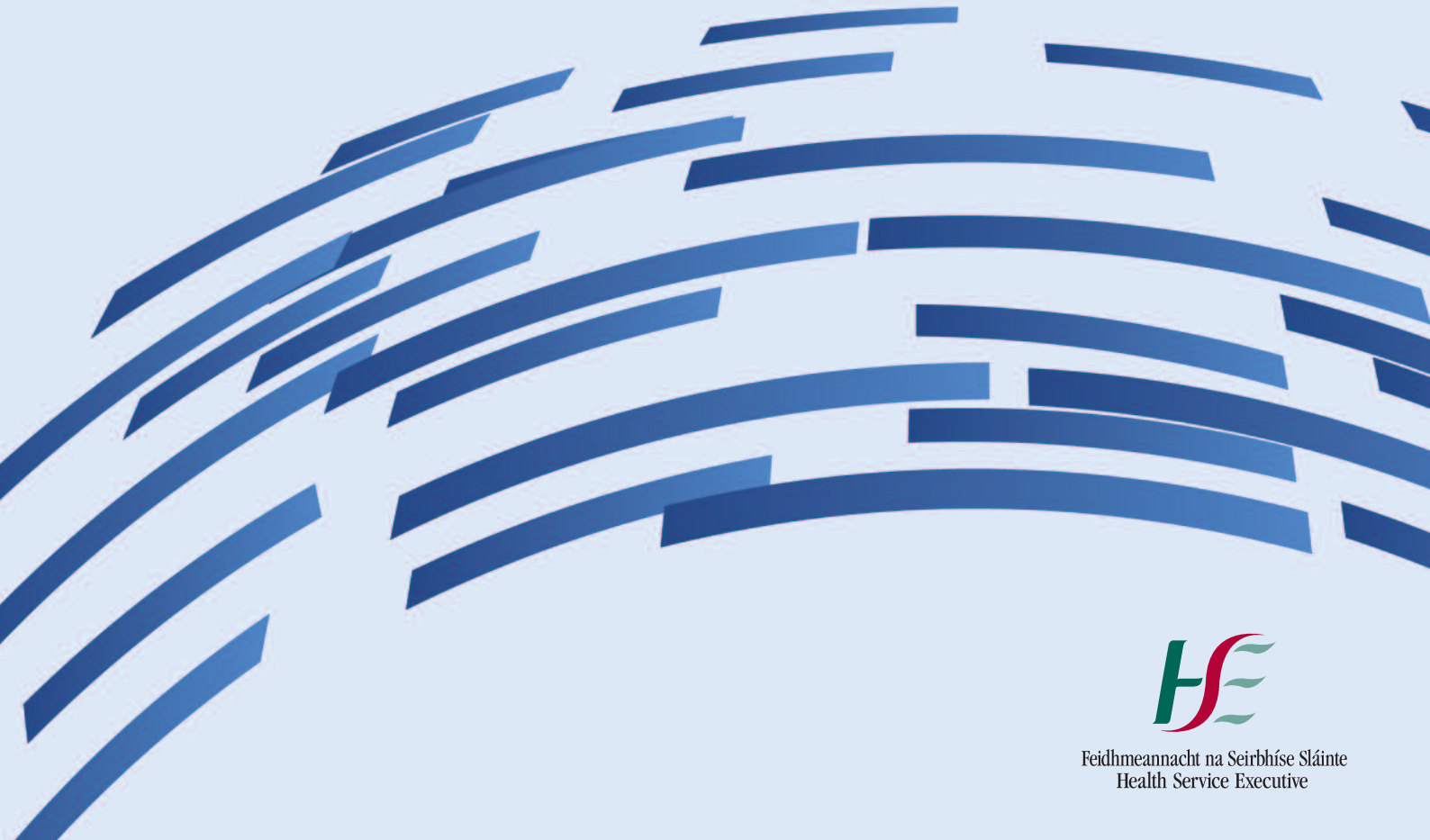
Community Healthcare Organisations

Report & Recommendations of the
Integrated Service Area Review Group

Frequently Asked Questions



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

1. What are Community Healthcare Services?

Community Healthcare Services are the broad range of services that are provided outside of the acute hospital system and includes Primary Care, Social Care, Mental Health and Health & Wellbeing Services. These services are delivered through the HSE and its funded agencies to people in local communities, as close as possible to people's homes.

Community Healthcare services focus on keeping you well so that you can continue to live at home or close to home through our health promotion, disease screening, diagnosis, treatment and rehabilitation programmes. You can refer yourself to most Community Healthcare services or through your GP, public health nurse, community mental health team, etc. Services are provided as follows:

Primary Care includes your general practitioner (GP), practice nurse, public health nurse, dietician, dentist, physiotherapist, occupational therapist, speech and language therapist, podiatrist, community pharmacist, psychologist and others.

Social Care includes a team of specialists working together to meet the needs of our older people such as home helps and home care teams and including day care services, meals on wheels, community hospitals and nursing homes. There are also specialist teams working with people with a disability through specialist day, training, home support, respite and residential services.

Mental Health refers to a wide range of services which extend from enjoying positive mental health through to severe and disabling mental illness. It includes specialised secondary care services for children and adolescents, adults, older persons, those with an intellectual disability and mental illness as well as a range of mental health promotion initiatives provided by the National Office for Suicide Prevention (NOSP). Services are provided in a number of different settings including the service user's own home, day hospitals , hostels and in acute units which are located in general hospitals.

Health & Wellbeing Healthcare reforms place considerable emphasis on keeping people healthy and well. Community health care services already play a critical role in promoting health and wellbeing by making every healthcare contact count and by working across sectors to create the conditions which support good health, on equal terms, for the entire population.

Community Healthcare services place a strong emphasis on working with communities and individuals to maintain and improve your health and social well being. We do this by providing you with an integrated, interdisciplinary, high quality, team based and user friendly service.

"Deliver the right service, at the right time, in the right place, by the right team."

2. What is the Report on 'Community Healthcare Organisations' about?

Healthcare services in Ireland are undertaking a significant reform programme in line with Government policy as outlined in its strategy "Future Health".

As part of this reform programme, a report "The Establishment of Hospital Groups as a transition to Independent Hospital Trusts" was published in 2013, which reviewed the organisation and management of our acute hospital services and recommended the establishment of hospital groups. This is now being implemented.

For Community Healthcare services the Report "Community Healthcare Organisations" was commissioned by the HSE in May 2013, to review our Community Healthcare services. The Report provides a framework for the governance and organisation of all of our Community Healthcare services. When placed alongside the 2013 report on the Establishment of Hospital Groups, we have a new structure for the most important part of our health services - the operational delivery system that interacts with the public every day. The following extract from this Community Healthcare Organisations report captures the essence of why this Review is necessary:

> *"People today experience many parts of the service as being very good. However, they experience **difficulties in 'navigating the system'** due to both complexity and scale of present arrangements. What must be improved is how these parts fit together so that the **services are integrated and people can move smoothly through the system**. Staff must be organised in a way that enables joined-up teamwork, responsive to the assessed needs of the local people."*

In arriving at its recommendations the project team drew extensively from the wide consultation process, took account of learning from the changes in the health services since 2005, and learning from national and international research and experience.

An essential theme underlying all of the recommendations in the Report is the importance of developing a new, integrated model of care, which is responsive to the needs of local communities.

This Report emphasises the need for strong leadership and ownership at local level, bringing the relationship between primary care and specialist social care and mental health services into a much more focused, less centralised and integrated approach in each local area.

The changes will allow the Health Service to focus on service delivery and decision making at local level to:

- provide better, direct accountability;
- give more decision making back to local areas; and
- deliver services in the community through an integrated management structure.

The local services will be able to work better together for the public, with joined up teamwork in community services, between the community and hospital services and between the Health Service as a whole and other public bodies.

With these new arrangements health professionals can improve services for the public in their own local areas by providing:

- better access;
- services that are close to where people live without reducing quality;
- better local decision making; and
- services in which communities have confidence.

3. What is "Integrated Care" ?

Integrated Care simply means that all services work together in a well co-ordinated way around the assessed needs of the person. This working together deals with two key issues for any person, community or the population.

- The first is the ease, through which a person can go through the different healthcare services to meet their needs.
- The second is the quality of outcome they get at the end of that patient journey.

Many people need to access more than one service. People quite often need their Primary Care service. If however they need to go to hospital, have a mental health condition, an age-related illness or a disability then they may need the Primary Care and specialist service together at the same time.

To achieve this the way in which services are organised and delivered requires careful planning. Some key features of successful integration are:

- clarity of purpose and outcomes;
- strong leadership; and
- a culture where the person receiving care and the staff delivering it are empowered.

"Integrated Care - all services work together centered on the needs of the person."

The Report summarised some of the key themes and learning from international experience of integrated care which are captured in the illustration below.

Work is underway on the development of standardised models and care pathways nationally, which, will support effective integration between all aspects of community services across primary care, social care and mental health services and between these Community Healthcare services and the hospital system.

A primary focus of the new Community Healthcare Organisations will be implementing these integrated models of care at local level and the new structures have been designed to support this approach.

"Mrs O'Neill is a 79 year old widow with diabetes, heart failure and arthritis. She wants quick responsive services from skilled health and care providers that talk to one another and that have a good understanding of all her care needs. This framework will help us to provide what Mrs O'Neill wants."

4. Who produced the Report and how was it compiled?

The Report was produced by a project team appointed by Tony O'Brien, Director General, HSE. The Project Lead was Pat Healy, National Director Social Care and the team included health service personnel with a wide range of experience and expertise in the health system. The Report and its recommendations were informed by widespread consultation and engagement including local meetings with over 600 staff across the 17 existing Integrated Service Area (ISA) Teams, together with meetings involving over 40 groups of key internal and external stakeholders. These included frontline healthcare staff such as GPs, nurses, therapists and support staff. It also included many voluntary and statutory organisations and groups with a role in Community Healthcare including service user representatives and advocacy groups. The Report included a wide range of data analysis, as well as national and international research.

5. What did the consultation tell us?

What's Important?

- ✔ Integrated Care for people and their families
- ✔ Equity of access
- ✔ Choice for people in what services they receive and how they receive them
- ✔ Responsive and flexible services
- ✔ Local Identity
- ✔ Linkages with local communities and public bodies
- ✔ Sustainable organisational and cultural change
- ✔ Delivering high quality and safe services.

Areas for improvement

- ✔ Autonomy to deliver services to local populations
- ✔ Engagement with stakeholders, advocacy groups and service users
- ✔ Focus on outcomes
- ✔ Standardise eligibility
- ✔ Evidence-based decision making
- ✔ Manpower and recruitment planning
- ✔ ICT and standardised business processes
- ✔ How we collect and manage information about the services we provide.

- People need to experience an integrated response in appropriate settings.
- Organisational structures must be designed to support integrated care
- Governance and management for Primary Care Teams and new Primary Care Networks (to be established) is critical, as is clarity around arrangements for GP engagement in the process.
- Throughout the consultation process the wider concept of community was emphasised. It is at this local level that individuals, community and voluntary groups, sporting partnerships, local schools, businesses, Primary Care Teams, community gardaí, local authority staff and others can interact to work together. The consensus was that the new Community Healthcare Organisations should embrace this wider concept of community and should be developed in a way that supports and enables local communities to meet the needs of their people.

6. What has the Report recommended?

The Report sets out a range of measures, which will ensure that health service delivery structures for Community Healthcare services are appropriate to achieve national policy objectives while delivering better, more integrated and responsive services to people in the most appropriate setting.

In re-organising our Community Healthcare services, to successfully deliver an integrated model of care, the Report recommends:

- The establishment of nine Community Healthcare Organisations, which are the best fit to deliver an integrated model of care.
- Develop 90 Primary Care Networks, averaging 50,000 population to:
  - support groups of Primary Care Teams; and
  - enable integration of all services for a local population.
- Reform Social Care, Mental Health and Health and Wellbeing services to better serve local communities:
  - through standardising models and pathways of care while delivering equitable, high quality services; and
  - supporting primary care through delivery of rapid access to secondary care in acute hospitals and specialised services in the community.

Community Healthcare Organisations (CHOs)

The Report recommends the establishment of nine Community Healthcare Organisations (CHOs) with the appropriate governance and management arrangements for the future delivery of Community Healthcare services at local level. They will:

- enable and support integrated care -
  - within Community Healthcare services;
  - between the community and acute hospital services; and
  - with wider public service organisations – such as local authorities, child & family agency, education and local voluntary organisations, etc.
- Deliver the model of service envisaged in "Future Health" over time.

The Report positions Primary Care at the centre of delivering services to around 90 local Primary Care Networks across the country, with average populations of 50,000 with better, more integrated access to specialised services in Social Care, Mental Health and Health & Wellbeing. The primary focus of these CHOs will be on service delivery within a national framework responsive to the needs of local communities. In effect, every large town and hinterland and every large district of a city will be supported through a Primary Care Network.

Primary Care Networks

This new structure developed around Primary Care Networks, for the first time places an identified, accountable person as responsible for actual service delivery to a defined local population averaging 50,000. This person, working with a GP Lead, will prioritise and manage the delivery of primary care services, while ensuring effective integration of other specialised services e.g. social care, mental health and access to acute hospital provision. The new role of a GP Lead will help involve GPs in the management and delivery of Community Healthcare services with their HSE colleagues and other community and voluntary providers.

In summary

- 90 Primary Care Networks of 50,000 average population will be developed across the country – average 10 Networks per CHO.
- Leadership of the Network will be provided by re-assigning existing senior professional, management and clinical staff to the new leadership roles as the identifiable and responsible manager of the Primary Care Networks, working with a GP Lead. Consequently these changes will take place within existing resources.
- The current role of the 'Heads of Discipline' will be redesigned to provide the necessary clinical governance and supervision across all Primary Care Networks.
- Greater participation by GPs at Primary Care Network level, with the establishment of the GP Lead for each Network, supporting the Network Manager in developing professional relationships, innovative solutions and multi-disciplinary approaches to challenges within the Network.
- The role of Team Leader will be established for each Primary Care Team, with protected time from their day job, to undertake this important role.
- A Key Worker will be assigned to support people with complex needs.
- The Network will ensure the maximum provision of primary care services locally, and will support appropriate access to specialised services e.g. social care, mental health, etc. for the people living within the Network.

Reforming Social Care, Mental Health and Health & Wellbeing

At national level, a number of integrated clinical programmes are in development to ensure that patients and clients receive a continuum of diagnostic, care and support services, according to their needs over time and across different parts of the health system. This will provide the health

service with the capability of designing and agreeing clinically-led, multi-disciplinary, cross-sector, integrated models of care.

The development of these standardised models and care pathways nationally will support effective integration between all aspects of Community Healthcare services across primary care, social care and mental health and between these Community Healthcare services and the acute hospital system.

A primary focus of the new Community Healthcare Organisations will be to implement these integrated models of care at local level and the new structures have been designed to support this approach.

7. What does this Report mean for people accessing Community Healthcare services?

You are probably asking yourself what will I gain from these new Community Healthcare Organisations, Primary Care Networks and how will they be different from before?

The team working on this Report asked themselves and those with whom they consulted during the Review the same question. The findings from the Review and subsequent recommendations are our response to this question, which is about:

making it easier for the person in the local community to:

- access services;
- navigate through the services from Community Healthcare services to acute hospitals and discharge back to community. (Standard care pathways for patients going in and out of Community Healthcare services and acute hospitals will be developed); and
- receive the right service, at the right time, in the right place, by the right team and link between the health service, local authorities, Child & Family Agency, Gardaí and other public bodies and community organisations.

providing the person in the local community with Community Healthcare services that:

- are as close to a person's home as is practical;
- meet high quality, safety and value for money standards;
- are consistent throughout the country where-ever you may live;
- local communities can have confidence in;
- staff have pride in;
- make the most effective use of resources and provide value for tax payer's money; and
- give local ownership and responsibilities to staff and associated agencies for the health status of their local population.

"Staff with more autonomy and decision-making ability at local level."

At local Network level:

- Each of the 90 Primary Care Networks will be led by a person, working with a GP Lead and a team of professionals, responsible for ensuring the delivery of primary care services and integration with the other services provided in the Network.
- The Network Manager, working with clinicians will "champion" the needs and requirements of those living in the area that their Network covers. This will ensure that appropriate care pathways are developed and other services delivered to those who need them.
- Staff working in Primary Care Teams, Mental Health Services, Elderly and Disability Services, (your GPs, public health nurse, community mental health team, home care staff, etc.) will have more autonomy in terms of local decision making around service needs.
- The Networks will have local accountability for each service, thus providing you with closer access to decision makers in Community Healthcare.
- Patients and service users with complex care needs will have a named Key Worker from the local Primary Care Team assigned to them. This Key Worker will ensure that people with complex care needs experience integrated and co-ordinated care as they move across services in their communities, for example a person needing all of the following: day care, meals on wheels, respite and home supports, acute hospital services, mental health supports and disability services.

At a CHO level, the focus is on:

- Delivering services locally to you based on nationally prescribed frameworks, so that everyone living in Ireland will have standard Community Healthcare services.
- Management teams providing the leadership and operational autonomy to the Networks to deliver integrated services that address the needs of local communities.
- Involvement of clinicians in the management team at CHO level through the GP Lead and the Lead on Quality and Professional Development will ensure the necessary focus on quality and safety of service delivery and supporting clinical leadership, professional development and roll out of programmes of care.
- Working closely with public sector bodies such as local authorities, Child & Family Agency, Education and Gardaí in responding to the needs of local communities.

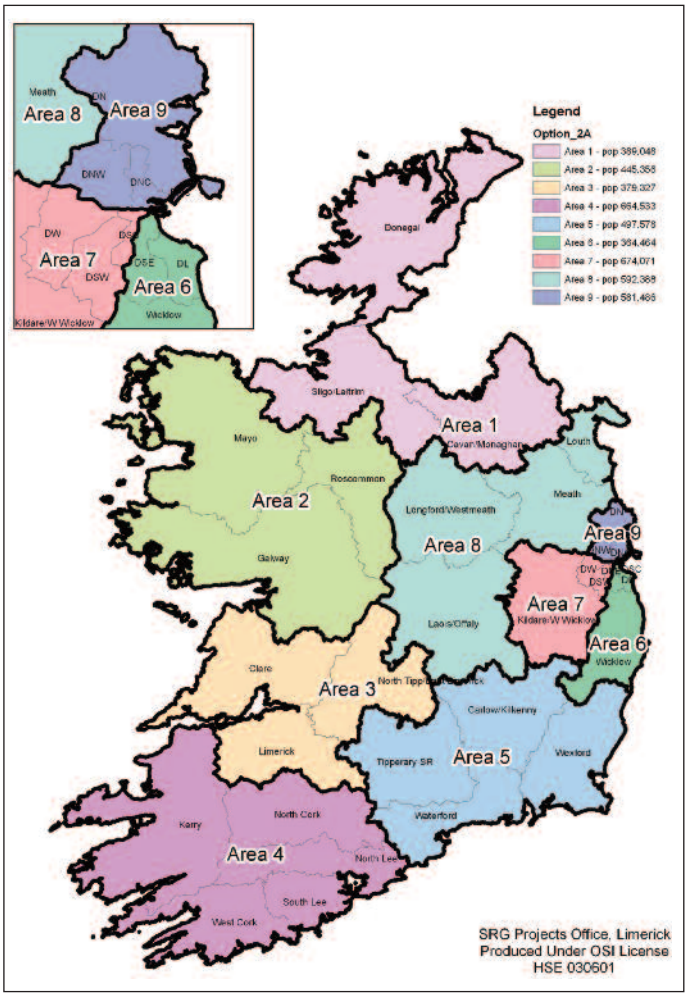
8. What is the recommended composition of the Community Healthcare Organisations?

