



Statement of Strategy

2008 - 2010

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Contents

Structure of the Statement of Strategy

Part 1: The Department

1.1	Mission Statement	06
1.2	Mandate	06
1.3	Structure of the Irish Health System	06
1.4	High Level Objectives	07
1.5	Organisational Structure of Department	08
1.6	The Operating Environment	08

Part 2: Delivering on the Statement of Strategy

2.1	High Level Objectives (HLOs)	12
	HLO 1: Policy and Corporate Support	12
	HLO 2: Children and Families	18
	HLO 3: Primary Care	20
	HLO 4: Cancer Control	22
	HLO 5: Acute Hospitals	24
	HLO 6: Disability and Mental Health	26
	HLO 7: Care of Older People	28
2.2	Critical Success Factors	30
2.3	Cross-Departmental/Agency Co-operation	30
2.4	Effective Working	30
2.5	Human Resources and Training	31
2.6	Communications	31
2.7	Implementation and Monitoring	31

Appendix 1

Bodies under the aegis of the Department of Health and Children	32
---	----

Appendix 2

Legislation	33
-------------------	----

Appendix 3

Organisation Chart	34
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Foreword by the Minister

This Statement of Strategy maps out the next three years of a process that will ultimately transform health services in Ireland.



The Irish health system already has enormous strengths. Those who work throughout the sector are intensely committed, and go about their work with complete integrity and real compassion for those in their care. Our professionals are trained to the very highest standards. All of those engaged in delivering health care are motivated above all else by a wish to give the best possible care to those who need it, to prolong life, and to ease suffering.

It is my intention to ensure that the system is supported with sound organisation, effective prioritisation, and a use of resources that delivers the best possible outcome for patients and their families. My Department will play a key role in driving and monitoring these reforms, within the wider process of Government.

Notwithstanding the challenges that we face, I believe that we will succeed in giving the people of Ireland the health system that they deserve. The four Ministers of State and I look forward in continuing to work with the Secretary General and staff of my Department towards that end.

A handwritten signature in black ink that reads "Mary Harney".

Mary Harney, T.D.
Minister for Health and Children

Introduction by the Secretary General

I am pleased to introduce the Department's Statement of Strategy 2008 – 2010 which has been prepared under the terms of the Public Service Management Act, 1997.



During the period covered by our last Statement of Strategy, fundamental changes were made to the structures and organisation of our health services. Most notably, the Health Service Executive (HSE) was established, and given statutory responsibility to use the resources available to it in the most beneficial, effective, and efficient manner to improve, promote and protect the health and welfare of the public. The Health Information and Quality Authority (HIQA) was established to help drive continuous improvement in Ireland's health and social care services. Changes were initiated in the way that we deliver health services that will in time bring major benefits.

This new Statement of Strategy maps out the next steps on the journey of change. The High Level Objectives, which are the pillars on which our Strategy is built, reflect commitments in the *Programme for Government* and in *Towards 2016* (the ten-year Framework for Social Partnership Agreement 2006 – 2015). These include commitments to modernisation and change, and the Statement reflects the Lifecycle Framework approach on which *Towards 2016* is based.

The Department will continue to work to provide evidence-based advice, to assist in the formulation of Government and Ministerial policies, and to support and oversee implementation of those policies.

I look forward to working with my colleagues in the Department, in the HSE, HIQA, and other agencies, and throughout the health sector, to advance our objectives in the coming years.

A handwritten signature in black ink that reads "Michael Scanlan". The signature is written in a cursive, flowing style.

Michael Scanlan
Secretary General

Structure of this Statement of Strategy

This Statement of Strategy sets out:

Part 1: The Department's Role

The Department's Mission Statement, Mandate, High Level Objectives, Organisational Structure and Operating Environment.

Part 2: Delivering on the Statement of Strategy

How the Department proposes to deliver its objectives.

Part 1: The Department's Role

1.1 The **Mission Statement** gives expression to the values and sense of purpose of the organisation.

1.2 The **Mandate** describes the functions that the Department is charged to address.

1.3 The Department operates within the overall structure of the Irish health system.

1.4 The Department's **High Level Objectives** flow from the **Mandate** and are set in the context of the role that the Department plays alongside the Health Service Executive (HSE) and Health Information and Quality Authority (HIQA) in the new institutional structure created by the ongoing Health Reform Programme.

The **High Level Objectives** for the period of the current Strategy Statement are focused on the following areas:

1. Policy and Corporate Support
2. Children and Families
3. Primary Care
4. Cancer Control
5. Acute Hospitals
6. Disability and Mental Health
7. Care of Older People

1.5 The Department pursues its **High Level Objectives** through its staff and the present **Organisation** of the Department represents the functional structure adopted to best pursue and achieve those objectives.

1.6 Finally, the Department does not exist in a vacuum from the rest of the health services, the political system or society generally. It operates in a broad **Environment** which it must constantly monitor for:

- demographic and healthcare trends;
- socio-economic factors;

- judicial decisions;
- cultural and lifestyle change;
- emerging medical technologies; and
- customer expectations.

All of the above influence the present and future health needs of individuals and groups in Irish society and, therefore, impact upon the Department in everything that it does from planning to execution.

Part 2: Delivering on the Statement of Strategy

Part 2 details the way the Department will achieve its High Level Objectives.

For each Objective this Statement sets out the:

- relevant policy context;
- key outputs;
- key performance indicators; and
- relevant outcomes.

Part 2 also describes the corporate level factors, such as Critical Success Factors, Human Resources, and Development and Training, that the Department has identified as necessary to achieving its objectives.

Part 1

Role of the Department

1.1 Mission Statement

To improve the health and well-being of people in Ireland in a manner that promotes better health for everyone, fair access, responsive and appropriate care delivery, and high performance.

1.2 Mandate

The Minister for Health & Children is politically accountable for developing and articulating Government policy on health and personal social services, and for the overall performance of the health service. Our mandate is to support the Minister and the four Ministers of State by advising on policy development and implementation, evaluating the performance of existing policies and service delivery, preparing legislation, and working with other Government departments, the social partners and international organisations. Our functions include:

- To develop policy across the full spectrum of health and personal social services, with a focus on quality, equity, access based on need, consistency and outcomes and to support implementation of Government policy.
- To negotiate and report on the Health group of votes and analyse financial and service outturns, including value for money and adherence to governance and accountability standards.
- To ensure compliance with Government policies on public service pay and industrial relations, employment control, and modernisation.
- To undertake medium and long-term planning, including workforce planning.
- To provide a legislative and regulatory framework that helps protect the interests of service users and supports practitioners in working to the highest standards.
- To work with colleagues in other Government departments and the social partners to ensure that the aim of improving health and social well-being is advanced effectively in other parts of the public service.

- To develop and refine a system of performance evaluation which helps the Minister to assess the performance of the health system.
- To support the Minister and Ministers of State in fulfilling their parliamentary duties.
- To ensure the fullest possible involvement by Ireland in the work of the European Union (EU), the World Health Organisation (WHO) and other international bodies in the area of health and children; to progress closest possible co-operation with Northern Ireland.
- To ensure we have the internal capacity, in terms of structures, people, systems, etc. to equip us to meet our objectives.

1.3 Structure of the Irish Health System

The Health Service Executive (HSE) was established in January 2005 and is responsible for providing health and personal social services in the State within available resources. The Health Act 2004 charges the HSE with using the resources available to it in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public.

The Health Information and Quality Authority (HIQA) was established in May 2007 and is responsible for setting and monitoring standards on safety and quality of healthcare services in the public sector including the undertaking of investigations, the operation of accreditation programmes, evaluation of the clinical and cost effectiveness of health technologies and evaluating and setting standards for information on health services and the health and welfare of the population. The Office of the Chief Inspector of Social Services forms part of HIQA.

The legislation establishing the HSE and HIQA specifically requires them to have regard to the policies and objectives of the Government or any Minister of the Government to the extent that those policies and objectives may affect or relate to their functions¹. The health system also encompasses a growing private sector and a wide range of health agencies.

¹ Section 7 of the Health Act 2004 (HSE) and section 7 of the Health Act 2007 (HIQA)

The role of the Department has changed with the establishment of the HSE to a stronger policy and performance evaluation role. Central to this is ensuring that health services are delivered in accordance with Government policy. Many of the High Level Objectives of the Department as set out in this Statement of Strategy are linked to the effective organisation and delivery of services by the HSE. This underlines the need for a close and effective working relationship between the Department and the HSE. Similarly, in terms of achieving improved health outcomes for the people of Ireland, the Department is active in influencing and supporting a range of other Government departments and agencies.

Please see Fig.1 Structure of Irish Health System.

1.4 High Level Objectives

Over the period of this Strategy, the Department has set seven High Level Objectives, as follows.

