# