



An Roinn Sláinte
Department of Health

Public Consultation on Geographic Alignment of Community Healthcare Organisations and Hospital Groups - Towards a Model of Integrated Person-centred Care

Introduction

The Department welcomes all responses to this consultation, which will facilitate us in considering what additional actions may be taken, and in a manner which is reflective of the broadest possible range of views from stakeholders and members of the public. This stage in the process is particularly aimed at organisations and service providers. However, everyone with an interest in this issue is welcome to participate.

It is important to note that this public consultation forms part of a broader consultation process on geographic alignment. Given that the Department will be conducting further steps in the consultation process, this consultation questionnaire does not attempt to address every aspect of geographic alignment.

Structure of the Consultation Questionnaire

There are four sections in this consultation questionnaire:

Section 1 Respondent Information

Section 2 The Importance of Geographic Alignment of Hospital Groups and CHOs

Section 3 How to Achieve Geographic Alignment of Hospital Groups and CHOs

Section 4 Towards Integrated Health and Social Care - Opportunities for the Future

How to Make a Submission to this Public Consultation

Please submit this paper copy of this Consultation Questionnaire to:
Research Services Unit,
Department of Health,
Hawkins House,
Hawkins Street,
Dublin 2, D02 VW90.

Written, paper submissions should be posted to this address to arrive no later than **23 May 2018**.

You can also contact the Department if you have any questions about this public consultation: email geoalignment@health.gov.ie or by calling: (01) 6354185 or (01) 6354047.

The information shared by you in this consultation will be used solely for the purposes of policy development and handled in accordance with data protection legislation. An analysis of submissions received as part of the public consultation will be published online which will include a list of organisations and representative bodies that responded. Comments submitted by individuals may be used in the final consultation report but these will be anonymised. All personal data is securely stored and subject to data protection laws and policies. For more information, see <http://health.gov.ie/data-protection/>

Please note that submissions received by the Department are subject to the Freedom of Information (FOI) Act 2014 and may be released in response to an FOI request.

Before you complete the consultation questionnaire you might find it helpful to read the Information Note about geographic alignment of Hospital Groups and Community Health Organisations and the consultation process.

Information Note on Geographic Alignment of Hospital Groups and Community Health Organisations

Introduction

“Accountability, effective organisational alignment and good governance are central to the organisation and functioning of the health system” [1].

The opening quotation above sets out one of eight fundamental principles of the SláinteCare Report. Further to their recommendation that the Health Service Executive (HSE) be reformed into a more strategic national centre, with an independent board, the Oireachtas Committee on the Future of Healthcare proposed the geographic alignment of Hospital Groups and Community Health Organisations (CHOs). The Committee also advised that *“further analysis and consultation should be undertaken to identify how alignment can best be achieved with minimal disruption to key structures including at Community Healthcare Networks (CHN) level” [2].*

Minister Harris, in his input to the Oireachtas Committee hearings, stated that he was *“convinced that Hospital Groups and CHOs should be geographically aligned ... having Hospital Groups and CHOs operating on this basis will facilitate collective performance and accountability arrangements based upon pre-agreed and shared goals, budgets and incentives” [3].* More recently, the Minister committed to launching a public consultation on the issue. This information note provides background material in order to inform this public consultation.

[1] SláinteCare Report, p.14;

<https://www.oireachtas.ie/parliament/media/committees/futureofhealthcare/Oireachtas-Committee-on-the-Future-of-Healthcare-Slaintecare-Report-300517.pdf>

[2] SláinteCare Report, p.26 & p.89

[3] Opening Statement by Minister for Health Simon Harris T.D. to the Committee on the Future of Healthcare (22/03/17); <http://health.gov.ie/blog/speeches/opening-statement-by-minister-for-health-simon-harris-t-d-to-the-committee-on-the-future-of-healthcare/>

The SláinteCare Report and the Ambition to Achieve a Model of Integrated Person-centred Care

The SláinteCare Report is anchored in the conviction that primary and community care must be at the heart of the healthcare system, and care must also be integrated across settings and must be safe and of high quality. In the SláinteCare Report, the goal of universal healthcare is framed in terms of a co-ordinated person-centred model of care and considerable emphasis is placed on providing **integrated** health and social care for citizens.

The Oireachtas Committee on the Future of Healthcare defined integrated care as:

'healthcare delivered at the lowest appropriate level of complexity through a health service that is well organised and managed to enable comprehensive care pathways that patients can easily access and service providers can easily deliver. This is a service in which communication and information support positive decision-making, governance and accountability; where patients' needs come first in driving safety, quality and the coordination of care' [1].

Within the SláinteCare Report, it was highlighted that coordination spanning professional and departmental boundaries is needed to deliver integrated healthcare, such as interdisciplinary team working, as well as coordination between primary, secondary and tertiary care domains, such as the design of optimal care pathways.

