# The HSE's Role in Implementing Sláintecare

## National Health Summit 2018

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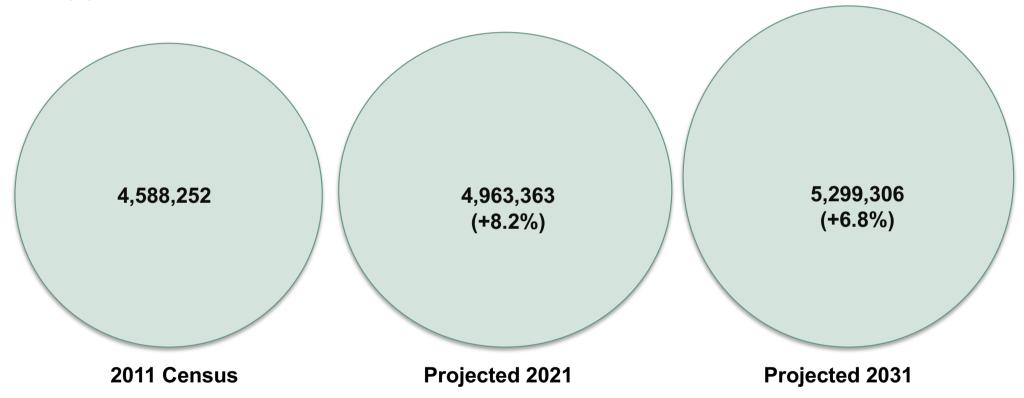
8 February 2018

# **Agenda**

**1** The need for change

**2** The Sláintecare vision

**3** Supporting delivery

# The need for change

# Our total population is increasing

**Total population of Ireland**

| | | |
|:---:|:---:|:---:|
| **4,588,252** | **4,963,363**<br>**(+8.2%)** | **5,299,306**<br>**(+6.8%)** |
| **2011 Census** | **Projected 2021** | **Projected 2031** |

# Our older population is increasing much more quickly

**Population of Ireland 75+ years**

**230,565**

**320,687
(+39%)**

**479,321
(+50%)**

**2011 Census**

**Projected 2021**

**Projected 2031**

# Fundamental system reform required

- Hospitals struggling to respond to presenting demand

- Community services underdeveloped

- Significant unmet need

- Delivery arrangements are fragmented

- Access to healthcare is unequal

- Difficult workforce issues

- Major financial challenges

- Failure to meet public expectations?

# The Sláintecare vision

# Key recommendations

- Expand health and wellbeing

- Expand primary care

- Expand social care

- Expand mental health care

- Expand dentistry

- Expand public hospital activity

- Reduce and remove charges

- Legislation

- Funding

- Implementation

# Sláintecare vision

- A public health system that is modern, responsive and integrated, comparable to other European countries

- Care planned and provided so that the patient is paramount ensuring appropriate care pathways and seamless transition, backed up by full patient record and information

- Timely access to care according to medical need

- Care provided free at point of delivery, based on clinical need

# Sláintecare vision (cont.)

▪ Care accessed at the most appropriate, cost effective service level with a strong emphasis on prevention and public health

▪ A workforce that is appropriate, accountable, flexible, well-resourced, supported and valued

▪ Public money spent in the public interest/for the public good

▪ Accountability, effective organisational alignment and good governance

# Supporting delivery

# Supporting delivery – work already underway

- Implementation plan for Sláintecare being finalised

- And within HSE:

  - Comprehensive programme of reform in place across the HSE

  - Laying the foundations for the changes now required to support the implementation of Sláintecare

# HSE Programme for Health Service Improvement

- Established in 2014 to drive and embed a structured and programmatic approach to implementation
- **19** major programmes, 200 projects currently underway
- Focused on delivering integrated, patient centred care with improved access, quality and safety

| Service Design Programmes | Delivery Programmes | Enabling Programmes |
| --- | --- | --- |
| Clinical & Integrated Care Programmes | Community Healthcare Organisations | Health Business Services |
| Acute Services Improvement | Hospital Groups | Finance |
| Primary Care Services Improvement | National Centre | HR |
| Mental Health Service Improvement | National Ambulance Service | E-Health |
| Social Care Services Improvement | PCRS | Information Services (Business & Health Intelligence) |
| Cancer Control Programme | Healthy Ireland Programme | Communications and Culture |
| | National Drug Management Programme | |

# Progress to date

- **Primary Care** – Community Diagnostics and GP Minor Surgery pilots

- **Healthy Ireland**

- **Disabilities** – decongregation and community living

- **Integrated care programmes** (Older Persons, Chronic Disease) – integrated teams established and demonstrator projects up and running

- **CHO**s**/ HGs** – organisations established and SMTs in place. Networks mapped and ready for phased implementation.