1. Policy and Corporate Support

To provide policy, performance, legislative, planning and governance support to the Minister which helps to ensure that high quality and effective health and social services are delivered within available resources and in accordance with Government policies in a way which gives people fair access to services and other supports which meet their needs.

2. Children and Families

To promote and protect the health and well-being of children and families.

3. Primary Care

To ensure the provision of a broad spectrum of integrated, locally-based accessible services as the first point of contact for people with the health system which, combined with improvements in income, employment, education and housing, will deliver significant health improvements and reduce health disparities over the longer term.

4. Cancer Control

To reduce cancer incidence, morbidity and mortality relative to other EU countries and to support the provision of quality assured cancer services by the HSE.

5. Acute Hospitals

To ensure that patients who need acute care can access it as rapidly as possible, in the most appropriate setting at local, regional, or national level, that they receive safe care, and that the outcomes are the optimum that can be achieved for such patients.

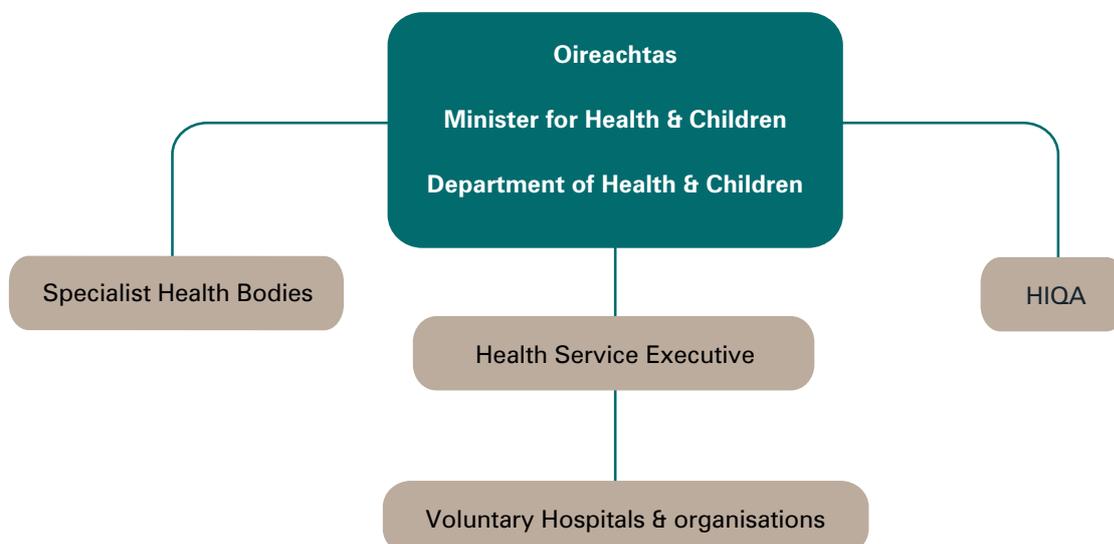
6. Disability and Mental Health

To help people with disabilities to achieve their full potential including living as independently as possible. To promote mental health and provide appropriate support to, and interventions for, people with mental health problems.

7. Care of Older People

To enhance the quality of life of older people and to support them in their homes and communities and, where this is not possible, to provide them with access to appropriate residential accommodation.

Fig. 1. Structure of the Irish Health System



1.5 Organisational Structure of Department

The work of the Department extends across nine Divisions, and the Office of the Chief Medical Officer (see organisation chart at Appendix 3). Four of these relate to key policy and corporate support areas and link to High Level Objective 1. The remaining five relate to three cross-cutting offices; primary care, acute hospitals, and cancer care, and link to the other High Level Objectives.

In framing this Statement of Strategy, we have reflected the relevant elements of the *Programme for Government*, and commitments set out in *Towards 2016* (the Ten-Year Framework Social Partnership Agreement 2006-2015). These include commitments to modernisation and change both in the Department and in the wider health sector. We have also reflected the Lifecycle Framework approach on which *Towards 2016* is based.

1.6 The Operating Environment. Responding to Customer Expectations and Needs.

Across the board in Irish society there has been a very welcome raising of awareness of the voice of the consumer. In the public service, nowhere is this more relevant and apparent than in the delivery of health and personal social services. The public want clarity about their entitlements and ready access to information on health services and conditions. The internet has led to people being better informed about medical conditions and possible treatment approaches. This has led to a growth in selfcare and to a greater awareness of how people can themselves contribute to positive outcomes.

In recent years we have had a number of major inquiries into adverse patient events including Hepatitis C and the Lourdes Hospital Inquiry. This has raised concerns about patient safety issues and the need for vigilance in regard to standards and quality of care.

A persistent theme of patient and client representative groups is the desire to be informed about and engaged in decisions which affect them individually or collectively. It is also true to say that such active participation in these decisions can have a significant impact on how services are planned and delivered. This has been underpinned by the adoption of the lifecycle framework, as set out by National Economic and Social Council (NESc) in its report, *The Developmental Welfare State*, and in *Towards*

2016. The lifecycle approach places the individual at the centre of policy development and delivery, by assessing the risks facing them, and the supports available to address those risks at key stages in a person's life. A commitment to people-centred services, mainstreaming of services, and an emphasis on community-based care are increasing features of how services are planned and delivered, and emerged strongly in submissions made to the Department in the preparation of this Strategy.

Governance and Accountability

Worldwide, health systems are required to be managed in an open and transparent way, putting public health and welfare as the first priority. Ensuring coherence in governance and accountability throughout the health system from Minister and Cabinet through to delivery agencies is a key priority of the Department.

The development and oversight of a modern, effective and transparent framework of legislation, regulation and accountability is required to steer partner agencies in this respect. Legislative and regulatory frameworks must be developed which support equality of access to services but also give the appropriate statutory underpinnings to service quality, patient safety and professional competence. In addition, robust governance for information services will lay the foundation for required changes in business and clinical processes to realise the potential of health information and ICT. In the context of a changing economy, more than ever, governance, accountability and policy frameworks must support the optimal use of resources, financial, human or technological.

Ensuring Understanding of Health and Well-being

Health and social care practices and technologies continue to change apace. Within the existing health system there is a growing body of research and evaluation to assist in our understanding of the policy options. There is a corresponding body of international evidence on everything from health technology efficacy to family support and child development interventions.

In developing policy, the Department must be in a position to access and analyse the relevant existing evidence base. To do so it needs to develop strong links with research institutes, to commission research

as appropriate and to ensure that the evidence base is promoting horizon scanning, risk assessment and future planning.

Demography

The population of Ireland has increased by more than 8% over the last four years. Across the EU, Ireland continues to have the highest proportion of children in the population and this has implications for the provision of children's services including early childcare and education. Despite a decrease in the proportion of children in the population (from one-third to a quarter over the same four year period), there has been an annual increase in the actual numbers of children in the population.

The proportion of older people in the population has increased and is now at 11% of the overall population. It is expected that the numbers of people over the age of 65 years will more than triple between now and 2050 compared with a projected overall population increase of around 35%. A larger and older population is placing, and will continue to place greater demands upon the health system. A significant challenge will be to ensure that more and more people enjoy their extra years of life as healthy and disability-free as possible.

The increase in inward migration in the 1990s has been a major contributor to the broadening of cultural diversity in Ireland. Meeting the varied needs of a growing population, including a culturally and ethnically more diverse population has important implications for the planning and delivery of health and personal social services.

Mortality and Morbidity

The death rate for Ireland continues to fall steadily and the number of deaths per 1,000 in 2006 was 6.5² compared with 8.4 ten years ago. This decrease was particularly steep for infants. The infant mortality rate declined from 6.3 per 1,000 in 2000 to 4.0 per 1,000 in 2005.

Chronic and degenerative diseases are recognised as a major health challenge in Ireland notwithstanding the significant improvements in recent years in the incidence of and mortality from cardiovascular disease, infectious

disease and diseases of maternity and infancy. In 2005, almost 30% of all deaths were from cancer while heart disease accounted for a further 18.5%. Other diseases of the circulatory system accounted for a further 15.8% with deaths from injury and poisoning, including road traffic accidents, accounting for 5.3% of all deaths. These conditions represent the major component of healthcare service activity and expenditure as well as being the major contributor to mortality and ill health in this country.

Comparison with data from previous years shows very significant long term improvements in the mortality rates for each of these areas. In the case of cancer, five year survival has improved in recent years for most forms of cancer with the improvements in breast cancer survival being one of the fastest improving among the Organisation for Economic Co-operation and Development (OECD) countries. In the ten-year period from 1997-2005, deaths from all circulatory diseases declined by 26%³. The number of motor vehicle traffic accidents declined from 447 to 268 over the same period of time.

