



An Roinn Sláinte
DEPARTMENT OF HEALTH

Department of Health
Statement of Strategy
2016 – 2019



Foreword by the Minister



The Government wants to use the benefits of a strong economy to deliver a fair society. This means investing in rebuilding and reforming key public services, like health – the services that people depend on and want to see supported. Our long-term vision is to allow everyone to enjoy physical and mental health and wellbeing to their full potential.

This Statement of Strategy for the Department of Health sets out a range of actions to pursue that agenda over the period 2016-2019. These actions are organised under five major strategic objectives. The Statement reflects the health commitments in the Programme for a Partnership Government.

This Strategy has also been informed by changing healthcare needs. We have an ageing population. People are living longer which means their needs will become greater, more diverse and more complex. We also have the highest birth rate in Europe. These trends are very welcome for Irish society as a whole. They also, however, generate increased demand for services. We must recognise and address the problems patients face trying to access services whether from emergency departments or from waiting lists; the severe pressure on very dedicated staff; and increasing demand and pressure on resources.

Actions in this Strategy are aimed at addressing these challenges by improving health and wellbeing and supporting independent living, delivering high quality and safe care which is more responsive, integrated and person-centred, and better managing our health services. I have been very clear on the need for a long-term vision for our health and social care services and the work of the Oireachtas Committee on the Future of Healthcare provides an opportunity for political, and indeed societal, consensus on our future direction.

While there are many challenges and difficulties to deal with, we must also acknowledge the many improvements that have been made and recognise those who work so hard across the whole health and social care sector. For example, we have seen life expectancy in Ireland increase by two and a half years since 2004 to where it is now above the EU average. We have seen mortality rates for circulatory system and respiratory diseases fall, an improvement in cancer care, and significant progress in reducing tobacco consumption.

We are lucky to have a committed and skilled staff in our health services. I look forward to working with them, the Secretary General and staff of the Department, and Ministers of State McGrath, Corcoran Kennedy, Byrne and McEntee, as we continue to develop a high-performing Department to lead and oversee the sector and to deliver on our aims.

Introduction by the Secretary General



This Statement of Strategy is submitted to the Minister for Health under Section 5(1) of the Public Service Management Act, 1997. It sets out an ambitious range of actions to improve health outcomes and the health services over the life of this Strategy. These actions will be reported on annually and we will be held accountable for the progress we deliver.

The Department has been undergoing a significant organisational change programme, *Working Better Together*, since 2015. This will continue during this Strategy period to ensure we are as effective as possible in fulfilling our role and delivering on the ambitions in this Strategy.

The development of this Strategy Statement has been informed by consultations with the public, stakeholders, departmental agencies, other Government departments and our staff. Thank you for your contributions to this consultation. Thank you in particular to the staff of the Department for their ongoing commitment and readiness to embrace the full potential in our role to contribute to the achievement of a Healthy Ireland and improvement in our health services.

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(A) Background and Context

1. Introduction

This is the Statement of Strategy for the Department of Health for the period 2016-2019. It sets out our mission, our values, and our role and main functions. It describes the current environment in which health and social services are to be delivered and identifies a number of underlying themes that will inform our work over the three year period. Finally, it outlines the actions we will take, organised into five Strategic Objectives. This Statement of Strategy takes account of the Programme for a Partnership Government. It also reflects the ongoing health reform programme and other broader Government strategies such as the *Public Service Reform Plan*, the *Civil Service Renewal Plan* and action plans on Jobs, Housing and Homelessness and Education. It has been informed by a wide consultation process carried out during the development of this Strategy.

We have also set the development of our own staff and our own capability as a distinct strategic objective. Through our major change programme, *Working Better Together*, we are working towards achieving a Department that is: focused on priority outcomes; evidence-informed; responsible and accountable; supportive of staff in giving their best and taking the initiative; committed to the learning, personal and career development of all staff; and open in sharing information relevant for others. Ultimately, the vision of the change programme is a better environment in which to deliver our work, where on an on-going basis high performance is achieved, where collaborative working is promoted, and where we can all develop our knowledge and skills. Implementing the programme is a key enabler for achieving our other strategic objectives and how we are doing this is set out under Strategic Objective 5.

2. Department of Health's Mission, Role, Functions and Values

<p>Our Mission: To improve the health and wellbeing of people in Ireland by:</p> <ul style="list-style-type: none"> • keeping people healthy; • providing the healthcare people need; • delivering high quality services; and • getting best value from health system resources. 		
<p>Our Role and Functions: To serve the public and support the Minister for Health, Ministers of State and the Government by providing:</p>		
<p>Leadership and policy direction for the health sector to improve health outcomes</p> <ul style="list-style-type: none"> ▪ lead in the analysis, development, communication and review of policy and legislation ▪ represent Ireland and the health system at international level and ensure international evidence influences the development and implementation of Irish health policy ▪ promote evidence-informed policy making, innovation and the public interest ▪ lead national planning frameworks for the whole health sector, public and private ▪ promote the highest levels of patient safety and quality through systems of licensing, clinical effectiveness, focused patient safety initiatives, indemnity and competence assurance ▪ fully leverage the knowledge, skills and support of the entire health system in developing agreed objectives ▪ develop communication strategies to represent the value of health policies, services and outcomes ▪ promote and monitor system progress in achieving health and social outcomes 	<p>Governance and performance oversight to ensure accountable and high quality services</p> <ul style="list-style-type: none"> ▪ lead in the design and architecture of the whole health sector ▪ set and communicate priorities and performance standards ▪ lead the negotiation of resources and ensure they are allocated in line with value for money obligations associated with public funds ▪ implement performance oversight systems and techniques to hold the system to account through goal definition, monitoring, evaluation and impact assessment ▪ support the Minister, Ministers of State and Department officials in fulfilling accountability obligations to the Oireachtas and the public 	
<p>An organisational environment where, on an ongoing basis, high performance is achieved, collaborative working is valued and the knowledge and skills of staff are developed</p> <ul style="list-style-type: none"> ▪ enhance internal communication to support organisation-wide knowledge of goals, values, strategy and processes and facilitate staff in contributing to organisational development and success ▪ provide supports and a work environment which ensure that all staff are valued, enabled to give of their best and provided with opportunities to learn and develop ▪ ensure performance is assessed and managed effectively at individual, team and corporate level ▪ gain recognition for our commitment to a supportive, high performance work environment ▪ support staff in accessing better evidence and the views of citizens 	<p>Collaboration to achieve health priorities and contribute to wider social and economic goals</p> <ul style="list-style-type: none"> ▪ collaborate across sectors, departments and stakeholders to promote a healthy Ireland and the achievement of priority health outcomes, particularly for those who are most at risk ▪ promote the economic contribution of a healthy population and the health service, including research and development activities and partnerships with industry and academia ▪ contribute to whole-of-Government approaches to major social and economic priorities 	
<p>Our Values :</p>		
<p>A deep-rooted public service ethos of independence, integrity, impartiality, equality, fairness and respect</p>	<p>A culture of accountability, efficiency and value for money</p>	<p>The highest standards of professionalism, leadership and rigour</p>

3. Operating Environment – Opportunities and Challenges

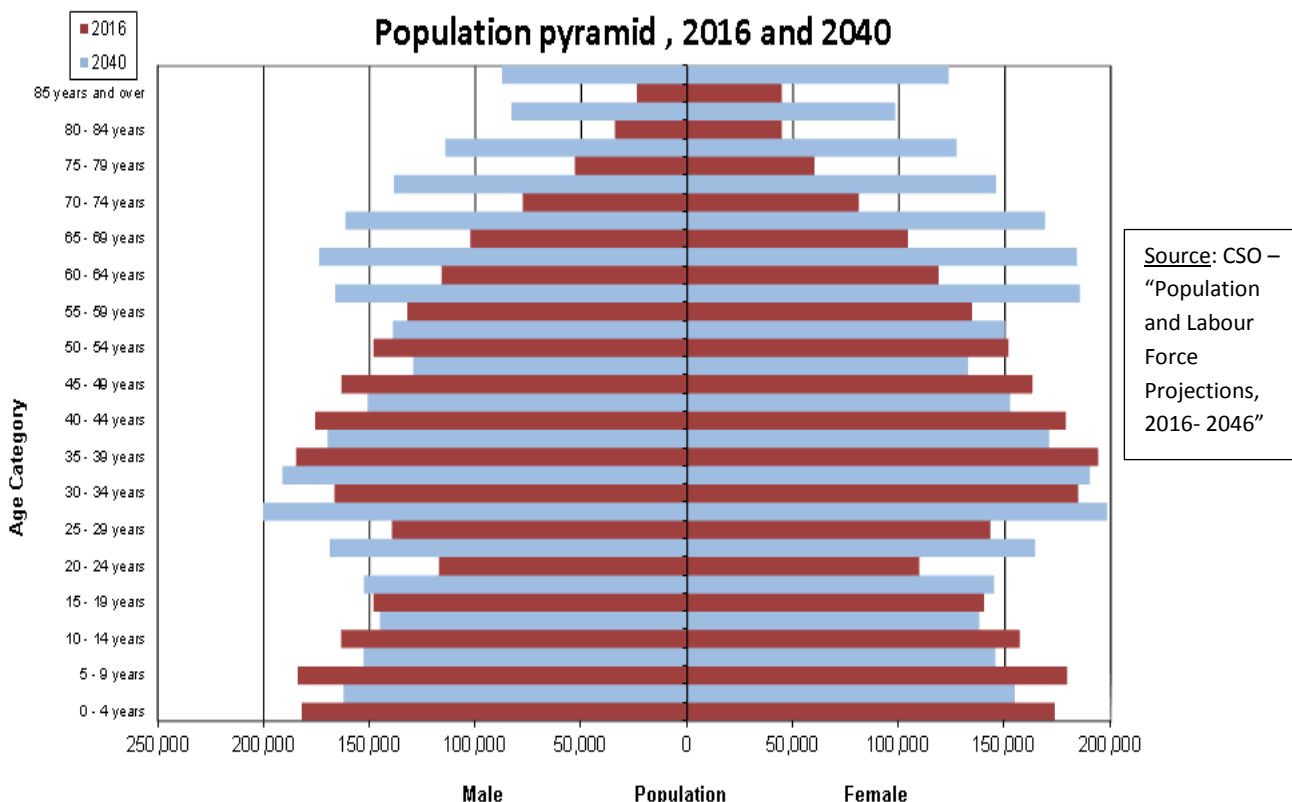
The Department operates in a highly complex environment, providing a leadership role for a very diverse and broad sector with a multiplicity of stakeholders. Over the next three years this environment will be shaped by a number of factors including:

Economic: The last number of years have seen a sustained return of economic growth. This recovery is providing the basis for renewed investment in vital public services, including health and social care. While significant additional investment will be provided to the sector over 2016 and 2017, economic risks and fiscal constraints remain. Continued economic growth in the coming years is projected which will allow for further improvements in public services. However, EU Fiscal Rules will constrain the rate of growth in spending, requiring us to be as effective as possible in meeting existing and new population health demands.

