



Rialtas na hÉireann
Government of Ireland

Sláintecare.

Right Care. Right Place. Right Time.

Progress Report 2021



Sláintecare Implementation
Strategy & Action Plan 2021– 2023



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Foreword



Minister for Health
Stephen Donnelly TD

Every day Sláintecare is transforming how we deliver healthcare in Ireland and building towards equal access to services for every citizen, based on patient need and not their ability to pay.

My commitment and the Government's commitment to Sláintecare reform is clear and unwavering: we want to ensure every patient receives the right care, in the right place, at the right time. €1.235 billion was allocated to 'pure' Sláintecare initiatives in Budget 2021 enabling and supporting major milestones in the Sláintecare Implementation Strategy and Action Plan 2021-2023 to be reached.

Substantial key achievements thus far include progressing plans for new, elective hospitals in Cork, Galway and Dublin; establishing the Regional Health Areas Advisory Group to

support the alignment of community and hospital services based on defined population need; and mainstreaming innovation through the Sláintecare Integration Fund. In addition, throughout the COVID-19 pandemic we have drastically enhanced our use of digital technologies to bring patients and clinicians together and to empower citizens in the care of their own health. These eHealth advancements are assisting in the treatment of chronic disease management and keeping people well within their communities for longer.

Across the broad spectrum of community health and social care services, Sláintecare reform is working to reduce dependence on the hospital system by reducing the need for attendance at Emergency Departments, reducing waiting lists and enhancing capacity and access through investment in staffing and infrastructure.

With a view to accelerating our transition towards universal healthcare, I have established a new Sláintecare Programme Board to ensure that implementation of Sláintecare is fully embedded and owned across the Department of Health and the HSE. Co-chaired by the Secretary-General of the Department of Health and the Chief Executive Officer of the HSE, the Sláintecare Programme Board will provide ongoing engagement with the Joint Oireachtas Committee on Health to ensure that we maintain the collaborative spirit through which the Sláintecare vision first emerged.

The provision of healthcare radically changed during the pandemic and as outlined in this End of Year Progress Report, despite major challenges - including the major cyber-attack on our health services - significant Sláintecare reform and innovation was delivered across our health and social services. The voices of patients highlighted throughout this report reveal the reality of Sláintecare in people's everyday lives, and the outstanding work being done throughout the system to adapt and provide integrated services that put patients first.

We will continue to engage with the public and increase understanding of how Sláintecare is building a better, more equal health system for all. In 2022 we will focus on further investment in innovation, enhanced capacity and access to care, further progress new elective hospitals in Cork, Dublin and Galway, continue our realignment of acute and community services via Regional Health Areas, and ensure every patient receives the right care in the right place at the right time.

01



Executive Summary

Sláintecare is putting people at the centre of the health system and working towards universal healthcare for all, where people can access the right services based on need and not ability to pay.

With a focus on developing primary and community care, Sláintecare is making it possible for people to stay healthy in their homes and communities for as long as possible, receiving the *Right care, in the Right place, at the Right time delivered by the Right team*.

The Sláintecare Implementation Strategy & Action Plan 2021-2023 was approved by Government in May 2021 and sets out the priorities and actions for the next phase of the reform programme. The Strategy was developed factoring in the learnings from COVID-19, the new context within which the health system operates, the Programme for Government objectives, and engagement with key stakeholders and partners, and was underpinned by the eight Sláintecare Principles from the original Oireachtas Sláintecare Report. The Strategic Action Plan was also grounded in key reform strategies, policies and initiatives.

This 2021 End of Year Report sets out the progress made against the priorities and actions detailed in the Sláintecare Implementation Strategy and Action Plan 2021 – 2023 and focuses on two reform programmes:

Reform Programme 1: Improving Safe, Timely Access to Care and Promoting Health & Wellbeing and
Reform Programme 2: Addressing Health Inequalities – towards Universal Healthcare

These Reform Programmes involve the work, support, and active engagement of key partners, including the Department of Health, the HSE, cross government departments and their agencies, health and social care workers and their representative organisations, community and voluntary organisations, the private sector and patients.

There were **228 deliverables** across **11 projects** in the two reform programmes, of which **200 (87.7%)** have been progressed on track or with minor challenges. **28 (12.3%)** progressed with significant challenges.

Executive Summary cont.

Key Highlights

Outlined below are some of the highlights that have been delivered across these workstreams in 2021:

- **Healthy Ireland Strategic Action Plan 2021 – 2025 published** – a clear roadmap of how we can continue to work together to bring about good health, access to services, healthy environments, and the promotion of resilience to ensure that everyone can enjoy physical and mental health and wellbeing to their full potential
- **€13 million Healthy Communities Programme launched** – a new cross-Government initiative to deliver increased health and wellbeing services to 19 community areas across Ireland
- **Healthy Campus and Healthy Workplace Frameworks launched** – helping higher education institutions and workplaces across Ireland to embed health and wellbeing into staff and student life
- **Healthy Age Friendly Homes** – an innovative programme, funded by Sláintecare and delivered directly by local government through its Age Friendly Ireland shared service, aims to enable older people to continue living in their homes or in a home best suited to their needs. Over 7 months this programme received **800 referrals**, undertook **630 home assessment visits**, and progressed **1,295 interventions for older people**
- **147 Primary Care Centres** in operation; 9 opened in 2021 and a further 28 are in construction
- €210m GP Agreement (2019 -2022) implementation progressing very well with roll-out of **Chronic Disease Management (CDM) Programme**. This is the first time that a formalised structure for CDM has been rolled out in primary care, **over 85%** of GPs in Ireland have registered with 219,752 consultations delivered in 2021. The CDM programme recently received a prestigious United Nations award for developing a structured illness and preventative care programme in general practice
- **GP Access to Diagnostics** – The GP Direct Access to Diagnostics scheme went live in January 2021, providing GPs with access to radiology scans through a number of private providers. Over 138,000 radiology tests were delivered in the community in 2021, reducing pressure on the acute hospital services
- **€195m Enhanced Community Care Programme** is reducing dependence on the current hospital-centric model of care through initiatives that see healthcare reoriented towards general practice and enhanced community services delivering care closer to people’s homes. 2021 saw 49 Community Healthcare Networks (CHNs), 15 specialist teams for Older Persons and 2 CDM teams established and operationally viable with 1,400 staff employed or at an advanced stage of recruitment in Community Specialist Teams and the balance supporting front of house services in our Acute Hospitals
- Collaboration with Alone, to deliver a model to co-ordinate community and voluntary supports across each CHN is being implemented leveraging in a structured way the informal supports and volunteerism in local communities
- **Community Intervention Teams (CITs)** – for the first time we have national coverage of CITs, specialist health professional teams who offer an extended service over seven days, enabling a fast-tracked provision of health care in the community or home setting, preventing unnecessary hospital attendances
- **Approx. 20.5 million hours of home support** delivered in 2021 with over 55,000 people receiving the service. This is about 2.9 million (17%) more hours compared to 2020 with increased funding maintained for 2022
- **Sláintecare Integration Fund** facilitated the testing and evaluation of innovative models of care, **105** out of **123** projects have now been mainstreamed through the HSE. Overall these projects resulted in **15,370** reduced referrals, **18,914** acute bed days avoided and **8,268** patients off waiting lists
- An additional 42 critical care, 813 acute and 73 sub-acute beds were fully funded and opened in 2020/2021

- **Staffing** in 2020, experienced the largest increase since the foundation of the HSE, and 2021 has seen that trend continue with an additional 6,150 WTE recruited across all service areas in 2021, including an additional 150 WTE consultants
- **Sláintecare's National Elective Ambulatory Care Strategy** approved by Government aims to address outpatient procedures and surgical waiting lists and enhance future capacity. This includes the development of **standalone Elective Hospitals** in Cork, Galway and Dublin to provide coverage for **60-70%** of the overall population and cater for up to **940,000** planned procedures and operations every year
- **National Ambulance Service** successfully continued the development and implementation of Alternative Care Pathways in 2021 with the aim of hospital avoidance and an improved use of healthcare resources
- **Regional Health Areas** – (RHAs) Advisory Group was established chaired by Medical Council CEO, to provide support and guidance to the Department of Health and HSE in relation to planning for this transition. The six RHAs will ensure the alignment of hospital, community and primary healthcare services at a regional level, based on defined populations and their local needs. This is key to delivering the Sláintecare vision for an integrated health and social care service
- **eHealth** – The pandemic created an even stronger requirement for digital solutions to healthcare delivery. **Electronic transfer of prescriptions** continued to deliver value through 2021, as did the increased use of **teleconsultations**, offering more options for the provision of care in the community and away from the acute hospital setting

The recording of PPSNs and checking of photo ID to positively identify individuals as part of the national vaccination programme in 2021, provided a robust mechanism of allocating Individual Health Identifiers (IHIs)

Steady progress was made with the Health Performance Visualisation Platform (HPVP) Programme, which aims to provide real-time health data and trends across emergency departments, outpatient services, theatres, diagnostic services and bed management

- **Research Hub for General Practice** funded by Sláintecare with the aim of using data from Irish general practice as a key source to drive healthcare improvements nationally
- **Patient Safety** prioritised the HSE National Centre for Clinical Audit. This was done with Sláintecare seed funding from the Integration Innovation Funds Round 2 of the Sláintecare Reform Programme
- **“Sharing the Vision” A Mental Health Policy for Everyone** – A National Implementation Monitoring Committee has been established tasked with leading, supporting, monitoring and evaluating the implementation of this policy. “Sharing the Vision” focuses on developing a broad based, whole system mental health policy for the whole of the population
- The **short-term Waiting List Action Plan** (September – December 2021) resulted in a **5.4% reduction** in overall waiting lists from 760,700 to 720,056, which was in line with the target reduction
- In December 2021, the Department of Health and the Department of Housing published the **Housing First National Implementation Plan 2022-2026**, which will provide housing and health supports for **1,300 long-term homeless people**
- Proof of concept of the **Community Virtual Ward (CVW)** model is complete and published. A CVW national steering group is being established to oversee implementation



Progress made

Reform Programme 1: Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing

Project 1:

Implement the Health Service Capacity Review (2018) including Healthy Living, Enhanced Community Care and Hospital Productivity



Healthy Campus and Healthy Workplace Frameworks launched



Healthy Age Friendly Homes - **800 referrals, 630 home assessment visits, 1,295 interventions** for older people



GP Chronic Disease Management (CDM) Programme - **over 85% of GPs** in Ireland registered and **219,752 consultations**



GP Access to Diagnostics - **Over 138,000 radiology tests delivered** in the community



49 Community Healthcare Networks (CHNs), 15 specialist teams for Older Persons and **2 CDM teams** established



Home Support - **20.5 million hours delivered**



Staffing - **6,150 WTE** recruited across all service areas



Beds - **42 new Critical Care Beds, 813 new acute beds, 73 new sub-acute beds** in 2020/2021

Project 2: Scale and Mainstream Integration Innovation



Sláintecare Integration Fund –
105 projects mainstreamed through the
HSE. **15,370 reduced referrals**, **18,914**
acute bed days avoided and **8,268**
patients off waiting lists



Community Intervention Teams (CITs) –
national coverage of CITs

Project 4: Develop Elective Centres in Dublin, Cork, and Galway



Sláintecare's National **Elective**
Ambulatory Care Strategy approved
by Government



Plans progressing for Elective
Hospitals in **Cork, Galway and Dublin**

Project 6: Implement eHealth Programme



333,000 Video Consultations
in 2020/2021

Progress made

Reform Programme 2: Addressing Health Inequalities – towards Universal Healthcare

Project 1: Develop a Population Health Approach for Service Planning and Funding



9 New Primary Care Centres opened, 147 now operational

Project 2: Rollout Sláintecare Healthy Communities Programme



€13 million Healthy Communities Programme

Project 3: Develop Regional Health Areas



Planning underway to transition to agreed 6 Regional Health Areas and Advisory Group established

Executive Summary cont.

Challenges

Some projects were severely impacted due to COVID-19 and the major cyber-attack in May 2021 that diverted major resources from planned activities and reform initiatives. Detailed updates are provided later in the report but in summary, major areas impacted were:

Implement a Multi-annual Waiting List Reduction Plan

– a short-term waiting list action plan was published by the Department of Health in October 2021 and formative work and progress was made in quarter 4, 2021. However, a more systemic, cross-organisational, coordinated programme is necessary to reform waiting lists and achieve the targets necessary and this is planned for 2022. The Department of Health is working with the Health Service Executive and National Treatment Purchase Fund to develop a Multi-annual Waiting List Action Plan to deliver the system-wide reform necessary to deal with the broad and complex issues affecting waiting lists. The 2022 Waiting List Action Plan sets out to deliver further reductions in waiting lists, address backlogs, stem future growth, continue laying the foundations for future reform actions and is the first year of the Multi-annual Waiting List Plan.

Hospital Productivity – the focus in hospitals throughout the year was on seeking to maintain the provision of services with the ongoing pandemic. This resulted in recruitment of resources, to give effect to key reforms, being delayed to end 2021 / start 2022. Key initiatives planned in this area are part of the end-to-end enhanced community pathways of care for frailty and chronic disease management.

Remove private care from public hospitals – implement the Sláintecare Consultant Contract – During 2021, negotiation with relevant representative bodies on the new Sláintecare Consultant Contract got underway. The ambition with these talks was to find common ground on how to deliver on the Government's clear direction of travel for healthcare reform, which involves designing the entire system, for the first time, around the needs of the public patient. It was intended that these talks would conclude, and the contract would be introduced in 2021, however the engagement with representative bodies has not yet concluded.

Develop policy proposal and options for achieving universal eligibility – there has been a focus on developing additional capacity in the system to improve access and actions to expand eligibility. Further work on expanding eligibility has been prioritised and planning the longer term approach for universal healthcare has commenced and will be progressed in 2022.

Delivering Sláintecare

A new Programme Board chaired by the Secretary-General of the Department of Health and the Chief Executive Officer of the HSE has been established to ensure that responsibility for the implementation of Sláintecare is fully embedded across both the Department and HSE. Reporting directly to the Minister, the Sláintecare Programme Board will ensure enhanced coordination on delivering key priorities for 2022.

Budget

€1.235 billion was allocated to “pure” Sláintecare initiatives in Budget 2021, the biggest investment ever in health reform. This funding had been granted to significantly enhance and increase health capacity across acute, community and primary care. For the first time, the health system was funded to increase both infrastructure and staffing consistent with the recommendations in the Health Service Capacity Review (Department of Health 2018). This investment provided for foundational strategic reform in the way care is to be delivered in the community, to enable the shift of care out of acute hospitals into the community and closer to a person's home, where safely possible.

Other key aspects of this investment include rollout of structured chronic disease programmes for people with a history of cardiovascular disease, COPD, asthma and type 2 diabetes in general practice (GP), nationwide GP access to diagnostics, additional home supports, additional critical care, acute inpatient and community bed capacity, streamlining care pathways and tackling waiting lists.

This funding enhanced the permanent capacity of the health services, enhanced the resilience of the health service in the face of the COVID-19 pandemic, substantially increased the workforce, expanded the scale and range of service to be provided in the community and introduced targeted measures to improve access to care in 2021.

02



Progress Report 2021

This End of Year report sets out the key developments and progress on the implementation of Sláintecare in 2021.

It details the impact of the investment through Budget 2021 of €1.235 billion on “pure” Sláintecare initiatives in the year. The report sets out what has been delivered and the positive impact on patient care and on delivering the right care in the right place and at the right time.

There were a total of 228 deliverables for 2021 in the published Sláintecare Implementation Strategy & Action Plan 2021 – 2023. These deliverables were spread over the two Reform programmes and 11 projects. The overall year-end status of the 2021 deliverables is shown below and an overview of the status for each project under each reform programme is given in Tables 1 and 2.

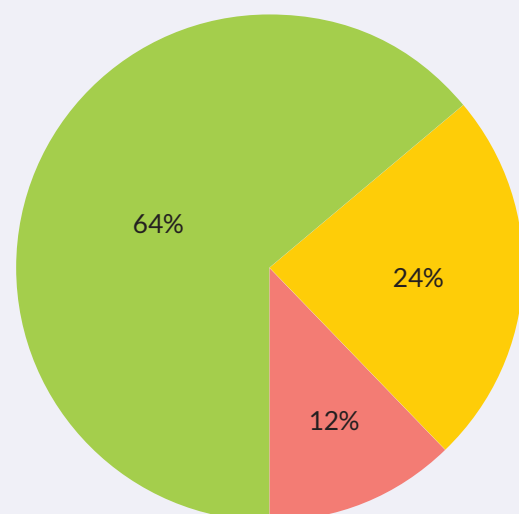
Key Highlights:

200 deliverables (87.7%) are on track or have progressed with minor challenges.

28 deliverables (12.3%) are progressing with significant challenges.

Reform PRG1 & PRG2 2021 Status:

	#	%
On Track	146	64.0%
Minor Challenge	54	23.7%
Significant Challenge	28	12.3%
Total	228	



Progress Report cont.

Sláintecare Strategic Action Plan: Deliverables Monitoring - Half Yearly and Overall Trending

Reform Programme 1

Improving Safe, Timely Access to Care and Promoting Health & Wellbeing

Project	Workstream	Project Status Jan – June		Project Status July – Dec		RAG Trend ↑ Improving ↓ Disimproving ↔ Trending same	Overall Trends for 2021	
		Number of Deliverables	Overall Project RAG	Number of Deliverables	Overall Project RAG		Total Number of Deliverables for 2021	Overall Project / Workstream Rating
Project 1 Implement Health Service Capacity Review (HCR 2018)	1. Healthy Ireland	16	On Track	23	On Track	↔	39	On Track
	2. Enhanced Community Care	20	On Track	25	Minor Challenge	↓	45	Minor Challenge
	3. Hospital Productivity	17	Minor Challenge	16	Significant Challenge	↓	33	Significant Challenge
Project 2 Scale and Mainstream Integration Innovation		9	On Track	5	On Track	↔	14	On Track
Project 3 Streamline Care Pathways, from prevention to discharge		2	On Track	3	Minor Challenge	↓	5	Minor Challenge
Project 4 Develop Elective Centres in Dublin, Cork and Galway		3	On Track	2	Minor Challenge	↓	5	Minor Challenge
Project 5 Implement a Multi-annual Waiting Lists Reduction Plan		5	Significant Challenge	3	Significant Challenge	↔	8	Significant Challenge
Project 6 Implement the eHealth Programme		8	Minor Challenge	9	Minor Challenge	↓	17	Minor Challenge
Project 7 Remove private care from public hospitals – implement the Sláintecare Consultant Contract		3	On Track	5	Significant Challenge	↓	8	Significant Challenge

Table 1: Overview of Reform Programme 1 Project Deliverables for 2021

Reform Programme 2

Addressing Health Inequalities

Project	Workstream	Project Status Jan – June		Project Status July – Dec		RAG Trend ↑ Improving ↓ Disimproving ↔ Trending same	Overall Trends for 2021	
		Number of Deliverables	Overall Project RAG	Number of Deliverables	Overall Project RAG		Total Number of Deliverables for 2021	Overall Project / Workstream Rating
Project 1 Develop a Population Health Approach for Service Planning and Funding	1. Population profiling and segmentation	2	Minor Challenge	2	On Track	↑	6	On Track
	2. Population needs assessment and service redesign			2	On Track			On Track
	3. Development of Population- Based Resource Allocation Funding Model (PBRA)	2	On Track	2	On Track	↔	4	On Track
	4. Develop Policy proposal and options for achieving universal eligibility across hospitals and community settings	2	On Track	2	Significant Challenge	↓	4	Significant Challenge
	5. Capital Planning	4	On Track	3	On Track	↔	7	On Track
	6. Workforce Planning	4	On Track	2	On Track	↔	6	On Track
Project 2 Roll-out Sláintecare Healthy Communities Programme		8	On Track	4	On Track	↑	12	On Track
Project 3 Develop Regional Health Areas		2	Significant Challenge	2	Minor Challenge	↑	4	Minor Challenge
Project 4 Implement Obesity Policy and Action Plan 2016-2025		5	On Track	6	On Track	↔	11	On Track

Table 2: Overview of Reform Programme 2 Project Deliverables for 2021

Progress Report cont.

2.1 Reform Programme 1

Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing



Project 1

Implement the Health Service Capacity Review (2018) including Healthy Living, Enhanced Community Care and Hospital Productivity

Workstream 1 – Healthy Living:

Some of the key highlights of the Healthy Living Programme during 2021 are set out below:

- Healthy Ireland Strategic Action Plan 2021 -2025 was published in May
- Keep Well programme delivered
- National Healthy Workplace Framework launched in December
- Settings-based approach to healthy behaviours incorporating Healthy Workplaces and expansion of Healthy Clubs progressed
- Progressed key ‘prevention’ initiatives in line with HSE National Service Plan (NSP) 2021
- Healthy Age Friendly Homes Programme was launched in July

A Government of Ireland initiative, published in May 2021, the Healthy Ireland Strategic Action Plan 2021-2025 provides a clear roadmap of how we can continue to work together to bring about good health, access to services, healthy environments, and the promotion of resilience aimed at ensuring that everyone can enjoy physical and mental, health and wellbeing to their full potential. The Healthy Ireland Strategic Action Plan builds on the success of the Healthy Ireland Framework, which was published in 2013. It contains 56 actions across six themes which will be implemented over the next five years. Each action has a lead government department from across fourteen separate government departments.

The *Keep Well* campaign was delivered in 2021, with the aim of supporting people and communities to mind their physical and mental health during the pandemic. It included an allocation of funding from Sláintecare to support a number of initiatives through the Healthy Ireland Fund, under the themes of keeping active, staying connected, switching off, being creative, eating well, and minding your mood. In addition to Keep Well, Healthy Ireland rolled out the Let’s Get Set campaign in late 2021 to encourage people to be healthier. The campaign provided advice for people to take simple easy steps to help create and stick to new healthy habits on nutrition, physical activity and mental wellbeing.

Launched in June 2021, Healthy Ireland’s National Healthy Campus Framework will help higher education institutions across Ireland to embed health and wellbeing into campus life for staff and students. The Framework was supported with seed funding for each of the institutions that commit to implementing the Healthy Campus Charter, and funding of a national coordinator for 3 years. This National Healthy Campus Framework offers guidelines to third level institutions on how to build on existing wellbeing actions

and will assist with the integration of health and wellbeing into decisions surrounding teaching and learning. It will also assist in identifying opportunities in the college environment, whether social or academic, that can help foster an ethos of care, compassion and inclusion on campuses. The Framework was developed in partnership with the higher education institutions, the HSE and Healthy Ireland.

Launched in December 2021, The Healthy Workplace Framework aims to support the growth of effective approaches to enhancing health and wellbeing in the workplace. This Framework is a key milestone for workplace wellbeing in Ireland and will enable us to recognise and enhance existing initiatives, to facilitate the sharing of experience and learning, and also provide the necessary supports and tools for organisations and companies. The Framework is underpinned by robust evidence and consultation and was supported by the Department of Enterprise, Trade and Employment and other Government Departments. It highlights the need for leadership and management support, as well as staff engagement, when planning and implementing a healthy workplace. The Healthy Workplace website which aims to support the implementation of the Framework is currently under development.

In addition to the achievements set out above, funding was secured in Budget 2022 to rollout initiatives that have been designed to address period poverty. The initial projects involve providing products to the Traveller and Roma communities (through the HSE) and across Local Authority settings through a partnership developed with the Local Government Management Agency.

Healthy Age Friendly Homes

The **Healthy Age Friendly Homes** programme is an innovative new model of health and housing support co-ordination funded by Sláintecare and delivered directly by local government through Age Friendly Ireland. Local co-ordinators across 9 pilot sites undertake an assessment across four domains of health, housing, community supports, and technology to deliver a person-centred, integrated support plan which enables older people to remain living independently in their home environment. The programme takes a cross-sectoral, multi-agency approach, and critical to its success is the collaboration between the Department of Health, Local Government, the HSE and community organisations.

In the 7 months to end 2021, the programme had received **800** referrals from multidisciplinary sources, undertaken **630** home assessment visits, and progressed **1,295** supports.

Brendan

*Brendan** was living alone in Local Authority accommodation. He had health needs and frequent admission to hospital. Housing and health services had been unable to access Brendan's home. The local co-ordinator, through their initial needs assessment and follow up face-to-face visits, built a relationship of trust with Brendan. Through collaboration with the Local Authority and the HSE the local co-ordinator sourced a one-bed ground floor older persons accommodation. The co-ordinator assisted Brendan with moving into a more suitable home. The local Public Health Nurse and Social Worker are now visiting him, home support services are now in place, meals on wheels is in place and Brendan has had no further admissions to hospital.

This case highlights some of the achievable outcomes of Healthy Age Friendly Homes in facilitating hospital avoidance, residential care avoidance, improved mental and health outcomes for older people, more integrated State service delivery, right-sizing and better use of Ireland's housing stock.

**name changed to protect privacy*

Progress Report cont.

Project 1 Workstream 1 cont.

Angela

*Angela** is an older person living alone with health issues and visual impairment. Following a needs assessment, the local co-ordinator linked in with the Primary Care Team in the HSE, a social worker, an occupational therapist and the Local Authority. It was evident that Angela would benefit from having some works completed in her home and the co-ordinator assisted Angela in filling in and lodging a Housing Adaptation Grants application with the Local Authority. The co-ordinator has also assisted Angela in making an application under the Warmer Homes Scheme. Angela indicated during her home assessment visit that she has felt lonely since the introduction of COVID-19 restrictions. The co-ordinator linked her in with a local befriending service.

Angela's case study shows the benefits of the Healthy Age Friendly Homes programme on the wider determinants of health, improving not just her health outcomes, but also her living environment and community and social supports.

**name changed to protect privacy*

Workstream 2 – Enhanced Community Care

Some of the key developments in the delivery of the Enhanced Community Care workstream during 2021 are set out below:

- 147 Primary Care Centres in operation with 9 opened in 2021
- Over 85% GPs registered with Chronic Disease Management (CDM) Programme
- GP Access to Diagnostics delivered over 138,000 radiology tests in 2021
- 49 Community Healthcare Networks (CHNs), 15 specialist teams for Older Persons and 2 Chronic Disease Management teams established
- Community Intervention Teams (CITs) service nationally provided with 21 teams in total established
- Approx. 20.5 million hours of home support delivered
- Additional 837 community beds
- “Sharing the Vision” A Mental Health Policy for Everyone – A National Implementation Monitoring Committee has been established
- €100m investment in Disability

Primary Care

The development of primary care services is a key component to delivering a high-quality, integrated and cost-effective health care system. There are now 147 Primary Care Centres in operation, with 9 opening in 2021 and a further 28 in construction. In addition to new Primary Care Centres, the HSE is also progressing extending existing Primary Care

Centres to accommodate Enhanced Community Care Teams (ECC Hubs). This investment is a strong demonstration of the commitment to shift the model of healthcare towards a more comprehensive and accessible primary care service in order to deliver better care closer to people's home in communities across the country.



Opening of Rathdrum Primary Care Centre in 2021

General Practice (GP) Chronic Disease Management (CDM) Programme

Implementation of the 2019 GP Agreement is continuing and the roll out of the CDM Programme is ongoing, despite the challenges posed by the COVID-19 pandemic. The aim of the programme is to reduce morbidity and mortality through the rollout of a structured chronic disease programme for people with a history of cardiovascular disease, COPD, asthma and type 2 diabetes. This is the first time that a formalised structure for CDM has been rolled out in primary care. Over 85% of GPs in Ireland have registered to provide the programme to date. In 2020, an estimated 115,000 patients were registered on the programme, and GPs and practice nurses undertook over 126,000 consultations for people aged over 70 years. In 2021, the Programme was extended to eligible patients aged 65 years and over and, an estimated additional 68,024 new patients have been registered on the programme with GPs and practice nurses providing over 219,752 consultations for people aged over 65 years during this period.

The CDM programme recently received an International United Nations award for developing a structured illness and preventative care programme in general practice, in recognition of its outstanding contribution to multi-sectoral action in the prevention and control of Non-Communicable Diseases at local, national, regional or international level.

GP Chronic Disease Management – Diabetes Case Study

Diabetes care in Ireland has traditionally had a hospital focus. A new Sláintecare funded service is delivering community-based care that is patient-centred, locally delivered, coordinated and integrated. There is one team in Galway and one in Cork.

Professor Seán Dinneen, Consultant Endocrinologist is the National Lead for the Diabetes Clinical Programme: “The specialist diabetes teams, comprising a Clinical Nurse Specialist (Diabetes), Senior Diabetes Dietitian and Senior Diabetes Podiatrist treat their patients in the community setting, while maintaining close links with the hospital-based specialist team. All GP Practices within these networks can access these specialised integrated diabetes care services which traditionally would only have been available in a hospital setting” says Professor Dinneen.

This service, that has been tested and evaluated in two areas, is now being mainstreamed under the Enhanced Community Care programme, which aims to reduce our dependence on the current hospital-centric model of care and support capacity building in the community.

Patients have had very positive experiences with the service: “Amazing, exceptional, professional care. Nothing was too much trouble. The support I received was beyond all expectation. I feel that I have been so successful in managing my condition” said one patient.

Over 90% of GP practices in both areas are engaging with the service, thanks to the relationships that the team built with GPs and Practice Nurses. The GP role in Chronic Disease Management is key to the success of this service.

Progress Report cont.

Project 1 Workstream 2 cont.

Chronic Disease Management Programme

Greater integration of the management of chronic disease between GPs and hospital consultants, where appropriate, is intended to ensure continuity of care for patients and most effective use of healthcare resources. The Sláintecare Integration Fund (SIF) supported a number of Chronic Disease Management (CDM) projects throughout 2020 and 2021, to test and evaluate innovative models of care providing a 'proof of concept' with a view to mainstreaming/ scaling of successful projects through the Enhanced Community Care (ECC) fund. An example of one such project is as follows:

Chronic Disease Management Programme – Integrated Care Example

The Heart Failure Virtual Consultation Service with Integrated Care Clinical Nurse Specialists in the Community

The project provided a Heart Failure Virtual Consultation (HF VC) Service, with community based integrated care clinical nurse specialist (IC CNS) support, building on an earlier pilot. The service was provided by St Vincent's University Hospital in East Coast and Mater Misericordiae University Hospital in Dublin North. The service is implemented by a Cardiologist led hub team, with GP advice.

Key to VC is development of integrated care and communication between primary and secondary care with prompt access to specialist opinion and community diagnostics.

The aim of the project was to provide an efficient service for HF patients presenting to GPs, reduce unnecessary referrals to routine hospital based outpatient service and improve treatment in the community through IC CNS-GP aided care.

How the HF VC works - GP's refer patient cases to a virtual online Specialist Consultant clinic. Multiple GP's can join simultaneously. The referral data is anonymised. Each case is discussed online and consensus approach reached for the future management of each patient, including access to community diagnostics. IC CNS's

Chronic Disease Management Programme – Integrated Care Example continued

provide patient appointments and enable GP's to safely manage an at-risk population in the community.

Immediate Benefit:

- 91% of patients would have been referred to secondary care if VC service was not available. As a result of the service, only 12% were referred to secondary care services (note: does not include investigations such as echo)

GP feedback:

- 83% said gaining enhanced knowledge about management and treatment of heart failure patients was of 'major benefit' and 17% stated it was of 'moderate benefit'
- 100% said having access to expertise in heart failure management was of 'major benefit'
- 75% said achieving competence in caring for heart failure patients was of 'major benefit', while 25% said it was of 'moderate benefit'

Patient feedback:

- 120,000 kms in travel was avoided for patients and their families
- Patient testimonials included: 'Excellent service. All I needed was a change of medication and did not have to go to hospital'; 'I was medically managed within my community. No long waiting lists or travel'

This is integrated care – right care, right place, right time.

GP Access to Diagnostics

Throughout 2021, significant progress was made with the nationwide GP Access to Diagnostics programme that granted GPs access within the community to X-Ray, CT, MRI and DEXA scans. This structured pathway for GPs to directly access diagnostic tests enables a greater level of care to be delivered in the community, supporting patient-centred care, early diagnosis, and early intervention. Over 138,000 radiology tests of various modalities were reported as having been completed in 2021.

GP Access to Diagnostics – GP Testimonial

“We have access to diagnostics in the community that are provided at the same place as a private or insured patient goes to. The quicker access to diagnostics allows us diagnose quicker issues that may otherwise wait on a long waiting list. It also allows us exclude something that otherwise waits a long time to be told the same answer. The main cohort benefitting are predominantly medical card patients and often these people are ‘the most vulnerable and elderly’. It is great to be able to deliver a better service to patients during a particularly stressful and busy couple of years. It gives one more enjoyment in a GP’s life as you are saying something positive rather than repeatedly apologising that you are on a long waiting list. Apologising repeatedly is stressful and exhausting. This system allows you do the job you are trained to do.”

— Professor Ray Walley, GP and Associate Clinical Professor of General Practice, UCD

Additional Capacity – Community Beds

An additional 837 community beds have been delivered in 2020/21.

Enhanced Community Care – CHNs and Specialist Teams

A key objective of Sláintecare and overall Government policy is to move from an emphasis on acute care towards preventative, planned and well-coordinated care, re-orientating services towards Enhanced Community Care Services and General Practice. This policy approach is being supported through provision of significant additional investment in both revenue and capital resources in the community.

The development of Community Healthcare Network’s (CHN) provides for the first time in Ireland, a structure for integration of General Practice with the wider community service team, providing the foundation for a new model of integrated care.

The combination of these new funded initiatives will support the implementation of a population needs approach, enabling better local decision making while communities will also be involved in determining the health needs of their local areas.

Some €150m in new development funding was allocated to the Enhanced Community Care (ECC) programme in Budget 2021, bringing total investment to date to €195m and provided for this foundational strategic reform in the way care is to be delivered in the community, in line with Sláintecare. The ECC Programme will recruit approx. 3,500 additional staff.

Despite challenges associated with COVID-19 and the cyber-attack, progress has been made and momentum is now building across the programme:

- 899 staff onboarded with another 522 in advanced recruitment as of the end of December 2021
- Further recruitment campaigns are underway to fill 760 WTE as the HSE work to recruit a total of approx. 3,500 staff by the end of 2022
- 49 Community Healthcare Networks (CHNs) have been established by end 2021, with national coverage targeted by end 2022 through 96 CHNs, each delivering primary healthcare services across a population of 50,000
- 15 specialist teams for Older Persons (ICPOP) and 2 Chronic Disease Management (ICCDM) teams have been established as at end 2021, with 30 specialist teams providing national coverage targeted by end 2022. The specialist teams for Older Persons have included the development of a standardised falls pathway as part of a pathways toolkit to be piloted in Q2, 2022

Development of CHN population profiling, needs assessment and stratification commenced in Winter 2021, and will continue in 2022, with the aim of appropriately avoiding unplanned ED attendances in the over 75 years age group. This work will not only underpin the ECC specifically, but also the “shift to the left” more broadly, as envisaged by Sláintecare.

Community Intervention Teams

The significant investment in recent years and in the ECC new development funding has facilitated for the first time the **national coverage** of Community Intervention Teams (CITs). CITs are specialist health professional teams who offer an extended service over seven days, enabling a fast-tracked provision of health care in the community or home setting, preventing unnecessary hospital admission or attendance and facilitating / enabling early discharge of patients from acute hospital care.

Progress Report cont.

Project 1 Workstream 2 cont.

Lorraine

The North Dublin CIT Community Oncology project in collaboration with the Mater Misericordiae University Hospital (MMUH) provides community-based cancer care in order to increase capacity in acute services and to improve the patients' experience. The service works to streamline patient care pathways, so that although patients will need to continue to attend hospital for some appointments, their hospital visits are reduced. Patients are seen quicker at their community clinic appointments compared to the hospital setting, where appointment times can be unavoidably delayed by the daily workload of many in acute oncology care.

