

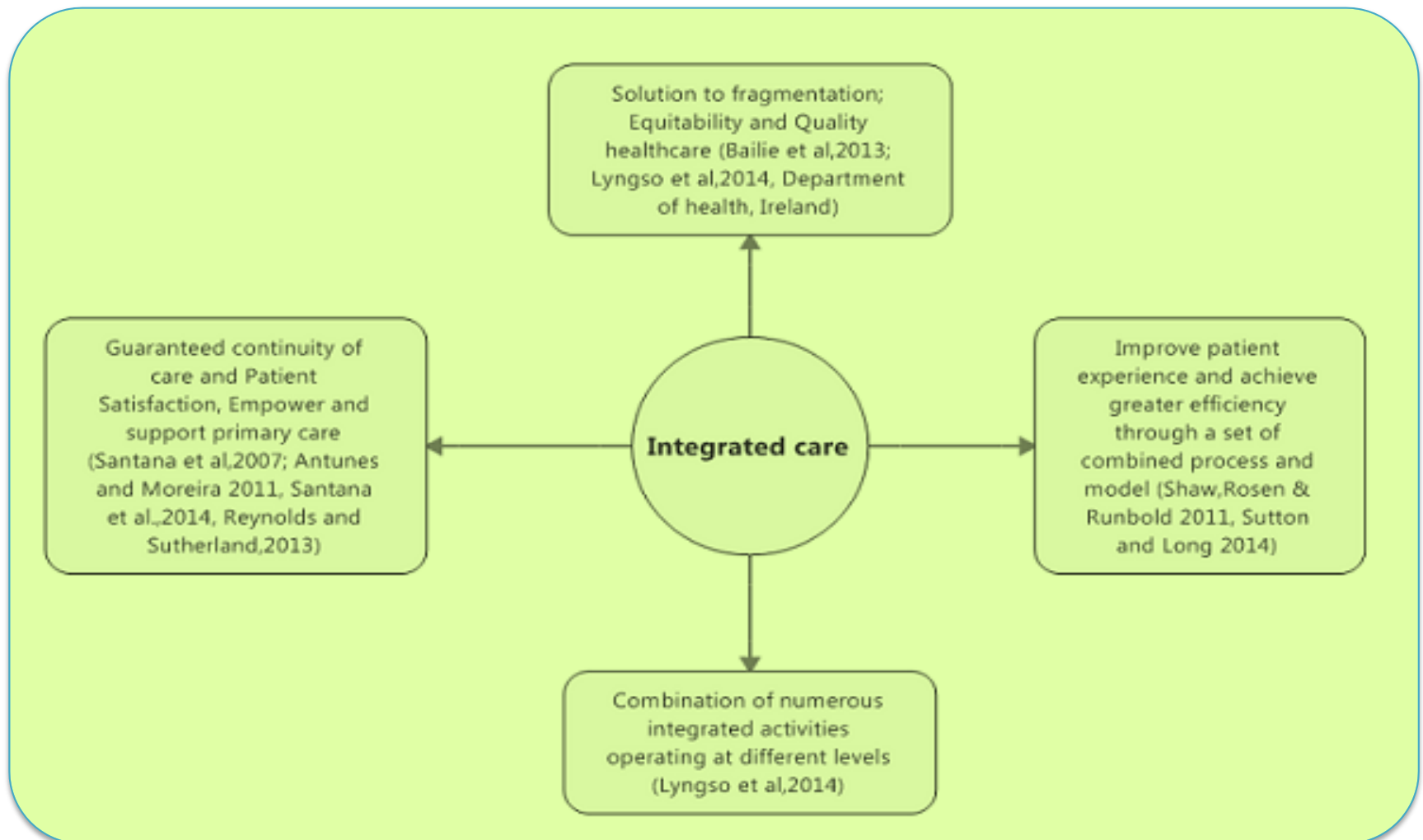
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Integrated Care Policy: A Comparative Study



The Kings fund; view of wordie from different voices (twitter and website)/Components of integrated care.
<http://www.kingsfund.org.uk/topics/integrated-care/what-does-good-integrated-care-mean-you>

