

An introduction to The Health Strategy

Shaping a healthier future



A strategy for
effective healthcare
in the 1990s



DEPARTMENT
OF HEALTH
AN ROINN
ISLAINTÉ

This booklet provides a short introduction to *Shaping a healthier future*. The full document may be purchased (price £5.00) through any bookseller or directly from:

Government Publications Sale Office
Sun Alliance House
Molesworth St
Dublin 2

Copies of the full document will be available for reference in public libraries. Reference copies for health service employees will also be provided at Health Board offices, hospitals and other centres.



Just over a year ago I outlined what was to be my major task as Minister for Health, the drawing up of a comprehensive Health Strategy.

I said then that the Strategy would have a clearly stated philosophy and clear and unequivocal objectives and targets including the necessary legislative measures to back them up. I am happy to say that the document delivers on this commitment and sets out a vision for the future of our health services which is both ambitious and pragmatic.

The primary aim of the Department of Health and the health services should be to enhance the health and quality of life of people.

In the absence of a clear strategic direction it is all too easy to lose sight of this fundamental purpose. The main theme of the Health Strategy is the reorientation or reshaping of our health services so that improving peoples' health and quality of life becomes the primary and unifying focus of all our efforts.

The document sets out three principles which underpin the entire Strategy: equity, quality of service and accountability.

Health policy, I believe, unerringly reveals the values that drive a society and the commitment of Governments to

social justice. In giving prominence to the principle of equity the Strategy reflects my own personal commitment and that of the Government to ensuring that our health services should help first and foremost those people whose needs are greatest. Through the creation for the first time of health development sectors, the Government is sending a very clear signal about the way in which resources are to be allocated and directed in the future.

The concept of measuring quality has only begun to take hold in the healthcare area in recent years. The Strategy recognises the importance of the pursuit of quality at all levels of the service. It lays emphasis on constantly measuring and evaluating quality through clinical audit and consumer surveys. The Strategy firmly places the consumer first and sets out proposals for improved participation in the planning and evaluation of services.

In a service which costs two and a quarter billion pounds to run each year, now more than ever there is a need to demonstrate effectiveness and value for money for the taxpayer. The Strategy sets out new arrangements for improved legal and financial accountability. It includes a requirement on those providing the services to take direct responsibility for the achievement of agreed objectives.

In setting explicit objectives and targets particularly in the area of health promotion and prevention, the Strategy provides for the first time an agenda to shape a healthier Ireland. The Four-Year Action Plan which accompanies the Strategy sets out specific developments across a range of services and actions to improve linkages between community based and acute hospital services in particular.

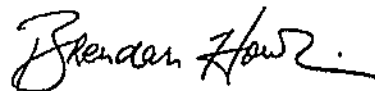
Recognising that our existing organisational structures are in many ways incapable of achieving this agenda for change, the Government has decided on a range of organisational reforms. These reforms will ensure that both my Department and the new health authorities will have the capacity to drive and implement the Strategy in the coming years.

The effective implementation of the Strategy is however not just a matter of legislation or resource allocation at a national level.

The reorientation proposed in the document is dependent on the support and enthusiasm of those who provide the services, the more than 60,000 staff working in the community, in hospitals and health boards all over the country.

We are extremely fortunate in the quality and commitment of our health service personnel in Ireland. Very few health systems are, I believe, better equipped to take on the challenge of working towards measurable health and social gain.

I believe that in the coming years the Strategy will be seen as marking a new era for our health services. This booklet serves as a short introduction but the full document will be widely available and I would encourage everyone with an interest in the future of our health services to read it. Particularly for the staff who provide the services, I hope it will help sustain and strengthen the sense of shared purpose and pride in being part of an effective and respected service for the people of Ireland.



Brendan Howlin TD
Minister for Health

Starting Points

An overview

Shaping a healthier future is a Strategy for the reorientation of our healthcare system — in other words, making the health and personal social services more effective by **reshaping** the way they are planned and delivered. This reshaping has three dimensions:

The services

Prevention, treatment and care services will be more clearly focused on improvements in health status and the quality of life, and will place an increased emphasis on the provision of the most appropriate care.

The framework

The management and organisational structures will provide for more decision-making and accountability at regional level, allied to better methods of performance measurement.

The participants

Greater recognition will be given to the key role of those who provide the services and the importance of enabling them to do so to their full potential; and there will be greater sensitivity to the right of the consumer to a service which responds to his or her needs in an equitable and quality-driven manner.