Oncology patient case study – Lorraine

Lorraine*, a patient with metastatic breast cancer, attends the CIT community oncology clinic for treatment every 3 months. Her tumour marker is rising and restaging CT scans are indicative of progression of her cancer.

Lorraine is assessed by the candidate Advanced Nurse Practitioner (ANP) in CIT who discusses the case with the consultant oncologist in MMUH. Lorraine's performance status and what additional treatments she would be able to tolerate are discussed and a decision on her treatment is agreed.

Lorraine and her family were happy that she could remain in the care of CIT as she had built trust and rapport with staff and this led to reduced anxiety at an already difficult time for them. Lorraine's daughter works in healthcare and is able to accompany her mother to her community clinic appointments which can be accommodated around her work schedule where feasible.

*Names changed for patient privacy

(The CIT Dublin North City & County Community Oncology project was funded through the Sláintecare Integration Fund Grant Agreement 247)

Community Virtual Wards

A Community Virtual Ward (CVW) proof-of-concept test was completed in 2021 and the report demonstrated very positive improvements in integration of care, patients' symptoms and experience with improved access and choice. A CVW national steering group is being established to oversee implementation. The plan for 2022 is to advance the establishment of implementation structures in three sites.

Home Support

Despite the challenges associated with COVID-19, approx. 20.5 million hours of home support had been provided in 2021 with over 55,000 people receiving the service. This is about 2.9 million (17%) more hours compared to 2020.

The €150m of additional funding secured in 2021 to provide 5 million more home support hours will be maintained into 2022. The proportion of new home support hours that will be ring-fenced for people with dementia will more than double from 5% in 2021 to 11% in 2022. This reaffirms the Government's commitment to improving community-based services, shifting care to the home and offering greater choice for older people.

Testing of a reformed model of service delivery for home-support commenced in November 2021 in Community Healthcare Organisation (CHO) 8, the first of the four pilot sites. The three other sites are expected to be operational by early 2022. The national rollout of "interRAI" as the standard assessment tool for care-needs will now progress in 2022.

Statutory Home Support Scheme

In 2021 the Government gave approval to draft a General Scheme and Heads of a Bill to establish a licensing framework for home-support providers. The Department commenced a targeted stakeholder consultation on draft minimum requirements that will form the criteria against which a provider's eligibility to hold a licence will be determined. In addition, HIQA ran a public scoping consultation to inform the development of their National Standards for Home Support Services.

Incorporation of COVID-19 Nursing Homes Expert Panel strategic reform recommendations into wider older persons reform processes

Consideration of the extensive recommendations of the COVID-19 Nursing Homes Expert Panel report is ongoing. A number of processes have been established to continue to progress key recommendations in the longer-term. In addition, the Department convened a joint implementation oversight team and stakeholder reference group workshop on 1st December 2021 to further consider key issues in this regard. A final progress report on implementation will be published in Q1 2022 which will, where appropriate, describe the mainstreaming of implementation of longer-term reform into Departmental and Agency processes.

Sharing the Vision (StV): A Mental Health Policy for Everyone

This policy is action-oriented and focused on better outcomes for people experiencing mental health difficulties to bring about tangible changes in their lives and achieve better results. By concentrating on outcomes this 'refresh' supports significant changes in the delivery of mental health services. A National Implementation Monitoring Committee has been established tasked with leading, supporting, monitoring and evaluating its implementation. The StV Implementation Plan (2022-2024) is at advanced stage of development for publication in Q1 2022.

Disability Services

Additional funding of €100m was made available for health funded Disability Services in budget 2021 illustrating the government's commitment to support people with a disability. Funding supports:

- Continuing decongregation programme – 135 people moved from congregated settings to more appropriate housing options in the community
- 106 residential places provided 2021.
- An additional 40,000 personal assistance hours
- Funded additional residential and day respite – 9 new houses and 214 additional intensive in-home support packages in 2021
- 95% reduction in backlog of overdue Assessment of Needs outstanding in June 2020, with eight CHOs having cleared waiting lists. Establishment of 91 Children's Disability Network teams in 2021

Publication in 2021 of the Disability Capacity Review to 2032 – A Review of Social Care Demand and Capacity Requirements to 2032 along with a Summary of Disability Action Plan Framework 2022-2025.

Development of a Health System Performance Assessment Framework (HSPA) for the Irish Health System

The Department of Health, with technical support provided by University of Amsterdam, has now delivered a dynamic HSPA framework for Ireland which includes five clearly defined domains with 260 indicators and 3 cross-cutting themes to be used to develop policy and measure service delivery. A key aspect of this framework is to monitor the progress of the Sláintecare reform to enable evaluation of the priority areas of the reform and to ensure that the healthcare system is more responsive to the needs of the population.

Phase 2 of the project which is expected to last between 18 and 24 months is currently underway. This will focus on implementation of the developed HSPA Framework across the Health system. A robust Governance structure is being finalised which will include a High-level Steering Group, International Advisory Board and 5 clearly defined workstreams to progress implementation.

Workstream 3 – Hospital Productivity

Additional Capacity - Acute Beds

- €236m revenue and €40m capital expenditure were provided nationally as part of the Winter Plan and Budget 2021 to fund an additional 1,146 beds on a permanent basis in our acute hospitals
- A total of 813 additional acute and 73 sub-acute beds have opened in 2020/2021
- An increase of 66 critical care beds was targeted in 2021 to bring the critical care bed complement to 321. As of 31 December 2021, there were 297 ICU beds open, an increase of 42 (16%) over 2020 baseline of 255. An additional €10.5m has been provided in 2022 to allow for a further 19 beds to be opened. The aim is to increase national capacity to at least 340 critical care beds by 2023

Progress Report cont.

Project 1 Workstream 2 cont.

Develop plans for the provision of accessible and safe care that meets the needs of the homeless population and reduces dependency on EDs and Acute services

While homelessness is a key factor in poor health, homelessness itself is a result of accumulated adverse social and economic conditions. The Inclusion Health Model is central to meeting the complex health needs of people who are homeless, providing a model of care that delivers integrated care for people who are homeless in primary and acute settings, in line with Sláintecare.

The HSE is committed to implementing and evaluating the Homeless Hospital Discharge Programme, commenced as a two-year pilot in 2020. This will inform future development of inclusion health services as well as appropriate access to, and continuity of care for, homeless persons leaving hospital, in partnership with the local authority and community service providers.

In December 2021, the Department of Health and the Department of Housing published the **Housing First National Implementation Plan 2022-2026**, which will provide housing and health supports for 1,300 long-term homeless.

The Department secured new funding for 2022 to provide for better health and housing outcomes for people who are homeless post COVID-19. This funding will also support a number of Sláintecare Integration Fund projects including In-reach GP model of care for homeless services. This topic was recently identified as one of the six new strategic priorities within the recently conducted mid-term review of the National Drugs Strategy.



Project 2 Scale and mainstream Integration Innovation

The Sláintecare Integration Fund (SIF) supported 123 projects throughout 2020 and 2021, to test and evaluate innovative models of care providing a 'proof of concept' with a view to mainstreaming/ scaling of successful projects through the annual budget estimates process. Many of the reforms described in the three pillars of the Health Service Capacity Review (2018) (set out above in project 1 of Reform Programme 1, Improving Safe, Timely Access to Care and Promoting Health & Wellbeing) have been tested and evaluated through the SIF projects including:

- new integrated care pathways across hospital and community settings for the care of older people and people with chronic diseases
- the shift of procedures to lower acuity settings, social inclusion measures and hospital avoidance measures
- HSE National priority Healthy Living programmes and promoting patient self-care and improving healthy behaviours

The summary position for 123 Sláintecare Integration Fund (SIF) projects on 31 December 21:

- 105** projects mainstreamed by HSE through NSP 2021 (ECC fund) and NSP 2022 (HI / SIF funding)
- 2** projects will receive once off funding to facilitate reviews by HSE in 2022 (Mental Health projects)
- 3** projects extended until June 2022 to facilitate completion of review by HSE (delay due to COVID-19)
- 13** projects have closed out
- 123 Total**

38 of these projects were mainstreamed through ECC funding as part of the roll out of community specialist teams for Older Persons and Chronic Disease Management teams, which commenced in 2021.

The testing of some of these projects has fed directly into the new care pathway design process, which is currently taking forward, the development and finalisation of 73 individual care pathways across 16 specialties in the HSE.

Outcomes from some of the projects are:

- The SIF project which tested virtual trauma assessment clinics, has resulted in a plan to deliver full coverage of such clinics nationally under the new pathway work
- The Headache clinic SIF project successfully tested in three sites, has resulted in a plan to roll out to all sites with neurology services
- There is a plan to complete the rollout of the SIF project Advanced Nurse Practitioner led Urology pathway nationally
- The Community based Integrated Eye Care Team SIF project plans to continue rollout in 2022

Resources, Outputs & Outcomes SIF projects position on 31 December 2021:

Resources Jan 2020–Dec 2021		Outputs Jan 2020 – Dec 2021		
€	WTE	Patients seen	Tests undertaken	Online pages viewed
€29m	315	90,390	66,089	53,753,408

Outcomes - High Level Jan 2020 – Dec 2021	
No. of inpatient Bed Days avoided through hospital avoidance and reduced length of stay (estimated)	18,914
Waiting lists reduced (no. of patients)	8,268
Waiting times were reduced by a range of	2 days - 4 years
Emergency Department Attendances avoided	3,480
Reduced referrals, or more appropriate referrals to community specialists	15,370
Improved Health status through engagement with self-management and outreach support projects (number of patients who engaged with projects)	12,977
Health literacy- empowering citizens with the knowledge to manage their health	22,033 patients 52,408,821 online engagements

Recognition and feedback through Patient Surveys, External Evaluations, Publications & Awards.

Progress Report cont.



Project 3 Streamline Care Pathways, from prevention to discharge

Alternative Care Pathways delivered by National Ambulance Service (NAS)

NAS has continued the development and implementation of Alternative Care Pathways in 2021 in alignment with the Sláintecare model to provide the right care to the patient in the right place at the right time, with the aim of hospital avoidance and an improved use of healthcare resources. NAS achievements in 2021 include five Alternative Care Pathways:

- National Emergency Operations Centre (NEOC) Clinical Hub (Hear & Treat)
- NAS Community Paramedics (See, Treat & Discharge/Refer)
- NAS/Hospital collaboration – Alternative Patient Pathway (APP) service (Cork/Kerry Hospitals & NAS) - (See, Treat & Discharge/Refer)

The following two alternative care pathways were piloted and tested through the Sláintecare Integration Fund.

- NAS/Hospital collaboration - Emergency Department in the Home (EDITH) service (St Vincents & NAS) - (See, Treat & Discharge/Refer)
- NAS/Hospital collaboration Pathfinder (Beaumont Hospital & NAS) - (See, Treat, review & Discharge/Refer)

The success of these pathways in 2021 is demonstrated in the following:

- Total patients treated by NAS Alternative Care Pathways was 18,140 with 44.3% treated at home/community and not conveyed to Hospital
- Total patients managed by Hear & Treat via the Clinical Hub (Doctor & Nursing team) was 12,144 with 35.71% not being conveyed to Hospital
- Total patients managed by See & Treat was 5,996 with 61.59% of these patients treated in their own home/community

Streamlining scheduled care pathways

The streamlining of care pathways is progressing through the HSE Clinical Care Programmes with a focus on speciality-specific reformed care pathways as part of the Multi-annual Waiting List Reduction Plan. 16 clinical working groups have developed 73 modernised pathways to be delivered in the coming years. Funding arrangements for the delivery of these pathways in 2022 and beyond are being considered.



Project 4 Develop Elective Centres in Dublin, Cork, and Galway

The Cross Party Sláintecare Report in 2017 articulated a new vision for healthcare in Ireland, including the provision of elective only hospitals, providing protected capacity for elective care. The “Elective Hospitals Oversight Group”, under the joint governance of the HSE and Department of Health, has been guiding the development of the elective hospital proposals, following the process outlined in the updated Public Spending Code, setting out the value for money requirements for the evaluation, planning, and management of large public investment projects.

Work in 2021 culminated in the adoption by Government of a new National Elective Ambulatory Care Strategy on 21 December 2021. This new strategy aims to change the way in which day case, scheduled procedures, surgeries, scans and outpatient services can be better arranged to ensure greater capacity in the future and help to address waiting lists. The development of additional capacity will be provided through dedicated, standalone elective hospitals in Cork, Galway and Dublin.

The Government agreed that the elective care scope of service will be developed in two phases commencing with day cases, diagnostics, and outpatients and then giving consideration to in-patient treatment. On this basis, the elective hospitals will be designed to provide sufficient capacity to facilitate future phases, including potentially some elective in-patient capacity, thereby providing a

sustainable and strategic response to cater for the highly dynamic landscape of healthcare policy and practice.

The Government also noted that the need to pursue opportunities to deliver an elective ambulatory model of care is to be considered in conjunction with several other on-going and planned transformative initiatives across the Public Healthcare System and other strategic capital investment proposals in Cork, Galway, and Dublin, over the medium to longer term.

The new elective hospitals will focus on high volume, low complexity procedures, and a range of related diagnostic services, initially on a day-case only basis. They will provide coverage for 60-70% of the overall population, catering for up to 940,000 procedures annually (approx. 215,000 Day Case surgery & Minor Operation procedures, approx. 115,000 Endoscopy procedures, over 400,000 outpatient diagnostics and treatments, and almost 200,000 outpatient consultations) across the three centres. Day procedures offered in the first phase will include Gastrointestinal, Gynaecology, Ophthalmology, and Orthopaedics.

Individual Preliminary Business Cases for each location are at an advanced stage of development and are expected to be submitted to the Department of Health in early 2022. Subject to favourable reviews by the Department of Health and by the Department of Public Expenditure and Reform, these Preliminary Business Cases would be brought to Government for consideration and decision.

The individual business cases build on work carried out earlier in 2021. A Strategic Assessment Report was completed, reviewed by the Department of Public Expenditure and Reform and approved by the Department of Health in the first quarter of 2021. This set out the rationale for investment, the alignment of the programme with strategic requirements of Government, some initial options and potential costs, and the governance of the programme. A Programme Preliminary Business Case was in turn completed in 2021.

A site identification exercise in Dublin, Cork and Galway was also undertaken by the Elective Hospitals Oversight Group. The Group sought site submissions from the HSE, holders of other public land and private owners and this process will support finalisation of the Preliminary Business Case for each of the three locations.



Project 5 Implement a Multi-annual Waiting List Reduction Plan

In October 2021, a short-term Waiting List Action Plan (WLAP) for September to December 2021, was published by the Department in October 2021, to deliver immediate reductions in the acute hospital scheduled care waiting lists in line with targets agreed with the HSE and NTPF. Within this plan, formative work has also been undertaken on some elements of the longer-term reforms, such as improved and modernised care pathways, preparation for the introduction of maximum waiting time targets, and data and information. Rigorous oversight and governance arrangements were built into this action plan, and its implementation has provided insights which are informing how a longer-term approach might be structured.

Implementation of the WLAP for September to December 2021 was overseen by a senior governance group including the Secretary General of Department of Health and the CEOs of the HSE and NTPF.

- The short-term Waiting List Action Plan (September – December 2021) resulted in a 5.4% reduction in overall waiting lists from 760,700 to 720,056, which was in line with the target reduction
- There was positive improvement for both OPD and GI Scopes waiting lists, with GI Scopes greatly outperforming the target set for year end. The OPD waiting list reduced by 34,896, which is 3,633 ahead of target, while GI scopes saw the waiting list reduced by 5,491, well ahead of target
- There was also a stabilisation of the inpatient day case (IPDC) waiting list; however, the curtailment of elective activity, in line with increased unscheduled demand and COVID-19 levels, impacted the ability to deliver the amount of activity set out in the original plan. The IPDC waiting list was reduced by 257, which was 5,641 behind target

Progress Report cont.

Project 5 cont.

- This Action Plan also incorporated reform actions that will continue to be progressed as part of the 2022 Waiting List Action Plan (which in turns forms the basis of the longer term Multi-annual Waiting List Plan), including revised waiting list management protocols, improved pathways of care (37 priority care pathways across 16 specialties are on track for implementation in 2022), initial implementation of Sláintecare maximum waiting time targets, and improved data collection and information.

2022 Plan

The 2022 Waiting List Action Plan sets out actions to deliver further reductions in waiting lists, address backlogs, stem future growth, and continue laying the foundations for future reform actions. However, recognising that impacting waiting lists is a broad and complex issue, the 2022 Waiting List Action Plan will form the first year of a Multi-annual Waiting List Plan to be implemented through a programmatic approach. This new Multi-Annual Waiting Lists Reform Programme - currently under development by the Department of Health, HSE and NTPF - will bring waiting lists in line with Sláintecare targets over the coming years and deliver real and sustained system-wide reform. The existing senior governance group, including the Secretary General of the Department of Health and the CEOs of the HSE and NTPF, will continue to oversee delivery of the 2022 Waiting List Action Plan and will form the foundation for the new Task Force that will drive forward the Waiting Lists Reform Programme and the development of the Multi-annual Waiting List Plan.



Project 6 Implement the eHealth Programme

The Digital Community Oversight Governance Group was established in 2021 to set priorities and mobilise eHealth initiatives for the community healthcare setting. This is an important development as we try and enable more services to be delivered locally and reduce our reliance on acute hospitals. Community systems were particularly badly affected by the cyber-attack as it took longer than anticipated to restore these systems. There will be a concerted effort to mobilise solutions in this area in 2022 and beyond.