The SláinteCare Report sets out a number of ways in which to develop “*a culture and mechanism for collaboration, integrated care and shared local governance between CHO's and acute hospitals*” including population-based resource allocation. This includes “*the phased pooling of funding to support integrated care and a simplification and harmonisation of current fragmented and disconnected resource flows to primary, acute and social care.*” It is envisaged that these developments will in time lead to the formation of regional integrated care organisations that will operate with appropriate autonomy within defined geographic areas and with clear reporting structures [2].

[1] SláinteCare Report p.20

[2] *ibid* p.94

Hospital Groups and Community Health Organisations

The current structures of the healthcare system pose a challenge to achieving an integrated person-centred model of care. At present, hospitals are grouped together, and these 'Hospital Groups' are responsible for the delivery of healthcare services within the acute setting. At the same time, the healthcare system also comprises CHOs which are defined by *geographic* boundaries and these CHOs are responsible for the broad range of services that are provided outside the acute hospital system. This includes primary care (e.g. GPs, public health nurses), social care (e.g. home care support, meals-on-wheels), mental health, disability and health and wellbeing services (e.g. vaccination, screening, health promotion).

Hospital Groups have their origins in a report published in 2013, "The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts" (known as The Report on Hospital Groups). This report was published alongside "The Framework for Development – Securing the Future of Smaller Hospitals". Both reports were approved by Government. The Report on Hospital Groups recommended that six Hospital Groups should be established: Dublin North East; Dublin Midlands; Dublin East; South/South West; West/North West and Midwest [1].

The Report stated that grouping hospitals would allow '*appropriate integration and improve patient flow across the continuum of care*' [2]. In the Report, it was recommended that each Hospital Group would include a primary academic partner which would '*stimulate a culture of learning and openness to change within the group*' and recommended the establishment of a Children's Hospital Group covering the acute paediatric services in Dublin [3]. Therefore, each Hospital Group comprises between six and eleven hospitals and includes at least one major teaching hospital.

In 2013, after the launch of the Report on Hospital Groups, the HSE initiated a review of the organisation of community-based services. This was necessary to address the questions raised for the HSE's existing geographic management arrangements whereby hospitals and community-based services were organised into 17 Integrated Service Areas (ISAs) from 2010. These community-based services were further organised into 4 HSE regions reporting to an Integrated Services Directorate.

At that time, the ISA review considered the number, scale and geographic boundaries for the organisation of primary and community health service areas and the associated governance and management arrangements. The review involved wide consultation with health service staff and representative groups, a review of historical arrangements for the delivery of community-based services in Ireland and a review of international

experience in developing integrated care.

The report of the review, Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group, was published in October 2014 and outlined how health services, outside of acute hospitals, were to be organised and managed. The report led to the establishment of 9 CHOs for the delivery of community healthcare services. Other recommendations included the development of 90 primary care networks (with approximately 10 such networks per CHO and each serving approximately 50,000 people) with the intention of delivering better and more integrated access to specialised services in social care, mental health and health and wellbeing. The number of planned networks is now 96, and they are now referred to as Community Healthcare Networks (CHNs).

[1] These Hospital Groups are alternately known as RCSI Hospital Group, Dublin Midlands Hospital Group, Ireland East Hospital Group, South/South West Hospital Group, Saolta Hospital Group, and University of Limerick Hospital Group.

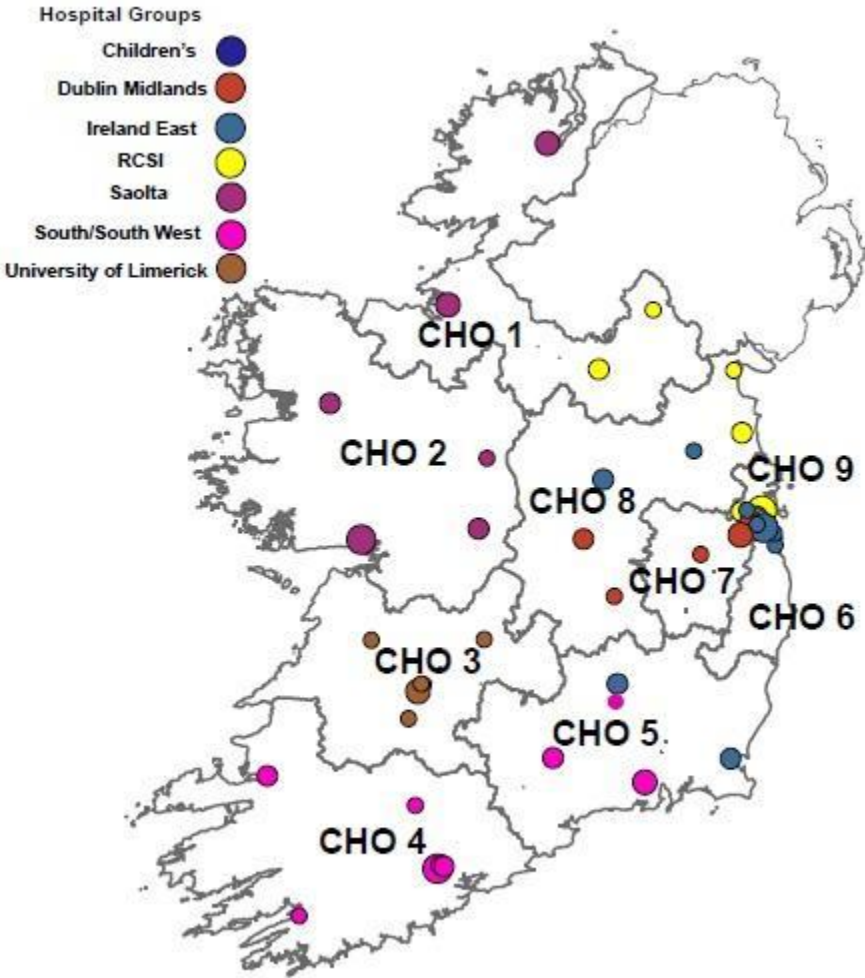
[2] The Establishment of Hospital Groups as a transition to Independent Hospital Trusts, 2013, p.8.

