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**7<sup>th</sup> August 2024**

Deputy Bernard J Durkan  
Dáil Eireann  
Leinster House  
Kildare Street  
Dublin 2.

**PQ 25746/24 – To ask the Minister for Health the extent to which he and his Department continue to monitor, assess and remedy any shortcomings in the delivery of health services, whether in regard to access to homecare, general medical services and capacity requirements in whatever area, with a view to resolution in the short term in order to make the health services in this country a more attractive place to work; and if he will make a statement on the matter.**

**- Deputy Bernard J Durkan**

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Dear Deputy Durkan,

The Health Service Executive (HSE) has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for response.

As the question covered a range of services, we have constructed our response to address each point individually.

In relation to the extent to which the Minister and his Department continue to monitor, assess and remedy any shortcomings in the delivery of health services, the Department of Health manages the performance of the Health System through the Health System Performance Assessment (HSPA) Framework. The Framework was established to measure, monitor and report on achievements against the objectives of Sláintecare and broader policy and decision-making cycles.

The Framework is organised into 5 clusters and 16 domains:

- Outcomes (health status)
- Outputs (access, person-centeredness, quality, costs)
- Processes (coordination of care, integration of services, continuity of care)
- Structures (finances, health workforce, health services structures, health technologies, health information)
- Cross-cutting cluster (resilience, equity, efficiency)

The HSPA allows the health system to be monitored, assessed and managed effectively and efficiently and allows operational deficiencies to be identified and to be corrected. I attach a link to information on the HSPA for your further information:

<https://www.gov.ie/en/publication/6660a-health-system-performance-assessment-hspa-framework/#how-the-hspa-project-was-organised-and-carried-out>

As can be seen from the foregoing, the purpose of the HSPA is to ensure that the health system is monitored, assessed and managed effectively and efficiently.

This benefits patients, staff and the taxpayer. An additional benefit is that it makes the health service a more attractive place to work as staff are generally keen to work in workplaces that are efficient and well managed.

In relation to your query as to the extent to which the Minister and his Department continue to monitor, assess and remedy any shortcomings in the delivery of health services in regard to access to homecare, Home Support is a non-statutory service. Access to the current service is based on assessment of the person's needs by the HSE, having regard to available resources and the competing demands for the services. Demand for Home Support, and its importance as an alternative service to long stay care, has grown considerably over the past number of years and the type of home support that is now required to meet the needs of the population is a more person-centred personal care model. Home Support performance is monitored in line with the HSPA as outlined above. Of note, there has been a 26.5% growth in the volume of support service delivery over the period 2019 to 2023 with 22.11m hours delivered in 2023.

Legislation is currently being finalised to provide for the enhanced regulation of home support services in Ireland which will have legislative, financial and resourcing implications for the HSE. These legislative changes entail two separate elements, namely the introduction of a regulated service provider environment and the establishment of a statutory scheme for the financing of home support services.

Once enacted, regulations will apply to home support services provided by public, private and not-for-profit companies and organisations. In this context, service users will include all adults aged 18 or older, who by reason of illness, frailty or disability require a home support service.

The Home Support Reform and Statutory Scheme Programme established in August 2022 is working to progress planning within the HSE for the establishment of the Statutory Home Support Scheme (SHSS) and reform of Home Support Services in line with Sláintecare. The programme is a high priority for the HSE for 2024 and 2025 that will make a key contribution to broader organisational reform aims and objectives.

The impending draft Home Support Regulations and HIQA Standards will further inform these priorities for 2024. Key deliverables and outcomes for the organisation from this programme over the next two years include:

- Design of an equitable, efficient and effective standardised home support service delivery operating model to include implementation of the evidenced based interRAI care needs assessment system. Standardisation and enhancement of home support provision including assurance of robust governance and accountability structures will assure readiness for regulation and support realisation of potential process efficiencies across all areas, thereby allowing citizens to live at home (preventing unnecessary acute hospital admissions) while facilitating early hospital discharge.
- Procurement, design and development of new integrated ICT solutions to support the home support service that will significantly transform service provision for service users, staff and providers, enabling

enhanced access to integrated care and improved client and resource management, with standardisation of home support care pathways.

Additionally, programme workstreams are established to develop a detailed operating model to implement the financial scheme and to support key enablers of reform initiatives consistently and concurrently such as finance and cost models, demand and capacity models, human resource and workforce requirements and associated industrial relations engagement as well as the communications and change management required to deliver the programme objectives.

In relation to your query as to the extent to which the Minister and his Department continue to monitor, assess and remedy any shortcomings in the delivery of health services in regard to access to general medical services and capacity requirements, please see below supporting information in relation to current national initiatives related to access and enhanced capacity in Acute Hospital and community-based services:

The recent Acute Hospital Inpatient Bed Capacity Expansion Plan 2024- 2031, as announced by the Minister on Wednesday May 29th, 2024; was aligned with the Health Service Capacity Review 2018 and informed by projected demand for urgent and emergency care services.

The Waiting List Action Plan (WLAP) 2024 is the multi-annual approach to manage waiting lists led by the DOH, HSE & NTPF. This plan sets out the key actions under three key pillars: Delivering Capacity, Reforming Scheduled Care and Enabling Scheduled Care.