International Literature- Definitions of Integrated 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 (HSE,2014)

Context

- Integrated care has become a policy in Ireland since 2014/15.
- There is often a disconnect between policy and implementation at the frontline (professionals-patients) (Byers et al., 2014)
- It has become a priority, trend & there is increased policy attention to integrating care in global health systems especially OECD
- Northern Ireland has developed an integrated health care policy since 2011
- They are 3 years ahead of the Irish experience which can serve as a useful comparator for Ireland

Byers, V., Davey, S. & McAdam, R. (2014) Patient-centric challenges in health reform: perspectives from two systems. Paper presented at the *British Academy of Management Annual Conference*, University of Ulster, September 9th – 11th

Heenan, D & Birrell, D (2009) "Organisational Integration in health and social care: Some reflections on the Northern Ireland", *Journal of Integrated Care*, Vol.17:5 PP 3-12.

Objectives of the presentation:

- As recent National Health Policy in Ireland is to integrate Community & Primary Care Services (9 Community Healthcare Organizations - CHOs) (2014-2015), the aim is:
 - To examine the current integrated care policy in Ireland
 - To use the learning in integrated care policy implementation from Northern Ireland to inform the Irish experience
 - To compare the integrated care policies between Ireland and Northern Ireland
 - To contribute to knowledge in the area of Implementation of Integrated Care and inform the wider project.

Methodology

Qualitative research design – Policy Document analysis

- Comparative analysis of Integrated Care policy between both jurisdictions
- Read and review the literature evaluating these policy documents.
- Identification of common themes/elements in both policy documents and highlight differences where applicable.
- Data analysed using comparative analysis technique (analysed themes; functions and composition and structure of personnel) (Walt et al 2008, Birrell et al 2014)

Common objectives of both policies

- Reducing budgets
- Reducing waiting lists
- Addressing capacity deficits (Workforce/resource supply difficulties)
- Dealing with ageing population
- Dealing with growth in chronic illnesses
- Addressing the need for greater productivity and value for money

Comparison of Integrated Care (IC) policy documents

Theme	Northern Ireland	Republic of Ireland
Name of Integrated Care policy document	<i>'Transforming your care: Integrated Care Partnerships: policy Implementation Framework /Plan (2012/2013)</i>	<i>'Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group' (2014/15)</i>
Reform programme	Transforming Your Care - Integrated care partnership (ICPs) (17)	Future Health – Integrated model of care - Community Health Organisation (CHO).
Composition	17 areas including GPs, community and other health care providers. 100,000 population, 25-30 GP Practices. Each ICP Committee consists of 12 or 13 members.	9 CHOs. Primary care at the centre (90 primary care networks serving an average of 50,000 people per geographical area)
Description	ICPs are cooperative networks of care providers, bringing together healthcare professionals; the voluntary and community sectors; local council representatives; and service users and carers, to design and deliver high-quality services which are clinically led.	CHOs the broad range of services provided outside of the acute hospital system including Primary Care, Social Care, Mental Health and Health & Wellbeing Services. Services delivered through the HSE and its funded agencies to people in local communities, as close as possible to people's homes.
Governance, Management & Accountability	Line management stream of accountability; roles and functions to be solely responsible for delivery but not service commissioning.	Head of disciplines will report to chief officers, Chief officers will report to the relevant national director and executive authority and accountability will be derived from the health service directorate.

Comparison of both policy documents...contd

Theme	Northern Ireland	Republic of Ireland
Key principles	ICPs • A network group for service provider (not a separate legal entity) • A collaborative alliance especially with voluntary and community sector • Responsibility to identify barriers to integrated care and redesign pathway • Responsible only for the principle of commissioner/provider split • No responsibility for commissioning and funding • To be established around natural communities and replace primary care partnerships • Should be clinically led and based on multidisciplinary working • Should be operated and regulated in a way that ensures equity of service across all regions	CHOs must • Enable and support integrated care - Within community services - Between community and hospital services - With wider public service organisations • Deliver the model of service envisaged in Future Health operating in a Universal Health Insurance environment with a Healthcare Commissioning Agency. To achieve the above, primary care will be at the central role of care provision to local communities and health reforms will be carried out in order to deliver equitable and quality service.