Political: The Programme for a Partnership Government sets out an ambitious programme for all aspects of the health and social care sector spanning 139 individual commitments. Its overarching priority is to increase access to safe, timely care, as close to people’s homes as possible. The Programme also committed to the development by an All-Party Oireachtas Committee of a single long term vision for healthcare over a 10 year period with cross party consensus. The Committee on the Future of Healthcare was established in June 2016 and is due to report in January 2017.

International: The UK’s decision to leave the EU will require the agreement of new arrangements for cross border services and cooperation in the area of health. The Department will strive to ensure that Irish people’s interests are protected in negotiations to agree a new arrangement between the UK and the EU. Ensuring that there is minimum disruption in the area of health and that essential services are maintained will be our key priority.

Demand Pressures: Health and social care services continue to face huge demographic pressures and a rising burden of chronic disease. The overall population has been rising steadily in the last decade and is projected to increase by 4.9% by 2021.



The population is also ageing (see Population Pyramid graph) – resulting in greater care requirements. Projections suggest that between 2011 and 2021, the population aged 65 and over will increase by 38%, while the number of people aged over 85 years is currently increasing by approximately 3.3% each year.¹

Coupled with these demographic pressures, the changing nature and complexity of care required is placing further pressures on the system. An ageing population and lifestyle factors are contributing to a sharp increase in the prevalence of chronic disease with multiple morbidities. Approximately 38% of Irish people over 50 years have one chronic disease and 11% have more than one.

Civil Service Renewal Plan: This provides a framework for renewing the Civil Service and enabling the building of capacity and improving the performance of the Civil Service and its staff.

Human Rights & Equality: The Department is conscious of its responsibility in ensuring that the principles of the Public Sector Duty in relation to human rights and equality are embedded across the work of the Department. An example of this is the Department’s commitment to the creation of a more responsive, integrated and people-centred social care system which (amongst other things) supports the full and effective participation of people with disabilities in society on an equal basis with others, in accordance with the United Nations Convention on the Rights of Persons with Disabilities (see Independent Living section on page 7 under Objective 1).

Collaboration with other Departments and Public Sector Bodies: Continuing to develop strong working relationships with other Departments and Bodies, including agencies under the aegis of the Department (see Appendix 2), will be critical to achieving many of the Department’s and wider Government objectives.

National Risk Assessment: The National Risk Assessment published by Department of the Taoiseach identifies a number of risks with health implications, including economic risks, effects of Brexit, climate change and extreme weather events, food safety, increase in chronic disease, major pandemics, nuclear contamination, and anti-microbial resistance. The Department also adheres to the four principles relating to Governance, Structures, Management and Reporting and the associated guidelines contained in the Department of Public Expenditure and Reform’s Risk Management Guidance for Government Departments (Feb 2016).

Official Languages Act: The Department is fully committed to facilitating people who wish to conduct their business with us through Irish. In that context the Department is compliant with the Official Languages Act 2003 including the publication of this Statement of Strategy bilingually.

¹ Further statistics on the health service and population health are at <http://health.gov.ie/publications-research/statistics/>

(B) Strategic Objectives - Introduction

This Statement of Strategy has been prepared in accordance with the Public Service Management Act of 1997. As such, it is not a strategy for the Health Service, but rather a corporate strategy statement focused on the work and activities of the Department of Health. Nonetheless, the overall Mission of the Department, which was set out in our last Statement of Strategy and which remains valid for the three year period ahead, is to improve the health and wellbeing of people in Ireland by:

- keeping people healthy;
- providing the healthcare people need;
- delivering high quality services; and
- getting best value from health system resources.

In 2016, the Department prepared a paper entitled *Better Health, Improving Health Care*, which set out a strategic perspective for the incoming Minister for Health. In addition, a significant number of actions have been assigned to the Department under the Programme for a Partnership Government. A number of underlying themes in these documents have informed the development of this Statement of Strategy, including the following:

Changing Healthcare Needs: Life expectancy has improved significantly in Ireland in the past decade. Between 2003 and 2014, life expectancy in Ireland for males increased from 75.7 years to 79.3 years and for females from 80.7 to 83.5 years (source: Eurostat). This is a positive development which reflects, in part, improvements in healthcare. When combined with the feed-through of changes in migration flows that took place in the 1960s, however, this change means that the number of older people in Ireland is increasing rapidly, with significant consequences for demand for healthcare and social care services.

In common with other advanced economies, Ireland is also experiencing a rise in the burden of chronic disease, i.e. conditions which are not acquired from someone else, and which are of long duration. Approximately 38% of Irish people over 50 years have one chronic disease, and 11% have more than one. Chronic disease accounts for 80% of all GP visits, 40% of hospital admissions, and 75% of hospital bed days. As the number of older people increases, the number of people with chronic disease will increase, and the numbers with more than one chronic disease will pose a particular challenge to the existing model of care.

Requiring a new Model of Care: This changing pattern of need poses a particular challenge to our model of care. Historically, health services in Ireland have evolved from a system which has been fragmented, overly hospital-centric, and focused on delivering episodes of care. The ongoing challenge is to develop a model of care which is more integrated and continuous, person-centred, and delivered at the lowest level of complexity consistent with patient safety. The Programme for a Partnership Government commits to a decisive shift towards Primary Care in the delivery of health services in Ireland, which may be seen as a core component in the development of a more integrated health service. Primary care must be developed, and should have an explicit coordination and case management role, while on-going change and reform in other parts of the health service will also be required to develop a more integrated, person-centred service. Deepening our understanding of how the model of care needs to change is an essential component in assessing the requirement for on-going investment in the health service, since additional capacity cannot substitute for improvements in the way care is delivered to people if we are to meet growing demand in the most affordable way possible. In the early part of this strategy period, the Department will undertake a number of projects which focus on specifying the preferred model of care in Ireland across a number of service settings.

Combining short-term action with long-term focus: A large component of the Department’s work will continue to be related to the immediate challenges in the health services. These include improving Patient Experience Times (PET) in emergency departments and addressing the challenge of waiting lists. At the same time, achieving sustained and sustainable progress in addressing service needs depends on the achievement of broader reform over the medium and long-term. This includes population health measures under the umbrella of Healthy Ireland, changing the underlying model of care, and delivering on reforms to the management structure of the health service. In the case of the latter, reform has to be delivered in a manner which is consistent with the on-going delivery of services. In terms of longer term vision, the Oireachtas has established the all-party Oireachtas Committee on the Future of Healthcare which is expected to complete its work early in 2017 and to provide further direction in relation to overall health and social care policy.

Performance and Accountability: A key theme of the Statement of Strategy is the need to maintain and enhance oversight of the service-delivery system, and in particular the implementation of the new Performance and Accountability Framework for the Health Service Executive (HSE). This is one of a number of developments in the structure of operational supports for the health service which the Department is supporting. Over time, the Department is seeking to develop a population-based framework for the formulation and implementation of evidence-informed policy and the planning, organisation and evaluation of health services. This requires greater focus by planners, providers and the health workforce on population health needs as well as responsiveness to changes in such needs.

The 5 strategic objectives outlined below (table 1) are informed by these themes, and are aimed both at continuing the existing reform process, and on the implementation of the Programme for a Partnership Government. It is important to note that to one extent or another, these objectives are inter-related and inter-dependent. While many initiatives are already policy priorities, there is now a need for deeper and more systemic change and implementation within our system.

As this Statement of Strategy addresses a period of three years, there is a need for consideration of Departmental priorities for each year of the Strategy. It is intended that this will be facilitated through a new Annual Departmental Statement of Priorities. The Statement of Priorities will be an output of the annual business planning process and will list the Department’s priority outputs to be delivered during the year, including timelines for delivery.

Table 1:	5 Strategic Objectives:
1.	Support people to lead healthy and independent lives
2.	Ensure the delivery of high quality and safe health and social care
3.	Create a more responsive, integrated and people-centred health and social care service
4.	Promote effective and efficient management of the health services
5.	Develop a high-performing Department to lead and oversee the health and social care sector

1. Support people to lead healthy and independent lives

Healthy Ireland agenda

Prevention, early intervention and empowering people to look after their own health and wellbeing are essential elements of our Healthy Ireland strategy – the ‘whole of Government’ framework for improving health and wellbeing and the quality of people’s lives. This is particularly important in tackling the rise of chronic disease in Ireland, addressing health inequalities and mental health issues.

Significant progress has been made in recent years in promoting population health and tackling a variety of public health challenges. The policy direction on these major challenges is now largely clear, and set out in published plans and policies. These include: Tobacco Free Ireland, Obesity Policy and Action Plan, National Physical Activity Plan, National Sexual Health Strategy, National Substance Misuse Strategy, and National Positive Ageing Strategy (available at <http://health.gov.ie/healthy-ireland/>).

Our focus will now increasingly shift to driving, monitoring and evaluating the implementation of these policies, in collaboration with other Government Departments and cross-sectoral stakeholders. This will include initiatives in local authorities, workplaces, educational facilities and communities. Work will continue on developing further measures to limit the harm from alcohol, and to strengthen our tobacco control measures. In addition, a health and wellbeing approach will inform and support the development of new strategies in areas such as Drugs and Mental Health.

Food safety and hygiene standards are also essential for our health and wellbeing. Consumers must be provided with information to help them make informed choices about the food they intend to purchase e.g. nutritional information. The Department will continue to work with stakeholders to progress legislation and policies that support these objectives.

Health Protection and Screening

The Department will continue to develop policy and suitable legislative frameworks to support public health protection through: control of infectious diseases; national immunisation, vaccination and cancer screening programmes; appropriate national public health emergency planning (including pandemic influenza and implementation of the International Health regulations); contributing to EU and World Health Organisation health protection policy development; and monitoring the implementation by the HSE of all such policy and legislation.

Independent Living

Enabling and supporting people to live independently and lead active lives in their communities can make a real difference for a person’s quality of life and in allowing older people or those with a disability or illness to achieve their full potential.