The reorientation will transform the healthcare system for many years to come. The Strategy is also, however, accompanied by a detailed **Four-Year Action Plan** which maps out what will be achieved between now and 1997. The Government will aim to provide the resources for the development needs set out in this Plan, while observing the budgetary policy set out in its *Programme for a Partnership Government*. However, regardless of the amount of resources which can be made available, we need to look more closely at how we use them: a central element in the Strategy is the emphasis which will in future be placed on achieving the greatest possible benefit from whatever resources are available.

The underlying principles

Three key principles underpin the entire Strategy:

Equity

Access to healthcare must be determined by need rather than by ability to pay or geographic location; and special attention must be paid to addressing variations in the health status of different groups in society.

Quality of service

Both technical quality (in terms of the outcome) and service quality (in terms of consumer satisfaction) must meet the highest possible standards within the resources that are available.

Accountability

Decision-makers at all levels of the system must be given a clear understanding of their objectives and must take responsibility for achieving them.

The Services

Health gain and social gain

Until now, the work of the healthcare system has tended to be measured in terms of the level of service, such as the number of patients treated, rather than in terms of its effectiveness i.e. the benefits received by the users of the services. This was largely due to the difficulties in measuring these benefits, but greatly improved data and analytical tools are helping to overcome this obstacle.

The Health Strategy uses the concepts of **health gain** and **social gain** to indicate that patients and clients of the health or personal social services should receive a clear benefit from their contact with the system.

Health gain is concerned with health status, both in terms of increases in life expectancy and in terms of improvements in the quality of life through the cure or alleviation of an illness or disability or through any other general improvement in the health of the individual or the population at whom the service is directed.

Social gain is concerned with broader aspects of the quality of life. It includes, for example, the quality added to the lives of dependent elderly people and their carers as a result of the provision of support services, or the benefit to a child of living in an environment free of physical and psychological abuse.

Both health gain and social gain are concerned with focusing on the value that can be added to a person's life, whether in the form of a short-term treatment or an intervention required for a longer

period. Both concepts underline the need for a demonstrable benefit from the health services, while recognising that the benefit in question may not be easily measured.

It is important to stress that these concepts do not imply that services whose outcomes are more easily measurable should have precedence over those where the benefits are less tangible. However, the emphasis in all services should be on the application of resources in whatever way will yield the most benefit.

Choices on the use of resources are made every day at all levels of the services. There are not, and could never be, sufficient resources to meet all the needs which can be identified. Choices are made at a national level, in deciding on the funding to be allocated to particular regions and to particular programmes. The process of decision-making continues at each successive level, right down to the individual doctor or community worker who has to prioritise the relative needs of individual patients or clients. **The change of emphasis which will result from the Health Strategy is therefore about transforming the basis upon which these choices are made.**

It is clear that comprehensive and good quality information is an essential prerequisite for the application of this approach — information on **needs**, information on **activity**, information on detailed **costs** and information on **outcomes**.

The Health Strategy then divides the health and personal social services into broad categories and goes on to explain the application of the concepts of health gain and social gain to each of these.

Health promotion and disease prevention

These services are concerned with promoting good health, reducing preventable illness and increasing life expectancy.

Very good progress has been made in improving the health of our population in recent decades, and life expectancy has increased substantially. However, much remains to be done. Life expectancy is still lower than the EU average. Over one-fifth of all deaths in Ireland in 1992 were of people aged less than 65. This is premature mortality and much of it is preventable.

The Strategy sets an overall objective of improving life expectancy so as to move over time to the higher levels being enjoyed in a number of EU countries. This involves concentrating in particular on the three main causes of premature mortality in Ireland:

- Cardiovascular disease
- Cancer
- Accidents

Cardiovascular disease (i.e. heart disease, strokes and circulatory disorders) and cancer each account for about one-third of deaths of people under 65. In addition to those who die prematurely as a result of these conditions, many others suffer ill-health and reductions in their quality of life. Accidents account for about 15 per cent of deaths in that age-group, but about one-third of deaths of people under 45; again, many people who survive accidents suffer ongoing illness or disability as a result. In addition to the human costs of these premature illnesses, disabilities and deaths, there are, of course, very

heavy financial costs to the health services which, if they could be reduced, would make more resources available to meet the many other priority needs.

