An Roinn Sláinte
Department of Health

Sláintecare
Action Plan 2019

Sláintecare.
Right Care.Right Place.Right Time.

An Roinn Sláinte
Department of Health

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1 Introduction

Background

There are many aspects of the health and social care service in Ireland that we can be very proud of. Our healthcare staff are routinely praised for their hard work and empathy and, of those in-patients surveyed in 2018, 84% expressed satisfaction with the service[1]. Life expectancy increased in Ireland by 2.4 years between 2005 and 2018 and is now above the EU average, and mortality rates have decreased. As Irish people we can expect to live, disability-free, for longer[2] and more of us can expect to live longer after a cancer diagnosis than ever before[3].

However, in spite of these successes, we know our health and social care services need significant improvement in many areas, particularly in relation to timely access to affordable care. Further pressures are already being felt as we are growing as a population by 60,000 people each year. In ten years' time there will be more people aged over 65 than under 14. There will be one million people over 65 and 100,000 people over 80 – one third more than now[4].

More people means more demand, and, as well as needing the right infrastructure – people, buildings and e-health – to deliver the right services, we also need to rethink how we deliver these services, placing a greater emphasis on prevention and population health initiatives in order to support people to live independently in their own community for as long as possible. We need to deliver health and social care services in a way that is efficient, effective and sustainable, meeting the needs of all patients, citizens, families with disabilities, people with mental health needs and carers. This will require a whole-society approach with new ways of thinking and working together.

We also know there is geographic variation in current service availability. Depending on where you live, some services are only available to medical card holders, not everyone is eligible for the same services, and there is limited availability of some services. So, we need to offer public services in a fair and transparent way, and create more services for the growing population.

Sláintecare is about delivering a health and social care service that meets the needs of our population and attracts and retains the very best healthcare professionals, managers and staff. Over a ten-year period, we will deliver a universal health service that offers the right care, in the right place, at the right time, with a priority focus on developing primary and community services within a national policy context. With appropriate, well-governed investment, we will deliver a service that is given by the right team at low or no charge. Crucially, it will be essential to engage with staff, staff representative bodies, and the wider stakeholder network, to find new ways of working to deliver expanded services and optimise the wealth of skills and knowledge inherent in our workforce.

While Sláintecare will take ten years to implement in its entirety, this Action Plan 2019 outlines key areas of focus for 2019, the first full year of Sláintecare implementation.

[1] National Patient Experience Survey, 2018 available at https://www.patientexperience.ie/survey-results/survey-reports/

[2] Department of Health (2019) Life Expectancy, available at https://health.gov.ie/publications-research/statistics/statistics-by-topic/life-expectancy/

[3] Department of Health (2019) Cancer, available at https://health.gov.ie/publications-research/statistics/statistics-by-topic/cancer/

[4] CSO (2018) Population and Labour Force Projections 2017-2051, available at https://www.cso.ie/en/releasesandpublications/ep/p-plfp/populationandlabourforceprojections2017-2051/populationprojectionsresults/

Citizen Care Masterplan

The ten-year reform programme will result in the creation and implementation of a Citizen Care Masterplan. The framework for the implementation of the Citizen Care Masterplan is outlined in the image below. The framework steps are supported by a continuous and cross-cutting programme delivery approach.

Figure 1: Sláintecare Implementation Framework

1 Citizen and Staff Engagement & Empowerment

A participative approach will underpin the re-designing of the health service and system. In 2019 Sláintecare will engage with citizens and healthcare staff in defining and co-designing the kind of health service we envisage and need for our growing population.

We will ask people what role they believe they can play in their own health and wellbeing, and how this can be empowered.

2 Clinical and Corporate Governance

Enabling a safe, quality service is fundamental to the Sláintecare programme. It is expected that health services will be delivered at national, regional and community levels, as appropriate, to offer a safe, devolved and accountable health and wellbeing service and system. Regional Integrated Care Organisations (RICOs) will be established to enable the delivery of regionally planned care that is right for the needs of that local population. The respective roles of the Department of Health, the Health Service Executive (HSE), and RICOs will be defined during 2019 in order to pave the way for clear and devolved clinical and corporate governance which can deliver safe services. During 2019 we will commence piloting community healthcare networks to test how services can best be delivered in an integrated way in a community context.

3 Population Health Planning

A population health planning approach is essential in order to understand and plan for the health and social care needs of the population based on demographic and geographic considerations.

The results will inform and prioritise the health and social care services that need to be developed for each region, so the population can get the right care, in the right place, at the right time, in line with resource availability. In 2019 we will begin a programme of population health planning and devise a method of regional budget allocation which can distribute resources on an equitable basis. A comprehensive approach to data gathering will be devised, providing the basis for evidence-based decision making.

4 Service Redesign

The redesign of health and social care services for the people of Ireland will be underpinned by the drive to improve the health and wellbeing of the population, and to keep people well in their own communities for as long as possible. Based on the specific needs of the population for each region as determined by the population health planning process, and based on knowledge of current levels of service delivery and current configuration, we will, with our partners, co-design the service requirements needed for that region's population.

We will do this in a prioritised way looking at the whole care pathway from prevention, to early intervention, detection, diagnosis, treatment, rehabilitation and palliative care services. Certain services need to be planned and delivered nationally, while other services will be planned and delivered in an integrated, devolved way at a regional and local level, taking account of national strategies as appropriate. There will be continued focus on developing longer-term capacity to treat people in a timely manner in accordance with Sláintecare waiting time targets.

During 2019 we will pilot initiatives which support integrated care for older people and for people living with chronic disease. A single assessment tool will be procured to identify the care needs of people living in the community, whether in residential care or living at home.

5 Infrastructure & eHealth

Delivering enhanced and modernised infrastructure is a core component of Sláintecare and is essential to support delivery of an efficient, modern and responsive health system. In 2019 we will:

- Commence mapping the infrastructure that exists in each region and plan how it can best support the services needed to be developed appropriately as quickly as possible.
- Decide the location for new elective and new community beds capacity (as per Capacity Review).
- Investigate how best to deliver enhanced diagnostics capacity in the community and hospitals.

- Deliver 14 new primary care centres.
- Decide the location for the Major Trauma Centre in Dublin.
- Roll out the take-up of the Individual Health Identifier (IHI) in order to provide the foundations for a Personal Health Portal and the Electronic Health Record.
- Pilot telehealth solutions.

6 Public & Private Delivery Partners

Sláintecare stresses the importance of public money being spent in the public interest. We will work with our delivery partners to agree how the many public, private and voluntary providers can each play their role in a joined-up way to deliver the service needs of the population. In 2019 the de Buitléir Report will recommend steps to be taken on the removal of private work from the public health system.

7 Workforce Planning and Capacity Building

The Sláintecare vision requires appropriate staffing levels, enabled teams, targeted training and strong leadership. We will finalise contractual arrangements with GPs and Nurses aligned with the Sláintecare working principles. We will undertake workforce planning, anticipate gaps based on the services required and begin to plan the training requirements needed for the future. We will explore how best to attract and retain healthcare workers. We will devise team training and innovation programmes so we can scale best practices and maximise positive experiences made to date at both local and national levels.

8 Entitlement and Eligibility

Sláintecare is focused on the need to expand entitlement and eligibility as part of a transition towards universal health and social care access. In 2019 we will develop an approach to modeling various entitlement and eligibility scenarios and examine costs and benefits. Sláintecare proposes providing universal services at no or low cost to the patient / service user. We will plan how, when, and in what order of priority this could be done and make proposals to government for consideration.

9 Accountability and Value for Money

We will benchmark the funding for the public health and social care system against international comparators. We will establish a basis on which to move new and / or existing funding and resources increasingly towards prevention and self-management. We will begin to plan for multi-annual funding for the health system. We will develop a basis for allocating budgets at RICO level based on population profile and need. We will develop initiatives that will gain efficiencies in the context of offering the right care, in the right place, at the right time. Sláintecare is committed to ensuring that there is transparency and accountability with regard to how health and social care funding is proportioned, monitored, and optimised.

10 Programme Delivery

Sláintecare will be delivered through a partnership approach by the Sláintecare Programme Implementation Office (SPIO) located in the Department of Health. The SPIO will work in partnership with citizens, staff and delivery partners in the public and private health and social care sectors, elected representatives, and wider stakeholder interest groups to deliver on the range of actions within the reform programme.

The SPIO will report on progress and devise a communications plan to engage with stakeholders and keep people informed of progress. We will work with the Sláintecare Implementation Advisory Council (SIAC), the High Level Delivery Board and the Cabinet Sub-Committee on Health, as well as our colleagues in the Department of Health and the HSE. The Office will make every effort to continue to achieve the visionary example set by the Oireachtas Committee on the Future of Healthcare, in line with available resources.

Conclusion

Sláintecare will transform our health and social care services over a ten-year period. It will take time and will be undertaken in a partnership approach. However, to succeed, Sláintecare will require the long-term commitment of targeted and protected funding and support to enable the delivery of the reform programme. This funding will be invested strategically, and will support the overall vision for reform, with a consistent focus on effectiveness, efficiency and value for money.

Figure 2: Our Partnership Approach

2 Sláintecare – Context

The Oireachtas Committee on the Future of Healthcare was established to devise cross-party agreement on a single, long-term vision for health and social care and the direction of health policy in Ireland. The Committee's report 'The Sláintecare Report' was adopted by the Government and published in May 2017 and is available on their official website.

This vision of Sláintecare is to achieve a universal single-tier health and social care system where everyone has equitable access to services based on need, and not ability to pay. Over time, everyone will have entitlement to a comprehensive range of primary, acute and social care services.

It has a quadruple aim to:

i improve patient / service user experience

ii improve clinician experience

iii lower costs

iv achieve better outcomes

The Sláintecare Fundamental Principles were outlined in the Oireachtas Report and will underpin the implementation approach over the ten years of the programme.

The eight principles underpinning the Sláintecare report are outlined below. They guided the development of the Action Plan 2019 and will continue to act as a reference point throughout the implementation process.

Accountability
Effective organisational alignment and good governance are central to the organisation and functioning of the health system.

Engagement
Create a modern, responsive, integrated public health system, comparable to other European countries. Through building long-term public and political confidence in the delivery and implementation of this plan.

Public Money and Interest
Public money is only spent in the public interest for the public good (ensuring value for money, integration, oversight, accountability and correct incentives).

Workforce
The health service workforce is appropriate, accountable, flexible, well-resourced, supported and valued.

Patient is Paramount
All care is planned and provided so that the patient/service user is paramount, ensuring appropriate care pathways and seamless transition backed-up by full patient record and information.

Timely Access
To all health and social care according to medical need.

Prevention and Public Health
Patients accessing care at the most appropriate, cost effective service level with a strong emphasis on prevention and public health.

Free at the point of delivery
Care provided free at the point of delivery, based entirely on clinical need.

Figure 3: Sláintecare Fundamental Principles

3 Sláintecare Implementation Strategy

In response to the Sláintecare Report, the Government approved the Sláintecare Implementation Strategy on 17th July 2018. The Strategy is available on the Department of Health website.

The Sláintecare Implementation Strategy represented the first output from the Department of Health of the detailed planning process for the implementation of the Sláintecare Report.

The Implementation Strategy set out the actions to be taken in the first three years of the Sláintecare implementation process. There were 106 sub-actions detailed in the Strategy. Within the Action Plan 2019, we have referenced the sub-action numbers from the Sláintecare Implementation Strategy for ease of cross-referral.

4 Sláintecare Action Plan 2019

The Sláintecare Programme Implementation Office (SPIO) was established in September 2018 with the initial task of reviewing and refining the Implementation Strategy into a more detailed Action Plan for 2019.

A three-stage approach was taken to undertake this review as follows:

Delve Stage – September-October 2018

This focused on reviewing the Sláintecare Implementation Strategy sub-actions and identified where further actions were required.

Discover Stage – October-November 2018

A readiness assessment of all the 106 Sláintecare sub-actions was initiated. This examined the degree to which there were plans behind these sub-actions and who was responsible for delivering them.

Delivery Stage – November-December 2018

This stage looked at how best to structure teams for successful and effective delivery. A Citizen Care Masterplan Framework for the implementation of the Sláintecare actions was developed in order to establish a programmatic approach to delivery.

The SPIO has now refined the Implementation Strategy which contained 106 sub-actions into a programmatic Action Plan 2019. The Action Plan will be updated annually during the ten-year implementation period. The Action Plan has identified four main Workstreams as follows:

Workstream 1: Service Redesign & Supporting Infrastructure

Workstream 2: Safe Care, Co-ordinated Governance & Value for Money

Workstream 3: Teams of the Future

Workstream 4: Sharing Progress

Each of the four Workstreams has five main Programmes and multiple Projects within each Programme.

5 Project Implementation and Governance

The Sláintecare Action Plan change programme requires a coalition across the wider health and social care system to work together over the long-term, sustaining momentum, and with a clear focus on the desired outcomes of reform. Our implementation approach will be built on the core components detailed below:

Figure 4: Core Components for Successful Implementation

Implementation and Oversight

Figure 5 depicts the Sláintecare implementation and oversight structures. The main features are:

- The Minister for Health will be accountable to the Oireachtas for the delivery of Sláintecare and will report regularly on progress.
- The Cabinet Committee on Health, chaired by the Taoiseach, will give overall strategic direction and will oversee implementation, ensuring leadership at the highest level.
- The High Level Delivery Board and the Sláintecare Executive Director will ensure effective delivery of agreed plans and resourcing of the Sláintecare reform programme.
- The SIAC will advise and support the SPIO on the change programme.
- The SPIO will oversee the implementation process through the Executive Task Force and the workstreams' delivery structure comprising multiple Programmes and Projects as outlined on the following pages.

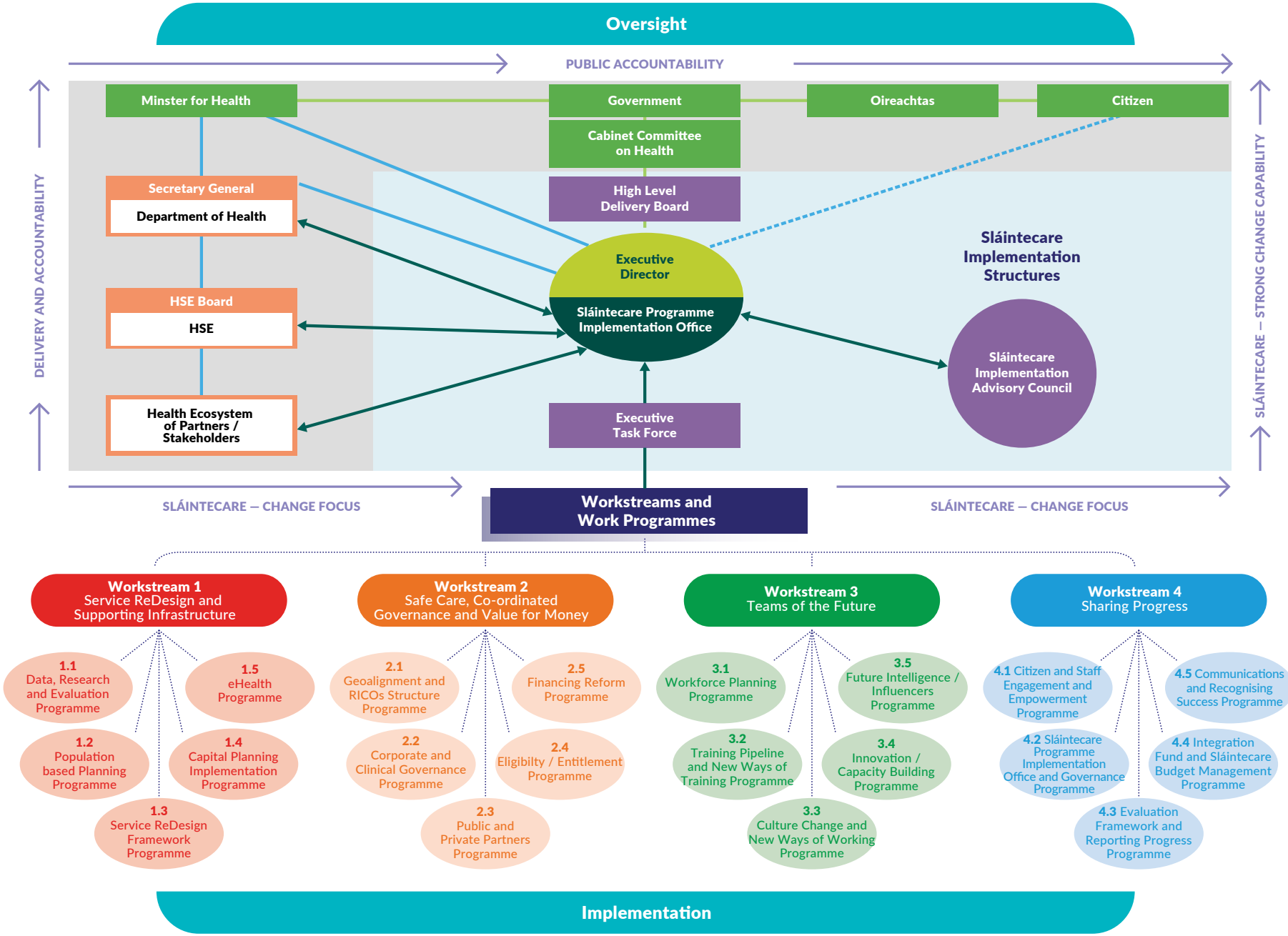


Figure 5: How Sláintecare will be overseen and implemented

6 Partnership Working

The Sláintecare Programme Implementation Office (SPIO) has been established to support and drive the implementation of the Sláintecare vision.

The SPIO will work in partnership with colleagues in the Department of Health, the HSE, other agencies and key stakeholders.

The SPIO will:

- Lead, manage and monitor the reform programme.
- Drive the reform process through implementation planning and direction.
- Establish programme management and a monitoring/evaluation culture.
- Act as a central hub for health reform.
- Support the workstreams, programmes and projects, in terms of problem-solving, identifying and helping manage inter-dependencies.
- Help escalate issues to get decisions where needed.
- Provide tools and support where helpful (for example, innovation labs, programme management tools and communication support).

