Introduction

Good morning Chairman and Committee members.

I would like to thank you for inviting me to attend today. I am joined by my Ministerial colleagues, Finian McGrath, Minister of State with Special Responsibility for Disabilities, Minister Catherine Byrne, Minister of State for Health Promotion and for the National Drugs Strategy and Minister Jim Daly, Minister of State for Mental Health and Older People. I am also accompanied by Jim Breslin, Secretary General of my Department.

I would like to welcome Paul Reid, Chief Executive Officer of the HSE and HSE officials.

BREXIT

I don’t wish to cover the same ground my officials already have at the Committee last week but I want to begin by acknowledging the enormous amount of work which has been undertaken to ensure Ireland’s preparedness for Brexit.

In the health sector there has been tremendous collaborative work on the part of officials, agencies, sectors and industry.

I want to assure the Committee and the public that we are focused on being as ready as we can be. We are well prepared to troubleshoot issues that arise in the days and weeks following Brexit and to minimise any disruption to citizens.
I wish to assure the Committee that a citizen of Ireland will be able to avail of the same services after 31 October.

Patients will continue to avail of health services on an emergency and planned basis when travelling to the north or to Great Britain. There is a commitment on the part of both Departments that the established North South cooperation in health matters will continue.

At the request of Government my Department has finalised legislation to provide benefits similar to those of the European Health Insurance Card to residents of Northern Ireland in the event of a no deal.

Supply lines for drugs and medical devices are all being examined. Significant buffer stock is already held within the domestic supply chain and there is no need for stockpiling of medicines by patients, pharmacies or hospitals. To do so would hamper access to medicines by those who need them when they are needed.

Brexit has been a key focus for all of us. However we also have other important ongoing objectives.

**Sláintecare Action Plan Update**

The over-arching and most important of these is the implementation of Sláintecare and I am pleased to say it is advancing very well.

*The Sláintecare Programme Implementation Office’s* first Action Plan 2019 Mid-year Deliverables Report was published in July, showing 82 of 84 deliverables (98%) are on track.
Some of the highlights to date include:

- The Healthy Ireland Outcomes Framework was published (December 2018)
- The HSE Board has been formally appointed (May 2019) and the new HSE Chief Executive Officer (April 2019) has taken up office
- Agreement has been reached on contract developments with GPs to include implementation of chronic disease management under the GMS from next year
- The Independent Patient Advocacy Service contract has been awarded (December 2018)
- The Smile agus Sláinte National Oral Health Policy was published in April 2019
- The Sláintecare Implementation Advisory Council has been established and has held three meetings.

I welcome the recent publication of the De Buitléir report on removing private practice from public hospitals. The Expert Group has tackled a complex and longstanding issue and succeeded in devising a set of key recommendations for implementation over a ten year period. I intend to consult with stakeholders and my colleagues in Government on key implementation issues before I return to Government with proposals in response to the recommendations.

I was also glad to hear that Dr. de Buitléir is scheduled to appear before this Committee later this month.

The Sláintecare Integration Fund was launched in March this year and a total of 477 applications were received of which 122 successful projects were selected.

The Integration Fund will support projects in the areas of Heart Failure, COPD/Asthma, Diabetes, Older Persons, Citizen Empowerment, Health and
Wellbeing, Social Inclusion, Mental Health, and Integrated Care for a range of medical specialities.

I would encourage members to meet with and visit successful projects, as I have, as they really are Sláintecare coming to life in our communities and showing how better integrated care can be delivered.

As you know proposals for the geo-alignment of Hospital Groups and Community Healthcare Organisations were approved by Government in July 2019, and work is under way on the structures, governance and design of the new Regional Health Areas.

**Capital Plan**

The Sláintecare reforms have to be supported by improved infrastructure and I was glad to be with the Taoiseach and Minister Donohoe recently to announce the publication of the Health Service Executive’s Capital Plan and an investment in health of €2 billion.

Under Project Ireland 2040, we are doubling investment in healthcare infrastructure and equipment from €5 billion in the last ten year period to more than €10bn in this one.

The Plan sets out how we will spend more than €2 billion between now and 2021 on new hospitals, better local health facilities and hundreds of much needed extra hospital beds.

While we continue to face challenges and pressures, there is some progress worth mentioning. By the end of this year, the number of hospital beds will be back above 11,000 for the first time since 2009. More and more people can go to the
doctor free of charge and we have new contractual arrangements agreed with our GPs and nurses which reflect the Sláintecare policy direction.

By investing in better facilities and newer equipment, we are building a health service to provide the care that people need, when they need it and where they need it.

