

Working for health and well-being

Strategy Statement 1998 - 2001



**DEPARTMENT
OF HEALTH and CHILDREN**
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SLÁINTE agus LEANAÍ



Working for health and well-being

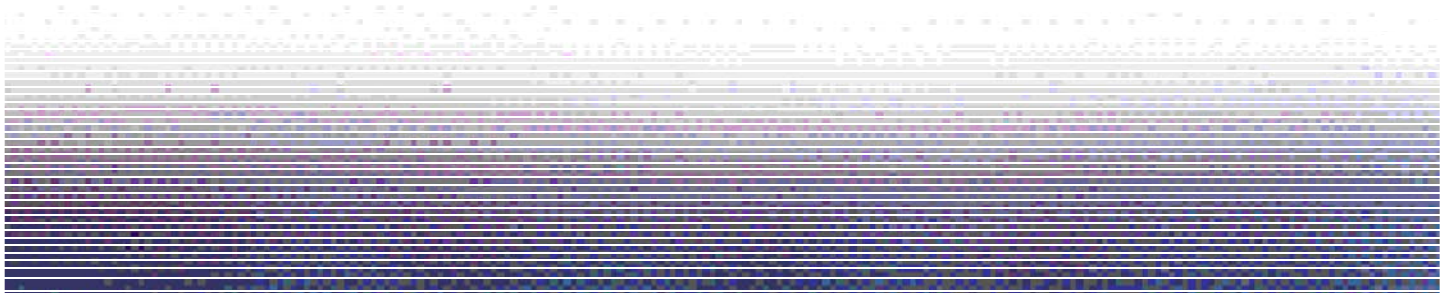
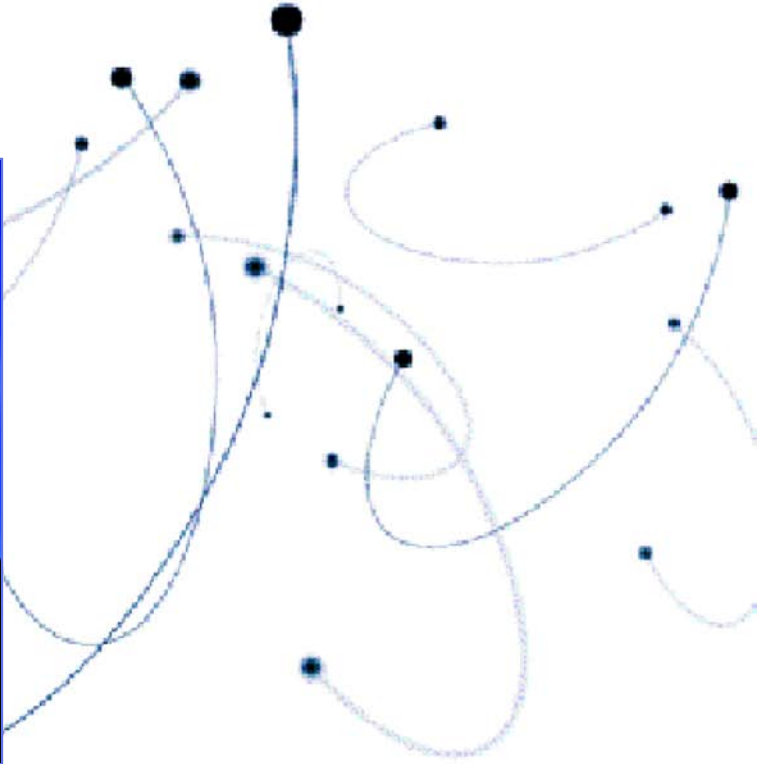
STRATEGY STATEMENT

1998 - 2001

Department of Health and Children



Brian Cowen, T.D.
Minister for Health and Children



Frank Fahey, T.D. Minister of State
with special responsibility for Children



Tom Moffat, T.D. Minister of State with
special responsibility for Food Safety
and Older People

Message from Brian Cowen, T.D. MINISTER FOR HEALTH AND CHILDREN

As we approach the Millennium, it is appropriate for all public services to review their role and future development. For the Department of Health and Children this is especially relevant, as the health and personal social services now face unprecedented demands and pressures on many fronts, to which the Department, in the first instance, must adapt and respond.

On taking office in July 1997, the Government renamed the Department of Health as the Department of Health and Children, to reflect the priority which the Government attaches to the improvement of services for children, particularly those considered to be at risk of abuse or neglect. It also reflects the Government's desire to improve the co-ordination of Government policy in relation to children generally, an area in which I see this Department taking a lead role.

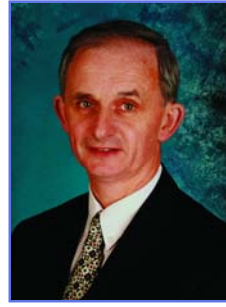
The Government's priorities for the health services were outlined in our Action Programme for the Millennium and have served as the basis for my discussions with the Secretary General in preparing this Strategy Statement. The key tasks facing the Department are outlined in this Statement, particularly in the areas of services for children, food safety, services for persons with a mental handicap, services for older people and the safety of blood products. These issues, along with the continued focus on addressing regional imbalances in funding, reflect the Government's objectives in the health area and I look forward to working with the Secretary General and the Department in progressing them.

The 1994 Health Strategy, Shaping a healthier future, started a process of change for the health services and for the Department. It required the Department to redefine its role, to devolve to the health agencies functions not directly related to its role and to redefine its relationship with those agencies. This process is still ongoing and its central importance in the work of the Department is reflected in the objectives outlined in this document.

It is clear that the Department faces a number of very challenging tasks in a wide range of areas over the coming months and years. Close partnership with all of the agencies, both voluntary and statutory, will be required to achieve its objectives. I believe that the Strategy Statement will be a useful tool, both for the Department itself in mapping out its role and path for the next three years, and for the wider health services and members of the public in increasing their awareness of how the Department views its work.



Brian Cowen, T.D.
Minister for Health and Children



Jerry O'Dwyer, Secretary General
Department of Health and Children

Introduction by Jerry O'Dwyer SECRETARY GENERAL

I am pleased to introduce the Strategy Statement for the Department of Health and Children which has been submitted to the Minister and approved by him in compliance with the Public Service Management Act, 1997. This Statement, which is intended to cover the period 1998 - 2001, is an elaboration of the Statement of Strategy published in May, 1997 and builds upon the process which started in 1994 with the Health Strategy, Shaping a healthier future - A strategy for effective healthcare in the 1990s.

This Strategy Statement takes account of the changes and developments which have occurred since the publication of the last Statement and in particular reflects the policies set out in the new Programme for Government, An Action Programme for the Millennium. In addition, in drafting the Statement, we have tried to learn from the experience gained in developing the first statement and to be more specific in relation to outcomes.

Since the publication in May, 1997 of the Department's first Strategy Statement, the impact of the SMI process and its proposals for change are beginning to take effect. The passing of the Public Service Management Act in 1997 makes significant changes to the way in which the civil service is to be managed. In particular, the Act has introduced in a very specific way ideas of accountability and responsibility which affect the way we work. In 1998 we will see the implementation of the Freedom of Information Act, 1997 which provides for the rights of citizens to access information. The introduction of partnership structures under Partnership 2000 will require a rethink of how we relate to our partners as well as how we develop such a structure within the Department.

While these developments are challenging, I believe that this Department is willing to face them in a positive and forward looking way, recognising that their overall effect will be to provide for better, more transparent administration and a better service for the public. In saying that, I would like to pay tribute to the staff of the Department who consistently show a level of commitment and dedication which is crucial to the achievement of our aims. The responsibilities of the Department of Health and Children for policies which are of such importance to the lives of people in every community generates a high level of pressure on staff. I believe that we are fortunate in having staff who continue to provide an excellent level of service under this pressure.

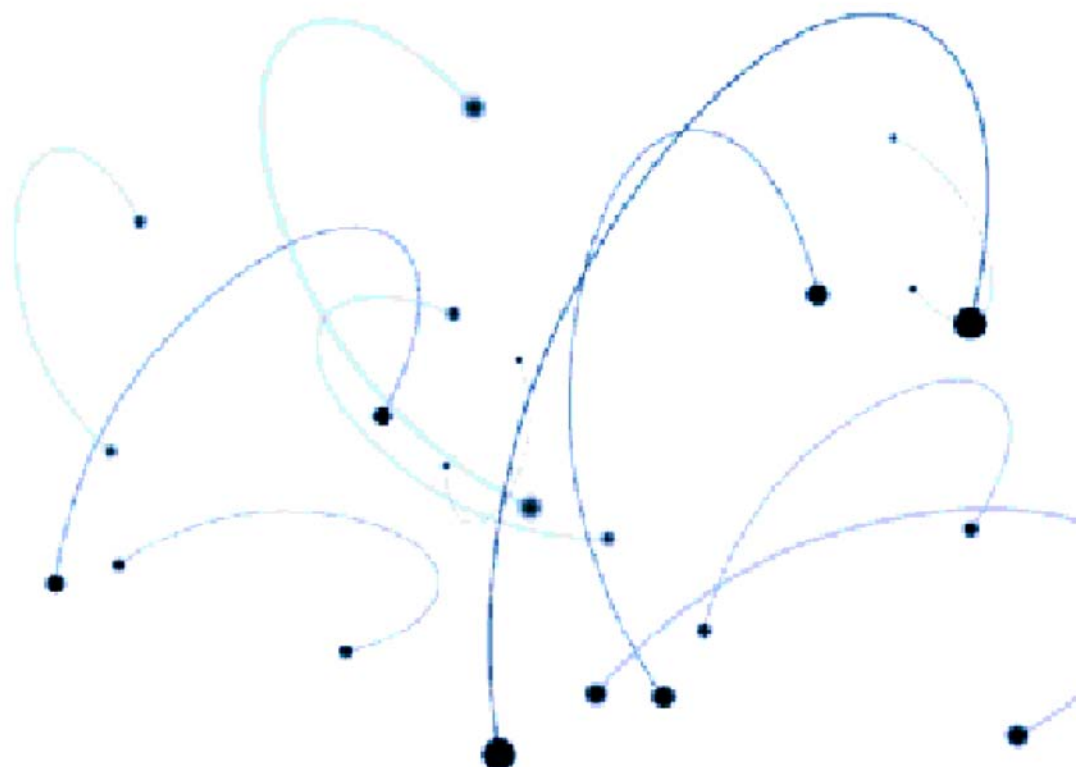
During 1998, the Department will commence the development of a new Health Strategy which, taking account of the various challenges facing us, will look at the provision of health services up to 2010. I know that the Department and its partners in the delivery of health and social care will continue to pursue the vision of a healthier future for all our people into the next millennium.