In 2005, life expectancy at birth was estimated at 81.8 years for Irish women and 77.1 years for Irish men. Life expectancy for men in Ireland was 1.3 years above the estimated EU 25 average of 75.8 years, while that for women was 0.1 years below the EU 25 average of 81.9 years⁴.

Increases in life expectancy, however, inevitably bring with it increases in the burden of disease⁵. Almost 394,000 persons in Ireland reported having a long-lasting health problem or disability in the most recent census of population⁶. More in-depth findings show that the prevalence of disability was higher in urban than rural areas (9.3% compared with 8.6%); among females than males (9.6% compared with 9%) and, not surprisingly, was highly correlated with age – 58% of persons with a disability were aged 50 years or older. Approximately one-third of people over sixty-five with a disability live alone and this clearly has an implication for how services are provided.

While the number of people covered by the General

² Central Statistics Office (2007) Statistical Yearbook of Ireland 2007, Government Publications, Dublin

³ Department of Health and Children (2007) Health in Ireland – Key Trends 2007, Government Publications, Dublin

⁴ Central Statistics Office (2007) Measuring Ireland's Progress, 2006, Government Publications, Dublin

⁵ Ibid p8

⁶ Central Statistics Office (2007) 2006 Census of Population – Volume 11 – Disability, Carers and Voluntary Activities, Government Publications, Dublin

Medical Scheme (GMS) has grown by 5% between 1997 and 2007, the number of prescription items dispensed under the GMS has increased from 20 million to 41 million over the same period. Levels of dependency of people in long stay care also increased and in 2005, almost 41% of people in these facilities were deemed to be of maximum dependency⁷.

All of these issues have implications for the level of financial investment in the health services. Health spending per capita in Ireland grew, in real terms, by an average of 9.1% per year between 1999 and 2004, one of the fastest growth rates of all OECD countries.

Health and Lifestyle

While much remains to be done, Ireland has been recognised as a world leader in terms of legislation around the creation of smoke free workplaces through the Public Health (Tobacco) Acts, 2002 and 2004. The Office of Tobacco Control reported that 94% of all workplaces inspected under the legislation during its first year of operation were smoke-free and air quality in public houses had greatly improved⁸. A survey undertaken in 2006 with school-going children found that there was a substantial decrease in the percentages of boys and girls that currently smoke and this was particularly the case for those aged 15-17 years⁹.

Many chronic diseases are caused by lifestyle factors. It is estimated that approximately 60% of the disease burden in Europe is accounted for by seven leading risk factors including obesity, poor diet, physical inactivity, smoking, alcohol, high blood pressure and cholesterol. Future projections indicate a doubling of some chronic diseases over the next 15 to 20 years.

There are a number of concerns about the high levels of alcohol consumption and drug use among the Irish population. Alcohol consumption increased from less than six litres per capita in Ireland in the 1980s to a peak of more than 11 litres per capita in 2002. Levels of consumption remain higher than the EU average¹⁰. Patterns of alcohol misuse among young people in Ireland are a particular cause for concern. In a very recent study, 32% of children aged 10-17 years reported

having been “really drunk” and this proportion remained relatively stable between 2002 and 2006¹¹.

In addition to alcohol misuse, there are also concerns about the levels of drug use and patterns of behaviour among the Irish population which has seen an increase in cocaine use, an increase in drug use among under 15s and an increase in drug use and driving¹². Illicit drug use causes health problems, social problems, family disruption and economic deprivation. Polydrug use, especially in the context of increased cocaine use, poses considerable challenges to the health services in the absence of effective pharmacological treatments and highlights the need for effective prevention strategies.

Another area of concern relates to the state of Irish people’s psychological health. Findings from a recent survey suggest that one in every seven people have experienced a mental, nervous or emotional problem in the past year. The findings also demonstrated the importance of the primary care system as more than one in ten people were reported to have spoken to their GP about their mental health in the previous year¹³. The levels of difficulty in this area are also reflected in the number of admissions to psychiatric hospitals which amounted to 21,253 in 2005¹⁴. Deaths from suicide have also been a cause of concern in recent years: in 2005, some 431 deaths were identified as suicide.

Finally, there has been concern around the level of mortality and morbidity arising from road traffic accidents. Those most likely to die are young men aged 15-24 who accounted for almost 23% of all deaths in 2005. This clearly has implications for the health services and, in particular, accident and emergency services as well as those concerned with rehabilitation and disability.

Social and Economic Change

While Ireland has experienced considerable economic and social progress over the last number of years, there are still people and families who find themselves disadvantaged, for economic, social, or other reasons. There is a long-established correlation between lower income levels and higher level of need for public services, including health and social services.

⁷ Department of Health and Children (2007) Health in Ireland – Key Trends 2007, Government Publications, Dublin

⁸ Office of Tobacco Control (2005) Smoke-Free work places in Ireland. A one year review. Office of Tobacco Control, Kildare

⁹ Department of Health and Children (2007) The Irish Health Behaviour in School-aged Children (HBSC) Study 2006. Department of Health and Children, Dublin

¹⁰ Department of Health and Children (2007) Health in Ireland – Key Trends 2007, Government Publications, Dublin

¹¹ Department of Health and Children (2007) The Health Behaviour in School-aged Children (HBSC) Study 2006. Department of Health and Children, Dublin

¹² EMCDDA (2007) European Monitoring Centre for Drugs and Drug Addiction Annual Report 2007, European Union, EMCDDA at www.emcdda.europa.eu/events/2007/annualreport.cfm

¹³ Health Research Board (2006) HRB National Psychological Well-being and Distress Survey: Baseline Results, Health Research Board, Dublin at www.hrb.ie/publications

¹⁴ Mental Health Commission (2007) Mental Health Commission Annual Report 2006. Government Publications, Dublin

Although families are now smaller, there are new challenges to be faced with changing family patterns in terms of increased lone parenting and marital breakdown. Changing family structures and new commuting patterns have a major impact on family life, and on the children within those families. Parents are more concerned about safety which, combined with decreased outdoor play opportunities, and increased availability of sedentary indoor pursuits, is dramatically reducing the amount of physical activity undertaken by children. These trends raise concerns about child health and overall child development, and demands for support services continue to increase. Those most at risk of being in consistent poverty are lone parent households where the head of household is unemployed.

In recent years the progress made by Ireland's economy has ensured that the resources available for public services, including health, increased significantly year on year. The short term future now looks more uncertain, thus emphasising the importance of careful stewardship of our resources, effective and appropriate prioritisation, and clear accountability. It is, however, important to remember that Ireland's economy remains fundamentally sound, and our projected economic performance is still positive.

New Technologies

Exciting technological innovations are appearing in the fields of pharmaceuticals, genomics, tissue engineering, imaging technology and information technology. Pharmaceutical innovation is currently reaping the rewards that come with an improved understanding of disease at a molecular level and the consequent ability to produce new drugs.

ICT and data management systems continue to develop in sophistication and the health system must be equipped to capitalise on the integral data and information it generates and collects to support ongoing assessment of needs, service planning and evaluation of services. New technologies are also being used to support information about health and other social services and in recent years, there has been a significant improvement in the amount and type of health and other data made available to the public. These developments will require strategic development in order to keep pace with technological innovations.

The Wider Policy Context and the International Dimension

Public policy, legislation and administrative systems within any sector no longer develop in isolation. Increasingly, there is a need for cross-government initiatives to ensure coherence in planning and delivery of services. Ireland's participation in the EU and cross-border agencies and initiatives provide more and more opportunities for efficient collaborations, sharing of ideas as well as placing demands on our health systems.

It is also the case that increased movement of people, increased access to information on health and freedom to assess and purchase services and products outside of the Irish regulatory system bring challenges. Recent events have also underlined the global nature of disease outbreaks and the EU/WHO has been active in responding to these challenges. At EU level the case for international co-operation on regulation of food safety, pharmaceutical and technological developments, disease surveillance and other environmental threat management continues to grow in importance.

Summary

Our High Level Objectives have been framed to meet the challenges arising from the environment in which we operate.

Our population has grown significantly in recent years, and with increasing life expectancy, the number of older people in the Irish population, while currently low by international standards, will more than triple between now and 2050. Our population is more socially and culturally diverse than ever before. These developments require effective responses in terms of services for children and families, and appropriate primary and acute care.

The large number of persons with disabilities or other long-term conditions, including mental health conditions, must be catered for and supported. Our ageing population will place demands on our health and social services in the years and decades ahead. Our health system needs to encourage and support people to stay healthy and to provide effective services for them at different stages of their lives. Chronic and degenerative diseases, often related to lifestyle, represent continuing challenges into the future. Cancer and cardiac services are of critical importance for the years ahead. New technologies and innovations in treatments and pharmaceuticals are already having and will continue to have a significant influence on health outcomes.