It will have a key role in providing regular reporting on implementation progress to the Minister and to the Cabinet Committee on Health, and in communicating the reform programme priorities and progress to stakeholders and the public.

Working with the HSE

As set out in the HSE's National Service Plan 2019, the HSE's Programme for Health Service Improvement (PHSI) resource and expertise will be re-directed to establish a HSE Strategic Transformation Office under the remit of Strategic Planning and Transformation.

This office, working collaboratively with the SPIO, commissioning teams, and the wider organisation, will lead, drive and actively support the delivery of the Sláintecare reforms in line with the Sláintecare Action Plan.

The HSE Strategic Transformation Office will oversee the change management business planning approach across the HSE organisation and will align the existing PHSI framework to the new established priorities. In specific terms it will:

- Work in partnership with the SPIO and through the Sláintecare Executive Task Force and Sláintecare governance structures to ensure that implementation of reform is delivered as planned.
- Drive and actively support the delivery of the Sláintecare reforms and other key programmes determined as being critical to the overall HSE transformation programme.
- Oversee the change management business planning approach across the organisation and align the existing PHSI framework to the new established priorities.
- Provide assurance to the new HSE Board on Sláintecare implementation progress, highlight issues of concern, and take corrective actions as required, to ensure that overall outcomes are delivered and that value for money is achieved.
- Direct available resources and expertise towards the delivery of transformational change in accordance with prioritised projects.
- Build strategic change capability, enabling teams to successfully deliver and achieve the benefits of transformation programmes.
- Support and enable local Programme Management Offices to deliver strategic reforms at frontline service level where it will be experienced by communities, service users, patients and families.

7 Sláintecare Project Management Structure

The SPIO has structured the Action Plan into four Workstreams as follows:

- Workstream 1: Service Redesign & Supporting Infrastructure
- Workstream 2: Safe Care, Co-ordinated Governance & Value for Money
- Workstream 3: Teams of the Future
- Workstream 4: Sharing Progress

Each workstream has five major Programmes with each Programme having a number of specific Projects as set out in the following pages.

The Projects are grouped into Programmes based on their linkages and dependencies. The Projects will be delivered by teams comprising members of the Department of Health, HSE, and other agencies / stakeholder groups as appropriate.

Representatives from the Project Teams will be facilitated by a SPIO executive at a Programme level so as to provide information, links and visibility between and across the Projects. The Executive Task Force will be made up of representatives from the individual Projects and Programmes and will be chaired by the Executive Director of Sláintecare.

The SPIO will publish rolling plans on an annual basis. Progress reports will be published on a biannual basis.

A Project Initiation Document will be prepared for priority Projects and Programmes setting out clear milestone deliverables, timeframes, project dependencies, project owners and team. The project owner will be responsible for the timely delivery of the project milestones and effective reporting on project progress.

A Risk, Actions, Issues and Dependencies (RAID) log will be introduced for each project. A nominated team member will actively update and maintain the RAID log by:

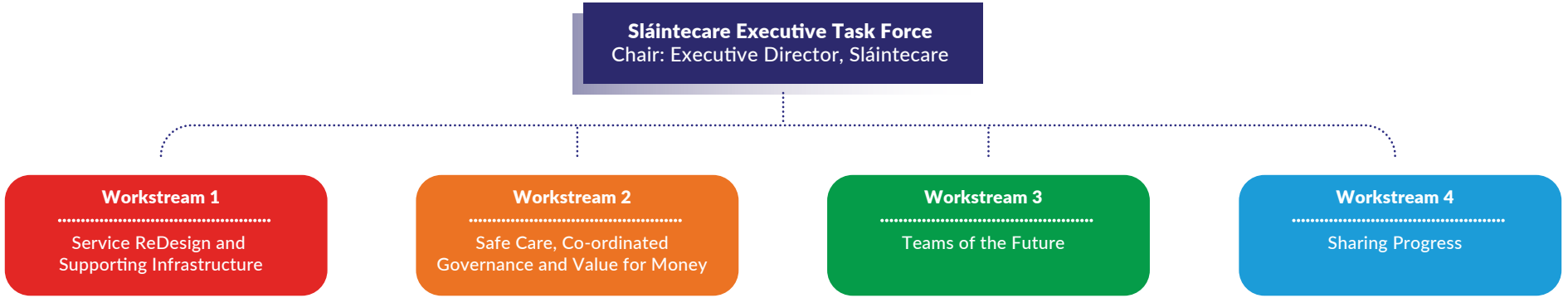
- Identifying potential risks and issues and assigning responsible owners
- Assessing the potential impact / likelihood of a risk or issue
- Establishing plans to mitigate against the specific risks and issues
- Implementing action plans for risk and issue mitigation.

The following section describes the SPIO Workstreams and Work Programmes, and sets out the 2019-2028 terms of reference for each of the 20 Work Programmes. These terms of reference provide a ten-year overview of the Work Programmes. The project milestones to be delivered in 2019 are then outlined.

8 Sláintecare Implementation Workstreams

This section describes the SPIO Workstreams and Work Programmes and sets out the 2019-2028 terms of reference for each of the 20 work programmes.

Project Gantts are also included showing the key deliverables for the 20 work programmes for 2019.



Workstream 1
Service Redesign and Supporting Infrastructure

This workstream focuses on providing the right care, in the right place, at the right time, where the patient / service user is paramount and strong emphasis is placed on prevention and public health. Programmes will design integrated services to provide care and support at, or near, home where appropriate and to ensure hospital stays are minimised. This includes planning for bed and diagnostic capacity and ICT infrastructure to support integrated care and patient / service user empowerment. Programmes will focus on commencing and scaling projects to improve the management of chronic disease and older people's services. The role that technology can play in reducing waiting times will be pursued under this workstream including an integrated ICT waiting list.

A focus will be placed on three areas for development:

A Prevention
B Integrated Care
C National Policies

Workstream 2
Safe Care, Co-ordinated Governance and Value for Money

This workstream involves programmes which will enable a safe, devolved and accountable system to support the delivery of Irish health and social care services. The aim is to establish a strong system of national and regional governance to drive improved performance and accountability. In 2019, a new organisational and operational structure for the future reconfigured health service, including respective roles of the Department of Health, the HSE and regional and community organisations will be defined. Sláintecare proposes providing universal services at no or low cost to the patient/service user. Various entitlement and eligibility scenarios will be considered to develop a roadmap and policy proposals for how and when this could be done. In 2019, a HSE Board will be established and key decisions will be made in relation to the establishment of Regional Integrated Care Organisations. The Patient Safety Bill will be progressed.

Sláintecare Work Programme Action Plan

Workstream 3
Teams of the Future

This workstream is centred on planning, building and supporting a health and social care workforce which can deliver on the Sláintecare reform programme, as well as initiatives which promote innovation, participation and the creation of a supportive work environment. The workforce planning framework will be progressed with a focus on engagement with the education sector and training bodies, to agree new ways of training multidisciplinary teams. The implementation of the recommendations in the Strategic Review of Medical Training and Career Structures will be progressed. Projects which support staff to work to the full scope of their licence to ensure that patients are seen at the lowest level of complexity possible will be identified and implemented.

Workstream 4
Sharing Progress

This workstream is concerned with fostering the support of citizens and stakeholders in the Sláintecare reform process, consulting them about its delivery and informing them about progress through engagement and open reporting. In 2019 a Citizen and Staff Engagement and Empowerment Programme will commence which will be sustained throughout the 10-year implementation period. Development of an evaluation and reporting framework will also commence in 2019. The Sláintecare Integration Fund will be established, all projects supported will be publicised, and progress and evaluation reports published. A programme for promoting good practice so that successful projects can be recognised and scaled up will be established.

Figure 6: SPIO Four Implementation Workstreams

9 Workstreams Breakdown by Programme

Workstream 1
Service ReDesign and Supporting Infrastructure

Workstream 2
Safe Care, Co-ordinated Governance and Value for Money

Workstream 3
Teams of the Future

Workstream 4
Sharing Progress

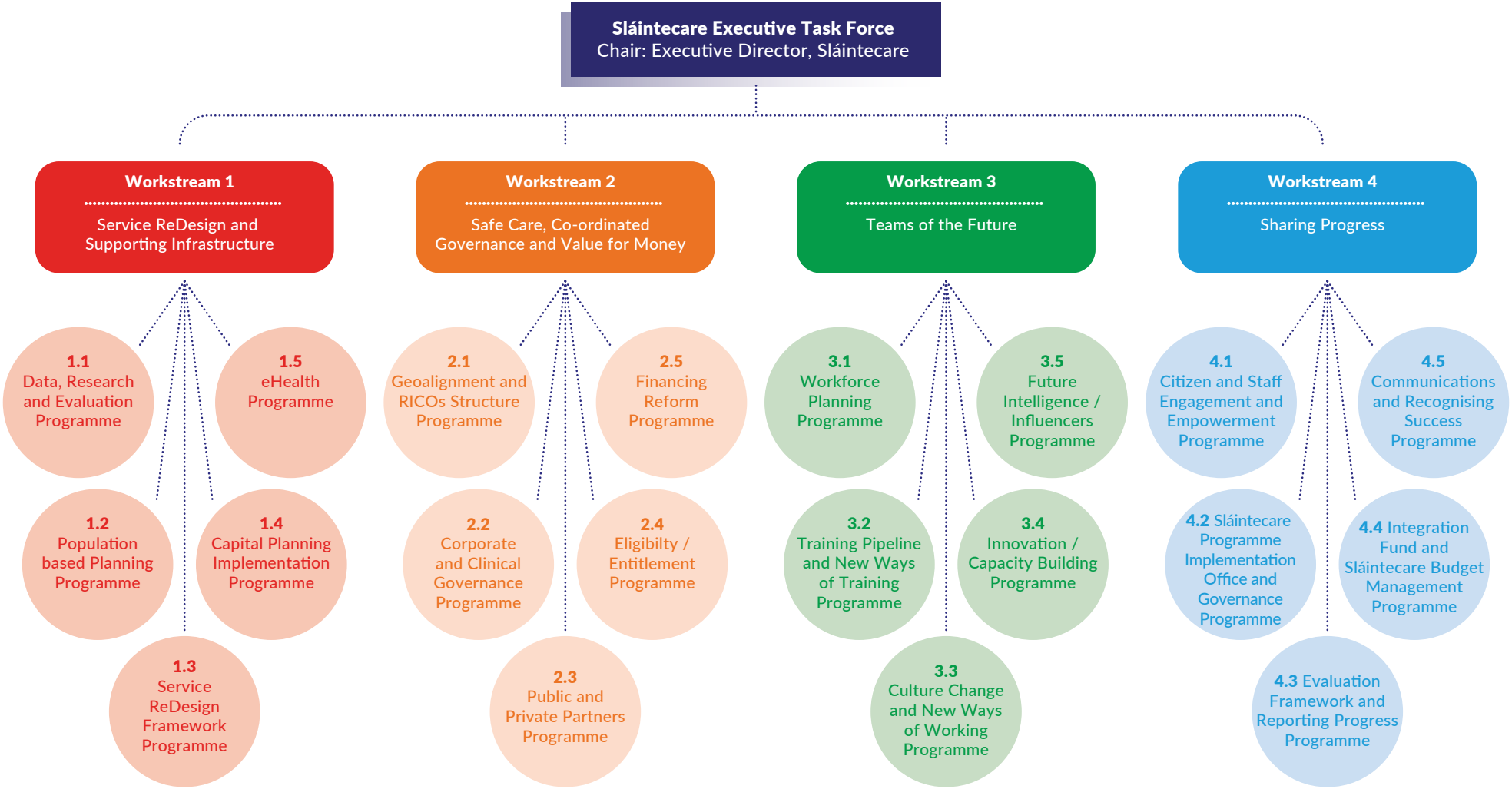


Figure 7: Sláintecare Executive Task Force

Workstream 1

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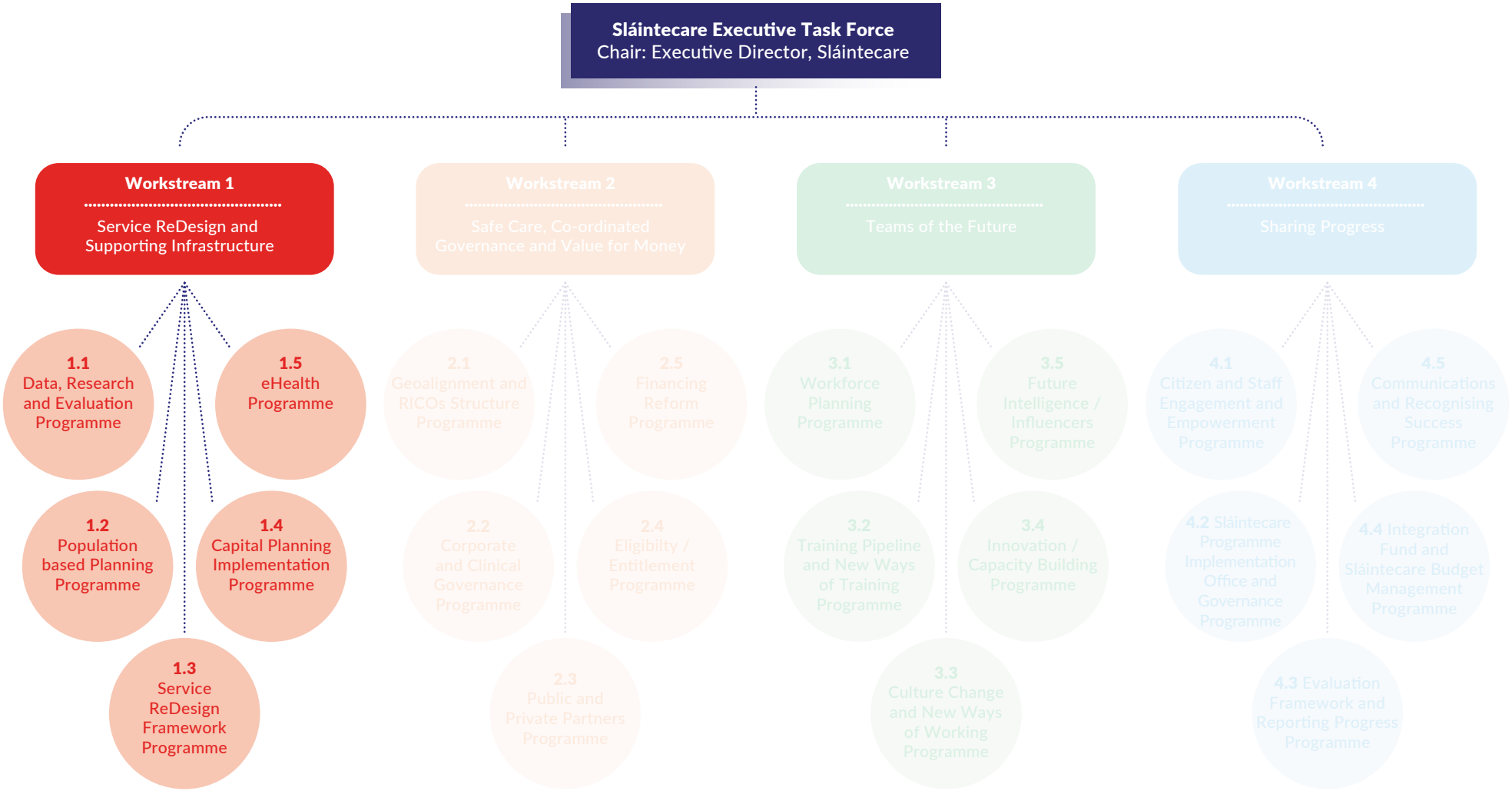
Service ReDesign and Supporting Infrastructure

Sláintecare


Sláintecare Executive Task Force
Chair: Executive Director, Sláintecare
Workstream 1
Service ReDesign and Supporting Infrastructure
Workstream 2
Safe Care, Co-ordinated Governance and Value for Money
Workstream 3
Teams of the Future
Workstream 4
Sharing Progress
1.1 Data, Research and Evaluation Programme
1.2 Population based Planning Programme
1.3 Service ReDesign Framework Programme
1.4 Capital Planning Implementation Programme
1.5 eHealth Programme
2.1 Geoalignment and RICOs Structure Programme
2.2 Corporate and Clinical Governance Programme
2.3 Public and Private Partners Programme
2.4 Eligibilty / Entitlement Programme
2.5 Financing Reform Programme
3.1 Workforce Planning Programme
3.2 Training Pipeline and New Ways of Training Programme
3.3 Culture Change and New Ways of Working Programme
3.4 Innovation / Capacity Building Programme
3.5 Future Intelligence / Influencers Programme
4.1 Citizen and Staff Engagement and Empowerment Programme
4.2 Sláintecare Programme Implementation Office and Governance Programme
4.3 Evaluation Framework and Reporting Progress Programme
4.4 Integration Fund and Sláintecare Budget Management Programme
4.5 Communications and Recognising Success Programme

Terms of Reference:
2019—2028

Workstream 1 —
Service ReDesign and Supporting Infrastructure

This workstream is composed of the following five work programmes:

1.1 Data, Research and Evaluation Programme
1.2 Population-based Planning Programme
1.3 Service ReDesign Framework Programme
1.4 Capital Planning Implementation Programme
1.5 eHealth Programme

The description for each of these work programmes is set out below.

1 Data, Research and Evaluation Programme

This programme will consolidate existing data, collect new data, and will ensure that high quality national and international evidence is accessed, synthesised or generated to inform decision-making, thereby optimising impact for patient outcomes, the health system and the economy.

2 Population-based Planning Programme

This programme will define the health profile of our population by Regional Integrated Care Organisation (RICO), based on demographic factors, with the aim of understanding and anticipating the health and social needs for the region.