The Report recommends the establishment of nine Community Healthcare Organisations (CHOs) and the necessary governance and management arrangements.

The recommended CHOs must support and enable integrated care and it must do this at a number of levels:

- Integration between the different parts of the Community Healthcare services.
- Integration between the total Community Healthcare services and acute hospitals.
- Integration with wider public services organisations e.g. Local Authorities, Child & Family Agency, Education, An Garda Síochána, Local Voluntary Organisations, etc.

The nine Community Healthcare Organisations are outlined below:



Area 1 - ***Population 389,048***
Donegal LHO, Sligo/Leitrim/West Cavan LHO and Cavan/Monaghan LHO.

Area 2 - ***Population 445,356***
Galway, Roscommon and Mayo LHOs

Area 3 - ***Population 379,327***
Clare LHO, Limerick LHO and North Tipperary/East Limerick LHO

Area 4 - ***Population 664,533***
Kerry LHO, North Cork LHO, North Lee LHO, South Lee LHO and West Cork LHO

Area 5 - ***Population 497,578***
South Tipperary LHO, Carlow/Kilkenny LHO, Waterford LHO and Wexford LHO

Area 6- ***Population 364,464***
Wicklow LHO, Dun Laoghaire LHO and Dublin South East LHO

Area 7 - ***Population 674,071***
Kildare/West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO

Area 8 - ***Population 592,388***
Laois/Offaly LHO, Longford/Westmeath LHO, Louth LHO and Meath LHO

Area 9 - ***Population 581,486***
Dublin North LHO, Dublin North Central LHO and Dublin North West LHO

9. Based on all the factors why has the Report recommended nine Community Healthcare Organisations?

This option of nine Community Healthcare Organisations is viewed as the most appropriate one to deliver the significant reform and responsive service envisaged in "Future Health". This option of nine has the following features:

- It meets a broad range of the defined criteria;
- It meets a key requirement of linking Primary Care Networks of teams and secondary care in acute hospitals;
- It provides a very strong basis for linkage with local authority boundaries, both county councils and the proposed Regional Assemblies in the future;
- It provides the best fit in striking the right balance between an organisation of sufficiently large scale to support organisation and business capability, while at the same time being sufficiently small scale to provide the local community connection and response required to deliver integrated care;
- It accounts for cross-border links and connections; and
- The re-organisation of governance and management arrangements will be delivered from within existing resources.

10. How will these new Community Healthcare Organisations work?

- Each Community Healthcare Organisation (CHO) will have a Chief Officer in the area who will lead a local management team that includes focus on all of the specialist services in their area. Each CHO will operate through an average of 10 Primary Care Networks comprising of GPs, nurses and allied health professionals. Each Network will service a population of approximately 50,000.
- Leadership and management of the Network will be provided by appointing existing senior staff to new roles. There will be a GP Lead for each Network, which will help provide for greater participation by GPs. The Network Manager will manage all Primary Care services in their local area and will also lead on integrating the Primary Care Teams with the Social Care and Mental Health services for that 50,000 population.
- The current 'Heads of Discipline' (e.g. nursing/occupational therapist/physiotherapist/ speech & language therapist manager) role will be redesigned to provide the necessary clinical governance for their own discipline, across all Primary Care Networks.
- Each Primary Care Team will have one lead member with protected time, from their day job, to co-ordinate the daily working arrangements.
- When a Team is dealing with a complex case a Key Worker will be assigned to support everyone involved.

