 years ago, and has had a really dramatic impact on waiting times across Scotland. We will pick the sites for these three hospitals next year. Our focus is always on driving down waiting lists and ensuring patients can have access to services as soon as possible. Our visit to Scotland offered us an opportunity to see how a country with a similar population can achieve that goal. I would encourage the committee to visit the facility to see it for themselves.

Sláintecare will also bring about improved governance, performance, and accountability across the health service. This will be achieved through the establishment of a HSE Board, defining new organisational and operational structures for the future reconfiguration of health services, including regional integrated care organisations.

I was pleased to announce Ciaran Devane as chair -designate of the HSE board. Mr Devane brings a wealth of experience to what will be a very challenging role.

Slaintecare will also involve the introduction of an overarching governance framework that integrates clinical governance with corporate governance setting out the roles, responsibilities and accountabilities of organisations and individuals within the public health service.

The Sláintecare Programme Office

I have already mentioned the importance of implementation governance and structures and I would like to now briefly outline a number of key elements.

There is widespread agreement that significant change and reform requires a well-resourced programme office to champion, lead and manage the process.

The Sláintecare Report recommended the establishment of such an Office and a Sláintecare Programme Office has now been established in the Department of Health. It will be led by Laura and will be resourced with the skills and expertise necessary to lead the reform programme. Recruitment is now underway.

The Programme Office is working on a detailed action plan which will be published before the end of the year. This will include a review of the actions and associated timeframes, the development of detailed milestones and timelines for year one and the assignment of responsibility for each action.

There are two other structures I want to draw your attention to. The first is the Advisory Council. This, as you know, will be chaired by Dr. Tom Keane and will comprise 23 members. This morning I am pleased to be in a position to announce the membership of the council.

As you can see, there is a wealth of experience including clinical and health service leaders, patient/service users, international experts and independent change management experts.

Their first meeting is due to take place later this month and I want to take this opportunity to thank them for accepting this position and look forward to working with them in ensuring the Sláintecare vision becomes a reality.

The second structure is the High Level Delivery Board. This will be made up of the Secretaries General of the Departments of the Taoiseach, Public Expenditure and Reform, and Health, the Director General of the HSE and the Sláintecare Executive Director.

This Group will report to the Cabinet Committee on Health, chaired by the Taoiseach. This is in line with the Committee's strong recommendation on the need for cross-Government support for Sláintecare.

Progress to date

As the Committee knows, I have been progressing a number of important recommendations in the Sláintecare Report in parallel to the development of the Strategy.

A key issue for the Committee was the governance of the HSE and it recommended the establishment of an independent board. This has been approved by Government, the General Scheme of a Bill has been published, second stage will commence in the Seanad on the 10th October and I hope that legislation will be enacted this year.

I would again ask for the co-operation of this Committee in getting the legislation through the Oireachtas in recognition of its importance to the reform agenda and I appreciate your co-operation to date.

A public consultation on the geo-alignment of Hospital Groups and Community Healthcare Organisations has also been completed and I will publish the results of this shortly. I will say in advance that it has overwhelmingly endorsed geo-alignment and in the coming months I will set out more detail on the means by which we will achieve the alignment of the Hospital Groups and CHOs.

The Committee was also clear that private practice should be removed from public hospitals on a phased basis. I have made my own views on this quite clear. Our current mixed model system is an outlier and is fundamentally unfair.

I have established an independent review group, chaired by Dr Donal de Buitléir, to examine the impact of separating private practice from the public hospital system. This work is ongoing, and I expect a report before end of 2018. This will provide valuable guidance to how we go about implementing this recommendation.

Developing more comprehensive and integrated community care services is at the heart of the Sláintecare vision. The role that general practice will play within this is vitally important and I hope to see intensive progress on this in the coming weeks.

Finally, I have already mentioned capacity development. I have always been clear that we must match reform with investment and an increase in capacity. The Government's National Development Plan 2018-2027 commits that €10.9bn will be invested in health infrastructure and reform.

This includes provision for the additional 2,600 acute hospital beds, including the elective hospitals already mentioned, and 4,500 community care beds identified in the Health Service Capacity Review.

It also includes provision for a continuation of the primary care centres programme and a programme of investment in community diagnostics, and the rollout of comprehensive eHealth infrastructure.

To conclude, I am confident that we are on the right track. We have a vision that we are all agreed on. We now have an implementation strategy and a dedicated implementation office. We will have a more detailed action plan by the end of the year, and a firm commitment to report on progress twice a year. And I look forward to coming before this Committee to discuss progress. As I said at the start – delivering on the Sláintecare ambition will require a broad coalition of support and I look forward to working with all stakeholders, on this important agenda.

I will now ask Laura to speak about her immediate plans.