



## Sláintecare Implementation Advisory Council (SIAC) Meeting

### Note of meeting # 7

17<sup>th</sup> September 2020, 3pm – 4:30pm, via MS Teams

#### Attendees

Tom Keane (Chairperson)

Laura Magahy (Executive Director, Sláintecare)

#### Council members present:

Paddy Broe, Sarah O' Connor, Liam Doran, Ronan Fawsitt, Brian Fitzgerald, Mary Higgins, Annette Kennedy, Siobhán Kennelly, Anna McHugh, Eddie Molloy, Róisín Molloy, Anthony O'Connor, Emily O'Connor, Joanne Shear and Heather Shearer

**Apologies:** Josep Figueras, Brendan Courtney, Gillian O'Brien and Colm Henry

#### Invited Participants:

- Kate O'Flaherty, Head of Health & Wellbeing, Department of Health
- Jack Nagle, Sláintecare Programme Implementation Office

#### 1. Welcome and Minutes

The Chairperson welcomed everyone to the seventh Sláintecare Implementation Advisory meeting and thanked members for attending as a virtual meeting due to ongoing COVID-19 restrictions. He outlined the meeting agenda and advised that the Minister would join the meeting to address the Council.

#### 2. Minister's Commentary

Laura Magahy welcomed the Minister for Health Mr. Stephen Donnelly TD who then addressed the Council.

#### Thank You to Council

The Minister thanked each member for their contributions, advice and support that they are giving to the Sláintecare reform programme through the SIAC. He noted that the experience, expertise and independence the members bring to Sláintecare is very valuable and highly appreciated. He also noted and acknowledged that many of the SIAC members are at the front line and thanked them for their extraordinary supports and response, together with that of their colleagues, to COVID-19.

In his address, the Minister noted that COVID-19 has led to an unprecedented interruption to our normal lives and to the health services and Sláintecare has had to and will have to operate in a different environment for the foreseeable future. However, the principles and objectives of Sláintecare not only still count but are now more important than ever.



## Commitment to Sláintecare

The programme for government (PfG) has reconfirmed its commitment and the need to accelerate the implementation of Sláintecare. The PfG talks about bringing more services into the community and the home, about making services more accessible and enhancing the ehealth programme. COVID-19 has demonstrated a significant willingness to adapt, innovate and change. The innovation from the health professionals and health system across the country has been incredible. Most of these responses and innovation were about Sláintecare – getting the right care, at the right place at the right time and wrapping the services around the patient. There is a big opportunity to harness this energy and innovation. The Minister asked the group for their advice and thoughts on how to keep the can-do attitude and innovative spirit going as we go into winter and the challenges this brings.

## Regional Health Areas

A Business Plan was to be brought to government this year regarding implementation of the regional health areas, announced last year, setting out roles, responsibilities, functions including what the Department, HSE and the Regions do. Work was underway in the Department and the HSE to put this together, but that work was paused due to COVID-19.

The Minister spoke about the work he was doing in transformational work in healthcare, prior to entering politics, and said he was involved in some of the large organisational redesign in healthcare and other sectors over the years. He said that when you do any structural reorganisations of this kind, that they are inherently risky.

So in normal times such reorganisations are extremely difficult to do and have to be handled incredibly carefully and that was and is the plan.

The Minister noted that, starting to move people around during COVID 19 was not the right thing to do from a risk perspective. He explained that once a large reorgansiation is announced then everyone then tends to focus on what does this mean for me and how my role might be changing, and this distracts from doing the things that we need to do.

The Minister believes the health systems need to be stabilized in order to get through COVID-19. We require to progress with Slaintecare and innovations as far as possible and then look at a reorganisation in due course but he would not be adding this reorganisation risk to the system at the moment.

## Winter Plan and Estimates Process

The Winter Plan will be announced shortly, and it has been designed almost exclusively according to the Sláintecare strategy. It is all about increasing capacity in the community, access to diagnostics for GPs, home-care, community based pathways such as the respiratory centres, resources for ED and acutes, rehab, step down and home care so that people can be discharged as quickly as appropriate from hospital. Many of the innovations that were introduced during COVID-19 were aligned to Sláintecare. This approach will be continued through to the estimates and HSE's National Service Plan for 2021.

## Healthy Ireland

The Minister also confirmed his commitment to the role of Healthy Ireland which is a key part of Sláintecare. We need to be more focused on prevention and citizen empowerment.

## Conclusion

The Minister closed his address by highlighting three key priorities – COVID-19, Winter Plan and ongoing implementation of Sláintecare. He re-affirmed his full support for these priorities.

The Chair then opened the floor to comments and questions from members to the Minister.

