

Sláintecare Implementation Advisory Council (SIAC) Meeting

Note of meeting # 8

16th December 2020, 3pm – 4:30pm, via Zoom

Attendees

Tom Keane (Chairperson)

Laura Magahy (Executive Director, Sláintecare)

Council members present:

Paddy Broe, Sarah O' Connor, Liam Doran, Ronan Fawsitt, Brian Fitzgerald, Annette Kennedy, Siobhán Kennelly, Anna McHugh, Anthony O'Connor, Joanne Shear, Heather Shearer, Gillian O'Brien, Josep Figueras, Eddie Molloy, Emily O'Connor

Apologies: Mary Higgins, Brendan Courtney, Róisín Molloy and Colm Henry

Invited Participants:

Colm O' Conaill, Sarah Glavey – Policy & Strategy Division, Department of health, joined towards the end of the meeting to present the Department's Statement of Strategy.

The meeting was held virtually via zoom due to ongoing COVID-19 restrictions.

1. Welcome and Minutes

The Chairperson welcomed everyone to the eighth Sláintecare Implementation Advisory Council meeting. Minutes from the previous meeting of 17th September had been circulated in advance, and there was no feedback and so were deemed adopted, and these will be posted on the website. The Chairperson outlined that the meeting would start with an update from the Executive Director on progress with Sláintecare implementation followed by a SIAC discussion on two significant Sláintecare implementation reforms. These are the Regional Health Areas (RHAs); and recruitment and retention of staff for the health system. At the previous meeting, the Minister had given an update on the RHA's and his view was that now is not the time to progress with such a structural reform given the ongoing challenges with COVID-19. The SIAC had agreed to discuss this matter further. These discussions will be followed by a brief presentation of the Statement of Strategy by Colm O Conaill and Sarah Glavey, of the Department of Health.

2. Update on Sláintecare Implementation

Laura Magahy provided an update on Sláintecare implementation and the unprecedented investment of €1.346billion that has been allocated for Sláintecare reforms in 2021. This brings significant opportunities as well as challenges. This funding is for reform and increases in capacity across the hospital system, across the community, in prevention initiatives and to support roll out of the new consultant contract. It also includes funding to support national strategies that previously had not been fully funded - such as the national ambulance, trauma and maternity strategies.

The Executive Director then outlined key areas of reform that have been funded with this € 1.346billion and commented on the programmes around each. Key initiatives include:



- Building Capacity, based on the Health Capacity Review (HCR 2018). This Capacity Review highlighted that an additional 7,150 acute beds would be needed up to 2031 if no reforms took place, with a reduction to 2,590 beds being needed if reforms were enacted. The reforms are set out under three pillars namely:

1. Healthy Living – the funding for 2021 supports many of the HCR reforms called out under this ‘prevention’ pillar. Healthy Ireland’s new Strategic Action Plan includes a prominent focus on Health Inequalities, as SIAC members had advised previously. Plans include taking an area-based approach to tackle health inequalities in areas of deprivation. This provides a significant opportunity to focus on 18 areas of deprivation, working with cross-departmental partners and agencies across the system. This will align with the Social Inclusion Community Activation Programme areas (SICAPs), which are specially designated to work with areas of disadvantage. The 18 areas cover approximately 1/3 of the country and it is planned that this approach would be rolled out to the remainder of the country in 2022, subject to additional funding.

This initiative will also link with the Community Healthcare Networks (CHNs) so that targeted programmes on Health and Wellbeing can be implemented. The Executive Director highlighted the community resilience programme and thanked Mr Brendan Courtney for his involvement in the ‘Keeping Active’ initiative.

She thanked the SIAC for their input to the Healthy Ireland Strategic Action Plan which members had provided following the last SIAC meeting.

2. Enhanced Community Care – this relates to a range of reforms to deliver more care in the community and includes the establishment of Community Healthcare Networks (CHNs), enhanced eHealth infrastructure, increased social care provision, national adoption of ambulatory care models and a range of hospital avoidance measures.

Many of the Integration Fund projects have been pilot projects for these enhanced community care initiatives and successful projects are being scaled up (mainstreamed) across the health system. For example, the Integration Fund for Older People (led by SIAC member Siobhán Kennelly) is now going to be scaled up across the country.

Some of the Integration Fund projects had been paused due to COVID-19 but these have all now been resumed and are demonstrating new ways of providing services, largely driven and implemented by front-line staff.

Whilst 2019 was due to cover 1 in 4 of the population, funding for the Enhanced Community Care programme will cover the entire population over the next two years.

