

Sláintecare

**Delivering the promise of
universal person-centred
care in Ireland**

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Sláintecare today

At the International Foundation for Integrated Care, we have many years of experience sharing and generating knowledge on integrated person-centred care: why it's important, what it can achieve and what it needs to be successful.

The recent resignation of the two most senior members of the team implementing the Sláintecare reform programme in Ireland has resulted in some debate in the press and in health system and social care circles about the best way forward for the programme. At IFIC our goal is to contribute constructively to any such debate sharing our expertise and international network's knowledge to inform such debates.

One of the most cited reasons for the departure of these experienced and committed leaders, was the slow progress in moving to the proposed regional integrated care organisations. The 2019 Sláintecare implementation plan defines the role of these regional structures in driving the design of new care models and the information systems that enable them.

They perform a translation function, taking national strategy, policy and frameworks and providing community level organisations with the necessary support to operationalise them in ways that are impactful for local communities. This is the place in the system where prevention and care come together to deliver population health management and where the new models of integrated care can be rolled out at scale by bringing Hospital Groups and Community Health Organisations (CHOs) together under a shared governance model. The most recent plan published this year, reaffirms the commitment to six regional structures and terms them Regional Health Structures but has little supporting detail. The most recent progress report, up to June 2021, highlighted significant delays in progressing this.

As Chief Executive of IFIC, I was invited to speak at recent webinar delivered by the Integrated Care Programme for Older Persons (ICPOP). At this, a number of CHOs shared their journey to date developing new models of integrated care for older people but wondered how they would face the next challenge of delivering these proven models at scale. I shared experiences

from a number of countries that had faced this same challenge but addressed it in contextually sensitive ways. Whilst structural change inevitably plays a part, the most successful change is based on a clear and shared vision of a better future for population health and well-being.

Countries that are further down the road in delivering integrated community and person-centred care have recognised that bottom-up frontline change is an essential starting point but this will only take you so far. Without an enabling infrastructure at regional and national level, momentum and good-will will be lost at community level where it is most needed.





What we have already learnt in other integrated care systems

Structural change can be hugely disruptive. We have seen it time and again in health systems particularly and this was highlighted as an anxiety for stakeholders in the research report published by the Department of Health in 2019.

However, a good starting point is to identify those enabling conditions for integrated person-centred care that are not currently in place and focus on where in the systems those are best delivered. Some of these are best delivered at national, some at regional and some at community level.

We know that where integrated care is being delivered at scale, regional infrastructure that sits between national

policy-making and regulation and the organisations and partnerships that deliver care, is essential to enable coordination between sectoral partners (public health, curative health and social care at a minimum) and provide for population-based health planning and workforce planning.



From examples of integrated care at scale, we see regions having a critical role in;

1. Creating the infrastructure for the **analysis and synthesis of regional data** to inform population health planning and feedback on results and impact;
2. Providing **systems leadership and governance** through which new alliances of collaboration across sectors can be built and maintained;
3. Creating the supporting infra-structure and governance for **innovation with a focus on digital solutions** through industry and research collaborations moving beyond traditional procurement models;
4. Providing the information to support **workforce planning** and the specialist expertise for **workforce development** as new models scale and evolve.

We can see how this works in a country which is more mature in its implementation of integrated care than Ireland is today, Denmark.



The role of regions in Danish citizen-centred care

Denmark has a similar population size to Ireland and shares the same challenges in terms of an older population living longer, many living with long term conditions that need constant management.

It organises health and care regionally and locally (municipalities). Its local government structures are established around five regions and the democratically elected councils governing these set regional population health priorities. These regional structures are not that old – they were established in 2007 by merging 14 counties.

These regional structures also fund hospitals, primary care and specialist social care. In the Region of Southern Denmark, the Health Innovation Centre of

Southern Denmark promotes collaboration between providers, industry and other stakeholders to deliver the regional health and care strategy. Public-private partnerships such as HealthCare Denmark, working with Regions as partners, are looking to foster a diversity of collaborations to innovate in health and care and move beyond the traditional model where providers procure technology solutions in a fragmented way that does little to support system integration and care coordination.

