AICIC25
All-Ireland Conference on Integrated Care
26 March 2025 | UCD O'Reilly Hall

ALL-IRELAND CONFERENCE ON INTEGRATED CARE (AICIC25) REPORT

Building a Better Future: Workforce Innovations for Person-Centred Integrated Care

International Foundation for Integrated Care
IFIC Ireland
University College Dublin
Ireland's Global University
Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive
HSC Health and Social Care Board
Sláintecare.
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Introduction

IFIC Ireland, in association with IFIC, HSE Ireland, the Department of Health Northern Ireland, Sláintecare, University College Dublin, and Ulster University, hosted the All-Ireland Conference on Integrated Care (AICIC25) on 26 March 2025 at University College Dublin.

The conference brought together over 600 delegates, in-person and online, to reflect on a decade of progress in integrated care and to focus on innovations in the health and care workforce as a central driver for sustainable, person-centred systems.

This report synthesises the key themes, insights, and educational takeaways from the plenary and parallel sessions, highlighting trends in workforce development, person and community engagement, interprofessional collaboration, and system transformation.

Plenary Highlights

Plenary 1: What Does Integration Really Mean?

Speakers reflected on the persistent gap between rhetoric and reality in integrated care. Professor Deirdre Heenan challenged attendees to consider the cultural dynamics and structural imbalances between health and social care, particularly in systems where integration exists in name but not always in function. Bernard Gloster, CEO of the HSE, emphasised the importance of grounding innovation in the "real world" of workforce constraints and local delivery realities. He underscored that integration cannot be a top-down initiative but must be lived and co-developed at every level of care.

Plenary 2: Future Skills for Integrated Care

Dr. Deirdre O'Donnell presented findings from the ECLECTIC study, which outlined competencies necessary for effective interprofessional collaboration in older person services. The panel discussion reinforced the need for foundational training in team-based care, early exposure to collaborative practice, and development of skills in shared leadership, systems thinking, and relational working. The message was clear: we must train for the system we want to build, not the one we inherited.

Plenary 3: Project ECHO and Communities of Practice

Professor Max Watson outlined the transformative potential of Project ECHO in creating communities of practice that democratise specialist knowledge, promote mutual learning, and enable system-wide innovation. The ECHO model, based on "all teach, all learn" principles, was positioned as both a philosophical and practical framework for sustaining integrated care.

Breakout Summaries

Session A: Shifting the Balance to Community-Based Care

This session examined initiatives embedding integrated care principles in undergraduate education and frontline practice. Olivia Wall described efforts to embed lived experience into interprofessional learning, highlighting the need for authentic, community-based placements and reduced reliance on tokenistic patient engagement. Themes of cultural humility, relational education, and holistic understanding of care contexts featured strongly.

Session B: Interprofessional Team Development in Practice

Presentations explored how diverse teams are addressing chronic disease and social isolation through community-based programmes. Edel McNamara's evaluation of "Healthy Food Made Easy" demonstrated how informal education, peer support, and shared meals improved dietary behaviours, health awareness, and social inclusion. These models highlighted the importance of co-delivery with community partners and valuing non-clinical assets in health promotion.

Session C: Inclusion, Culture, and Trust in Primary Care for Travellers

This session showcased the 30-year legacy of Traveller Primary Health Care Projects. Speakers including Mary Brigid Collins and Missy Collins emphasised the power of peer-led interventions, cultural mediation, and community development. Challenges of underfunding, discrimination, and inadequate living conditions persist, but the session powerfully illustrated how trust and cultural fluency enable care where systems often fail.

Session D: Building Knowledge and Skills Frameworks for Older Persons' Care

Niamh McMahon presented the development of an interdisciplinary framework supporting integrated care for older people. With five shared domains—gerontology principles, communication, roles and responsibilities, collaboration, and ethics—the framework enables both team-based assessment and discipline-specific development. It addresses fragmentation by recognising mutual strengths and creating a shared language for person-centred care.

Session E: Living Integrated Care – Innovation in Action

Led by Professor Áine Carroll and featuring Sláintecare Integration Fund projects, this session highlighted practical innovations in team-based, community-delivered care. Projects such as the LIN team in Galway exemplified multidisciplinary approaches to complex paediatric care, combining clinical and social perspectives to deliver care "in the right place, at the right time, by the right team."