Birrell, D and Heenan D. (2014) Integrated care partnerships in Northern Ireland: added value or added bureaucracy? *Journal of Integrated Care*, Vol.22 (5/6), 197-207.

DHSSPS(2012b), Integrated Care Partnerships : Policy Implementation framework.

HSE (2014) *Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group* Ireland: Health Services Executive.

COMPOSITION OF PARTNERSHIP COMMITTEE IN NORTHERN IRELAND

Composition of partnership committees

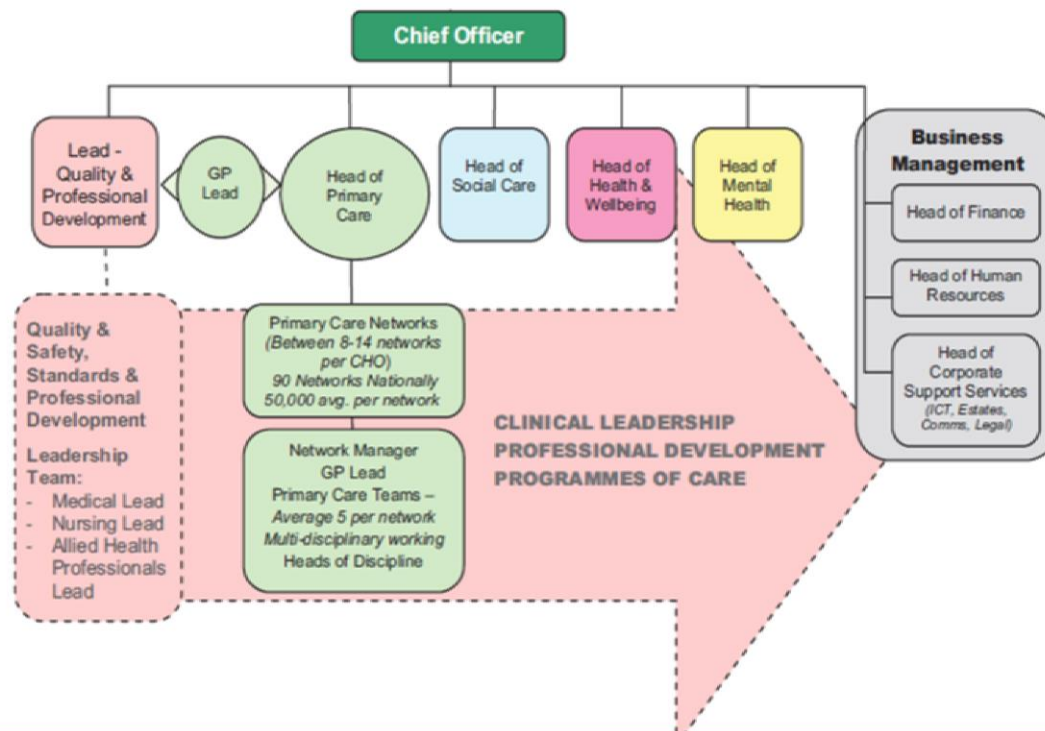
Health and social care trust nominees	4 Representatives: → medical specialist → nurse → social Worker → allied Health professional
Northern Ireland ambulance service	1 Representative
GPs	2 Representatives: → 1 elected by peers → appointed
Community pharmacists	2 Representatives: → 1 elected by peers → 1 appointed
Voluntary community	1 or 2 Representative
Users	1 Representative
Carers	1 Representative
Total	12 or 13

This structure will be replicated across each of the 17 ICPs

Leadership and management team arrangements for IC in The Republic of Ireland

Community Healthcare Organisations - Organisational Arrangements

The management arrangements for the Community Healthcare Organisations are illustrated below in summary form:



Overarching structure of management arrangements across the nine CHOs

Themes in the policy documents

Based on available documentation (Birrell et al 2009, 2012, 2014, HSE 2014) :

- Two different approaches geared towards same goal- Patient centred care
 - Integrated care partnerships (commissioning type model) versus community healthcare organisations (shared services).
- Whilst an overarching structure was presented in the policy document in Ireland, the North have a more decentralised model.
- Theme of user involvement and user control was not explicitly stated in the narratives of both policy documents. However user representation on partnership committees is advocated in Northern Ireland policy, not in the Republic of Ireland.
- Configuration of governance and accountability arrangement available in both but clearer and simple to understand in Northern Ireland than in the Republic of Ireland

Themes (contd)

- The possibility of unequal representation of services where there is so much focus on primary care (Hennan & Birrell, 2012)
- Greater autonomy for frontline services especially GPs but their inability to work with other professionals based on history of poor working relationships might be a challenge and is being questioned in international literature (Birrell & Heenan, 2014).
- Inability to guarantee best approach: ICPs cannot be micro managed (BMA Northern Ireland, 2013, P.6).

Policy issues for CHO alignment

- Some CHOs are not co-terminus and in many cases, patient pathways remain to be worked out (Culliton, 2015).
- Improvements to the geographic alignment of Hospital Groups with Community Health Organisations (CHOs) need to be considered in advance of the next stage of structural reform (Culliton, 2016)
- Health service design must be developed to include national functions, such as commissioning and shared services, which would not be devolved to Hospital Groups and CHOs (Culliton, 2016).
- Call for appropriate governance- review needed for HSE Directorate governance arrangements as provided for in legislation based on the potential role for national functions in the overall health service design — that appropriate governance arrangements be put in place (Culliton, 2016).
- Integrated health workforce (Culliton, 2016)

Culliton, G (2015) Contentious' over new health structures. *Irish Medical Times*

Culliton, G (2016) Groups/CHOs alignment and GP contract urged. *Irish Medical Times*

Enablers of successful integration in Northern Ireland

- Strong track record of joint working and robust personal relationships
- Service integration and better outcomes
- Secondment arrangements

Success recorded in Northern Ireland Integrated care

- Improved outcomes in communities
- Addresses recurring problems associated with delivering a seamless package of care
- Resettlement in the community
- Integrated working
- Promoting integration of health and social care