11. Who will manage the Community Healthcare Organisations?

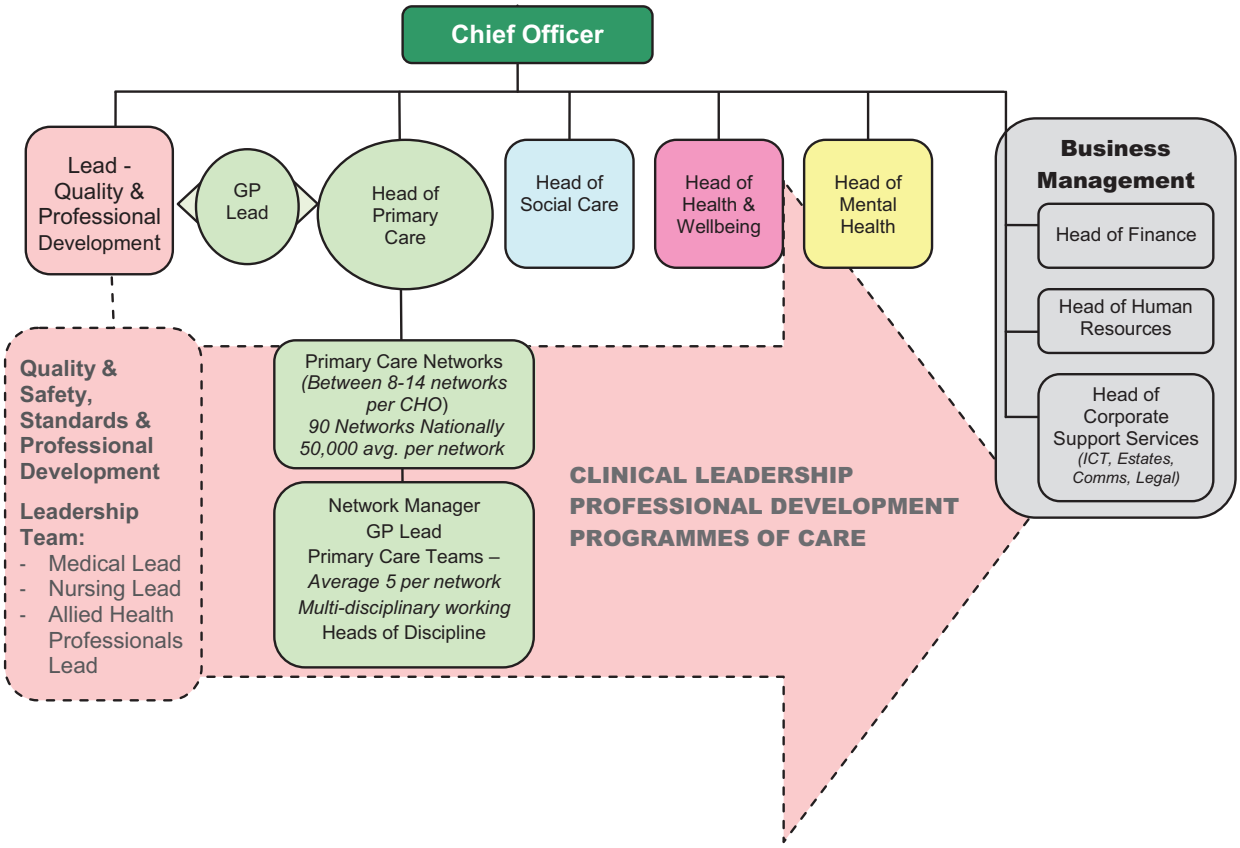
The Chief Officer, working in line with nationally agreed frameworks and reporting arrangements, will have full responsibility and accountability for the delivery of all Community Healthcare services in the area, ensuring appropriate integration with acute hospital services and other public bodies. Each Community Healthcare Organisation (CHO) will have a management team as follows:

Management / Leadership Team

- The **Head of Primary Care** will have full responsibility and accountability for primary care service provision across Networks and Primary Care Teams. He/She will also focus on Social Inclusion.
- The **Head of Social Care** will have full responsibility and accountability for service provision for older people and people with a disability, implementing standardised models and pathways of care to support integration.
- The **Head of Mental Health** will have full responsibility and accountability for mental health service provision.
- The **Head of Health & Wellbeing** will have full responsibility and accountability for ensuring Health and Wellbeing reforms and policies are fully implemented throughout each CHOs' structure and services. This person will work closely with other heads of service to drive improved health outcomes for patients and service users.
- The **Lead Quality & Professional Development** will provide assurance that the appropriate clinical governance and related assurance frameworks are in place in respect of all services throughout the CHO area.

- The **GP Lead** will be a key influencer on decision making at management team level. In particular, this position will support the development of the Primary Care Networks and the service delivery arrangements in order to ensure responsiveness to the needs at Primary Care Team level.
- **Business Management** - The Heads of the Business Support functions will operate within the context of the national shared services arrangements. These positions will lead their respective functions in support of efficient and effective service delivery. In particular, they will be responsible for achieving the benefits of scale arising from national frameworks in areas such as procurement within the CHO area.

The diagram below illustrates the CHO's management structure:



The details of these new arrangements will be implemented in consultation with staff associations and representative bodies in line with the Public Service Stability Agreement (Haddington Road). The development of the GP Lead role and its specifications will be undertaken in collaboration with the Irish College of General Practitioners (ICGP) and other relevant representative bodies.

