CHANGE FOR THE BETTER

Health Management Institute of Ireland
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Policies, Priorities and Practices

An Roinn Sláinte
DEPARTMENT OF HEALTH

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Secretary General, Department of Health

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HEALTH MANAGEMENT INSTITUTE OF IRELAND
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Policies, Priorities and Practices

- **Jim Breslin**
  - **Secretary General**
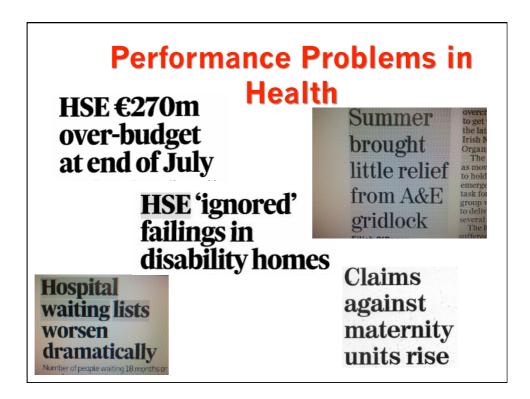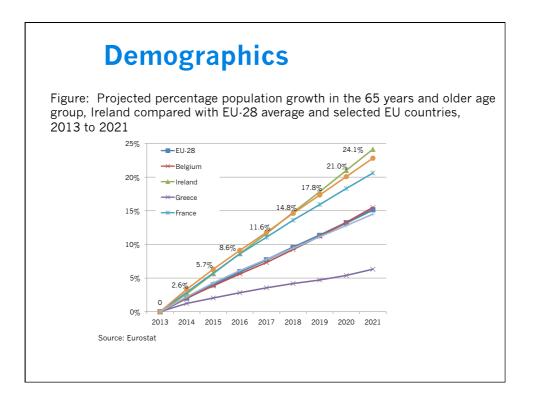 - **Department of Health**

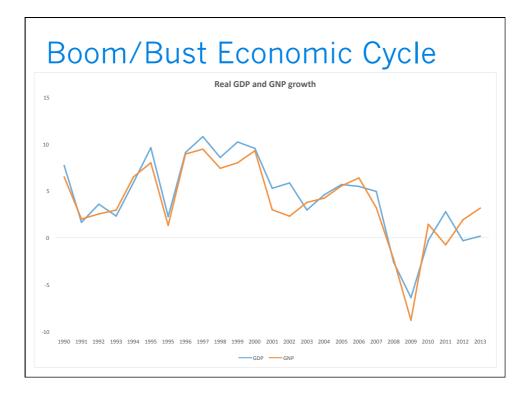# Reflecting on one year in the Department...

- Why focus on the Department?

  - Beginning to understand a little bit about it!
  - Organisational change might be of interest to a room full of fellow managers
  - Department as a microcosm of wider sector?

Performance Problems in Health

HSE €270m over-budget at end of July

Summer brought little relief from A&E gridlock

HSE 'ignored' failings in disability homes

Hospital waiting lists worsen dramatically
Number of people waiting 18 months or

Claims against maternity units rise

Demographics

Figure: Projected percentage population growth in the 65 years and older age group, Ireland compared with EU-28 average and selected EU countries, 2013 to 2021

Source: Eurostat

Future Outlook – EU Rules

- Force of law via:
  - Articles 121 and 126 of the Treaty on the Functioning of the European Union deal with Stability and Growth Pact
  - Budgetary Frameworks Directive and other EU regulations
  - Fiscal Responsibility Act 2012
- Terminology (eg "fiscal space") creeping into national conversation but full implications not yet widely appreciated
- Address "boom and bust" economic cycles and budgetary policy

Boom/Bust Economic Cycle

Real GDP and GNP growth

EU Rules – what do they mean?

A) If you don't have the money you can't spend it (through excessive borrowing)

– 3% deficit or 60% debt level not reducing satisfactorily trigger Excessive Deficit Procedure
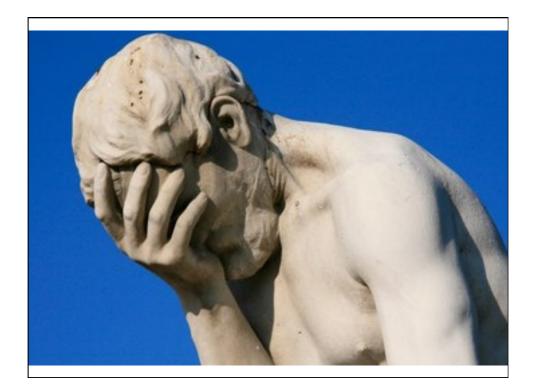
AND

B) *If you do have the money you still might not be able to spend it*

– expenditure only allowed increase in line with an estimate of the sustainable growth path of the economy. One-off, temporary or buoyant revenue is not available to spend.
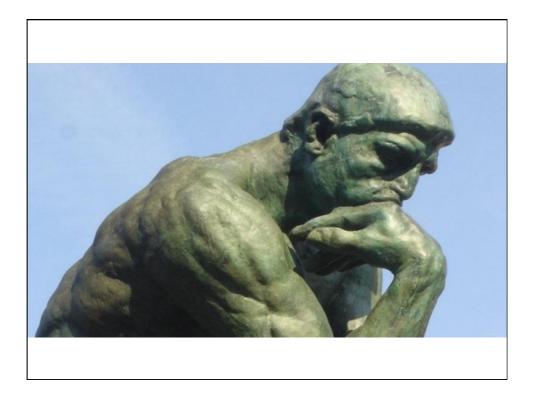
Compliance

- Compliance is subject to an increased level of EU budgetary surveillance and sanctions of up to 0.2% of GDP