Part 2

Delivering On The Statement Of Strategy

2.1 High – Level Objectives (HLOs)

HIGH LEVEL OBJECTIVE 1: POLICY AND CORPORATE SUPPORT

To provide policy, performance, legislative, planning and governance support to the Minister which helps to ensure that high quality and effective health and social services are delivered within available resources and in accordance with Government policies in a way which gives people fair access to services and other supports which meet their needs.

Policy Context

Over the next three years a number of priorities have been identified which flow from the environmental analysis. These actions are “cross-cutting” and relate to the whole of the health system. Priorities in regard to service areas and care groups are set out under High Level Objectives 2 to 7.

Outputs

(i) Fair and Responsive Access

In line with commitments made in *Quality and Fairness: A Health System for You* and *Towards 2016* work is underway to review the existing legislative framework on eligibility for health and personal social services, with a view to providing a clear and coherent legislative framework that will bring clarity and transparency to the rules governing eligibility, thereby ensuring equity and transparency.

1. We will prepare legislation to provide the most appropriate system of eligibility for services, including public/private mix and user co-payments.
2. We will develop policies and procedures to ensure greater equality in access between public and private patients and to ensure that public acute hospital services are available on an equitable basis to all residents in the State regardless of where they live or their income status.
3. We will implement policy to ensure that private health insurance continues to be based on the

principles of community rating, open enrolment and lifetime cover supported by risk equalisation in an open and competitive market.

4. We will work on a partnership basis towards the progressive introduction of arrangements to facilitate patients and other service users outside of standard hours including expansion of out-of-hours GP co-operative arrangements to the whole population.
5. We will promote a national network of Minor Injury Clinics which will deal with cases that do not require to be seen at an A & E Department of an acute hospital.

(ii) Patient Involvement

Effective patient/user empowerment would see individuals taking co-responsibility for their health outcomes; would provide an appropriate counter-balance to the views of health care providers in the planning and development of services; would help to identify unmet needs; would increase understanding of local health issues and identify new approaches to tackling them; and would help to quality assure our services.

There are many ways in which patients and the public are already involved in policy development and in service planning and delivery. We have consumer panels, community workers, advocacy groups, social partnership structures, regional forums and complaints procedures, to name just a few. However, more needs to be achieved before we can say that our services are truly person centred. The Department is currently reviewing, with the HSE, how to enhance the effectiveness of the health services’ engagement with the public.

6. We will finalise a policy framework to provide for greater patient involvement in the planning and delivery of health services.

(iii) Safety/Quality

The Commission on Patient Safety and Quality Assurance was established in January 2007 to develop proposals for a health service wide (encompassing both the public and the private sectors) system of governance based on corporate accountability for the quality and safety of health services, and also the licensing of healthcare facilities and services in the public and private sectors. The Commission is to report by the middle of 2008. We need to ensure that safety and quality are at the centre of policy development and service delivery at all levels and in all care settings.

7. We will prepare legislative and other proposals including licensing of health facilities to improve patient safety and quality in health care.
8. We will support HIQA in the development of its role to ensure that standards of care are set and achieved and the safety and quality of healthcare services provided to the public are maintained to the highest possible standards.
9. We will work with the HSE to facilitate and monitor the implementation of the National Infection Control Action Plan and the targeted reduction in Health Care Associated Infections (HCAIs) to ensure as safe an environment as possible for patients in all healthcare settings.
10. We will develop proposals for the regulation of Assisted Human Reproduction (AHR) and related activities.
11. We will continue to support the Irish Blood Transfusion Service in maintaining an adequate and safe blood supply for the hospital system in line with international standards.
12. We will prepare legislation on human tissue. This will include provisions relating to the removal, retention, storage, use and disposal of human tissue from deceased persons.

(iv) Manpower Issues

We will continue to promote high standards of professional education, training and practice/professional conduct. The new Nurses and Midwives Bill will be part of a suite of legislative instruments to ensure greater accountability of all professions in healthcare. The

Health & Social Care Professionals Act 2005, Medical Practitioners Act 2007 and Pharmacy Act 2007, as well as forthcoming legislation regulating dentists, have a common aim of modernising the regulatory framework for health professionals and enhancing patient safety and the protection of the public.

13. We will work with the HSE and other stakeholders on the introduction of new initiatives for improved skill mix in the health services and for the expansion of the roles of healthcare professionals, including nurses and midwives.
14. We will develop frameworks for the effective regulation of health sector professions including nurses and midwives, dentists, pharmacists and complementary therapists.
15. We will develop, in association with the HSE, a medium term workforce planning strategy and will have FÁS undertake an analysis of supply and demand for certain health care grades with the support of an inter-agency steering group to be chaired by the Department.
16. We will seek to conclude agreement on new contracts for medical consultants and non consultant hospital doctors (NCHDs), GP's and pharmacists.

(v) Evaluating Performance

Much of the public debate about health tends to focus on inputs – the need for extra funding, beds, consultants, nurses, etc. Some progress has been made in developing better output data and the HSE's National Service Plan and the Annual Output Statement that each Minister now has to provide to the Oireachtas should help to improve the quantum and quality of the output data. However, measuring outputs alone fails to capture other important issues such as quality, timeliness and consistency. We need to develop an overall performance framework that covers the full spectrum of health and personal social services and that allows the Minister to assess the performance of the health system. Table 1 contains an outline performance framework. It has been developed based on the four national goals outlined in the 2001 Health Strategy and is consistent with the HSE's Transformation Programme. It can be applied to policy and service delivery.

17. Over the period of this Statement of Strategy we will seek to develop specific performance indicators under each heading to help measure progress in reaching the various objectives.
18. We will monitor implementation of the *National Development Plan* within the health sector.

(vi) Information

All health care systems depend upon, and run on, good information. Good information is essential to drive improvements in safety, efficiency, quality, effectiveness and sustainability, and to evaluate the performance of the health system. The most effective and reliable means of collecting health information is as a by-product

of actual service delivery, rather than as an optional extra. The focus has to be on patient services and helping the professionals providing those services. One of the critical shortcomings of modern health care around the world is the lack of a consistent ability to get critical clinical information to the doctor or health professional at the point of care. The availability of accurate and timely information is also essential for the Department to be in a position to plan, formulate policy and assess the performance of the health system.

19. We will prepare a Health Information Bill to provide the governance framework for the development of information services in the health system.

Performance Framework for the Health System	
<p>(I) To keep people healthy</p> <p>This is designed to reflect the fact that the core aim of health policy is to improve the health and wellbeing of the population of Ireland. It would encompass issues such as:</p> <ul style="list-style-type: none"> (a) increasing healthy behaviours/lifestyles; (b) a focus on prevention and early detection; (c) reducing health inequalities and, in particular, improving the health status of vulnerable groups; (d) providing children with a healthy start to life and helping older people, persons with disabilities and people affected by mental illness to live as independently as possible. 	
<p>(II) To provide the health care people need</p> <p>This is designed to reflect the fact that a core function of the health services has to be the provision of services to those in need of them with a focus on timeliness, geographic location and equity. It would encompass issues such as:</p> <ul style="list-style-type: none"> (a) access to emergency care without delay; (b) shorter waiting times; (c) providing services as close to patients as possible; and 	
<p>(III) To deliver high quality services</p> <p>This is designed to reflect the fact that the services provided have to be safe, consistent and effective. It would encompass issues such as:</p> <ul style="list-style-type: none"> (a) providing care in the right setting; (b) integrated service delivery; (c) high quality clinical treatment; and (d) consistency of treatment/care and outcomes. 	
<p>(IV) To get best value from health system resources</p> <p>This is designed to reflect the fact that our health system, like health systems worldwide, is faced with the need to deliver better value for the resources made available. It would encompass issues such as:</p> <ul style="list-style-type: none"> (a) strong corporate and clinical governance; (b) sound resource and financial management; (c) skilled motivated staff working in an innovative environment; and (d) sustainability. 	

20. A Data and Statistics Strategy for the Department will be published, covering the same period as this Statement of Strategy (2008 – 2010), and providing the basis for identifying, prioritising and meeting data requirements.
21. Over the period of this Statement of Strategy, we will work to ensure coherence between the various strands of the information reform process including the Health Information Bill, changing business and clinical processes to enable the realisation of the objectives of health information policy, implementation of ICT solutions to support the objectives of health information policy, and the development of necessary standards by HIQA.

(vii) Governance and Accountability

The Minister is politically accountable for the implementation of Government policy in health. It is essential, therefore, to ensure that the HSE and other agencies in the health sector are familiar with Government and Ministerial policy requirements and that these are adhered to.