Key comments and feedback from SIAC members to the Minister are:

1. Sláintecare is based on developing an integrated care system and it is in the Programme for Government that this is to be done through implementing regional health authorities (RHAs). There is a need to build a population-based approach and there is a willingness and opportunity to do this from the system and to change to having a single integrated system. Progress on the RHAs is needed to do this. Lack of progress reinforces siloed service delivery and contributes to growing waiting lists.
2. During COVID-19, care and access has been driven by patient needs and data. It was proposed that Sláintecare consider an electronic pathway system similar to New Zealand to help streamline patients to access the right service.
3. Plans will need to be put in place to support the ongoing changes in models of practice and to deliver these in line with Sláintecare
4. To keep momentum of change and innovation going, it was recommended that Sláintecare continues restating its vision and highlights a few key milestones delivered during the pandemic on its continued journey to reform of the health system.
5. There is a need to maintain the public's support and confidence in progress during the challenging winter period.
6. The establishment of the respiratory clinics has been an effective response to COVID-19 and helps provide more care in community. A suggestion was raised as to the establishment of Paediatric respiratory clinics to address paediatric issues and help prevent cross contamination across the community.
7. There was a suggestion that the National Risk Annual Assessment be reviewed in light of the COVID-19 pandemic and factor in future health related risks.
8. The capacity of the system to respond to ongoing challenges of COVID-19 and the winter plan and how resources can be secured in the short and medium term to meet these requirements was discussed.

The Minister thanked members for their comments and queries and responded to each. In summary, he indicated that the Winter Plan has an additional funding of €600m and is targeted at putting extra capacity in place as an immediate response to the needs of the system heading into the winter period with COVID-19. This funding will look at enhancing community capacity to keep people at home or in the community and support ED and additional acute bed capacity.

The Chairperson and the Executive Director, Sláintecare, thanked the Minister for attending the meeting. It was agreed that the Executive Director would gather any other feedback and suggestions from SIAC member and channel these through to the Minister.

The Minister closed his address by reinforcing his commitment to the Sláintecare reform programme and emphasising the importance of the SIAC group to supporting that and he would be happy to engage further with the SIAC going forward.

### 3. Update on Sláintecare Implementation

Laura Magahy then provided an update on Sláintecare Implementation and set out the new context within which Sláintecare is now operating. She advised that following recent reallocation of roles within



the Department, Healthy Ireland and eHealth now come under the remit of the Executive Director. Key progress and highlights in the Sláintecare implementation for 2020 to date are:

- Programme for Government reaffirms commitment to Sláintecare.
- Key stakeholders on board with Sláintecare principles.
- Funding for 25% of the country for community services – moving care to the community.
- eHealth priorities agreed and capital funded.
- Diagnostics made more widely available for GP services.
- Business case for Elective Hospitals is well underway.
- New ways of working tested and scaled through Integration Funds (integrated care, telemedicine, virtual clinics, alternative pathways, social prescribing).
- Innovative care redesign waiting list initiatives in progress (MSK, heart failure, children's disability AON, orthopaedic, neurology).
- Evaluation programme established to ascertain benefits of Integration Fund and Enhanced care fund initiatives, for scaling purposes.

The implementation of the Health Services Capacity Review 2018 was discussed where recommendations are set out under three key workstreams as:

- Healthy Living
- Enhanced Community Care Capacity and
- Hospital productivity improvements

and plans are underway to implement the recommendations under each of these workstreams.

The Executive Director then set out the three priority programmes for Sláintecare for the next three years and described the details behind each programme. The programmes are:

1. Programme 1: Keep people well at home or near home, out of hospital, living independent lives.
2. Programme 2: Help achieve waiting list targets.
3. Programme 3: Devise a population-based Citizen Care Masterplan for universal eligibility and multi-annual funding.

Key aspects of these programmes includes the implementation of integrated care pathways similar to the Health Pathways developed by Canterbury and the scaling up of successful integration fund projects in 2021. The implementation of supporting e-Health projects will be a key enabler for these and the Sláintecare reform programme. These programmes are resource dependent on getting the budget and staff and continued stakeholder support and involvement.

The Chairperson then opened the floor to comments and questions from members. Key points raised and discussed are:

- Having eHealth and Healthy Ireland under the remit of the Executive Director was seen as a positive development and enabler for implementation of the Sláintecare reforms.
- Dr Emily O'Connor made members aware of a recent document entitled '*Resetting Care in Ireland's Emergency Departments*' published by Irish Association for Emergency medicine in response to COVID. The document is available from <http://www.iaem.ie/resetting-care-in-irelands-emergency-departments-as-a-result-of-covid-19/>
- Acute bed capacity is critical as well as the focus on enhanced community care.
- We should look at reducing duplication across the system through initiatives such as Making Every Contact Count (MECC).
- Further support and coverage for emergency medicine and care in rural areas should be considered.