Progress on planned Sláintecare eHealth deliverables was negatively impacted by the need to prioritise eHealth solutions focussed on the pandemic and recovery from the cyber-attack that struck in May 2021. However, progress was made as follows:

- Electronic transfer of prescriptions, a solution that went live in the early months of the pandemic continued to deliver value through 2021 and will be a useful precursor to electronic prescribing in the longer term
- Increased use of teleconsultations will endure well beyond COVID-19, offering more options for the provision of care in the community and away from the acute hospital setting
- The recording of PPSNs and checking of photo ID to positively identify individuals as part of the national vaccination programme in 2021, provided a robust mechanism of allocating Individual Health Identifiers (IHIs) and subsequently issuing Digital COVID-19 Certificates (DCCs), to all those who got vaccinated. This forms an excellent basis for further deployments to GP systems, hospital Patient Appointment Systems (PAS) and the national maternity system in 2022
- Steady progress was made with the Health Performance Visualisation Platform (HPVP) Programme in 2021 and this programme should prove to be valuable in the context of integrated national waiting list management

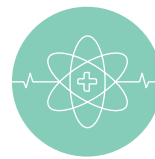
Electronic transfer of prescription, a solution that went live in the early months of the pandemic, continued to deliver value through 2021 and will be a useful precursor to electronic prescribing in the longer term. 2021 also saw increased use of video consultations with the **Attend Anywhere** solution deployed across many outpatient departments. We anticipate teleconsultations will endure well beyond COVID-19, offering more options for the provision of care in the community and away from the acute hospital setting. Development on the national Contact Track and Trace (CTT) System continued in 2021, responding to evolving needs of public health and contact tracing operations. A new National COVID-19 Vaccination system (Covax) was developed in early 2021 and formed the backbone of the national vaccination programme. Covax provided the primary mechanism by which people could self-register to get their vaccine in Ireland. Agile development techniques enabled Covax to respond to the emerging needs of the vaccination programme. Indeed, the complexity of the national vaccination programme resulted in over 40 sprints (code releases) by the end of 2021. EU Digital COVID-19 Certificates (DCCs) for everyone vaccinated in Ireland were issued in July 2021, as restrictions on international travel were lifted by the Irish Government. The COVID-19 Tracker app continued to be widely used and the inclusion of a wallet function to store DCCs proved very popular, with over 1.75 million active users as of December 2021.

There was steady progress with the **Health Performance Visualisation Platform (HPVP) Programme** in 2021. The primary contractor was engaged, robust governance was established, and the project commenced. Like many other programmes with a high reliance on IT, the project was impacted by the cyber-attack in May with critical staff being diverted to deal with recovering other systems and services. Nonetheless, options to minimise impact and get the programme back on schedule were engaged and good progress was made throughout the remainder of the year.

Research Hub for General Practice

Established in 2021 through support from Sláintecare, the Research Hub for General Practice is a collaboration between the Irish College of General Practitioners, HSE and Sláintecare, aiming to use data from Irish general practice as a key source to drive healthcare improvements nationally. Since its establishment, several key projects are progressing including analysis of HeartWatch, GP access to diagnostics,

daytime GP activity, medications and prescribing and out-of-hours care. Research includes collection and analysis of health and wellbeing data within primary care and the development of quality data and analysis. This in turn will inform policy development, population health profiling and service planning, drive clinical decision making to the benefit of healthcare provision to the public. The hub and its outputs are aligned with the principles of Sláintecare, the future vision for delivery of GP services and evidence-based models of integrated care supported by integrated care pathways.



Project 7 Remove private care from public hospitals - implement the Sláintecare Consultant Contract

The Sláintecare Consultant Contract is part of the wider transformative Sláintecare reform programme to move to a single-tier public hospital system delivering excellent timely care that attracts and retains the very best healthcare professionals to the public health system. The removal of private practice from public hospitals will free up public capacity and staffing which can be directed to reducing Ireland's lengthy public waiting lists, decreasing our unusually high public bed occupancy rates, and leading the move to timely universal healthcare based on clinical need, rather than ability to pay, which is at the heart of the Sláintecare vision.

During 2021, negotiation with relevant representative bodies on the new Sláintecare Consultant Contract got underway. The ambition with these talks was to find common ground on how to deliver on the Government's clear direction of travel for healthcare reform, which involves designing the entire system, for the first time, around the needs of the public patient. It was intended that these talks would conclude, and the contract would be introduced in 2021, however the engagement with representative bodies has not yet concluded.

Progress Report cont.

2.2 Reform Programme 2

Addressing Health Inequalities — towards Universal Healthcare



Project 1

Develop a Population Health Approach for Service Planning and Funding

Workstreams 1 - 5

Work has commenced on the establishment of a population-based approach to service planning and resource allocation. This approach seeks to bring together health-related data to learn more about our populations' health needs, so that we may more strategically prioritise resources. A method of population profiling has been developed which will help to identify the health and social care needs of the population. In turn, this will inform the development of a population-based resource allocation model. This will be used to help determine how resources are allocated during the annual Estimates and national service planning process. This represents a fundamental change in how we plan and allocate resources to health and social care services in Ireland, shifting the model from one of retrospective planning to a proactive model. It will also enable us to fund and resource the right kinds of services based on population need and not based on activity alone. Importantly, it will address health inequalities by ensuring that all areas of the population are appropriately represented in how we plan and fund services.

To date, a comprehensive literature review has been conducted to assess international implementations of population segmentation, and an appropriate method has been agreed upon. Preliminary data has been compiled and stakeholder engagement has commenced to validate the datasets. Once finalised, population segmentation analysis will be useful in the development of a population-based resource allocation funding model.

Population segmentation will also inform capital and workforce planning. Work on both of these workstreams has begun as well. Engagement on incorporating population segmentation elements into the forthcoming strategic healthcare infrastructure framework and strategic workforce planning framework has taken place and will continue in 2022.

Workstream 6 - Workforce Planning

In 2021, the Department of Health initiated a project to develop a Health and Social Care Workforce Planning Strategy and Planning Projection Model. This work is being undertaken with assistance from the Directorate-General for Structure Reform Support (DG Reform of the EU Commission) under the auspices of their Technical Support Instrument (TSI) which will provide the technical expertise to deliver on this ambitious project.

To inform the Workforce Planning Strategy, the project will develop a national level demand and supply model for the health and social care workforce which will contribute to capability within the Department of Health for strategic workforce planning and modelling into the future. This is a progressive and much needed step for Ireland to develop and support the delivery of healthcare in Ireland. The project will build on existing health and social care workforce planning projects to develop future health and social care workforce demand and supply planning projections at regional and national level. The project is in the initiation and planning phase and the service provider for the project was officially appointed in December 2021. The expectation is that the project will take 20 months to complete.



Project 2

Rollout Sláintecare Healthy Communities Programme

The Sláintecare Healthy Communities Programme was launched on the 20th of October 2021 by Minister for Health Stephen Donnelly TD and Minister for Public Health, Wellbeing and the National Drugs Strategy, Frank Feighan TD. The goal of the Healthy Communities Programme is to improve the long-term health and wellbeing of the people living in these communities. Nineteen areas have been included in the first phase of the programme on the basis of need, and in consultation with the local authority sector. The areas cover all Community Healthcare Organisations, are located within 14 local authorities, and align with existing Social Inclusion and Community Activation Programme (SICAP) areas.

The programme is being delivered across Government and in partnership with the HSE, local authorities, local communities, statutory, voluntary and community groups. Additional investment is funding new posts including staff working at community level to engage, support and coordinate activities in an effective manner. Dedicated health and wellbeing staff (across social prescribing, QUIT, Making Every Contact Count (MECC), etc.) have been recruited by the HSE and their local partner organisations. The recruitment of Local Development Officers in local authorities has been significantly advanced. Local authorities have been allocated seed funding for activities and an Enhancement Fund for investment into the built environment in each community. An evidence synthesis is being carried out by the Health Research Board that will feed into the refinement of the programme, as well as the development of an evaluation framework.



Project 3

Develop Regional Health Areas

Regional Health Areas (RHAs) are a key enabler to implementation of reform as envisioned by Sláintecare, entailing the alignment of hospital, community and primary healthcare services at a regional level, based on defined populations and their local needs. RHAs will be delivering on a core recommendation made by the Oireachtas Committee on the Future of Healthcare and will be key building blocks as we work towards the Sláintecare vision for an integrated health and social care service.

A Regional Health Areas Advisory Group has been established, chaired by Medical Council CEO. As work progresses to implement the six RHAs and align the integration of care, the members of the RHA Advisory Group will provide support and guidance to the Department of Health and HSE in relation to planning for this transition / implementation. A Business Case for the implementation of RHAs was drafted, as was directed by the Government via their decision in 2019. This will inform the enabling workstreams to be undertaken in 2022.

Progress Report cont.



Project 4 Implement Obesity Policy and Action Plan 2016-2025

The HSE Model of Care for the Management of Overweight and Obesity in children and adults was launched on World Obesity Day. This sets out how healthcare for children, young people and adults living with overweight and obesity in Ireland should be organised and resourced now and into the future. The Model of Care covers the whole spectrum of care for overweight and obesity, from prevention in the community, through primary and secondary care on to specialist treatment including surgery.

In May 2021, funding of €1.58m was announced to provide an additional 24 Lactation Consultants across hospital and community settings, that are required to implement the National Breastfeeding Action Plan and ensure timely skilled assistance for mothers who wish to breastfeed. It will also support enhanced training, skills and knowledge to frontline staff.

In December 2021, a Roadmap for Food Product Reformulation in Ireland was launched. The Roadmap, a 2021 action in the Healthy Ireland Strategic Action Plan 2021-2025, has been prepared by the Reformulation Sub-Group of the Obesity Policy Implementation Oversight Group, chaired by Professor Ivan Perry of UCC. The work of the group included a consultation process with the food and drinks industry. Foods that are high in fat, sugar and salt are overconsumed in Ireland and many other countries and contributes to high levels of non-communicable diseases including high blood pressure, Type 2 diabetes and obesity. The Roadmap sets targets for reductions in levels of salt, sugar, saturated fat and calories in processed food by 2025. A dedicated Reformulation Taskforce, funded by Healthy Ireland, has been established and situated in the Food Safety Authority of Ireland to oversee implementation of the Roadmap.

Citizen & Staff Engagement

The Sláintecare Implementation Advisory Council met regularly during 2021, up to October when the term of office of the Council ended.

Former Executive Director of Sláintecare, appeared before the Joint Oireachtas Committee on Health in June 2021 to brief members on the publication of the Sláintecare and Healthy Ireland strategies, while Minister for Health, and Secretary-General of the Department of Health appeared before the Committee in October to discuss the implementation of Sláintecare. Progress on Sláintecare and progress on individual projects was also discussed at a number of meetings of the Cabinet Committee on Health, chaired by An Taoiseach.

Building on the success of the Sláintecare 'Right Care, Right Place, Right Time' Webinar series which began in 2020, Sláintecare hosted a further nine webinars in 2021. To-date the live webinars have attracted 3,770 attendees which includes 2,489 unique attendees in addition to 3,163 views online. The webinars have showcased Sláintecare innovation that is taking place across the health and social care service, grouped in themes such as Chronic Disease Management, eHealth, Improving Access to Care, Health and Wellbeing, Enhanced Community Care, among others. These themes align with the fundamental principles of Sláintecare, ensuring that all care is planned and provided so that the patient/service user is paramount.

There has been continued stakeholder engagement in 2021 and attendance at key online healthcare seminars to provide updates on Sláintecare implementation e.g. RCSI Charter Day, Health Summit, RCSI Faculty of Nursing & Midwifery Conference.

Regular updates on Sláintecare implementation have been provided to healthcare staff through staff newsletters and social media channels.

Staffing

Since the COVID-19 pandemic began, the health service has been committed to ensuring sufficient staffing levels to meet both COVID-19-related and long-term healthcare demand. 2020 experienced the largest increase in staffing since the foundation of the HSE, and 2021 has had the second largest. An additional 6,150 WTE have been recruited across all service areas in 2021.

Increases have been seen across all staff categories in 2021. Nursing and Midwifery has increased by 1,660 WTE. There has been an increase of 1,192 Health and Social Care Professionals. An additional 352 WTE have been hired in the Medical and Dental category, with 150 of these WTE at Consultant level.

Patient Safety

Patient Safety and Quality initiatives are enablers for safe, high-quality care and can contribute to good care experiences for patients and families across all care settings and support the delivery of the Sláintecare objectives.

Funding was provided from the Sláintecare Integration Innovation Funds Round 2 to support the establishment of the HSE National Centre for Clinical Audit. This is an important advance to further develop and support best practice in clinical audit in Ireland.

In 2021, two National Clinical Guidelines were published: National Clinical Guideline No. 26 Sepsis Management for Adults (including maternity) and National Clinical Guideline No. 27 Chronic Obstructive Airways Disease.

The Patient Safety (Notifiable Patient Safety Incidents) Bill 2019 is a key piece of Health legislation, designed to further embed Patient Safety and Quality initiatives in the health sector. In addition to addressing mandatory open disclosure of serious patient safety incidents, it will also provide for a number of other important patient safety concerns, including in relation to mandatory reporting of serious incidents to an appropriate regulatory body such as HIQA and the Mental Health Commission. Drafting of the Bill progressed in 2021 and it is anticipated that the Bill will be taken at Committee stage in the Dáil in Q1, 2022.

Work is also underway in the Department of Health on an Open Disclosure Framework for the Health sector, to embed a culture of open disclosure across the entirety of the health service. It is imperative that a culture prevails where patients are treated the way that they would most like when things go wrong, that they receive a sincere and genuine apology, are afforded the opportunity to understand what has happened, and can be sure that what happened to them will not happen to other patients. The Independent Patient Safety Council made recommendations to the Minister for Health in 2021 in relation to the development of a national policy framework regarding open disclosure in healthcare in Ireland. Drafting of this framework took place in 2021 and following further consultation with stakeholders, it is intended that this framework will be published in 2022.

Ireland's second One Health National Action Plan on Antimicrobial Resistance 2021-2025 (iNAP2) was published on 18th November 2021. It has 90 human health actions and 15 actions agreed across the One Health sectors (human health, animal health and the environment). It was submitted to both the WHO and EU Commission. The HSE Antimicrobial Resistance & Infection Control (AMRIC) Action Plan 2022-2025 which is aligned to the human health actions in iNAP2, was published in tandem on the same date. Implementation of both plans is underway.

In 2021, developmental work was progressed by the National Care Experience Programme on three new care experience surveys covering maternity bereavement care, end of life care and nursing homes.

03



Implementation focus for 2022

As we emerge and recover from the wide-ranging impact of the COVID-19 pandemic, the implementation of Sláintecare will continue to be fully embedded across the Department of Health and the HSE.

In particular, in 2022 we will continue to increase access to care and build capacity, including critical care and acute beds as well as progressing the elective hospitals programme. Alongside agreeing and rolling out the new Sláintecare consultant contract, we will aim to develop a strategic workforce plan, improve existing recruitment processes and meet our Budget 2022 recruitment targets. We will continue to progress plans to introduce Regional Health Areas.

The Sláintecare 2022 Action Plan is being finalised, which will set out the ongoing reform priorities aligned with the Sláintecare Implementation Strategy & Action Plan 2021-2023, the priorities set out in the Programme for Government, the Department of Health priorities and the HSE's National Service plan 2022.

There will be an ongoing focus on the quality and affordability of healthcare focusing on the continued implementation of clinical strategies and on delivering on the eligibility commitments in Budget 2022. Updated plans and deliverables to accelerate implementation will be published in the near future.

Early progress made on reducing inpatient waiting lists and initiatives to tackle outpatients were impacted and delayed by the ongoing COVID-19 pandemic and the major cyber-attack on the health system in May 2021. The Department is currently working with the HSE and NTPF to finalise a Multi-annual Waiting List Action Plan to deliver the system-wide reform necessary to deal with the broad and complex issues affecting waiting lists. We will focus on waiting lists, rolling out a new targeted approach and identify and target high-priority areas.

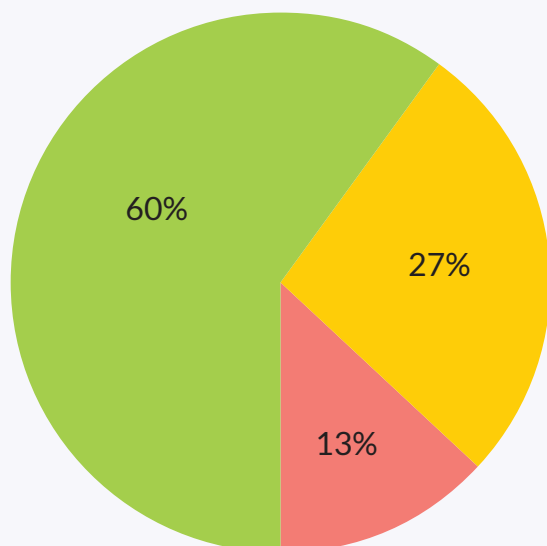
Appendix 1

Deliverables Status by Project for 2021

Sláintecare Implementation Strategy & Action Plan 2021 – 2023 – Implementation status for 2021

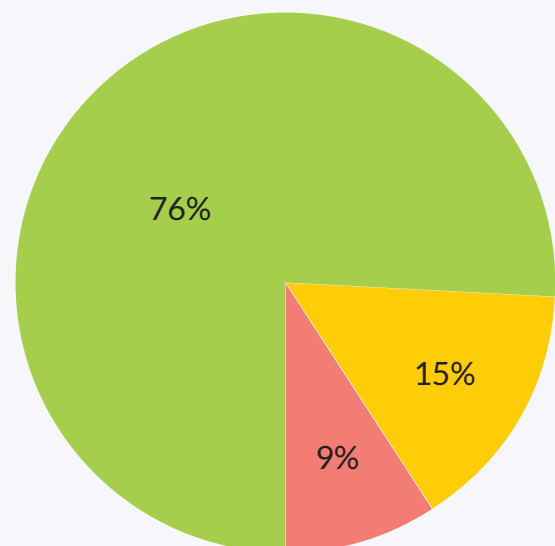
There were a total of 228 deliverables, for 2021, in the published Sláintecare Implementation Strategy & Action Plan 2021 – 2023. These deliverables were spread over two Reform programmes and 11 projects. The year-end status of the 2021 deliverables is shown **below**:

Sláintecare Reform Programme 1 Q1 – Q4 2021 RAG Status:



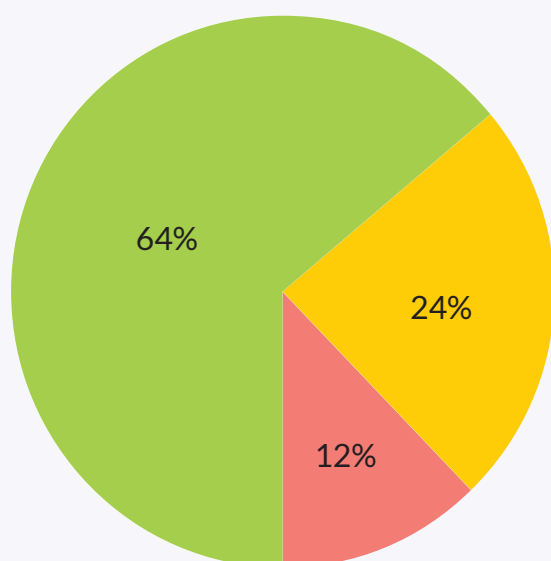
● On Track	105	60%
● Minor Challenge	46	27%
● Significant Challenge	23	13%

Sláintecare Reform Programme 2 Q1 – Q4 2021 RAG Status:



● On Track	41	76%
● Minor Challenge	8	15%
● Significant Challenge	5	9%

Reform PRG1 & PRG2 2021 Status



	Number of Deliverables	%
On Track	146	64.0%
Minor Challenge	54	23.7%
Significant Challenge	28	12.3%
Total	228	

Key Highlights:

200 deliverables (87.7%) are on track or have progressed with minor challenges.