22. We will continue to support the Minister and Ministers of State in their accountability to the Oireachtas.
23. We will also ensure that all statutory bodies effectively fulfil their accountability to the Oireachtas.
24. We will ensure compliance within the health sector of Government policy on public service pay, industrial relations, employment control and modernisation.
25. We will collaborate with the HSE on major planning and service development groups, involve them in policy development groups, and will work generally to improve communications between the HSE and the Department.
26. We will review and improve the different governance arrangements between the Department and the HSE in relation to service planning, financial management and employment control.
27. We will continue with the implementation of a robust governance framework for the various health agencies (both specialist and regulatory), including the provision of appropriate training. (See Appendix 1 for list of health agencies).

(viii) Cross-sectoral Working

The Department will continue to influence and work with colleagues in other Government departments and the social partners to ensure that the aim of improving health and social wellbeing is advanced effectively in other parts of the public service.

28. We will establish an inter-departmental group and other structures to drive early attention to non-health service aspects of health outcome improvement incorporating clear targets and timelines.
29. We will continue with the implementation of the plan for reform of medical education and training set out in February 2006 in the Fottrell and Buttimer Reports. This includes participating in the Joint Interdepartmental Policy Steering Group (Departments of Health & Children, Education & Science and Finance, HSE, Higher Education Authority) and the National Committee on Medical Education and Training (representing all stakeholders).
30. We will continue to work with the Department of Social & Family Affairs to rationalise arrangements for the provision of income supports, Dental and Optical Treatment Benefit Schemes, and to progress the development of the National Carer's Strategy.

(ix) North/South and International Fora

Increasing globalisation brings with it a growing interdependence between countries and a recognised need for greater international co-operation on health issues. As a consequence, more and more decisions affecting the health of the Irish population are being made at international level. An example of this development is the regulation of food and medicines which is now primarily done at EU level.

31. We will continue our close co-operation with colleagues in Northern Ireland, including the Health Services North/South Partnership Forum, and will complete a joint feasibility study on future North/South co-operation with regard to health.
32. We will ensure the fullest possible participation by Ireland in the work of the EU, the WHO, the Council of Europe, the OECD and other international health fora.
33. We will continue to contribute positively to the health aspects of Ireland's work in development co-operation.

(x) Developing and Modernising the Department

The Department needs to be able to adapt quickly to change and to improve its capacity in areas such as performance evaluation and policy analysis. The civil service decentralisation programme and the resultant staff turnover will continue to have an impact on the Department.

- 34. Over the period of this Statement of Strategy, we will focus on four areas to improve our internal capacity, viz. human resources, governance, communications and business processes.
- 35. We will participate in the planned capability reviews of Government departments led by the Department of the Taoiseach.

Key Performance Indicators		
No.	Outputs	Performance Indicators
1	Eligibility legislation	Legislation enacted for eligibility for services, including public/private mix and user co-payments.
2	Access to hospitals	Public acute hospital services are available on a more equitable basis to all residents of the State.
3	Private health insurance policy	Private health insurance based on community rating, open enrolment, and lifetime cover, supported by risk equalisation in an open and competitive market.
4	Working hours	Greater flexibility in working arrangements to facilitate patients and other service users, including out-of-hours GP coverage on a national basis.
5	Minor injury clinics	Reduction of caseload at A & E Departments of acute hospitals.
6	Patient involvement policy	Policy framework for greater patient involvement in the planning and delivery of health services completed.
7	Legislation/policy on patient safety and quality of care	Report of Commission on Patient Safety and Quality published and policy and legislative proposals prepared, including licensing of health facilities.
8	Development of HIQA role	HIQA operating effectively and standards of safety and quality improved.
9	National infection control action plan	Reduction in HCAs achieved.
10	Assisted human reproduction	Proposals drawn up for the regulation of assisted human reproduction and related activities.
11	Blood transfusion service	A safe blood supply in line with international standards.
12	Legislation on human tissue in the context of hospital post-mortems	Legislation in place.
13	New skill mix and expansion of role of healthcare professionals	New initiatives introduced in collaboration with HSE and other stakeholders.
14	Regulation of health care professions	Effective frameworks in place.
15	Workforce planning strategy	Medium term workforce planning strategy and FÁS study completed.
16	Contracts for medical consultants, NCHDs, GPs and Pharmacists	New contracts agreed.
17	Develop performance indicators	Specific performance indicators in place so that progress can be measured using performance framework.

18	<i>National Development Plan</i>	National Development Plan implementation monitored.
19	Health Information Bill	Health Information Act enacted in 2009.
20	Data and Statistics Strategy	Data and Statistics Strategy 2008-2010 finalised.
21	Information reform process	Coherence between health information legislation, ICT solutions implemented by HSE and standards developed by HIQA.
22 23	Accountability to Oireachtas	Minister and Ministers of State supported in their accountability to the Oireachtas and responsibilities of statutory bodies discharged.
24	Government policy on health sector	Government policy on public service pay, industrial relations, employment control and modernisation complied with.
25	Collaboration with HSE on planning and service development	Collaboration on planning and service groups with improved communication between the HSE and the Department.
26	Governance arrangements between the HSE and the Department	Clear and effective governance arrangements in place between the Department and the HSE.
27	Governance framework, including appropriate training, for health agencies	Continued implementation of framework.
28	Inter-departmental group on non-health service aspects of health improvement	Clear targets and timelines on non-health service aspects of health outcome improvement in place.
29	Medical education and training	Medical education and training reformed as outlined in the Fottrell and Buttimer Reports.
30	Rationalisation of administration of supports and co-operation on National Carers' Strategy	Responsibilities rationalised during 2008. National Carers' Strategy progressed.
31	North/South co-operation	Joint feasibility study between this Department and our colleagues in Northern Ireland on future North/South co-operation on health issues carried out.
32	European and international health fora	Active participation by Ireland in the work of the EU, the WHO, the Council of Europe, the OECD and other international health fora.
33	Development co-operation	Positive contribution made to the health aspects of Ireland's work in development co-operation.
34	Internal capacity	Internal capacity improved in particular HR, governance, communications and business processes.
35	Capability reviews	Department participated in capability review.

Outcome

An effective framework in place to provide high quality policy, performance, legislative, planning and governance support to the Minister in a timely manner.

HIGH LEVEL OBJECTIVE 2: CHILDREN AND FAMILIES

To promote and protect the health and wellbeing of children and families.

Policy Context

The main focus of the work of the Office of the Minister for Children (OMC) is to achieve better outcomes for children by:

- Setting the strategic policy direction for services for children;
- Monitoring and driving the implementation of the *National Children's Strategy*;
- Encouraging and supporting inter agency working;
- Fostering a child-centred approach to service delivery for children.

The OMC adopts a whole of Government approach to its work on behalf of children, and works closely with relevant Government departments in the implementation of the *National Children's Strategy*. The OMC works with service providers, both statutory and non-statutory, and in particular, with the HSE in monitoring and overseeing service delivery for children. The OMC also maintains a general strategic oversight of bodies with responsibility for developing and delivering services for children.

The key strategies and policies underpinning the work of the OMC include:

- The *National Children's Strategy 2000-2010*;
- The National Childcare Investment Programme 2006-2010;
- The "Children" chapter of *Towards 2016*;
- The *Programme for Government*, June 2007.

The OMC will continue to drive more joined up planning and delivery of services for children. Staff working in the Irish Youth Justice Service of the Department of Justice, Equality and Law Reform and in the Early Years Education Unit of the Department of Education and Science, will be co-located in the OMC in order to provide a joined-up government approach to the delivery of services for children.

Outputs

1. The OMC will promulgate *The Agenda for Children's Services: A Policy Handbook* which sets out the strategic direction of policy and will facilitate the provision of integrated and child centred services, through holding regional meetings together with the HSE.
2. The OMC will continue to support departments and service providers in the implementation of the *National Children's Strategy* and in the integrated delivery of services in partnership with children, their families and their communities through the National Children's Strategy Implementation Group.
3. The OMC will facilitate the provision of 50,000 additional high quality childcare places in line with the National Childcare Investment Programme.
4. The OMC will deliver legislation which will set up the Adoption Authority and will translate into legislation the Hague Convention on Inter-Country Adoption.
5. The OMC will deliver a Data Strategy on children's lives, taking account of the need for a comprehensive set of statistical frameworks incorporating economic, social and environmental areas of children's lives and the need for an infrastructure for developing and maintaining statistics about children across Government Departments and agencies.
6. The OMC will work to deliver on the Government's commitments in relation to the constitutional referendum on children through supporting the work of the Joint Committee on the Constitutional Amendment on Children, the Cabinet Committee on Social Inclusion, Children and Integration and by delivering on any legislation required.
7. The OMC will develop policy and legislation for the welfare and protection of children which will be implemented by the HSE and monitored by the OMC.
8. The OMC will roll-out Children's Services Committees on a phased basis in each county under the auspices of the County Development Boards and supported by the HSE, so that all the statutory agencies in each county work together in a strategic way and use resources more efficiently for the benefit of children.

