

2. ISA Review - Context

2.1 Introduction

In order to achieve the overarching objectives of the reform programme *Future Health – A Strategic Framework for Reform of the Health Services 2012 - 2015*, significant changes are required in the organisational arrangements of the health and social care services, both from a governance and service delivery perspective. Structural reform is not an end in itself but is a key enabler that will facilitate the achievement of the vision for Community Healthcare Organisations. It will support the development of a stable environment for delivering integrated care in a measured and coordinated way, throughout the reform process as we move towards the phased implementation of a Universal Health Insurance (UHI) environment.

The Reform Programme, as set out in *Future Health* envisages a move from the current centralised management model for health services to a model that will see greater autonomy for frontline services. This will be achieved by establishing Hospital Groups and similar structures for the organisation and management of Community Healthcare Organisations within identified geographic areas. The changes to be introduced will;

- Ensure that primary care, social care, mental health and health and wellbeing services will be delivered and managed in a single structure that maximises integration within geographic areas, which will be identified in this review. This will include HSE funded agencies in these service areas.
- Provide direct line accountability to and between the individual National Directors for services and the managers responsible for hospitals and Community Healthcare Organisations as a precursor to moving to a purchaser / provider split commissioning model.
- Ensure the foundation for greater autonomy at service level is in place within agreed national frameworks, and provide a greater capacity to support the innovative and responsive service delivery model envisaged in *Future Health*.
- Outline the future governance mechanism of Community Healthcare Organisations. These will be similar in approach to the development of hospital trusts, ensuring robust management structures and 'parity of esteem' with the acute hospital sector.

The following points were useful in focussing the work of the review:

- Commitment in *Future Health* to reforming the way services are provided in the areas of primary care, social care, mental health & health and wellbeing services. *Future Health* also provides for a review of the Integrated Service Area (ISA) structure.
- The output and findings from this review will inform decisions on achieving a stable environment for delivering integrated care during the course of and beyond the health reform process and into the UHI environment.
- There is a move from emphasis on acute care towards preventative, planned and well co-ordinated community based care.
- Primary Care Teams and Networks provide the foundation for a new model of integrated care in Ireland.

The announcement of the establishment of the new Hospital Groups on an administrative basis in May, 2013, with Group Chief Executives having budgetary and staff responsibility for both the HSE and voluntary hospitals in their group, represented the end of the structural basis for existing Integrated Service Areas (ISAs). This necessitated a review of the ISAs to recommend the best successor body. This review will:

- ensure maximum alignment between all service providers at local level,
- review executive management and governance arrangements and
- inform new structures for the delivery of primary care and community services.

2.2 Policy Context

The Programme for Government outlines fundamental reform of the health service over the coming years in order to develop a more sustainable model for the future. The current system is facing major challenges including significantly reducing budgets; long waiting lists; capacity deficits, an ageing population and a significant growth in the incidence of chronic illness.

Future Health provides the overarching policy framework and high level actions to deliver this fundamental reform programme. *Future Health* makes a commitment to ensuring a new focus on moving away from simply treating ill people, to a new concentration on keeping people healthy. This concentration needs to be seen across all levels of reform from structural, to service and financial. As part of the structural reform set out in *Future Health*, following the enactment of the HSE (Governance) Act, the Health Service Executive (HSE) Directorate was established on the 25th of July, 2013. The Directorate has strengthened accountability arrangements, is headed by the Director General and is accountable to the Minister for the performance of the HSE's functions as well as its own. In addition to the Director General, the Directorate consists of other appointed Directors who are responsible at national level for the delivery of services in the relevant service domain and also lead the development of national service strategies associated with their areas. The Directorate is comprised of the Director General, Chief Operations Officer and Deputy Director General, Chief Financial Officer, National Director Primary Care, National Director Acute Hospitals, National Director Social Care, National Director Mental Health and National Director Health and Wellbeing. Within this overarching policy and delivery framework, a number of key policy objectives can be delivered as part of the reform programme:

- **Primary Care**

Future Health sets out a vision for primary care where GPs work in teams with other primary care professionals. The focus is on the prevention of illness and structured care for people with chronic conditions; Primary Care Teams working from dedicated facilities; and staffing and resourcing primary care appropriately to meet regularly assessed needs.

Primary care teams and networks will provide the foundation for medical and non-medical care that people need, whether it is for health or social needs, maintaining at all times the community ethos of primary care. Patients will be referred from primary to secondary care only when their needs for care are sufficiently complex. Otherwise they will be managed through primary care. Registration with a Primary care team will become compulsory once the Universal Health Insurance system is fully implemented.

- **Social Care**

Future Health commits to the development of a social and continuing care system for older people and people with disabilities that maximises independence and achieves value for the resources invested. The intention is to introduce: a standardised framework to commission services from both public and non-public providers; individualised budgeting to bring about a closer alignment between funding and the outcomes of individuals and a robust regulatory regimen to ensure quality and safety.