Each of these causes of premature death is influenced by risk factors which can be tackled by appropriate initiatives. The approach in the Health Strategy is therefore:

- To set a medium-term target for the reduction of premature mortality due to each of these causes.
- To set very specific targets related to the relevant risk factors (such, as, for example, a given reduction in the proportion of the population who smoke).
- To implement programmes designed to achieve the targets.
- To monitor the impact of the programmes on the targeted indicators.

The first medium-term target is to reduce the death rate from cardiovascular disease in the under-65 age-group by 30 per cent in the next ten years. This compares with the reduction of about 30 per cent achieved in the last twenty years.

The second medium-term target is to reduce the death rate from cancer in the under-65 age-group by 15 per cent in the next ten years. This compares with the reduction of about 7 per cent achieved in the last twenty years.

The medium-term target for reducing deaths due to accidents will be developed during 1994. A wide range of agencies in many sectors have responsibility for aspects of the effort to reduce accidents, and they will be involved in the process of drawing up an appropriate target and co-ordinated plans to achieve them.

The Four-Year Action Plan details the risk reduction targets and action programmes. These focus on six key areas, which each contribute significantly to premature mortality from one or more of the three main causes:

- **Smoking**
- **Alcohol**
- **Nutrition and diet**
- **Exercise**
- **Cholesterol and blood pressure**
- **Causes of accidents**

The targets have been set according to the following guiding principles:

- They are realistic and attainable within the timeframe set for them.
- They are measurable so that progress in attaining them can be monitored.
- They are framed nationally, but with a view to local targets being developed in line with the needs of the region.

The monitoring of progress in relation to these targets will be a crucial part of the Strategy. There is little point in setting a range of targets, whether national or local, if information is not available on which to monitor their implementation. A comprehensive data base will be developed. This will provide detailed information on areas such as smoking, alcohol consumption, use of drugs, diet and nutrition, level of fitness and stress. This is essential if plans and programmes are to be targeted effectively.

Health development sectors

The principle of equity imposes a particular obligation upon the health services to pay special attention to geographic areas or population groups (such as travellers) where the indicators of health status are below average. Most of the causal factors, such as poverty and unemployment, are outside the direct control of the health services. However, much can still be done to improve health status through tailoring and organising the delivery of health education programmes and community services to take account of the needs of the target groups. Examples of possible approaches include giving priority to disadvantaged areas in deciding the location of Health Centres; developing "Community Mother" programmes to support mothers in need of assistance and advice; and designing health promotion programmes specifically for the groups concerned.

Under the Health Strategy, there will be a specific policy of targeting resources towards areas or groups with low health status and giving them priority in the development of services. The health boards will be required to identify "health development sectors" in each region on the basis of indicators of health status and social problems. Priorities will be reordered to support pilot schemes which will target programmes at these sectors and evaluate their effectiveness over time in terms of improvements in the indicators. The health boards will be encouraged to adopt varying approaches in their pilot schemes, and the approaches which prove most effective can then be adopted for similar target groups or areas elsewhere.

Treatment and continuing care

These services are concerned with providing appropriate responses to illness when it arises, with supporting those who are dependent or disabled and with protecting the welfare of the most vulnerable.

The Strategy aims to ensure that both national and local decision-making on the planning and the delivery of these services are directed towards:

- Achieving the greatest possible health gain or social gain for the resources that are available.
- Ensuring that the treatment or care is provided in the most appropriate setting.

The measures which will be taken to achieve these objectives can be summarised under three headings.

Information, research and evaluation

The Strategy will rely very heavily on the collection and analysis of accurate and comprehensive data as a basis for:

- Better identification of the needs to be addressed.
- Better evaluation of existing and new technology, and of alternative approaches to the delivery of services.
- Ongoing monitoring and evaluation of the effectiveness of services, taking both costs and outcomes into account.

To implement this, priority will be given to the development of local epidemiological information systems and to research

into alternative approaches to delivering care. A formal system of **technology assessment** will be introduced to ensure that costs and benefits are systematically assessed when new technologies are being considered. Most importantly, a structured programme of **clinical audit** will be developed through discussions with the relevant bodies within the health professions. This will provide for the systematic review by the health professionals themselves of the manner in which healthcare is provided — from the patient or client's first point of contact with the service through to an assessment of the care which he or she received.

Service development

Under the Strategy, there will be a continuation of the development of services, particularly in the community, which satisfy the criteria of being focused towards health gain and social gain and of helping to ensure that care is provided in the appropriate setting.

The Strategy is accompanied by a comprehensive Four-Year Action Plan which sets out the details of what will be done in each sector. Under this Plan:

- The **general practitioner service** will be better organised and supported in fulfilling a wider and more integrated role in the healthcare system.
- The **public dental service** will be greatly improved in the context of an integrated dental development plan which will also involve the phased extension of eligibility to children under 16 years.