This requires an early intervention approach and the provision of care and services on a personalised basis. The Department is committed to the creation of a more responsive, integrated and people-centred social care system which :

- Supports older people to live in dignity and independence in their homes and communities for as long as possible;
- Provides services to people with mental health issues at the lowest level of complexity, with the emphasis on rehabilitation and recovery at community level;
- Supports the full and effective participation of people with disabilities in society on an equal basis with others, in accordance with the United Nations Convention on the Rights of Persons with Disabilities.

Services such as home help and home care, carers’ supports, respite services, aids and appliances are critical to achieving this ambition. It is also essential that the planning and delivery of these services is integrated within a wider range of supports provided by other sectors. This includes housing, education and training, employment and transport as these provide vital supports for more independent and inclusive models of living.

Strategic Objective: Support people to lead healthy and independent lives

Actions [Below with relevant timeline in brackets] :

Healthy Ireland

- Drive, monitor and evaluate the implementation of health and wellbeing policies and strategies
- Oversee the implementation of the National Substance Misuse Strategy
- Introduce and oversee implementation of Public Health legislation in regard to alcohol [2016-2017]
- Implement Tobacco Free Ireland including:
 - Public Health (Standardised Packaging of Tobacco) Act
 - Legislation for the sale of tobacco products and non-medicinal nicotine delivery systems
 - EU Tobacco Products Directive implementation
- Implement National Obesity Policy and Action Plan in partnership with other stakeholders, including:
 - Publish revised Healthy Eating Guidelines
 - New Code of Practice for Industry
 - Develop Nutrition Policy
- Oversee implementation of the National Sexual Health Strategy
- Sugar Sweetened Drinks levy proposal completed and measure introduced [2018]
- Oversee implementation of the National Physical Activity Plan
- Publish and oversee implementation of an Oral Health Strategy
- Develop a national 'Healthy Workplace' framework
- Support Department of Social Protection in developing a 'Fit for Work' programme
- Develop Health and Wellbeing legislation on Calorie Posting and Workplace Wellbeing [2018]
- Oversee implementation of the National Positive Ageing Strategy
- Publish and oversee implementation of a new National Drugs Strategy
- Establish Healthy Ireland Fund to support cross-sectoral action [2017]
- Put in place a programme to improve the quality of food in our hospitals [2017]
- Conduct annual Healthy Ireland Survey
- Implement *Connecting for Life* national suicide reduction strategy including development of a positive mental health promotion plan
- Work closely with DES, DCYA, DPER² and HSE on youth mental health and wellbeing initiatives, including the National Taskforce on Youth Mental Health, and Pathfinder Project [2016-2017]
- Ensure that appropriate legal frameworks, policies and relevant structures are in place to achieve the highest standards of food safety

Health Protection and Screening

- Roll-out of Rotavirus and Meningococcal B (Men B) child vaccine programme
- Roll-out of enhanced cancer screening programmes – BreastCheck, CervicalCheck and Bowelscreen. The Department will work with the National Screening Service to ensure continued progress on the extension of BreastCheck to women aged 65 to 69
- Develop legislation to provide for the establishment of supervised injecting facilities [2017]

Independent Living

- Work with relevant stakeholders to implement the National Carer's Strategy
- Oversee, support and monitor the implementation of *Transforming Lives*
- Progress the reconfiguration of adult day services, including the provision of appropriate services and

² DES= Dept of Education & Skills; DCYA=Dept of Children & Youth Affairs; DPER= Dept of Public Expenditure & Reform

supports for school leavers with disabilities who have continuing support needs, as recommended in the report *New Directions: Review of HSE Adult Day Services*

- Progress the reconfiguration of residential services as recommended in *Time to Move On from Congregated Settings*
- Lead the Task Force on Personalised Budgets to give people with disabilities more independence, choice and control in accessing health funded personal social services and supports [2017]
- Develop legislation for the introduction of a new scheme to assist certain people with a disability who face particular challenges in accessing transport to meet their increased mobility costs
- Develop policy proposals for the financing and regulation of home care for those with long term needs
- In conjunction with other sectors and the HSE, develop policy proposals to promote community-based supports including innovative enhanced housing options

Outcomes:

- ✓ People live longer healthier lives in safe, healthy environments
- ✓ Responsibility is shared cross-sectorally in addressing the social determinants of health and wellbeing
- ✓ People of all ages and abilities are enabled to participate to their full potential in education, work and leisure activities
- ✓ Children are active and healthy, with positive physical and mental wellbeing
- ✓ More people living independently but supported in their communities
- ✓ The public is protected from threats to health and wellbeing through immunisation programmes, screening programmes and other early intervention measures
- ✓ Patients and service users, and their carers, feel involved in their own care

2. Ensure the delivery of high quality and safe health and social care

Patient Safety and Enhanced Quality

Patient safety remains one of our top priorities and it underpins all our policy and service delivery work. The Department is committed to the delivery of a major programme of patient safety reforms. This programme centres on initiatives such as new legislation, establishment of a national patient advocacy service, a new national patient safety surveillance system, measurement of patient experience, extending the clinical effectiveness agenda and setting up a National Advisory Council for Patient Safety. This programme of patient safety reforms will be led by a National Patient Safety Office (NPSO), which will be established in 2016 within the Department of Health.

Substantial improvements in patient care, including quality and patient safety, have been achieved in some areas in recent years through the introduction of over thirty National Clinical Programmes which are clinically-led and aim to improve patient care through the development of standardised models of care and evidence-based clinical guidelines. These are currently being complemented by a number of Integrated Care Programmes. In addition, a series of national strategies are being developed in key service areas. A national maternity strategy has been published and strategies in cancer and trauma care are in development.

Clinical Effectiveness

Ensuring safe, high quality care services requires the Department to consider the most appropriate evidence-based decision making processes for policy that can promote the achievement of best possible health outcomes for a given level of investment. To this end, the work of the National Clinical Effectiveness Committee (NCEC) in recent years has developed a structured, systematic approach to the prioritisation, development and quality assurance of national clinical guidelines. This work encompasses decision-making frameworks around systematic evidence reviews, budget impact analysis and strategies to consider both feasibility and drivers of policy implementation. The NCEC will continue to develop its programme of work on guidelines for patient safety and quality.

A structured and systematic approach to wider decision making in the Department, employing standardised criteria and processes such as systematic evidence reviews and budget impact analyses has the potential to improve the quality of decision making, inform prioritisation and policy development and demonstrate transparency and accountability in decision making. The work of the NCEC as outlined above provides a useful model for the potential value of this approach. For this broader Departmental work we will, over the next three years, review and develop the decision making processes which support policy development and prioritisation in a number of key patient facing areas, including for example, immunisation policy, screening and other population based preventive programmes, policies relating to the use of blood, organs and other tissues, health promotion and improvement guidelines e.g. exercise, healthy eating, alcohol consumption and the use of medications (new and existing).

Regulation of Health Services

Awareness of the need for high quality, safe services is central to the reorganisation of hospital services and has increased in regard to residential services, where there is statutory regulation of residential centres for older people, people with disabilities and those with mental health difficulties. Considerable investment has been approved to refurbish and replace public nursing homes over the period 2016 to 2021 to achieve compliance with national standards.

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive continuous improvement in Ireland's health and personal social care services, monitor the safety and quality of these services and promote person-centred care for the benefit of the public.

The Health Information and Patient Safety Bill (see action under Strategic Objective 4) will provide for the extension of HIQA's remit to the private health service in regard to setting standards, monitoring compliance with those standards and undertaking investigations. This will be a first step on the pathway towards the proposed introduction of a licensing system for public and private providers as part of a

phased approach to regulation in healthcare. In that regard a Patient Safety Licensing Bill is also being developed which will introduce a formal licensing regime for public and private healthcare providers.

The Mental Health Commission is an independent body that was set up in 2002, under the Mental Health Act 2001. Its main functions are to promote, encourage and foster high standards and good practices in the delivery of mental health services and to protect the interests of patients who are involuntarily admitted.

Professional Regulation

The Department will continue to develop regulatory policy and legislation for certain health professions and empower their statutory regulators.

Strategic Objective: Ensure the delivery of high quality and safe health and social care
Actions [Below with relevant timeline in brackets] :
<p>Patient Safety & Quality</p> <ul style="list-style-type: none"> ▪ Strengthen patient safety by : <ul style="list-style-type: none"> ○ Establishing the National Patient Safety Office (NPSO) [2017] ○ Establishing the National Advisory Council for Patient Safety [2017] ○ Supporting the development of a National Patient Experience Survey with HIQA and HSE [2017] ○ Examining the statutory provisions for management of complaints within the health services [2017] ○ Establishing the national patient safety surveillance function [2018] ○ Designing and enabling a national model for patient advocacy services [2017-2019] ○ Publishing the national framework for patient and public involvement in clinical effectiveness process [2017] ○ Strengthening indemnity arrangements with health service providers to enable improved quality and patient safety [2017] ▪ Build on the existing national healthcare quality reporting system to include patient experience indicators and continue to publish a report annually ▪ Extend the suite of national clinical guidelines endorsed by the National Clinical Effectiveness Committee (NCEC) including Maternity guidelines, to direct clinical and cost effective care delivery models ▪ Develop and extend the framework for clinical audit and build the suite of NCEC National Clinical Audits
<p>Antimicrobial Resistance</p> <ul style="list-style-type: none"> ▪ Develop a National Action Plan on Antimicrobial Resistance in conjunction with the Department of Agriculture, Food and the Marine in line with the objectives of the World Health Organisation Global Action Plan 2015 [Mid 2017]
<p>Regulation</p> <ul style="list-style-type: none"> ▪ Extend HIQA's regulatory remit to private healthcare providers ▪ Complete the registration of public nursing homes and disability centres based upon revised standards and timetables ▪ Publish the Patient Safety Licensing Bill, which will introduce a regulatory system for acute hospitals both public and private, and high risk medical procedures performed in other settings [2017] ▪ Continue to progress legislative provisions on Open Disclosure [2017] ▪ Publish the General Scheme of a bill to regulate assisted human reproduction and stem cell research, with a view to introducing legislation to regulate this area for the first time ▪ Oversee the establishment of the Decision Support Service in the Mental Health Commission for the operation of the Assisted Decision Making (Capacity) Act 2015, working in conjunction with Department of Justice and Equality

- Strengthen professional regulation by bringing to conclusion the regulation of 14 professions designated under the Health and Social Care Professionals Act 2005
- Enact new legislation to amend all professional health regulatory Acts as a consequence of the transposition into Irish law of Modernised Professional Qualifications Directive (2013/55/EU)
- Prepare legislation on a new Dental Act
- Develop proposals to have Counsellors and Psychotherapists regulated by the Health and Social Care Professionals Council

Outcomes:

- ✓ Strengthened regulatory system for patient safety and quality with clear leadership and direction
- ✓ Improved patient safety and quality initiatives through enhanced surveillance of patient safety trends and evidence
- ✓ Clinical effectiveness, clinical outcomes and patient safety improved by implementation of high quality evidence-based clinical guidelines and audit
- ✓ Encompassed within everyone's responsibility is the provision of care to the highest level of quality and safety
- ✓ A model and framework for patient safety and quality is in place across all services
- ✓ Comprehensive system of regulation for health and social care professionals
- ✓ People using our services receive a safe, quality and respectful service

3. Create a more responsive, integrated and people-centred health and social care service

Health and social care needs are changing. This requires the continued development of a model of care that is more integrated and continuous, person-centred, and delivered at the lowest level of complexity consistent with patient safety. This approach will provide a better patient experience and better health outcomes, but it is also vital if the health services are to deal effectively with the demographic pressures and rising burden of chronic disease.