The Capital Plan over the next three years involves expenditure on 250 projects across the country, 480 new beds, 30 new primary care centres, 58 community nursing units, and significant investment in mental health and disability projects in the community.

It includes:

• Over €1 billion on Government priorities – new Children’s Hospital, National Rehabilitation Hospital, National Forensic Mental Health facility in Portrane and Radiation Oncology facilities in Cork, Galway and Dublin;
• €265m over the three years to replace / refurbish residences for older people and people with a disability;
• €300m to maintain and upgrade facilities, equipment and ambulances throughout the country.

• Over €335m for a wide range of capital projects at individual hospital and primary/community facilities to provide modern health accommodation and equipment to improve and expand service provision.
• Progressing three new hospitals to drive down waiting lists.

The Capital Plan provides significant public investment in health infrastructure to meet our current infrastructure needs, to cater for an estimated population growth of one million people and to respond to Ireland’s changing demographic profile.
It will also enable us to realise our vision for a high quality, safe, accessible and sustainable healthcare service.

**Winter Planning**

We are now in the period of planning for the winter period.

I want to acknowledge the distress overcrowded Emergency Departments cause to patients, their families, and frontline staff working in very challenging working conditions in hospitals throughout the country, particularly through periods of peak demand such as winter.

The HSE has asked Hospital Groups and Community Healthcare Organisations to work collaboratively and submit Integrated Winter Plans for their own areas on foot of the Winter Preparedness guidance document provided to them.

The HSE has confirmed that nearly all of these winter plans have been submitted and are currently being reviewed. My Department expects to receive a draft ‘Winter Plan’ in the coming weeks.

One of the important elements of winter planning is promoting the uptake of the flu vaccine and I would ask for your support in this.

Each year the HSE reviews, and updates its influenza plans, taking into account lessons learned from previous years with a view to targeting key groups in order to create the greatest impact in terms of people receiving the influenza vaccine.

The seasonal influenza vaccination is recommended for persons aged 65 years and older, health care workers and people in at risk groups.
On Thursday next, I will launch the HSE influenza flu vaccine campaign for 2019/2020. This year, for the first time, on foot of a recommendation from the National Immunisation Advisory Committee, a quadrivalent influenza vaccine will be used instead of the standard trivalent vaccine. The provision of a quadrivalent vaccine will offer a substantially greater level of protection to the population when compared to the trivalent vaccine provided in recent years.

With your indulgence, I might just briefly provide an update on vaccination more generally.

Last month I launched The Vaccine Alliance - an alliance of healthcare professionals and policy makers that will promote vaccination, particularly the childhood immunisation programme and the HPV vaccine for both girls and boys.

The priority is to increase vaccination rates across the country and again I seek the committee’s support in this aim. I will be happy to keep you updated on the work of the Vaccine Alliance Steering Committee which is developing the terms of reference and the mechanism to involve organisations who wish to assist the Alliance.

Finally, I would like to conclude by providing an update on a very positive development.

**Women’s Health Taskforce**

Last week, I launched a new Women’s Health Taskforce and addressed their first meeting.

This Taskforce will lead the way in improving women's health and women's experiences of our health services building on the strong foundation of: Healthy Ireland, the Maternity Strategy, the National Strategy for Women and Girls, the Sexual Health Strategy, the introduction of termination of pregnancy services, our recent work on sexual assault services, and Sláintecare.
The new Taskforce is co-chaired by my Secretary General, Jim Breslin, and Peggy Maguire, Director of the European Institute for Women's Health. This shows the level of priority being given to this work in my Department. Through this Taskforce, my Department will lead the way in tackling gender inequality in health, working in an open, inclusive and collaborative way and drawing upon external expertise. I am delighted that the National Women’s Council will be an active participant on the Task Force. This is a significant step forward for women’s health in Ireland.

No doubt there are challenges, as we have discussed here over the last year. But as well as responding to these challenges we must set out a positive policy platform, as we are committed to doing to both improve health outcomes for women and also women’s experience of healthcare and health services in Ireland.

We can achieve a lot by working together, by listening to women, by being open to new ideas, by connecting policy, implementation and experience to make service improvements. I have asked the Taskforce to deliver a Women’s Health Action Plan for submission to Government next year.

At its first meeting, the Taskforce agreed as its first action to lead a large-scale consultation with women in Ireland to hear their experiences of and solutions for the health system. I look forward to sharing the progress of the Taskforce with you at future meetings.

**Conclusion**

There is also much to report with regard to my Ministerial colleagues’ portfolios, some of which we will hopefully have the opportunity to update you on as the morning progresses. Thank you, Mr Chairman. I look forward to the views and questions of Members.