- **HSE** – national 'centre' transformation process in train

- **E-health** – individual health identifier programme, EHR, e-referrals from GPs

- Numerous other examples of excellent reforms at local level

- Significant clinical engagement infrastructure through Clinical Programmes

# Translating Vision to Action – some key considerations

- Many examples internationally of 'Grand Plans' for fundamental healthcare reform that have failed to deliver

- We have a few of our own locally ☹…

- Essential that we learn lessons from these experiences; plan for success ☺

- Some thoughts, informed by personal experience…

# 1. Secure <u>buy-in</u>

- Strategy for implementation must be 'owned' and committed to across Government and through government cycles. Cross- party support for Sláintecare Vision an excellent starting point
- Commitment demonstrated though both words and deeds, for example:
  - support for difficult decisions
  - funding
  - patience (sustainable change takes time to deliver)
- Buy-in of staff – understand their perspective. Involve them in the design and implementation of the change; top-down and bottom up. Provide support. Celebrate success!
- Buy-in of patients and the public – understand their perspective. Meaningful engagement. Transparent process.

# 2. Clarity about the <u>what</u>

- The Sláintecare Vision is excellent starting point

- Now need to translate this Vision into:
    - specific aims and objectives
    - success measures (inputs ☹; outputs; outcomes ☺)

- Availability of data to determine baselines, track progress??

# 3. Clarity about the <u>how</u>

- Sláintecare implementation plan being finalised

- Where to start?

- Baseline positions

- Specific tasks

- Sequencing

- Interdependencies

- Resourcing (transitional/ recurrent)

# 4. Identification of <u>key building blocks and enablers</u>

- Get the basic design right. More top down than bottom up. Broad model specs, tailored to local circumstances.  Allows multiplicity of new care pathways to be layered on top

- What should the core service delivery architecture look like:
    - in primary care, community care and secondary care?
    - for populations of 10k, 50k, 500k, 5m?

- What does this mean in terms of workforce (skills, numbers, how they work together), physical infrastructure (where they work, the equipment/services they need access to), technology (to support them in the delivery of their role)?

- Develop **core service delivery architecture** that provides the platform for the safe, sustainable and adaptable delivery of health and social care services into the future

# 5. Ensure <u>alignment</u> and <u>focus</u>

- Essential that the Department and HSE in particular are absolutely aligned to and focused on the delivery of the agreed reforms

- Across the Department; across the HSE and HGs, CHOs; across the Department and the HSE

- Need for single, coherent approach (no solo runs, pet projects☹)

- Demonstrable evidence of prioritising those actions, inputs and investments that will deliver the required changes

- Respect Departmental and HSE core roles and responsibilities. Same sport, different positions.

# 6. Build <u>confidence</u>

- Of patients, the public, staff, elected representatives

- Set realistic goals

- Early wins

- Deliver on promises

- Parallel run

- Ensure transparency

- Patience and unwavering focus

# 6. Appropriate <u>resourcing</u>

- Current levels of (recurrent) funding in context of healthcare cost inflation 2%/2%/2%

- There *is* scope for improved value in the delivery of healthcare in Ireland, but need for realism on scale and deliverability – don't see it as the balancing factor

- We're not starting from zero – financial challenges in 2018, waiting list backlogs, unmet demand, bed capacity shortfall, delays in access to new treatments, etc.

- Significant transitional funding **essential**

- Funding for capital infrastructure

- Funding for technology

# 7. <u>Outcomes</u> trump process

- Robust programme and project management of the process are essential, but…

- Should not be a wholly separate enterprise. As far as possible overlay required governance/reporting/assurance arrangements on top of existing Department/HSE structures/processes – hold these to account, ensure they deliver.

- Establish bespoke structures processes only for those areas where there significant joint working is required between the Department (legislation, policy) and HSE (service planning, delivery)

- Proportionate oversight at the 'centre' – but beware of 'Prince Jockeys' ☹

- Ensure dedicated project support at front line

# In conclusion…opportunity and expectation

- Once in a generation opportunity

- Let's be serious about this, AIM HIGH

- Hugely complex and challenging change process

- With appropriate leadership, support, focus and resourcing it **is** deliverable

- No obvious Plan B

Thank you for listening ☺.