Shift to Primary Care

The Programme for Partnership Government confirmed the Government's commitment to a decisive shift towards primary care so that we can provide more comprehensive care for people within their own communities. Primary Care is where the vast majority of healthcare needs can be addressed at the most appropriate level of complexity and most cost-effectively.

Over the next three years, the Department will bring a renewed focus to the development of primary care so that it is well-placed to meet the current and future challenges that we have described.

It is important that the benefits of an enhanced and more integrated primary health service are supported by appropriate contractual arrangements for general practice services. The Department will work with the HSE to develop a comprehensive approach to the development and negotiation of modernised contractual arrangements. This will facilitate the provision of the most appropriate models of care, including the structured management of chronic disease, appropriate accountability provisions and which also respond to the changing nature of the GP workforce. Extension of GP care without fees for certain populations is a priority for the Government and will also be advanced in consultation with GP representatives.

Social Care and Mental Health

Complementary to reforms in health care, social care services have evolved considerably to better meet individual needs with an emphasis on personalised approaches, maintaining independence, and community-based interventions. Substantial progress has been made in Ireland in recent times in moving the provision of social care and mental health services out of institutions, building up community-based services and supporting independent living, and providing access to mainstream services supported by recourse to specialist services where required.

The Department will build on this progress to date and continue to drive these reforms, to ensure that ultimately all people benefit from more responsive, individualised services, which help them to live better, more independent lives within their own community. A range of actions to support independent living are outlined in Strategic Objective 1. More broadly, the Department is developing a new mental health policy, is initiating reforms that continue to build on the principles set out in the United Nations Convention on the Rights of Persons with Disabilities and is examining innovative and enhanced approaches to homecare, strengthened daycare and short-term residential services, and new long-term residential models for older people.

Effective Organisation of Hospital Services and Patient Pathways

The role of acute hospitals is changing in light of on-going reforms in primary and social care as well as changes in how healthcare is delivered, and will continue to do so over the period 2016 to 2019. The Department will develop an overall model of acute care underpinned by the national clinical care programmes, with the objective of supporting primary and social care to achieve stronger co-ordination and integration of care for patients. This integrated approach underpins the development of national models of care and national policy including the National Maternity Strategy, the new National Cancer Strategy and a national trauma policy. Within hospitals there will continue to be an increased emphasis on effective patient pathways, improved patient flow and integrated patient-centred care.

The Department will oversee continued strategic investment in the National Ambulance Service to implement the significant reform agenda and to advance a modern, safe, responsive and quality service.

Reorganisation of hospital services is required for optimal effectiveness and efficiency in the delivery of high quality, safe care. Of key importance in the establishment of the Hospital Groups is the early

demonstration of progress from disparate individual hospitals towards an integrated group. The Department will provide national strategic guidance on the future organisation of supra-regional and national specialist services and support Hospital Groups in implementing the national clinical care programmes in relation to the organisation of emergency services, critical care, acute medicine and surgery.

Development of a new Children’s Hospital and the Children’s Hospital Integration Programme will be a major priority over the period of this Strategy. In addition, we will continue to build patient safety and quality practices in the acute sector and to enhance capacity across acute hospitals.

<p>Strategic Objective: Create a more responsive, integrated and people-centred health and social care service</p>
<p>Actions [Below with relevant timeline in brackets] :</p>
<p>Cross health sector initiatives:</p> <ul style="list-style-type: none"> ▪ Undertake a capacity review across the health sector, in support of the Programme for a Partnership Government commitment to determine future capacity needs across the system ▪ Oversee implementation of integrated care programmes to build integrated models of care ▪ Develop and oversee implementation of the policy on future nursing and midwifery in the community to drive integration of primary care and acute nursing and midwifery services [2017 - 2018] ▪ Further development of advanced and specialist nursing and midwifery practice [2017] ▪ Drive and monitor implementation of national strategies including: National Maternity Strategy 2016-2026; National Cancer Strategy 2016-2026 and the All-Island paediatric congenital heart disease network
<p>Primary Care</p> <p>Prioritise development of comprehensive primary care services, in conjunction with the HSE, as a fundamental building block of a new, more integrated model of health and social care, including:</p> <ul style="list-style-type: none"> ▪ Further development of multidisciplinary primary care teamworking ▪ Planning and resourcing the primary care workforce ▪ Promoting the provision of necessary infrastructural capacity to support the delivery of more comprehensive and integrated primary care services ▪ Development of chronic disease management in primary care ▪ Negotiation of modernised GP contract/s as outlined in the Programme for a Partnership Government ▪ Advancing phased extension of GP care without fees to those aged under 18 ▪ Automatic entitlement to medical cards for children covered by Domiciliary Care Allowance ▪ Examining the expansion of the role of community pharmacy in managing the health of patients
<p>Social Care / Mental Health</p> <ul style="list-style-type: none"> ▪ Oversee the reconfiguration of children’s disability services under the Progressing Disability Services Programme (0-18s) ▪ Review Assessment of Need provisions under Part 2 of the Disability Act 2005 ▪ Oversee implementation of the recommendations of the review of the Nursing Homes Support Scheme ▪ Strengthen the range of supports available to reduce unnecessary admission of older people to acute hospitals and to allow them to return home as quickly as possible ▪ Undertake a Value for Money and Policy Review of the Costs of long-Term residential facilities for older people within the public sector ▪ Update the Report of the National Advisory Committee on Palliative Care (2001) ▪ Conduct an international expert review of the implementation of the mental health policy <i>A Vision for</i>

Change and develop a new successor policy [A *Vision for Change* review - 2017]

- Implement the recommendations of the Review of the Mental Health Act 2001, starting with the publication of a General Scheme and Heads of Bill [2017]
- Continue to strengthen specialist community-based mental health services, while supporting primary care as central to addressing wider mental health needs

Acute Care

- Develop overall model of acute care with the objective of supporting primary and social care to achieve stronger co-ordination and integration of care for patients
- Provide guidance for Hospital Groups in development of strategic plans
- Accelerate the hospital reform programme – oversee reconfiguration of services at Hospital Group level.
- Oversee implementation of the Emergency Department Task Force Action Plan and other initiatives to reduce patient wait times for emergency care
- Oversee implementation of initiatives to manage waiting lists for acute care which make the best use of hospital capacity to reduce waiting times for patients
- Enact legislation to merge the three children’s hospitals into one single legal entity before transitioning to the satellite centres and new children’s hospital
- Develop proposals for Human Tissue legislation
- Enhance North / South cooperation in acute hospital services

Emergency/ Ambulance

- Oversee implementation of the National Ambulance Service Action Plan

Outcomes:

- ✓ Health outcomes, quality of care and patient experience progressively enhanced through the development and implementation of primary, acute hospital and community based integrated care initiatives
- ✓ Improved prevention, early detection and outcomes for cancer patients
- ✓ A clinically led National Ambulance Service which treats more people over the phone, at the scene or in their own home
- ✓ Improved waiting times for emergency and scheduled care
- ✓ Increased levels of organ donation and transplantation
- ✓ People receive a broader range of care in primary and community care settings
- ✓ More people with access to GP care free at the point of use
- ✓ More timely discharge of acute hospital patients through greater integration of services across primary, social and acute care

4. Promote effective and efficient management of the health services

The Department is overseeing a range of system-level initiatives that will form the foundation for better, more integrated and more efficient services.

HSE's Performance and Accountability Framework

The Department will continue to provide oversight of the performance of the HSE in relation to the delivery by the HSE of the services provided for under the National Service Plan. In this context the Department will hold the HSE to account for delivery of high quality services across all four equally important domains of (i) Access to services, (ii) the Quality and Safety of those Services, (iii) doing this within the Financial Resources available and (iv) effectively harnessing the efforts of the Workforce. The Department will monitor and support the HSE in its implementation of the HSE's Performance and Accountability Framework. This strengthened Performance and Accountability Framework means that health service managers, designated as accountable officers, are explicitly and personally accountable for performing within the revised budgetary allocation. The Framework includes financial plans produced by individual hospitals and aggregated at national level, a strengthened escalation process within the Framework and clear communication of the consequences of underperformance to hospital managers. Oversight and implementation of this framework is a key priority.

Sustainability and Budgeting

The Programme for a Partnership Government sets out our intention to work with the Oireachtas to sustain appropriate annual increases in the Health Budget. Expenditure will be based on multi-year budgeting supported by a five year Health Service Plan based on realistic and verifiable projections. The development of a 5 year plan will take account of the deliberations of the All Party Oireachtas Committee on the Future of Healthcare.

The funding increases provided in recent years to the HSE, and the HSE's enhanced Performance and Accountability framework, provide an important basis for planning health expenditure and the operation of the health services within the limits determined by the Oireachtas.

Health Service Structures and Governance

The health service is currently embarked on a major programme of change. Over the last number of years, seven Hospital Groups³ have been created (with approximately six to eleven hospitals in each group) and nine Community Health Organisations⁴ (CHO) which manage primary, community and social care services.

The development of these Hospital Groups and CHO structures also raises questions about the long-term future development of HSE Corporate. The Programme for a Partnership Government states "*We will continue the process of dismantling the HSE, evolving it into a Health Commission*". The Minister for Health has indicated that he will not pursue further structural reforms pending the report of the Committee on the Future of Healthcare.

Workforce Planning and Skill Mix

The largest component of health expenditure is represented by the pay costs of staff. In a situation of financial constraints and global shortage of particular health professionals, it is important that as a country we achieve an optimum skill mix, a positive work environment to attract and retain staff and very good output from all the staff resources deployed.