A handwritten signature in black ink that reads "Jerry O'Dwyer". The signature is fluid and cursive.

Jerry O'Dwyer,
Secretary General

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OUR MISSION STATEMENT AND HIGH -LEVEL OBJECTIVES



THE MISSION OF THE DEPARTMENT OF HEALTH AND CHILDREN IS

in a partnership with the providers of health care, and in co-operation with other government departments, statutory and non-statutory bodies,

to protect, promote and restore the health and well-being of people by ensuring that health and personal social services are planned, managed and delivered to achieve measurable health and social gain and provide the optimum return on resources invested.



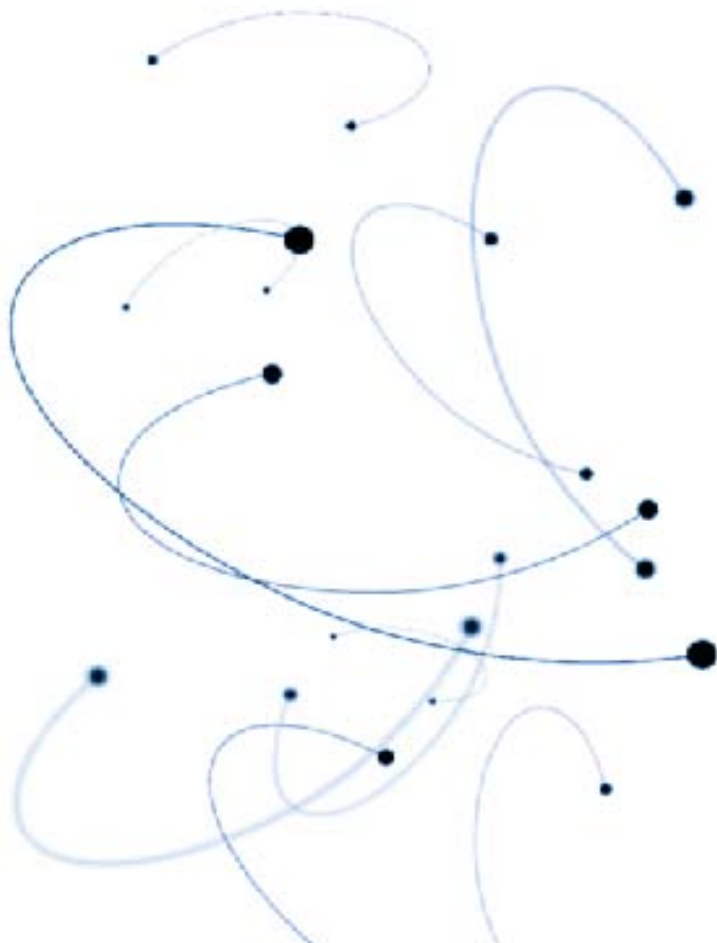
HIGH-LEVEL OBJECTIVES

The high-level objectives of the Department of Health and Children are:

- **to support the Minister in the formulation, development and evaluation of health policy and in the discharge of all other Ministerial functions;**
- **to plan the strategic development of services, through partnership and consultation with health boards, the voluntary sector, other relevant government departments and other interests;**
- **to encourage the attainment of the highest standards of effectiveness, efficiency, equity, quality and value for money in the health delivery system;**
- **to strengthen accountability at all levels of the health service;**
- **to encourage the continuing development of a customer service ethos in the delivery of health services;**
- **to optimise staff performance, training and development;**
- **to represent the Irish interest in EU, WHO and international fora relating to health matters.**

part 1

THE EXTERNAL ENVIRONMENT



chapter 1

the environment

INTRODUCTION

By any standards, the health and personal social services provided in this country compare favourably, in terms of comprehensiveness and quality, with those available elsewhere. However, keeping such services at the forefront of best standards and ensuring that the most effective technologies are available to the population requires constant evaluation and review. It is necessary, therefore, to adapt constantly to the changing nature of health care. At present the principal challenges might be summarised as follows:

- growing consumer consciousness in healthcare and growing demands and expectations for higher quality, consumer-oriented services;
- recent developments in areas such as food safety, environmental health, drug abuse and the safety of blood products, all of which have placed new and unprecedented demands on the Department to strengthen and enforce the regulatory framework in these areas;
- the need to reduce waiting times for services to an acceptable level;
- the rapidly growing complexity of the services, the diversity of educational skills required to deliver them and the unique management challenge posed by these factors;
- satisfying the requirements of the expenditure review programme which the Department of Finance sees as a key part of the reform of our financial management systems and which is central to the SMI;
- the development and diffusion of medical technology (mainly imaging, pharmaceuticals and medical and surgical interventions), giving rise to additional pressures on expenditure accompanied by an under-developed capacity to measure the cost benefit of every innovation;
- the increasing number of ethical dilemmas in areas such as reproductive medicine and the assurance of equity in health outcomes;
- the implications of the changing demographic profile of the population with an increasing number living longer;
- the continuing pressure for expansion in the range of services which fall within the remit of the health service in Ireland, particularly in the area of personal social services and acute hospital care;
- due to the nature of health care, the need for close and continuous inter-sectoral co-operation to achieve health and social gain;
- the need to improve data systems and analysis, to develop evaluation and performance indicators, and to harness the rapid advances in information technology to best advantage;
- public concern about the adequacy of services to protect children and support dysfunctional families;
- the continuing problem of distributing the finite resources available for health services in an equitable, cost effective and efficient manner.

These challenges are being addressed in the planning and delivery of services.

Shaping a Healthier Future

The Health Strategy Shaping a healthier future sets out the national strategy for the development of the health services. Since the publication of the Health Strategy, the Department of Health and Children, with its partners in the delivery of health care, has been pursuing that vision of the health service. Further policy documents have been produced by the Department, which deal in greater detail with aspects of the implementation of the Strategy. These include:

- A Health Promotion Strategy;
- A National Policy on Alcohol;
- A White Paper on Mental Health;
- A Plan for Women's Health;
- The Dental Health Action Plan;
- The Report of the Review Group on Health Services for Persons with a Physical or Sensory Disability;
- A Management Development Strategy for the Health and Personal Social Services;
- A Cancer Strategy and a Cancer Action Plan;

- Services for Persons with a Mental Handicap: An Assessment of Need 1997 - 2001;
- The Report of the National Task Force on Suicide;
- The Cardiac Surgery Initiative.

Steady progress has been made in the implementation of the Four Year Action Plan which accompanied the Strategy. A wide-ranging review of the Plan is currently underway in the Department and 1998 will see the commencement of work on a new health strategy for the first decade of the next century.

[An Action Programme for the Millennium](#)

An Action Programme for the Millennium outlines the Government's objectives and priorities in the area of health and social care. It targets key healthcare issues for special attention, including services for children, for older people and for persons with a mental handicap. It also stresses the importance of measures in relation to food safety and the safety of blood products. Together with Partnership 2000 for Inclusion, Employment and Competitiveness, the Government's Programme sets the agenda for service development and health policy for the period covered by this Strategy Statement.

CHILDREN

The title of the Department was changed to the Department of Health and Children by the Government in June, 1997. This reflects the Government's commitment to improving services for children, particularly disadvantaged children and those considered to be at risk of abuse and neglect, and to improving the co-ordination of policy for children generally.

A Minister of State in the Department has been delegated responsibility for the Child Care Act, 1991 and the Adoption Acts, 1952 to 1991. In February, 1998, the Government decided to delegate to him additional responsibilities concerning vulnerable children within the remit of the Departments of Justice, Equality and Law Reform and Education and Science. To support the Minister of State in his new role, a Cross-Departmental Team will be put in place under the Public Service Management Act, 1997. A

senior official in each Department will be a member of the Cross-Departmental Team and the Department of Health and Children will take the lead role in co-ordinating it.

The Government decided in February, 1998, that a national policy for children should be prepared, reflecting the principles of the UN Convention on the Rights of the Child, and that the Minister of State should be given responsibility for co-ordination of policy in relation to children. It is proposed to establish a Co-ordination of Children's Policy Unit in the Department of Health and Children, which would prepare a national policy for children and take the lead role in implementing the recommendations made recently by the UN Committee on the Rights of the Child. The national policy will provide a basis on which to co-ordinate policies which affect children across all Departments.

It is also proposed that the rights of children should be designated as a strategic results area of Government activity under the Strategic Management Initiative. A strategic results area links all Departments with responsibilities for policy in a particular area and co-ordinates, across Departmental boundaries, the measures they intend to take. In this case, the measures necessary will be set out in the national policy by this Department, which will be prepared in consultation with other relevant Departments.

CIVIL SERVICE REFORM AND THE SMI

The Strategic Management Initiative and its associated modernisation programme presents Departments/Offices and their staff with their single greatest challenge and opportunity to date. The programme of reform, initiated in February, 1994, will reach a critical phase in the Department over the timeframe of this Strategy Statement. It is a major programme of change and one which will impact on the environment in which the Department operates. Our aim will be to implement the change programme in a planned and effective way.

Of immediate relevance to the Department is the Public Service Management Act, 1997 and the commencement in April, 1998, of the Freedom of Information Act, 1997.

Public Service Management Act, 1997

The Public Service Management Act, 1997, which commenced in September, 1997, sets out a new statutory basis for defining the respective roles of the Minister and the Secretary General and the link between Government policy and its implementation. It also places a number of responsibilities on the Department, for example in relation to the preparation of Strategy Statements, the delegation of responsibility for the achievement of objectives to particular grades of staff, and managing human resource matters relating to the appointment, performance, discipline and dismissal of civil servants below the grade of Principal. Section 12 of the Act places specific responsibilities upon Departments when issues which cross a number of Departments are being addressed.

The Freedom of Information Act, 1997

The Freedom of Information Act, 1997 will have a major impact on the Department and on the health agencies. Members of the public have full access, subject to some exemptions, to personal information and to other information from 21st April, 1998. The approach of the Department in relation to the provision of information will need to change to one of greater openness. In addition to preparing its own response, the Department is providing advice and funding to health agencies to help them meet their obligations by October, 1998, as required by the Act.



chapter 2

our partners

THE HEALTH BOARDS

The eight health boards, established under the Health Act, 1970, are the statutory bodies responsible for the provision of health and personal social services in their respective functional areas. They are also the main providers of health care at regional level. While the health board system has served the country well, the Health Strategy Shaping a healthier future summarised the findings of a number of reviews which identified several key weaknesses in the structure of the health boards. These included: a lack of clarity with regard to the respective roles and responsibilities of health boards and their chief executive officers; inadequate accountability within the structure; and over-involvement by the Department in the detailed management of the services.

The Health (Amendment)(No.3) Act, 1996 has now tackled these weaknesses, significantly enhancing the role and responsibilities of the health boards. The respective roles of health boards and their chief executive officers have been clarified and financial accountability within the system has been strengthened by a range of measures, including the requirement for each health board to produce an annual service plan and publish an annual report. 1998 is the first year in which these new accountability arrangements for the health boards are being implemented in full.

Health boards are working together more closely on issues which are of national importance but not appropriate to the Department of Health and Children. Their major initiative, in co-operation with the voluntary hospitals and the agencies providing services for people with a mental handicap, has been the establishment of the Health Service Employers' Agency. They have also strengthened the arrangements for co-ordinated materials management across the system as a whole. An important development in the coming year will be the establishment on a statutory basis of a joint executive agency for the health boards, so that they can co-operate and co-ordinate their activities more effectively.

The health boards, in common with other major health agencies, need to strengthen and adapt management practice on an ongoing basis. The Management Development Strategy for the Health and Personal Social Services in Ireland is of particular relevance. The aim of the Strategy is to strengthen management capacity throughout the health services, leading to better managed services and, ultimately, improvements in health care and in the health of the population. It contains over 50 recommendations in

such areas as recruitment, selection and initial training; performance measurement; developing managerial effectiveness; continuing development and career development and health services management education. The Office for Health Management has been established to involve health boards, unions, professional bodies and education providers in moving forward the agenda which is set out in the Management Development Strategy.

The next step in implementing the health service structures put forward in the Health Strategy will be ensuring that health boards are responsible for providing, directly or indirectly through other agencies, all health and personal social services in their areas. This will require the transfer of responsibility for the funding of some major agencies from the Department of Health and Children to the health boards.

THE VOLUNTARY SECTOR

The Health Strategy acknowledged the vital role played by the voluntary sector in the delivery of health and personal social services in Ireland. Agencies in the voluntary sector range from major hospitals and national organisations to small community-based support groups set up in response to local needs.

The voluntary sector is, and will continue to be, a most important partner in the provision of health and personal social services. The Department of Health and Children will continue to respect and protect the independence and operational autonomy of voluntary agencies. However, the direct funding of voluntary agencies by the Department impedes the effective co-ordination, development and evaluation of services at a local level and reduces the

Department's capacity to achieve its objectives. Voluntary agencies will in future receive funding from the health boards, to which they will be accountable for the public funds they receive. The larger voluntary agencies will have service agreements with the health boards which will link funding by the boards to agreed levels of services to be provided by the agencies. In order to improve further the linkages between the voluntary and statutory sectors, it is intended to provide representation for the voluntary sector on the health boards.

These proposals for changing the nature of the relationship between the Department, the voluntary sector and the health boards are being progressed by the Department in partnership with all concerned. An example of this partnership process is the Task Force established to oversee and manage the implementation of the proposals to restructure the health services in the Eastern Health Board area, which includes among its membership persons drawn from the voluntary sector, the Department and the Eastern Health Board. The Task Force's Interim Report was presented to the Minister in June 1997 and subsequently published. The Government has approved its recommendations as a basis for the drafting of legislation to establish a new Eastern Regional Health Authority. The legislation is now being drafted and the Task Force is continuing its work in preparation for the implementation of the new structures. A vital element of its ongoing work is close consultation and co-operation with all service providers in the Eastern region.

The transfer of responsibility for funding the voluntary mental handicap agencies has already taken place in the Mid-Western and Southern Health Board areas and is scheduled to commence in five other health board areas next year. The arrangements for the transfer have been made in accordance with an agreement which was reached between the Department, the health boards and the voluntary agencies concerned and set out in *Enhancing the Partnership*. This document outlined the procedures and protocols to govern the funding relationship between the health boards and the voluntary agencies and included safeguards and reassurances for both parties.

THE SPECIALIST AGENCIES

Specialist health agencies are significant partners in the health sector. The principal agencies are Comhairle na nOspidéal, the Postgraduate Medical and Dental Board, the Medical Council, the Dental Council, An Bord Altranais, the Food Safety Authority of Ireland, the Irish Medicines Board, the Blood Transfusion Service Board and the Adoption Board. These agencies have been established to address particular needs or to provide particular services which could not be achieved from within the Department. They have a separate and distinct role to play in the operation of the health and personal social services. Where necessary and appropriate, their functions and terms of reference will be reviewed within the overall framework of the ongoing implementation of the Health Strategy. This review will examine, inter alia, the appropriateness of the legislative basis for each of the agencies, the governance arrangements in place, their resource requirements and the basis on which they are held accountable for the discharge of their responsibilities.

THE PRIVATE SECTOR

The Health Strategy does not seek to alter the mix of public/private health service providers in any radical fashion, but rather recognises the contribution of the private sector to the achievement of the Strategy's overall objectives.

The Government remains committed to private practice within the well established public / private mix. The Health Strategy acknowledged that if the market for private practice is to be sustained, there must be a realistic acceptance by individual and institutional providers of what can be afforded and an appropriate balance must be maintained between supply and demand in relation to available facilities. The enactment of the Health Insurance Act, 1994 is facilitating the development of a competitive market in health insurance in Ireland whilst also preserving the principle of community rating.

An important development in terms of the examination of the role of the private sector will be the preparation and publication of a White Paper on private health insurance, which will set out fundamental policy objectives regarding the role of private health insurance in the overall health care system, the regulation of the private health insurance market, and the corporate structure and status of the Voluntary Health Insurance Board.

The Health (Nursing Homes) Act, 1990, which came into effect on 1st September, 1993, facilitates private and voluntary nursing homes in making a very significant contribution to meeting the needs of dependent elderly persons in Ireland. The Act requires high standards of accommodation and care in all nursing homes registered by health boards and provides for a system of nursing home subvention so that dependent persons in need of nursing care have access to such care. The Act provides the health boards with another option in meeting the needs of the dependent elderly locally and flexibly.

General practitioners also operate in the private sector in respect of approximately 65 per cent of the population. The services which they provide to their private patients often have significant implications for the public health services, particularly those in acute hospitals. Measures will continue to be taken to develop the role of general practice and to integrate it better with other health services.

THE TRADE UNIONS

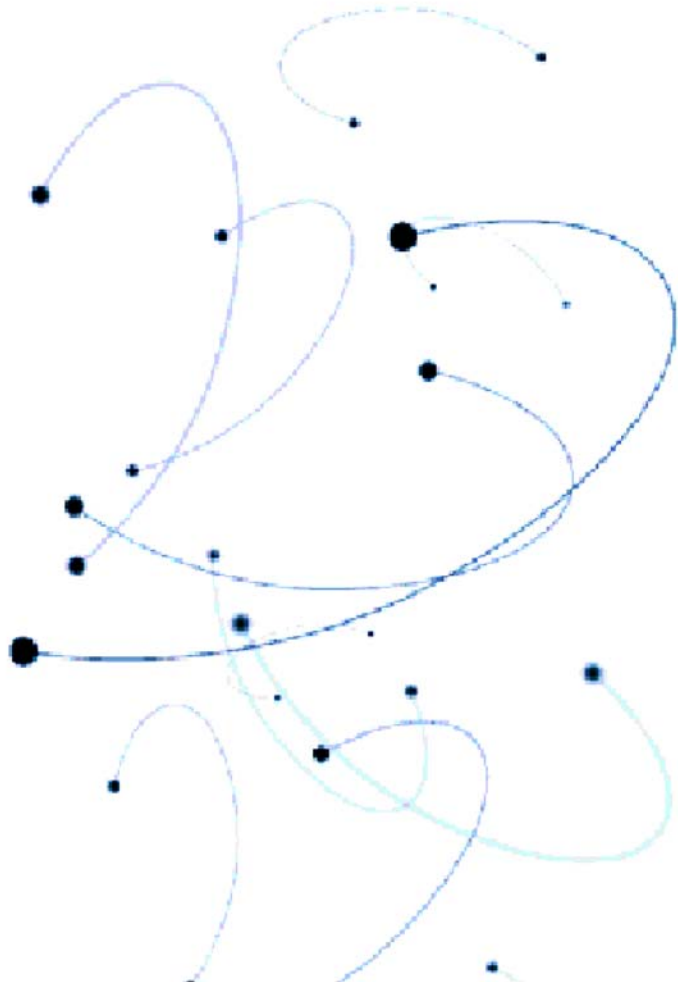
Partnership 2000 for Inclusion, Employment and Competitiveness and An Action Programme for the Millennium set the framework for progress in all sectors of Irish life. They highlight the work to be done, the services to be developed and the areas most in need of a co-ordinated approach by the social partners, if the problems facing us as we approach the next millennium are to be tackled.

The Department, in conjunction with the Health Service Employers' Agency, is committed to fulfilling its role in partnership with the unions and the representative groups of personnel working in the health services. Their dealings with the Department, whether directly or through the industrial relations procedures, on issues of local and national concern to their members will be characterised by and conducted in an atmosphere of openness and respect for the representative group and its members.



part 2

THE ROLE OF THE DEPARTMENT



chapter 3

the evolving role of the department

Work on the repositioning of the Department of Health and Children for the attainment of its objectives is underway and will continue as a key strategy for the Department. This involves four inter-connected initiatives:

- internal reorganisation measures to
 - strengthen the Department's strategic role (including the monitoring, evaluation and analysis roles in the Department);
 - prepare for the SMI change programme now reaching a crucial stage for the Department;
- ending the direct funding by the Department of voluntary hospitals and certain mental handicap agencies;
- devolving executive work to other agencies;
- redefining the Department's relationship with the agencies it funds.

This chapter outlines developments to date under each of these headings.

Internal reorganisation

The Strategic Management Initiative will reach a crucial stage within the Department over the life of this Strategy Statement and will present the Department with a number of challenges in important areas, viz.

- the implementation and operation of the Public Service Management Act, 1997;
- the implementation and operation of the Freedom of Information Act, 1997;
- the implementation of the Strategic Management Initiative reform programme, in particular changes in the areas of :
 - Human Resource Management;
 - Financial Management;
 - Information Technology;
 - Quality Customer Service.

The Department also needs to promote the Service Plans now being used in the health boards as the basis for on-going discussions between the Department and the agencies and as a benchmark for measuring the achievement of objectives. These areas will be addressed as a priority by the Department over the life of this Strategy Statement.

PUBLIC SERVICE MANAGEMENT ACT, 1997

The Public Service Management Act, 1997, which commenced in September, 1997, sets out a new statutory basis for defining the respective roles of the Minister and the Secretary General and the link between Government policy and its implementation. It also places a number of responsibilities on the Department, for example in relation to the preparation of Strategy Statements, the delegation of responsibility for the achievement of objectives to particular officers or grades of officer, and managing human resource matters relating to the appointment, performance, discipline and dismissal of civil servants below the grade of Principal.

THE FREEDOM OF INFORMATION ACT, 1997

The Freedom of Information Act, 1997 will have a major impact on the Department and on the health agencies. Since 21st April, 1998 members of the public have full access, subject to some exemptions, to personal information and to other information. The Department has spent considerable time and resources on preparing for the FoI Act and examining its implications and operation.

As part of its preparation for the operation of the FoI Act, the Department is engaged in examining the way it manages its records so that requests made to the Department under the Act are dealt with in a speedy, comprehensive and informed manner. A new Records Management Strategy will be implemented over the 12-18 month period following publication of this Strategy Statement. The roll-out of the Strategy to all staff will require a large effort, if it is to be of benefit to the public under the FoI Act and the staff internally.

THE CIVIL SERVICE SMI PROCESS

In May, 1996, Delivering Better Government: A Programme of Change for the Irish Civil Service, which built on the earlier work done under the SMI, set out the overall change framework and set as the key aims of the change programme :

- delivering a quality customer service to all customers, both internal and external, including policy advice;
- the devolution of authority, responsibility and accountability to appropriate levels within the organisation;
- the introduction of Statements of Strategy for Departments and Offices which would define the broad framework and operating environment of the organisation.

Delivering Better Government also identified the need to support the proposed changes with a programme of action in a number of areas. This was considered necessary if the proposed change programme is to succeed. Action is being taken by the Department in a number of areas, as follows:

Quality Customer Service

In December, 1997, the Department published its Customer Service Action Plan, covering the period 1998 - 1999. The Action Plan set out a number of planned changes to the way customer services are delivered by the Department. It also set down targets which staff of the Department will aim to achieve, over the life of the plan, in relation to written correspondence and telephone calls. In addition, it outlined the Department's intention to :

- establish a Customer Call-In Centre in Hawkins House to deal with queries from the public, including requests for information arising from the FoI Act;
- examine and improve the services provided by the General Register Office to its different customer groups;
- introduce Lo-Call Telephone services for accessing the Department;
- appoint a member of staff to co-ordinate services through Irish;
- set up feedback mechanisms for comments on the service it provides, including the

establishment of a Customer Consultation Group; and

- review the service standards being achieved by the Department via an independent third party.

Human Resource Management

The setting of organisational objectives from the highest level of management down to the team and individual level is a fundamental activity in performance management. Having set out the objectives for the organisation in the Strategy Statement, the next step is to derive from the high-level objectives for a given area a further sub-set of objectives in so far as they relate to an individual / team. The skills required to achieve the objectives and the performance indicators against which outcomes will be measured will require detailed planning, consultation, training and support throughout the organisation. Training and development programmes in the Department will focus in particular on personal development, performance appraisal, management development and information technology.

Information Technology

The IT programme for the Department will have the Strategy Statement and the key Departmental objectives as its starting point. The priorities, objectives and the steps to achieving them will be the focus of IT. IT will be deployed to add value to key processes. Demands for IT services within the organisation will need to be set against the Strategy Statement and the achievement of objectives and outcomes. The resourcing of the IT function will be examined in this light.

In the short term, the focus in IT will be on providing IT support to the FoI programme underway within the Department, including support for the emerging Records Management Strategy. The issues surrounding the Year 2000 changeover will continue to be the focus of considerable resources in the short term also.

Financial Management

Arising from the SMI process, the Public Service Management Act, 1997, and the need for more efficient and effective use of resources, there is a need to update and expand the finan-

cial information to be used at Departmental level. The move to increased accountability, responsibility and authority at all levels of the organisation will create a need for a corresponding change in financial procedures and a corresponding increase in financial information to assist this.

Partnership

Partnership 2000 provides for the establishment in each Department / Office of a committee which will involve management, unions and staff in the on-going implementation of the change programme emerging as a result of the SMI process on a partnership basis. This committee will both communicate and consult with all staff in the organisation. The proposed changes and the scale of the programme will require the Department to engage in both, if there is to be ownership within the organisation of the change process. The joint structure will also concern itself with discussions of other issues and decisions likely to impact on the organisation of work within the Department. The aim of the committee will be to identify areas within the Department which require attention and which can be resolved by its members working together in an open atmosphere of mutual assistance and team building.

Transfer of funding of voluntary agencies to the health boards

The transfer to the health boards of the funding of voluntary mental handicap agencies and voluntary hospitals is a major component of the Department of Health and Children's strategy over the next few years.

Enhancing the Partnership, the report of the Working Group on the Implementation of the Health Strategy in Relation to Persons with a Mental Handicap, sets down a number of recommendations, principles and structures where-by this can be achieved. The aims are :

- to encourage and support a constructive relationship between the boards and the agencies;
- to transmit to the key personnel in health boards the knowledge and experience devel-

- oped in the Department over many years;
- to enhance the measurement systems such as casemix measurement or equivalent which will assist health boards and agencies to maintain a professional contractual relationship; and
- to clarify the future working relationships between the Department, the agencies and the health boards.