- There was positive feedback on the focus on workforce development, the consideration of what roles, functions and skills are needed by location and the recognition of how crucial this is to the implementation of Sláintecare.
- The focus on prevention was highlighted as a key priority area for patient safety as were the linkages of a prevention approach to national strategies.
- Patients voice and representation on various boards is key to supporting the Sláintecare implementation and supporting patient safety and prevention measures.
- Patient safety issues in relation to prevention is key and funding should be provided for strategies that focus on prevention and patient safety.
- The regional health areas (RHAs) need to be developed in order to support the effective delivery of integrated care. Any delay or pause in the development of the RHAs will lead to a delay in roll out of integrated care and will cause ambiguity in the system which is not helpful for the reform agenda.

The Chairperson thanked the members for these comments and proposed that any further feedback can be provided directly to the Executive Director.

## 4. Healthy Ireland

Kate O'Flaherty provided an update to members on the Healthy Ireland programme. The Healthy Ireland Framework was approved by Government in 2013 and was Ireland's response to the EU WHO document Health 2020 which was about widening out the discussion about health and looking to tackle some of the root causes of chronic diseases. It highlighted the need to understand the determinants of health and societal issues impacting on health and wellbeing. The health sector alone cannot tackle these issues and the framework called for an inter sectoral approach that shifts emphasis from disease to health and wellbeing and prevention. It also highlighted that improving the health and wellbeing of the population is essential for social, economic and cultural progress.

The four key goals of Health Ireland are to:

1. Increase the proportion of people who are healthy at all stages of life.
2. Reduce health inequalities.
3. Protect the public from threats to health and wellbeing.
4. Create an environment where every individual and sector of society can play their part in achieving a Healthy Ireland.

Implementation of the Healthy Ireland Framework has provided a new opportunity to shape the national discourse on health and wellbeing, to re-focus efforts on prevention and 'keeping people well' by connecting and mobilising existing and new initiatives and partnerships. It has helped Ireland build a new culture and philosophy around health and wellbeing.

Key progress areas/enablers:

- Annual Healthy Ireland Survey in place
- Healthy outcomes framework was published in 2018
- Development of Healthy Cities and Counties network with all the local authorities
- Annual fund in place to support Healthy Ireland and local initiatives
- Promotional campaigns



Jack Nagle then presented an overview of the development of the next phase of the Healthy Ireland Framework for the period 2020 -2025. The Healthy Ireland programme is the 'prevention' pillar of the Capacity Review 2018 and will encompass the actions and recommendations from this. A widespread stakeholder engagement was undertaken as well as conducting a rapid review of progress to date with the implementation of the framework as well as a desktop review on practices within other jurisdictions. These inputs are being used to support the identification of emerging priority areas and preparation of the next phase action plan.

Heather Shearer suggested a review of Public Health Scotland' document as part of the desktop review - <https://publichealthscotland.scot/> and the application of behavioural science principles in the COVID-19 response in Scotland.

SIAC members were then invited to provide feedback and comments on the importance of prevention, wellbeing and citizen empowerment from their own organisations and experience perspective. Key points and recommendations were:

- The VA care plan, catering for over 9 million patients focused on implementing an advanced primary care system over 10 years ago. The plan was around patient engagement, empowerment and activation. Important learning from implementing the plan was:
  - Patient perspective – importance of being consistent in conveying the vision, goals of the plan and transparent in how the plan is progressing. Also, patients need to be able to have access to their care record and to be able to engage with healthcare professionals to empower and engage them. The importance of the multidisciplinary team and the role that each member plays in the care for the patients' needs to be communicated and explained to the patient.
  - Staff perspective – staff need to understand what patient engagement and empowerment means. VA set national policy and standards framework on how to deliver care. For education, all staff had to have patient activation or motivational interviewing training to provide guidance on how to engage and empower patients.
  - In prevention – there is a need for pro-active patient management. For every interaction with the patient, prevention care should be at the forefront. This requires effective virtual technology and databases.
- The fantastic mobilisation of community and voluntary groups to support vulnerable people as a whole of government response in Ireland was noted and it would be great to see how some of this approach could be maintained in a more sustainable way. People who were very isolated in communities were cared for through this response.
- Also evident during COVID-19 was the lack of routine preventative services such as the day services for older people which play a huge role in the care and wellbeing for elderly people. Not having them available, highlighted the importance of such preventative services. So being able to capture the importance of such preventative services for older persons and using the lessons learnt during COVID-19 can help develop and enhance services for older persons and help prevent premature hospitalisations and early entry into long term care.
- The strengths of the Healthy Ireland brand and the understanding and association people have with it were noted.
- The need to focus on and set out priorities in the area of health inequalities was highlighted. It would be good if over the next 5 years, any partners can see what the health inequality or social exclusion groups Healthy Ireland are trying to work with, so those partners could dovetail their work with that of HI.