A National Integrated Strategic Framework for Health Workforce Planning is being developed in association with the HSE, the education sector and professional regulators to guide the planning of the health workforce into the future. In addition, The Taskforce on Staffing and Skill Mix for Nursing has devised a framework to determine optimum nurse staffing and skill mix levels across acute hospital, general and specialist medical and surgical inpatient care settings. The leadership and management capability of the

³ Report published in 2013: <http://health.gov.ie/blog/publications/the-establishment-of-hospital-groups-as-a-transition-to-independent-hospital-trusts/>

⁴ Report published in 2014: <http://www.hse.ie/eng/services/publications/corporate/CHOReport.html>

health service will require the provision of internal development opportunities, matched to skills, experience and potential, and introduction of new talent.

eHealth

Information technology is an essential tool in the modernisation of health service delivery and in enabling the connection required amongst service users, professionals and organisations to achieve integrated care. It is also increasingly critical in supporting patient safety. A number of important elements have recently been put into place such as The Office of the Chief Information Officer (in the HSE), the eHealth Ireland Advisory Committee and the Clinical Information Officers Council. An overall eHealth Strategy was published in 2013 and the Health Innovation Hub Ireland was launched in 2016. The Health Identifier Act has been enacted providing the legal basis for a single health identifier for every member of the public, to support patient safety and the eHealth agenda. A legislative basis to protect and improve the management, use and access to sensitive patient health information is also required to ensure the eHealth environment aligns with the new EU Regulation on Data Protection.

Further legislative actions and investment in eHealth will be a key priority for the period of this strategy, over the course of which we will work in partnership with the HSE and eHealth Ireland to establish a national electronic health record at the heart of a more connected and integrated health service. The Department is progressing the Health Information and Patient Safety Bill which among other matters sets out a regulatory framework for health information resources and data-matching programmes.

Modernising Health Facilities

Suitable and appropriate facilities are required to support health and social care delivery across the sector, particularly as the balance shifts from a hospital-centric service to one located more in the community. There is a range of capital projects on-going and planned over the next three year period, including development of the key priority projects as outlined in the Actions table below, which are designed to complement the overall effort to maximise the effectiveness and efficiency of the health services.

Funding Models

The Programme for a Partnership Government confirmed the Government's continued commitment to the implementation of Activity Based Funding (ABF, previously known as Money Follows the Patient) – a model whereby hospitals and other healthcare providers are funded based on the quality and quantity of the services they deliver for patients as opposed to historical budgets. Linking budgets with activity will drive efficiency and increase transparency in the provision of high quality services for patients.

We will work with the HSE to ensure that ABF is further developed and that: the model is expanded to encompass outpatient activity; the model commences linking provider payments with clinical objectives; and the building blocks required to determine the cost of community services are developed. We will also work with the HSE to develop a new ABF Implementation Plan for the period after 2017.

The Department will continue work in relation to the development of a healthcare commissioning model that will be appropriate and beneficial within the Irish context, and that links resources to the assessed needs of patients and clients, and ensures clear accountability throughout the system.

Private Health Insurance

Another important driver of activity in the health system is private health insurance, held by almost half of the population. In line with Government policy, the Department seeks to promote a sustainable, community-rated voluntary private health insurance market. The Department oversees the regulation of the market and the system of risk equalisation required to support community-rating. The Department will continue work to improve the effectiveness of the risk equalisation scheme by introducing a more refined measure of health status. We will also continue to monitor market developments to ensure that the health needs of insured people are met in an efficient and effective manner. The Department also has a particular role in relation to the VHI and will continue appropriate oversight arrangements.

Securing Cost-Effective Access to Medicines for People

Medicines play a key role in improving the health of people in Ireland. Securing timely access to medicines at an affordable price, in particular innovative medicines offering enhanced health outcomes is a key

priority. Securing the cost effective and economic provision of medicines for the health service is vital to free up resources for continued investment in new and innovative medicines.

The Department will continue to progress a number of initiatives to ensure the cost-effective provision of medicines, including the implementation of the new 4-year Framework Agreement with the Irish Pharmaceutical Healthcare Association on the pricing and supply of medicines.

Strategic Objective: Promote effective and efficient management of the health services

Actions [Below with relevant timeline in brackets] :

Performance, Accountability, Structures and Governance

- Oversee and monitor the HSE's implementation of its Performance Accountability Framework and monitor implementation of the HSE corporate plan and annual National Service Plans
- Support the improvement of HSE income collection arrangements and the implementation of shared services and external service delivery plans
- Support the HSE in establishing its Performance Management Unit
- Support and monitor the HSE in developing its 5-Year Health Service Plan
- Implement a new appointment process for State boards in conjunction with the Public Appointments Service
- Consider the structure and governance of the health service following completion of the work of the Committee on the Future of Healthcare
- Examine and report on processes for addressing claims of clinical negligence in conjunction with the Department of Justice and Equality (Expert Group on Tort Reform) [2017]

Workforce Planning and Skill Mix

- Publish and monitor implementation of the National Integrated Strategic Framework for Health Workforce Planning that is currently being developed by an Interdepartmental Steering Group
- Oversee implementation of Phase I of the Taskforce on Staffing and Skill Mix in Nursing and commence preparatory work for Phase II in Emergency Department Settings [2016-2017]
- Monitor implementation of the Strategic Review of Medical Training and Career Structures
- Take a strategic approach to the development of the leadership and management capability which the health service requires now and into the future, within the context of the National Integrated Strategic Framework for Health Workforce Planning
- Work with the Department's agencies to address HR issues arising and provide clarification in respect of pay, pensions and terms and conditions issues
- Identify the contribution which improved skill mix, introduction of new roles and modernised work practices can make to improved health services, within the context of the National Integrated Strategic Framework for Health Workforce Planning
- Provide detailed evidence and analysis on the current health workforce, current recruitment challenges and future staffing needs to inform national pay agreements so as to ensure affordable and attractive remuneration for health care staff and further ongoing improvement in productivity and service responsiveness [annually]

eHealth

- Work with the HSE to fully exploit the potential of ICT and the eHealth leadership capability now in place to facilitate service modernisation and integration by implementing key ICT programmes
- Support the procurement and phased implementation of a new national financial management system in the HSE
- Drive the implementation of Individual Health Identifiers and progress the introduction of an electronic

health record to support integrated people-centred care

- Publish and enact the Health Information and Patient Safety Bill
- Work with relevant stakeholders to implement the Health Innovation Hub

Modernising Health Facilities (Capital projects, in conjunction with the HSE)

- Establish the New Children's Hospital through the merger of the three Dublin paediatric hospitals and the construction of a new world-class children's hospital on the St. James's campus with satellite centres at Tallaght and Blanchardstown
- Complete construction of the new National Forensic Mental Health Services Hospital at Portrane allowing for the relocation of services from the Central Mental Hospital
- Deliver additional new primary care centres through a combination of delivery mechanisms, by HSE direct build or by working with the private sector using the operational lease or PPP mechanism
- Deliver radiation oncology units for Cork and Galway under the National Plan for Radiology Oncology
- Commence construction of the National Maternity Hospital on the St. Vincent's campus; commence planning for relocation of maternity services from the other standalone hospitals in Dublin and Limerick to acute hospital campuses at Connolly, St James's and University Hospital Limerick
- Deliver additional and replacement long-stay residential accommodation through Community Nursing Homes for Older People and the de-congregation programme for People with Disabilities
- Review existing capital plans in the context of Government's planned Capital Expenditure Review, and consider the appropriate infrastructural requirements to deliver a more effective and efficient model of healthcare

Funding Models

- Work with the HSE to ensure that:
 - The Acute Hospital Activity Based Funding (ABF) Implementation Plan 2015-2017 is implemented
 - A new ABF Implementation Plan is developed for the years following 2017 [2017]
 - Work is commenced on developing the building blocks required to classify and cost community services [2017]
- Develop a policy framework on Healthcare Commissioning

Role of Private Health Insurance

- Contribute on an ongoing basis to improve the sustainability and effectiveness of the Risk Equalisation (RE) Scheme by preparing legislation each year to revise the applicable risk equalisation credits and corresponding stamp duty levies required under the scheme. [annually]
- Develop a more refined measure of health status to further improve the effectiveness of the RE Scheme.
- Consider the review of the Lifetime Community Rating scheme by the Health Insurance Authority (HIA) (scheduled to be undertaken by the HIA after April 2017) [2017]

Pharmaceutical Costs

- Ensure the most cost-effective provision of medicines for patients through procurement, pricing and prescribing measures

Outcomes:

- ✓ Robust oversight of the HSE's performance and its accountability and governance
- ✓ An improved health service arising from better planning, including strategic workforce planning, and leadership development
- ✓ More modern and suitable health care facilities, equipment and settings to deliver better outcomes for patients and service users
- ✓ Improved efficiency and transparency in relation to the provision of acute hospital services under the

Activity Based Funding (ABF) Programme

- ✓ Better integration and coordination of services at local and regional levels through the full development of Community Healthcare Organisations and Hospital Groups
- ✓ More timely access to medicines at affordable prices
- ✓ High quality, comprehensive, joined-up and accurate information in a timely manner for service planning, development and integration, budget management, demand forecasting, for the benefit of both the service user/patient and the management of healthcare

5. Develop a high-performing Department to lead and oversee the health and social care sector

Civil Service Renewal and *Working Better Together* Organisational Change Programme

We are fully committed to the ongoing programme of change in the Civil Service, including through the *Working Better Together* Change Programme which will be a core element in our Department's contribution to Civil Service Renewal.

The Department has embarked on a significant change programme entitled *Working Better Together* since 2015. The programme's vision is '*a better environment in which to deliver our work, where on an on-going basis high performance is achieved, where collaborative working is promoted, and where we can all develop our knowledge and skills*'. It is working towards achieving a Department which is:

1. Focused on *priority outcomes* – using our knowledge and skills to solve problems in collaboration with others;
2. *Evidence-informed* – using data and research to make better policies and decisions;
3. *Responsible* and *accountable* – where we have high standards for ourselves and others, we work together to demonstrate the achievement of these standards and we are accountable to each other for the quality and timeliness of our work, particularly where others are depending on our input;
4. *Supportive of staff* in giving of their best and taking initiative - giving credit where it is due;
5. Committed to the *learning, personal and career development* of all staff – including our own personal development - and supportive of people's health and wellbeing;
6. *Open in sharing information* relevant for others and collaborating across and outside the organisation.

Following a structured process of consultation, engagement and design with staff, the Department was restructured during 2015 and an integrated programme of 14 change actions has been agreed for 2016/2017. A Management Board Sub-Committee, chaired by the Secretary General and representative of all levels of the Department, has been established to oversee implementation of these actions. An Implementation Support Unit is also in place to support implementation of the change programme.