3 Service Redesign Framework Programme

This programme is focussed on the development of integrated care pathways within a national policy context, comprising preventative, therapeutic, treatment, rehabilitative and palliative care elements. The aim is to ensure that people get the right care, in the right place, at the right time. Planning care at the lowest level of complexity whether at home, near home, in hospital or via integrated care structures will underpin these pathways. The following are key to this programme:

A Development of a national framework for Models of Care design

B Development of a national clinical strategy for Regional Planning

C Implementing Healthy Ireland

D Development of Primary Care, Social Care and Community Services

E Implementing integrated care between primary, community and hospital services

F Implementing the Capacity Plan

G Implementing the Trauma Plan

H Implementing innovative ways to address waiting lists

I Deciding on services which should be moved from the hospital to a community setting

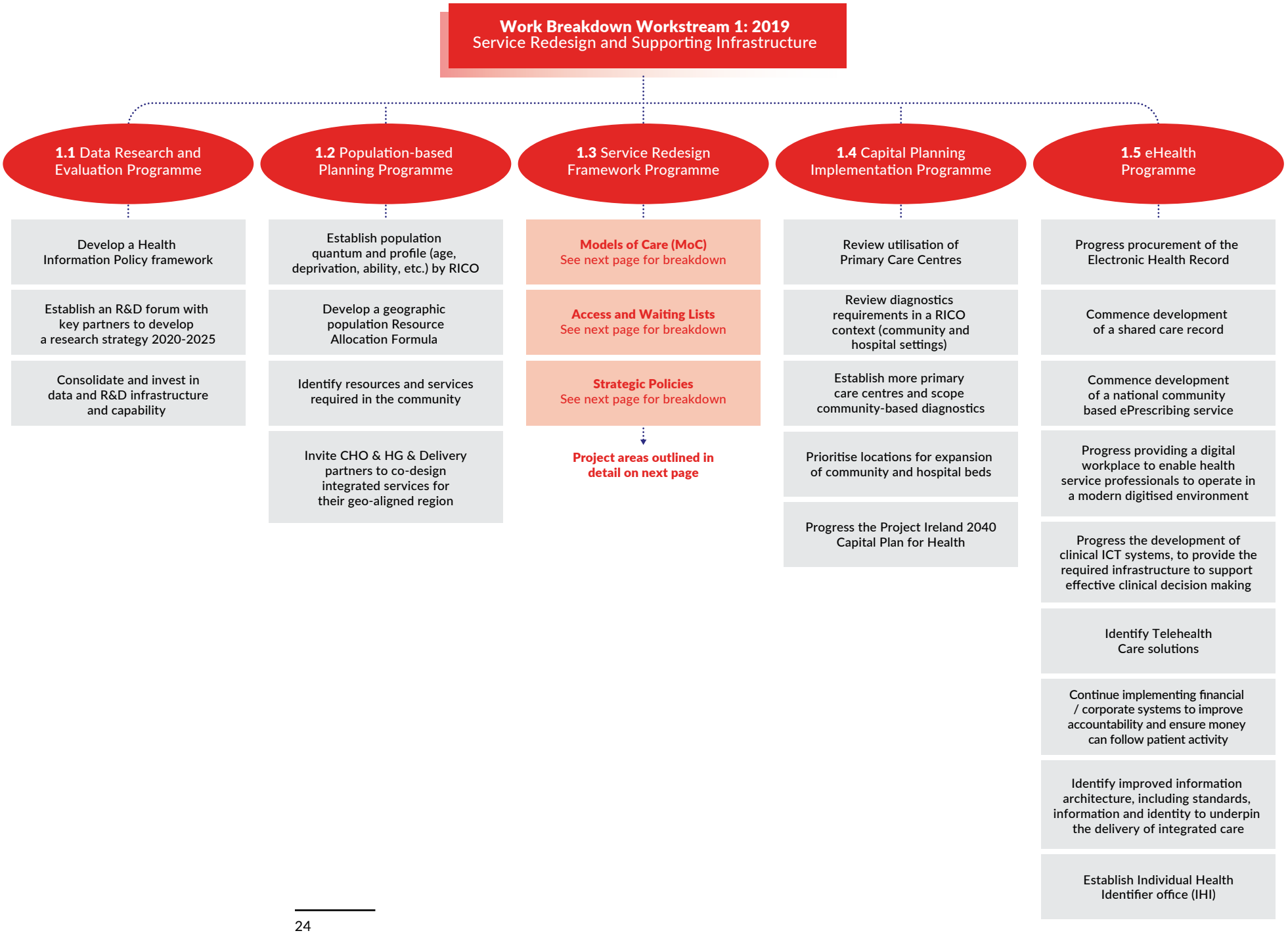
4 Capital Planning Implementation Programme

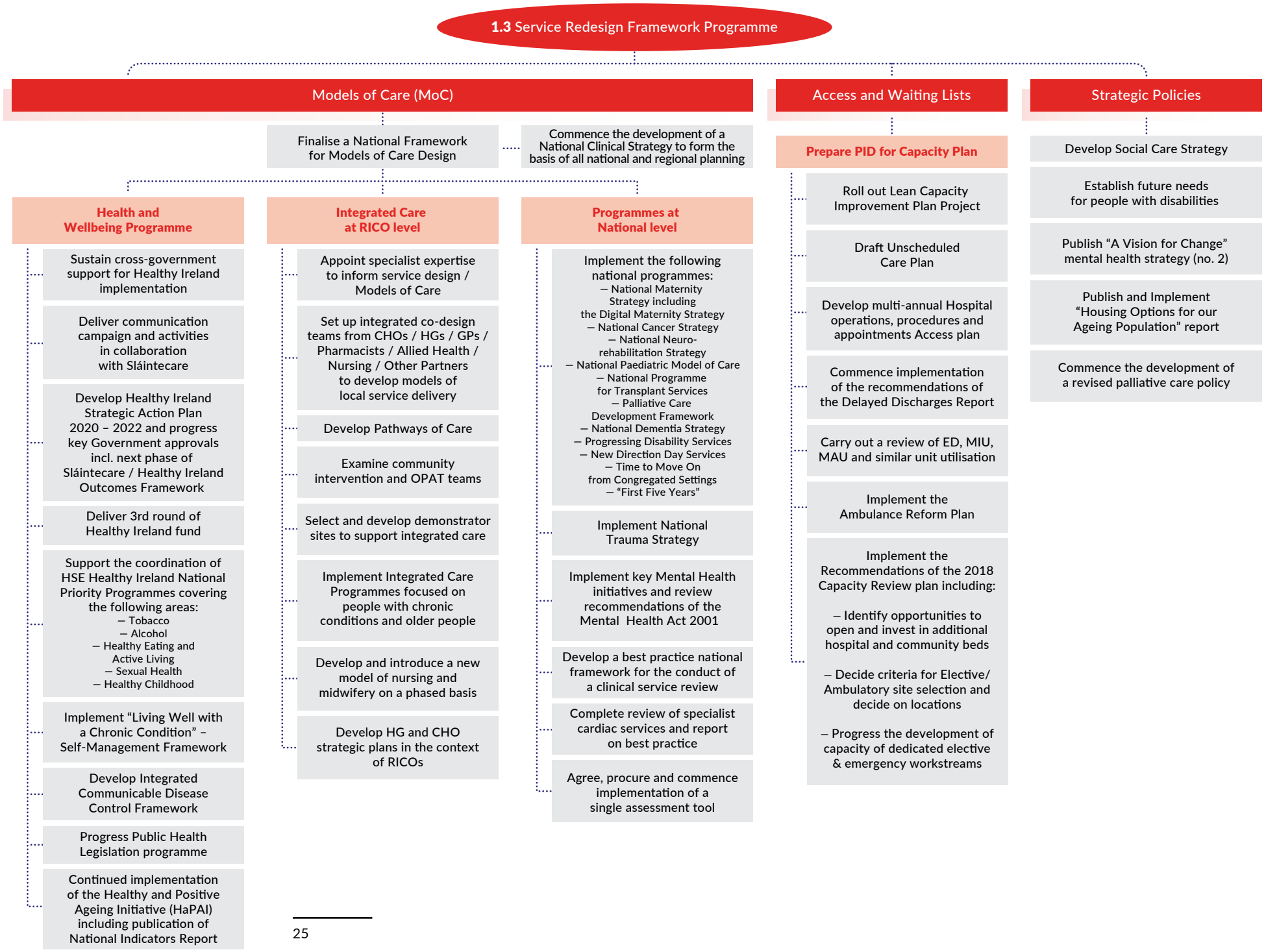
This programme will support the re-designed services. The National Development Plan provides for funding of over €10.9 billion to enable the ten-year Sláintecare vision. Key infrastructure projects include the commissioning of elective hospital infrastructure; further Primary Care centres; additional hospital beds; diagnostics in the right locations; community infrastructure including long-term and short-term residential beds in community nursing homes and additional facilities for people with disabilities.

5 eHealth Programme

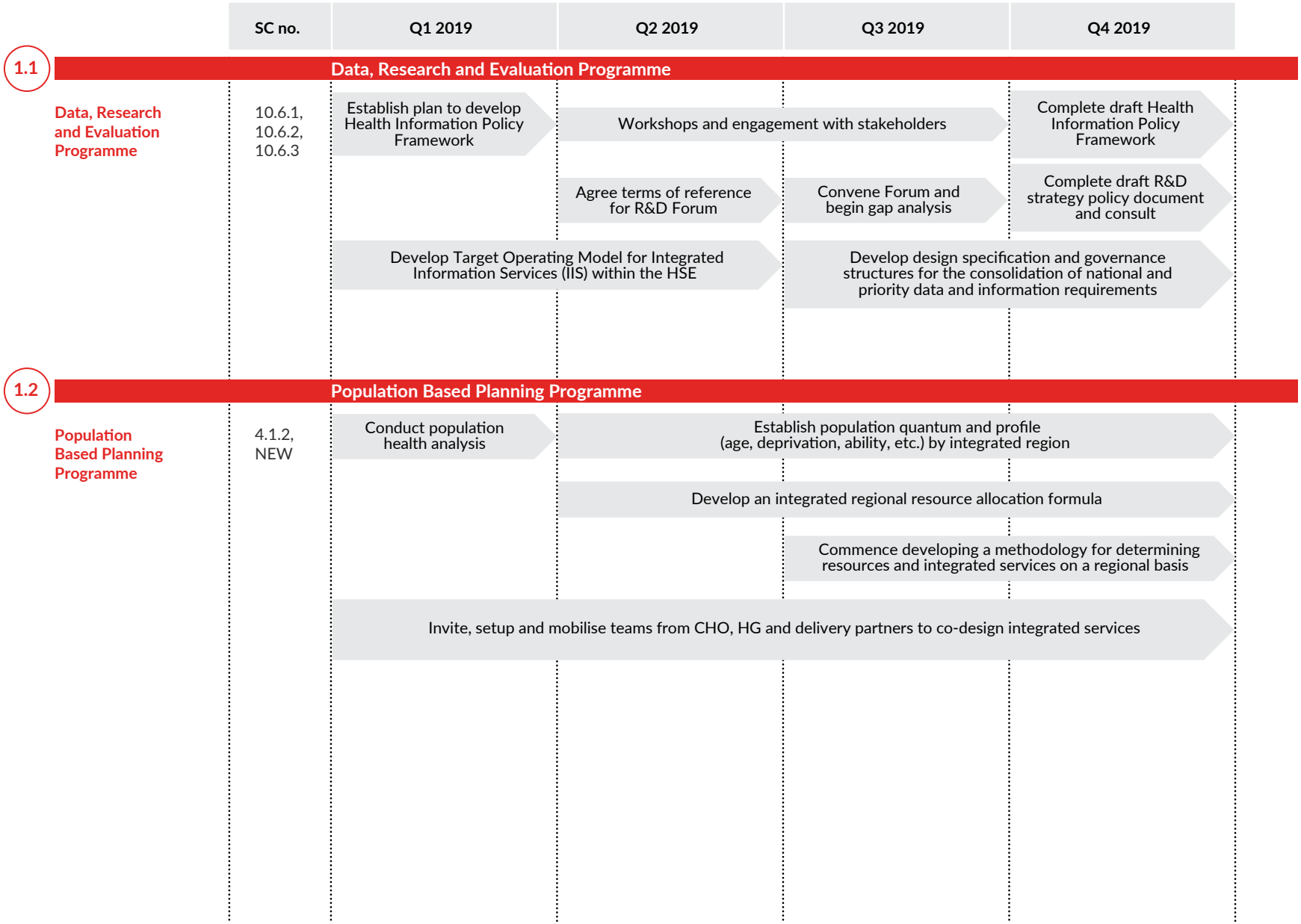
This programme is focussed on ensuring that the requisite ICT infrastructure will be put in place to support service delivery. The aim is to develop a coherent suite of eHealth solutions for the Irish healthcare system which will support the overall vision for integrated, patient-centred care. This will require data to support population health planning, as well as systems to drive more efficient, effective and collaborative care. A focus on providing clinicians and managers with the tools and information needed to support decision-making is also central to this programme.

The Workstream Work Breakdown and Project Gantts for delivery of these Programmes in 2019 are as follows:

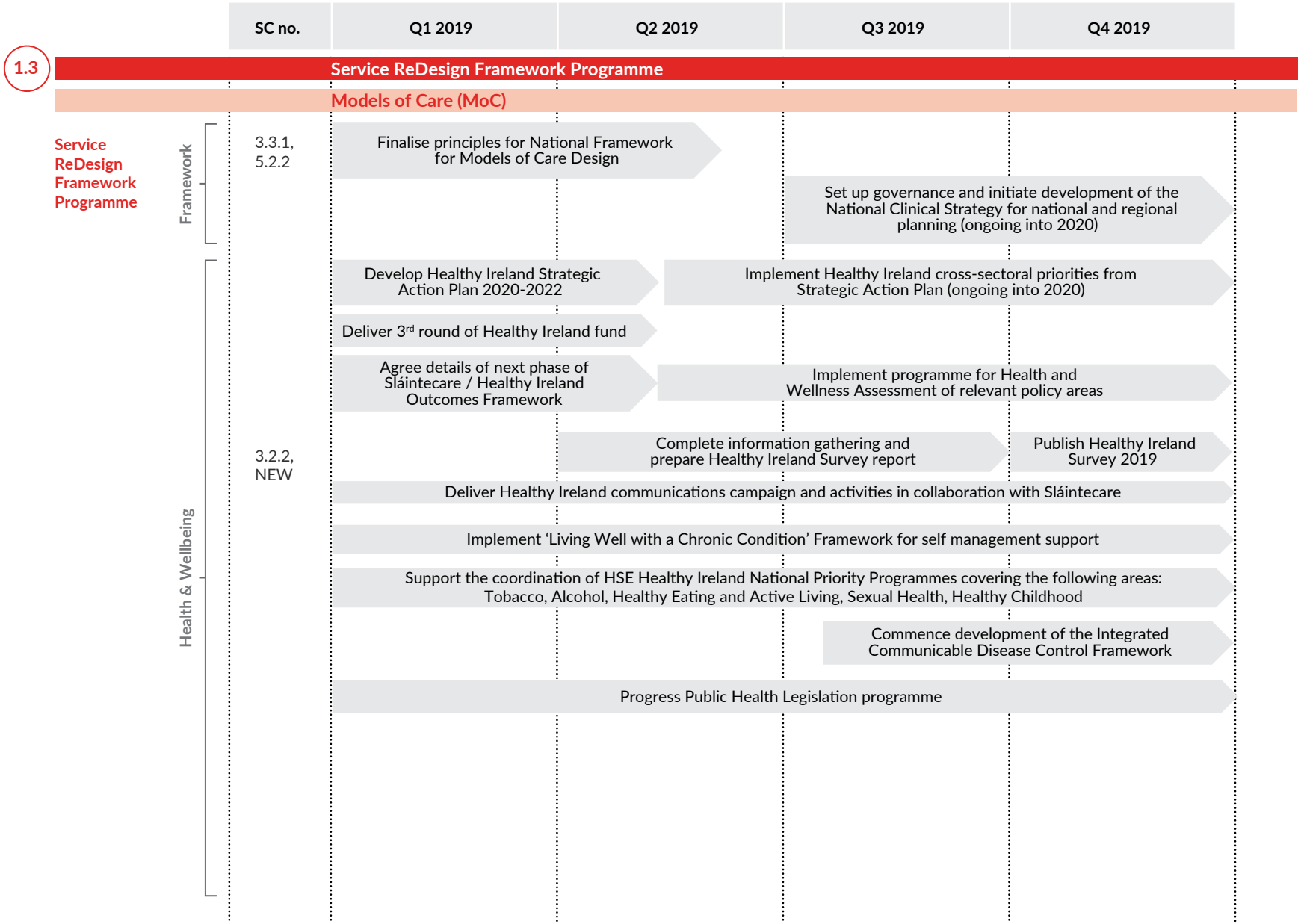

Work Breakdown Workstream 1: 2019
Service Redesign and Supporting Infrastructure
1.1 Data Research and Evaluation Programme
1.2 Population-based Planning Programme
1.3 Service Redesign Framework Programme
1.4 Capital Planning Implementation Programme
1.5 eHealth Programme
Develop a Health Information Policy framework
Establish an R&D forum with key partners to develop a research strategy 2020-2025
Consolidate and invest in data and R&D infrastructure and capability
Establish population quantum and profile (age, deprivation, ability, etc.) by RICO
Develop a geographic population Resource Allocation Formula
Identify resources and services required in the community
Invite CHO & HG & Delivery partners to co-design integrated services for their geo-aligned region
Models of Care (MoC)
See next page for breakdown
Access and Waiting Lists
See next page for breakdown
Strategic Policies
See next page for breakdown
Project areas outlined in detail on next page
Review utilisation of Primary Care Centres
Review diagnostics requirements in a RICO context (community and hospital settings)
Establish more primary care centres and scope community-based diagnostics
Prioritise locations for expansion of community and hospital beds
Progress the Project Ireland 2040 Capital Plan for Health
Progress procurement of the Electronic Health Record
Commence development of a shared care record
Commence development of a national community based ePrescribing service
Progress providing a digital workplace to enable health service professionals to operate in a modern digitised environment
Progress the development of clinical ICT systems, to provide the required infrastructure to support effective clinical decision making
Identify Telehealth Care solutions
Continue implementing financial / corporate systems to improve accountability and ensure money can follow patient activity
Identify improved information architecture, including standards, information and identity to underpin the delivery of integrated care
Establish Individual Health Identifier office (IHI)


