

Department of Health (DOH)

Observations on Ireland 2040 Our Plan - National Planning Framework

We welcome the current draft document, which we note reflects input previously provided by DOH. There are a number of suggestions that we believe would further strengthen the document and its alignment with health policies and strategies and committing to a healthier and socially inclusive population. We include these below in the sequence they appear in the hard copy of the draft document.

Chapter 1 - Pages 18 – 22 and Info Graphic Page 27

The vision set out should include an explicit reference to health and wellbeing. We suggest that under 'Quality', where health and wellbeing is mentioned, (this is number 3 in the info graphic), that the text in the box/info graphic be amended as follows by addition of the words in bold (which come from vision of Healthy Ireland). “3. The highest possible quality of life for our people and communities, **where everyone can enjoy health and wellbeing to their full potential**, underpinned by high quality, well managed built and natural environments”. This more explicit mention would also improve alignment with the language of the Sustainable Development Goals (SDG’s).

We would also suggest, given the timescale for the NPF and the work now underway in government on the SDGs, it would be worth looking at the final document through that lens before publication given that in a year or two the SDGs will be more part of our general parlance around vision/outcomes across general policy areas. This more explicit reference would also acknowledge that the economic, social and cultural progress that the NPF seeks to support is both driven by, and a driver of, improved health and wellbeing in the population (including in the workforce).

Info Graphic Page 77

Regarding the health element of the hierarchy – we would suggest the following infrastructure headings from the outer wheel in:

Acute Hospital Services (Elective & Emergency)
Outpatient & Diagnostic Services, Minor Injury Clinics
Primary and Social Care Services
GP, Pharmacist, Ambulance, Outreach

Section 5.3 Healthy Communities - Page 78

In the final paragraph in the text a number of health risks are mentioned that are affected by spatial planning such as mental ill health and obesity. It should be noted that drug and alcohol misuse are also risks that can be affected by spatial planning.

Section 5.3 Healthy Communities - Page 78, 79

The text captures issues around chronic disease and the need to shift care to the community, and while the text on page 79 around physical activity and physical design is good, it does miss the point that much chronic disease is actually preventable, so may give an impression of the 'inevitability' of maintaining the current health profile of the population, when the ambition of Healthy Ireland, as well as the child policy framework Better Outcomes, Brighter Futures, is for improved health and wellbeing outcomes and a reduction of chronic physical and mental ill health in the future.

We suggest adding the following line to the text on page 78 (possibly in the final paragraph after the first sentence to read (text added in bold) “Our health and environment are inextricably linked. **However, as set out in the Healthy Ireland Framework, much of this chronic disease is preventable. By taking a whole-system approach to addressing the many factors that impact on**

health and wellbeing and which contribute to health inequalities, and by empowering and enabling individuals and communities to make healthier choices, it will be possible to improve health outcomes, particularly for the next generation of citizens.”

Section 5.4 Age Friendly Communities - Page 80

While the specific focus on 'Age Friendly' is welcome, it is important to note that in many respects an 'age friendly' environment is also friendly to all ages.

Section 5.5 Diverse and Inclusive Ireland - Page 82

In the second last paragraph in the introduction text (in the blue background) we suggest including 'health' as one of the key areas where social inclusion can be better achieved to amend the text (added in bold here) "Housing, education, **health** and transport are **four** key areas where social inclusion can be better achieved". Objective 30 could mention 'equality of opportunity and access to services...'

It is welcomed that the framework makes a recommendation in relation to the accommodation needs of the Travelling Community. We would also like to draw attention to the particular housing needs of the Roma population in Ireland and of refugees.

Section 5.5 Diverse and Inclusive Ireland – Page 83

We note that the 'children and young people' section comes under the 'Diverse and Inclusive Ireland' section. Consideration might be given to having a separate section for the 'Children and Young People' piece given the importance of this part of the population to future planning needs.

While the text under this heading refers to a slight decline expected in this age cohort, and recognises that facilities and amenities will need to be maintained for the foreseeable future, it should also be acknowledged that the current level and types of facilities may not be sufficient to truly support the physical and social needs of a healthy young population. So while the population may not increase significantly, the ambition for what is an appropriate provision of facilities is likely to need to be enhanced beyond the current 'standard' if we are to achieve the stated ambition of a legacy of 'healthier places'. For example, the question of suitable 'social spaces' for teenagers and young people consistently arises in the context of consultations and discussions on what practical measures could enhance mental health and wellbeing in young people, as well as creating alternative spaces and facilities to support the de-normalisation and reduced consumption of tobacco, alcohol, drugs and unhealthy foods.

National Strategic Outcome - Page 140/141

While the NPF does reflect and support the fact that Government policy aims for significant increases in activity levels across a growing population, it is important therefore that in 'making stronger urban places' and acknowledging the need for 'smarter' use of available space, that we are equally committed to 'smarter' meeting of the increased requirement for suitable opportunities for engagement in active transport and in additional facilities and opportunities for physical activity and recreation, including those for children and young people, within those urban spaces. This point is also relevant in terms of the National Strategic Outcome on page 140 (Access to Quality Childcare, Education and Health Services) in that the physical infrastructure for all of these sectors should be an infrastructure that supports and enables health and wellbeing, including through the incorporation of the facilities and opportunities referred to above in respect of physical activity, but also in terms of facilitating and enabling healthy choices in other ways.