Enhanced Policy-Making Capabilities and Strengthened Oversight

The Department is strengthening its capacity in a number of areas, including policy making, strategy development, research and analytics, strategic oversight and governance, and its programme and project management. As part of the Department's restructuring, new cross-Department structures and processes have been established which will further these aims over the coming years, such as :

- New corporate divisions for governance and performance, and for policy and strategy
- A new division for Research and Development and Health Analytics
- A new Management Board sub-committee for policy development
- A new National Patient Safety Office
- The Department's Programme Management Office and the HSE are designing a programme management approach to the ongoing health system improvement agenda.

Improvements in Research, Analytics and Evaluation

The R&D and Health Analytics Division, encompassing a statistical and analytics service, will play a critical role in supporting the Department to further develop its evidence-informed approach to policy development, implementation, monitoring and evaluation.

The Department will lead on strategy for research and innovation in the health sector. Health research is key to achieving the objectives of the health system. It delivers knowledge, insights and evidence to address challenges. In particular, the Department will continue to support the Health Research Board in implementing its Strategy 2016-2020 Research Evidence Action. In addition, the new Research Services Unit within the R&D and Health Analytics Division will ensure that research and evaluation is at the core of policy formulation and decision making within the Department itself. This unit will provide research support

and advice for policy units, supported by the Irish Government Economic and Evaluation Service (IGEES), will manage internal and external research programmes aligned with departmental priorities and will act as a broker to harness learning and insights from the research community (national and international) to inform the work of the Department on key issues.

Under the current public spending code the Department is required to work with the HSE on the rolling value for money (VFM) assessment of spending programmes. This will be in the form of VFM and Policy Reviews and smaller Focused Policy Assessments. This will be a significant evaluation undertaking given the range of programmes and scale of spending in health, and the level of analysis required.

Governance Framework for the Department of Health

The Department's Governance Framework has been drafted in accordance with the Corporate Governance Standard for the Civil Service⁵. The objectives of this Governance Framework are to ensure that:

- the Department's systems of accountability and responsibility are effective, robust, clear, and identifiable, and
- the Department evolves so that it can better adapt to social, political, environmental and economic changes.

The Department's governance arrangements are underpinned by a compliance process based on good knowledge management as well as monitoring and review arrangements. The Department is developing a Governance Compliance Framework in accordance with best practice and it will have regard to the Risk Management Guidance issued by the Department of Public Expenditure and Reform in February 2016. It will also work to strengthen governance arrangements for the bodies under its aegis (See Appendix 2) to ensure they comply with the Department of Public Expenditure and Reform's Code of Practice for Governance of State Bodies (August 2016).

Cross-Government working

Collaboration to achieve health priorities also contributes to wider social and economic goals. The Department will seek to enhance its efforts in leading all the relevant parties who can influence the health and wellbeing of the population. As part of this, the Department will actively contribute to the work led by other sectors such as the Action Plans on housing, education and jobs.

Collaboration on International Engagement

The Department will lead on the promotion and protection of Ireland's interests on health policy and related matters at the EU, World Health Organisation and at other international fora, as well as on maintaining and developing co-operation on health matters on a North /South and an Ireland/UK basis. The Department will work closely with other Departments, particularly the Department of an Taoiseach and the Department of Foreign Affairs and Trade, and with other stakeholders, recognising the importance of a collaborative approach in this context, in particular in the context of the UK decision to leave the EU. The Department has established a Management Board Sub-Committee on Brexit and actively participates in the inter-Departmental Group on Brexit.

The Department will explore with other Member States how collaboration can contribute to greater affordability and better access to medicinal products, in line with the 2016 EU Council conclusions on strengthening the balance in pharmaceutical systems in the EU and its Member States.

New Headquarters

The building that houses the Department's headquarters, Hawkins House, has been subject to serious deterioration in recent years. It has been determined that it is now reaching the end of its useful life and it has been decided that the Department will relocate its headquarters to appropriate accommodation elsewhere in the Dublin city area to be provided by the OPW.

⁵ Department of Public Expenditure and Reform (November, 2015)

Strategic Objective: Develop a high-performing Department to lead and oversee the health and social care sector

Actions [Below with relevant timeline in brackets] :

Strengthened Strategic Oversight Capabilities

- Strengthen our governance, business planning, and risk management processes [Business planning cycle, 2017]
- Strengthen our performance dialogue with the HSE and other health agencies [Q3 2016 – Q4 2017]

Enhanced policy-making and legislation informed by evidence and research

- Enhance the Department's approach to policy making through enhanced policy development processes, better supports and stronger policy governance with a particular focus on collaborative development [Q3 2016 – Q4 2017]
- Ensure that policy formulation and decision making within the Department is supported and resourced with the best available, objective evidence and systematic research
- Enhance our collaboration, communication and strategic network-building within the health sector and cross-sectorally [2017-2018]

Future Resourcing and Strategic Workforce Planning

- Complete our work to align our structures and resourcing with strategic priorities [2016-2017]
- Develop a workforce plan to support identification of future resourcing and skills needs [2017-2019]
- Implement the Department approach to succession planning and corporate memory management [2017]

Enhanced supports to assist staff in fulfilling the Department's role and functions

- Promote staff learning and development, and implement the Learning and Development Strategy [2016-2017]
- Establish an internal communications function and implement the Internal Communications Action Plan [2016-2017]
- Take forward the Department's approach to knowledge management, project management and ICT [2016-2017]
- The Department will work with the OPW to move its headquarters on a planned basis to a suitable location and building (currently proposed at Baggot Street) to be provided by the OPW [2017]

Outcomes:

- ✓ All staff are supported to implement integrated business planning and risk management approach and policies
- ✓ The performance dialogue with the HSE and other health agencies is progressively strengthened, through enhanced organisational capacity and cross-Divisional collaboration
- ✓ The policy development process is progressively enhanced, through expanded organisational capacity and cross-Divisional collaboration
- ✓ Improved information flows and enhanced multi-agency working to achieve strategic priorities
- ✓ Structures and resources aligned with strategic priorities and future skills needs identified
- ✓ Organisational effectiveness is progressively enhanced through improved leadership, staff management and performance
- ✓ Staff are made aware of and have access to the range of supports needed to assist them in fulfilling the Department's role and functions, as set out in annual business plans

Appendix 1 – List of Health-related Programme for a Partnership Government commitments.

DFIN= Dept of Finance; DSP= Dept of Social Protection; DJUS= Dept of Justice and Equality; DES=Dept of Education and Skills

Chptr	Commitment	Lead
2	Acknowledge the complex needs of rough sleepers and provide healthcare, mental health and other services as required to help the transition to independent living (Ongoing)	<u>DHealth</u>
5	The funding commitment for 80 additional primary care centres has been secured. Priority should be given to the staffing of primary care teams for timely and appropriate levels of care for patients. We support the commencement of these projects.	<u>DHealth</u>
5	It is necessary also to build GP capacity to respond to patients needs and provide access to X-rays, ultrasound and other investigations as well as the expansion of chronic disease management in general practice. In addition to diabetes, which is already being dealt with in general practice, we will seek to cover chronic pulmonary disease (COPD), asthma, heart failure and atrial fibrillation, so that patients can keep their care in their community, close to home.	<u>DHealth</u>
5	General Practice needs a new contract to address its changing role in delivering chronic care within the community and to allow it play its part in addressing the challenges that face the health service. This contract is under negotiation and the Government will work with doctors' representatives to successfully conclude discussions.	<u>DHealth</u>
5	While we also increase the number of GP training places, we recognise the need to increase the number of therapists and other health professionals in our primary care centres to maximise the potential of services and provide maternity and long term illness cover for staff absences where possible.	<u>DHealth</u>
5	Within two years, we will expand the role of community pharmacists in managing the health of their patients and medicine prescription.	<u>DHealth</u>
5	We will also significantly reduce the cost of medicines by reducing the annual required co-payment on the Drugs Payment Scheme and reducing prescription charges for medical card holders.	<u>DHealth</u>
5	We will increase funding for homecare packages and home help every year.	<u>DHealth</u>
5	We support the full implementation of the agreement reached in recent weeks with the IMO on rural practice this summer. This includes changes in the qualifying criteria for rural support, an increase in the rural practice allowance and amending the special items of service.	<u>DHealth</u>
5	We will increase the number of GP training places by 100 over the next five years to 259 places annually. We will also therefore increase the availability of medical education tutors for CPD.	<u>DHealth</u>
5	We will examine the use of tax instruments and other incentives to support investment by GPs, dentists and other professionals in primary care centres, technology and service developments.	<u>DFIN/DHealth</u>
5	We will also publish proposals, following consultation with representatives, to support GP practices in disadvantaged urban areas.	<u>DHealth</u>
5	The HSE will be mandated to employ GPs on a salaried basis where needed and put in place support structures and staff.	<u>DHealth</u>
5	Extending in phases, and subject to negotiation with GPs, we are committed to the introduction of free GP care to under 18s. This will require a substantial increase in GP numbers to support the additional workload.	<u>DHealth</u>
5	Promoting oral hygiene is important and early intervention saves the taxpayer later. We will introduce a dental health package for the under 6s. Together with existing dental checks at 6, 9 and 12 years, every child under 12 will be entitled to a comprehensive preventive dental health programme. We are committed to timely access to orthodontic care.	<u>DHealth</u>
5	For medical cardholders, we will introduce a preventive dental health package also.	<u>DHealth</u>
5	We will update the national eye care plan, including evaluation of the Sligo model for cataract surgery.	<u>DHealth</u>
5	We will maintain a humane approach for discretionary medical card provision.	<u>DHealth</u>
5	We will extend the entitlement to a medical card for all children in receipt of the Domiciliary Care Allowance in Budget 2017. Approximately 10,000 children would benefit from this initiative. We will request the Clinical Advisory Group on Medical Cards to examine the guidelines for the awarding of discretionary medical cards for patients undergoing treatment	<u>DHealth</u>