- Health represents over ¼ of current public expenditure

- Modest low single figure (but more consistent) increases in Health spending are the very best we can hope for

- In-year increases not possible without offsetting reductions. [HSE Performance Report show budgetary variances amongst Hospital Groups of 1% to 8%]
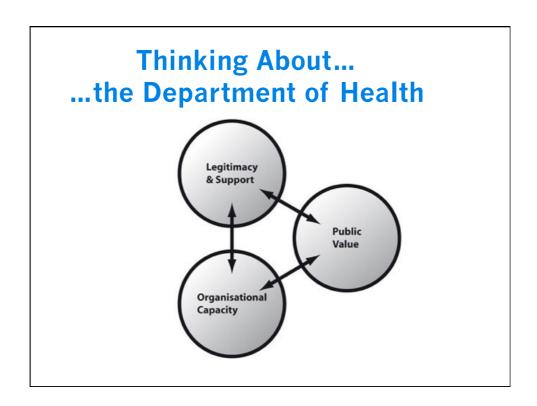
HOW TO RESPOND to performance challenges?

EMERGING DEPARTMENT OF HEALTH RESPONSE

Thinking About…
…the Department of Health

1. Public Value:
Defining the Department's Role

- Leadership and policy direction for the health sector to improve health outcomes
- Governance and performance oversight to ensure accountable and high quality services
- Collaboration to achieve health priorities and contribute to wider social and economic goals
- An organisational environment where, on an on-going basis, high performance is achieved and the knowledge and skills of staff are developed

2. Legitimacy & Support:
Start tackling 2015 priorities & build credibility

- Drive the Healthy Ireland agenda
- Deliver improved patient outcomes
- Reform operational systems
- Implement agreed steps towards universal healthcare
- Introduce innovative funding models
- Modernise health facilities and ICT infrastructure

Progress as at September

- A number delivered to date including:
  - Under 6 and Over 70 GP services
  - Increase numbers with health insurance
- 25 out of 33 public priorities on track to be delivered by year end
- 7 at risk of not being delivered on time
- End year delivery of ED Trolley waits (<70 over 9 hours) and waiting times for scheduled care (< 15 months) not yet assured
- Laying important foundations for future health reform in 2015 but work will continue in 2016 and beyond

3. Delivering Operationally

A Department that is:
- Focused on priority outcomes
- Evidence informed
- Responsible and accountable
- Supportive of staff
- Committed to learning, development and health & wellbeing
- Open in sharing and collaborating

Theme 1: Aligning Organisational Structures

Theme 5: Strengthening our Governance and Business Processes

Theme 2: Developing and Promoting Collaborative Working

Working Better Together

Theme 4: Enhancing Our Communications and Engagement

Theme 3: Creating a Supportive, High Performance Work Environment

New Organisational Structures and Ways of Working

FUNCTIONS	Finance & Evaluation		Human Resources		R&D and Health Analytics
DOMAINS	Health & Wellbeing	Primary Care	Acute Care	Older People & Disability	Mental Health, Social Inclusion & Drugs
LEADING CORPORATELY	Policy & Strategy			Governance & Performance	
PROFESSIONAL EXPERTISE*	Office of CMO			Office of CNO	

A range of other professional expertise is deployed across other work areas.

More integrated, whole-of-Department working

- Particular emphasis on leadership and cross-Department working on:
  - Policy & Strategy
    - Support ambitious policy agenda already underway (e.g. Obesity, Sexual Health, Major Trauma, Cancer. Maternity, Oral Health, Drugs Strategy, etc.)
    - Lead whole-of-Department approach to integrated policy development including in support of Integrated Care Programmes
    - Architect future health system reforms
  - Governance & Performance
    - Improve performance focus of Department's relationship with health agencies, including HSE
    - Implement a programme management approach to the execution of reforms
    - Develop the Department's own governance systems
- Stronger resourcing of existing and new areas including:
  - Patient Safety
    - Bring patent safety intelligence to Department's policy leadership and performance oversight roles
    - Strengthening advocacy, complaints and voice of service users
  - Settings (Acute, Primary Care, Social Care, Health & Wellbeing, etc): Policy, Performance & Collaborative focus
  - Finance & Evaluation: Analytical and Evaluative
  - R&D and Health Analytics (new)
    - Make use of evidence (research and analytics) central to decision making
    - Lead eHealth, health research and innovation policy

What is generalizable?

- Challenge for each health organisation (including the Department) is to:

  – develop a vision of the organisation's contribution to population health
  – command legitimacy and support
  – deliver operationally

1. Public Value: Contributing to Population Health

- Where is population health in our organisational priorities within the health sector?
- Is our contribution as positive and up to date as can be?
- Are we trapped in outmoded routines?
- Is our contribution attuned to current and projected requirements?
- Are we collaborating internally and externally to the degree that population health requires?

- **2. Legitimacy and Support – Rapid & Credible Response to Public Concerns**

Rapid & Credible Response to Public Concerns

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3. Deliver Operationally

"Creating a better environment in which to deliver our work, where on an on-going basis high performance is achieved, where collaborative working is promoted, and where we can all develop our knowledge and skills."

- Address outmoded structures & rigidity
- Improve skills, processes & performance
- Emphasise delivery of strategic outcomes e.g.
  - Governance & Performance
  - Policy & Strategy
  - R&D and Analytics

Some Common Challenges?

- Place public service and health care values at the centre
- Lead higher performing, more accountable organisations
- Deliver credible operational improvements today
- Radically reform operating models to cope with growing demands

Rising to these challenges involves the right combination of:

THINKING
&
DOING?

Good news...

Everyone can dress up as a super-

Policies, Priorities and Practices

Jim Breslin
Secretary General, Department of Health