The work involved in effecting this transfer in an orderly and transparent manner has already commenced. In 1998, the initial steps to achieving this were taken with two health boards assuming responsibility for those voluntary mental handicap agencies within their area. This process will be extended to five other health board areas next year.

The transfer of the funding of the voluntary hospitals and agencies within the Eastern region will take place on the establishment of the new Eastern Regional Health Authority.

Devolving executive work

A proportion of the work currently carried out in the Department is not directly related to its mission or objectives. Procedures which involve the Minister or Department in work which can and should be carried out by other agencies are being identified and arrangements made, where appropriate, for their phased transfer out of the Department.

The following steps are being taken or planned to implement this transfer:

- the phased transfer to the Health Service Employers' Agency of industrial relations and related pay functions currently carried out in the Department;
- the phased transfer to the Health Service Employers' Agency of responsibility for the provision of advice to the health agencies on the interpretation and implementation of employment conditions, including employment law;

- the introduction of legislation to establish a Joint Services Executive Agency which would assume responsibility for co-ordination of executive functions relevant to health boards;
- the devolution to health boards of:
 - the co-ordination of ambulance service developments;
 - the issuing of certificates of free sale for food export purposes;
- the transfer to the Irish Medicines Board of:
 - the licensing of the import and export of amphetamines;
 - the issuing of licences under the Misuse of Drugs Act;
- the devolution to an appropriate agency of:
 - the licensing of medical devices;
 - the evaluation of medical technology;
- the nomination of an agency as the competent authority for the free movement within the EU of health professionals not already assigned to a competent authority;
- the transfer to the Health Services Employers' Agency of responsibility for the administration of the voluntary hospitals' and nominated health agencies' superannuation schemes;
- the amendment of the Food Hygiene Regulations regarding the Ministerial role in the appeals process;
- the cessation of the practice of requiring Ministerial sanction for treatment of patients abroad;
- further devolution of capital funding to health boards and agencies;
- devolving responsibility in respect of disciplinary matters to CEOs of agencies .

Redefining the relationship with the agencies

The Department's relationship with the health service agencies it funds (health boards, voluntary hospitals and mental handicap agencies) involves Departmental staff in many operational matters. This is no longer in keeping with the Department's role. The time spent on day-to-day operational matters makes it difficult for the Department to exercise the increasingly important functions of developing policy, measuring performance and evaluating services. This is all the more important in view of the full

implementation in 1998 of the provisions of the Health (Amendment)(No 3) Act, 1996.

The provisions of the Health (Amendment) (No.3) Act, 1996 require all health boards to prepare and adhere to an agreed service plan for each financial year. Similar requirements are being implemented on an administrative basis for the voluntary agencies. This process, which has started, should result in due course in an easing of the pressures on the Department in relation to matters of day-to-day funding. The transfer to the health boards of responsibility for funding of voluntary agencies will detach the Department from day-to-day involvement with individual voluntary agencies, other than in relation to matters of national policy.

The reduction in the number of agencies reporting directly to the Department should enhance its ability to support the Minister in the discharge of his or her functions. It will also enable it to devote more time to assuring the effective and efficient implementation of policy.



chapter 4

critical success factors

The work programme of the Department, which is set out in greater detail in the Chapter 6, outlines the steps the Department will take, in conjunction with our partners, in relation to existing services and in relation to the development of new services. The availability of a large number of policy documents and strategies covering the many facets of health care is of great benefit to the Department and the service providers. The relationship between the Department and its partners is a key strength and a solid basis on which to build services in the future.

If the Department is to address the key areas which it has outlined as being of strategic importance, it is crucial for it to strike the appropriate balance between its day-to-day operational work and the work required to plan, develop, monitor and review the services and the environment in which they are delivered. The challenge for the Department will be to continue to co-ordinate the many aspects of the ongoing work in the Department, while at the same time making time and resources available to implement the opportunities presented by the civil service reform initiatives and the initiatives being pursued in the health services. The programme of devolving work to other agencies in an organised way as outlined in the foregoing chapter is crucial in this respect.

As the timeframe between planning new services and delivering these services gets shorter, as the demand for greater levels of quality service increases and as Strategy Statements prepared by Departments develop the links between organisations, this Department will be required to become more involved in:

- inter-departmental work in order to achieve objectives which relate to more than one Department;
- internal project groups within the Department, e.g., the internal Project Team on the restructuring in the Eastern region, which will draw together managers from a range of divisions with specific terms of reference over a specified period of time, so that the implications for decisions taken in one area are worked out in consultation with other divisions directly involved;
- working more closely with health boards and other agencies on a partnership basis, particularly in relation to the Eastern Regional Health Authority, as the new structures and

arrangements are being developed and implemented; and

- developing and implementing new strategies in an integrated way, e.g., in the preparation of Cardiovascular Health Strategy.

HUMAN RESOURCES

There are approximately 450 staff working in the Department of Health and Children, including the General Register Office. The Department is fortunate to have staff who are committed to the continuous development of better services, both internally and in the wider health services. They have also acquired skills and expertise which enable them to work with the agencies in a professional and innovative way. Over the coming months, it will be important to set down the timetable for the internal change programme, to take account of the Department's work programme, including for example the major structural changes which will result from the establishment of the Eastern Regional Health Authority, and to inform staff of what will be required of them and what they can expect from the organisation in return.

It is likely that there will be some disruption to the day-to-day work of the Department in the early stages, as the programme of change is being implemented. The many demands which will be placed on staff as they engage in the different initiatives, while maintaining the existing level of services to their customer groups, including the Minister and Government, will place a strain on the resources of the organisation. A key element in managing the change process will be developing an efficient communications process, both internally and with outside interests. The communications issue will be addressed by the Department as a priority over the lifetime of the Strategy Statement.

The extent to which staff have the knowledge and skills required will have a major impact on the achievement of the Department's objectives. The Department is committed to the provision of appropriate training to ensure that staff will have the relevant knowledge and skills required for the emerging Department. However, factors outside the control of the Department can affect the availability of suitable staff, e.g., rapid staff turnover, for whatever reason, can lead to a high proportion of new and untrained staff who may take time to develop.

For the outcomes identified to be achieved, and in order to plan for the changes, it will be essential that a minimum level in staffing numbers should be agreed and maintained for the duration. The level of funding required for the training and development aspects identified above, once quantified, will also need to be provided.

The development and introduction of a new human resource management strategy within the civil service and within the Department will have a very positive impact. However, this will only be the case if it is given the priority and resources required and if they are developed in a partnership context. The Department is committed to developing and resourcing the change programme as a priority.

CHANGE MANAGEMENT BUDGET

It will be necessary to set aside resources in order to implement the proposed SMI change programme. It will also mean that the Department is likely to incur additional costs as it sets out to address the different areas identified through the proposed Partnership Committee. It is likely, for example, that the Department will engage external facilitators to assist in the setting up of the Partnership Programme and in the preparation and delivery of the internal Action Programme at crucial stages.

The various initiatives proposed under the SMI process and by the proposed local Partnership Committee are likely to call for additional funding over and above the normal costs. The Partnership Committee, following consultation with staff, will be in a better position to set

down the additional resources required for the change programme.

The Department is committed to progressing the change management process and will ensure, in its management of the administrative budget, that resources are reallocated accordingly.

MONITORING THE ACHIEVEMENT OF OBJECTIVES

As part of the development of the performance management programme, it will be necessary to build appropriate feedback mechanisms into the system to enable the Department and the Minister to monitor progress in the achievement of the objectives set out in this Strategy Statement. This reporting and feedback mechanism, the aim of which will be to compare progress with the planned achievement of objectives, will be an integral part of the system. The aim will be to monitor the achievement of objectives as a day-to-day task, to identify areas requiring attention and to set down plans to address any difference.

EXTENDING THE SMI PROCESS TO THE WIDER HEALTH SERVICES

The preparation by the health boards of annual service plans means that the basic principles of the SMI process in the health boards have begun to be established. The use of service planning as a strategic management tool will be extended to include all agencies under the aegis of the Department over the coming years. The challenge now for the Department, in conjunction with the health boards and agencies, is to ensure that the correct information will be collected and that appropriate performance indicators are developed to provide for an effective evaluation and comparison of services. This is being addressed by the Department as the preparatory work for the 1999 service plans gets underway.

As the Department's experience with the various change programmes under the SMI increases, the question of how best to extend the different initiatives to the wider health services will be considered.

chapter 5

key priorities

KEY PRIORITIES

It is clear from the foregoing chapters that the environment in which the Department of Health and Children carries out its operations is a complex, challenging and constantly changing one. Our objectives and key priorities are framed within that context.

At the outset, it must be acknowledged that the rapidly changing healthcare environment sometimes gives rise to issues of great national importance at very short notice. These would be issues which might not have been possible to predict in advance - such as the BSE crisis, for example - and as a result of which the Department's priorities and key objectives have to be reviewed. Notwithstanding that reality, it is possible, and indeed essential, for the organisation to set itself medium-term objectives by which it will strive to fulfil its mission.

In the next chapter, the key objectives for each division and unit within the Department are set out, followed by the steps proposed for their achievement. Every one of these objectives is important in fulfilling the Department's overall mission of protecting and promoting the health and welfare of people. In line with the policies outlined in An Action Programme for the Millennium, a number of them have been identified by senior management as key priorities for the Department over the lifetime of this Strategy Statement.