9. The OMC will use the outcomes of evidence based initiatives for disadvantaged children, such as those undertaken under the Prevention and Early Intervention Programme to encourage the mainstreaming of the lessons learned.
10. The OMC will oversee the implementation of the *National Children's Strategy*, National Play and Recreation Policies, and in particular, the roll-out of youth cafes.
11. The OMC will lead the children's research agenda through the continued roll-out of the National Longitudinal Study of Children in Ireland and of the National Children's Research Programme.
12. The OMC will lead the children and young people's participation agenda through the continued development of the capacity of the Youth Councils at County and City Development Board level and of Dáil na nÓg and other initiatives.

Key Performance Indicators

No.	Outputs	Performance Indicators
1	The Agenda for Children's Services	Regional meetings of front-line staff held together with HSE management during 2008.
2	Policy environment created for cross-agency working	Departments of Health & Children; Justice, Equality & Law Reform and Education & Science working strategically together on policy which affects children.
3	National childcare investment programme	50,000 additional places by 2010.
4	Legislation to set up the Adoption Authority and ratify the Hague Convention on Inter-Country Adoption	Adoption (Adoption Authority, Hague Convention) Bill, published and enacted by end 2008.
5	Data strategy on children's lives	National Data Strategy on Children's Lives agreed with all stakeholders and published by mid-2009.
6	Constitutional Amendment on Children	Joint Committee on the Constitutional Amendment on Children and the Cabinet Committee on Social Inclusion, Children and Integration supported and legislation required delivered during 2008.
7	Policy and legislation for the welfare and protection of children	Child Care (Amendment) Bill enacted in 2008.
8	Enable the statutory agencies in each county work together in a strategic way for the benefit of children	Children's Services Committees in place by end 2009.
9	Prevention and early intervention programme	Outcomes monitored to encourage mainstreaming of lessons learned.
10	Support Departments and service providers in the implementation of the National Children's Strategy and the National Play and Recreation Policies	Regular meetings of the National Children's Strategy Implementation Group and National Children's Advisory Council. Further development of National Play & Recreation Resource Centre. Youth Café Development Programme in place by end 2008.
11	Children's research	Continued roll-out of the National Longitudinal Study of Children in Ireland and of the National Children's Research Programme.
12	Children and young people's participation	Continued development of the capacity of the Youth Councils at County and City Development Board level and of Dáil na nÓg.

Outcomes

More responsive, co-ordinated and integrated services and supports for children and families.

Greater awareness among policymakers, senior managers and frontline workers of the value of inter-agency working for the benefit of children, with resultant changes in practice.

Children's lives are better understood.

The views of children and young people are heard and taken into account on matters that affect them.

HIGH LEVEL OBJECTIVE 3: PRIMARY CARE

To ensure the provision of a broad spectrum of integrated, locally-based accessible services as the first point of contact for people with the health system and which, combined with improvements in income, employment, education and housing will deliver significant health improvements and reduce health disparities over the longer term.

Policy Context

It is national policy to expand primary care services and to develop Primary Care Teams and Primary Care Networks in line with the *Primary Care Strategy* and the targets in *Towards 2016*. Central to this expansion is a parallel shift in appropriate activity from hospitals to community-based settings. This includes providing people with access to general practitioner, community pharmacy, dental and optical services in the community. Other objectives are:

- To achieve value for money in the State's drugs bill in order to better fund existing and innovative therapies, consistent with patient safety and continuity of supply.
- To improve the prevention and management of chronic diseases including diabetes, obesity and heart disease.
- To address health inequalities through the development of integrated approaches within the health sector to improve access to mainstream services.
- To improve the promotion, prevention and protection of public health by implementing a range of programmes in health promotion, immunisation against infectious diseases, food/water/air safety, screening and emergency planning.

Improving the health of the population should be a core element in the strategic planning of all departments. It is vital, therefore, that Government departments continue to develop healthy public policy which has a positive influence on key external determinants of health, and progress in inter-sectoral working will be reported to Government through the Cabinet Committees on Health and on Social Inclusion, Children and Integration. The Department of Health and Children has a key leadership role in this regard.

Outputs

1. We will work with the HSE to ensure the development of a person-centred primary care service through multidisciplinary teams and networks, serving defined populations and in accordance with the commitments in the *Towards 2016* Partnership Agreement with a view to maximising the proportion of care needs that are met in the community and to achieving a shift from the hospital system to a primary care setting.
2. We will develop a structured, integrated chronic disease management framework and will work closely with other Government departments to address the prevention of chronic diseases through the Cabinet Committee on Social Inclusion, Children and Integration.
3. We will continue to identify and seek implementation of public health measures to tackle the problems caused by alcohol-related harm.
4. We will develop a National Nutrition Policy, a National Sexual Health Strategy, a Men's Health Policy, a National Oral Health Policy and a new Cardiovascular Health Strategy (including stroke) and continue to monitor and evaluate the work of the HSE and other stakeholders on the continued implementation of the aims and objectives contained in published strategies such as the Task Force on Obesity and the Strategic Action Plan on Breastfeeding.
5. We will agree goals and targets which address health inequalities across the health sector including those in cancer, primary care, chronic disease prevention and addiction.
6. We will continue to develop and monitor policies in relation to vulnerable groups such as traveller health, drug treatment and rehabilitation, homelessness, prisoner and migrant healthcare, HIV and victims of domestic violence.

7. We will continue to work with the HSE to develop and implement a comprehensive cross-Government response to the threat of pandemic influenza, with the focus on inter-sectoral collaboration and local level implementation.
8. We will continue to work with the HSE to ensure the timely and effective implementation of the revised National Immunisation/Vaccination Programmes in order to improve vaccination uptake.
9. We will work with the HSE to ensure that the international commitment to eliminate measles and rubella by 2010 is met in line with the WHO Strategic Plan.

Key Performance Indicators		
No.	Outputs	Performance Indicators
1	Person centred primary care service	Proportion of care needs met in community maximised. Shift from hospital system to primary care setting.
2	Chronic disease management framework	Structured integrated chronic disease management framework (including establishment of an Expert Group to consider feasibility of personal health checks) developed.
3	Tackling alcohol related harm	Effective public health measures to tackle problems caused by alcohol-related harm agreed and implemented in conjunction with other Departments and stakeholders.
4	National policies and strategies	Policies published by 2009: National Nutrition Policy, National Sexual Health Strategy, Men's Health Policy, National Oral Health Policy, New Cardiovascular Health Policy (including stroke) Implementation of existing strategies kept under review
5	Health inequalities	Goals and targets agreed to address health inequalities including those in cancer, primary care, chronic disease prevention and addiction in place.
6	Policy for vulnerable groups	Effective policies developed and monitored.
7	Pandemic influenza planning	Effective plan in place for pandemic influenza.
8	National immunisation/vaccination programmes	Measured improvement in vaccination uptake to achieve 95% uptake or better by 2010.
9	WHO strategic plan	Target of eliminating measles and rubella by 2010 met.

Outcomes

Availability of increased range of services in the community.

Reduction in reliance on hospital-based services.

Improved management of chronic diseases as evidenced by the roll-out of chronic disease management programmes and the number of people covered by such programmes.

Reduction in health inequalities.

HIGH LEVEL OBJECTIVE 4: CANCER CONTROL

To reduce cancer incidence, morbidity and mortality relative to other EU countries and to support the provision of quality assured cancer services by the HSE.

Policy Context

Government policy is to implement *A Strategy for Cancer Control in Ireland 2006* which aims to improve the organisation, governance and quality of cancer care from health promotion, prevention and screening through to treatment services, supportive and palliative care and research.

The HSE National Cancer Control Programme is designed to implement the Strategy. The decisions of the HSE in relation to four managed cancer control networks and eight cancer centres will be implemented on a managed and phased basis.

In addition, HIQA has a significant role in setting standards in Cancer Control, in monitoring implementation of those standards, in enhancing health information and in conducting health technology assessment.

Outputs

1. We will work with the HSE to progress the establishment of four managed cancer control networks, each consisting of primary, hospital, palliative and supportive care, with two designated cancer centres in each network.
2. We will work with the HSE and HIQA to develop a National Framework for Quality in Cancer Control.
3. We will support the HSE in implementing the National Plan for Radiation Oncology.
4. We will work with the HSE to improve national planning and evaluation of cancer services including completion of a comprehensive needs assessment by the HSE to guide future decisions.
5. We will support and monitor the work of the National Cancer Screening Service, and oversee its integration into the HSE National Cancer Control Programme. Following receipt of advice from HIQA we will decide

on the timescale for roll-out of the HPV vaccine as part of a comprehensive approach to the prevention of cervical cancer.

