



LISTENING TO YOU

Welcome to the Health Reform Bulletin.

When the reform programme was announced in June we knew that communications was going to be very important.

As a first step the Minister and the Secretary General went to visit each health board area to explain the Government's decision, outline proposals for the reform programme and answer your questions.

Next, we asked the Office for Health Management to help us in organising a consultation process so that we could get some idea of what people thought about the reforms and how they wanted to see the Reform Programme implemented. You might have been to one of the sessions organised in your organisation. Click [here](#) to see their report- 'Dialogue on Implementing Reform'.

The feedback we got helped us to plan the first phase and indicated that a lot of people wanted to have an input into how things developed. For example, in Phase One we worked jointly with the Department of Health and Children, the Health Boards and the Voluntary Hospitals in the Action Projects. At the moment we're planning how that can happen on an even greater scale in the next phases of the programme.

We got a very positive reception from that first consultation process and we also got lots of ideas about what we needed to do in terms of communicating throughout the process. Many of these ideas fed into the Communications Action Plan.

Nevertheless, we realise there is a lot more to do.

This means that there is a lot of uncertainty around and plenty of rumours in circulation. Through this newsletter initiative and other means we want to "inform the grapevine". We are committed to getting information through to you whenever we have something new to report. So how can you get more information now?



Information

Our website will be kept up to date with all aspects of the reform programme and we encourage you to visit the site at www.healthreform.ie where you can e-mail us with your comments and questions.

We will be preparing more bulletins like this one—at least once a quarter and maybe more often as we approach January 2005.

We know that not everyone has access to the internet so we have created a network of contacts throughout the whole system, including in your organisation. By now you should know who that person is in your organisation so that for further information you can contact the dedicated communications liaison person in your Health Board or agency.

Message from the Minister and the Secretary General



Welcome to the Health Reform Bulletin. This is designed to bring you up to date with what has been happening and to signal what is coming up.

We have had a busy and productive eight months and many aspects of the transition are now well underway. We deeply appreciate the positive engagement to date by senior managers and by all groups and staff in the health system.

The year 2004 presents big challenges for all of us. Each of us is being asked to do our normal job in keeping the services going and managing the service plan, as well as doing what we can to support the transition to the new structures and the set up of the Health Service Executive. We see this both as a positive challenge and a great opportunity. We have already established that by working together, we get results. That will continue to be our objective in 2004.

The Bulletin is one of a number of things we will be doing to keep you in touch with developments. We hope you find it a good read and that it will answer at least some of your questions. Along with Kevin Kelly we look forward to working with you on this exciting project through 2004.

Micheál Martin Minister for Health and Children

Michael Kelly Secretary General

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This Bulletin has been prepared by the Health Reform Project Office on behalf of Minister Martin, Michael Kelly, Secretary General of the Department of Health and Children and Kevin Kelly, the Chairman of the National Steering Committee and Executive Chair of the Board of the Interim Health Service Executive

WHAT IS THE HEALTH SERVICE REFORM PROGRAMME ALL ABOUT ?

Patients, Clients and People

In June 2003, the Government announced the Health Service Reform Programme. You probably know something about the Programme and the changes it will bring, but it's worth reviewing what this whole Programme is about.

It's about people.

It means better services for patients and clients. That's about improving accessibility, flexibility, quality, safety and customer services.

It must make the health service a better place to work. That's about a good working environment, job satisfaction and being proud of our organisation.

It is also about making sure that all of the investment made in the Health System is used to best advantage in achieving the goals of the Health Strategy-better health for everyone, fair access, appropriate and responsive care delivery and high performance.

SO WHAT'S BEEN HAPPENING ?

Phase I

Between late September and December we've been working our way through the first phase of the programme. During this time, a series of projects have been looking at the key elements of the reform programme. Basically, trying to further elaborate exactly what the new structures will look like, how they will work, and what the implications will be for the existing system.

These groups (called Action Projects) completed their work in December. A composite report has been produced which is a collation of the individual action project reports. The composite report will be available shortly on our web-site: www.healthreform.ie

What Happens Next ?