1.3 Service Redesign Framework Programme
Models of Care (MoC)
Access and Waiting Lists
Strategic Policies
Finalise a National Framework for Models of Care Design
Commence the development of a National Clinical Strategy to form the basis of all national and regional planning
Health and Wellbeing Programme
Integrated Care at RICO level
Programmes at National level
Sustain cross-government support for Healthy Ireland implementation
Deliver communication campaign and activities in collaboration with Sláintecare
Develop Healthy Ireland Strategic Action Plan 2020 – 2022 and progress key Government approvals incl. next phase of Sláintecare / Healthy Ireland Outcomes Framework
Deliver 3rd round of Healthy Ireland fund
Support the coordination of HSE Healthy Ireland National Priority Programmes covering the following areas:
– Tobacco
– Alcohol
– Healthy Eating and Active Living
– Sexual Health
– Healthy Childhood
Implement "Living Well with a Chronic Condition" – Self-Management Framework
Develop Integrated Communicable Disease Control Framework
Progress Public Health Legislation programme
Continued implementation of the Healthy and Positive Ageing Initiative (HaPAI) including publication of National Indicators Report
Appoint specialist expertise to inform service design / Models of Care
Set up integrated co-design teams from CHOs / HGs / GPs / Pharmacists / Allied Health / Nursing / Other Partners to develop models of local service delivery
Develop Pathways of Care
Examine community intervention and OPAT teams
Select and develop demonstrator sites to support integrated care
Implement Integrated Care Programmes focused on people with chronic conditions and older people
Develop and introduce a new model of nursing and midwifery on a phased basis
Develop HG and CHO strategic plans in the context of RICOs
Implement the following national programmes:
– National Maternity Strategy including the Digital Maternity Strategy
– National Cancer Strategy
– National Neuro-rehabilitation Strategy
– National Paediatric Model of Care
– National Programme for Transplant Services
– Palliative Care Development Framework
– National Dementia Strategy
– Progressing Disability Services
– New Direction Day Services
– Time to Move On from Congregated Settings
– "First Five Years"
Implement National Trauma Strategy
Implement key Mental Health initiatives and review recommendations of the Mental Health Act 2001
Develop a best practice national framework for the conduct of a clinical service review
Complete review of specialist cardiac services and report on best practice
Agree, procure and commence implementation of a single assessment tool
Prepare PID for Capacity Plan
Roll out Lean Capacity Improvement Plan Project
Draft Unscheduled Care Plan
Develop multi-annual Hospital operations, procedures and appointments Access plan
Commence implementation of the recommendations of the Delayed Discharges Report
Carry out a review of ED, MIU, MAU and similar unit utilisation
Implement the Ambulance Reform Plan
Implement the Recommendations of the 2018 Capacity Review plan including:
– Identify opportunities to open and invest in additional hospital and community beds
– Decide criteria for Elective/ Ambulatory site selection and decide on locations
– Progress the development of capacity of dedicated elective & emergency workstreams
Develop Social Care Strategy
Establish future needs for people with disabilities
Publish "A Vision for Change" mental health strategy (no. 2)
Publish and Implement "Housing Options for our Ageing Population" report
Commence the development of a revised palliative care policy

Sláintecare Implementation Timeline: Workstream 1 – Gantts 2019



Sláintecare Implementation Timeline: Workstream 1 – Gantts 2019



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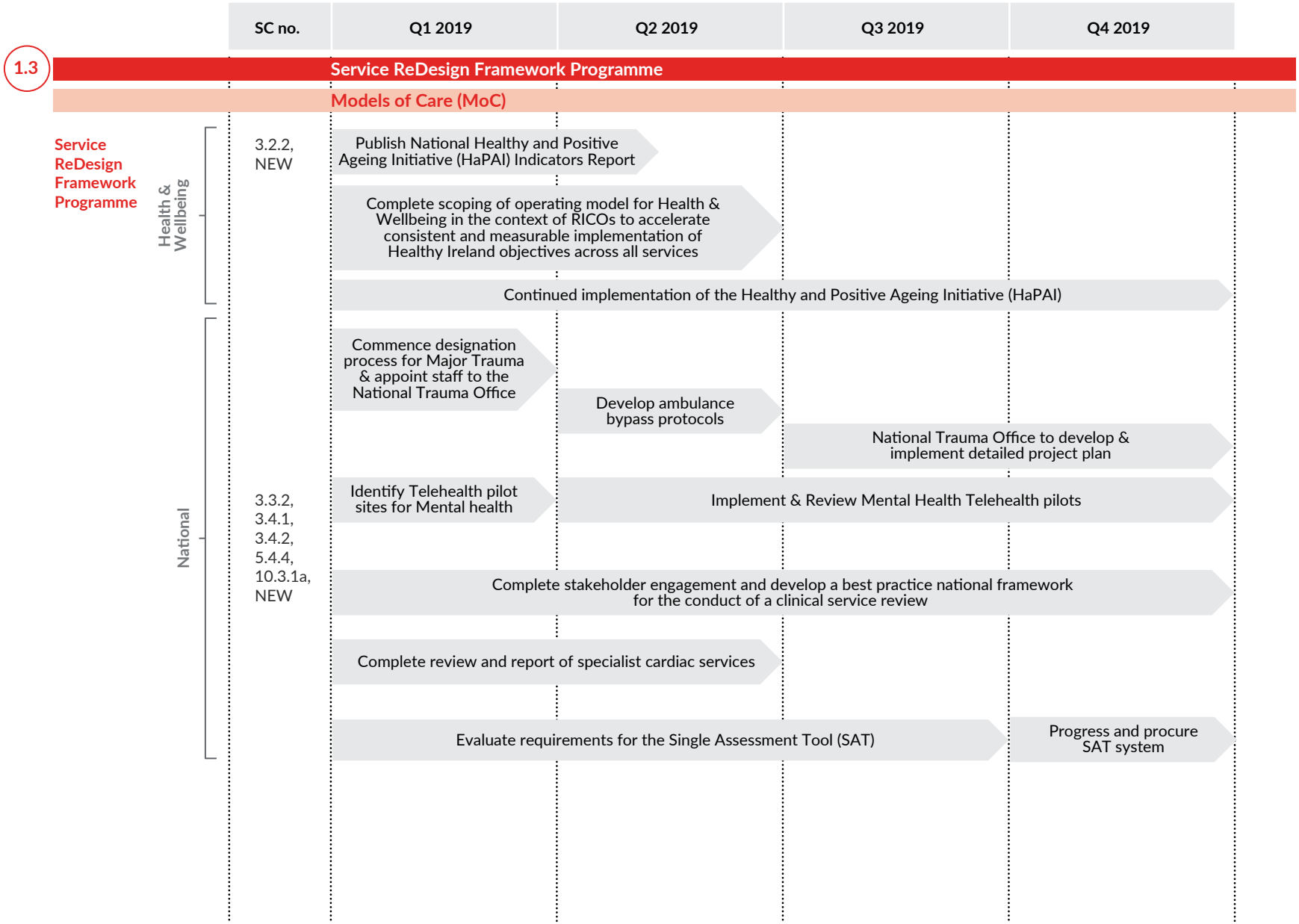

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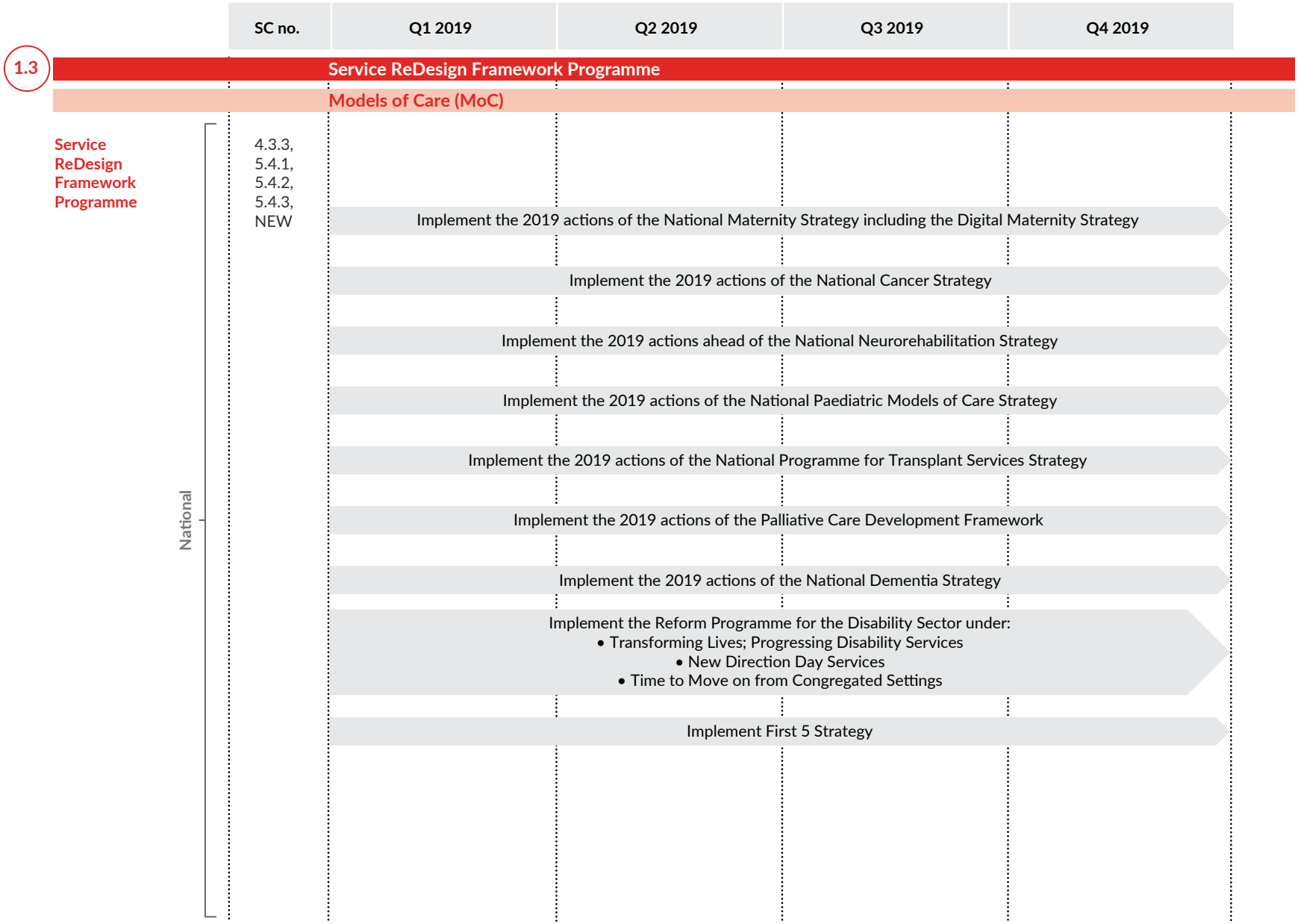

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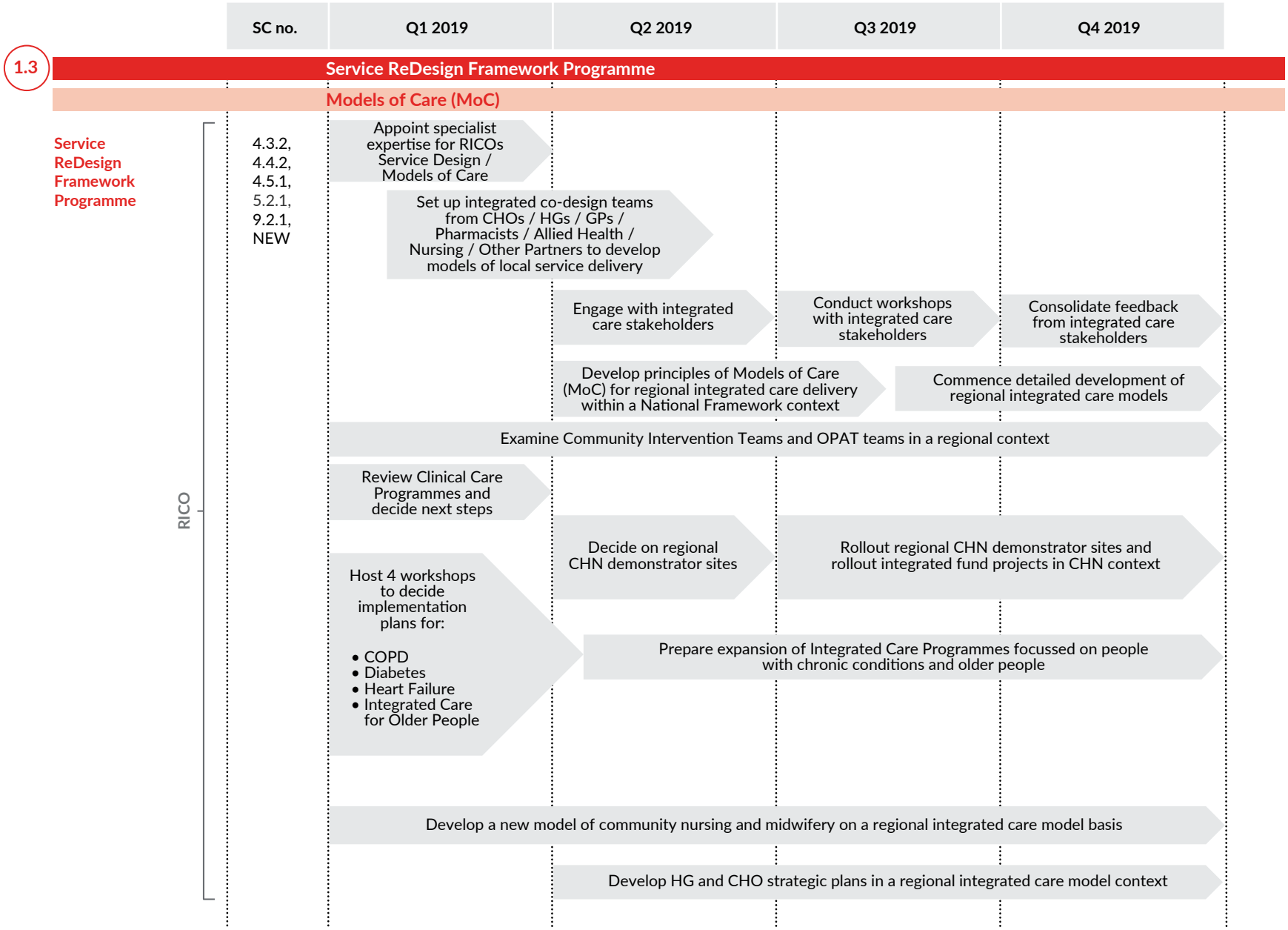
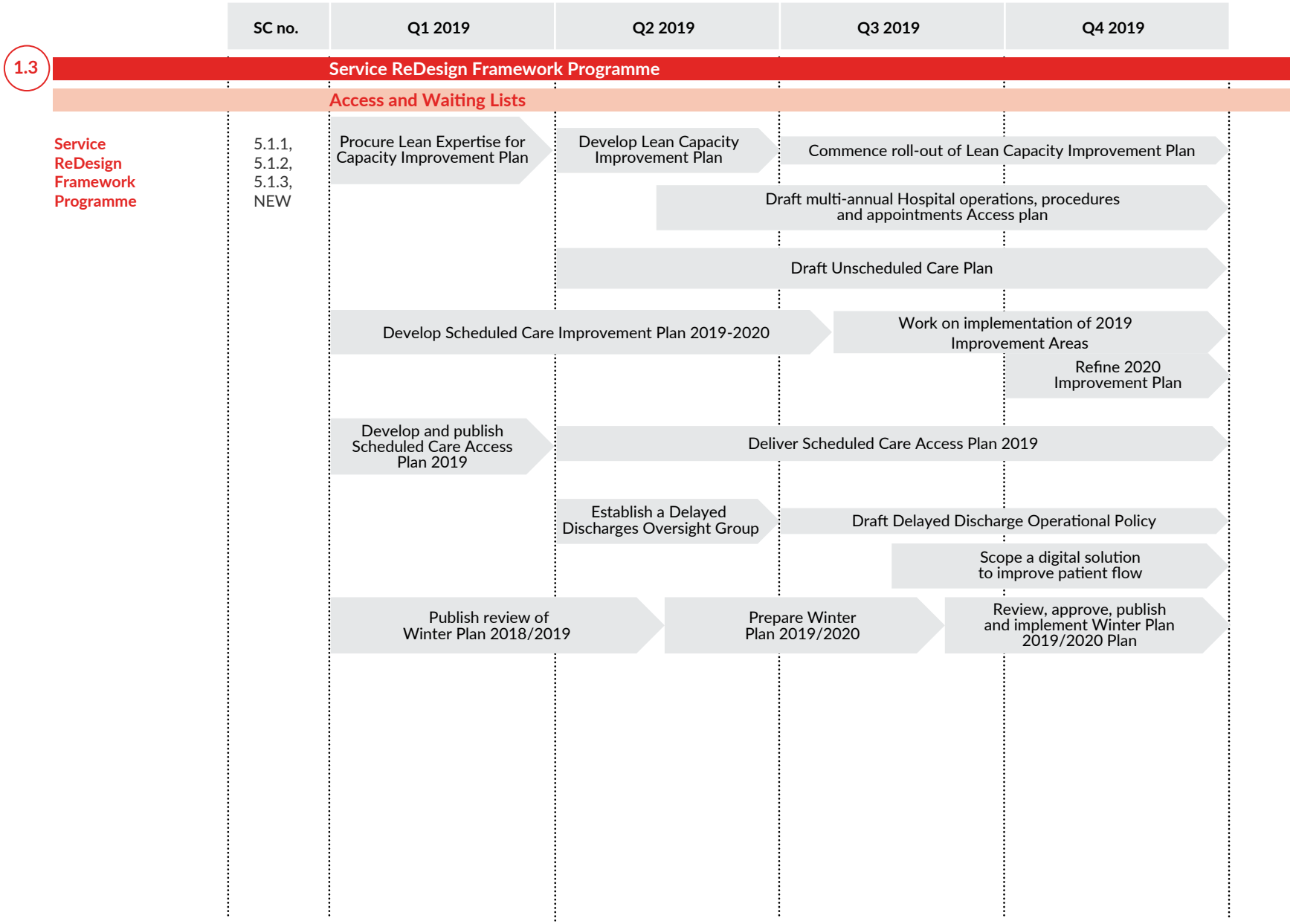


