3. THE 2001 HEALTH STRATEGY: PRIORITIES FOR THE DEVELOPMENT PROCESS

"A new strategy must be flexible enough to adapt to [these] changes and to regularly renew itself to maintain it's relevance" (Fulop *et al.*, 2000).

The production of a Health Strategy which maps the development of a dynamic health system in the short to medium term towards the objective of improved population health while maintaining flexibility to respond to unexpected events is an enormously challenging objective. It is precisely because of the enormity of this challenge that the objectives and the scope of the proposed Strategy must be clearly specified from the outset. Our task here is not to present a blueprint for the 2001 Strategy but, rather, to identify issues arising in the review of the process of developing the 1994 Health Strategy which may be of some relevance to the current undertaking. Since the 1994 experience, the Department of Health and Children and the wider public service has generated enormous experience of strategy development and implementation. In fact, the recently published *National Childre's Strategy* by the Department of Health and Children is probably one of the foremost examples of effectiveness in terms of process and content with implementation now proceeding as planned. In this section, a brief overview of the context of strategy development will first be presented, followed by a review of the issues proposed for consideration in the specification of the scope and process of strategy development.

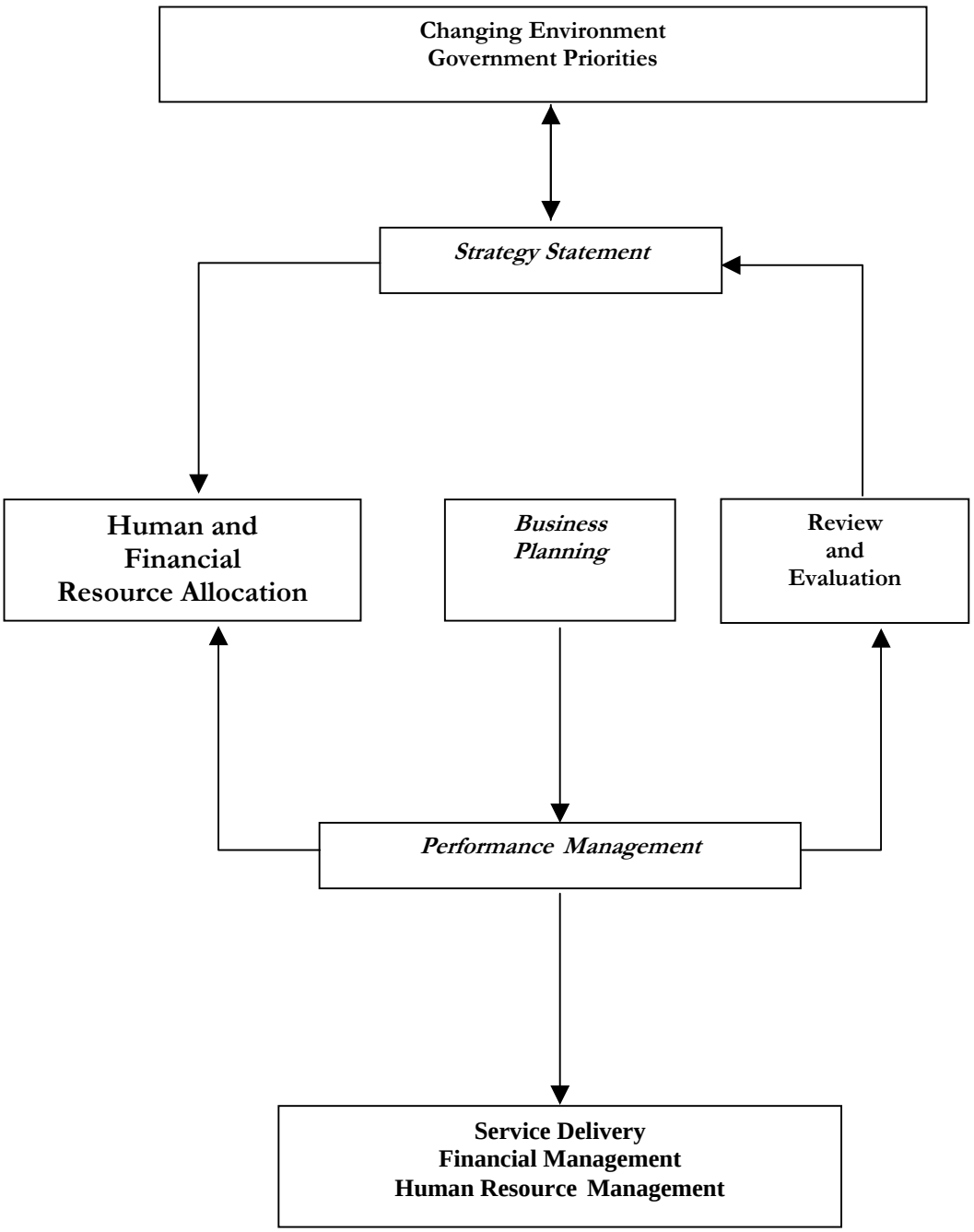
Context of Strategy Development

"[Strategy] statements on their own have limited value. They must be at the hub of a range of management activities, including business planning, performance management, budgetary planning and human resource strategy." (Boyle and Fleming, 2000 p. 94.)