Key Themes and Trends

1. **From Person-Centred to Person-Driven Care:** Multiple sessions addressed how to embed lived experience in education, service design, and delivery. This includes supporting peer roles, co-production, and shifting power to individuals and communities.
2. **Interprofessional Collaboration as Core Practice:** There was widespread consensus that effective integrated care depends on trust, shared competencies, and joint decision-making across disciplines and sectors.
3. **Community-Based and Culturally Responsive Approaches:** Traveller health projects, food literacy programmes, and co-created local services illustrated that equity in care begins with cultural competence, accessible models, and investment in relationships.
4. **Investing in the Workforce of the Future:** Training must begin early and be continuous. Integrated care requires both clinical and non-clinical skillsets—empathy, systems thinking, facilitation, cultural humility, and co-production.
5. **System Leadership and Distributed Learning:** Models like Project ECHO show how learning can be decentralised, peer-led, and sustained. Leadership must be shared and foster a culture of collaboration, reflection, and experimentation.

Notable Quotes

Deirdre Heenan

"The message for the people here today who are the improvers, who are the people who want things to change, is in the words of that great philosopher Elvis Presley: 'A little less conversation and a little more action, please."

— Opening remarks at AICIC25

"To deliver truly person-centred, compassionate, and coordinated care, we need to invest in the people who make that care possible—clinicians, managers, carers, researchers, community leaders, and people with lived experience."

Bernard Gloster, CEO of the HSE

"Integration cannot be a top-down initiative. It must be lived and co-developed at every level of care. We need to stop reorganising boxes on charts and start reorganising how people connect."

— Reflections during Plenary 1

Professor Max Watson, Project ECHO

"ECHO is built on the understanding that adults work and learn best in an all-teach, all-learn safe space... The key constituents that make for powerful ECHO networks—vision, creative leadership, willingness to share power—are the same ones that drive successful integrated care."

Martin Curley, HSE Digital Transformation

"The workforce is going to dramatically expand—and it's going to include the patients. Digital is democratising information and shifting power. Patients now often have more data than the clinician."

Mary Brigid Collins (Traveller Primary Health Care Project)

"We must be working together—nobody should be left behind. If we're doing it, we do it once, and we do it right."

— Plenary 3 closing discussion

Anne Lawlor

"Flexibility, education, and communication—from local to national—are key. Roles will evolve. What's important is planning for that evolution with transferable skills and inclusive thinking."

Professor Áine Carroll

"Ireland has stepped front and centre of integrated care knowledge creation and adoption… It's no longer just something we learn from others. We are now leading and living integrated care."

Audience Engagement Through Slido Polls

As part of our commitment to co-production and two-way dialogue, AICIC25 integrated real-time audience engagement using Slido polls and open-text questions.

This created an inclusive space for delegates to contribute their insights and lived experience. These interactions were not just illustrative; they generated actionable intelligence to inform policy, workforce planning, and educational design across the island of Ireland.

Across six open polls and two-word cloud questions, over 300 individual contributions were recorded. These were reviewed and synthesised into the themes outlined below. Responses reflected a diverse and thoughtful cross-section of the health and social care community: clinicians, educators, policymakers, carers, and people with lived experience.

1. What are the biggest barriers to workforce sustainability?

Respondents were candid and clear: workforce sustainability is under threat from multiple, interconnected pressures. Key challenges included:

- **Burnout and Overload** from chronic understaffing and unrealistic workloads.
- **Toxic or Unresponsive Leadership** often perceived as disconnected from frontline needs.
- **Poor IT Infrastructure**, including continued use of paper notes and non-integrated systems.
- **Lack of Career Progression** for many roles, especially HSCPs and voluntary sector staff.
- **Morale and Recognition**, with many staff feeling undervalued or ignored.
- **Mismatch Between Training and Hiring**, particularly for students not absorbed into the workforce.
- **Weak Interdisciplinary Education**, limiting relational and collaborative skill-building.

2. What needs to change to ensure we have a vibrant 'Care' Force fit for the future?

Respondents called for a deep cultural shift toward respect, equity, and trust, with several systemic reforms:

- **Emotionally Intelligent Leadership** and psychologically safe workplaces.
- **Modern IT Infrastructure** with shared care records to streamline integrated care.
- **Pay Equity and Role Flexibility** to retain staff, especially in under-served areas.
- **Frontline Involvement in Decision-Making**, co-producing policies and services.
- **Integrated Training Pathways** from undergraduate to CPD level, emphasising team-based and community practice.
- **Outcome-Focused Performance Metrics** that reflect people-centred values.
- **Recognition of Carers and Community Roles** as essential to the care ecosystem.