[3] *ibid.*

Alignment of Hospital Groups and CHOs

A notable feature of the reforms outlined above is that the hospitals that are contained within specific Hospital Groups cross CHO boundaries. For example, hospitals in the RCSI Hospital Group are located in CHO 1, 8 and 9. An exception is CHO 3 and the University of Limerick Hospital Group, where all hospitals are located within the CHO boundary lines. The location of hospitals and their Hospital Group, along with CHO boundary lines, is shown in Figure 1.

Figure 1: Geographic outline of Hospital Groups and Community Healthcare Organisations



Towards a Model of Integrated Person-centred Care

During the deliberations of the Oireachtas Committee on the Future of Healthcare, the fact that hospital services and community services are currently delivered by separate entities with multiple over-lapping geographies raised questions about how integrated services could be designed, delivered, managed and monitored at local/regional level, and how Hospital Groups and CHOs would relate to each other. In the present system, most CHOs work with multiple Hospital Groups and most Hospital Groups are required to work with multiple CHOs in order to try to coordinate and manage the care pathway for patients. How Hospital Groups and CHOs interact can have an effect on healthcare delivery and patient pathways through its effect on how patients access hospitals and how someone returns home after a spell in hospital with the necessary care and supports.

In the pathway towards integrated person-centred care, it is advocated for in the SláinteCare Report that alignment of health and social care delivery structures with common defined geographical catchment areas provides a coherent and enabling platform for improved clinical integration and for collective responsibility for health outcomes and value for money. Furthermore, it is indicated in the report that alignment provides a coherent basis for breaking down the barriers between hospital and community services, between physical and mental health services, and between health and social care. In putting forward the proposal to introduce geographic alignment between Hospital Groups and CHOs, the Oireachtas Committee noted that this could enable health and social care services to be planned and delivered in line with identified local needs, it could secure clearer collective responsibility in terms of governance and accountability for population health and wellbeing, and enable integrated care through *"population-based resource allocation and governance"* [1].

In moving to achieve geographic alignment of health and social care delivery structures, the Oireachtas Committee advised minimal disruption to the health system and proposed that the structural change arising should be *"as simple as possible, and only what is needed to meet the requirements of integrated care"* [2].

It is important to clarify that geographic alignment of CHOs and Hospital Groups is regarded within the SláinteCare Report as a necessary, though not the only, enabler for integrated person-centred health and social care services. A range of other key enablers are required, including, but not limited to, appropriate governance, leadership and management, clarity of roles, performance management review processes, investment in health information infrastructure such as the introduction of Individual

Health Identifiers (IHIs) and the development of Electronic Health Records (EHRs), revised resource allocation models and financial incentives. As such, geographic alignment is recommended in the SláinteCare Report as part of a broader suite of organisational and governance reforms to achieve integrated person-centred care.

The Department of Health also cautioned against the assumption that structural reform alone will automatically achieve improved integration of services. As noted in *Better Health, Improving Healthcare*:

“While structural reform is needed, and it is important to progress this agenda expeditiously, it would be a mistake to believe that structural change on its own will deliver reform on the scale and of the nature required. Nor is it the case that the greater the structural change the deeper the reform since some changes in structure have proven to be primarily administrative. The cost and time associated with structural change – including through the diversion of attention from the improvement of care processes – also demand that changes in structure be carefully considered and properly implemented in line with overall reform objectives” [3].

[1] SláinteCare Report, p.22

[2] Ibid, p.22

[3] Department of Health (2016), *Better Health, Improving Healthcare*, para. 28

The Purpose of this Public Consultation

Any decision to initiate changes towards achieving geographic alignment in health service delivery at this time involves weighing up the potential costs of slowing down or disrupting the current reform programme, against the possible benefits of an improved system-design over the longer term.

This consultation seeks feedback and ideas from stakeholders and members of the public to assist the Department of Health in assessing: the underlying principles that should guide any move towards aligning Hospital Groups and CHOs, how important it is to have geographic alignment between health service delivery structures, why it is important and what are important factors to consider either in planning or implementing such changes.