Sláintecare Implementation Timeline: Workstream 1 – Gantts 2019



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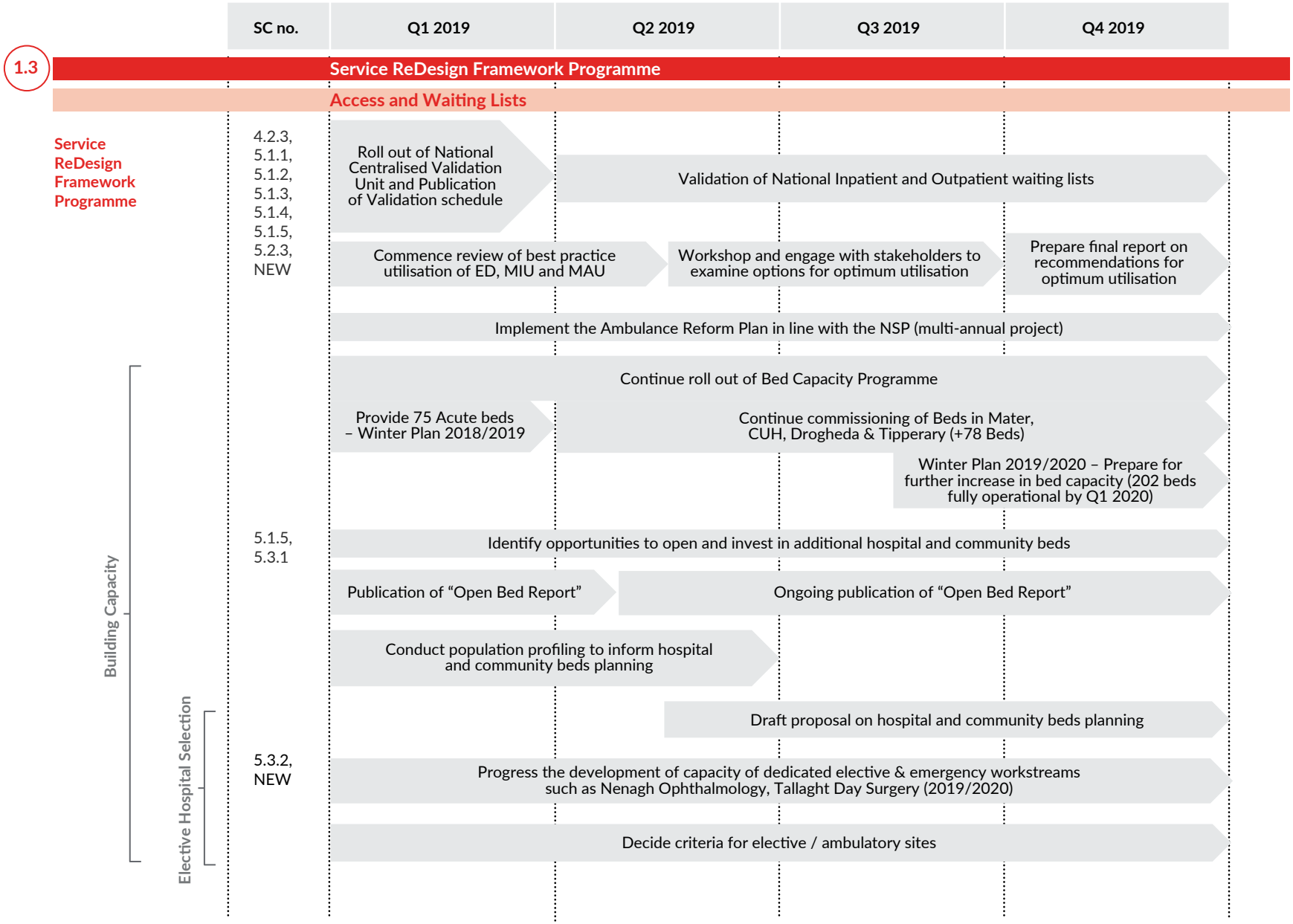

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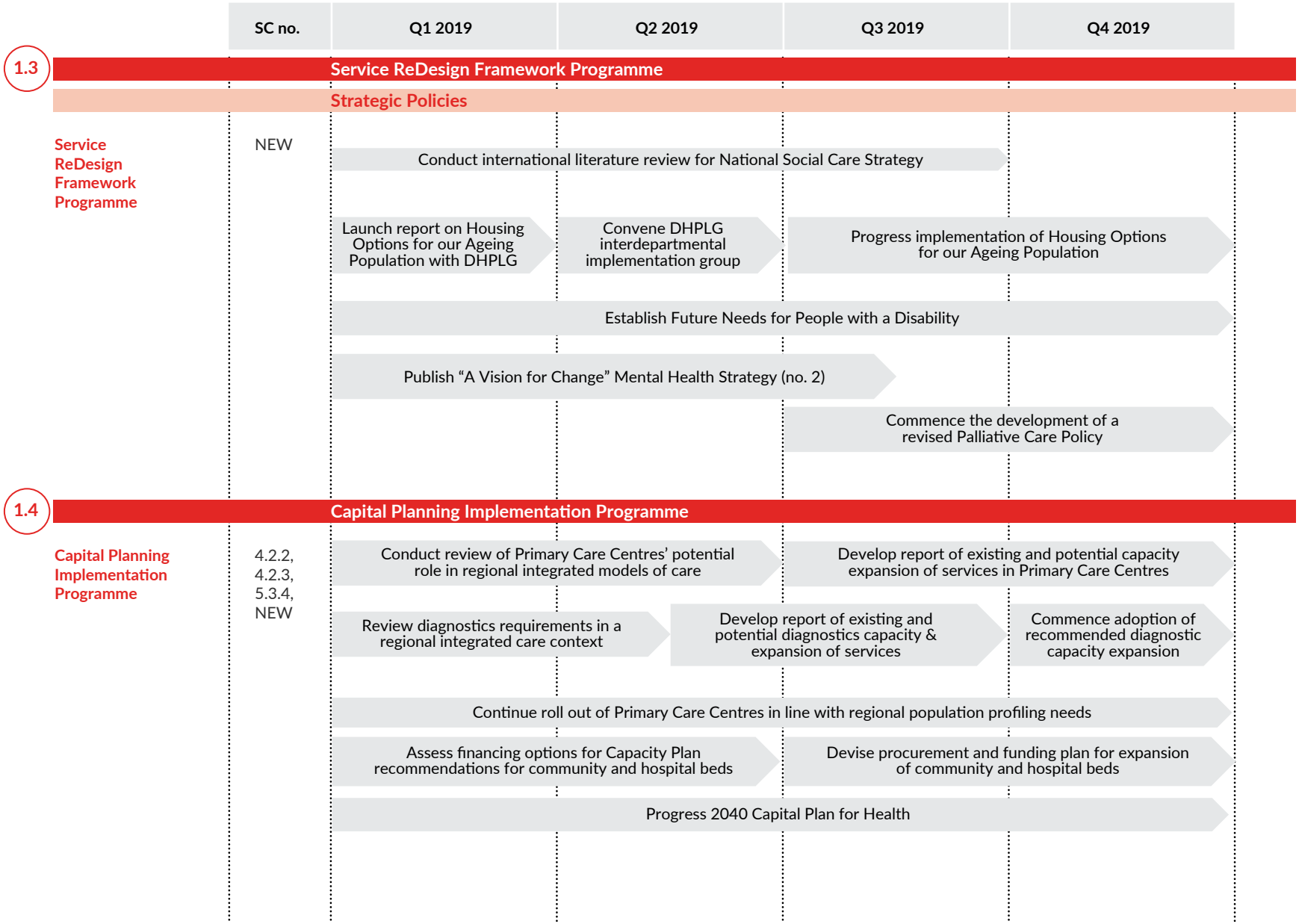

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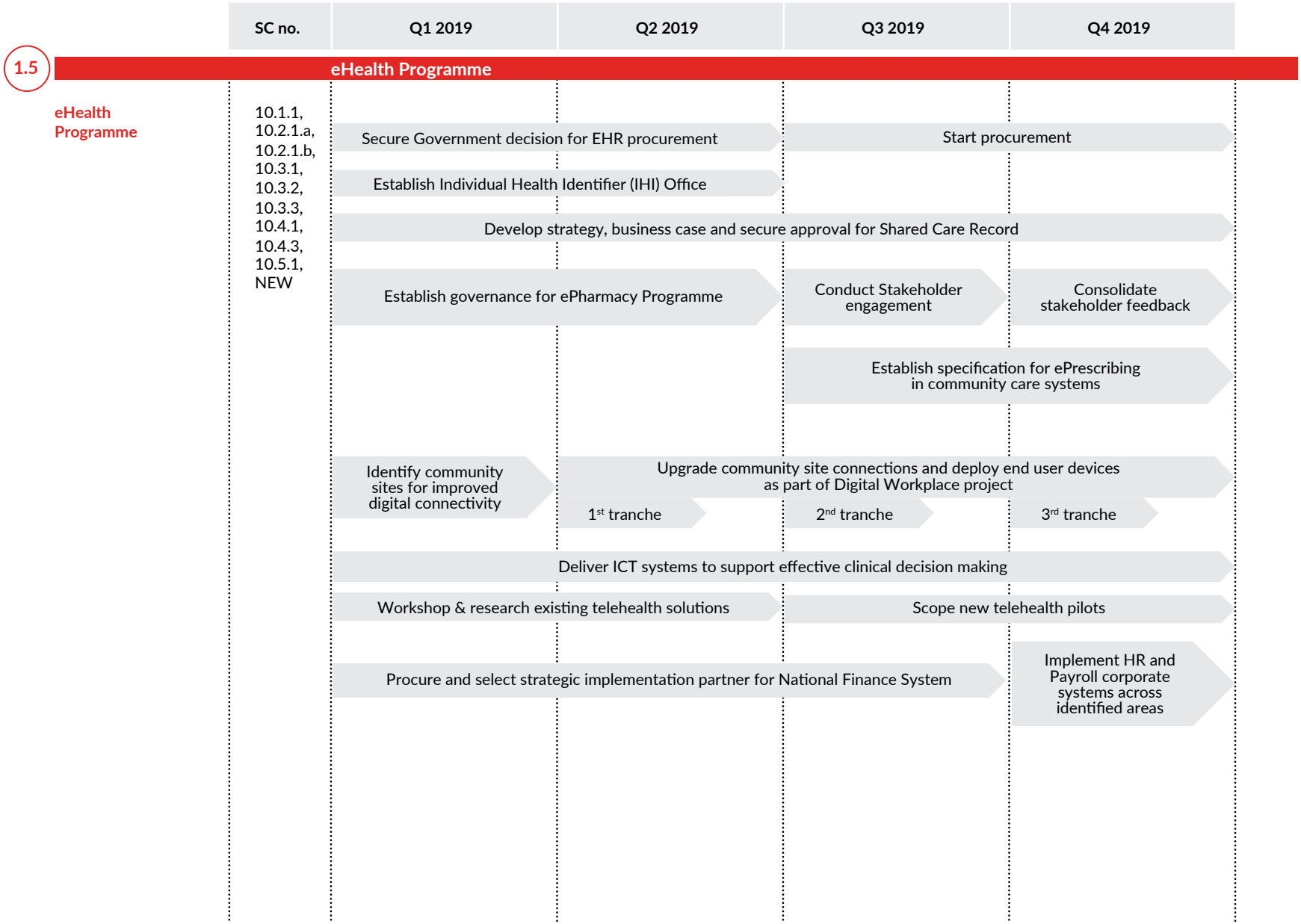

Workstream 2

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Safe Care, Co-ordinated Governance and Value for Money

Sláintecare

Sláintecare Executive Task Force
Chair: Executive Director, Sláintecare
Workstream 1
Service ReDesign and Supporting Infrastructure
Workstream 2
Safe Care, Co-ordinated Governance and Value for Money
Workstream 3
Teams of the Future
Workstream 4
Sharing Progress
1.1 Data, Research and Evaluation Programme
1.2 Population based Planning Programme
1.3 Service ReDesign Framework Programme
1.4 Capital Planning Implementation Programme
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4.5 Communications and Recognising Success Programme

Terms of Reference:
2019—2028

Workstream 2 — Safe Care, Co-ordinated Governance and Value for Money

1 Geoalignment and RICOs Structure Programme

The lack of geographical alignment between Hospital Groups (HGs) and Community Healthcare Organisations (CHOs) creates an impediment for the health system to deliver on its integrated care objectives. This programme will establish Regionally Integrated Care Organisations (RICOs), with one budget for the population of the region, to enable the delivery of planned care that is right for the needs of that local population. The development of an effective implementation structure for this reform is an integral part of this programme to ensure that clear, tangible health outcomes are achieved for the population of each region. The alignment of Community Health Networks for local delivery will be an important part of this programme.

2 Corporate and Clinical Governance Programme

This programme will give clarity to the roles and responsibilities of all the agents involved in defining, funding, commissioning, and delivering healthcare services in Ireland.

3 Public and Private Partners Programme

This programme will inform our understanding and decision-making around who will deliver services at different points across the clinical pathway. This involves considering how services will be delivered by public, private and / or community and voluntary players. It will also consider the publication of the Independent Review Group on Voluntary Bodies Report and the review from The Independent Review Group, chaired by Dr Donal de Buitléir, examining the removal of private practice from public acute hospitals. The programme also includes the agreement of a GP contract which will streamline integrated person-centred care, as well as the role of the pharmacist, carers and other professionals. The ambition is to achieve full equity in the delivery of health and social care services in a co-ordinated, safe, appropriate, sustainable and person-centred way.

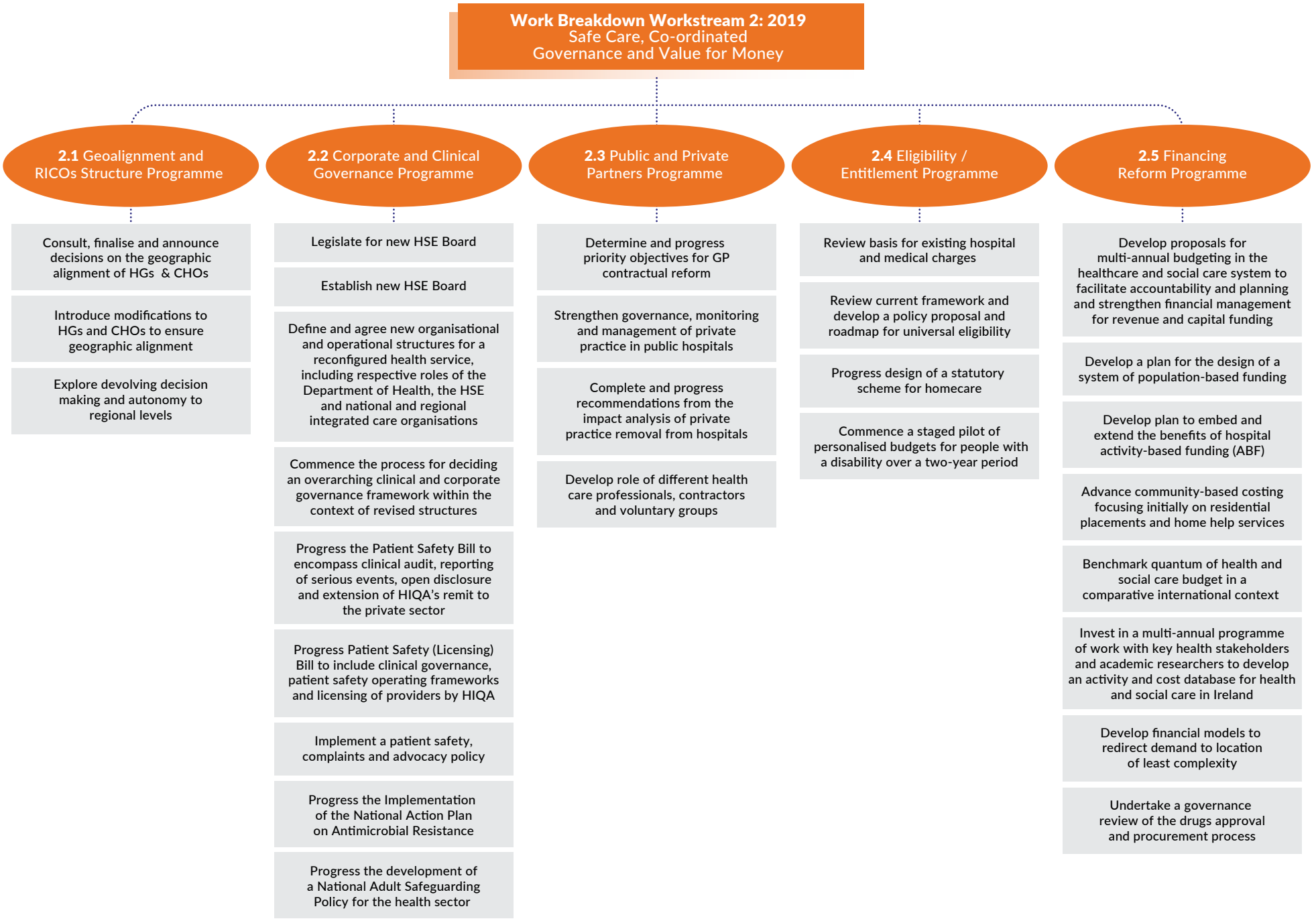
4 Eligibility / Entitlement Programme

This programme will plan how to address barriers and/ or inequities in access to health and social services so as to transition towards a universal single tier system where price is not a barrier to getting timely care.