In line with Sláintecare, the Enhanced Community Care Programme's (ECC) objective is to deliver increased levels of health care with service delivery reoriented towards general practice, primary care and community-based services. The focus is on implementing an end-to-end care pathway that will care for people at home and over time prevent referrals and admissions to acute hospitals where it is safe and appropriate to do so and enable a "home first" approach. The ECC Programme (a multiyear investment programme) with an indicative allocation of 3,500 WTE and €240m for the establishment of 96 CHNs, 30 Community Specialist Teams for Older people, 30 Community Specialist Teams for Chronic Disease, national coverage for Community Intervention Teams and the development of a volunteer-type model in collaboration with Alone. To date, significant progress has been made, with the establishment of:

- All 96 Community Healthcare Networks.
- 27 Community Specialist Teams for Older People.
- 26 Community Specialist Teams for Chronic Disease.
- All 21 CITs.
- Significantly improved access to diagnostic services.

Alongside this broader implementation, almost 2,810 staff have been on-boarded or are at an advanced stage of recruitment under ECC.

### **Community Healthcare Networks (CHNs)**

Community Healthcare Networks are a foundational step in building a better health service in Ireland. They contain the structures that enable a better level of service to be delivered to those using our health and social care services, and for the staff delivering them. Community Healthcare Networks provide the framework for future healthcare reform and support Sláintecare's vision of integrated community-based care in the Right Place and at the Right Time. Improving the experience for people using our services is at the heart of implementing the Community Healthcare Networks. Further to this, the ECC Model provides the organisational structure through which integrated care is being enhanced to deliver locally at the appropriate level of complexity, with GPs, HSCPs, Nursing Leadership & staff, empowered at a local level, driving integrated care delivery and supporting egress to the community. Since their inception, the Community Healthcare Networks, on average serving a population of

50,000 have been moving towards more integrated end-to-end care pathways, providing for more local decision making and integrated ways of working.

### **Community Specialist Teams**

The work that has been undertaken by the Integrated Care Programmes for Older People (ICPOP) and Chronic Disease (ICPCD), respectively, over recent years has shown improved outcomes through a model of care that allows specialist multidisciplinary teams to engage and interact with GPs and services at CHN level, in the diagnosis and ongoing care of relevant patient groups. These multidisciplinary teams were established from existing specialist staff, with the incorporation of new resources to fulfil the team complement as per the ECC Model. **ICPOP** improves the lives of older persons by providing access to integrated care and support that is planned around their needs and choices, supporting them to live well in their own homes and communities through the early diagnosis and prevention of the progression of health issues. **ICPCD** is targeted at service users who have a specified chronic disease such as cardiovascular disease, COPD, asthma and/or Type-2 diabetes. ICPCD aims to facilitate better access to care, reduce specialist waiting lists, emergency department presentations and hospital stays while also enabling prevention, earlier diagnosis and intervention.

These models are now being implemented at scale to support CHNs and GPs to respond to the specialist needs of these population cohorts, bridging and linking the care pathways between acute and community services with a view to improving access to and egress from acute hospital services, as well as improved patient outcomes. These Community Specialist Teams service a population of 150,000, equating on average to 3 CHNs. Ideally, the teams are co-located together in 'hubs', in or adjacent to Primary Care Centres, reflecting a shift in focus away from the acute hospital towards a general practice, primary care and community-based service model.

In relation to your query as to the extent to which the Minister and his Department continue to monitor, assess and remedy any shortcomings in the delivery of health services with a view to resolution in the short term in order to make the health services in this country a more attractive place to work, please find below the range of initiatives that the HSE is undertaking to combat the difficulties it is facing in obtaining and retaining Healthcare staff throughout the health services.

The HSE operates in an intensely competitive global landscape with worldwide shortages of healthcare workers, full employment market and an increasingly mobile workforce.

To address the significant challenges being faced, both now and into the future, the HSE launched its Resourcing Strategy in June 2023:

<https://www.hse.ie/eng/staff/resources/hrstrategiesreports/hse-resourcing-strategy.pdf>

This is an action-orientated strategy which has been developed by and with the services. This strategy outlines a comprehensive set of actions, aimed at meeting the current and future workforce needs of the organisation. Anchored in five pillars, it sets out how the HSE aims to not only attract and recruit talent, but to develop, engage and retain the workforce that will deliver our service's needs, now and into the future.

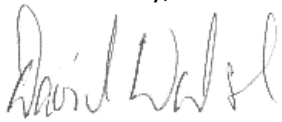
Of note specifically in relation to attraction, the HSE has engaged in targeted attraction strategies positioning the HSE as an employer of choice both nationally and internationally, anchored in a newly developed career platform: <https://careerhub.hse.ie/>

There has also been significant international marketing particularly focusing on attracting into Medical Consultant, Nursing & Midwifery and HSCP professions. In parallel, there is focus on retaining Irish graduates across the Nursing, Midwifery and HSCP professions, with the offer of permanent employment for all graduates successful at Interview. This is coupled with the development of additional career pathways, particularly in Nursing, to support the retention of Irish trained graduates. The HSE also provides a suite of policies and initiatives which are designed to improve flexibility and support better work life balance.

The response above has been designed to address the points highlighted in your Parliamentary Question.

I hope it is of assistance to you.

Yours sincerely,

A handwritten signature in black ink that reads "David Walsh". The signature is written in a cursive style with a large initial 'D'.

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David Walsh  
National Director  
Access and Integration