Looking at the bullets included on these pages, to reflect the position and align with the national investment requirements we would request adjustment of the existing text to reflect the following:

The following text should be used to replace the text on pages 140 – 141.

“Health

The development of new healthcare facilities requires that consideration be given to the location, number, profile and needs of the population to ensure access to the most appropriate care, while also ensuring quality of care, particularly in relation to more complex acute hospital services.

Investment in ICT infrastructure is also required to enable the flow of information across and within various care settings. The implementation of the National Electronic Health Record Programme is vital to make patient information available through technology to support improved patient care, safety and efficiency.

Nationally, the following are identified:

Acute Hospital Services

Delivering improved acute hospital services through the implementation of strategies and policies and a wide range of programmes and projects including:

- The national paediatric model of care and in particular, construction of the new children’s hospital and associated satellite care units, and the associated ICT infrastructure required to form Ireland’s first digital hospital.
- Implementation of the National Maternity Strategy: This includes co-location of the National Maternity Hospital and other standalone maternity hospitals to acute hospital campuses, and development, upgrading and remodelling of maternity services infrastructure. This will support the introduction of the new model of maternity care and provide an appropriate environment within our maternity hospitals to facilitate the delivery of a modern, safe, quality service where the woman’s need for privacy and dignity is respected.
- National Cancer Control Programme: There is a pressing need to improve and develop our capital infrastructure for the delivery of cancer services, in particular medical oncology day units, aseptic compounding units, radiation oncology and equipment replacement. In particular:
 - The National Plan for Radiation Oncology (Dublin, Cork & Galway) is essential to delivering on required radiation oncology capacity, with some current facilities nearing the end of useful life
 - Investment in the designated cancer centres, including facilities, would include a goal of developing at least one comprehensive cancer centre as set out in the National Cancer Strategy launched in 2017.
- Provision of additional, replacement and refurbished acute hospital facilities such as theatres, ward blocks, critical care units, laboratories, assessment units, equipment and other projects identified in the Programme for Government. The need for infection control and prevention is one driver of refurbishment requirements.
- Implementation of the eHealth strategy including the ICT infrastructure required to develop the National Electronic Health Record system and the cloud infrastructure to enable the flow of information across and within various care settings.

- Additional capacity designed for maximum effectiveness and targeted at enhancing ambulatory care and elective care, to reflect the scale of population growth and ageing. Hospital Groups strategic planning, and national policy on key specialties such as trauma, will also need to be reflected in planning for future capacity requirements.
- Expansion of the ambulance fleet and expanded ambulance bases to support pre-hospital care and timely access to critical services. As part of this, consideration will need to be given to how access to air support can be improved into the future.
- Medical and diagnostic equipment replacement programme, emergency system upgrade and minor capital works in order to maintain and upgrade the existing healthcare portfolio to address urgent infrastructural deficits, reduce risk and ensure regulatory compliance.

Healthcare Services in the Community

Facilitating the transformation of healthcare delivery by investing in ICT infrastructure, to facilitate the flow of information across and within various care settings, and by increasing the capacity of primary care, including:

- Provision of Primary Care Centres on a national basis to address population changes, health needs and new service requirements. This will require the development of new Primary Care Centres and refurbishments of existing buildings.
- In line with government commitments and to deliver a greater level of care in the community, there is an on-going need for expansion of community diagnostics, eye care and minor surgery.
- Additional Capacity: additional primary care facilities will be required based on a significant shift in the model of care centred on the majority of care being provided in primary and community care settings.

Integrated Health & Social Care Services

Facilitate the transition of people across services, providing multi-disciplinary care at the lowest level of complexity close to where people live. Focus on improving access to primary and community care services, including mental health, disability services, palliative care, services for older people, social inclusion and addiction support.

Mental Health strategy – A Vision for Change – including:

- Development of the National Forensic Mental Health Services Hospital and a network of Intensive Care Rehabilitation Units.
- Replacement and provision of additional acute mental health units, residential accommodation and modern facilities for adults and children on a national basis.
- Enhanced infrastructure for community mental health teams.

Disability services, including:

- Neuro strategy – redevelopment of the National Rehabilitation Hospital and establishment of Disability Rehabilitation Centres across the country along with provision of Day Hospitals/Day care centres.
- A Time to Move On from Congregated Settings – A strategy for community inclusion, reconfiguring existing residential care facilities and supporting people with disabilities to live more independently in the community away from congregated settings.
- Building additional bed capacity for unmet need and demographic pressures for services. Provision of day services for young people leaving school and rehabilitative training, supporting the fit out and refurbishment of existing buildings.

Services for Older People

- Replacement and upgrade of Community Nursing Units and provision of additional step-down and long-stay accommodation.
- Development of community based housing with supports.
- Palliative Care programme.
- Additional capacity through long-term residential care beds to meet demographic needs and additional short-term beds to deliver an improved model of care for older persons.”