

Opening Statement

Mr. Robert Watt, Secretary General, Department of Health

Joint Committee on Health

Wednesday 28th September 2022

Introduction

Good morning, Chairman and members. Thank you for the invitation to meet with the Joint Committee on Health to discuss progress with the implementation of Sláintecare reform. I am joined today by my colleagues, Rachel Kenna, Chief Nursing Officer who has departmental responsibility for strategic workforce planning, Margaret Campell, Principal Officer, Bob Patterson, Principal Officer and Grace O'Regan, Assistant Principal.

Integrated Care

We have discussed previously our progress in meeting the challenge of Sláintecare in terms of integrating health responses between the acute and community, and in delivering more care closer to where patients live. I am happy to report that we are making progress.

Our Enhanced Community Care programme continues to expand and develop as planned;

- *Community Health Networks (CHNS)* – 90 of 96 are now established
- *Community Specialist Teams (CSTs) for Older Persons* – 21 of 30 are now established
- *Community Specialist Teams for Chronic Disease Management* – 17 of 30 are now established
- *Community Intervention Teams* – all 21 are now operational, securing national coverage

In terms of GP diagnostics 170,452 scans have been provided to date in 2022, a significant advance on the total of 139,000 provided in 2021.

We remain on target in terms of ECC recruitment. Of the total targeted recruitment of 3,500 staff, 1,878 WTE have commenced their roles to date, while a further 420 WTE are at an advanced stage of recruitment.

Regional Health Areas

As the committee will be aware, we are currently at phase one of RHA implementation which is focused on the high-level design of the service delivery model for the Health and Social Care Service and the organisational arrangements needed to deliver integrated models of care.

Six RHA workstreams have been established focused on:

- Clinical & Corporate Governance and Accountability
- Finance inclusive of Population Based Resource Allocation
- Digital & Capital Infrastructure
- People & Development
- Change, Communications & Culture
- Programme Coordination

The work of the Workstream Groups will feed into an implementation plan which will be finalised by the end of the year, as planned. Work has started on the development of a population-based approach to service planning and resource allocation. A population-based resource allocation (PBRA) funding model will be used as part of Estimates 2024 to allocate funding by RHA. My Department recently published a Spending Review Paper which provides an analysis of PBRAs across six countries to establish international best practice.

Transition to RHAs will take place through 2023 with recruitment for senior RHA posts starting as early as possible. Minister Donnelly has established an independent RHA Advisory Group of patient and staff representatives from across the health and social care sector who continue to engage and contribute to the development of the implementation plan

Stakeholder consultation is going to be key in developing the new RHA structures for integrated care. Several events have been held with health sector stakeholders to make sure what we are designing better enables integrated, patient-centric care. This has included engagement with the HSE Board and senior leaders (clinical and business) within Community Healthcare Organisations and Hospital Groups. The Departments and HSE also engaged in detail on Regional Health Areas with the Dialogue Forum for Voluntary Organisations on 12 September, and this engagement will continue. Six Regional Events for health service workers are being held in September and October to gain essential input from staff in the future regions.

Workforce Planning

At this stage we expect the increase in whole time equivalent (WTE) to be approximately 4,600 this year. By the end of August, year to date staffing levels show a total growth of 2,600 WTE. All staff categories are showing growth year to date with the largest WTE increase seen in Nursing and Midwifery at +1,104 WTE. All nursing and midwifery graduates in the class of 2022, have and are being offered permanent opportunities within the Irish publicly funded health services.

To supplement the national pool, the HSE has implemented a significant drive to source nurses and midwives from the international market. As you will have seen from recent research published by my Department, we will have to dramatically increase the numbers of nurses and midwives we train in order to reduce our reliance on such international recruitment. This incremental increase has begun over the last 3 years with an additional 344 undergraduate training places for nurses and midwives in place.

The HSE has similarly directly targeted all of the Health and Social Care Professionals 2022 graduates from Irish colleges and these applications are being interviewed and will be offered jobs from October onwards. To supplement the national pool, international campaigns have been launched for Dietitians, Physiotherapists and Speech & Language Therapists. The Department of Health is working with the Department of Further & Higher Education to increase the number of HSCP students in Irish colleges with an initial request for 10% in this year and with an increase of 50% over a 3-year period.

Recruitment capacity has been increased significantly within the Public Appointment Service (PAS) for the recruitment of medical consultants. The HSE is also developing targeted marketing initiatives to enhance the candidate pool. This is particularly focusing on 'hard to fill' posts. In recognition of the scale of global competition for health care talent, the HSE has developed and implemented a globally competitive relocation package to attract international recruits to the Irish health service.

Working with the Department of Further and Higher Education we have succeeded in securing an extra 60 places on medical courses for Irish & EU students this year, and agreement to increase to this by a total of 200 over the next 4 years. In common with the other healthcare professions, the numbers of Irish & EU medical graduates we are producing is far short of the numbers

we need to meet the needs of the health service in the future. We must look at all options to further increase the numbers of graduates we produce ourselves.

Conclusion

While we are making progress recruitment and reform need to accelerate to meet emerging and increasing demand for health services.

I am happy to take any questions members may have.