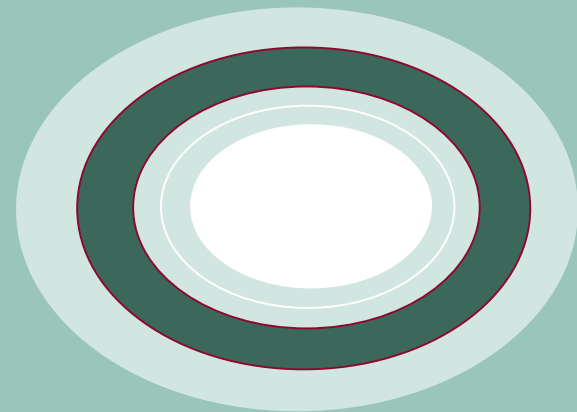


Presentation to NHI Annual Conference

Mr. Michael Fitzgerald
Head of Operations & Service Improvement
Services for Older People

Thursday 6th November, 2014.



Social Care

Two Key Requirements to deliver Objectives

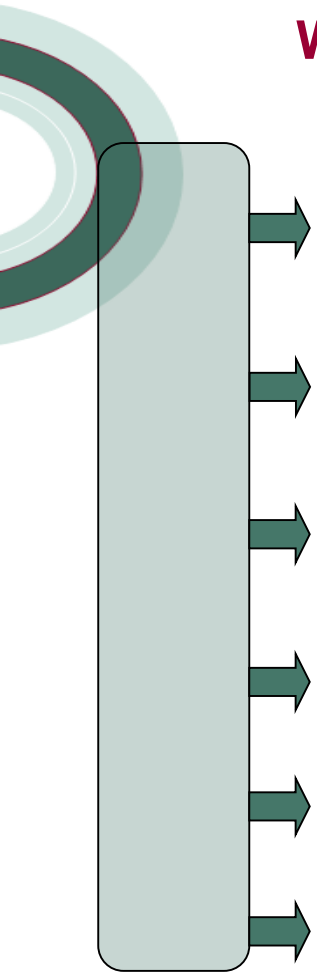
Reform

- ☐ Develop a new person centred model of care for older people and people with disabilities
 - ✓ Promoting independence and lifestyle choice as far as possible
 - ✓ Maintain people at home or in their own community
 - ✓ A sustainable model - “money follows the person”

Sustain Service Delivery

- ☐ Service Plan delivery within Resources, Targets & Standards
- ☐ Incremental performance improvement
- ☐ Transition safely

What will be different for Older People & People with Disabilities

- 
- ✓ Clear and comparable information and advice to make good decisions about their service - person centred models of care the norm, with ease of access to services
 - ✓ People will be involved in developing their own care-plan based on standardised needs assessment which focuses on people's strengths & personal goals
 - ✓ Maximised potential of local communities & social networks to sustain people in their own homes and communities
 - ✓ Increased control of their own resource through "money following the person" budgeting
 - ✓ Service users and their local communities will be heard & involved in all stages of the process to plan and improve services
 - ✓ A wider range of high quality options either through public, private or voluntary providers - choices available and people informed

Social Care Policy Direction & Service Modelling

Disability Services – Priorities 2014

- Implementation Framework – Value for Money and Policy Review
- People moving from institutional settings to homes in the community
- Reconfiguration of day services and young people leaving school / rehabilitation programmes
- Disability services for children and young people (0 – 18s)
- Service user involvement and quality in the development of services
- Management and information systems

Services for Older People – Priorities 2014

- Develop sustainable model for long stay care - review of fair deal – nursing home support scheme
- Develop an integrated of service for older people – supporting older peoples independence

- Resource Management
- HRA

- Assessment of need – single assessment tool
- Service user involvement
- Research, demographic trends – planning & research
- Service improvement models and performance management models

Governance & Accountability - Processes

National Level

- ❑ Directorate – Governing Body
- ❑ Leadership Team
- ❑ Planning, Performance & Assurance Group
- ❑ System Reform Group
- ❑ Social Care Management Team

Head of Operations
&
Service Improvement
- Services for
Older Persons

Head of Operations
&
Service Improvement
- Disability Services

Head of Planning,
Performance &
Programme
Management

Quality &
Standards
Assurance

Clinical
Lead

Hospital Groups

Community Healthcare Organisations (CHOs)

- ❑ Older People services have a voice on the Health Service Governing Body
- ❑ Focus on Health & Wellbeing – “whole system” Approach
- ❑ Community Development Approach – enabling local communities to support their people
- ❑ National & local consultative processes



Community Healthcare Organisations – Why Now?

*"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."*

Organise our services to make them the best that they can be



Our Approach to the Review

- Learning from change since 2005
- Consultation
 - Phase 1 - 17 ISAs ... 600+ people
 - Phase 2 – more than 40 groups
- Research & Learning – Integrated Care

Linking this learning to inform our recommendations around

- Composition of Community Healthcare Organisations
- Governance & Management Structure
- Delivering the model of service envisaged in “Future Health” over time



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.