The broader context in which Strategy statements may be placed is summarised in Box 2 from Boyle and Fleming (2000). This presentation indicates clearly that while Strategy statements cannot be expected to address all aspects of policy development and implementation, it is essential that the necessary linkages are made to critical tasks including business planning, performance management, service delivery, financial and human resource management and review and evaluation procedures. The specific elements proposed for inclusion in a Strategy statement, regardless of the sector, are listed in Box 3. This specification notes the importance of developing the appropriate links between the critical tasks listed above, in addition to the exploration of the substantive and inter-sectoral issues relevant to the particular area.

BOX 2

The Central Role of Strategy Statements in the Management of Government Departments and Offices



Source: Boyle and Fleming (2000).

Box 3

Key elements for incorporation in strategy statements

1. Mission statement
2. Mandate and environmental analysis
3. Customer/client interests and needs
4. Identification and management of cross-departmental issues
5. Goals/high-level objectives
6. Critical success factors
7. Resource allocation/reallocation issues
8. Internal capability to realise the departmental goals
9 Embedding the strategic management process in departments, including the *business planning process* and *civil service change* programme
10. Cross-functional linkages within departments
11. Performance measures/indicators
12. Relations with agencies operating under the aegis of the department
13. Extending the SMI to the wider public service
14. Monitoring/reporting/corrective action

Source: Link*, 1998.*

Scope and Process

The decision regarding the *focus* of the 2001 Strategy is critical. The concept of health, in itself, can be broadened to touch most aspects of peoples lives – employment (of lack therefore), housing, income, leisure etc. An important question, therefore, is what boundaries, if any, to place around this concept.

The *points of reference* for this concept must also be chosen with great care. The Strategy might focus on the "health of the nation", the "health system", the "health services" or any number of combinations. It must be recognised that the scope of activities of the Department of Health and Children has expanded considerably, even since the publication of the 1994 Health Strategy. The change in the name of the Department, in itself, is indicative of this broadening of responsibilities. While there is increasing recognition of the inter-sectoral nature of responsibilities for specific population groups, for example children, and for specific issues, like food safety, the specific and exclusive responsibilities of individual Departments, including the Department of Health and Children, may change in response to changing needs and policy commitments.

The scope envisaged for the 2001 Health Strategy must be clearly specified at the commencement of the process of development to ensure that all involved are aware of the challenges and constraints and that the expectations of consumers, client groups and all health system participants will be realistic from the outset.

The experience of the 1994 Strategy and, in particular, the more recent and very positive experience of the National Children's Strategy would suggest a number of important factors to be addressed in the establishment of the Strategy development process. At the outset, it is essential that the **project management** framework is clearly specified. This will involve definition of the project objective, outline of the project plan, specification of project execution including the key participants and, finally, clarification of the time frame for project completion and delivery.

Given commitments to the ethos of partnership and consultation in the public service generally and the health services specifically, an open and inclusive **consultation process** will be an essential starting point for the development of the 2001 Strategy. The Minister for Health has announced that this consultative process will be undertaken in association with the National Partnership Forum. The Department of Health and Children has undertaken widespread consultation for many of the more recent Strategy statements and the experience of the National Children's Strategy, in particular, would suggest that to be effective this process must be transparent, open, inclusive and very well managed.

A **small core team** of individuals committed to the task of Strategy preparation is essential. It is reasonable to expect that different groups/committees may have responsibility for different tasks, for example managing and conducting the consultative process would be one such task. It is, however, important that the small team of individuals responsible for actually producing the Strategy document are involved/familiar with all stages of the process. There is no doubt that this is very demanding on the

individuals involved but it seems nevertheless essential to ensure that the key people maintain an understanding of the core vision, issues and priorities as they develop. It may also be worth noting that this team may include an external expert(s) as required but ongoing involvement throughout the process remains important.