- A comprehensive plan for **women's health** will be published and implemented.
- An accessible and comprehensive **family planning service** will be developed in each health board area on a phased basis by the end of 1995.
- **Children's health services** will be improved on the basis of detailed reviews of the Maternity and Infant Care Scheme, the pre-school and child health services and the immunisation services.
- Support services for **children at risk and families in difficulty** will be strengthened in cooperation with relevant voluntary bodies in accordance with the principles enshrined in the Child Care Act.
- A special programme will be implemented to address the particular health needs of the **travelling community**.
- The Department of Health will help implement the Government's strategy on **addressing drug misuse** in conjunction with the organisations involved in the area.
- The legislative controls relating to **food and medicine** will be updated.
- The role of each **acute hospital** will be defined as part of a co-ordinated network of services delivering high-quality care in the appropriate setting, in an equitable and cost-effective manner.
- A four-strand strategy on **HIV/AIDS** will be implemented based upon surveillance, prevention, care and management and anti-discrimination
- Home, community and hospital services will be strengthened to provide much-needed support to **elderly people** who are ill and dependent, and to assist those who care for them.
- Proper recognition will be given to the importance of **palliative care** for terminally ill patients, and the continued development of these services will be promoted in a structured manner.
- Further progress will be made in developing services for people with a **mental illness** or infirmity, in appropriate settings such as specialist departments in general hospitals, hostels and day centres in the community.
- The development of appropriate residential and community-based facilities for people with a **mental handicap** will continue, with a particular emphasis on catering for unmet need.
- Services for people with a **physical or sensory handicap** will be further developed on the basis of locally assessed need.

Linkages between services

To achieve the objective of providing care in an appropriate setting, it is essential that there are effective linkages between the services. Hospitals, general practitioners and other community services should operate as elements of an integrated system within which patients can move freely as their needs dictate.

The general practice units which have been established in each health board will help to develop closer contact and better working relationships between general practitioners and the other health and social services. At the hospital level, there will be an increased emphasis on the provision to general practitioners of an appropriate referral service.

Fragmentation in the organisation of services for groups such as the elderly, which gives rise to a lack of coordination, will be addressed by the structural reorganisation which is discussed below. It will also be addressed by the provision of certain services which provide the necessary linkages, such as specialist departments of old age in general hospitals.

The Four-Year Action Plan includes a number of measures in relation to general practitioners, acute hospitals and services for the elderly which are designed to strengthen the linkages between the various services.

The Framework

Organisational structures

Our existing organisational structures date back to 1970. Major changes are now necessary to update these structures so that they support the provision of effective care. There is a particular problem in the Eastern Health Board area. Here, to a greater extent than elsewhere, significant services are provided by voluntary agencies, but there is no single authority with an overall responsibility to co-ordinate all services and to ensure appropriate linkages between them. However, there is a need in all health board areas to define more clearly the roles and relationships of the various elements in the structure, and to provide for greater accountability.

The Government announced its broad intentions in 1991 and established a consultation process. The views put forward by interested organisations and individuals have been taken into account in preparing the more detailed proposals which are set out in the Strategy.

Legislation will be introduced which will provide for the following changes to the present system:

- A new authority will have comprehensive responsibility for all health and personal social services in the Eastern region.
- The remaining health boards will be reconstituted as health authorities

to emphasise the clearer distinction which will now be made between the respective roles and responsibilities of the board members and the management team. They too will have comprehensive responsibilities within their region. It is not proposed to change the number of boards.

- The Minister and Department will be responsible for the development of health policy and overall control of expenditure but will not be involved in the detailed management of the health services.
- The roles and responsibilities of all key parties will be clearly defined.
- The devolution of greater autonomy will be balanced by increased accountability at all levels. The Department of Health will be responsible for a structured annual performance review of the health authorities.

The legislation will be general in nature and will provide a framework within which the statutory and voluntary agencies will operate. The more detailed day to day arrangements for putting this into effect, to be worked out later, will be sufficiently flexible to reflect local requirements.

The role of the voluntary sector is seen as fundamental to the delivery of healthcare in Ireland. The independent identity of the voluntary agencies will be fully respected under the new structure. They will retain their operational autonomy but will be fully accountable for the public funds which they receive. The larger agencies will operate on the basis of formal agreements with the health authorities which will cover both the services they are to provide and the necessary funding.