3. Hospital Productivity – a key focus in this area is the development of Ambulatory Elective Care Centres, which are included in the National Development Plan. The Preliminary Business Case for these elective centres is nearing completion within the Department of Health, and will then be issued to the Department of Public Expenditure and Reform for review in line with the Public Spending Code. These elective hospitals, with planned centres in Dublin, Cork and Galway, will have an important role in addressing elective ambulatory day care capacity requirements. The work on elective hospitals has an Oversight group which is chaired by Professor Frank Keane.

- E-health – the e-Health Programme got a major boost in budget 2021 and a key list of transformation solutions are planned for 2021 and beyond. A list of these programmes was

discussed and is shown in Appendix 2. A key challenge is to get shared ownership of these initiatives especially, for e-health programmes that span the Acute and Community areas. The Executive Director welcomed the input and advice of the SIAC members. Other initiatives were presented under the key programme headings of:

1. Staying Well in the Community
 2. My Health Record and
 3. Scheduled and Unscheduled Care
- The Executive Director highlighted the ongoing extensive stakeholder engagement that she and her office is continuing across the system to ensure everyone is informed and remains connected with the Sláintecare reforms. This included recent briefing meetings she held with the Oireachtas Committee on Health and the Cabinet Committee on Health, where she updated the Taoiseach, Ministers for Health, Finance and DPER, on progress. There is continued support and commitment for the Sláintecare Programme and significant interest in how the additional funding will be spent and its impacts on the health system.
 - The Executive Director expressed her concern on the timing and roll-out of the Regional Health Areas which is a fundamental part of the Oireachtas reform proposal.

The Executive Director concluded her presentation, and the Chairperson then opened the floor to questions and comments and the following key points were noted:

- The progress to date and the funding for 2021 was welcomed by Council members.
- **e-health** – the lack of a link-up between the hospitals and GP practices was cited as a key priority to be addressed, by a number of members, to improve patient care, through more timely discharge summaries and sharing of information. Members stated that it was very difficult to manage complex care of patients without timely hospital discharge summaries. This is a key Sláintecare reform initiative, to ensure there are the same pathways of communication between acute and community across the country. This is important for patient care, safety and equity and will reduce/eliminate significant repeat data entry, within the acute system, into multiple systems which wastes clinical and administrative time. The Executive Director agreed that the linkage between hospital and GP practice IT systems should be a key priority and indicated that she is establishing a working group between the ICGP, HSE and SPIO/eHealth to work on this.
- **Specialist Hubs and Community Healthcare Networks** – It was discussed that eighteen specialist hubs, covering a population of ~150,000, are to be set up with a specific focus on care for elderly people and chronic disease management. These hubs will have clearly defined relationships and referral pathways with the acute hospitals and CHNs served by their hub regions. Each region will have a steering group to oversee the setup of these new structures and the clinical governance to ensure that they operate as planned and in line with the developed model. There is real experience in chronic disease management and older persons models of care to inform and support these initiatives.
- **Integration Fund projects** – the progress and benefits of these projects were welcomed. An issue was raised regarding the follow up commitment of ongoing funding for these projects. The Executive Director thanked the members for feedback and comments.

3. Discussions on RHAs and Staff Recruitment

Regional Health Areas:

The Chairperson recapped on discussions at the last SIAC meeting (on 17th September) with the Minister, and the Minister's view that he does not think this is the right time to be undertaking major structural reforms during the COVID-19 pandemic. Council members acknowledged the Minister's view, but noted that the regionalisation of the health system is a key element of the Sláintecare reform programme. The Chairperson posed the following question to members and then opened the floor for discussion on the topic:

Can Sláintecare implementation proceed without regionalisation and if there is a delay with the rollout of the Regional Health Areas (RHAs) what pieces of Sláintecare can proceed in a meaningful way?

The SIAC engaged in discussions on this, the key points noted being:

- Currently, there is no progress in hospitals reconfiguring or progressing towards an RHA model. Regionalisation is essential to Sláintecare service redesign, and hospitals cannot engage in progressing in this direction until progress is made with the RHAs.
- Sláintecare requires integrated care and the RHAs are the key structures to enable this. The Council should seek to have government reengage on regionalisation restructuring, which has been parked during the pandemic. Now is the time to make these changes and put the RHAs in place.
- Members noted that a vacuum or uncertainty during a reform programme is unproductive and that Sláintecare cannot proceed until we have the right structures that support bottom up service redesign. There will always be problems within the health system, whether it be the pandemic or other crisis. Therefore the regionalisation programme should not be parked but rather it should be accelerated. The restructuring into regions is essential to Sláintecare and it was recommended that the SIAC should advise that we cannot proceed effectively and safely and deliver the projects asked for unless the Government reengages and implements the regionalisation programme.
- Members did not agree with the view of not progressing with the RHAs during a crisis – with many concurring that it is actually the most appropriate time to move to drive change. This was stated, even with prior experience and expertise of the formidable undertaking that structural reforms entail. It was noted that it is best to do this over a relatively short period of time, to reduce uncertainty. Progress can be made relatively quickly with the right methodology and support.
- It was highlighted that in the Veteran's Hub administration (VA), the regionalisation was and is the means to establishing the pathways and implementation of healthcare delivery. This was seen as critical and the VA did this first as they knew it was the right thing to do from a policy perspective.
- The Regions are important for tracking and reporting on performance results and identifying areas to improve. They are also critical for the reform of the health system to be patient focused. The more people see that the regions programme is stalled the more damaging it will be to the overall Sláintecare reform programme.
- It is seen that there is a window of opportunity to reform the health system and this may be lost by delays in the restructuring to the Regions. Consideration should also be given to

highlighting the benefits that regionalisation could deliver, as part of an ongoing pandemic strategy from a testing, tracing, immunisations etc.

- There were no dissenting views to the importance and critical need for the REgions to progress.

In summary:

- It was strongly recommended by the Council that they should help highlight the need for a move to the RHAs, to advocate that they are fundamentally import to the reform programme, and they should proceed without delay.
- The Council, through the Executive Director, will convey this strong message back to the Minister and impress upon him the Council's view that the regions are essential and should proceed.

Staff Recruitment:

The Chairperson introduced this topic by talking about the huge injection of funds that the system is to receive in 2021 to recruit resources across the acute and community areas. This is at a time when the health system is facing a deficiency in availability of human resources and this includes consultants, nursing and other clinical healthcare roles right across the health system. The Chairperson posed the following questions to members and then opened the floor for discussion on the topic:

Is there a realistic plan that will allow us to recruit the necessary staff? What concrete steps can the SIAC recommend that Sláintecare could take in order to support resolution of this situation?

The SIAC engaged in discussions on this, the key points noted being:

- An international perspective on the challenges of recruiting healthcare staff was given citing a recent report by WHO which looked at the nursing situation across 191 countries and reported that there is a worldwide shortage of almost 6 million nurses. Factoring in the age profile and expected retirements, this increases to over 10 million nursing positions required to be filled in the coming years. So, we must do everything possible to retain our existing nurses as without adequate nursing we cannot deliver on Sláintecare. As well as recruiting new positions we must focus on retention. This is a very serious issue.
- The Safe Staffing Nursing Framework has been accepted by Government, but the implementation is currently in the Workplace Relations Commission and is moving along slowly but until this is resolved then we cannot progress with opening new beds and making changes.
- The number of Consultants not on the specialists' register was raised as a challenge that requires addressing.
- Examples were given of particular pinch points where it is not possible to currently recruit healthcare staff and therefore services in the community cannot be delivered. This is a very significant HR issue.
- Ireland will need to be ultra-competitive in attracting and retaining the healthcare staff if it is to be able to deliver on Sláintecare's vision of right care, in the right place and the right time.
- The COVID-19 pandemic has demonstrated that we have very good staff and people in both clinical and administrative roles but there is little creativity in how we look at recruiting and retaining healthcare staff. The central recruitment panel for health and social care that was introduced, for example, has led to a loss in physiotherapists, occupational therapists and speech and language therapists. These are the people we need to build multidisciplinary teams. The lived experience of the systems' 'recruit and retain' approach is very different to



that set out in the policy documents. We should look at devolving the HR function out to the regions and give those organisations the power to recruit and retain their staff. The centralised recruitment system should be reformed and a more agile, responsive system put in place.

- We are in a perpetuating cycle where Consultants are not attracted to peripheral hospital locations where rotas, facilities and options in these locations are much less attractive to them. We should work on making positions in peripheral hospitals attractive to Consultants through an appropriate package of incentives.
- Heather Shearer offered to share details of recruitment and retention initiatives that have been rolled out in Scotland with the Sláintecare group as well as details on training programmes and these learnings may help.
- Joanne Shear spoke on the experiences of the VA system and suggested we have an opportunity to look at all of the roles, identify what is taking up the time in each role and address areas where clinical staff are undertaking unnecessary administrative duties. VA undertook an assessment of the roles and functions of all their clinical staff. The biggest area of dissatisfaction was where clinical staff were undertaking administrative tasks in their professional roles. They found, for example that nursing were spending up to 80% of their time on duties that could be done by other resources. This could be a formal approach by Sláintecare and will also help with retention.
- In order to move Consultants to support the community, there must be suitable positions for them in the community. The introduction of the American based Physician Associates were also recommended.
- Sláintecare has become a brand about quality, reform and change. So, it was recommended that we should have an across the board Sláintecare recruitment policy and plan. Regionalisation gives an opportunity to do this at local levels.