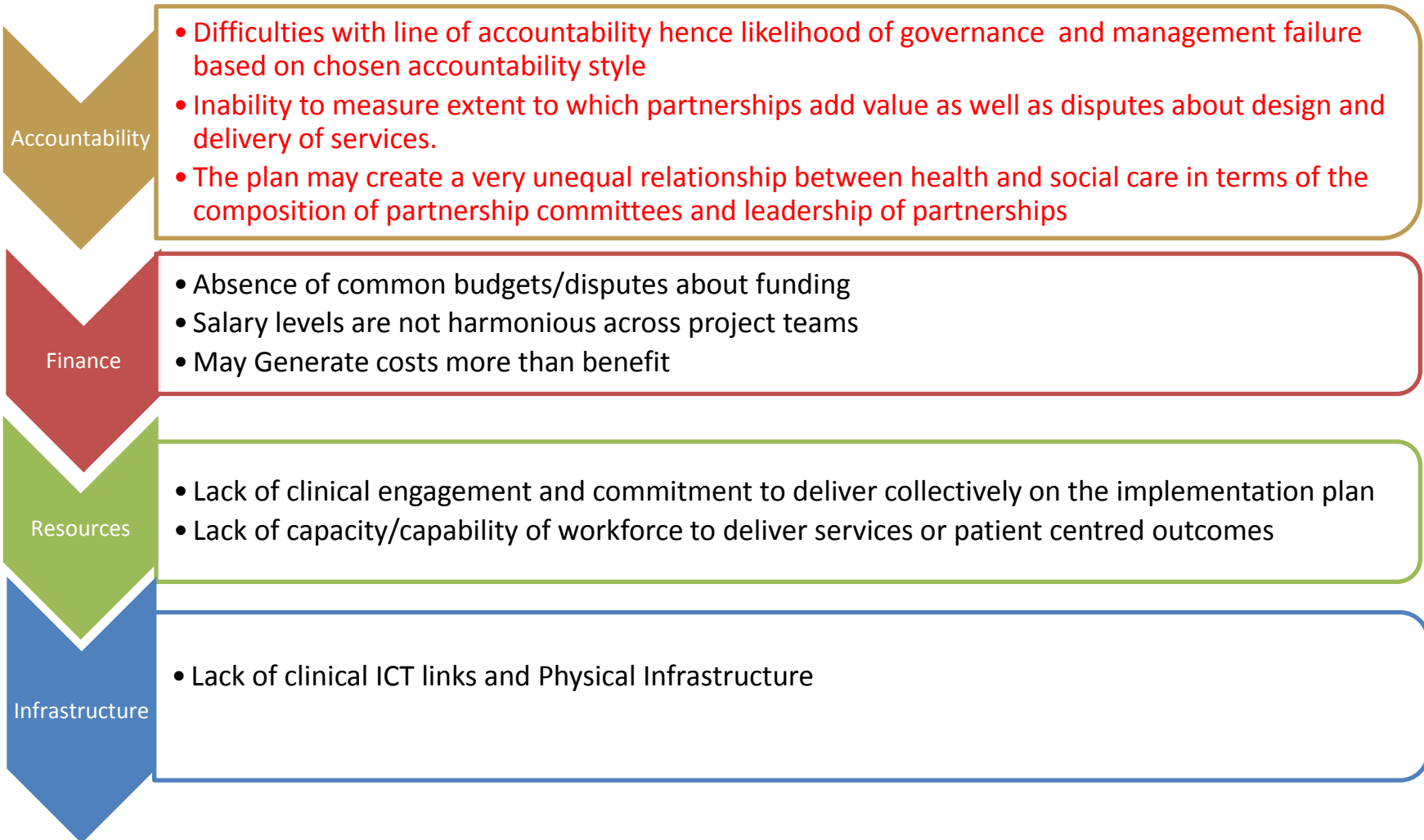
Glendenning C.(2003) Breaking down barriers: integrating health and care services for older people in England. Health Policy 65:139(51).

Birrell.D and Heenan,D (2012) Implementing the Transforming Your Care agenda in Northern Ireland within integrated structures”, Journal of Integrated Care, Vol.20 Iss 6 pp.359-366

Heenan, D & Birrell, D (2009) ”Organisational Integration in health and social care: Some reflections on the Northern Ireland”, Journal of Integrated Care,Vol.17:5 PP 3-12.

Learning from implementation in Northern Ireland: three years ahead..... Continued

Risks to implementation:



Source: *Case studies of integration in action-A multi-disciplinary Rapid Access Clinic*

Birrell,D and Heenan,D (2012) Implementing the Transforming Your Care agenda in Northern Ireland within integrated structures", *Journal of Integrated Care*, Vol.20 Iss 6 pp.359-366.

Conclusion

- Despite success recorded at the initial stage of ICPs, its maintenance in the long run is not certain or realistic (Birrell & Heenan, 2014).
- A review of the CHO implementation process in Ireland is necessary before transiting to its next implementation phase (Culliton 2016)
- Often there are gaps between policy aims and actual practice implemented at the front-line as policy aim and values can be ambiguous/symbolic (Morrison & Dearden 2013)
- For integrated care to be patient focused, its success is not solely dependent on service provision but on enhanced workforce development and support . Multi-disciplinary cooperation is hard to realise in practice (Janssen et al 2014, Heenan & Birrell 2009)
- There is need for robust evidence-based approach to the evaluation of structural integration in the health and social care and a process for monitoring this change process in Northern Ireland and other countries (Birrell and Heenan 2014)
- Integrated care remains a policy priority in Ireland and N Ireland
- Radical change in system configuration is essential for implementation and sustainability



THANK YOU
for listening!