What is integrated care ?

- Easier to navigate - making it simpler for people who need services
- Better co-ordinated care, with continuity of care across community and hospitals
- People moving easily through the different healthcare services to meet their needs
- People receiving good quality services & outcomes

We must reorganise our structures and the way we work to deliver this integrated approach

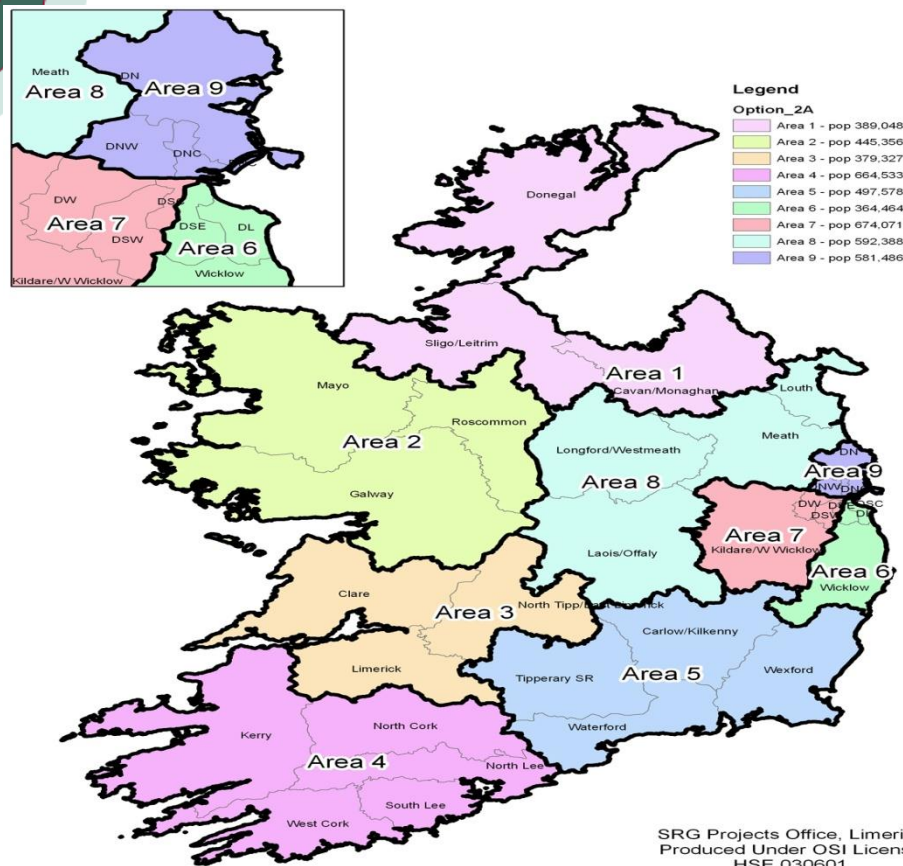
**“Integrated Care - all services work together
centered on the needs of the person.”**

What we learnt about integrated care?



"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."

The nine Community Healthcare Organisations



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



Primary Care Networks

- 90 Networks, approx. 50,000 population – one for every large town / district
- Average of 10 networks in each CHO
- Network Manager working with GP Lead & Network Team
- Responsible for service delivery & integration with specialist services & access to acute hospitals
- Strong relationships with local communities
- Standardised clinical governance & supervision
- Team Leader – protected time
- Key Workers – complex needs

**“Staff with more autonomy
and decision-making ability at local level.”**



Changing how we work together

- Standardised models and pathways of care – Social Care, Mental Health and Health & Wellbeing
- Integrated clinical programmes across community & acute hospitals
- Rapid access to secondary care in acute hospitals & specialised services in the community

Community Healthcare Organisations and Hospital Groups

- Working actively together – effective integration
- Continuity of care for people through all services

**“Deliver the right service, at the right time,
in the right place, by the right team.”**



We want Older People to be

- Well and independent
- Living their lives in their own homes & communities
- Contributing to and being part of every day living
- Knowing what supports are available and having a say in what works for them
- Access to service when they need them
- Receiving effective, safe high quality health and personal social services as they require them
- Have access and choice of residential care when required both short stay and long stay



Next 12 – 18 months

- We will be developing a comprehensive model of care for older people and we want the nursing home sector to be part of that development
- Development of a true continuum of care
- Time for change
- Must respond to demand for services and reorganisation
- Implementing the hospital groups and CHO's
- Time for innovation and new ways of working -
- Responsive to local communities
- Opportunity now for everyone to move forward together



Next 12 – 18 months continued

- Single Assessment tool
- Keeping Older People Well
 - National Positive Ageing Strategy
 - Dementia strategy
 - Falls prevention
 - Protecting our Future – Report on the Working Group on Elder Abuse
- Developing the continuum of care
 - Nursing Home Support Scheme
 - Short Stay Beds
 - Home Care
 - Day Care
- Opportunities for Innovation & Integrated working



*Thank you for your
attention*