Built into the way the Reform Programme is being planned and managed is the opportunity to quality assure and bring issues for decision at various levels. **This is the point we're at now.**

The composite report and a draft project plan have been circulated to the CEOs of Health Boards; the Management Advisory Committee in the Department of Health and Children; the Chairman of the Interim Health Services Executive; the National Steering Committee; and the Minister for Health and Children.

Message from the Chairman of the Interim Board of the HSE



From the 1st of January 2005, the HSE will become responsible for the delivery of all health and personal social services. There is a lot to be done before then and many decisions have yet to be made. At this point I want to outline our guiding principles in this ambitious and important process.

Unless the outcome of the reform process creates a better environment for both patients and staff it will have been a fruitless exercise. Value for money is also an important element in enhancing the delivery of quality services.

The Government is always totally committed to ensuring that these reforms take place. The road will not always be easy, and it won't be completed within the next year or two, but at the end I believe we will have a better health service. Our success in delivering these reforms to our patients and clients will depend on the mutual efforts of all – this is the only way that the reform programme will work.

Whilst Government has indicated the roadmap, this journey will not be successful unless we all work in partnership to achieve our ultimate aim. Decisions will not be taken in isolation. Already over 20,000 people took the time to engage in an information sharing process over the summer last year and your inputs were greatly appreciated. I strongly believe that these reforms will not be successful unless a thorough and comprehensive process of communications at each stage underpins them. We are committed to ongoing communications with you and your representative bodies through the partnership process.

Already I have been enormously impressed by the dedication, commitment and enthusiasm of all involved in the services, and this gives the interim executive grounds for optimism that the reforms can and will be delivered.

Kevin Kelly
Executive Chairman

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What Happens Next ?...contd.

Each of these groups is considering the recommendations. Certain areas will require further work or consideration. Some decisions will be made by Government and the Minister, some by the Interim Health Service Executive, some by the National Steering Committee.

LATEST DEVELOPMENTS ?

Health Service Executive

In November the Minister appointed the Board of the interim Health Service Executive.

Their job is to plan for the establishment of the Health Service Executive on the 1 January 2005 when they will take over the responsibility for Health Services. The Board met in January and is due to meet again shortly.

The Board of the interim Health Service Executive pictured with Minister Martin at their first meeting



Kevin Kelly (Chair), Dr. Donal de Buitléir, Professor P. Anne Scott, Michael McLoone, Professor Niamh Brennan, Michael B. Murphy, PJ Fitzpatrick, Liam Downey, John A Murray, Dr. Maureen Gaffney and Eugene McCague.

For further information on membership of the board see www.healthreform.ie "What's happening now?"

National Steering Committee

In January, the Minister announced the appointment of a National Steering Committee. This committee will provide leadership for the whole reform programme and will have an oversight role in respect of setting direction and ensuring that objectives are delivered.

Membership of the National Steering Committee

Kevin Kelly (Chair), David Hanly, Michael Kelly, Dermot McCarthy, David Doyle, Denis Doherty, Sean Hurley, Michael Dempsey and Maura McGrath.

For further information on membership of the steering committee see www.healthreform.ie "What's happening now?"

Who Are the Health Reform Project Office ?



The Project Office consists of a number of dedicated staff from the existing Health Strategy Implementation Team, and additional DoHC staff assigned to the Office on a full or part time basis. In October 2003, a number of health board employees were recruited to further the work of the Health Reform Project Office. These staff are from different professional backgrounds and have been seconded for a period of time that will be determined by the amount and type of work that has to be done.

Professional backgrounds include Nursing, Physiotherapy, Speech and Language Therapy, Clinical Psychology and General Management. The diversity in the office allows for a great deal of shared learning and results in a wide range of perspectives available on every topic.

The work varies on a day-to-day basis. From October to Christmas the focus was on supporting the work of senior people from the system (action committees) in developing their proposals for Phase I of the reform programme. Phase II has now begun and the emphasis has shifted to work on communications, project planning and change management.