	for cancer	
5	Enacting the Public Health (Alcohol) Bill	DHealth
5	Making Ireland Tobacco free by 2025 (less than 5% of the population smoking)	DHealth
5	Introducing a health levy on sugar-sweetened drinks	DHealth
5	Implementing a national physical activity plan, a national obesity plan and a sexual health strategy	DHealth
5	Putting in place a programme to improve the quality of food in our hospitals	DHealth
5	The extension of the childhood vaccination programme to include meningitis B and rotavirus vaccines	DHealth
5	The extension of Breastcheck to all women aged 65 to 69	DHealth
5	Completing work and commencing implementation of a new National Drugs Strategy within 12 months	DHealth
5	We will support a health-led rather than criminal justice approach to drugs use including legislating for injection rooms	DHealth
5	Implementing the National Maternity Strategy	DHealth
5	Implementing the National Dementia Strategy	DHealth
5	Publishing a plan for advancing Neuro-Rehabilitation services in the community	DHealth
5	We will also propose legislation on the regulation of surrogacy and assisted human reproduction services	DHealth
5	We will also propose legislation on the family consent and an opt-out register for organ donation before the end of 2017	DHealth
5	We will increase funding for the Health Research Board	DHealth
5	We will develop National Patient Disease Registries	DHealth
5	Prioritise the passage of the Human Tissue Bill	DHealth
5	Prioritise the passage of the Health Information and Safety Bill.	DHealth
5	We will implement the National Rare Diseases Plan	DHealth
5	We will ensure appropriate care pathways are in place to improve cancer services and invest in end of life care, including the provision of hospice and 'end of life care' during the perinatal period, infancy, childhood and adulthood.	DHealth
5	We will bring into operation further hospices, the construction of which local communities have funded. We will encourage the development of a hospice in the Midlands and North- East, and home care in regions where there are no hospices.	DHealth
5	We will work with nongovernmental organisations to improve information and awareness of end of life services, particularly those which provide people with palliative care in the location they choose.	DHealth
5	We will also assist local communities and schools in purchasing defibrillators for public places	DHealth
5	Support the Departments of Health and Social Protection in working together to pursue a "Fit for Work Programme" to support more people to get back to work if they have an illness or disability.	DSP/DHealth
5	In advance of, and in preparation for the 2017 review of the Capital Plan 2016-2021, the new Government will undertake a national hospital bed capacity review to establish the number, type and location of beds required into the future, recognising the need for a range of beds including critical care, palliative and day case bed stock.	DHealth
5	We will also reduce the length of time from when a patient presents at an Emergency Department (ED) to their discharge home or admission to a ward, including a reduction in the numbers waiting for more than 6 hours. Currently 68% of patients spend less than 6 hours in the ED. We will increase the number of patients dealt with within this time frame by 5% per annum until it reaches 93%.	DHealth
5	The Government agrees to a timely review of the management, operation and funding of national home-help services.	DHealth
5	Medical Assessment Units (MAUs), Urgent Care Centres, and Minor Injuries Clinics provide a safe and local alternative to EDs, but usually operate within limited hours and 5 days a week. In our first year there will be a full review of these with a view to extending their hours of opening and weekend opening.	DHealth

5	We will develop protocols to enable ambulances to take patients to the most appropriate place rather than the nearest ED. This shall include treatment and discharge at the scene, minor injury units, MAUs and specialist centres (e.g. trauma and orthopaedics).	<u>DHealth</u>
5	We are committed to continued capital investment in our Emergency Departments (EDs). New EDs in the Mater Dublin and Wexford are now open; Kilkenny ED is opening on a phased basis this year; Limerick ED will open next year and the extension of Drogheda is under construction. A new ED for Galway Hospital is currently being designed with a view to funding for construction being provided as part of the 2017 Capital Plan Review. Similarly, we will commence the design of a new ED in Beaumont later this year with a view to funding for the construction being provided as part of the 2017 Capital Plan Review.	<u>DHealth</u>
5	We will continue to deliver safer pre-hospital care. As part of this, three reviews of Ambulance Services (HIQA Governance Review, National Ambulance Service Capacity Review, and a Dublin Emergency Services review) are currently being completed with the HIQA report already being implemented. We will consider the recommendations when published, and there will be an increase in ambulances, EMTs and paramedics every year to improve response times.	<u>DHealth</u>
5	The new Government is committed to the expansion of the successful Emergency Aeromedical Service (air ambulance) and its possible extension to night time. A feasibility study will be carried out to explore how this might be achieved, who might provide it and the potential cost. This shall include consideration of a second base.	<u>DHealth</u>
5	We will also expand the National First Responders Network	<u>DHealth</u>
5	The new Government will immediately proceed to the design and planning stage for a dedicated Cystic Fibrosis Unit at Beaumont Hospital Dublin for inclusion in the 2017 Capital Plan review. The HSE Cystic Fibrosis Clinical Programme will make further recommendations in the next few months, following a survey of centres and will complete a CF model of care policy.	<u>DHealth</u>
5	We are committed to the development of a second Cath Lab in University Hospital Waterford subject to a favourable recommendation from an independent clinical review of the needs of the region to be carried out within 6 weeks. Then, it will proceed immediately to design and planning stage followed by construction, and will be completed and ready for operation without undue delay.	<u>DHealth</u>
5	In the interim, the hospital will be asked to review the resourcing necessary to extend the existing lab hours with a view to providing a more extensive service. It is understood that the extension and funding of these hours is subject to receipt of a recommendation to proceed with the investment in a second lab. On receipt of this recommendation, partial revenue funds will be liberated immediately to allow for the recruitment of staff to facilitate the extension of lab hours.	<u>DHealth</u>
5	We are committed to sustaining the progress made to date on waiting lists, and are committed to continued investment of €50million per year to reduce waiting lists further (inclusive of the €15million in funding for a National Treatment Purchase Fund).	<u>DHealth</u>
5	Resources will be set aside each year to reduce waiting lists with the funding targeted, in particular, at those most urgent cases and those whose who have been waiting longest. We will increase and ring-fence €15million in 2017 in funding for a National Treatment Purchase Fund to urgently address waiting lists for those waiting longest.	<u>DHealth</u>
5	We will agree annual performance targets with each Hospital Group/Trust and CHO (Community Healthcare Organisation) on waiting times, linking to activity based funding.	<u>DHealth</u>
5	We will establish a Performance Management Unit providing assistance to hospitals and service providers in reaching their targets.	<u>DHealth</u>
5	We support a review of better integration between primary and secondary care as well as identifying good work practices currently taking place in specialist areas which could be replicated in other hospitals to address waiting lists.	<u>DHealth</u>
5	We will continue the process of dismantling the HSE, evolving it into a Health Commission.	<u>DHealth</u>

5	We will advance progress made on Hospital Groups before strengthening their capacity to be stand-alone statutory Trusts. Hospital Trusts will gain greater autonomy (own their own assets, manage recruitment) while also ensuring accountability. Frontline staff and patients will have increased involvement in the policy making process. Hospital Groups/Trusts will be required to develop strategic plans to re-organise services within their group of hospitals, which is key to minimising risks to patient safety and maximising favourable outcomes for patients with a full evaluation of the impact of geography on access to, and availability of, services. Annual performance targets will be agreed with each Hospital Group/Trust on waiting times for inpatients, outpatients and ED attendances. These targets will be built into Activity Based Funding.	<u>DHealth</u>
5	We will upgrade the standard of hospital management by ensuring that all hospital managers and CEOs are educated to Master's in Business Administration (MBA) level or equivalent and are funded to do so.	<u>DHealth</u>
5	We will provide for the temporary transfer of management of hospitals to another provider where there are consistently poor outcomes, patient experiences and financial management.	<u>DHealth</u>
5	A new performance Management Unit, with its own ring fenced budget per annum, will be established within the Health Commission.	<u>DHealth</u>
5	We will fund hospitals and other healthcare providers for the work they do rather than on the basis of historical budgets - Activity Based Funding (ABF). Linking budgets with activity has the greatest capacity to deliver more efficient hospital services and gain timely quality care for patients.	<u>DHealth</u>
5	We will review the roles and responsibilities of various healthcare professionals working in our hospitals. This will include further transfer of tasks between doctors and nurses, a greater role and extended scope of practice, including the authority to order and report on scans, for radiographers and radiation therapists.	<u>DHealth</u>
5	The use of county boundaries for access to health and social services will be reviewed independently, to ensure that the most efficient and cost effective service is provided to those who need it.	<u>DHealth</u>
5	Patient pathways, referrals, aftercare and recovery must be more efficiently managed with the HSE.	<u>DHealth</u>
5	We will mandate the HSE to engage strategic partners to help with the planning, financing and rollout of a 21st century IT health infrastructure, working towards the universal use of data to improve integrated care and outcomes across primary and secondary care.	<u>DHealth</u>
5	We will establish an independent patient advocacy service.	<u>DHealth</u>
5	We consider Open Disclosure as an essential component of patient safety and, in line with the recommendations of the Madden Commission on Patient Safety and Quality Assurance (2008), will progress a number of measures to support it. These will include legislation to ensure that all open disclosures will be protected when made, in line with national standards to be set by HIQA and the Mental Health Commission (*), and that offering an apology or giving full information up front cannot be seen as an admission of liability. [* Based on the advice of the Office of the Parliamentary Counsel to the Government, the "national standards to be set by HIQA and the Mental Health Commission" has subsequently been replaced with 'regulations' which will be set by the Minister. (OPC)]	<u>DHealth</u>
5	It will be made mandatory to report specified patient safety incidents or serious reportable events to the authorities and to the patient harmed, and it will be an offence not to do so.	<u>DHealth</u>
5	We will tackle the rising cost of claims by establishing an expert group to report within 6 months on options for reforming the law of torts and the current claims process, particularly when it comes to birth injuries and catastrophic injuries, and injuries that can result from vaccination.	<u>DHealth/DJUS</u>
5	We will put in place a scheme, on a no-fault basis, that will respond to the needs of people with disability arising from vaccination.	<u>DHealth</u>
5	Negotiate a new consultant's contract and review the roles and responsibilities of health professionals providing extended scope of practice where appropriate	<u>DHealth</u>
5	Implement the new procedures to ensure more efficient and timely recruitment of nurses	<u>DHealth</u>