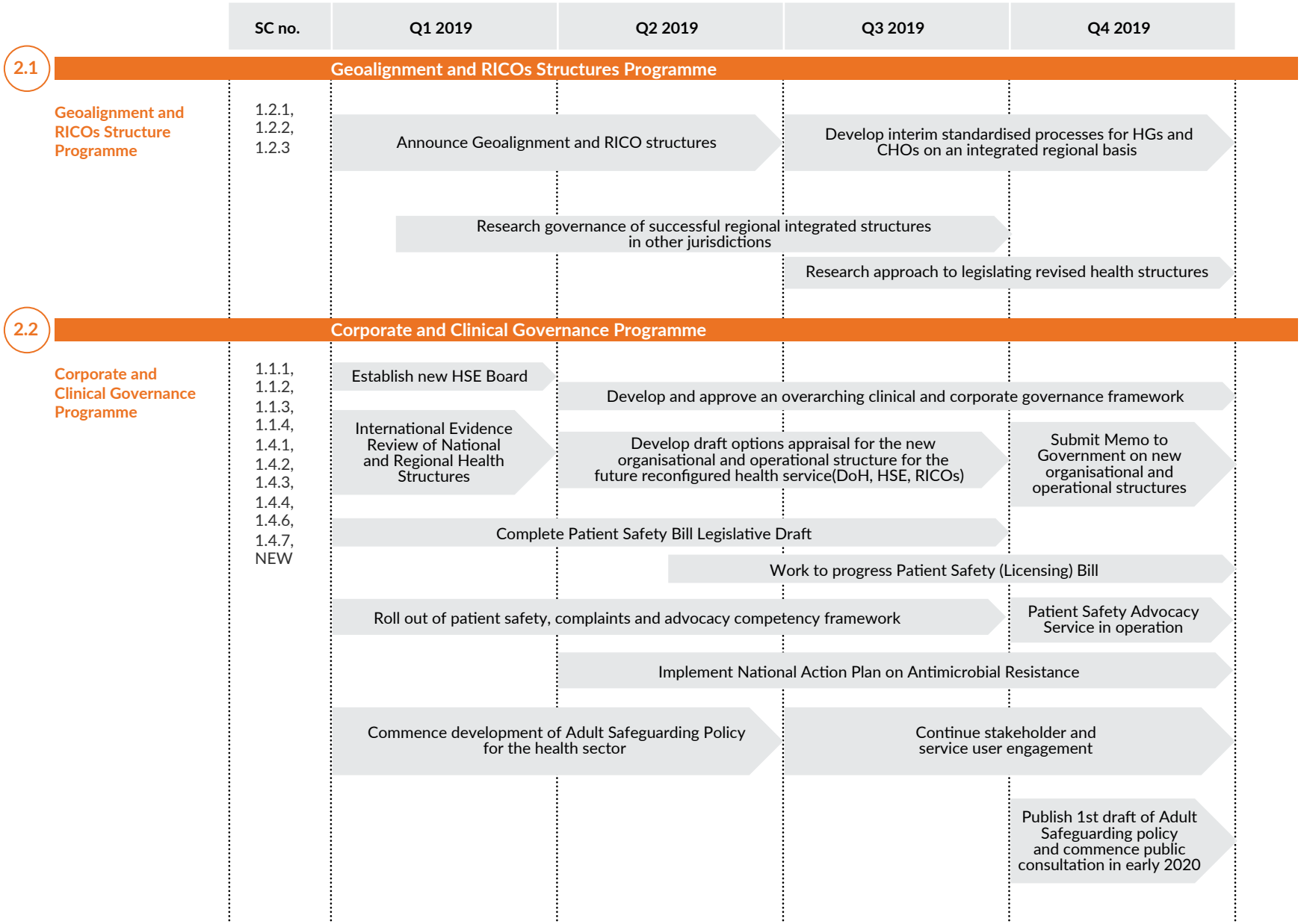
5 Financing Reform Programme

This programme will support the attainment of a sustainable, accountable, value-for-money financing system, in line with the delivery of an equitable health service.

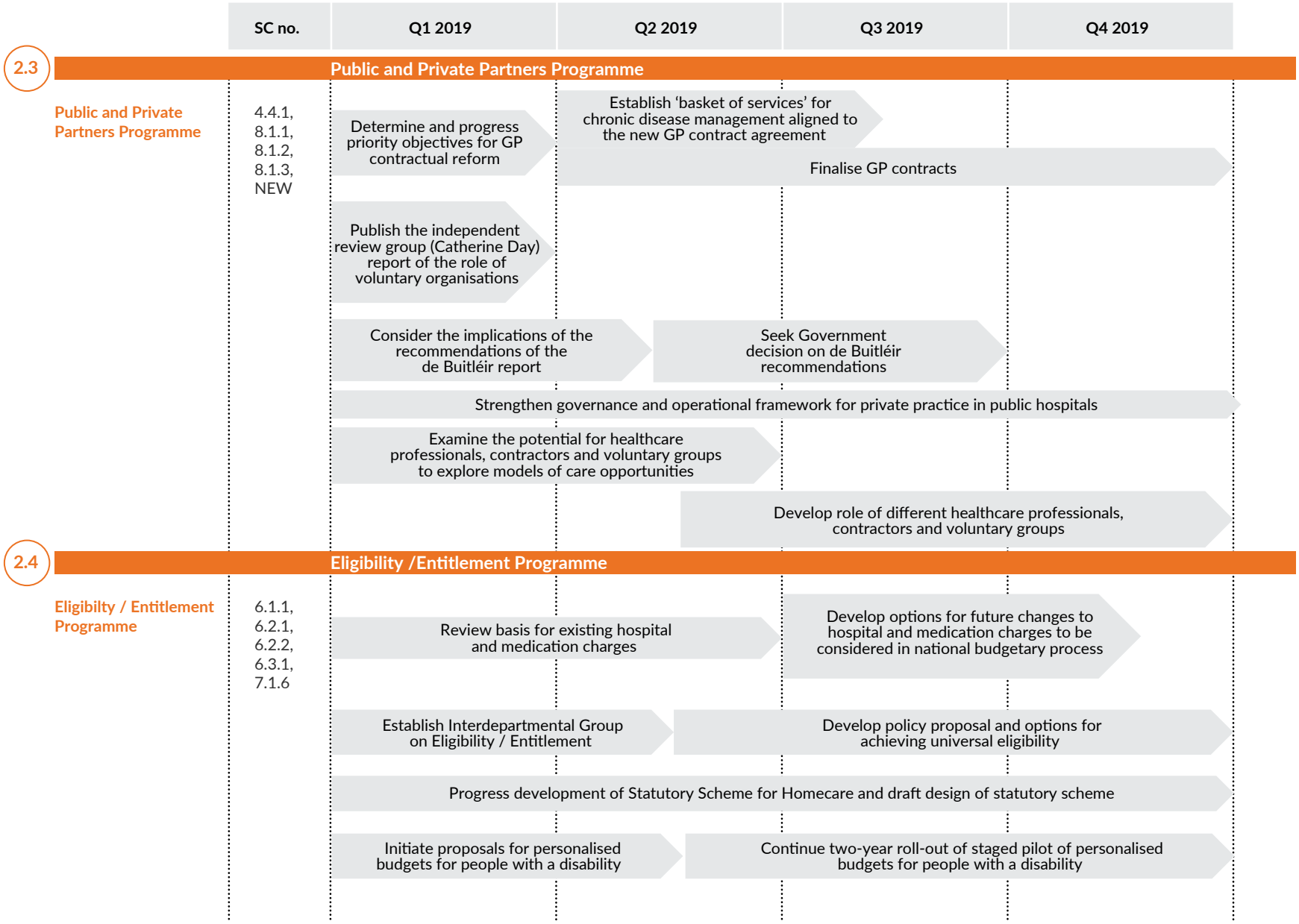
The Workstream Work Breakdown and Project Gantts for delivery of these Programmes in 2019 are as follows:


Work Breakdown Workstream 2: 2019
Safe Care, Co-ordinated
Governance and Value for Money
2.1 Geoalignment and RICOs Structure Programme
Consult, finalise and announce decisions on the geographic alignment of HGs & CHOs
Introduce modifications to HGs and CHOs to ensure geographic alignment
Explore devolving decision making and autonomy to regional levels
2.2 Corporate and Clinical Governance Programme
Legislate for new HSE Board
Establish new HSE Board
Define and agree new organisational and operational structures for a reconfigured health service, including respective roles of the Department of Health, the HSE and national and regional integrated care organisations
Commence the process for deciding an overarching clinical and corporate governance framework within the context of revised structures
Progress the Patient Safety Bill to encompass clinical audit, reporting of serious events, open disclosure and extension of HIQA's remit to the private sector
Progress Patient Safety (Licensing) Bill to include clinical governance, patient safety operating frameworks and licensing of providers by HIQA
Implement a patient safety, complaints and advocacy policy
Progress the Implementation of the National Action Plan on Antimicrobial Resistance
Progress the development of a National Adult Safeguarding Policy for the health sector
2.3 Public and Private Partners Programme
Determine and progress priority objectives for GP contractual reform
Strengthen governance, monitoring and management of private practice in public hospitals
Complete and progress recommendations from the impact analysis of private practice removal from hospitals
Develop role of different health care professionals, contractors and voluntary groups
2.4 Eligibility / Entitlement Programme
Review basis for existing hospital and medical charges
Review current framework and develop a policy proposal and roadmap for universal eligibility
Progress design of a statutory scheme for homecare
Commence a staged pilot of personalised budgets for people with a disability over a two-year period
2.5 Financing Reform Programme
Develop proposals for multi-annual budgeting in the healthcare and social care system to facilitate accountability and planning and strengthen financial management for revenue and capital funding
Develop a plan for the design of a system of population-based funding
Develop plan to embed and extend the benefits of hospital activity-based funding (ABF)
Advance community-based costing focusing initially on residential placements and home help services
Benchmark quantum of health and social care budget in a comparative international context
Invest in a multi-annual programme of work with key health stakeholders and academic researchers to develop an activity and cost database for health and social care in Ireland
Develop financial models to redirect demand to location of least complexity
Undertake a governance review of the drugs approval and procurement process

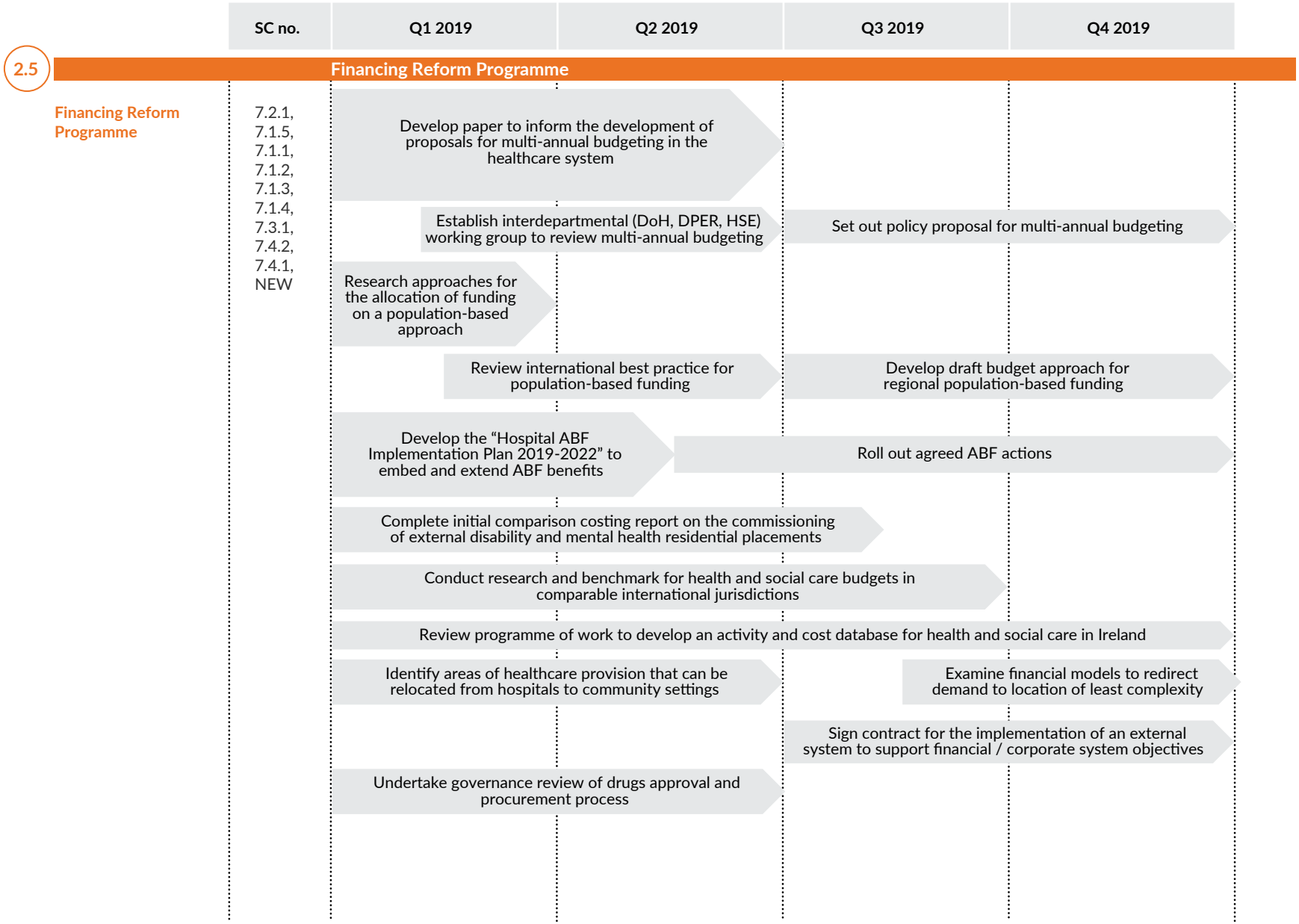
Sláintecare Implementation Timeline: Workstream 2 – Gantts 2019



Sláintecare Implementation Timeline: Workstream 2 – Gantts 2019



Sláintecare Implementation Timeline: Workstream 2 – Gantts 2019



Workstream 3

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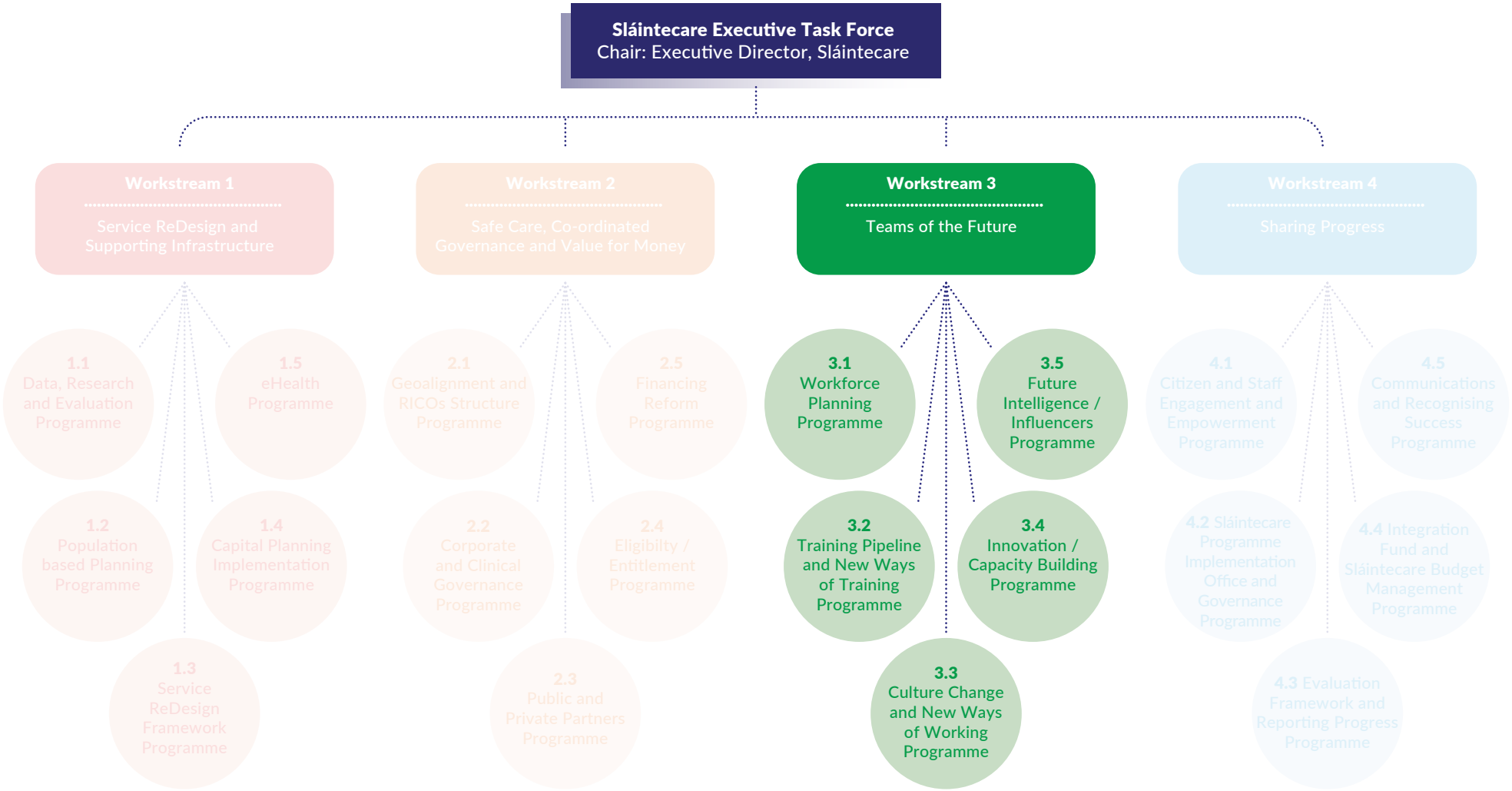
Teams of the Future

Sláintecare


Sláintecare Executive Task Force
Chair: Executive Director, Sláintecare
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4.3 Evaluation Framework and Reporting Progress Programme
4.4 Integration Fund and Sláintecare Budget Management Programme
4.5 Communications and Recognising Success Programme

Terms of Reference:
2019—2028

Workstream 3 — Teams of the Future

1 Workforce Planning Programme

This programme will ensure that the right teams are available, at the right time, to deliver on the clinical and service objectives of the Sláintecare reform. Effective short, medium, and long-term workforce planning will be undertaken to ensure that new Models of Care are properly planned in order to deliver integrated care. Targeted recruitment and retention initiatives will be scoped and commenced.