"Clinical staff and GPs will be appointed to management teams bringing professional staff closer to patient decision-making."

12. How will the changes, outlined in the Report, affect staff working in Community Healthcare services?

Change impacts on every aspect of the way we work, the way we relate to each other and how we plan and deliver services for the benefit of patients, service users and local communities. The re-organisation of Community Healthcare services and the move to an integrated care model will also bring challenges and opportunities as with all change programmes. From the consultation and the international experience, the Report identified a number of important themes in terms of supporting our staff in moving through this change journey.

Staff

- Must be included in the decision-making process.
- Must be enabled and supported throughout the process.
- Must be trained in the knowledge and skills required to make integration a success.
- Multidisciplinary/interdisciplinary staff training and development can help break down barriers and smooth cultural differences and facilitate a unified approach to patient care.
- Staff commitment is equally necessary for success.

Leadership

- Strong leadership will be required at all levels and must be supported and developed from the top and at various levels in the process.
- Buy in from clinicians is essential - clinicians to act as leaders.
- Building a coalition of support among staff and their local communities.

The HSE recognises the challenges of working in an integrated way are significant and will need to be supported through a comprehensive human resource strategy. This will include an appropriate investment in education and training with appropriate mentoring, and development of leadership and management skills.

The changes in management and governance structures outlined in the Report including the establishment of 90 Networks will ensure staff have a greater say and are involved in decision making at a more local level, focused on the needs of the service users in their Network.

The Networks will provide staff with the opportunity to work with colleagues from other disciplines in a new, dynamic and integrated manner. The current 'Heads of Discipline' role (e.g. nursing/occupational therapist/physiotherapist/speech & language therapist manager) will be redesigned to provide the necessary clinical governance system and technical supervision, for their own discipline, across all Primary Care Networks.

Communication and stakeholder engagement is an essential enabler of change. Key stakeholders such as staff, patients and service users, representative and professional bodies and others should

feel part of the change and that their views are listened to. This approach will inform a comprehensive communication effort throughout the change programme.

All these new arrangements will be implemented in consultation with staff associations and representative bodies in line with the Public Service Stability Agreement (Haddington Road).

The same approach across the nine CHOs will mean greater consistency for everyone in Ireland accessing healthcare service, public and staff alike.

13. How will Community Healthcare services link in with the acute hospital system?

The HSE is committed to improving integration between acute hospital and Community Healthcare services. The new Community Healthcare Organisations (CHOs) and Hospital Groups will be required to work actively together to improve the connection between the services and to ensure that people experience continuity of care and full implementation of the new national standardised models of care.

Work is underway on the development of standardised models and care pathways nationally, which, will support effective integration between all aspects of Community Healthcare services across primary care, social care and mental health services and between these Community Healthcare services and the hospital system.

The Chief Officer and the leadership team within the CHO will have full accountability for the delivery of all Community Healthcare Services within the area and for ensuring the appropriate integration with acute hospitals and other specialist services. At a more local level the new structure around Networks of 50,000 population with effective multidisciplinary working, a GP lead and an identifiable manager responsible for service delivery and integration provides a strong basis for ensuring connectivity between Community Healthcare and acute hospital services.

"Close links between Community Healthcare services and acute hospitals."

14. Will the changes outlined in the Report require additional resources?

The establishment of Community Healthcare Organisations (CHOs) and the associated governance and management arrangements as outlined in the Report will be implemented from within existing resources. The changes will involve a reduction from the current 17 Integrated Service Areas (ISAs) to the nine new community CHOs, which will see a reduction in management structures at a senior level as the programme is rolled out. The establishment of the 90 Networks will involve re-organisation of services with new roles and responsibilities, which will be achieved through the re-organisation and re-assignment of existing resources and staff.

The re-organisation will also provide significant opportunities to optimise efficiencies through shared services and developments. The HSE has recently established Health Business Services (HBS) a shared services unit that is designed to meet the future administration needs of the health system both statutory and voluntary. The move to nine CHOs will allow HBS to deliver effective public administration across the areas of estates management, ICT, procurement, payroll, pensions and recruitment to these organisations. Moving to create a significant scale and management capacity in the nine CHOs will help deliver public value through scale.

15. How will the Community Healthcare Organisations be established?

The Community Healthcare Organisations (CHOs) will be established in a timely, efficient and safe manner that recognises the importance of change as well as the need for services to continue during the change. It is essential, to ensure the continued, effective management and organisation of the service and to progress implementation of the reform programme, that we move rapidly with the implementation of the recommended nine CHOs. This re-organisation can take place smoothly within the existing governance arrangements of the Health Service Directorate. A national steering group will lead this important transition.