6. We will support and monitor the work of the National Cancer Registry and oversee its integration into the HSE National Cancer Control Programme.
7. We will support North/South co-operation in relation to Cancer Control, particularly through the All Ireland NCI Cancer Consortium, and monitor international cancer developments.
8. We will work for continued improvements in cancer survival rates.

Key Performance Indicators

No.	Outputs	Performance Indicators
1	Establishment of four managed cancer control networks and eight cancer centres	Networks and cancer centres established and operating satisfactorily for all site specific cancers.
2	National Framework for Quality in Cancer Control	National Quality Assurance Standards developed and being implemented for a range of site specific cancers. Development by HSE of an information system for cancer control. Progression of Health Technology Assessment in cancer control.
3	National Plan for Radiation Oncology	Radiation oncology capacity in place to meet population needs by 2010.
4	Improved national planning and evaluation	Assessment of need completed by the HSE.
5	Cancer screening	Breastcheck available nationwide. National cervical screening available nationwide. Decisions made on the implications for the cervical screening programme of any proposed introduction of a HPV immunisation programme. Decisions made in relation to colorectal cancer screening. National cancer screening service subsumed into HSE Cancer Control Programme.
6	National Cancer Registry	Cancer surveillance functions of the Registry further developed and subsumed into the HSE Cancer Control Programme.
7	Support international co-operation in cancer control	Further development of international and North/South initiatives and increased participation in cancer clinical trials.
8	Cancer Survival Rates	Improved cancer survival rates.

Outcomes

The implementation of the National Strategy for Cancer Control will ensure that:-

- (i) we maximise the prevention of cancer;
- (ii) where cancer does occur, patients have equitable access to cancer services which are on a par with best international practice;
- (iii) where cancer cannot be cured, patients have equitable access to high quality palliative and supportive services;
- (iv) we achieve maximum possible survival rates for cancer patients.

HIGH LEVEL OBJECTIVE 5: ACUTE HOSPITALS

To ensure that patients who need acute care can access it as rapidly as possible, in the most appropriate setting at local, regional, or national level, that they receive safe care, and that the outcomes are the optimum that can be achieved for such patients.

Policy Context

The Government is committed to the provision of safe, high quality hospital services that deliver the best possible outcomes for patients in line with best practice. The delivery of hospital services needs to be rebalanced so that in the future those services that can be safely delivered locally are delivered locally, more complex services requiring specialist input are concentrated at regional centres and highly specialised services are delivered in national centres.

Outputs

1. We will work with the HSE to optimise the use of hospital facilities. This will include measures to reduce Average Length of Stay, to increase the proportion of hospital activity that is undertaken on a day care basis and to ensure that patients can be discharged promptly on the completion of their treatment.
2. We will continue to support the implementation of the initiative to develop co-located hospitals in order to free up 1000 beds in public hospitals for the use of public patients, and will arrange an independent review of the co-location initiative when the present programme is completed.
3. We will work with the HSE to ensure the delivery of an additional 500 acute hospital beds (in addition to the 1000 beds under co-location) in accordance with the commitment in the *Programme for Government*.
4. We will support the National Paediatric Hospital Development Board to advance the development of a world class childrens' hospital.
5. We will work with the HSE to reconfigure hospital and related services, and will support the HSE to progress the provision of a new Regional Hospital in the North East.
6. We will continue to support the development of Emergency Medicine (A&E) services to ensure that patients are seen and treated as quickly as possible.
7. We will work with the HSE to recruit a significant number of additional medical consultants aimed at achieving a consultant-provided, in place of the current consultant-led service.
8. We will continue to work with the HSE to modernise the ambulance service, including the re-configuration of ambulance bases and control centres and upskilling of ambulance staff.
9. We will continue to work with the HSE and the National Treatment Purchase Fund (NTPF) to reduce, as far as possible, waiting times for hospital in-patient and out-patient care.

Key Performance Indicators

No.	Outputs	Performance Indicators
1	Use of hospital facilities	Average length of stay reduced. Increased proportion of hospital activity on day care basis. Prompt discharge of patients when treatment completed.
2	Hospital co-location initiative	Co-located hospitals developed on a number of public hospital sites in order to increase public capacity by 1,000 beds, and review of initiative underway.
3	Additional acute hospital beds	Additional 500 acute beds delivered (in addition to those accruing from co-location).
4	National Paediatric Hospital	Development of hospital underway.
5	Reconfiguration of hospital facilities	Reconfiguration underway. New Regional Hospital in North East under construction.
6	Emergency Medicine Services	Patients are seen and treated as quickly as possible and that waiting times are kept to a minimum.
7	Work with HSE to recruit significant number of additional consultants	Significant progress towards achieving consultant-provided, rather than consultant-led, service.
8	Modernisation of ambulance services	Bases and control centres reconfigured and upskilling of ambulance staff ongoing.
9	Waiting times for hospital services	Shorter hospital waiting times for both in-patient care and out-patient care.

Outcomes

Hospital networks that provide quality care as close as possible to where people live.

Equitable access for public and private patients to public hospitals.

Reduction in inappropriate use of acute facilities and in the average length of stay of patients.

HIGH LEVEL OBJECTIVE 6: DISABILITY AND MENTAL HEALTH

To help people with disabilities to achieve their full potential including living as independently as possible.
To promote mental health and provide appropriate support to and interventions for people with mental health problems.

Policy Context

The *National Disability Strategy* provides a framework of new supports for people with disabilities. It emphasises equality, in line with recent legislation, and places the policy of mainstreaming of services for people with disability on a legal footing. The main elements of the Strategy are:

- Disability Act 2005.
- Education for Persons with Special Educational Needs Act 2004.
- Sectoral Plans of six Government Departments.
- Citizens Information Act 2007.

There are some 25,500 people registered on the National Intellectual Disability Database and some 24,500 people registered on the National Physical and Sensory Database.

National policy is to develop mental health services in line with the recommendations in *A Vision for Change* and to reduce levels of suicide and deliberate self harm in line with the recommendations of *Reach Out* - the Suicide Prevention Strategy. In recognition of the needs of people with mental health problems and in order to adopt a whole of Government approach, the Department will work with statutory health agencies and other Government departments on the implementation of these strategies. The main focus of our work will be to oversee and monitor the implementation of the strategies and to ensure that the mental health services are restructured based on the person-centred approach.

Outputs

1. We will establish an Office for Disability and Mental Health to support the work of the Minister of State in the Departments of Health & Children, Education & Science, Enterprise, Trade & Employment and Justice, Equality & Law Reform.
2. We will set targets for the HSE in order to deliver on the *National Disability Strategy* and will monitor the attainment of service targets by means of annual reviews.
3. We will work with the HSE and HIQA to develop standards and put in place independent inspections. Regulations will then be prepared. In the meantime, the HSE will develop guidelines for national application.
4. We will co-operate with the Department of Enterprise, Trade and Employment to ensure that there are incentives and opportunities to allow for persons with disabilities to transfer from sheltered workshops to appropriate commercial activities.
5. We will ensure that the HSE's Implementation Plan for Vision of Change is capable of delivering the Report's recommendations in a consistent and timely manner and will agree a minimum data set of key performance indicators in this regard.
6. Arising from the review of the Mental Health Act 2001 which was completed in 2007, the Department will draft amending legislation to address those issues identified.
7. As promised in the 2007 review, a further more detailed review of the operation of the Mental Health Act 2001 will be carried out in respect of the period to 2011.
8. We will work closely with the National Office for Suicide Prevention in the implementation of the actions in *Reach Out* and to ensure that agreed targets in relation to suicide and self harm are met.
9. In partnership with the HSE, the Department will ensure that the Government Decision on the development of a new Central Mental Hospital is advanced in a timely fashion.

Key Performance Indicators

No.	Outputs	Performance Indicators
1	Office for Disability and Mental Health	Office established and fully operational.
2	<i>National Disability Strategy</i>	Multi-Annual Investment Programme-funded places provided within timescales set by the programme.
3	Standards for residential centres	Agreed standards developed by HIQA and regulations made by the Minister.
4	Adult day services	Review completed and policy on sheltered workshops implemented.
5	<i>A Vision for Change</i>	Early intervention and appropriate access to services as evidenced by reports by the HSE implementation monitoring group for <i>A Vision for Change</i> .
6	Mental Health Act 2001	Amending legislation enacted.
7	Review of Mental Health Act 2001	More detailed review of the operation of the Mental Health Act 2001 completed by 2011.
8	National Office for Suicide Prevention	Targets set and delivered in relation to reduction of suicide and self harm.
9	Central Mental Hospital	Development of a new Central Mental Hospital is progressed in accordance with agreed timelines.

Outcomes

Verifiable improvements in residential care.

Appropriate access to disability services.

Fewer suicides.

Further reductions in admissions to psychiatric hospitals and increased relocation of residents to the community.