2 Training Pipeline and New Ways of Training Programme

This programme will plan dynamic training initiatives to support the Sláintecare reform. It will be a collaborative relationship with educators and students to support the evolution of interdisciplinary care models and teams over time. A focus will be to drive skills optimisation and team-based working, and leadership capabilities will be promoted by this programme. Enhanced confidence, satisfaction, and competence of staff within their jobs is a key goal for this programme, including the role which the working environment plays in attracting and retaining staff.

3 Culture Change and New Ways of Working Programme

This programme will encourage and support the healthcare workforce to become leaders and champions in understanding and adapting to the wide-ranging implications of the Sláintecare reform initiatives.

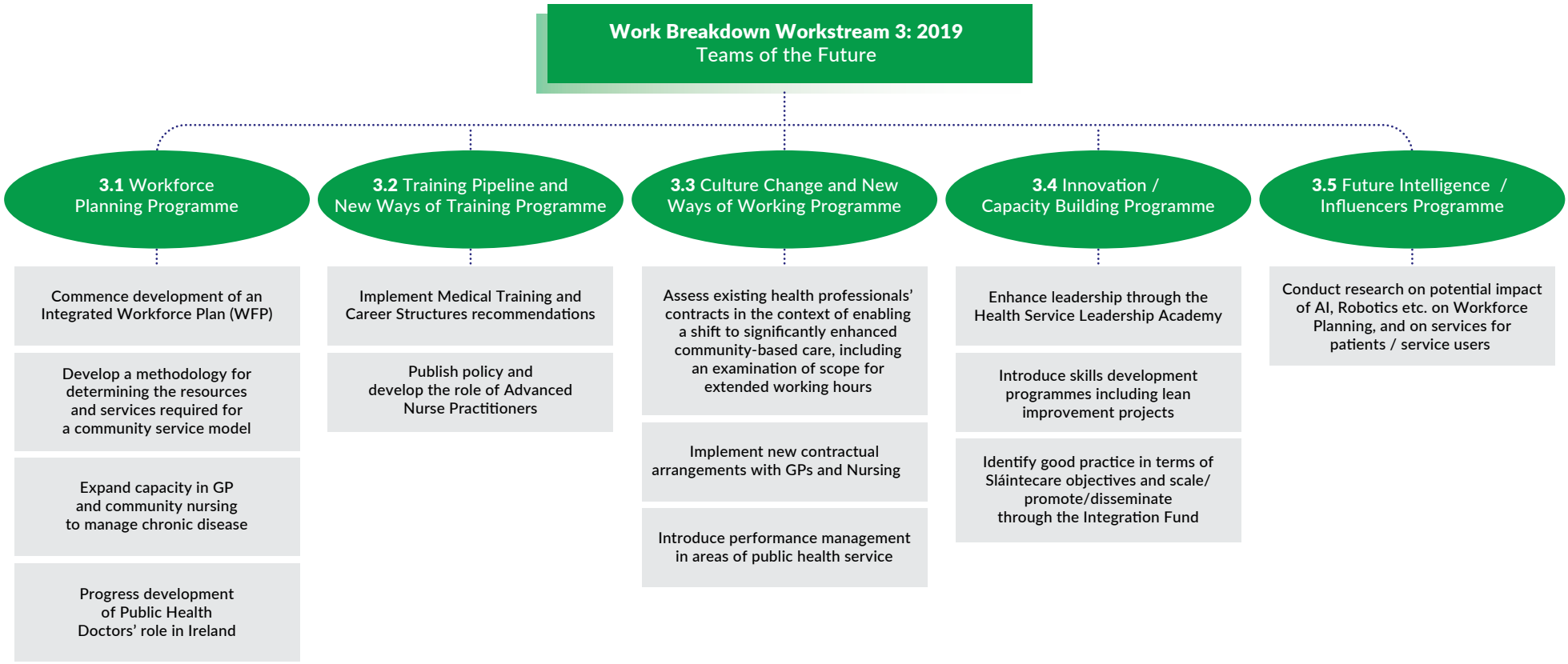
4 Innovation / Capacity Building Programme

This programme will support staff to develop their innovative ideas, talent and competencies needed to navigate a dynamic and evolving healthcare system. A focus on encouraging and building capacity within the workforce to adapt processes, systems, and ways of working will be central to this programme.

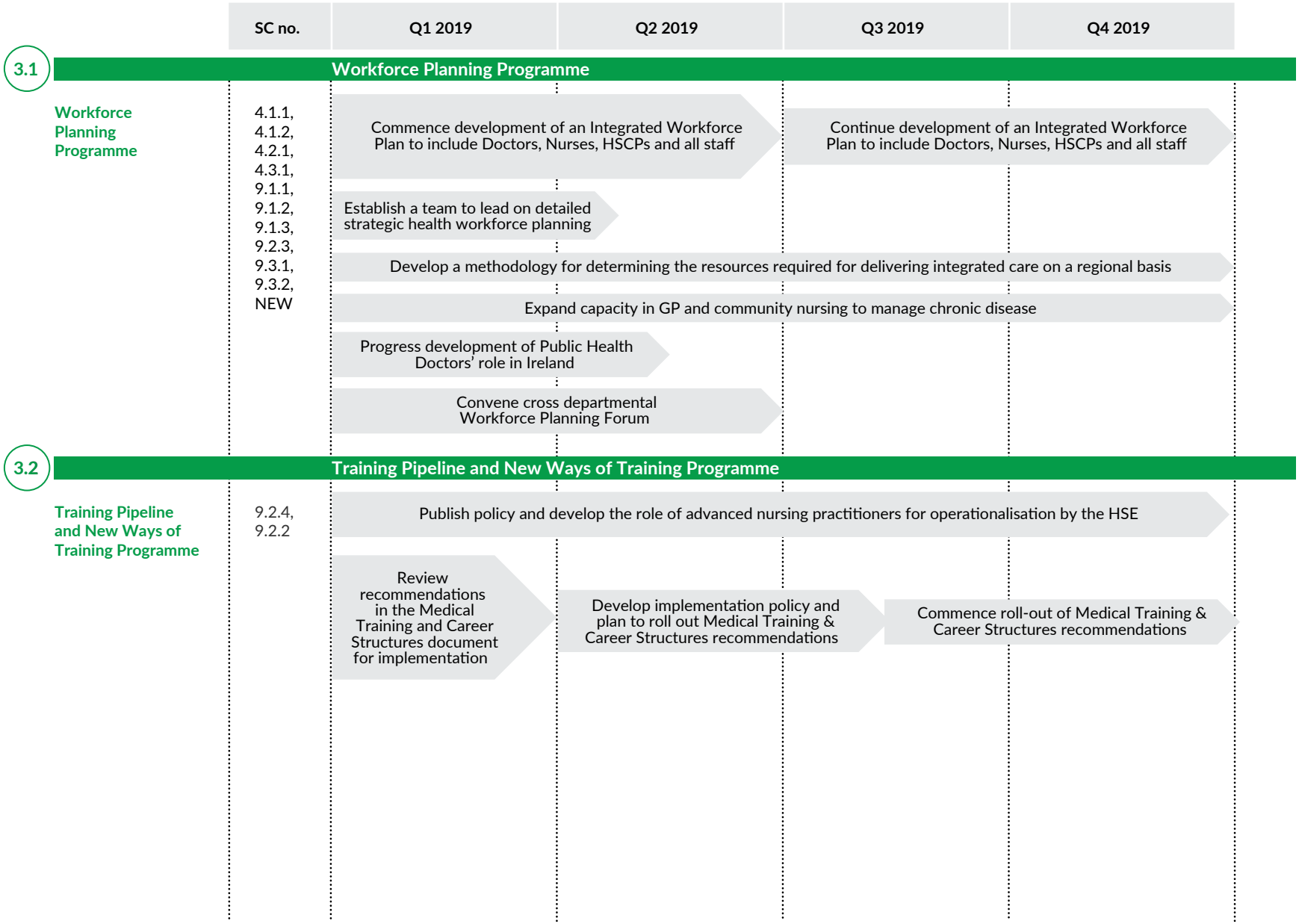
5 Future Intelligence / Influencers Programme

This programme will horizon-scan for new initiatives and enablers which may help the workforce to deliver the best service to patients, service users and clients for the optimum value to the taxpayer.

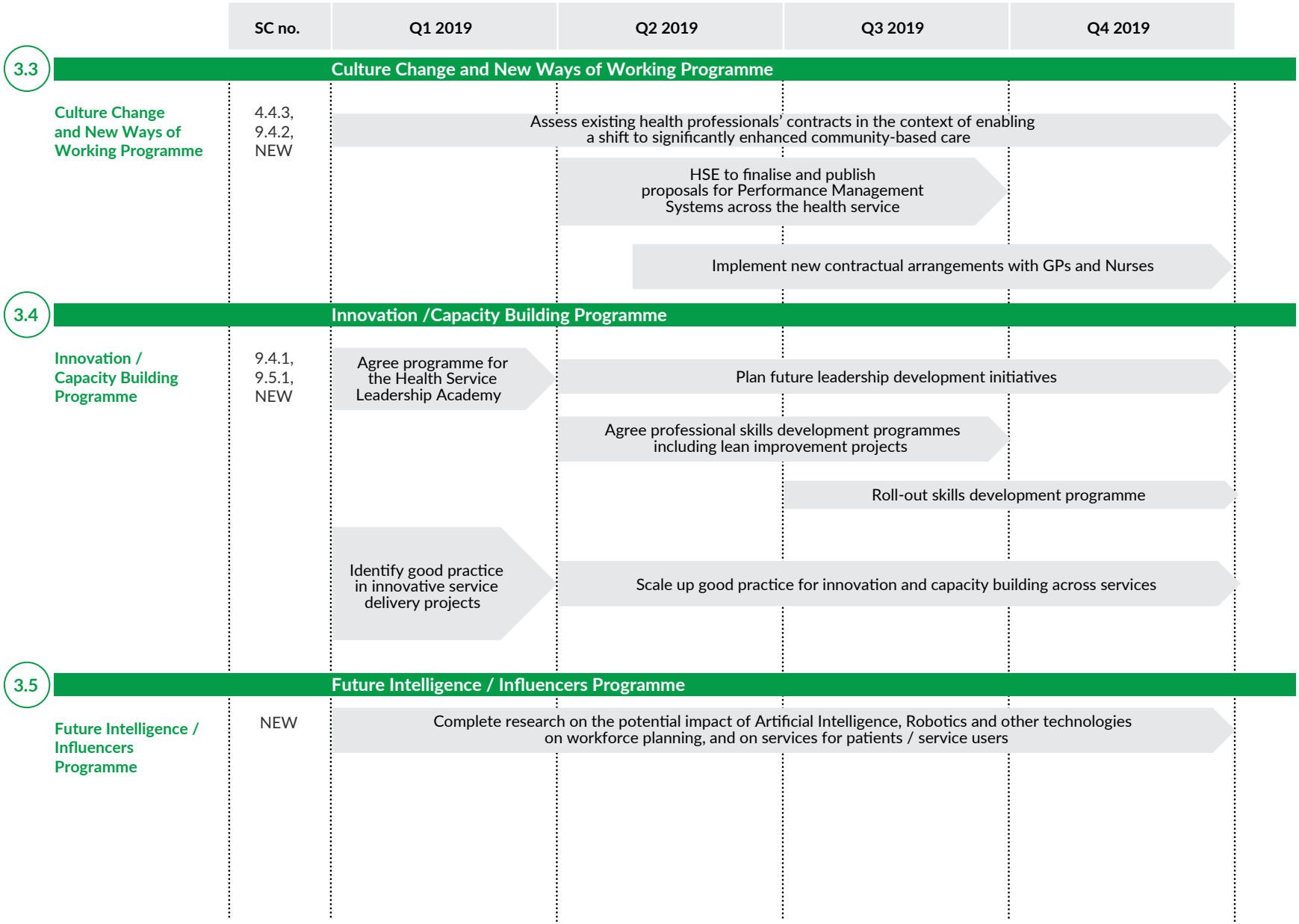
The Workstream Work Breakdown and Project Gantts for delivery of these Programmes in 2019 are as follows:


Work Breakdown Workstream 3: 2019
Teams of the Future
3.1 Workforce Planning Programme
Commence development of an Integrated Workforce Plan (WFP)
Develop a methodology for determining the resources and services required for a community service model
Expand capacity in GP and community nursing to manage chronic disease
Progress development of Public Health Doctors' role in Ireland
3.2 Training Pipeline and New Ways of Training Programme
Implement Medical Training and Career Structures recommendations
Publish policy and develop the role of Advanced Nurse Practitioners
3.3 Culture Change and New Ways of Working Programme
Assess existing health professionals' contracts in the context of enabling a shift to significantly enhanced community-based care, including an examination of scope for extended working hours
Implement new contractual arrangements with GPs and Nursing
Introduce performance management in areas of public health service
3.4 Innovation / Capacity Building Programme
Enhance leadership through the Health Service Leadership Academy
Introduce skills development programmes including lean improvement projects
Identify good practice in terms of Sláintecare objectives and scale/ promote/disseminate through the Integration Fund
3.5 Future Intelligence / Influencers Programme
Conduct research on potential impact of AI, Robotics etc. on Workforce Planning, and on services for patients / service users

Sláintecare Implementation Timeline: Workstream 3 – Gantts 2019



Sláintecare Implementation Timeline: Workstream 3 – Gantts 2019



Workstream 4

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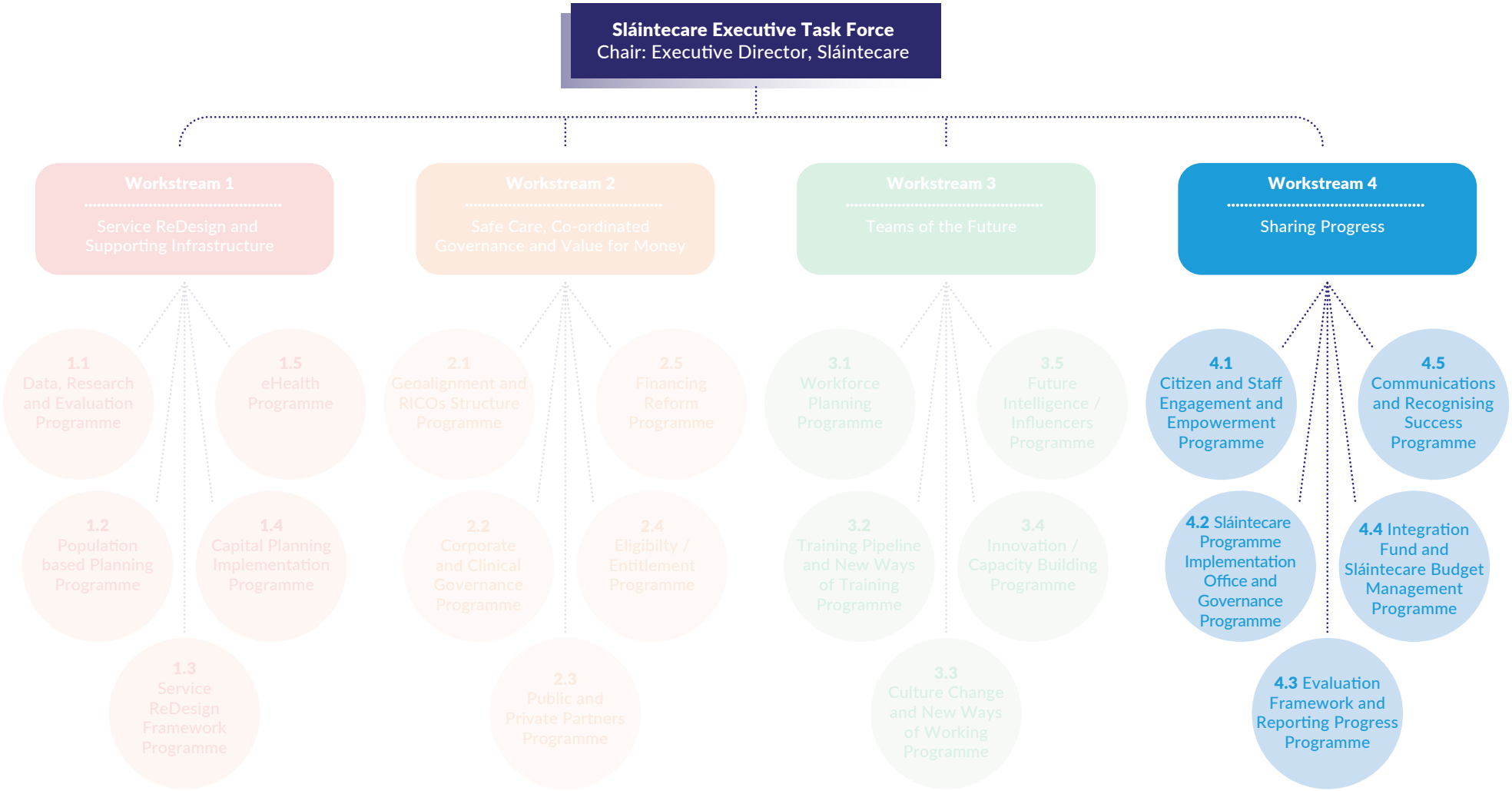
Sharing Progress

Sláintecare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Terms of Reference:
2019—2028

Workstream 4 — Sharing Progress

1 Citizen and Staff Engagement and Empowerment Programme

This programme will engage and empower citizens in their own health and wellbeing. The aim is to create a modern, responsive, and integrated public health system which secures long-term public and political confidence in the delivery and success of the Sláintecare reform. Initiatives to enable health literacy will be identified and scoped as part of this programme. This programme will also involve the rollout of a comprehensive engagement plan for the health workforce, to ensure that frontline staff are involved in, and feel ownership of, the design and delivery of the Sláintecare change programme.