The Chairman thanked members for their contributions on the topic of staff recruitment and retention and commented that we will not solve this problem solely with money. We must understand the challenges and problems and work innovatively to address them. There is a real opportunity now, given the rapid changes shown in COVID-19 and the new funding to address recruitment and retention.

4. Department of Health's Statement of Strategy

The Executive Director welcomed Colm O'Conaill and Sarah Glavey who joined the meeting and introduced the work that they have coordinated in developing a new Statement of Strategy for the Department of Health.

Sarah Glavey presented a summary of the new Strategy outlining how it was developed and how it links with the Sláintecare vision, principles and reform programme.

Colm O'Conaill highlighted that two of the strategic objectives are directly informed and shaped by Sláintecare and a third one predominantly so. The new strategic objectives are:

- Strategic Priority 1: Manage COVID-19 and promote public
- Strategic Priority 2: Expand Care in the Community
- Strategic Priority 3: Make access to healthcare easier, fairer & faster
- Strategic Priority 4: Improve oversight and financial control
- Strategic Priority 5: Become an organisation fit for the future

5. AOB & close of meeting

The Chairperson thanked members for their participation, commentary and advice.

In summary, the Chairperson summarised that there is a very strong and clear message from the Council on the importance of progressing with the regionalisation programme. He will work with the Executive Director to establish the best way of doing this.

There is a linkage with recruitment and retention and the implementation of the RHAs. Recruitment and retention are huge issues and calls for more than a 'business as usual' approach to be successful.

It was noted that the Executive Director has been invited to the Cabinet Committee on Health chaired by the Taoiseach and these matters will be raised at this forum, following engagement with the Minister.

There will be another meeting of the SIAC early in the new year to follow up on these matters.

6. Actions

Action
Prioritise the implementation of e-discharge summaries between the hospitals and GP practice systems.
Follow up re ongoing funding for Sláintecare integration fund projects.
Forward copy of Department's Statement of Strategy to Council members.
Formulate feedback from the SIAC on RHAs and recruitment and retention for discussion with the Minister.

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, including 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 Implementation Office on the delivery of the Sláintecare Implementation Strategy and is chaired by Professor Tom Keane. The Council has had eight meetings since their establishment in October 2018 and the most recent meeting was on the 16th December 2020.

At this meeting the Executive Director presented an overview of progress to date with the Sláintecare implementation and outlined the significant funding of €1.364billion that has been secured for Sláintecare reforms in the 2021 budget. This funding will be used to build capacity in the system and support the move of care from a hospital based system to the community. This is in line with the Sláintecare vision to deliver the right care, at the right place at the right time, given by the right team, for citizens.

Part of this extra funding is to support the implementation of eHealth initiatives across the health system that will help deliver better quality and more responsive care to all patients.

The Council received an update on Sláintecare Integration Fund projects. These are Sláintecare funded initiatives that are being worked on by front line staff to improve services and care to all patients and service users. The successful Integration Fund projects are to be scaled up across the country.

During the meeting the Council discussed the importance of reforming the health services within population based Regional Health Areas, as well as the challenges facing the health system to recruit additional staff over the coming years.



Appendix 1: Agenda

Sláintecare Implementation Advisory Committee Meeting

16th December 2020

3.00p.m. - 4.30p.m.

By ZOOM Teleconference

1. Welcome and Minutes of last Meeting – Professor Tom Keane
2. Sláintecare Implementation Update – Laura Magahy
Open floor discussions
3. SIAC discussion on:
 - a. Regional Health Areas
 - b. Staff recruitment to support reformsOpen floor discussions
4. Presentation of Department's Statement of Strategy – Colm O'Conaill, Sarah Glavey
5. AOB
6. Sum up and close of meeting - Professor Tom Keane

Appendix 2: eHealth Transformation Solutions – 2021+

IHI Rollout
National Waiting List Management System
Health Pathways
ePharmacy / ePrescribing
Residential Care Management System and Home Support System
Video Conferencing / Remote Consultation
Electronic Discharge System
Health Performance and Visualisation Platform
Integrated Information Services Supporting Recovery
Shared Care Record
Community Hub Management System
Clinical Notes