HIGH LEVEL OBJECTIVE 7: CARE OF OLDER PEOPLE

To enhance the quality of life of older people and to support them in their homes and communities for as long as possible and, where this is not possible, to provide them with access to appropriate residential accommodation.

Policy Context

The *Programme for Government 2007-2012* commits the Government to preparing a strategy on positive ageing. There are just under 468,000 people aged 65 and over in Ireland. There are currently 22,000 older people in long-term residential care and some 2,400 community support/intermediate care and respite care beds.

National policy is to develop appropriate home and community based services such as home care packages, home help services and day services and to improve the quality and availability of affordable residential care for older people who can no longer live at home. The aim is to ensure that no more than 4% of people aged over 65 have to use residential care.

The proposed new nursing home support scheme – *A Fair Deal* – will provide a single standard system for admission to, and payment for, nursing home facilities for those assessed as in need of nursing home care.

There is a recognised need for additional nursing home places over the coming years. It will also be necessary to refurbish or replace many existing nursing homes. An independent system of inspection of all nursing homes, whether public or private, is a priority.

The repayment of health charges under the Health (Repayment Scheme) Act 2006 is continuing.

Outputs

1. We will establish an Office for Older People as part of the Department to support the work of the Minister of State in the Departments of Health & Children, Environment, Heritage & Local Government and Social & Family Affairs.
2. In accordance with the Programme for Government, the Office will prepare a Strategy on Positive Ageing.
3. We will continue to work with the Departments of the Taoiseach and Finance to help identify longer-term funding options for the care of older persons in both community and residential settings.
4. We will:
 - evaluate the current system of home care packages to ensure they continue to meet the needs of older people and provide value for money;
 - work with the HSE to continue the development of services such as home helps as a key support for older people living in the community.
5. We will:
 - support the enactment of the necessary legislation for the new nursing home support scheme, *a Fair Deal*
 - work with the HSE and the NTPF to ensure the scheme is implemented effectively; and
 - evaluate the impact of the scheme, with particular regard to value for money and the future funding of long-term care.
6. We will work with the HSE to ensure that an adequate number of high-quality residential places for older people are available.
7. We will work with HIQA to finalise improved standards for nursing homes and to ensure that all homes are the subject of regular independent inspection. Regulations will then be prepared.
8. We will monitor the operation of the Health (Repayment Scheme) Act 2006 and the Health (Charges for In-Patient Services) Regulations, 2005 and continue to liaise with the HSE in this context.

Key Performance Indicators

No.	Outputs	Performance Indicators
1	Office for Older People	Office established and fully operational.
2	Strategy on Positive Ageing	Strategy on Positive Ageing completed.
3	Long term funding for the care of older persons	Policy on funding for the care of older persons in both community and residential settings developed.
4	Home care packages	System of home care packages evaluated to ensure they meet needs of older people and provide value for money.
5	Nursing home support scheme	Nursing Home legislation in place. DoHC working with HSE and NTPF to ensure scheme is implemented effectively. Scheme evaluated with particular emphasis on value for money and future long-term care funding.
6	Residential places	Continued increase in capacity, in line with Government policy. No more than 4% of over-65 population needs to use residential care.
7	Standards for nursing homes	New standards completed by HIQA and new Regulations issued by the Minister.
8	Health (Repayment Scheme) Act 2006 and Health (Charges for In-Patient Services) Regulations, 2005	Act and Regulations effectively implemented.

Outcomes

A reduction in the proportion of older people needing to use residential care.

Better quality residential care as evidenced by independent inspection reports.

2.1 Critical Success Factors.

Our health system has embarked on a process of very significant change, the objective of which is to ensure that people in Ireland have access to the best possible health and personal social services in the years ahead. The HSE has initiated a transformation programme aimed at achieving a unified health system which provides responsive, high quality services within the resources available and has prepared a Corporate Plan to chart the way forward. Organisational structures and processes in the Department, HSE, HIQA and other agencies must facilitate these changes and ensure the future effective functioning of the entire system.

The critical success factors arising in this context will include:

- Deepening and maintaining a co-operative and mutually supportive working relationship with the HSE and HIQA;
- Consolidating an appropriate task distribution between the Department, the HSE, and HIQA, so as to enable all of these organisations to effectively discharge their respective functions;
- Continuing to develop the Department in a way that equips us to deliver on our responsibilities, including adapting our internal structures, processes, and skills. This will take place against the backdrop of the ongoing modernisation programme of the public service as a whole;
- A stable industrial relations environment in which current services are safeguarded and major system change is completed;
- An effective communications system which keeps staff in all parts of the health system, the users of the system, and the wider public informed as changes are implemented;
- The continuing commitment, expertise and support of all those working in the Department and throughout the health sector.

2.2 Cross-Departmental/Agency Co-operation

Health outcomes often cannot be delivered by the health sector alone. Many agencies impact on the health of our people, and effective collaboration is essential for successful delivery in many areas. The Department will continue to work to identify such cross-cutting areas, and to lead effectively and pragmatically to ensure that shared objectives are achieved.

2.3 Effective Working

The Department's internal processes and systems are critical to efficient and effective operation. Our administrative efficiency, our access to, and ability to analyse, information, and the way in which we communicate and share information internally all have a critical effect on the results that we can achieve. The way we do our work will be kept under ongoing review to confirm what works best and to identify where adjustments may be beneficial. In reviewing our capabilities, we will be informed by the experience of others, and will be open to adopting approaches and innovations that have been proven elsewhere.

The requirements of the Oireachtas, and of democratic accountability, give rise to a significant workload for the Department. In 2006, we prepared replies to nearly 6,000 Parliamentary Questions, and serviced 140 Adjournment Debates. In addition there were preparations for numerous Oireachtas Committee meetings, notes for the Order of Business in Dail Éireann, Taoiseach's Questions, many briefings, speeches, and a large volume of correspondence.

The Department also monitors the HSE input to the Oireachtas system, including the provision of replies to Parliamentary Questions.

2.4 Human Resources and Training

The Department's most critical asset is its staff. We will seek to ensure that staff assignments take appropriate account of skills and expertise, and that these skills are developed and deepened through planned mobility over the course of staff members' careers. We will be proactive in providing training and study opportunities that will best equip our staff to meet the demands and challenges that they will face in the future, and that will allow the Department to do its work in the most

effective possible way. We will expand our skillbase in areas such as evaluation, information analysis and health economics.

2.5 Communication

It is essential that effective channels of communication be developed within the Department, with the agencies with which we interact, and with the wider public. Effective communication already takes place at many levels and the Department will work to improve this and to devise arrangements that effectively communicate our message to others. An important part of the Department's interaction with the public is via our website, and we will prioritise the ongoing development of this facility, and will make every effort to respond to feedback from users.

2.6 Implementation and Monitoring

As already discussed, this Statement of Strategy will form the backdrop to, and the basis for, the Business Plans which each Division of the Department will prepare for each of the next three years. These Business Plans will detail the specific actions through which this Statement will be implemented, and will in turn provide the basis for the Role Profiles through which each officer of the Department will define objectives and deliverables for the coming years.

Business Plans will be formally reviewed periodically by the Department's Management Advisory Committee (MAC), and the Department will report progress through its Annual Report each year.

Appendix 1

Bodies under the aegis of the Department

Adoption Board
An Bord Altranais
Children Acts Advisory Board
Crisis Pregnancy Agency
Dental Council
Food Safety Authority of Ireland
Food Safety Promotion Board
Health and Social Care Professional Council
Health Information and Quality Authority
Health Insurance Authority
Health Research Board
Health Service Executive
Institute of Public Health
Irish Blood Transfusion Service
Irish Medicines Board
Medical Council
Mental Health Commission
National Cancer Registry Board
National Cancer Screening Service Board
National Council for the Professional Development of Nursing & Midwifery
National Council on Ageing and Older People
National Haemophilia Council
National Paediatric Hospital Development Board
National Social Work Qualifications Board
National Treatment Purchase Fund
Office for Tobacco Control
Opticians Board
Pharmaceutical Society of Ireland
Poisons Council
Postgraduate Medical and Dental Board
Pre-Hospital Emergency Care Council
Voluntary Health Insurance Board
Women's Health Council

Appendix 2

List of planned legislation

Health (Long Term Residential Care Services) Bill
Child Care Bill
Adoption Bill
Eligibility for Health and Personal Social Services Bill
Health (Corporate Bodies) Act 1961 (Amendment) Act
Nurses and Midwives Bill
Public Health (Miscellaneous Provisions) Bill
Health Information Bill
Pharmacy Bill No. 2
Legislation re Human Tissue
Mental Health (Amendment) Bill
Dentists Bill
Licensing of Health Facilities

Appendix 3

Organisation Chart