2 Sláintecare Programme Implementation Office and Governance Programme

This programme will be led by the SPIO in collaboration with the Department of Health, the HSE and other stakeholders. The Programme will select the Sláintecare priority projects for implementation and establish the structures and governance to enable early delivery of these projects. Central to this programme is having clear structures in place to support risk management, issues escalation, conflict management, and problem solving, as the ten-year reform is planned and delivered.

3 Evaluation Framework and Reporting Progress Programme

This programme will define an evaluation framework which can be used to support regular reporting on the Sláintecare reform. It will be used to understand how the Department of Health, HSE and other stakeholders are progressing priority projects so as to demonstrate progress. It will work with Healthy Ireland to refine and deliver one Outcomes Framework for Ireland.

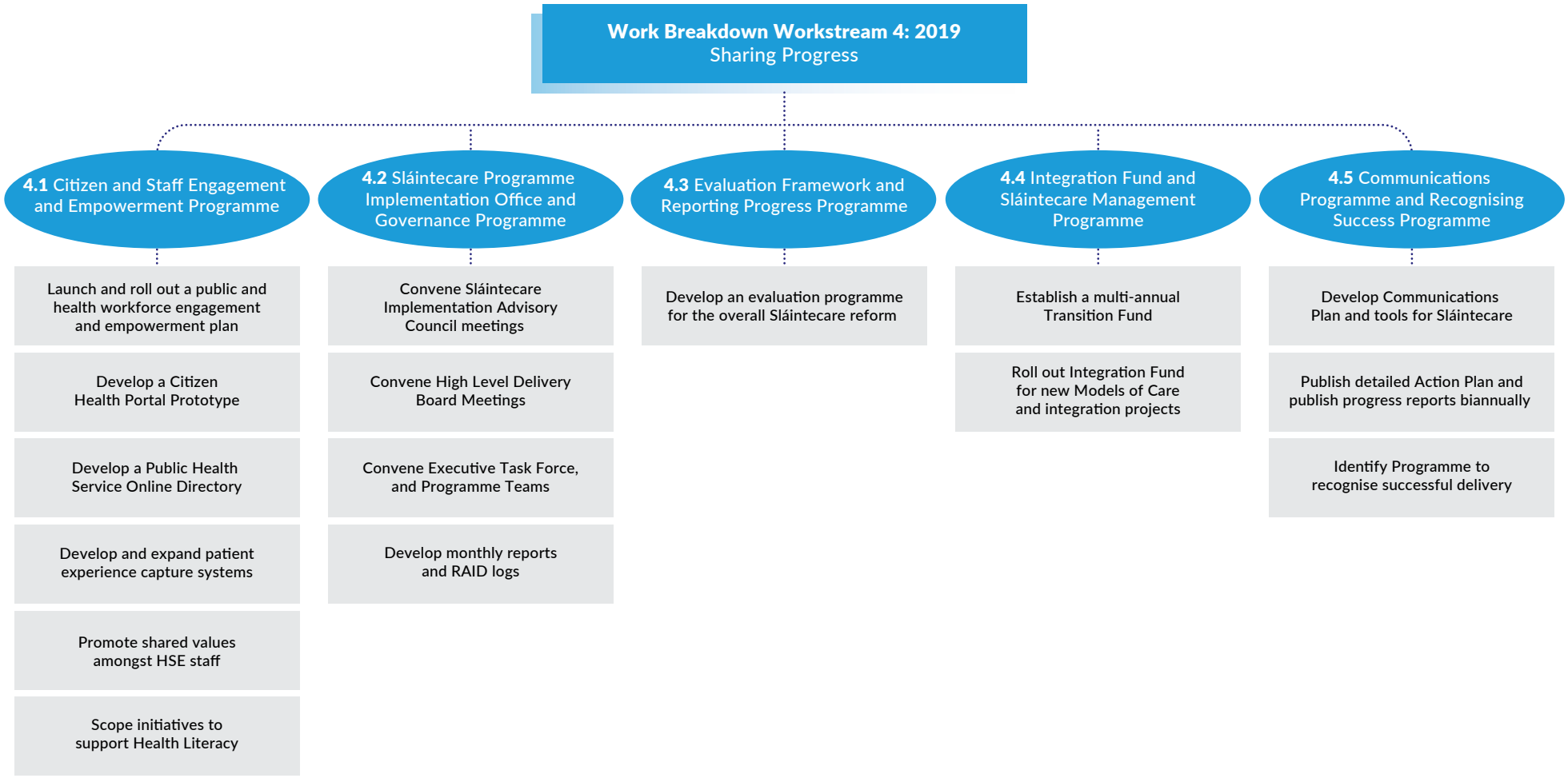
4 Integration Fund and Sláintecare Budget Management Programme

This Programme will manage the Sláintecare budget, including the Integration Fund, by designing, establishing and resourcing projects to test new Models of Care, support change processes, and implement priority programmes. It will prepare detailed budgets for a Transition Fund to support Sláintecare reform.

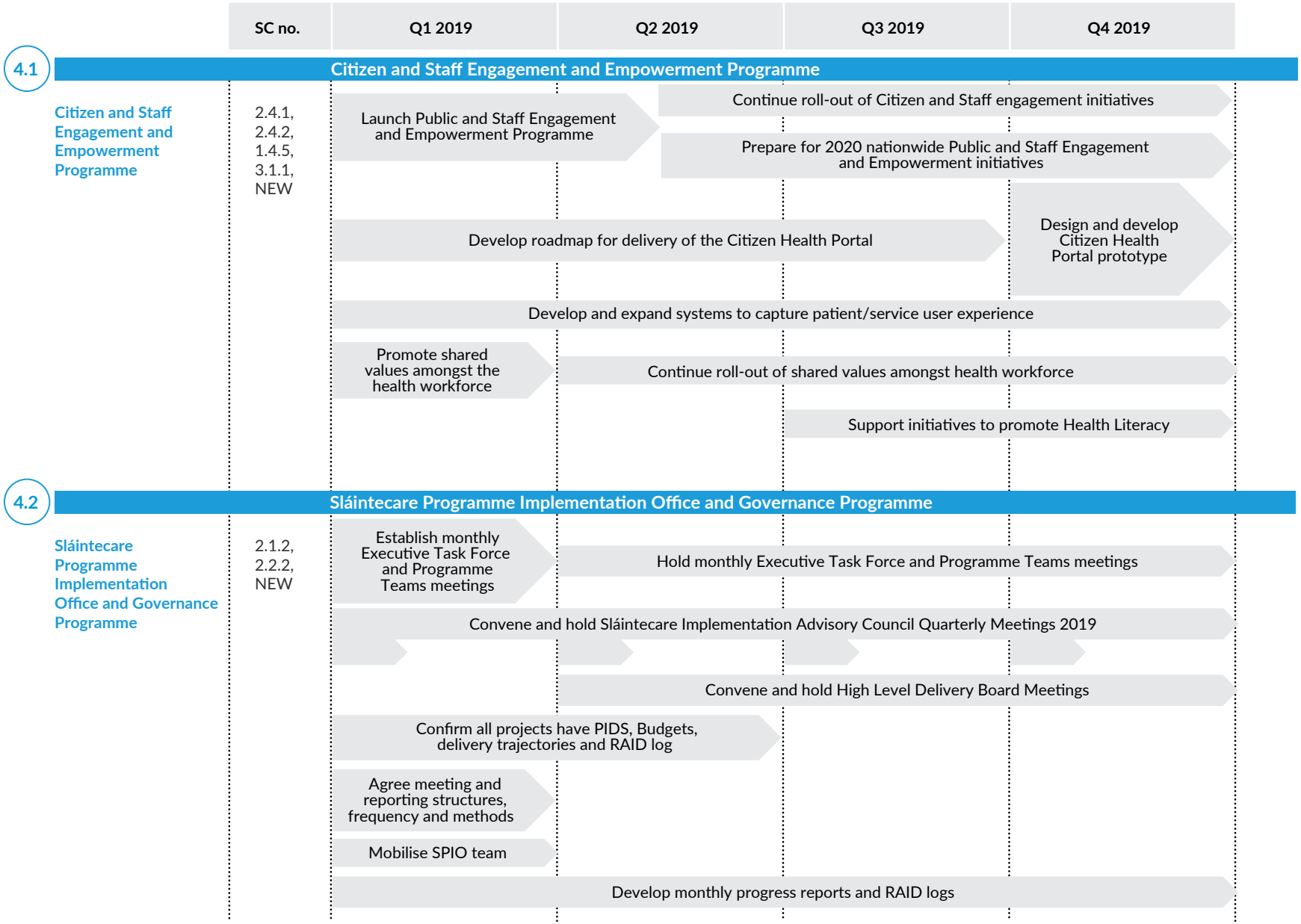
5 Communications Programme and Recognising Success Programme

This programme will ensure that the appropriate communication processes, tools, and schedules are in place to share progress on the status and advancement of Sláintecare initiatives.

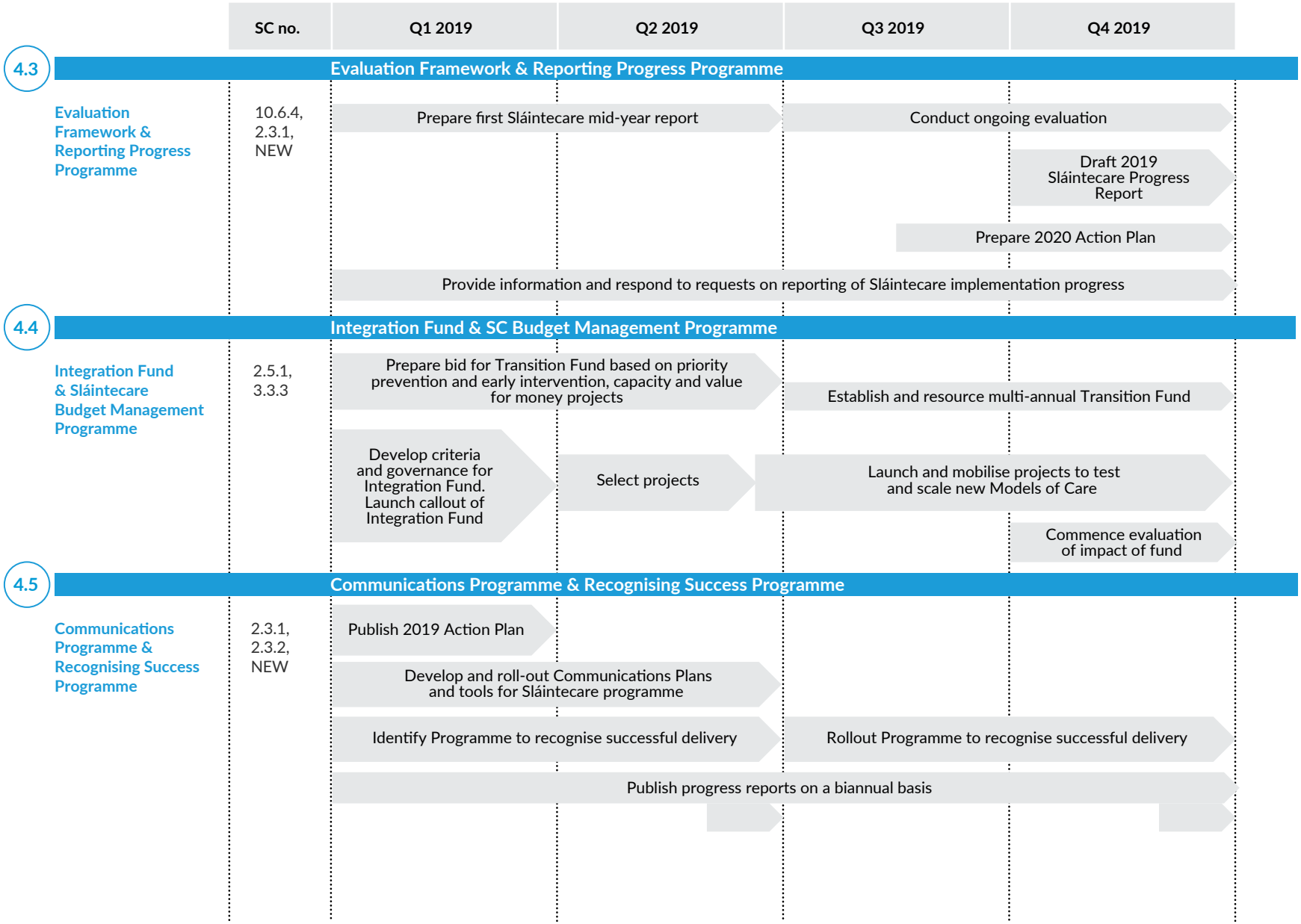
The Workstream Work Breakdown and Project Gantts for delivery of these Programmes in 2019 are as follows:


Work Breakdown Workstream 4: 2019
Sharing Progress
4.1 Citizen and Staff Engagement and Empowerment Programme
Launch and roll out a public and health workforce engagement and empowerment plan
Develop a Citizen Health Portal Prototype
Develop a Public Health Service Online Directory
Develop and expand patient experience capture systems
Promote shared values amongst HSE staff
Scope initiatives to support Health Literacy
4.2 Sláintecare Programme Implementation Office and Governance Programme
Convene Sláintecare Implementation Advisory Council meetings
Convene High Level Delivery Board Meetings
Convene Executive Task Force, and Programme Teams
Develop monthly reports and RAID logs
4.3 Evaluation Framework and Reporting Progress Programme
Develop an evaluation programme for the overall Sláintecare reform
4.4 Integration Fund and Sláintecare Management Programme
Establish a multi-annual Transition Fund
Roll out Integration Fund for new Models of Care and integration projects
4.5 Communications Programme and Recognising Success Programme
Develop Communications Plan and tools for Sláintecare
Publish detailed Action Plan and publish progress reports biannually
Identify Programme to recognise successful delivery

Sláintecare Implementation Timeline: Workstream 4 – Gantts 2019



Sláintecare Implementation Timeline: Workstream 4 – Gantts 2019



Appendix

List of Abbreviations

ABF	Activity based funding
AHP	Advanced Healthcare Practitioner
ANP	Advanced Nurse Practitioner
AI	Artificial Intelligence
CHN	Community Healthcare Network
CHO	Community Healthcare Organisation
COPD	Chronic Obstructive Pulmonary Disease
DOH	Department of Health
DPER	Department of Expenditure and Reform
ED	Emergency Department
EHR	Electronic Health Record
FOI	Freedom of Information
HaPAI	Healthy and Positive Ageing Initiative
HG	Hospital Groups
HI	Healthy Ireland

HIQA	Health Information and Quality Authority
HSCP	Health and Social Care Professional
HSE	Health Services Executive
IHI	Individual Health Identifier
IIS	Integrated Information System
MAU	Medical Assessment Unit
MIU	Minor Injury Unit
MOC	Model of Care
NSP	National Service Plan
OPAT	Outpatient parenteral antimicrobial therapy
PHSI	Programme for Health Service Improvement
PID	Project Initiation Document
PQ	Parliamentary Question
RAID	Risks, Actions, Issues and Dependencies
RICO	Regional Integrated Care Organisation
RSSMAC	Residential Support Services Maintenance and Accommodation Contributions
SAT	Single Assessment Tool
SIAC	Sláintecare Implementation Advisory Council
SPIO	Sláintecare Programme Implementation Office
WFP	Workforce Plan
WHO	World Health Organisation

Glossary of Terms

Activity Based Funding (ABF)

ABF means that hospitals are paid for the actual quantity and quality of care they deliver to patients, thereby enabling the hospitals to see clearly the link between money and the work they do. In 2016 the HSE introduced ABF for hospital care for inpatient and day-case services. Targets for hospital activity are set centrally by the HSE and prices are set by the Healthcare Pricing Office.

Community Healthcare Organisations (CHO)

Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group[1], published in October 2014, sets out how health services, outside of acute hospitals, are currently organised and managed. Known as community healthcare services, these services include primary care, social care (services for older people and for persons with a disability), mental health and health & wellbeing.

Hospital Groups[2]

The hospitals in Ireland have been organised into seven Hospital Groups since 2013[3]. The services delivered include inpatient scheduled care, unscheduled/emergency care, maternity services, outpatient and diagnostic services. The Group Chief Executive of each Hospital Group reports to the National Director for Acute Services and is accountable for their Hospital Groups planning and performance under the HSE Accountability Framework (2015).

Medical Assessment Unit (MAU)

A MAU is a facility with beds separate from ED whose primary function is the immediate and early specialist management of acutely unwell adult patients who present to, or are referred from within, a hospital requiring urgent medical care. MAUs enable appropriate streaming of patients away from ED to improve clinical care and the patient experience. MAUs have the potential to provide more integrated care for patients with urgent medical need, delivered in a more appropriate setting, by staff with the correct skills mix and expertise.

Model of Care

A model of care defines the way health services are delivered and describes best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event[4].

[1] https://www.hse.ie/eng/services/publications/corporate/choreport.html

[2] https://www.hse.ie/eng/services/list/3/acutehospitals/hospitalgroups.html

[3] The Establishment of Hospital Groups as a transition to Independent Hospital Trusts

[4] NSW Agency for Clinical Innovation (2013) Understanding the process to develop a model of care – An ACI framework, available at https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0009/181935/HS13-034_Framework-DevelopMoC_D7.pdf

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