Equity and consistency in entitlements

A number of steps will be taken to ensure greater equity and consistency in entitlements. These include:

- The introduction of national guidelines on eligibility and charges in respect of all services for which the criteria are not at present set out in legislation.
- Amending legislation to provide a clearer and fairer basis for the contributions which are payable by people being maintained in long-term care.
- Ongoing review of medical card eligibility procedures and the introduction of a formal appeals system in relation to medical cards, the Disabled Person's Maintenance Allowance and subventions towards private nursing home care.

The private sector

The mix of public and private service providers in the Irish healthcare system enables each to play a complementary role. This mix will be maintained, but the importance of enabling the private sector to contribute to the achievement of the overall objectives will also be borne in mind in the implementation of the Strategy. Monitoring and consultative mechanisms will be established to that end.

The Participants

The health and personal social services are, first and foremost, about people — the patients and clients who receive the services, and the professional, administrative and support staff who provide them. The Health Strategy places a new emphasis on the importance of both of these sets of participants.

User satisfaction and participation

The services exist to serve the patient or client and the Strategy contains a number of measures to reemphasise this.

Following the *Charter of Rights for Hospital Patients*, further Charters will be introduced to cover groups such as children, expectant mothers, the elderly, the mentally ill and people with a physical or mental handicap.

Health authorities will be required to carry out evaluations of patient satisfaction with services, and to report the findings to the Minister. In addition, each authority will be encouraged to identify and develop a "quality initiative" geared towards improving an aspect of service quality; those which prove successful can then be adopted by the other authorities.

The Department of Health and the health authorities will continue to ensure that patients and clients have ready access to the fullest possible information on their entitlements and how to go about availing of them.

The legislation to reform the framework of the services will include a number of measures to give individuals a better opportunity of having grievances redressed and to represent the views of users, as a group, in the decision-making process. Among these measures will be:

- The establishment of advisory groups in each health authority area to provide an input to the authorities from the users of the various services.
- A requirement on all health authorities to put appropriate complaints procedures in place.
- The introduction of a statutory function of the boards of the health authorities to act as a channel to the Minister of the views and concerns of their populations.

Human resources

Services will stand or fall on the contribution of the staff who provide them. This country has been very fortunate in the quality and commitment of the more than 60,000 people working in the health and personal social services. The Health Strategy must focus on how they can be further encouraged and supported. The clear statements of the objectives and direction of the services, which are contained in the Strategy itself, will help this process; however, it is also important to improve training and other aspects of our human resources policies.

The Strategy includes a number of measures to achieve this:

- There will be structured reviews of our future manpower requirements in medicine, nursing and other professions.
- The management capacity throughout the system will be strengthened through a review of recruitment procedures and management development and training programmes.
- The training programmes for the various professions will be changed wherever necessary to ensure the appropriate range of skills and expertise.
- In particular, the regime for nursing education will be aligned more closely with the demands of the modern day health service. The changes to be introduced will be informed by the views of the profession and will commence in 1994. They will constitute the single most significant investment in nursing education in recent decades.

The Next Steps

The development of the Health Strategy does not end with the publication of *Shaping a healthier future* but will be an ongoing process:

- The purpose of the document is to give a clear sense of direction to the health services, in terms of the underlying principles and the proposed reorientation in the way that services are planned and delivered.
- A number of further documents will be published later which will deal in greater detail with aspects of the implementation of the Strategy.
- Legislation will be published to provide for the reorganisation of the framework of the system and for improved accountability.
- The national targets and objectives will be translated into more detailed targets and programmes at national and at local level.
- A comprehensive Communications Programme is being implemented to explain the Strategy at national level and (under the direction of a Health Strategy Coordinator designated by each health board) at local level.

- The implementation of the Strategy will be subject to ongoing monitoring and review through, in particular, the introduction of a system of annual reports for each region which will encompass health status, service provision and measures of patient satisfaction, and the structured annual performance review which will be the responsibility of the Department of Health.

The Minister for Health now invites all interested parties to consider the policy directions set out in the document. He would welcome, and will encourage in every way possible, national debate about the implications of the Strategy and about how it may best be implemented. The views which emerge will be taken into account in the detailed implementation of the Strategy, both at national level and within the health board areas.

With the new sense of direction embodied in the Strategy, we can work together to build on the many strengths of our health system, to remove the obstacles which have prevented the services from delivering on their full potential and to develop a service of the highest quality and effectiveness.