3. What is one action we can take to invest in people in a way that truly supports the principles of integrated care?

Participants proposed tangible, practical reforms that honour relational and team-based approaches:

- **Joint Training Across Disciplines**, including community placements and shared competencies.
- **Embedding Co-production in Education**, with service users involved in curriculum design and delivery.
- **Supporting CPD and Reflective Practice** for all, with equitable access across roles and sectors.
- **Giving Staff Permission to Innovate**, with less hierarchy and more encouragement.
- **Shifting the Clinician–Patient Relationship** to one of shared goals and equal partnership.
- **Starting Culture Change Early**, during undergraduate and pre-service education.

4. What one word best captures how we should invest in people to enable integrated care?

Words most frequently mentioned included:

Respect, Inclusion, Trust, Education, Empathy, Value, Transparency, Teamwork, Support, Purpose, Permission, Equity.

These point to a workforce strategy based on mutual care, shared purpose, and relational accountability.

5. What is the most important mindset or skill we need to foster in building a future-ready, resilient integrated care workforce?

Respondents named a mix of personal and systemic capacities, including:

- **Reflective Practice** and a **Growth Mindset** at individual and team levels.
- **Compassionate Leadership** that enables others to thrive.
- **Courage to Innovate**, even in risk-averse systems.
- **Collaboration and Coproduction**, with trust as a foundation.
- **Digital Confidence and Systems Thinking**, to work across boundaries.
- **Strong Interpersonal Communication** grounded in equity and inclusion.

6. In one word, what does a resilient workforce look like to you?

Top responses included:

Empowered, Adaptive, Collaborative, Joyful, Supported, Agile, Inclusive, Kind, Healthy, Invested.

These responses highlight a vision for a health and social care workforce that is not only capable, but also valued, connected, and sustainable.

Thank You to Our Conference Partners

AICIC25 would not have been possible without the generous support of our conference partners.

Their backing enabled us to keep registration fees low, offer free attendance for patients and family caregivers, and live stream the event to hundreds more across the island and beyond who couldn't be with us in person.

With heartfelt thanks to:

- Health Service Executive (HSE), Ireland
- Sláintecare
- Project ValueCare
- National Rehabilitation Hospital (NRH)
- HealthPathways/Streamliners
- Praxis Care
- ROSIA Project
- Spark Innovation Programme (HSE)
- INSPIRE Project
- iCareWounds
- Asthma Society of Ireland
- AgeWell

Your commitment to innovation, inclusion, and education is helping to shape the future of integrated care in Ireland.

Conclusion

AICIC25 demonstrated the breadth of talent, innovation, and commitment across the island of Ireland to reimagining health and social care.

The conference called for a radical commitment to community-driven models, interprofessional education, and whole-system workforce transformation. To build a better future, we must continue investing in people, to those who give and those who receive care, and in the relationships that hold systems together.

This message was powerfully reinforced through the voices of attendees who participated in live Slido polling across the event. Their responses were honest, generous, and clear: the future of integrated care depends on leadership that listens, systems that are digitally connected, and cultures that value trust, kindness, equity, and collaboration.

Delegates called for better support for workforce wellbeing, more inclusive and interdisciplinary training, and permission to innovate in service of what truly matters. If we are to sustain momentum, these insights must move from the margins of conference dialogue into the centre of system reform.

AICIC25 was not just a gathering of experts, it was a chorus of practitioners, policymakers, carers, educators, and community leads envisioning a future where care is not only integrated, but truly human.

About the International Foundation for Integrated Care (IFIC)

The International Foundation for Integrated Care (IFIC) is a not-for-profit foundation dedicated to improving the lives of people and communities by advancing the science, knowledge, and adoption of integrated care around the world.

Our vision is that individuals, families, and communities benefit from person-centred, coordinated care and support that enables them to live healthy and fulfilling lives. We work to overcome the fragmentation in health and care systems by promoting models of care that are holistic, co-produced, continuous, coordinated, equitable, and sustainable.

As the leading international voice for integrated care, IFIC brings together researchers, health and care professionals, policymakers and people, families and communities. We provide a unique platform for collaboration, knowledge exchange, and innovation to drive system change.

IFIC delivers impact through:

- **The International Journal of Integrated Care (IJIC)** – our open-access, peer-reviewed publication sharing global evidence and best practice
- **International conferences and regional networks** – connecting people and ideas across sectors and borders
- **The Integrated Care Academy** – offering education and training to develop the workforce needed for transformation
- **Applied research and implementation support** – bridging policy and practice to build more effective and sustainable care systems
- **Knowledge platforms and solutions** – enabling shared learning and practical action across our global community

IFIC is recognised for its excellence, transparency, collaborative partnerships, and commitment to open access and continuous quality improvement.

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