The regions in Denmark see health and wellbeing of their local populations as central to the development and economic welfare of the region and this is reflected in an approach to integration of health in all policies. They work closely with 98 municipalities who deliver public health, home care and other community services and are deeply connected to the needs of their local communities. Regions are also incentivised through recent reforms in 2018, to deliver greater levels of care coordination and integration in recognition of their unique position in the system to take this integration role. This alignment of incentives removed a critical barrier to delivering care integration at scale. An example of the effect of this focus is the reduction in delayed discharges from hospitals. In 2016 the number of bed days per 1000 of population was 5 in Denmark and 43 in Ireland.

This regional support infrastructure alongside a national infrastructure for data sharing and integration, has allowed regions in Denmark scale up digitally enabled new care models. TeleCare North in the north region of Denmark provides the IT infrastructure for GPs, municipality providers and hospitals to share home monitoring data for people living with chronic obstructive pulmonary disease (COPD). Introducing the technology prompted professionals to integrate the care pathway from the point of view of the person at the centre of care. Another collaboration with a university, provides training and development for the health and care workforce in digitally enabled health and care that also involves front line professionals in innovation that directly impacts their work and the quality of care they can provide.





What can be taken from these experiences?

There is an opportunity now, as there always is when a large transformation programme experiences a change of leadership, to make a decision about shared commitment to the stated vision and how serious the Irish government is about creating the conditions for a new world-class health and care system in Ireland.

Over-reliance on the CHO-led pilots that have started to energise front-line staff and operationalize the vision for person-centred care set out by Sláintecare, will not deliver at the scale and pace that the health and care system needs if it is going to meet the needs of the population.

Starting with building regional infra-structure around digital health and care delivery will build confidence that the Irish system can build resilience

against future cyber-attacks and pandemics as well as deliver the models of integrated, coordinated and continuous care that the population needs and wants. The region is the level at which multiple sectors can engage, industry is incentivised to collaborate and local communities can still feel connected and involved if the governance is well designed. As Benjamin Franklin said, “out of adversity comes opportunity”. It’s time for Ireland to grasp it.

The International Foundation for Integrated Care (IFIC) is a not-for-profit educational network that crosses organisational and professional boundaries to bring people together to advance the science, knowledge and adoption of integrated care policy

and practice. The Foundation seeks to achieve this through the development and exchange of ideas among academics, researchers, managers, clinicians, policy makers and users and carers of services throughout the world.

We do this through:

- IFIC's **open-access network** connects the growing number of individuals and organisations interested in collaborating and sharing knowledge on integrated care. Interested parties can register for free to our range of webinars, access our Knowledge Tree Resource and Special Interest Groups (SIGs).
- Our **conferences** bring together researchers, clinicians and managers from around the world who are engaged in the design and delivery of integrated health and social care. Our European conference has been taking place annually since 2000 and attracts up to 1,500 delegates from all over the world. Our online events and live streams are viewed by 5,000 people representing more than 80 countries.
- The **Integrated Care Academy** supports scientific analysis and successful implementation of integrated care policy and practice. The Academy provides a range of accessible, high quality, evidence-based and practice-orientated face-to-face and online learning programmes.
- The Foundation's **Integrated Care Solutions** service is customized to client's needs, combining research, best practice and expertise in context to design and support the effective and sustainable implementation and evaluation of integrated care at local, regional and national levels.
- The International Journal of Integrated Care (IJIC) is supported and administered by IFIC and is an online, open-access, peer-reviewed scientific journal that publishes original articles in the field of integrated care on a continuous basis since the year 2000. IJIC's official Impact Factor is 5.12, with 17,500 full text views per month.
- Our international centre of knowledge, expertise and ideas on integrated care where our team participate in a number of European funded projects which generate the most up to date learning on Integrated Care.

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The International Foundation for Integrated Care (IFIC) is a not-for-profit knowledge network. IFIC acts as the leading voice on and advocate of integrated care through proactive collaboration with its wider network. By bringing these various perspectives together, IFIC seeks to provide a unique forum for knowledge exchange with the ultimate aim of maximising the health and wellbeing of people and communities while improving the overall effectiveness and sustainability of health and care systems.



IFIC Knowledge Tree

The IFIC Knowledge Tree is a tool that we use in all of our work and is based on our research and education in the field of integrated care.

integratedcarefoundation.org/the-knowledge-tree