5	Implement the remaining elements of the Strategic Review of Medical Training and Career Structure Working Group (McCraith Report) to assist in the recruitment and retention of key medical staff	<u>DHealth</u>
5	We will fully implement the Lansdowne Road Agreement in accordance with the timelines agreed and recognise that the recruitment issues in the public service must be addressed as part of this Agreement	<u>DHealth</u>
5	We will request an Oireachtas All-Party committee to develop a single long term vision plan for healthcare over a 10 year period. This plan should have cross party consensus on healthcare planning and a shared vision. We will work to develop an agreed framework for an efficient and effective health service. Key to the long-term sustainability of our health service and Universal Healthcare - access to quality preventative, primary, curative, rehabilitative and end-of-life healthcare that is timely and affordable for everyone - is the development of a new funding model for the health service. Considerable work has been conducted by the last Government on the costs and implications of the introduction of universal healthcare.	<u>DHealth</u>
5	Further work needs to be conducted on the costs of various models, how to meet those costs and on how best to deal with unmet need for health services prior to the move to a new system. At this point, the Oireachtas Committee on Health will be asked to invite stakeholders and outside experts to hearings on how best to move forward on the outcomes of the work.	<u>DHealth</u>
5	The delivery of the reform programme must be completed first so that the foundations are in place to change the funding model. This will allow the New Partnership Government to make a final decision on the best way forward to finance Universal Healthcare.	<u>DHealth</u>
5	We will base health expenditure on multi-year budgeting supported by a 5 year Health Service Plan based on realistic, verifiable projections. We will set out a detailed longer-term budget for the health service. It is acknowledged the additional funding will be used for 2016 and that, considering ongoing demographic change and medical innovation, increases of an average of more than 3% per annum, combined with an ongoing reform agenda, to drive further efficiencies, are needed to make real improvements.	<u>DHealth</u>
5	We will drive down costs to provide new treatments, drugs etc. In particular, we will look at opportunities for leveraging purchasing power either through national or European initiatives and for making greater use of effective but less costly medicines.	<u>DHealth</u>
6	The relevant Oireachtas Committee in the 32nd Dáil will be mandated to monitor and oversee the full implementation of this strategy [Connecting for Life].	<u>DHealth</u>
6	We will fully implement A Vision for Change in a manner which recognises geographic accessibility.	<u>DHealth</u>
6	The network of mental health services proposed in A Vision for Change should offer one point of access for GPs who want to refer individuals onto mental health services or are looking for advice and guidance on the management of a specific individual. In the proposed model there should also be a single point of access for a crisis response when needed.	<u>DHealth</u>
6	We are committed to conducting an evidence-based expert review of the current status of implementation in Ireland and of international best practice in the area of mental health. The review will also advise on: <ul style="list-style-type: none"> • Building further capacity in Child and Adolescent Mental Health Services (CAMHS) • More 24/7 service support and liaison teams in primary and emergency care • Mechanisms to attract and retain staff in this area 	<u>DHealth</u>
6	Separately, we will extend counselling services in primary care to people on low income. We will also seek to extend this service to organisations that offer free counselling and psychological services for families who need it.	<u>DHealth</u>
6	We will also introduce improved interagency working arrangements with other services to ensure access based on need as swiftly as possible (e.g. linkages between HSE, Tusla and prison services, local listening services and voluntary services).	<u>DHealth</u>
6	We will work to ensure that every emergency department has such a team, and that greater linkages to aftercare and primary care are provided for.	<u>DHealth</u>
6	For those vulnerable to suicidal behaviour, the HSE Mental Health Directorate should provide a co-ordinated, uniform, quality assured and safe 24/7 service and deliver pathways of care from primary to secondary mental health services for all those in need of specialist mental health services. The independent review will advise on how best to do this. This will be monitored and	<u>DHealth</u>

	recommendations will be made by the appropriate Oireachtas Committee.	
6	A National Taskforce on Youth Mental Health will be established to consider how best to introduce and teach resilience, coping mechanisms, greater awareness to children and young people, and how to access support services voluntarily at a young age.	<u>DHealth</u>
6	For teaching staff also, we will invest in SafeTALK and ASIST courses	<u>DES/DHealth</u>
6	We will extend these services, such as Jigsaw, which is free to access and does not require GP referral, which are more informal and attractive to young people.	<u>DHealth</u>
6	The support provided by community, voluntary and advocacy groups is vital to people with mental health difficulties, to their families and carers. We will ensure they receive support for the initiatives and programmes they receive.	<u>DHealth</u>
6	We will improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.	<u>DHealth</u>
6	We will provide more residential places for people with enduring mental health issues, including forensic and dual diagnosis patients.	<u>DHealth</u>
6	We will work to improve Ireland's understanding and attitude to mental health and suicide.	<u>DHealth</u>
6	While recognising the need for balanced intervention and admission, we will reform legal processes to deal with involuntary committals.	<u>DHealth</u>
6	Advanced works have begun on the new National Forensic Mental Health Service Hospital at Portrane. Funding has been secured as part of the Capital Plan for this development. This will facilitate the closure of the Victorian Central Mental Hospital.	<u>DHealth</u>
6	In addition, proceeds from the sale of older assets used for mental health services will be retained for new developments in mental health.	<u>DHealth</u>
6	We will develop services and specialties to support people at different stages in life. With a growing older population, it is necessary to build capacity in the psychiatry of later life. There are approximately 26 Psychiatry of Old Age Teams. Budget 2016 has provided additional funding and we will continue to increase this.	<u>DHealth</u>
6	We will implement the Irish National Dementia Strategy.	<u>DHealth</u>
6	We will continue to support rehabilitation centres.	<u>DHealth</u>
7	A review of State structures and delivery will take place to respond to the introduction of personalised budgeting tailored specifically to the needs of the individual.	<u>DHealth</u>
7	Work is underway on the drafting of new legislation for the introduction of a new mobility scheme to assist those with a disability in meeting their increased mobility costs.	<u>DHealth</u>
7	To do so, we will establish a Taskforce within 3 months on the implementation of personalised budgets for persons with disabilities. Core to this Taskforce will be: <ul style="list-style-type: none"> • The adoption of a single national coherent application system to develop budgets before end 2017 • The adoption of a single national coherent system of accountability for the spend • Exploring brokerage models whereby people are assisted to connect with and purchase the services that actually meet their own needs • Actively monitoring practice, usage and trends and especially the linkage between personalised budgets, employability and employment rates as well as community living 	<u>DHealth</u>
7	We will examine transport service provision for young people with disabilities to ensure that the service is fit for purpose, consistent with their needs.	<u>DHealth</u>
7	We will move people with disabilities out of congregated settings to enable them live independently and be included in the community. Currently 2,725 people live in congregated settings and our objective is to reduce this figure by at least one-third by 2021 and to ultimately eliminate all congregated settings.	<u>DHealth</u>
7	Budget 2016 allocated €7.3million for the provision of 1,500 day places for school leavers with disabilities.	<u>DHealth</u>
7	The new Government is committed to ensuring that all 18 year old school leavers with intellectual and physical disabilities have continued education or training opportunities.	<u>DES/DSP/</u> <u>DHealth</u>
7	We will also commence an in-depth review of the variation in waiting lists across the country.	<u>DHealth</u>

7	In 2012, the first ever Carer's Strategy was published. We are committed to implementing it in full. We wish to see greater involvement of family carers in the preparation of care plans, aiding the provision of care, together with more accessible training and respite care, to facilitate full support.	DHealth
7	We will support improved access to counselling supports for carers.	DHealth
8	Similar to Free GP care for the under 6s, earlier engagement with dental care would encourage disease prevention and promote oral hygiene. We support the introduction of a preventative dental care package for the under 6s. Together with existing dental checks at 6, 9 and 12 years, every child under 12 would be entitled to a comprehensive preventive dental health programme.	DHealth
8	We will consult on how to introduce greater awareness and prevention of mental health problems for young people.	DHealth
8	For teaching staff also, we will support SafeTALK and ASIST courses.	DES/DHealth
8	We support the extension of services, such as Jigsaw, which is free to access and does not require GP referral, which are more informal and attractive to young people.	DHealth
8	Excessive alcohol and drug consumption can do lasting damage to the lives of our young people. We will enact the Public Health (Alcohol) Bill. We will also strengthen regulation of alcohol advertising to children.	DHealth
8	We support the expansion of Local Drug Taskforce projects.	DHealth
9	We will also significantly reduce the cost of medicines by introducing an annual cap on the Drugs Payment Scheme and reducing prescription charges for medical card holders.	DHealth
9	We will improve supports and services for older people to live independently in their own home	DHealth
9	Will build GP capacity to respond to patients needs through access to X-rays, ultrasound and other investigations as well as the expansion of chronic disease management in general practice.	DHealth
9	In addition to diabetes, which is already being dealt with in general practice we will seek to cover chronic pulmonary disease (COPD), asthma, heart failure and a trial fibrillation, so that patients can keep their care in their community close to home.	DHealth
9	While we will also increase the number of GP training places, we recognise the need to increase the number of therapists and other health professionals in our primary care centres to maximise the potential of services.	DHealth
9	We will expand the role of community pharmacists in managing the health of their patients and in medicine prescription.	DHealth
9	We recognise the role the Public Health Nurse plays in communities. We will expand the Public Health Nurse (PHN) service and provide greater administrative support for them.	DHealth
9	We will increase funding for homecare packages and home help every year.	DHealth
9	We will introduce a uniform homecare service so all recipients can receive a quality support, 7 days per week, where possible.	DHealth
9	We will invest in and support new technologies that offer more support, confidence and value, including through the Health Innovation Hub.	DHealth
9	We will review legislation relating to elder abuse.	DHealth
9	€385million in capital funding has been secured for the replacement and refurbishment of 90 public nursing homes across the country. This is one of the most comprehensive programmes of investment in public nursing home facilities undertaken by the State. We will continue to upgrade, refurbish and rebuild public nursing home facilities and district hospitals.	DHealth
9	We will provide additional funding for the Nursing Home Support Scheme to keep the Fair Deal scheme at approximately 4 weeks.	DHealth
9	We will introduce changes as soon as practicable to remove discrimination against small business and family farms under the Fair Deal Nursing Home Scheme.	DHealth
14	Roll out free GP care for all children	DHealth
14	Guarantee the future sustainability of GP practices in disadvantaged urban areas	DHealth
14	We will provide support for the Men's Shed network.	DHealth
14	Support the expansion of Local Drug Taskforce projects	DHealth

Appendix 2 – Bodies under our aegis

Non-Commercial State Bodies

Dental Council
Dietitians Registration Board
Food Safety Authority of Ireland
Food Safety Promotion Board - Safefood
Health Information and Quality Authority
Health Insurance Authority
Health Products Regulatory Authority
Health Research Board
Health and Social Care Professionals Council (CORU)
Health Service Executive
Hepatitis C Compensation Tribunal
Irish Blood Transfusion Service
Medical Council
Mental Health Commission
National Cancer Registry Board
National Paediatric Hospital Development Board
National Treatment Purchase Fund
Nursing and Midwifery Board of Ireland
Occupational Therapists Registration Board
Optical Registration Board
Pharmaceutical Society of Ireland
Physiotherapists Registration Board
Pre-Hospital Emergency Care Council
Radiographers Registration Board
Social Care Workers Registration Board
Social Workers Registration Board
Speech and Language Therapists Registration Board

Commercial State Bodies

Voluntary Health Insurance (VHI)