- Often patients with chronic illnesses can exclude themselves from prevention activities. A suggestion was made to consider a medication compliance campaign which might help individuals' health and wellbeing and may allow them stay at home longer. You may be a person on medication, but the message should be that you can still have a healthy lifestyle or be empowered to have the best health and wellbeing possible.
- Clarity around future funding of NGOs by Healthy Ireland would be helpful.
- There is room and need for the implementation of motivational interviewing to play a better role in Irish healthcare. This is all about prevention and improving the patient's ability to see their own role in it and feel more empowered to look after their own health and wellbeing.
- Overwhelming feedback from businesses relates to wellness of employees. Business is looking for nutritional advice and fitness events such as Pilates etc. The whole area of 'Wellness' has further potential to be tapped by Sláintecare/Healthy Ireland. We could tap into movements out there to promote and support wellness.
- The importance of patients having access to their charts and of the role of the multidisciplinary teams was emphasised.
- The biggest thing that makes people unhealthy is poverty and the potential worsening of this position post COVID-19 was highlighted. The old way of doing health is now gone and the new, post COVID-19, way should be focused on prevention and the Sláintecare reforms.
- There is a gap between strategies and what is actually being implemented because of dependency on funding. What is being implemented should be made clearer to the public.
- Building relationships between the clinicians and patients is critical for patients' confidence and their compliance to instructions from the healthcare professionals. We should factor in compassionate practices and this relationship building into plans.
- Community First Responder Groups have been fantastic in empowering people.

Members were invited to feedback any further comments on Healthy Ireland to Laura Magahy or Kate O'Flaherty.

## 5. Actions

Action
The Executive Director will share the Minutes, as feedback with the Minister.
Members to feedback any further comments or recommendations to be considered in the development of the next phase Healthy Ireland strategic action plan for 2020 – 2025.
Capacity Review recommendations slide to members to be forwarded
Circulate the ' <i>Resetting Care in Ireland's Emergency Departments</i> ' published by Irish Association for Emergency medicine in response to COVID.



## 6. AOB & close of meeting

The Chairperson thanked members for their participation and advice and proposed another meeting prior to year-end. The date of this next meeting will be advised in due course.





## Summary Note for SIAC Members (to use in external briefings, events)

The Sláintecare Implementation Advisory Council (SIAC) combines patient/service user representatives, senior health service leaders, clinical leadership and independent change experts from outside the health service who bring expertise and an independent perspective. The Advisory Council provides advice and support to the Executive Director and the Sláintecare Programme Office on the delivery of the Sláintecare Implementation Strategy and is chaired by Professor Tom Keane. We have had seven meetings since our establishment in October 2018 and our most recent meeting was on the 17<sup>th</sup> September 2020.

At our recent meeting the Minister for Health addressed SIAC members and discussed how COVID-19 has led to unprecedented interruptions to our normal lives and to the health services. Sláintecare has had to and will need to operate in a different environment for the foreseeable future. However, the principles and objectives of Sláintecare are now even more important than ever.

The Minister advised that the Programme for Government has reconfirmed its commitment to and the need to accelerate the implementation of Sláintecare. The PfG talks about bringing more services into the community and the home, about making services more accessible and enhancing the ehealth programme. COVID-19 has demonstrated a significant willingness to adapt, innovate and change. The innovation from the health professionals and health system across the country has been incredible. Most of these responses and innovation were about Sláintecare – getting the right care, to the right place at the right time and wrapping the services around the patient. There is a big opportunity to harness this energy and innovation.

Council Members were given an update on Sláintecare implementation and on progress in implementing the Healthy Ireland Framework. The members input was sought into the development of the next phase of Healthy Ireland Framework for the period 2020 – 2025.

## **Agenda**

### **Sláintecare Implementation Advisory Committee Meeting**

**17<sup>th</sup> September 2020**

**3.00p.m. - 4.30p.m.**

**By MS Teams Teleconference**

1. Welcome and Minutes of last Meeting – Professor Tom Keane
2. Minister of Health to address SIAC members
3. Sláintecare Implementation Update – Laura Magahy  
Open floor discussions
4. Healthy Ireland & development of strategic action plan – Kate O’Flaherty/Jack Nagle  
Open floor discussions
5. AOB
6. Sum up and close of meeting - Professor Tom Keane