SERVICES FOR CHILDREN

Since the publication of the last Strategy Statement in May 1997, there has been a significant expansion in the Department's role and responsibility in relation to the welfare of children. As outlined elsewhere in this document, the focus in the coming years will be on preparing a national strategy for children and improving the co-ordination of policies across Government departments. This Department will also continue to develop and improve services for children, most of which are provided by the health boards. The establishment of a Social Services Inspectorate, which will promote and ensure the development of quality standards, is a key priority in this regard.

FOOD SAFETY

In the wake of the BSE crisis and other food safety alerts in recent years, the Department of

Health and Children is assuming an increasingly important role in assuring the safety of food and a Minister of State in the Department has been given specific responsibility in this area. The Food Safety Authority of Ireland Bill will be brought before the Oireachtas at an early date. The legislation will, inter alia, vest overall responsibility for the enforcement of all food safety provisions in the new Authority. Overseeing its successful establishment and development after the enactment of the Bill will be a major task for the Department.

BLOOD PRODUCTS

The development of enhanced standards of safety in relation to blood and blood products and the promotion of safety measures to acceptable international standards is a key priority for the Department. We will ensure that the recommendations of the Tribunal of Inquiry into the Blood Transfusion Service Board (BTSB) are fully implemented. This will involve overseeing the restructuring of the BTSB and its relocation to new, purpose-built premises which meet pharmaceutical industry standards. The Department will also continue to focus on ensuring that appropriate healthcare services are available for persons who have been infected by blood products in the past.

CARDIOVASCULAR DISEASE, CANCER AND ACCIDENTS

Cardiovascular disease, cancer and accidents were identified by the Health Strategy as the three main causes of premature death (i.e. under 65 years of age) in this country. It has been recognised that the most effective means of tackling such issues is by way of an integrated strategy of prevention and care. 1996 saw the publication of a National Cancer Strategy and, in March 1997, an accompanying regional action plan was launched, which is now being implemented. This year, the Minister for Health and Children has announced the development of a Cardiovascular Health Strategy, and has provided for significant improvements in cardiovas-

cular services, particularly at regional level, to reduce waiting times for heart surgery dramatically in the next few years. Initiatives on the reduction of smoking - acknowledged to be a major cause of both cancer and heart disease - are being progressed in the context of the Cancer Strategy and will also play a major part in the Cardiovascular Strategy.

In the coming year, the Department will focus on accidents, the third major cause of premature deaths. Adopting the same approach, the Department will develop, in co-operation with other Government Departments and agencies as appropriate, an integrated strategy to achieve measurable improvements in this area. The strategy is likely to include, inter alia, improvements in rehabilitation services, the development of a national database on accidents and a series of initiatives, developed on an inter-sectoral basis, aimed at reduction and prevention.

ABORTION

The issue of abortion is arguably the most difficult and sensitive issue facing Irish public policy makers at present. While it has many social, ethical and political ramifications, some of which extend far beyond healthcare, the primary responsibility for assisting the Government to develop a coherent policy position on the issue of abortion rests with this Department. The experience gained by the Department in recent years, particularly in formulating legislation to provide for abortion information, will be of benefit in this regard. An Interdepartmental Working Group has been established to prepare a Green Paper on Abortion under the direction of a Cabinet Committee. Submissions have been invited from interested parties and it is hoped to complete the work by the Summer of 1998. On its completion, the Green Paper will be published and will be referred to the All-Party Committee on the Constitution for consideration.

SERVICES FOR OLDER PEOPLE

One of the effects of the improvements achieved in people's health in recent decades has been the increase in the numbers of people living into their seventies and eighties and even beyond, a trend which is likely to continue. The development and improvement of services for older peo-

ple is a Government priority. A Minister for State in the Department has been given specific responsibility for these services. Among the priorities in this area are the development of palliative care and hospice care services and a review of the private nursing home subvention.

SERVICES FOR PERSONS WITH A MENTAL HANDICAP

Major advances have been made in recent years in developing and improving services for persons with a mental handicap, but much remains to be done. The publication of *An Assessment of Need: Services for Persons with a Mental Handicap, 1997-2001* marked a major step forward for the Department and the services, in that it quantified, for the first time, the extent of the requirements for services in this area. The Department has recently secured funding of £30m for a programme of capital developments in the area of mental handicap. It must now oversee the successful implementation of that programme and ensure that the associated revenue and staffing requirements can also be put in place.

STRUCTURAL AND ADMINISTRATIVE REFORM IN THE HEALTH SERVICES

Just as the Department faces a complex and rapidly-changing environment, the health boards and agencies it funds also have to adapt to new situations. The Department of Health and Children will assist the health boards and agencies to take on the new roles now being required of them. In particular, where functions and responsibilities are being devolved from the Department, the capacity of the boards and agencies to perform the new functions will be critically evaluated and appropriate action taken, if required. Measures of this kind are being taken in relation to the strengthening of the finance function in health boards at present. Of particular significance in this regard will be the establishment of the Eastern Regional Health Authority. It will be very important to ensure that the new Authority and the other agencies involved in the project have the personnel, the skills and the infrastructure required to perform the functions expected of them in the new environment.

chapter 6

divisional objectives

DIVISIONAL OBJECTIVES AND STEPS TO ACHIEVING THEM

What follows is a detailed outline of divisional objectives for the Department and steps to achieving them. The advent of performance measurement in the civil service requires each unit or division within the organisation to set objectives which have specific measurable outcomes and to outline identifiable steps towards the achievement of those objectives. This process will assist managers and staff to develop detailed business plans for their areas of work and to participate actively in the achievement of the high-level policy objectives of the Department.

We acknowledge that this is but a first step towards the development of more refined business plans for each work area. The formulation of these more detailed plans, which will include the identification of the critical success factors, setting performance indicators and indicating what corrective action might be taken in the event of objectives not being reached, will be undertaken over the coming months. These business plans will be essential to the implementation within the Department of the new human resource management arrangements and the devolution of management responsibilities under the provisions of the Public Service Management Act, 1997.

PRIMARY HEALTH CARE

COMMUNITY HEALTH

Objectives:

- Work towards the introduction of a national cervical screening programme;
- Improve the monitoring and prevention of infectious diseases;
- Achieve 95% uptake in Primary Childhood Immunisation Programme as far as possible;
- Ensure the availability of comprehensive and appropriate family planning and pregnancy counselling services;
- Assist the Government in developing a policy on Abortion.

Steps:

- Oversee, monitor and evaluate on an ongoing basis the piloting of the cervical screening programme in the Mid-Western Health Board area;
- Following two years' experience of the pilot, commence the introduction of the national cervical screening programme;
- Establish a National Disease Surveillance Unit before the end of 1998;
- Monitor progress in Primary Childhood Immunisation Programme;
- Assist Cabinet Committee to prepare a Green Paper on Abortion by Summer 1998;
- Request health boards to review family planning and counselling services in their areas.

DENTAL SERVICES

Objectives:

- Reduce the level of dental disease in children;
- Improve the level of oral health in the population overall.

Steps:

- Set oral health targets for key age groups and establish an oral health database for monitoring changes in oral health;
- Increase efficiency and number of water fluoridation schemes;
- Promote increased use of fluoride mouthrinses and fluoride toothpaste especially in low fluoride areas;
- Continue implementation of Dental Health Action Plan;
- Develop specialised dental services through the establishment of regional consultant services.

DRUGS/AIDS SERVICES

Objectives:

- Oversee the implementation by health boards of a comprehensive preventive and curative programme covering all aspects of drugs misuse;
- Participate in the work of the National Drugs Strategy Team;
- Ensure the provision of comprehensive HIV/AIDS prevention and treatment services;
- Enhance rehabilitation services for those addicted to drugs.

Steps:

- Continue to expand drug treatment facilities, especially in the Eastern Health Board area;
- Involve more General Practitioners and pharmacists in local provision of drug treatment;
- Improve the database on the nature and extent of drugs misuse;
- Continue support for the prevention initiatives on HIV/AIDS;
- Improve systems for the surveillance of the incidence of HIV/AIDS;
- Continue to focus on the provision of appropriate treatment and care services for people with HIV/AIDS;
- Continue to expand rehabilitation places provided by health boards in co-operation with voluntary and community organisations as well as statutory organisations such as FAS.

GENERAL MEDICAL SERVICES

Objectives:

- Promote the effective, efficient and economic development of the General Medical Services and Community Drugs Schemes;
- Ensure a value for money return on the public investment in general practice;
- Ensure the provision of a high quality, cost-effective and accountable community pharmacy service;
- Introduce mechanisms to control the cost and supply of drugs and medicines in general practice and the community.

Steps:

- Evaluate and monitor the level of investment in general practice;
- Ensure that community pharmacy services are properly structured;
- Continue the operation of the Indicative Drugs Target Savings Scheme;
- Extend the principles of the Indicative Drugs Target Savings Scheme to the Community Drugs Scheme;
- Further develop initiatives to control the cost and supply of drugs and medicines;
- Develop initiatives to ensure consumer awareness of the benefits that flow from measures to control the cost of drugs;
- Liaise with General Practitioners, pharmacists and health boards as necessary.

FOOD, MEDICINES AND ENVIRONMENTAL HEALTH

Objectives:

- Undertake measures to protect the health and safety of the public in relation to:
 - food;
 - medicines;
 - tobacco;
 - environmental health issues;
- Ensure that the State complies with EU and international regulatory requirements in relation to the above matters.