- **Mental Health**

Future Health reaffirms the move from the traditional institutional based model of mental health care towards a patient centred, flexible community based service as set out in *Vision for Change*. Services are focused on delivering a modern, recovery focused, clinically excellent service built around the needs and wishes of service users, carers and family members and on implementing the reform programme in a way that ensures they are properly integrated with other health and social services.

- **Acute Hospitals**

Three main areas of reform are identified in respect of the hospital system. These are:

- i. More responsive and equitable access to scheduled and unscheduled care.
- ii. Reorganisation of hospitals into more efficient and accountable Hospital Groups – harnessing the benefits of increased independence and greater control at local level.
- iii. Implementation of a *Framework for the Development of Smaller Hospitals* which will ensure that smaller hospitals play a vital role in service delivery.

- **Health and Wellbeing**

Future Health reaffirms the core purpose of the health system, which is to help improve the overall health and wellbeing (one of the four pillars of *Future Health*) of the population. A Health and Wellbeing Framework, providing a structured mechanism to mandate other sectors to support the health system, has been developed with the publication of the *Healthy Ireland Framework* in March 2013. An effective health service plays a critical role in driving this agenda. Improved patient and population health outcomes will only be achieved by ensuring all new reforms and governance arrangements in health are underpinned by a commitment to deliver on the four goals of *Healthy Ireland*; Increase the proportion of people who are healthy at all stages of life; reduce health inequalities; protect the public from threats to health and wellbeing; create an environment where every individual and sector of society can play their part in achieving a healthy Ireland. This will assist policy makers to integrate considerations of health, wellbeing and equity in the development, implementation and evaluation of policies and services.

- **Child & Family Agency**

Consistent with the Programme for Government the Child & Family Agency Bill 2013 is the foundation for the transfer of a range of Child & Family services to a separate statutory Agency. The Community Healthcare Organisations will continue to play a significant role in the lives of children in areas such as child health, development and screening and in specialised service provision (e.g. children with disabilities). Robust integration between the Child and Family Agency and the Community Healthcare Organisations at local level, supported by national decisions and direction, will be necessary.

- **Healthcare Commissioning Agency**

The Directorate Divisional Management Teams involved in performance, contracting and financing of services will be subsumed into a new commissioning body the *Healthcare Commissioning Agency*. It will be responsible for driving performance improvement through value-based purchasing. A formal purchaser/provider split will be established within the health sector, though the system will remain entirely tax funded during this phase.

In advance of this, a Money Follows the Patient (MFTP) funding model will be introduced in order to create incentives that encourage treatment at the lowest level of complexity that is safe, timely, efficient, and is delivered as close to home as possible. This will facilitate the movement of money to where the service can best be delivered. This, along with other initiatives such as the introduction of integrated payment systems, will help to support integration between primary, community and hospital care.

A rigorous performance management process will be put in place with defined national outcomes for all of the care groups. Providers will be measured regularly against the achievement of these outcomes and the results published. Performance against outcomes will be used, in turn, to inform the commissioning process.

- **Universal Health Insurance**

Future Health identifies that the final phase of structural reform will see the move to a combination of Universal Health Insurance funding for acute hospital and certain primary care services, with general taxation funding for other services including the social care services such as disability and long-term care. While funded separately, these services will still be delivered in an integrated manner around the needs of the person. The Healthcare Commissioning Agency will also continue to finance certain health and social care costs directly via the other funds. As such, it will retain a central strategic role in terms of managing the flow of funds between different arms of the health system and in working with health insurers to support the delivery of high quality, integrated care.

- **Model of Integrated Care**

Future Health identifies a new model of integrated care that treats patients and service users at the lowest level of complexity that is safe, timely, efficient and as close to home as possible. This aim of increasing integration is consistent with initiatives in other countries that seek to shift the emphasis from episodic reactive care to care based on need which is evaluated on its impact on outcomes. The aim is to build service delivery around the full cycle of care for the major conditions/diseases which a patient may have, i.e. from prevention to self-care to primary care to acute care. Integrated care can be defined as care that improves the quality and outcomes of care for patients and their immediate families and carers by ensuring that needs are measured and understood and that services are well co-ordinated around these assessed needs.

2.3 Importance of Community

A consistent theme throughout *Future Health* is that services should be delivered as close to or if possible in a person's home. In considering the organisational arrangements required to give effect to the objectives of delivering care as near to the person as possible, and having regard to the experience of change programmes to date, together with feedback from the consultation process as part of this review, the project team was cognisant of local communities, particularly the importance in Ireland of enabling local communities to support their own people through the life cycle. Community in this sense is related to the wider network of organisations and supports which are at the heart of local communities, ranging from local voluntary organisations of all kinds, not just in the health sector, but across all sectors including farming organisations as well as groups such as the ICA or the GAA and other sporting bodies which span both rural and urban communities.

It is in the engagement between these informal networks and the more formal state provided services, through agencies such as the health service, local authorities, community Gardaí, local schools and educational institutions, community welfare and other support services, where a real partnership approach is developed and sustained, through which people come together in a way that supports and enables communities to meet the needs of their people. In addition, working with local communities in this way maximises the opportunities of promoting health and wellbeing in the broader sense envisaged in *Healthy Ireland*.

2.4 ISA Review – Approach

In advance of the publication of the report on the Hospital Groups, Mr. Tony O'Brien, Director General, established a review of ISAs led by Pat Healy incoming National Director Social Care. The terms of reference and project scope statement are outlined in Appendix A

The project team was asked specifically to delineate and map out appropriate successor bodies and related geographic areas for Community Healthcare Organisations and design appropriate governance models at area and sub-area levels that would:

- clarify the lines of governance and the operational management structure including frontline management arrangements to support effective service delivery and policy implementation
- drive and support safe, quality care for patients and clients
- bring decision making close to where services are delivered
- allow clinicians to shape and assure the services in which they work
- get the best health outcomes for the money spent
- that would be planned and organised around peoples' needs and what works to give the best results
- facilitate meeting increasingly complex patient and client needs
- remove any barriers to integrated care.

The methodology adopted in undertaking the review focused on an extensive consultation process together with an overview of the literature and learning in respect of the delivery of integrated care and an analysis of existing governance structures and their stage of implementation. An important element of the overall approach to this review was to undertake a comprehensive process of consultation and dialogue with a wide range of stakeholders to:

- Map out appropriate successor bodies and related geographic areas for
- Bring forward proposals for appropriate governance models at area and sub-area levels.
- Ensure the recommendations support the UHI environment.

In undertaking the review of the ISAs the project team have been cognisant of the reform programme, specifically the evolving commissioning model, introduction of UHI and the importance of ensuring that the Community Healthcare Organisations and associated governance and management structures are robust and flexible enough to support each phase of the transition from the current service delivery model to the final end state of the reformed system. It is also important that services are delivered safely while the system is changing.

This work involved consideration of the potential appropriate successor bodies to ISAs. This included recommendations on the appropriate number of geographical areas and the resource requirements for management structures for the Community Healthcare Organisations.

2.4.1 Consultation

Consultation with each of the current 17 ISAs took place between the 3rd and 17th of July, 2013. The project team met with over 600 staff, encompassing a broad range of multidisciplinary professionals, support services, management and care staff reflective of the services provided in the ISA. Representatives from the acute services, general practice, etc. were included in the consultation process. In addition, professional associations and representatives of the voluntary sector were engaged with (Appendix B). A number of the groups made formal submissions, the output of which was incorporated in the process of consideration of the options and recommendations.

All members of the team were available to individuals and stakeholders to submit feedback and a dedicated email address, isareview@hse.ie was established to facilitate ease of access and to ensure that feedback was captured appropriately. In addition, a number of focused sessions with senior representatives from a number of ISAs – the Mid West, Kerry, Carlow/ Kilkenny / South Tipperary and Waterford / Wexford and Dublin were held to “road test” emerging thinking and proposals.

2.4.2 Literature Review & Research

The project team reviewed a range of current documentation and thinking in respect of the organisation of Community Healthcare Organisations and the delivery of integrated care. This included considerable work previously undertaken in mapping PCTs and Health & Social Care Networks (HSCNs) and primary and secondary care referral pathways. To complement this process, a *Review of International Experience from the Literature* was carried out under the auspices of the Institute of Public Administration on behalf of the project team. The work was undertaken by Dr. Katherine Gavin, Healthcare Management Consultant and IPA Associate. The Department of Health also provided the project team with insight into the research undertaken by the Health Research Board on integrated care and related issues and advice on emerging thinking with regard to the implementation of a UHI model in Ireland.

2.4.3 Questionnaire

A critical part of the work undertaken by the project team was to review the existing management and governance structures in the 17 Integrated Service Areas (ISAs). In order to assist the project team with this task a survey questionnaire, comprising of 6 sections with 12 questions was issued to all 17 ISAs. The returns from the questionnaire coupled with the consultation process that involved each ISA management team assisted in an analysis of the existing management and governance structures.

2.5 Summary

Having considered all of the inputs as outlined above, the options and associated recommendations put forward in this report represent the judgement of the project team on the most suitable approach to developing a health and social care services model in Ireland. The recommendations take into account the phased transition from the current system to a full UHI model in line with the policy direction outlined in *Future Health*.