28 deliverables (12.3%) are progressing with significant challenges.

The table above sets out progress on all **228 Sláintecare deliverables** during 2021 and follows on from the Sláintecare Jan to June 2021 progress report published in September 2021.

Appendix 1 cont.

2021 Deliverables Progress Report

Reform Programme 1: Improving Safe, Timely Access to Care and Promoting Health & Wellbeing

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
 <p>Project 1 Implement Health Service Capacity Review (HCR 2018)</p>	Q1	Progress Healthy Age Friendly Homes Programme	On Track	Criteria agreed for site selection, with 9 local authorities included. Target agreed of 4,500 home assessments over 2-year period of programme (5 referrals per week per site). Service-level Agreement between Meath County Council/Age Friendly Ireland and DoH/Sláintecare signed. Interviews completed and panels formed for 9 local co-ordinator posts and 1 national manager. Initial stakeholder engagement commenced with HSE, Dept of Housing and local authorities.
<p>Project 1 Workstream 1 Healthy Living Q1 + Q2</p>	Q1	Finalise Healthy Ireland 5-year Strategic Action Plan (HI Plan)	On Track	The Healthy Ireland 5-year Strategic Action Plan was finalised and will be published in quarter 2.
	Q1	Continue Resilience Campaign with government and agency partners	On Track	The Keep Well Campaign was very well supported by HI and partners, and is now drawing to a close following the March 2021 end date.
	Q1	Consider metrics to monitor progress (of Healthy Living) in line with Health Service Capacity Review (2018) targets	On Track	Sláintecare procured a Reform Overview as part of the Department of Health/HSE Service Planning process, by commissioning the co-authors of the Health Service Capacity Review (2018), PA Consulting Services Ltd., to report on suggested KPIs for tracking the key benefits as set out in the Health Capacity Review. This report was completed in March 2021.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 1 Healthy Living Q1 + Q2	Q1	Progress key 'prevention' initiatives in line with HSE National Service Plan (NSP) 2021	On Track	Continued to work with HSE on physical activity, social prescribing, sexual health, obesity, Healthy Cities and Counties, HEAL, MECC and a wide variety of other initiatives.
	Q1	Progress development of new settings-based approaches to healthy behaviours	On Track	Settings-based approaches incorporating Healthy Workplaces and the expansion of Healthy Clubs progressed. Reviewed the evidence for settings-based approaches to support health behaviour change.
	Q2	Publish Healthy Ireland 5-year Strategic Action Plan (HI Plan) and rollout Implementation Plan	On Track	The Healthy Ireland Strategic Action Plan was published on Tuesday 11 May 2021 following government approval.
	Q2	Launch Social Prescribing Policy and projects	On Track	The HSE Social Prescribing Framework was launched on 15 July 2021. Engagement with HSE is ongoing.
	Q2	Establish Healthy Campuses Advisory Group and agree seed funding	On Track	Healthy Campus Framework launched.
	Q2	Develop HI Campaigns programme	On Track	The Keep Well Campaign concluded successfully, and future campaigns are being developed including for Obesity.
	Q2	Agree priorities for Healthy Ireland Fund investment	On Track	Priorities for Healthy Ireland (HI) Fund support multiple projects at local level and a number at national level, including HI at your library, Sport Ireland participation, Amenities Database, Active School Flag and many more.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 1 Healthy Living Q1 + Q2	Q2	Implement key 'prevention' initiatives in line with HI Plan and NSP 2021	On Track	Implementation of key prevention initiatives including the National Physical Activity Plan (NPAP) and Obesity Policy and Action Plan (OPAP) continued, with cross disciplinary Implementation Groups meeting regularly. Recent progress reports are available on the Healthy Ireland website.
	Q2	Work with HSE on restoration of Sexual Health services impacted by COVID-19	On Track	Services are largely restored apart from necessary limits to clinic capacity as a result of social distancing requirements. Engagement with HSE ongoing; re-opening will be in line with public health restrictions and HSE Safe Return to Work protocols.
	Q2	Work with Government to support smoking cessation initiatives targeted at disadvantaged groups	On Track	HSE continuing with a number of programmes, including QUIT.
	Q2	Support the development of a communications strategy to improve public understanding, trust and uptake of screening	On Track	A range of stakeholder engagement opportunities were identified and delivered, including engagement with media and political system on various screening issues and publication of first annual report of the National Screening Advisory Committee, as well as delivery by NSS of public awareness campaigns on the HPV test in cervical cancer screening and BowelScreen awareness.
	Q2	Support implementation of 'Sharing the Vision' in line with NSP 2021	On Track	Work commenced on an Evidence Review to inform the Mental Health Promotion Plan. Progressed the development of the Mental Health Promotion Action Plan. Mental Health module included in the Healthy Ireland Survey, due to be published in Q3, 2021. Work on physical activity, Keep Well and social prescribing and many other Healthy Ireland projects are supporting positive mental health.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Project 1 Workstream 1 Healthy Living Q3 + Q4	Q3	Launch Healthy Campus Framework and engage with Higher Education Institutions (HEIs)	On Track	The Healthy Ireland Framework was launched and engagement initiated with HEI in relation to allocation of seed funding for institutions. Recruitment process for National Coordinator commenced and TOR for Advisory Group drafted.
	Q3	Progress Healthy Age Friendly Homes Programme	On Track	Recruitment of 9 local co-ordinators and 1 national manager completed with staff in place from May 2021. The Healthy Age Friendly Homes programme was officially launched in 9 local authorities by Minister Burke and Minister Butler on 13 Jul 2021. To date, 600 referrals have been received and 305 home assessments carried out. 715 actions and supports have been provided to people ranging from health, housing, technology, and community to better support and enable them to live longer and healthier lives in their own homes.
	Q3	Develop implementation plan for Period Poverty Report	On Track	The first meeting of the InterDepartmental Period Poverty Implementation Group was held in July and further bilateral meetings ongoing. Business case submitted as part of estimates to rollout a Period Poverty pilot programme in 2022.
	Q3	Implement key 'prevention' initiatives in line with NSP 2021	On Track	Implementation of the National Physical Activity Plan, National Sexual Health Strategy, Obesity Policy and Action Plan, Healthy Ireland Strategic Action Plan is progressing and ongoing.
	Q3	Prioritise NSP 2022 prevention initiatives	On Track	Estimates bids with detailed business case were submitted for estimates 2022.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 1 Healthy Living Q3 + Q4	Q3	Continue settings-based information and national prevention campaigns	On Track	This is progressing with the implementation of Healthy Ireland and Sport Ireland 'Let's Get Back' campaign. 'Off the couch' citizen engagement campaign is currently in development.
	Q3	Refresh Healthy Ireland Alcohol policy to reduce harm and support recovery	On Track	The implementation of the Public Health Alcohol Act is ongoing.
	Q3	Rollout initiatives to implement 'Sharing the Vision'	On Track	RFT's have been awarded to complete an Evidence Synthesis and a stakeholder consultation process to inform the development of the National Mental Health Promotion Plan.
	Q3	Develop a plan aimed at tackling loneliness and isolation, particularly among older people, as outlined in the Roadmap for Social Inclusion	Significant Challenge	The Mental Health Unit is currently engaging intra-departmental in relation to the Loneliness Task Force. HSE recently launched the Social Prescribing Framework. Estimate bid submitted for mainstreaming of social prescribing within the HSE once the SIF funding ceases on 31/12/2021. Meeting to be held with Mental Health Unit in Q 1 2022 to decide on how best to proceed with developing a plan and engaging with Loneliness Task Force and the fact there is no Departmental membership on that group.
	Q3	Work with local authorities to develop appropriate oversight of Healthy Ireland funded initiatives that will inform funding decisions at local and national level	On Track	<p>Planning for Healthy Ireland Fund Round #4 is underway in conjunction with key stakeholders. Engagement with Local Community Development Committee Chief Officers at Regional assembly meetings is ongoing. Monthly meetings with Healthy County Coordinators is also underway.</p> <p>An outline for the 4th round of the HI Fund has been produced. Discussions with Pobal and key stakeholders on the design of Round 4 is underway, including workshops with HI Coordinators. A process to standardise the role of the Healthy Ireland Coordinator within local authorities is to commence shortly.</p>