Clarification of the overall **vision** for the Strategy at an early stage also seems to be a key determinant of success. It may be interesting to note one of the points made by a respondent interviewed for this study was that he was concerned for the development of the 2001 Strategy because he had been informed that the process was beginning from a "blank page". While it is important that participants feel they have an opportunity to impact on Strategy development, it also seems necessary to ensure that all involved feel they are working to a shared agenda. Even if the so called "vision" and the framework evolves with the process, it still seems necessary to establish an agreed starting point from which to move forward.

One of the most challenging tasks for Strategy development is the need to **balance the aspirational and the specific**. The 1994 Health Strategy addressed this need by clearly dividing the policy component from the Four-Year Action Plan which presented targets and objectives ranging in specificity for the different divisions within the health system. The National Children's Strategy adopted a slightly different approach by classifying objectives according to the main themes underlying the strategic vision. As discussed elsewhere (Section IV), it is important that where targets are proposed they are specific, measurable, achievable, realistic and time bound. It therefore seems important that in presenting a set of targets, they are clearly seen to fit with the overall strategic framework and that the range of resources required to ensure delivery, whether of a financial or other nature, can be secured.

A particular difficulty for the development of any Strategy is maintaining **adequate flexibility to ensure appropriate responsiveness to unexpected events**. Subsequent to the publication of the 1994 Strategy there have been many unexpected events which have posed considerable challenges for the health services including issues arising with regard to food safety, blood safety, child abuse, asylum seekers, clinical competence, manpower shortages, etc. A health system, by its very nature is a dynamic entity in a constant stage of change. Ensuring that this change is positive, directed and in the best interests of consumers and providers is the challenge presented to policy makers.

The integration of procedures for **monitoring and evaluation** of Strategy commitments is essential. All too often, the production of Strategy statements has been seen as an end in itself. If the public and the key stakeholders are to have confidence in the integrity and credibility of Strategic commitments, the framework for monitoring and evaluating progress towards achievement must be well developed.

The **communications programme** which accompanied the launch of the 1994 Strategy is almost universally regarded as having been very effective in relaying the "strategic vision" throughout all sectors of the health system and, most importantly, ensuring that these participants gained "ownership" of the targets and objectives proposed. In proceeding with this programme, it is interesting that the focus of attention was more internal to the health services, with the involvement of the Health Boards, though some effort was also made to broaden the scope to clients and consumers. More recent initiatives undertaken in association with, for example, the Women's Health Policy and the National Children's Strategy, have more clearly prioritised the inclusiveness of the relevant population groups for the consultative and communications programmes undertaken. For the development of the 2001 Health Strategy and the launch of the final product, harnessing the immediacy and power of **state-of-the-art information technology** will undoubtedly be essential. Use of the internet and the world wide web will be a requirement, rather than an option, both for the consultative and communications programme put in place for the 2001 Health Strategy.

Conclusion

In conclusion, it is again important to stress that, in keeping with the terms of reference for this project, our focus here has been limited to the **process** of Strategy development, rather than the content. In addressing this task, the substantial prior experience of the Department of Health and Children, and the wider public service generally, provides an important and developing knowledge base for strategy development. This experience indicates clearly that the development of a strategy for any sector cannot be a stand alone undertaking but must be very explicitly linked into the critical tasks of service and business planning, performance management, service delivery, financial and human resource management and review and evaluation procedures if success is to be achieved.

The scope of the process for strategy development must be clearly specified at the outset to ensure that the expectations of all participants are realistic and that the skill mix of those involved is appropriate to the task. Given clarification of the scope of the undertaking, a definitive project management plan must be

developed and agreed. This will ensure commitment of the relevant participants to delivery within agreed time lines. The development of the 2001 Health Strategy will involve a broadly based consultation process which, to be effective, needs to be open, inclusive, balanced and manageable. The involvement of a small core team throughout the Strategy development process is important to ensure that the evolution of vision, framework, priorities, targets and objectives are integrated cohesively within the final Strategy statement. It is also important that objectives are specified in an achievable manner and accompanied by appropriate monitoring and evaluation procedures if the target audience is to have confidence in the commitments of the Strategy. Providing for planned development, while at the same time ensuring adequate flexibility for responsiveness to unexpected events, is undoubtedly a challenge but nonetheless a requirement for the development of any Health Strategy. The level and pace of development in information technology poses challenges for ensuring that the integrity and intelligibility of information is maintained through all modes of transmission. Ensuring that the power of such transmission capabilities can be harnessed to transmit the core messages of a new Health Strategy in a positive way will, however, be an essential task for the communications programme which is now an inevitable rather than an optional component in any strategy development process.

The importance of addressing the issue of socio-economic inequalities in the context of a Health Strategy is explored in some detail in the next section by Layte and Nolan. In particular, potential areas of interface with the National Anti-Poverty Strategy (NAPS) is addressed.