16. What are the next steps?

Communication & Engagement:

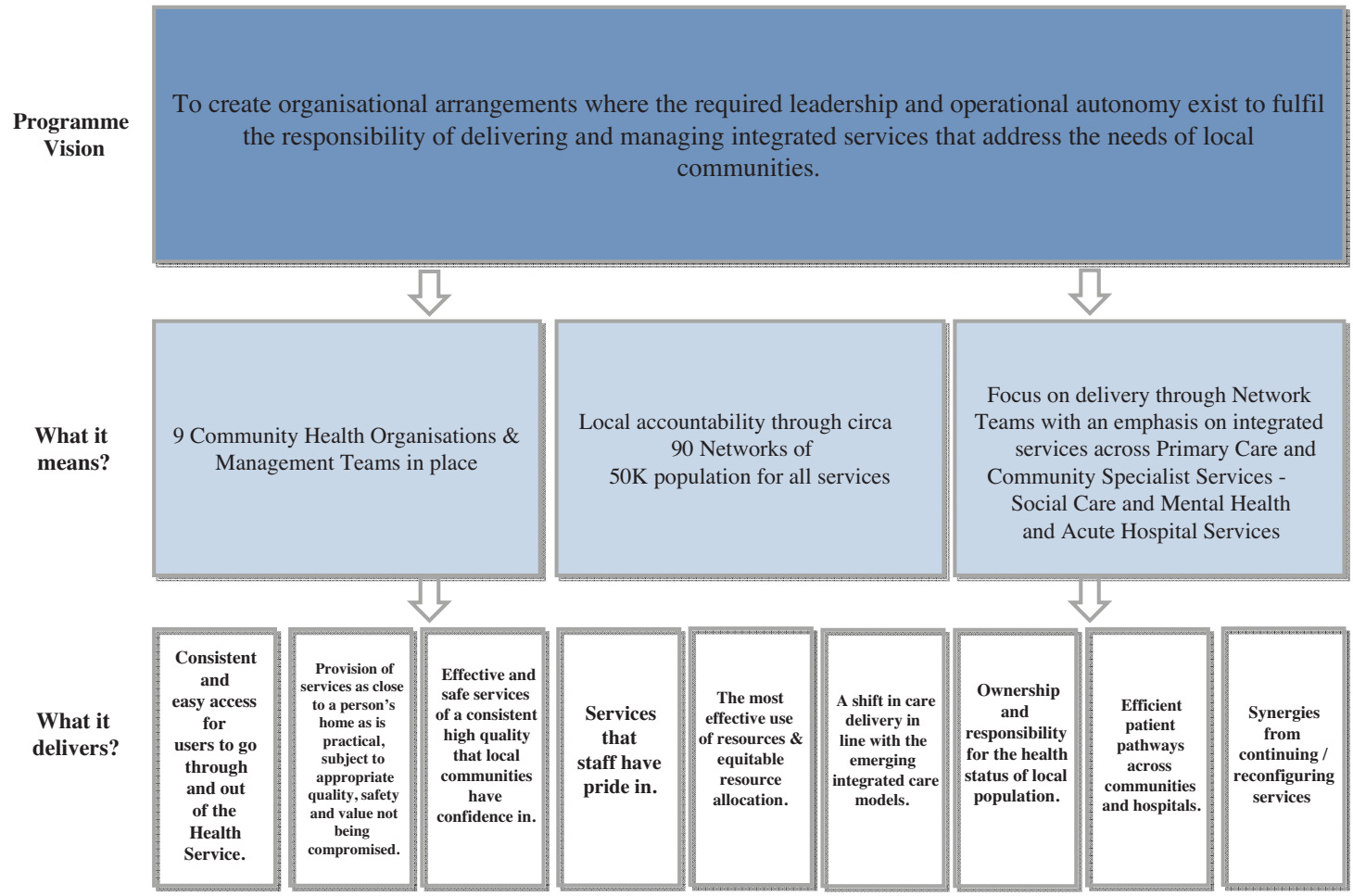
Phase 1: Following the launch of this Report there will be an intensive communication and engagement process to provide an opportunity for briefing and feedback to all stakeholders, including those involved in the original consultation, together with staff and key partners in each of the nine identified Community Healthcare Organisation (CHO) areas. Parallel to this there will be national communication with all relevant stakeholder groups in the wider health community.

Phase 2: Will involve a more in-depth process of communication and engagement with all stakeholders as part of the implementation process, including comprehensive engagement with staff associations and representative bodies and service user representatives.

Implementation:

A comprehensive governance process to oversee the implementation of the Community Healthcare Organisations (CHOs) reform programme, has commenced. A national steering group will oversee the implementation of this Report's recommendations. Together with the publication of the Report a high level implementation agenda is being developed. The first step towards implementation will be the appointment of the CHOs' Chief Officers in the last quarter of 2014 with a view to taking up responsibility in January 2015.

Community Healthcare Organisations - Our vision and what they will deliver for public and staff



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