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 1 Healthy Living Q3 + Q4	Q4	Launch Healthy Workplace Framework and Website to support workplaces	On Track	Framework was launched on 15th December with a recorded address by Min Feighan. Website tender documents finalised and expect to be sent to prospective suppliers early 2022.
	Q4	Complete new National Sexual Health Policy	Significant Challenge	Stakeholder feedback sessions complete, external reviewers to be recruited in 2022. The work is to be completed in 2022.
	Q4	Implement key 'prevention' initiatives in line with HI Plan and NSP 2021	On Track	Prevention initiatives under the Healthy Ireland Strategic Action Plan were completed.
	Q4	Launch expanded Healthy Clubs Programme	On Track	Selection process completed and new clubs notified.
	Q4	Conclude NSP 2022 prioritisation	On Track	NSP finalisation agreed with Health & Wellbeing counterpart in HSE.
	Q4	Continue settings-based information and national prevention campaigns	On Track	Healthy Ireland and Sport Ireland jointly rolled out the 'Let's Get Back' campaign in Q3. Separately, Healthy Ireland designed the 'Let's Get Set' citizen engagement campaign that was run in Q4.
	Q4	Complete review of the Physical Activity Plan and set out monitoring and oversight of implementation aligned to the Outcomes Framework	On Track	An OGP/eTenders process to recruit external reviewers for the NPAP is complete; external reviewers are commencing work in early 2022.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 1 Healthy Living Q3 + Q4	Q4	Engage with sports partners and stakeholders on the rollout of the Physical Activity Plan	On Track	Stakeholder feedback meetings regarding progress made on the first NPAP have also been held successfully, feedback has been collated for review.
	Q4	Engagement with Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media (DTCAGSM) in the ongoing implementation of the Creative Ireland Programme	On Track	Addendum to MOU with DTCAGSM being finalised to give effect to RENEW Projects for 2022.
	Q4	Support TACU in the Department to implement the Public Health (Alcohol) Act commitment to introducing minimum unit pricing (MUP) in consultation with Northern Ireland	On Track	Support provided as requested. MUP came into effect on 4 January 2022.
	Q4	Support the DoE to establish a new Primary School Healthy Eating education programme building on a range of current initiatives to support healthy eating education	On Track	Meetings with DoE taken place and assured of DoH support. Mapping exercise of food in schools initiatives completed.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 1 Healthy Living Q3 + Q4	Q4	Implement communications strategy to improve public understanding, trust and uptake of screening	On Track	Continue to collaborate with stakeholders on communications and stakeholder engagement to improve public understanding, trust and uptake of population-based screening. A key element of this deliverable in Q4 2021 was the launch of the first NSAC Annual Call for new population-based screening programmes or changes to existing programmes. The Annual Call is aimed at the public and extensive work was done to make the process easily understood and accessible to the public. The NSS continued to deliver public awareness campaigns, with a particular focus on Breast Cancer awareness month in October 2021.
	Q4	Engage and support the work of the Women's Health Taskforce (WHT)	On Track	The WHT Physical Activity initiative for women over 40, to be run in collaboration with Sport Ireland, has been approved and funded. Input provided into the development of the WHT Action Plan. Funding secured in Budget 2022 in relation to provision of free contraception for women aged 17-25 and for pilot projects to address period poverty.
Project 1 Workstream 2 Enhanced Community Care (ECC) Q1 + Q2	Q1	Initiate rollout of additional community bed capacity in line with NSP and Budget 2021	On Track	As at end Q1, 666 additional community beds (including rehabilitation beds) were in place versus the 1,104 planned. The level implemented reflects reduced demand and reduced occupancy.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 2 Enhanced Community Care (ECC) Q1 + Q2	Q1	Commence implementation of ECC programmes, including rollout of 57 Community Healthcare Networks (CHN), 18 Specialist Hubs, Integrated Care Programmes for Older People and Chronic Disease Management (ICPOP & CDM), Community Intervention Teams (CIT), Ambulance See & Treat, and Virtual Wards	Minor Challenge	<p>The rollout of the ECC programme commenced but progress was impacted due to COVID-19 with staff being redeployed to deal with the impacts of the pandemic at community level (contact tracing, vaccination programme etc). 18 of 18 ICPOP teams were partially completed; ICPCDM teams remained to be initiated. CIT - Recruitment of the required 5 new CITs was progressed and 3 were enhanced with teams reporting on activity.</p> <p>Ambulance See & Treat community initiatives have progressed in Q1 with a view to reducing hospital attendance and improving patient experiences.</p>
	Q1	Continue rollout of GP Structured Chronic Disease Management Programme	On Track	The Modified CDM Programme continued in 2021, in line with the rollout of the CDM Treatment Programme to eligible patient cohorts, with the extension of both programmes to all eligible patients aged 65 years and over. The Opportunistic Case Finding and Preventive Treatment components of the CDM Programme commenced for eligible patients over 75.
	Q1	Rollout expansion of community diagnostic provision	On Track	Increased GP access to radiology services went live with 5 private providers on the 18th of January 2021. 15,647 (of 27,264) radiology scans of various modalities were reported as complete from the 18th of January to 31st of March. Plans are underway to provide additional access later in 2021 to Chronic Disease diagnostics for Echocardiogram, Spirometry and NT proBNP blood test.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 2 Enhanced Community Care (ECC) Q1 + Q2	Q1	Advance development of statutory home support scheme	On Track	Scope of pilot agreed. Evaluation framework progressing.
	Q1	Rollout increased home supports	Minor Challenge	Substantial rollout of home supports was impacted due to COVID-19 challenges at community level.
	Q1	Support implementation of 'Sharing the Vision' in line with NSP 2021	On Track	<p>The National Implementation Monitoring Committee was established with strong service user and voluntary and community sector representation to oversee the implementation of the recommendations in the Sharing the Vision policy and to monitor progress. A HSE Implementation Group is in place with Specialist Groups being established to support the implementation.</p> <p>Key developments in Q1 include:</p> <ul style="list-style-type: none"> • Launch of Model of Care for Talk Therapies and site locations determined • Launch of the 'You are not alone', the new National Suicide Bereavement Support Guide • Mental Health Engagement and Recovery consultation on the Mental Health Act • Crisis Supports - Suicide: Funding for an additional 12 Clinical Nurse Specialist posts released with recruitment underway • Pre development work in process for initiation of pilot sites (CAMHs hubs and Crisis Services)
	Q1	Consider metrics to monitor progress (of ECC) in line with Health Service Capacity Review (2018) targets	On Track	Sláintecare procured a Reform Overview as part of the Department of Health/HSE Service Planning process to report on suggested KPIs for tracking the key benefits as set out in the Health Capacity Review. This report was completed in March 2021.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 2 Enhanced Community Care (ECC) Q1 + Q2	Q1	Continue to progress the implementation of the COVID-19 Nursing Homes Expert Panel recommendations	On Track	Progress on the implementation of the Expert Panel recommendations continues across all recommendations with immediate actions requiring ongoing operationalisation in response to the pandemic, while progress is also being made on the extensive development work required for the longer-term strategic reform recommendations.
	Q2	Continue implementation of ECC programmes – including rollout of Hubs, ICPOP, CDM and GP CDM contract	Minor Challenge	Timing of the rollout has been delayed due to the significant impacts of the COVID-19 surge and the impacts of the cyber-attack on the recruitment of new staff. However, enabling works have been progressed in relation to supporting the ECC programme, including estates, ICT, recruitment, governance and integration. Good progress has been made in establishing governance structures across community and hospital groups. Recruitment is now progressing with the expectation that a large number of posts will be filled in Q3 and Q4, and Q1 2022. GP leads are in place for each of the learning sites, with significant clinical support at hospital, community and clinical care programme level.
	Q2	Continue roll-out of community diagnostic provision	On Track	Significant progress has been made on the roll out of the community diagnostics programme. Given the cyber-attack, eligibility has been expanded to all patients and is open to hospital referrals. As the initiative is expanded into its second phase, the Echocardiogram and Spirometry service have been successfully progressed. Approval has been obtained to provide GPs access to BNP blood tests via hospital laboratory services, and the provision of these tests will also commence shortly.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 2 Enhanced Community Care (ECC) Q1 + Q2	Q2	Continue development of statutory home support scheme	On Track	Work is on-going to determine the optimal approach to the development of the new scheme. This work encompasses the development of the regulatory framework for the new scheme; the examination of the options for the financing model for the scheme; and the development of a reformed model of service-delivery.
	Q2	Continue rollout of increased home supports	Minor Challenge	There are an additional 5 million home support hours in 2021. Rollout of home supports has been impacted due to COVID-19.
	Q2	Develop suite of metrics to monitor implementation of 'Sharing the Vision'	On Track	First quarterly report is due for the National Implementation Monitoring Committee in Q3 2021
	Q2	Rollout falls prevention teams at multi-network level and CHOs, aligned with ICPOP hubs	Minor Challenge	Falls care pathways still under development
	Q2	Commence the first phase of the rollout of the National Patient Advocacy Service to the community to include HSE operated nursing homes	On Track	The Patient Advocacy Service commenced a complaints service for residents of HSE-operated nursing homes and nursing homes operated under section 38 of the Health Act 2004 in June 2021.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 2 Enhanced Community Care (ECC) Q1 + Q2	Q2	Undertake consultation on Phase 1 of nursing homes regulatory enhancements	On Track	The development of proposals for the regulatory enhancements is ongoing through the established bilateral regulatory project group. It is expected that high-level proposals will be referred to the COVID-19 Nursing Homes Expert Panel Implementation Oversight Team and the stakeholder Reference Group for consultation.
	Q2	Progress rollout of InterRAI care needs assessment and commence supporting policy development	On Track	<p>Funding of €9 million has been made available in 2021 to progress the roll out of InterRAI as the standard assessment tool for care needs in the community, including the recruitment of 136 WTEs.</p> <p>Scoping work has commenced on the necessary policy and protocols to further support the rollout of InterRAI. This work will develop alongside the rollout.</p>
	Q2	Commence scoping work on older persons clinical governance and nursing homes resident safety model/outcomes policies	On Track	A scoping paper on the Development of a Clinical Governance Model for Older Person Care in the Community and Residential Care Settings has been drafted. Initial scoping work on the resident safety model/outcomes policies has commenced.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Project 1 Workstream 2 Enhanced Community Care (ECC) Q3 + Q4	Q3	Continue implementation of ECC programmes - rollout of Hubs, ICPOP, CDM and GP CDM contract	Minor Challenge	<p>At end of Q3 38 CHNs were established, with Network Manager, Assistant Director of Nursing in place and GP Lead at an advanced stage of recruitment. This has enabled these teams to mobilise with increasing levels of team capability as additional nursing and HSCPs appointed. An accelerated recruitment plan remains in place with dedicated service and HR support to CHO's to assist in the delivery of the ECC programme.</p> <p>To date over 85% of GPs in Ireland have registered to provide the CDM programme. In response to COVID-19 a combination of teleconsultations and in-surgery visits were used that resulted in an increase in the number of patients benefiting from the Programme in 2020/21. From January 2022, all GMS adults over 18 years will be included in the treatment programme. The CDM programme recently received an international (UN) award for developing a structured illness and preventative care programme in general practice.</p> <p>At end of Q3 2021, there were 15 ICPOP and 2 CDM teams established with 50% of full team complement including operational lead and consultant geriatrician/clinical lead.</p>
	Q3	Continue community diagnostic provision	On Track	85,317 Community diagnostic services e.g. Ultrasound, MRI,CT, DEXA and X-Ray Scans which is a demand led service were delivered at the end of Q3 2021. 136,000 community diagnostics are planned to be delivered in 2021.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 2 Enhanced Community Care (ECC) Q3 + Q4	Q3	Commence implementation and evaluation of reformed home support delivery model	Significant Challenge	<p>Mobilisation of home support pilot sites on track for 2021 target. HSE target to have 38 InterRAI assessors in place by 2021 further revised - recruitment for InterRAI assessors expected to commence in Q4 2021 to have 128 assessors recruited and in place in 2022.</p> <p>Pilot evaluation framework developed. Evaluation to commence with pilot kick off in late September or early October. Target completion date was previously December 2021, now moved to June 2022.</p>
	Q3	Continue rollout and evaluation of increased home supports	Minor Challenge	Roll out of home supports has been impacted due to COVID-19.
	Q3	Introduce agreed metrics to monitor and evaluate progress in implementing 'Sharing the Vision'	On Track	<p>Interim quarterly reporting to progress the implementation of 'Sharing the Vision' is in place for Q3 and Q4 2021.</p> <p>The Implementation Plan and Integrated Implementation Monitoring are in development for roll out in Q1 2022.</p>
	Q3	Continue rollout of falls prevention teams at multi-network level and CHO, aligned with ICPOP hubs	Minor Challenge	The ICPOP teams have included the development of a standardised Falls pathways as part of the work of all 30 ICPOP Community Specialist Teams being recruited and implemented. This is being addressed through Local ECC Implementation Workstreams-Older Persons. A Liaison Function with all 96 CHNs is in development and is included as part of local implementation to focus on addressing falls.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 2 Enhanced Community Care (ECC) Q3 + Q4	Q3	Subject to Government approval, publish draft Heads of Bill to provide interim enhancements to oversight and regulation of nursing homes	Minor Challenge	Developmental work on legislative proposals is continuing. Through the COVID-19 Nursing Homes Expert Panel implementation structures, a consultation phase with stakeholder groups is ongoing.
	Q4	Complete rollout of additional community bed capacity in line with plan	Minor Challenge	A total of 837 community beds have been delivered in 2020/21, against the original plan of 1,250.
	Q4	CHNs – complete rollout and review implementation progress of 57 CHNs	Minor Challenge	49 CHNs, 15 ICPOP teams were partially completed; 2 ICPCDM teams established. National coverage of Community Intervention Teams (CITs) completed with the creation of 5 new teams and 3 enhanced teams, which now means there are 21 operational CITs nationally. At the end of Q4, 84 of the 96 CHNs (87.5%) Network Managers in place or at an advanced stage of recruitment. 85.4% of Assistant Directors of Nursing Leads and 32% of GP leads in place or at an advanced stage of recruitment together with 25% of additional core CHN staff. Significant improvements in recruitment was achieved in late Q4.
	Q4	Review implementation of a population needs and stratification approach to service delivery via the CHNs	Minor Challenge	CHN leads are developing local Population Health Profile, (supported by Health Intelligence), to highlight the current health of a Network population and the services available. They will use this to focus on the health needs of the Network population, to highlight specific areas of service development that require attention, and to develop a strategy for service delivery in each Network over the next year in 2022. Dependant on recruitment of network leadership roles.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 2 Enhanced Community Care (ECC) Q3 + Q4	Q4	ICPOP & CDM – complete development of 30 Community Specialist Teams for older persons and chronic disease management to support 6 Acute Hospital Groups	Minor Challenge	A total of 15 Community Specialist Teams for Older Persons and 2 for Chronic Disease Management have been established. A total of 26 of 30 ICPOP Operational leads and 17 of 30 ICPCDM operational leads are in place or at an advanced stage of recruitment at year end 2021, together with 25% of additional core Community Specialist Team staff. There will be access to a Consultant which will enable these teams to mobilise with increasing levels of team capability as additional nursing and HSCPs appointed in 2022.
	Q4	Continue implementation of the 2019 GP Agreement including the structured programme for chronic disease management and prevention	On Track	While roll out of CDM Programme has been impacted by pandemic since March 2020 considerable progress has been achieved. Over 85% of eligible GP's are enrolled in the GP Agreement for CDM to date. In 2020, an estimated 115,000 patients were registered on the programme, and GPs and practice nurses undertook over 126,000 consultations for people aged over 70 years. From Jan-Dec 2021, 68,024 patients have been registered and 219,752 consultations have been provided. In 2021 Phase 2 was implemented-CDM Treatment programme aged 65yrs and over and the Modified CDM delivery option for people aged 65 yrs. Also Opportunistic Case Finding (OCF) and Prevention Programme (PP) introduced for over 75s. Planning for the next phase of the CDM Programme in 2022 has commenced. This phase involves the roll out of the Treatment programme to people aged 18yrs and over (including modified CDM). The extension of both the OCF and the PP for people aged 65yrs and over.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 2 Enhanced Community Care (ECC) Q3 + Q4	Q4	Expand Community diagnostic provision in line with plan	On Track	<p>Throughout 2021, significant progress was made with a nationwide GP Access to Diagnostics programme, through the allocation of €25m in funding to provide a structured programme which facilitates direct referral by GPs to diagnostics services for their patients. This structured pathway for GPs to directly access diagnostic tests, X-Ray, CT, MRI and DEXA scans, enables a greater level of care to be delivered in the community, supporting patient-centred care, early diagnosis, and early intervention.</p> <p>138,386 radiology tests of various modalities were reported as completed through this initiative in 2021 and continued funding has been allocated to ensure the continuation of this initiative throughout 2022. The potential to further enhance this initiative to provide additional access for GPs to further diagnostics including Echocardiography, has been identified, with work ongoing.</p>
	Q4	Continue implementation and evaluation of reformed home support delivery model	Minor Challenge	<p>Testing of a reformed model of service delivery for home-support commenced in November in East Westmeath, which is the first of the four pilot sites.</p> <ul style="list-style-type: none"> • The three other sites are expected to be operational by January 2022 • Recruitment of 128 InterRAI Care Needs Facilitator posts to progress the national rollout of InterRAI as the standard assessment tool for care-needs has been approved

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 2 Enhanced Community Care (ECC) Q3 + Q4	Q4	Rollout increased home care supports	Minor Challenge	<p>Preliminary data shows that about 20.5 million hours of home support had been provided in 2021 and there were over 55,000 people receiving the service. This is about 2.9 million more hours compared to the same period in 2020.</p> <ul style="list-style-type: none"> • Despite capacity challenges overall service delivery has increased by approximately 17% year on year • The additional funding to provide 5 million more hours in 2021 has been maintained for 2022 • In addition, the proportion of new home support hours that will be ring-fenced for people with dementia will more than double from 5% in 2021 to 11% in 2022
	Q4	Implement 'Sharing the Vision' in line with Plan	On Track	Sharing the Vision Status Report Q3 published. Sharing the Vision Implementation Plan (2022-2024) at advanced stage of development for publication in Q1 2022. Implementation and Implementation Monitoring structures in place or in process of being established.
	Q4	Continue rollout of falls prevention teams at multi-network level and CHO, aligned with ICPOP hubs	On Track	The ICPOP teams have included the development of a standardised Falls pathways as part of the work of all 30 ICPOP Community Specialist Teams being recruited and implemented. Falls pathways feature in all local ICPOP governance meetings where the 30 teams are being established. Planned developments for 2022 include: the newly developed falls pathway as part of a pathways toolkit will be piloted in Q2, 2022. Planned 9 Falls Coordinator posts funded in NSP 2022 will be advertised in Feb 2022 to support this work.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 2 Enhanced Community Care (ECC) Q3 + Q4	Q4	Further develop community midwifery services and provide more choice to women with regard to the maternity care they receive	On Track	Work is ongoing to develop community midwifery services and increase choice to women with the recruitment of Advanced and Community midwives to implement the supported care pathway of the National Maternity Strategy (2016-2026).
	Q4	Continue rollout of new models of care for maternity and ambulatory gynaecology	On Track	<p>Work is progressing in relation to the rollout of recruitment, refurbishment and equipping of additional ambulatory gynaecology clinics as part of the Model of Care for Ambulatory Gynaecology and the final two Regional Fertility Hubs to complete Phase One of the Model of Care for Infertility.</p> <p>Work continues to implement the model of care for maternity through the recruitment of additional clinical specialists in the areas of obstetrics, endocrinology, perinatal pathology, neonatology and perineal services. Clinical midwifery specialists have been recruited in 2021 to deliver specialist services, including breastfeeding, perinatal mental health, diabetes, neonatal and bereavement care.</p>

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 2 Enhanced Community Care (ECC) Q3 + Q4	Q4	Progress the National Cancer Information System (NCIS) in line with Plan	Minor Challenge	<p>The National Cancer Information System (NCIS) is being implemented, with both St James's Hospital and Beaumont Hospital reaching their go-live milestones in December 2021. It has gone live in St. Luke's Hospital Rathgar, University Hospital Galway and Mayo University Hospital. While COVID-19 and the cyber-attack have impacted the progress of the rollout, the NCIS project has been initiated in the following sites and implementation will be progressed in 2022:</p> <ul style="list-style-type: none"> • CHI Crumlin; • St. Vincent's University Hospital; • Cork University Hospital; • Midlands Regional Hospital, Tullamore; • University Hospital Kerry; • Mercy University Hospital; • Letterkenny University Hospital; • South Infirmar-y-Victoria University Hospital; and • Portiuncula University Hospital.
	Q4	Continue rollout of National Patient Advocacy Service (PAS) to HSE operated nursing homes	On Track	Roll-out of PAS services to HSE operated nursing homes commenced in June 2021 and continues on a phased basis.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 2 Enhanced Community Care (ECC) Q3 + Q4	Q4	Consider the incorporation of COVID-19 Nursing Homes Expert Panel strategic reform recommendations into wider older persons reform processes	On Track	Consideration of the extensive recommendations of the COVID-19 Nursing Homes Expert Panel report is ongoing. A number of processes have been established to continue to progress key recommendations in the longer-term. In addition, the Department convened a joint implementation oversight team and stakeholder reference group workshop on 1st December 2021 to further consider key issues in this regard. A final progress report on implementation will be published in Q1 2022 which will, where appropriate, describe the mainstreaming of implementation of longer-term reform into Departmental and Agency processes.
	Q4	Complete development of draft care needs assessment policy for older persons	Minor Challenge	<p>The development of this policy will be progressed on an iterative basis alongside the testing of the rollout of the InterRAI care needs assessment tool and associated operational policies and procedures.</p> <p>This testing phase has been incorporated into the pilot testing programme for the new home care scheme. An overarching care needs assessment policy for older persons will be informed by the outputs of the pilot programme and will be advanced in 2022.</p>
	Q4	Progress development of new adult palliative care policy	On Track	<p>Public consultation for adult palliative care policy update closed on 25th October and submissions are currently being reviewed and analysed by our partners in All Ireland Institute of Hospice and Palliative Care. Report on public consultation due in early 2022.</p> <p>External review of the implementation of the recommendations of the 2001 palliative care policy being completed by Trinity College Dublin. First Draft submitted in November for review and feedback by the Department of Health.</p>

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 2 Enhanced Community Care (ECC) Q3 + Q4	Q4	Progress Safeguarding Policy	On Track	First draft policy completed.
Project 1 Workstream 3 Hospital Productivity Q1 + Q2	Q1	Initiate rollout of additional Acute inpatient, ICU, and day bed capacity in line with NSP and Budget 2021	Minor Challenge	The following additional capacity was in place at end Q1: <ul style="list-style-type: none"> • 40 critical care beds v 43 planned • 834 acute beds v 929 planned • 73 sub-acute beds in line with planned capacity
	Q1	Commence scoping hospital productivity initiatives in line with HCR reform targets	On Track	Scoping of hospital productivity metrics has commenced in line with Health Capacity Review 2018 and the Health System Performance Assessment Framework.
	Q1	Commence establishment of specialist teams for Ambulatory Care Sensitive Conditions at 7 (Chronic Disease) hub hospitals	Minor Challenge	Recruitment process for specialist teams has been initiated in the hospitals.
	Q1	Commence mainstreaming of specialist Frailty Intervention Teams at selected hospitals	Minor Challenge	The mainstreaming of specialist Frailty Teams has been agreed with select hospitals. The recruitment process has been initiated and governance arrangements set out.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 3 Hospital Productivity Q1 + Q2	Q1	Initiate establishment of new referral pathway to audiology services across 18 hospitals	Minor Challenge	Communications issued to Hospitals to commence recruitment.
	Q1	Begin enhancement of staffing levels to achieve national delivery of Musculoskeletal Medicine (MSK) services across 18 hospitals	Minor Challenge	Communications issued to Hospitals to commence recruitment.
	Q1	Begin establishment of orthopaedic virtual trauma assessment (TAC) clinic to achieve national delivery in 18 hospital sites	Minor Challenge	Communications issued to Hospitals to commence recruitment.
	Q1	Begin commissioning of 10 neuro rehab beds at Peamount Hospital and establishment of community neuro rehab teams (in CHO6 & 7)	Minor Challenge	10 neuro rehab beds at Peamount Hospital were commissioned. The Neuro-Rehabilitation Managed Community Rehabilitation Network (MCRN) teams in CHO6 & 7 have yet to be established.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 3 Hospital Productivity Q1 + Q2	Q1	Develop plans for the provision of accessible and safe care that meets the needs of the homeless population and reduces dependency on EDs and Acute services	On Track	Implement and Evaluate a Homeless Hospital Discharge Programme, commenced as a two-year pilot in 2020, including a hospital discharge protocol through hospital-based specialist homeless multidisciplinary teams in St James's Hospital and Mater Hospitals. This will ensure appropriate access to and continuity of care for homeless persons leaving hospital, in partnership with the local authority and community service providers. The funding for this is provided in the HSE winter plan and extended to 2021.
	Q2	Continue implementation of additional capacity in line with NSP and Budget 2021	Minor Challenge	The Winter Plan/Budget 2021 provided for 1,146 additional acute beds (excluding critical care) over and above beds in the system in January 2020. Up to 21 May, an additional 834 beds have opened, including 426 additional beds opened in 2020, pre-winter period, 404 new beds open as part of the 2020/21 Winter Plan and 4 beds opened as part of NSP 2021.
	Q2	Agree productivity initiatives	Minor Challenge	Productivity improvement initiatives are being developed as part of the Multi-Annual Waiting List Reduction Plan.
	Q2	Progress establishment of specialist teams for Ambulatory Care Sensitive Conditions at 7 (Chronic Disease) hub hospitals	Minor Challenge	Recruitment is being progressed; however the timing of the rollout is delayed due to the significant impact of COVID-19 surge and cyber-attack on recruitment.
	Q2	Progress establishment of specialist Frailty Intervention Teams at selected hospitals	Minor Challenge	Recruitment is being progressed; however the timing of the rollout is delayed due to the significant impact of COVID-19 surge and cyber-attack on recruitment.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 3 Hospital Productivity Q1 + Q2	Q2	Continue to complete introduction of new referral pathway to audiology services across 18 hospitals	Minor Challenge	Recruitment is being progressed; however the timing of the rollout is delayed due to the significant impact of COVID-19 surge and cyber-attack on recruitment.
	Q2	Continue to implement staffing levels to achieve national delivery of MSK services across 18 hospitals.	Minor Challenge	Recruitment is being progressed; however the timing of the rollout is delayed due to the significant impact of COVID-19 surge and cyber-attack on recruitment.
	Q2	Continue to complete set up of orthopaedic virtual trauma assessment (TAC) clinic to achieve national delivery in 18 hospital sites.	Minor Challenge	Recruitment is being progressed; however the timing of the rollout is delayed due to the significant impact of COVID-19 surge and Cyber-attack on recruitment.
	Q2	Progress plans for the rollout of high quality, accessible and safe care that meets the needs of the homeless population and reduces dependency on EDs and Acute services	On Track	Portal reporting has commenced across homeless services. 13 out of 17 projects are underway, with recruitment in progress to commence the remaining initiatives. Metrics are defined for each of the CHOs to report under.


Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Project 1 Workstream 3 Hospital Productivity Q3 + Q4	Q3	Continue implementation of additional capacity in line with NSP and Budget 2021	Minor Challenge	Work progressed to open additional critical care and acute beds.
	Q3	Continue rollout of hospital productivity initiatives	Significant Challenge	Productivity improvement initiatives have been included as part of the Multi-Annual Waiting List Reduction Plan, which is pending approval.
	Q3	Continue establishment of specialist teams for Ambulatory Care Sensitive Conditions at 7 (Chronic Disease) hub hospitals	Significant Challenge	Recruitment is being progressed; however delays are still being experienced in securing new staff in post.
	Q3	Continue rollout of specialist Frailty Intervention Teams at selected hospitals	Significant Challenge	Recruitment is being progressed; however delays are still being experienced in securing new staff in post.
	Q3	Continue to complete introduction of new referral pathway to audiology services across 18 hospitals	Significant Challenge	Recruitment is being progressed; however delays are still being experienced in securing new staff in post.
	Q3	Continue to implement staffing levels to achieve national delivery of MSK services across 18 hospitals	Significant Challenge	Recruitment is being progressed; however delays are still being experienced in securing new staff in post.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 3 Hospital Productivity Q3 + Q4	Q3	Continue to complete set up of orthopaedic virtual trauma assessment (TAC) clinic to achieve national delivery in 18 hospital sites	Significant Challenge	Recruitment is being progressed; however delays are still being experienced in securing new staff in post.
	Q3	Progress plans for the rollout of high quality, accessible and safe care that meets the needs of the homeless population and reduces dependency on EDs and Acute services	Minor Challenge	Implement and Evaluate a Homeless Hospital Discharge Programme', commenced as a two-year pilot in 2020, including a hospital discharge protocol through hospital-based specialist homeless multidisciplinary teams in St James's Hospital and Mater Hospital. The programme is to ensure appropriate access to and continuity of care for homeless persons leaving hospital, in partnership with the local authority and community service providers. The funding for this is provided in the HSE winter plan and extended to 2021.
	Q3	Operationalise additional Acute inpatient, ICU, day, and community bed capacity	Minor Challenge	An additional 42 critical care, 813 acute and 73 sub-acute beds were fully funded and opened in 2020/21.
	Q4	Complete establishment of specialist teams for Ambulatory Care Sensitive Conditions at 7 (Chronic Disease) hub hospitals	Significant Challenge	Recruitment is being progressed; however delays are still being experienced in securing new staff in post

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 3 Hospital Productivity Q3 + Q4	Q4	Complete establishment of specialist Frailty Intervention Teams at selected hospitals	Minor Challenge	93 wtes are being recruited for the specialist Frailty teams ('frailty at front door posts') excluding Geriatricians. 30.5 wtes have been onboarded in line with plan. Balance of posts are being actively recruited.
	Q4	Continue operation and assessment of new referral pathway to audiology services across 18 hospitals	Significant Challenge	Operation of the new referral pathway to audiology services is progressing, however delays are still being experienced in securing new staff in post.
	Q4	Continue delivery of National MSK services across 18 hospitals	Significant Challenge	Delivery of National MSK services is continuing, however delays are still being experienced in securing new staff in post
	Q4	Continue operation and evaluation of orthopaedic virtual trauma assessment (TAC) clinics in 18 hospital sites.	Significant Challenge	Operation of orthopaedic virtual trauma assessment (TAC) clinics is progressing; however delays are still being experienced in securing new staff in post.
	Q4	Open 10 neuro rehab beds at Peamount Hospital and community rehab teams (in CHO6 & 7) established	Minor Challenge	10 neuro rehab beds at Peamount Hospital are opened. Disability Services Community Healthcare area 6 are currently working on the recruitment process. Disability Services Community Healthcare area 7 are working with Primary Care to identify the location & governance for the Community Neurorehabilitation Team in this area.


Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 3 Hospital Productivity Q3 + Q4	Q4	Review rollout impacts of the delivery of high quality, accessible and safe care for the homeless population on EDs and Acute services	On Track	HSE is committed to implement and evaluate the Homeless Hospital Discharge Programme, commenced as a two-year pilot in 2020, including a hospital discharge protocol through hospital-based specialist homeless multidisciplinary teams in St James's Hospital and the Mater Misericordiae University Hospital, paediatric and maternity hospitals in Dublin. This will inform future development of inclusion health services as well as appropriate access to and continuity of care for homeless persons leaving hospital, in partnership with the local authority and community service providers. The Dept secured new funding for 2022 to provide for better health & housing outcomes for people who are homeless post-COVID-19. Integrated care and case management service for people experiencing homelessness in Dublin and enhanced provision for health care planning outside Dublin are some of the initiatives and align with Housing for All commitments.
 Project 2 Scale and Mainstream Integration Q1 + Q2	Q1	Progress evaluation and selection of Integration Funds Round 1 projects to be mainstreamed/ scaled	On Track	Evaluation Process agreed between SPIO and HSE.
	Q1	Progress Transition plan for mainstreaming/ scale of successful projects in line with NSP 2021	On Track	Transition planning progressed through extensive engagement with HSE and Pobal on the mainstreaming of successful Sláintecare Integration Fund projects.


Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 2 Scale and Mainstream Integration Q1 + Q2	Q1	Monitor progress and impacts of projects being mainstreamed / scaled	On Track	Monthly performance monitoring of all projects is in place together with monthly progress review meetings with Pobal.
	Q1	Continue Integration Innovation Learning Network Webinars to promote best practice nationwide	On Track	Webinars were progressed in Q1 with substantial engagement and interest. The theme of the February webinar was Quality Improvement, and the theme of the March webinar was Alternative Pathways .
	Q1	Establish plan to rollout Community Virtual Ward	On Track	A Community Virtual Ward proof-of-concept test has been completed and the report demonstrates very positive improvements in integration of care, patients' symptoms and experience with improved access and choice.
	Q2	Finalise Transition plan for mainstreaming/ scale of successful projects in line with NSP 2021	On Track	38 Projects are on track to transfer to HSE in July 2021. Transition plans for other projects are being finalised.
	Q2	Continue monitoring of progress and impacts of Round 1 projects being mainstreamed / scaled	On Track	Ongoing oversight and monitoring of projects is continuing. Coordination meetings were held monthly in April, May and June.


Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 2 Scale and Mainstream Integration Q1 + Q2	Q2	Identify Integration Innovation Funds Round 2 projects	On Track	Progress has been made on funding a number of initiatives
	Q2	Initiate rollout of Community Virtual Ward in line with plan	On Track	The Chief Nurse's Office is working with the HSE to develop plans for wider testing and scalability.
Project 2 Scale and Mainstream Integration Q3 + Q4	Q3	Continue monitoring of progress and impacts of Round 1 projects being mainstreamed / scaled	On Track	A total of 41 projects have mainstreamed supported by the HSE. Business cases have been prepared for 74 projects for mainstreaming (48 in Sláintecare Business case and 26 for Healthy Ireland) and submitted to Finance for consideration in estimates 2022. 101 out of 123 final reports received. Pobal high level assessments completed for all projects.
	Q3	Rollout Round 2 projects	On Track	A number of round 2 projects are being initiated, funded and supported by Sláintecare.
	Q3	Progress rollout of Community Virtual ward in line with plan	On Track	Community Virtual ward is progressing as planned and plan to test a number of sites.
	Q4	Continue monitoring of progress and impacts of Round 1 projects being mainstreamed / scaled and monitor Round 2 projects	On Track	Almost all SIF projects have transitioned or are transitioning to mainstream HSE funding.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 2 Scale and Mainstream Integration Q3 + Q4	Q4	Review rollout of Community Virtual ward service delivery and plan for 2022	On Track	Community Virtual Ward (CVM) has been included in the NSP 2022. Engagement with key stakeholders is in progress in advance of establishing implementation structures of CVM in 3 sites in 2022.
 Project 3 StreamlineCare Pathways, from prevention to discharge Q1 + Q2	Q1	Initiate review of care pathways as part of Scheduled Care Transformation Programme	On Track	Workshops reviewing care pathways for selected specialities have commenced.
	Q2	Progress best practice care pathways for selected specialities	On Track	Mapping of care pathways for selected specialities commenced. This project has also been factored into the Multi-annual Waiting List Reduction Plan under development.
Project 3 StreamlineCare Pathways, from prevention to discharge Q3 + Q4	Q3	Commence rollout of care pathways	Minor Challenge	Scheduled care pathways for 16 specialities are progressing well. 37 initiatives from the capacity and demand work have been brought forward and developed for inclusion as 'New Developments' in Service Plan 2022. Initial assessment has identified that some policy reform is required, particularly in relation to eligibility and articulation of the scope of services provided within the public sector. Target completion date October 2021, previously July 2021.
	Q3	Identify supporting communications programme	On Track	Supporting communications programme has been identified.


Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 3 Streamline Care Pathways, from prevention to discharge Q3 + Q4	Q4	Continue Rollout of Care Pathways	Minor Challenge	37 care pathways across 16 specialties have been prioritised. Funding arrangements for the delivery of these care pathways in 2022 and beyond is under consideration.
 Project 4 Develop Elective Centres in Dublin, Cork and Galway Q1 + Q2	Q1	Obtain Strategic Assessment Report (SAR) (Gate O) approval in line with Public Spending Code	On Track	The SAR for the elective hospitals was approved by the Secretary General in February 2021.
	Q1	Progress Preliminary Business Case (PBC) approval (Gate 1)	On Track	A draft PBC was developed and is being reviewed.
	Q2	Progress approval of Preliminary Business Case for Elective Hospitals	On Track	Works progressed in reviewing and updating the draft PBC. An expert panel was established to support the selection of sites for the elective hospitals at Dublin, Cork and Galway and the selection of suitable sites was substantially progressed.
Project 4 Develop Elective Centres in Dublin, Cork and Galway Q3 + Q4	Q3	Tender for design team(s), subject to PBC approval	Significant Challenge	PBC has been completed and was submitted in September for internal review. Tendering for the design team is pending completion of this review.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 4 Develop Elective Centres in Dublin, Cork and Galway Q3 + Q4	Q4	Appoint design team(s), subject to approval of PBC	Minor Challenge	Government Approval (21 December 2021), subject to the necessary Public Spending Code requirements and approvals being met, to implement a national strategy of elective ambulatory care and to progress capital investment proposals for the establishment and operation of dedicated elective hospitals in Cork, Galway, and Dublin in line with the Sláintecare Report and subsequent implementation strategies. Three project Preliminary Business Cases for elective hospitals in Cork, Galway and Dublin are being developed.
 Project 5 Implement a Multi-annual Waiting Lists Reduction Plan Q1 + Q2	Q1	Establish governance and working group	On Track	A working group of DoH, HSE and NTPF was established to develop a Plan.
	Q1	Progress work on scoping development of multiannual plan	On Track	Work was progressed in relation to scoping the development of this plan.
	Q2	Finalise approach to development of multiannual plan to reduce waiting lists	On Track	The approach to the development of the multi-annual plan was agreed.
	Q2	Agree actions to deliver a multi-annual plan on reducing waiting lists and assign ownership	Significant Challenge	Actions to deliver the multi-annual plan have been drafted; ownership of actions and implementation oversight is still under consideration.
	Q2	Set up workstreams and commence implementation	Minor Challenge	Implementation has been impacted by the cyber-attack. It is expected to set the workstreams up in Q3.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Project 5 Implement a Multi-annual Waiting Lists Reduction Plan Q3 + Q4	Q3	Approval of multi-annual plan to reduce waiting lists	Significant Challenge	A short term Waiting List Action Plan (September to December 2021) was published on 7 October 2021, aimed at mitigating the impact of the pandemic and the cyber-attack on scheduled care activity this year. This short term plan is a joint approach by the HSE, the NTPF and DoH to tackle backlogs and to stem any further growth in waiting lists by the end of this year. This Action Plan also incorporates reform actions that will form the basis of the longer term Multi-annual Waiting List Plan, such as targets in areas of waiting list management, immediate capacity, improved pathways of care and improved data collection and information.
	Q3	Implement Multi-annual Waiting List Reduction Plan to deliver more timely care and support service planning	Significant Challenge	Implementation of the short term Waiting List Action Plan (October to December 2021) is being overseen by a senior governance group including the Secretary General of DoH and the CEOs of the HSE and NTPF.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
<p>Cont.</p> <p>Project 5 Implement a Multi-annual Waiting Lists Reduction Plan Q3 + Q4</p>	Q4	Continue the implementation of the Multi-annual Waiting Lists Reduction Plan	Significant Challenge	<p>Building on the Short Term Waiting List Action Plan (September-December 2021), the 2022 Waiting List Action Plan sets out actions to deliver further reductions in waiting lists, address backlogs, stem future growth, and continue laying the foundations for future reform actions. The 2022 Waiting List Action Plan will be the first year of a Multi-annual Waiting List Plan to be implemented through a programmatic approach to address waiting lists.</p> <p>The Waiting Lists Reform Programme, currently under development by the Department of Health, HSE and NTPF, will bring waiting lists in line with Sláintecare targets over the coming years, and deliver real and sustained system-wide reform. The existing senior governance group, including the Secretary General of DoH and the CEOs of the HSE and NTPF, will continue to oversee delivery of the 2022 Waiting List Action Plan and will form the foundation for the new Task Force that will drive forward the Waiting Lists Reform Programme.</p>
 <p>Project 6 Implement the eHealth Programme Q1 + Q2</p>	Q1	Continue rollout of IHIs as part of eVaccination Programme	On Track	Substantial progress has been made on the IHI rollout. Almost everyone registering for the vaccination via the portal has had an IHI assigned to their vax record based on PPSN supplied. When combined with those registered for the vaccine before the public facing portal launched on April 15, over 1 million IHIs had already been assigned.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 6 Implement the eHealth Programme Q1 + Q2	Q1	Progress GP Research Hub	On Track	The ICGP research hub for General Practice has been established. The research will include the collection and analysis of health and wellbeing data within primary care and the development of quality data and analysis to inform policy development, population health profiling and service planning, drive clinical decision making across the State for the benefit of healthcare provision to the public. It is aligned with the principles of Sláintecare, the future vision for delivery of GP services and evidence-based models of integrated care supported by integrated care pathways.
	Q1	Commence rollout of Health Performance Visualisation Platform (HPVP) Programme	On Track	The primary contractor has been engaged, Governance has been established and Project mobilisation has commenced.
	Q1	Continue rollout of community and other eHealth initiatives in line with the HSE ICT Capital Plan	On Track	The Digital Community Oversight Governance Group led by HSE Head of Community Operations was established and meeting fortnightly to set priorities and mobilise projects and resources in this area.
	Q2	Continue rollout of IHLs as part of eVaccination Programme	On Track	Excellent progress has been made in the deployment of the IHL. Everyone who has received a COVID-19 vaccination has an identifier as part of their vaccination record.
	Q2	Progress GP Research Hub	On Track	The research team has been recruited, and the research work programme agreed, with work commenced.

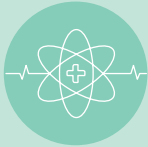
Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 6 Implement the eHealth Programme Q1 + Q2	Q2	Commence rollout of Health Performance Visualisation Platform Programme	On Track	The project had progressed on schedule, but further progress is likely to be impacted by knock on impacts of the cyber-attack which has diverted all available HSE ICT resources to deal with the emergency.
	Q2	Continue rollout of community and other eHealth initiatives in line with the HSE ICT Capital Plan	Significant Challenge	These projects have been significantly impacted by the cyber-attack.
Project 6 Implement the eHealth Programme Q3 + Q4	Q3	Continue rollout of IHIs as part of eVaccination Programme	On Track	There has been excellent progress in the roll-out of the IHI. Almost everyone registering for the vaccination via the portal has IHI assigned to their vax record based on PPSN supplied. When combined with those registered for the vaccine before the public facing portal launched on April 15 th , over 3.5 million IHIs have already been assigned.
	Q3	Commence deployment of IHIs into other solutions	On Track	Excellent progress has been made through 2021 in the deployment of individual health identifiers, with over 98% of COVID vaccination records now populated with IHIs. Other systems used throughout the COVID care pathway such as track & trace, have also been populated with IHIs, where these are available.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 6 Implement the eHealth Programme Q3 + Q4	Q3	Progress GP Research Hub	On Track	Research hub for General Practice established. The Research Hub will include the collection and analysis of health and wellbeing data within primary care and development of quality data and analysis to inform policy development, population health profiling and service planning, drive clinical decision making across the State for the benefit of healthcare provision to the public, aligned with the principles of Sláintecare, the future vision for delivery of GP services and evidence based models of integrated care supported by integrated care pathways.
	Q3	Continue rollout of Health Performance Visualisation Platform Programme	Minor Challenge	This project was impacted by the cyber-attack due to critical staff being diverted to deal with recovering affected systems and services. The HSE board have discussed options to minimise the impact and get the programme back on schedule as quickly as possible.
	Q3	Continue rollout of community and other eHealth initiatives in line with the HSE ICT Capital Plan	Significant Challenge	The urgent need to deliver a national COVID vaccination system in Q1 2021 resulted in many key programme, project and technical resources being diverted to support this critical piece of work. The cyber-attack in May resulted in all available resources at the Office of the CIO, who were not already allocated to the pandemic, being directed towards short term damage control, followed by longer term recovery and hardening of systems. Some of that work is still ongoing. The combined impact of the pandemic and cyber-attack resulted in delivery of items listed in the capital plan falling behind schedule this year.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 6 Implement the eHealth Programme Q3 + Q4	Q4	Continue deployment of IHI to existing health solutions to enable shared care record	On Track	Approval for IHI to be further extended into MN-CMS in additional national sites is being currently examined. IHI is currently being used to great effect as part of the response to the COVID pandemic (for testing and as part of the vaccination process). Use of PPSNs as part of the vaccination process has greatly increased the match rates for IHIs, has provided for safer identification of those receiving the vaccine and simplified the provision of EU Digital COVID Certificates.
	Q4	Progress GP Research Hub	On Track	Since its establishment, several key projects are progressing including analysis of HeartWatch, GP access to diagnostics, daytime GP activity, medications and prescribing and out-of-hours care.
	Q4	Continue rollout of Health Visualisation Platform Programme	Minor Challenge	Good progress despite the impact of the cyber-attack in May. Limited functionality has been implemented for 24 hospitals, first go-live of the full system scheduled for early 2022.
	Q4	Continue rollout of community and other eHealth initiatives in line with the HSE ICT Capital Plan	Minor Challenge	The impact of COVID and the cyber-attack has greatly affected the ability of the HSE to deliver many eHealth projects as resources were diverted to meet those challenges. Although many resources have been brought back to projects and programmes, there continued to be a gap in scheduled deliverables for 2021, even with project schedule adjustments. However other initiatives such as the IHI were implemented throughout the year at pace.


Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
 <p>Project 7 Remove private care from public hospitals – implement the Sláintecare Consultant Contract Q1 + Q2</p>	Q1	Undertake foundational work to enable rollout of new Sláintecare Consultant Contract	On Track	The Public Service Pay Bill 2020 completed Dáil Éireann Third Stage on 31 March 2021.
	Q2	Finalise implementation approach of the new Sláintecare Consultant Contract	On Track	An engagement process is being agreed with the Representative Bodies.
	Q2	Initiate development of roadmap to remove private care from public hospitals	On Track	A cross departmental working group has been established to develop a roadmap for the removal of private practice from public hospitals.
<p>Project 7 Remove private care from public hospitals – implement the Sláintecare Consultant Contract Q3 + Q4</p>	Q3	Continue implementation of the new Sláintecare Consultant Contract	Minor Challenge	An engagement process has commenced with the Representative Bodies.
	Q3	Monitor implementation and contract enforcement framework	Significant Challenge	Contract is at engagement process stage and has not yet been implemented.
	Q3	Progress plan to remove private care from public hospitals	Minor Challenge	A cross departmental working group has identified areas that can support removal of private practice from public hospitals.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 6 Remove private care from public hospitals – implement the Sláintecare Consultant Contract Q3 + Q4	Q4	Continue implementation and review progress	Significant Challenge	Contract engagement continues.
	Q4	Continue plan to remove private care from public hospitals	Significant Challenge	Plans to remove private care from public hospitals continue to be explored.

2021 Deliverables Progress Report

Reform Programme 2: Addressing Health Inequalities

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
 <p>Project 1 Develop a Population Health Approach for Service Planning and Funding</p>	Q1	Set up team to work on population profiling, segmentation and health needs assessment	Minor Challenge	Initial work began. The team required was identified and will commence in Q2.
<p>Project 1 Workstream 1 Population profiling and segmentation and Workstream 2 Population needs assessment Q1 + Q2</p>	Q2	Commence work on population profiling, segmentation and health needs assessment	On Track	Work has commenced.
<p>Project 1 Workstream 1 Population profiling and segmentation Q3 + Q4</p>	Q3	Commence identification of associated existing activity and spend by segment	On Track	A suitable framework for population segmentation work has been identified and metadata development has commenced. Validation plan for this work is also complete.
	Q4	Align approach with development of population-based service design and resource allocation	On Track	Appropriate method for population segmentation identified. Work ongoing with IGEES and Statistics & Analytics Unit to develop metadata for population segments. Validation of metadata ongoing with relevant stakeholders.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Project 1 Workstream 2 Population needs assessment and service redesign Q3 + Q4	Q3	Develop framework for population segmentation and health needs assessment	On Track	In line with population segmentation work, data sources regarding current patterns of healthcare utilisation for population segments are being identified, along with related matrix of stakeholders to input into this work.
	Q4	Develop overall vision of care/ service redesign approach and outcome metrics for each segment	Minor Challenge	Stakeholder validation of population segments is ongoing and will inform the overall design of population segments. Once complete, outcome metrics can be developed.
Project 1 Workstream 3 Development of Population-Based Resource Allocation Funding Model (PBRA) Q1 + Q2	Q1	Identify expertise required for PBRA	On Track	Expertise to support the project has been identified.
	Q2	Review work on the development of a funding framework to support population-based resource allocation	On Track	Work previously completed in other units/ agencies has been collated and reviewed.
Project 1 Workstream 3 Development of Population-Based Resource Allocation Funding Model (PBRA) Q3 + Q4	Q3	Progress development of a funding framework and costing model to support population-based resource allocation	On Track	In line with the population segmentation work, relevant data sources have been identified. Significant research on international models of PBRA complete.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 3 Development of Population-Based Resource Allocation Funding Model (PBRA) Q3 + Q4	Q4	Seek approval for funding framework to support population-based resource allocation, and consult to inform NSP 2022	Minor Challenge	HSE has set out a population-based approach to resource allocation in the NSP 2022. This overall deliverable has been delayed slightly until 2022 as funding framework is not expected for the current budget cycle. A shadow budget will instead be developed in 2022 and this work is aligned with RHA development.
Project 1 Workstream 4 Develop Policy proposal and options for achieving universal eligibility across hospitals and community settings Q1 + Q2	Q1	Gather existing eligibility and entitlement policies and practices	On Track	Existing eligibility and entitlement policies and practices have been gathered. A Background Policy Paper has been developed on Designing the Future Health Basket to be provided under a single-tier health system. The ESRI have also published reports examining resource allocation and financing methods for health care.
	Q2	Establish group to support the development of policy options on future eligibility/entitlement	On Track	The Group has been established and meetings progressed to support the development of policy options on future eligibility/entitlement.
Project 1 Workstream 4 Develop Policy proposal and options for achieving universal eligibility across hospitals and community settings Q3 + Q4	Q3	Initiate work on the development of an eligibility and entitlement framework in line with Sláintecare vision and population needs assessment	Significant Challenge	Initial work commenced to set out a plan to work on an eligibility and entitlement framework.


Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 4 Develop Policy proposal and options for achieving universal eligibility across hospitals and community settings Q3 + Q4	Q4	Continue development of an eligibility and entitlement framework in line with Sláintecare vision and population needs assessment	Significant Challenge	Work on expanding eligibility has been prioritised and planning the longer term approach for universal healthcare has commenced and will be progressed in 2022.
Project 1 Workstream 5 Capital Planning Q1 + Q2	Q1	Scope approach for Multi-annual Capital Infrastructure Programme	On Track	Phase 1 of the Review of the National Development Plan (NDP) has been completed. This gives an overview of the evidence base developed by DPER as part of the review of the NDP.
	Q1	Consider future infrastructural requirements in line with PfG objectives	On Track	A timetable for the completion of the review of NDP has been agreed. This includes the assessment of departmental submissions, the assessment of climate change interventions and clarification meetings with departments.
	Q2	Continue infrastructure planning considerations in accordance with requirements established in Q1	On Track	The Capital Plan 2021 was approved by HSE Board and submitted to the Minister for review and approval.
	Q2	Consider roadmap for acute hospital modernisation programme in context of Elective Hospitals, Trauma Centre, and Regional Health Areas framework	Minor Challenge	A roadmap has been considered and will be developed further to support population-based planning, and segmentation and health needs assessment requirements.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Project 1 Workstream 5 Capital Planning Q3 + Q4	Q3	Continue infrastructure planning considerations in accordance with established requirements	On Track	Continued discussions on infrastructure planning and prioritisation processes.
	Q4	Finalise infrastructure planning considerations to inform revised National Development Plan	On Track	Completed.
	Q4	Negotiate revised NDP	On Track	Revised NDP published.
Project 1 Workstream 6 Workforce Planning Q1 + Q2	Q1	Consider future workforce requirements as part of the reform programme	On Track	Ireland will be receiving technical support under the European Commission Technical Support Instrument (TSI) 2021 to develop a Health and Social Care Workforce Planning Strategy and Workforce Planning Projection Model based on international best practice. The project will be delivered by the Strategic Workforce Planning Unit in the Department of Health in the context of implementation of Sláintecare reforms and in collaboration with other DoH colleagues, HSE, ERSI and other Government Departments.
	Q2	Set up team to align workforce planning with Workstreams 1 and 2	On Track	The team has been established.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 6 Workforce Planning Q1 + Q2	Q2	Conduct workforce planning considerations in accordance with requirements established in Q1	On Track	Work is underway to supply population-based inputs to the workforce planning programme of work, as well as to address potential data deficits.
	Q2	Agree public health doctors workforce configuration and terms	On Track	A fundamentally reformed and strengthened model for public health in Ireland has been agreed to be established in line with international best practice and the recommendations of the Crowe Horwath report. The introduction of Consultant in Public Health Medicine posts has been agreed to be implemented on a phased basis with a total of 84 Consultant posts over the period June 2021 to December 2023.
Project 1 Workstream 6 Workforce Planning Q3 + Q4	Q3	Continue workforce planning	On Track	The Department has been engaging with the European Commission DG Reform to define the scope and key deliverables for the project. A tender process at EU Level to appoint a service provider for the project is currently underway. The project is due to commence before the end of the year following the appointment of a service provider by the European Commission.


Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 1 Workstream 6 Workforce Planning Q3 + Q4	Q4	Continue workforce planning in accordance with established requirements	On Track	This EU project is currently in the initiation and planning phase and the service provider for the project AARC Ltd was officially appointed in December 2021. AARC Ltd will be partnering with Indecon Consultants to deliver this project.
 Project 2 Roll-out Sláintecare Healthy Communities Programme Q1 + Q2	Q1	Progress the national governance for the programme and work with partners to establish local governance arrangements	On Track	An implementation structure has been designed, including local implementation teams and regional oversight structures aligned with SICAP areas, as well as a National Implementation Team comprised of cross-government departments and their agencies.
	Q1	Continue ongoing stakeholder engagement	On Track	Multiple stakeholder events were held including regular meetings with the HSE implementation team and consultation on the SHCP areas and programme with local authorities via the LGMA. Further local engagement will be held on an ongoing basis.
	Q1	Develop programme of cross-governmental and local initiatives to be considered by Healthy Communities Areas	On Track	The HSE Healthy Communities Programme, including physical health, mental wellbeing and family wellbeing services to be delivered in all areas has been agreed. Further programmes, existing and new, are being identified with other partners and stakeholders.


Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 2 Roll-out Sláintecare Healthy Communities Programme Q1 + Q2	Q1	Identify the target areas (up to 18 areas) for investment in 2021	On Track	The process was initiated with the HSE to identify areas based on the Pobal HP index, together with consultation with Pobal and DRCD on defining the target- now 19 - areas, and with local authorities for their input and agreement.
	Q2	Engage with the agreed 18 areas for rollout of Healthy Communities initiatives through local governance groups	On Track	Agreement in principle was reached with CCMA on the Service level Agreement (SLA) and job description for local implementation role.
	Q2	Develop robust population planning and needs assessment to inform rollout	Minor Challenge	Preliminary work has commenced.
	Q2	Develop implementation metrics, with a particular focus on baselining existing and setting out future outcome measures	Minor Challenge	Preliminary work has commenced.
	Q2	Appoint external research partner	Minor Challenge	Preliminary work has commenced.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Project 2 Roll-out Sláintecare Healthy Communities Programme Q3 + Q4	Q3	Continue rollout of Programme to selected 19 areas	On Track	A cross Department Oversight Group and an Evaluation Working Group has been established for the programme. The HSE has commenced the rollout of area based teams. Agreements have been signed with local authorities to recruit a Local Development Officer in each area and applications for Community Enhancement projects have been received. The Healthy Communities programme will be officially launched on the 20th October 21. Local Implementation teams will be formed in Q4.
	Q3	Commence detailed planning for 2022 and beyond, to inform Budget 2022, HSE Service Planning and planning processes with other partners	On Track	A detailed business case for Budget 2022 was developed utilising the IGEES template. The process to identify areas for phase 2 of the programme is underway.
	Q4	Continue rollout of Programme to selected 19 areas.	On Track	HSE recruitment of area based teams and local authority recruitment of Development officers well advanced. Rapid realistic review of evidence based approaches to health inequalities underway with HRB.
	Q4	Continue planning for 2022	On Track	Planning for 2022 has progressed and factored into NSP 2022 for Phase 1 areas.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
 <p>Project 3 Develop Regional Health Areas Q1 + Q2</p>	Q1	Set up team to develop business and change management case in line with 2019 Government decision	On Track	A Cross-departmental DoH team was set up and has progressed potential models of regionalisation and the overall RHA business case in consultation with SIAC, DoH Policy Committee, Management Board Policy Forum, and POs.
	Q2	Progress work on development of RHA business case and submit for government approval	Significant Challenge	Revisions of the Business Case are continuing in light of feedback from DoH stakeholders. However, engagement with the HSE, clinicians, and patient representatives has been delayed due to competing cyber-attack and pandemic priorities.
<p>Project 3 Develop Regional Health Areas Q3 + Q4</p>	Q3	Scope detailed change process for regional/ population-based RHAs in line with Government decision	Significant Challenge	Engagement with the HSE, clinicians, and patient representatives was delayed due to competing cyber-attack and pandemic priorities. HSE engagement recommenced and working Business Case to be completed and available for HSE observations by end of October. MCA to select model of regionalisation is scheduled for November.
	Q4	Commence implementation of RHAs and change management programme in line with Government decision	Minor Challenge	Engagement with the HSE, clinicians, and patient representatives was delayed due to competing cyber-attack and pandemic priorities. Engagement with the HSE has since recommenced and is informing the finalisation of the RHA Business Case and a 2022 Implementation Plan, due to be completed and brought to Government for decision in early 2022. A policy option for RHA implementation has been selected. An RHA Advisory Group of health and social care professionals and patient representatives has been established. Hospital Group Boards stood down.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
 <p>Project 4 Implement Obesity Policy and Action Plan 2016-2025 Q1 + Q2</p>	Q1	Re-convene the Obesity Policy Implementation Oversight Group and agree work programme and subgroup focus areas in accordance with Obesity Policy and Action Plan 2016-2025	On Track	The Obesity Policy Implementation Oversight Group has been reconvened. There are 60 recommendations listed under the Ten Steps for implementation. These actions were discussed, progressed and priorities identified for implementation in 2021.
	Q1	Convene Health Obesity Action group to develop position paper for World Obesity Day	On Track	The Health Obesity Action group (renamed the Healthcare Subgroup to the Obesity Policy Implementation Oversight Group) developed and presented a position paper at the World Obesity Day on the 4th of March, together with the launch of the HSE Model of Care on Overweight and Obesity.
	Q2	Progress initiatives on addressing obesity with focus on Healthy Communities rollout	On Track	Substantial implementation has progressed with multiple stakeholders. A Healthy Eating food poverty subgroup has been established to input into the Sláintecare Healthy Communities roll-out. A cross departmental Food in Schools Forum was established also. A Healthcare subgroup has been established to support an integrated approach to rollout of the Obesity Policy actions within the SHC areas. Planning for Adult Obesity communications campaign has been initiated. A Reformulation roadmap action plan has been developed.

Appendix 1 cont.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 4 Implement Obesity Policy and Action Plan 2016-2025 Q1 + Q2	Q2	Monitor progress and impacts of initiatives	On Track	Progress and impacts are being monitored through meetings of the OPIOG and Subgroups. The School of Public Health in UCC are carrying out an evaluation of the implementation of the Obesity Policy and Action Plan. Work is continuing with the Department of Health Research Unit on the evaluation of a Sugar Sweetened Drinks Tax.
	Q2	Examine supports for mothers who wish to breastfeed	On Track	A position paper on resources needed to implement the National Breastfeeding Action plan was developed in conjunction with the HSE. This identified the need for 24 additional Lactation consultants.
Project 4 Implement Obesity Policy and Action Plan 2016-2025 Q3 + Q4	Q3	Progress initiatives on addressing obesity	On Track	Progress continues to be made on initiatives under the OPAP. Work is continuing on the Food In Schools Forum, and the Reformulation Roadmap is being finalised with an Implementation Plan in development to rollout a Reformulation Taskforce in partnership with the FSAI in Q4 2021. Detailed business case submitted as part of Estimates process for funding for OPAP initiatives in 2022.
	Q3	Monitor progress and impacts of initiatives	On Track	Progress is being monitored through meetings of the Obesity Policy Implementation Oversight Group and subgroups. UCC is finalising an evaluation of the OPAP which should be completed in Q4.
	Q4	Monitor progress and impacts	On Track	Progress was monitored through meetings of the Obesity Policy Implementation and Oversight Group and various Subgroups.

Project	Quarter	2021 Quarterly Deliverable	Qtr 2021 Deliverable Status	2021 Quarterly Deliverable Comment
Cont. Project 4 Implement Obesity Policy and Action Plan 2016-2025 Q3 + Q4	Q4	Launch Healthy Eating Guidelines for over-65s, and nutrition standards for meals for older adults	On Track	Development of Healthy Eating Guidelines for over 65s finalised. Discussion regarding Nutrition Standards for older adults ongoing with HSE.
	Q4	Complete and publish the evaluation of the Obesity Policy and Action Plan	Significant Challenge	Evaluation from UCC is due to be received in early 2022. The review of the OPAP will commence and be published in 2022 following discussions and agreement at OPIOG.
	Q4	Prepare obesity/overweight plan for NSP 2022	On Track	Weight management plan included in NSP.

Notes