Steps:

- Complete transfer of functions to Irish Medicines Board;
- Create database of licensed medicinal products;
- Enact Food Safety Authority of Ireland Bill;
- Oversee establishment and development of Food Safety Authority;
- Strengthen food control function in health boards;
- Proceed with early transposition of EU Directives;
- Review procedures for handling food safety alerts in conjunction with health boards;
- Develop Smoke-Free policy;
- Complete National Environmental Health Action Plan by early 1999.

SECONDARY CARE

Objectives:

- Implement the commitment of the health strategy in relation to the relationship between the Department, the health boards and the voluntary hospitals;
- Progress the achievement of regional self-sufficiency in acute hospital services;
- Further develop the capacity of the ambulance services in partnership with other providers of pre-hospital care;
- Progress integrated prevention and care strategies relating to cancer, cardiovascular disease and accidents;
- Link the allocation of base funding and new development funding for hospitals more closely with activity, cost analysis and quality measures;
- Monitor the effectiveness of new and existing technologies in the acute hospital sector.

Steps:

- Participate in the implementation of the proposals to establish the Eastern Regional Health Authority and facilitate the putting in place of appropriate new funding mechanisms for the voluntary hospitals;
- Agree a comprehensive commissioning programme of acute hospital developments to include developments underway, planned, and under active consideration in all health board areas, including the voluntary sector;
- Continue preparations for the establishment of a heart/lung transplant programme in Ireland;
- Assist the Adelaide and Meath Hospital, Dublin, incorporating the National Children's Hospital, in completing the merger of activities at the base hospitals and in transferring its services to the new hospital in Tallaght;
- Assist the Tallaght Hospital Board in the completion of its work;
- Promote the development of an integrated approach to the delivery of emergency medical services;
- Progress the development of a clinical audit system for the ambulance service;
- Continue to co-ordinate the implementation of the Cancer Strategy;
- Develop and implement integrated strategies in relation to cardiovascular disease and accidents;
- Develop the casemix model and implement a methodology having regard to activity, cost and quality;
- Review the Waiting List Initiative to improve its efficiency and effectiveness;
- Institute a system to assess new technology and to monitor the effectiveness of existing technology in the acute hospital sector.

CHILDREN AND DISABILITY**CHILD CARE POLICY UNIT****Objectives:**

- Monitor the implementation by Health Boards of the Child Care Act, 1991;
- Initiate proposals at a national level for the further development of child care services;
- Develop a modern legislative framework to reflect contemporary adoption practice.

Steps:

- Continue the programme of development of child protection and family support / preventive services;
- Establish a Social Services Inspectorate for inspection of and promotion of good practice in child care services;
- Continue implementation of the recommendations of the Kilkenny Incest Investigation Report, Kelly Fitzgerald Report and Madonna House Report;
- Support Minister of State in passage through the Oireachtas of the Adoption (No 2) Bill, 1996, the Children Bill, 1996 and the Protections for Persons Reporting Child Abuse Bill, 1998;
- Review Child Abuse Guidelines and prepare a White Paper on Mandatory Reporting;
- Review foster care services;
- Continue to participate in Partnership 2000 Expert Working Group on Child Care with particular reference to Part VII of the Child Care Act, 1991;
- Prepare legislation to enable the State to ratify the Hague Convention on Protection of Children and Co-Operation in respect of Intercountry Adoption;
- Prepare legislation to provide for post adoption follow-up reports in inter-country adoption;
- Prepare legislation to establish a post adoption contact system.

DISABILITY SERVICES AND SERVICES FOR TRAVELLERS**Objectives:**

- Assist persons with mental handicap, physical and sensory disabilities to achieve their full potential through the development of appropriate services;
- Establish a new partnership between the Department, the health boards and the voluntary agencies;
- Improve the quality and quantity of training and work opportunities for people with disabilities;
- Achieve an improved health status in the Travelling Community by measures designed to increase their level of take-up of services.

Steps:

- Pursue the development of services for persons with a mental handicap as outlined in Assessment of Need for Services for Persons with a Mental Handicap 1997-2001;
- Implement the £30m capital programme for the mental handicap services over the next four years;
- Complete the process of the transfer of responsibility for the funding of the voluntary mental handicap agencies in the remaining six health boards, to take effect in five of the boards from 1st January 1999 and in the Eastern Health Board area from 1st January 2000;
- Pursue the development of services for persons with a disability in line with the recommendations of Towards an Independent Future;
- Develop more effective processes to measure the quality, effectiveness and outcomes, including the development of standards where appropriate, of services for people with disabilities;
- Develop skills training for support staff in disability services;
- Increase the number of sheltered employment and training places for persons with disabilities to meet the targets set out in Partnership 2000;
- Appoint a Traveller Health Advisory Committee to include Traveller interests;
- Publish a policy statement on Travellers' Health;
- Continue to support health boards in their initiatives to improve services for the homeless;
- Continue development of specialist services for people with autism, where required;
- Continue the development of respite care.

BLOOD POLICY, MENTAL HEALTH & SERVICES FOR OLDER PEOPLE

BLOOD POLICY DIVISION

Objectives:

- Ensure the BTSB is supported in achieving and maintaining the highest internationally-accepted standards of safety in relation to

blood and blood products;

- Ensure that appropriate health care services are available to meet the current and future needs of persons infected by blood and blood products.

Steps:

- Ensure the full implementation of the recommendations of the Tribunal of Inquiry into the Blood Transfusion Service Board (BTSB);
- Support and oversee the restructuring of the BTSB as set out in the Report of the Tribunal of Inquiry, the Board's Development Plan and the Bain Report;
- Support the BTSB in monitoring and, where appropriate, implementing emerging new technologies which will improve the safety and efficacy of blood components in accordance with best international practice;
- Ensure the relocation of the BTSB to new, purpose-built premises which will meet pharmaceutical industry standards;
- Review the provision of primary and secondary health care services for persons with Hepatitis C;
- Support the Consultative Council on Hepatitis C and the special Hepatitis C research programme;
- Establish a Tribunal of Inquiry into the HIV and Hepatitis C infection of persons with haemophilia.

MENTAL HEALTH SERVICES & SERVICES FOR OLDER PEOPLE

Objectives:

- Continue the modernisation of mental health services;
- Promote the further development of services for older people.

Steps:

- Prepare new mental health legislation;
- Monitor progress in relation to implementation of suicide reduction / prevention strategies;
- Promote quality assurance in the delivery of mental health services;
- Develop a national policy on child and adolescent psychiatric services;
- Continue the programme of development of

community-based psychiatric services;

- Develop plan for the organisation of services for the disturbed mentally ill;
- Promote the further development of services for older people, including the development of specialist mental health services;
- Continue the development of palliative care / hospice care services in line with the National Cancer Strategy;
- Review the nursing home subvention.

MEDICAL DIVISION

Objectives:

- Provide specialist medical advice and support to the Minister and Department on key priority issues as they arise;
- Lead the development and implementation of medical manpower and training policy;
- Publish an Annual Report on the state of health in the country.

Steps:

- Finalise proposals for the identification and mobilisation of adequate and appropriate external medical advice;
- Continue the consultative process relating to medical manpower/training to complete the major training initiative recently undertaken with the Irish Committee for Higher Medical Training;
- Formulate proposals on medical manpower/training to build on progress made to date;
- Agree firm plans to resolve existing medical manpower problems and commence implementation;
- Contribute to the establishment of the National Communicable Diseases Surveillance Unit and the preparation of updated vaccination guidelines;
- Contribute to the analysis of health agencies' service plans with particular emphasis on evidence-based service provision, medical audit and outcome measurement;
- Assist in the continued consideration of medico-legal and ethical issues;
- Continue consideration of the appropriate strategy and structure for the assessment and diffusion of medical technology in the health service.

PERSONNEL MANAGEMENT AND DEVELOPMENT

Objectives:

- Support the further development of the Health Service Employers' Agency;
- Ensure optimum devolution to health agencies of day-to-day responsibility for personnel issues;
- Ensure the application of public sector pay policy in the health services;
- Develop a strategy for the introduction of new arrangements for medical indemnity;
- Further progress the Management Development Strategy;
- Support the work of the Nursing Commission and lead the ensuing implementation programme.

Steps:

- Transfer to the Health Service Employers' Agency the provision of advice to the health agencies on the interpretation and implementation of employment conditions, including employment law;
- Transfer to the Health Service Employers' Agency the responsibility for the administration of the voluntary hospitals' and nominated health agencies' superannuation schemes;
- Ensure progress towards the implementation in the health services of the key goals of partnership in accordance with Partnership 2000;
- Assist health service employers in the development of modern human resource management policies for the health service;
- Initiate a detailed examination of the need for the introduction of accreditation systems for health professionals;
- Devolve responsibility in respect of disciplinary matters to CEOs of agencies;
- Implement the 1997 Consultants' Contract, including provisions to involve consultants in the management process at hospital level;
- Gain support of health service agencies and medical profession for proposed strategy on medical indemnity and prepare proposals for Government;
- Continue work with Office for Health Management to identify areas of Management Development Strategy for action;

- Identify development needs of consultants in new management arrangements;
- Develop manpower planning criteria appropriate for nursing;
- Ensure the ongoing development of nursing education and training.