Members of the Project Office

Head of Project Office: Liz Canavan

Health Services: Colum Bracken, NEHB; Therese Dalchan, NEHB; Cate Hartigan, ECAHB; Brenda Kelly, NWHB; Louise McMahan, ERHA; Mary Morrissey, SWAHB; Dara Purcell, SEHB; Winifred Ryan, SEHB; Mairead Shields.

Health Strategy Implementation Team: Kilian McGrane, Eileen Keogh, Teresa Hynes, Siobhan O'Halloran, Siobhain Phelan, Pauline Redmond, Joan McKenna, Edel O'Connor, Liam Preston, John O'Farrell, Louise Donnelly.

FEATURE ARTICLES

This section of the Newsletter will contain details of some of the main points from the action committee reports. The Health Service Executive and the Department of Health and Children are featured in this edition and snippets from the remaining action committees will be featured in future editions.

Health Service Executive (HSE)

The Health Service Executive will be the first ever body charged with managing the health service as a single national entity. The executive will be organised on the basis of three core divisions: the Primary, Community and Continuing Care Directorate, the National Hospitals Office and the National Shared Services Organisation.

A number of action projects in Phase I looked at the Health Service Executive and its component parts. These projects outlined a proposal about the role and function of the Health Service Executive. The reports also considered how the organisation might be structured at corporate level and within each of the divisions. These proposals will be assessed by the Board of the Interim Health Service Executive.

There is still lots more detail to be worked through even when the Health Service Executive have made their initial assessment. Putting in place any new structures will require a lot of input from practitioners on the ground. This will be part of the transition management framework for the whole programme—engaging directly with those people who best understand the current systems and structures and who are best placed to manage and carry out the changes required.

Department of Health and Children (DoHC)

The Government has set out the roles and functions of the DoHC and the challenge now is to mould an organisation that can deliver them. Essentially, the DoHC will be responsible for policy development, determining the levels of service that it requires for the resources provided, and holding the delivery system (the HSE) to account for its performance.

The DoHC restructuring action project began work on phase I in September and agreed that a good fit of structure, systems and shared values would be needed to deliver change. The project group considered various forms of organisation design. During phase II the Management Advisory Committee will draw on the work of the group to develop an organisation design for the future.

Regional Boundaries and Locations



One of the decisions of Government was that the Primary, Community and Continuing Care Directorate of the Health Service Executive would be divided into four administrative regions.

This is one of the issues that the Action Project on the Health Service Executive was asked to consider. They agreed some criteria and have produced a series of options based on these criteria.

In December, Minister for Finance Charlie McCreevy announced the Government's decentralisation policy. The Government has decided that the new Health Service Executive (incorporating the National Hospitals Office; the Primary, Community and Continuing Care Directorate and the National Shared Services Organisation) and the Health Information and Quality Authority will be located outside Dublin.

We are aware that information on where the new regional boundaries will be located is of particular interest to staff. We will endeavour to keep staff informed as soon as information becomes available.

No decision has yet been made.

The Minister has asked the Board of the Interim Health Service Executive to make a recommendation for submission to Government in relation to the boundaries and the location of the HSE corporate and regional offices.

In making their recommendation they will be taking into account the decentralisation policy, and the other socio-economic, geographical and infra-structural considerations already contained in the Action Project Report. When they have concluded their deliberations, their proposal will be submitted to Government for decision.

The Action Projects

1. Health Service Executive
2. Restructuring of the Department of Health and Children
3. National Hospitals Office
4. Primary, Community and Continuing Care
5. National Shared Services Organisation
6. Governance
7. Financial Management and Control
8. ICT
9. Communications
10. HR/IR
11. Streamlining of Agencies
12. HIQA
13. Legislation

Each action committee was chaired jointly by a CEO from one of the Health Boards and a nominee from the Department of Health and Children. The membership of the action committees included staff from the DoHC, Health Boards, voluntary provider and specialist agencies and the Health Service National Partnership Forum.