FINANCE, PLANNING AND INTERNATIONAL

PLANNING AND EVALUATION UNIT

Objectives:

- Further develop service planning and its implementation;
- Promote an evaluative approach to service development and review to support the effective working of the Department in its policy focused role;
- Support the work of the Department in policy analysis, development and review;
- Review and streamline the regulatory framework for eligibility for health services;
- Support the attainment of value for money by the health agencies in the materials management area;
- Initiate a series of comprehensive value for money audits in the health service;
- Monitor the implementation of the Department's commitments in relation to social inclusion set out in Partnership 2000;
- Review the Health Strategy and co-ordinate preparation of a new Strategy for 1999 - 2010.

Steps:

- Lead and facilitate Departmental and health agency representatives in specifying the requirements to be included with service plans so as to better enable the Department to analyse, agree and monitor these plans;
- Facilitate the development and use of performance indicators in the monitoring of service plans and the assessment of policy requirements;
- Promote the appropriate linkages between Departmental objectives and health agency service plans;
- Enhance and extend our analytical capabilities through the most effective means available;
- Support the implementation of the report of

- the Materials Management Advisory Group;
- Develop and establish a framework, based on best practice and methodologies most suitable for the Irish health care context, to be used by the Department (and, if possible, the health agencies) in carrying out evaluations and service reviews;
- Ensure that evaluation and service review are appropriately catered for in health agency service plans;
- Ensure that a series of value for money audits are carried out in the context of the implementation of the Materials Management Advisory Committee and the programme of expenditure reviews agreed with the Department of Finance;
- Review eligibility framework with a particular focus on long stay charges, medical card eligibility of the elderly and large families and uniform interpretation of provisions relating to retention of medical cards by long term unemployed persons entering employment or approved work schemes;
- Monitor and review the bed designation system established pursuant to the Health (Amendment) Act, 1991;
- Co-ordinate the monitoring of progress on implementation of Partnership 2000.

INFORMATION MANAGEMENT UNIT

Objectives:

- Provide a statistical and analytical resource for the Department;
- Manage and develop the Department's principal data collection systems including the production and dissemination of reports.

Steps:

- Continue to develop the Public Health Information System as a key source of national and regional data on population-based health indicators for the purposes of policy and planning;
- Play a full role in the EU Programme on Health Monitoring and work closely with the WHO and OECD in the continuing development of comparative international health information systems;
- Rationalise the HIPE and Perinatal data collection systems through the transfer of certain functions to appropriate agencies;

- Improve the use and timeliness of the Integrated Management Returns and integrate them into the development and evaluation of service plans;
- Update and improve the Report on Health Statistics;
- Further develop the statistical budget model which underpins the casemix programme;
- Participate in data collection initiatives in the area of accidents and ensure that the European Home and Leisure Accident Surveillance System is incorporated into these developments.

FINANCE AND ACCOUNTING

Objectives:

- Review methodology for developing the health estimates and the associated multi-annual budgeting process;
- Further develop service planning and implementation;
- Further the development of the finance function in the health boards;
- Ensure that the highest accounting standards are met by the Department, the health boards and the agencies;
- Give advice on professional accounting matters generally.

Steps:

- Refine the Unit's and the Division's methodology and timing for determining future funding requirements;
- Develop linkages between the estimating process and the service evaluation exercise;
- Review and monitor service plans in accordance with legislation;
- Assist in the continuing development of the structure and content of service plans;
- Assist in the implementation of service planning in the new Eastern Regional Health Authority;
- Update financial and accounting systems throughout the health boards;
- Develop the concept of devolved management of the finance function.

HEALTH INSURANCE & INTERNATIONAL

Objectives:

- Ensure that community rating remains the core principle underlying private health

insurance in the State;

- Enable the development of a competitive private health insurance market;
- Discharge the Department's international obligations, particularly within the European Union and the World Health Organisation.

Steps:

- Prepare a White Paper on private health insurance covering its role in the overall health care system, the regulation of the private health insurance market and the corporate structure and status of the Voluntary Health Insurance Board;
- Represent the national interest in relation to health matters in the EU, WHO and other international fora;
- Promote further North/South co-operation in health matters.

HOSPITAL PLANNING OFFICE

Objectives:

- Ensure that the best use is made of the State's investment in the capital programme;
- Devolve executive work in relation to capital development to other agencies to the maximum extent possible;
- Develop the evaluation function of the Hospital Planning Office.

Steps:

- Manage the capital programme;
- Review existing methods of facilities procurement and investigate new methods to meet differing needs;
- Implement a policy for the collection, transportation, treatment and disposal of health-care risk waste;
- Conduct an assessment of hospital equipment needs - new and replacement - and implement a planned programme to meet these needs;
- Progress, in consultation with agencies, the devolution of executive work;
- Develop the evaluation of the operational, quality and economic performance aspects of capital projects.

STRATEGIC POLICY DEVELOPMENT

CORPORATE SERVICES DIVISION

Objectives:

- Provide efficient, effective and high-quality support services to the Department in the areas of: information technology, library and information services, office administration, management of the administrative budget and human resources;
- Develop staff training and development programmes to enable all staff to reach their full potential;
- Implement the civil service reform process within the Department;
- Enhance the provision of information to the general public;
- Progress the establishment of the Eastern Regional Health Authority in co-operation with the Task Force;
- Ensure that the Department can meet the requirements of the Freedom of Information Act, 1997 and support the health agencies in meeting those requirements.

Steps:

- Update the computer network in the Department and restructure the internal systems unit;
- Provide a customised Management Development Programme to all Assistant Principals and Principals over the next two years;
- Provide personal development courses for clerical and executive grades in 1998;
- Assess I.T. training needs of all new staff and address same;
- Implement the Department's Customer Service Action Plan;
- Co-ordinate the Working Group on the provision of health services public information and present recommendations for improvements;
- Expand the Department's internal and external electronic publishing programme (web site and internal intranet);
- Widen and deepen the SMI process within the Department and support its extension to health boards and agencies;
- Progress legislation for the establishment of the Eastern Regional Health Authority;

- Liaise closely with the Task Force on the Eastern Regional Health Authority and participate in the work of the internal Project Team to formulate the policy context for the implementation of the new structures;
- Publish a guide to the Department as required by the Freedom of Information Act;
- Agree a records management strategy, implementation plan and procedure manual for the Department;
- Facilitate the expansion of the remit of the Ombudsman to include medical areas.

SYSTEMS UNIT

Objective:

- Ensure that the health services incorporate the appropriate developments in Information Technology and Telematics in providing high-quality patient administration, clinical services and resource management.

Steps:

- Manage the information systems capital programme so that the highest value is obtained from it;
- Progress, in consultation with the agencies, the devolution of IT developments;
- Progressively build up a strong strategic review and evaluation capacity within the unit, with an emphasis on standards and best practice;
- Provide IT development advice and assistance to the health agencies generally and to the General Register Office;
- Maintain and develop the highest levels of IT strategic competencies in the unit through staff development and training.

HEALTH PROMOTION UNIT

Objectives:

- Pursue the achievement of the health promotion targets outlined in the Health Strategy and the Health Promotion Strategy;
- Continue to develop the multi-sectoral approach to health promotion;
- Strengthen the health promotion function at local level.

Steps:

- Encourage the development of locally based health promotion initiatives in schools, workplaces, the community, hospitals and healthcare facilities;
- Pursue the devolution of certain executive functions to the health boards;
- Initiate a national multi-media alcohol awareness campaign;
- Reconstitute the National Consultative Committee on Health Promotion;
- Initiate a new multi-media anti-smoking campaign;
- Strengthen school-based anti-smoking initiatives already in place.

WOMEN'S HEALTH POLICY**Objectives:**

- Put the Women's Health Council on a firm administrative footing;
- Develop a process for the implementation by the health boards of relevant aspects of the Women's Health Plan;
- Develop priorities within the Department for the implementation of relevant aspects of the Women's Health Plan;
- Secure, in consultation with the health boards, adequate resourcing for women's health, including rape crisis centres and refuge accommodation for women fleeing domestic violence.

Steps:

- Liaise with other sections of Department in relation to provision of accommodation and agreement of budgetary procedures for Women's Health Council;
- Support Chair and Council until appointment of Director;
- Develop draft implementation process for health boards and agree with liaison officers;
- Monitor implementation with health board liaison officers on a regular basis;
- List actions for Department and agree priorities, in conjunction with other sections;
- Establish and chair a steering group to monitor implementation.

GENERAL REGISTER OFFICE**Objectives:**

- Ensure juridical adequacy in the civil registration function, i.e. the acceptability as evidence of the register entries and the certified copies made therefrom;
- Engage in a process of consultation with client groups to establish consumer satisfaction;
- Review the day to day running of the Office with a view to identifying operational matters requiring attention.

Steps:

- Liaise closely with the Department of Social, Community and Family Affairs in the review of the civil registration legislation;
- Develop public awareness of the rationale for the current registration system;
- Secure the involvement of the primary qualified informant in the registration process;
- Review the Civil Registration System with a view to simplifying the registration requirements;
- Improve accommodation, opening hours, forms design, information to the public and staff training;
- Establish formal grievance procedures for customer groups;
- Consult with users of the service;
- Invest in new technology with the aim of improving the service to the public.



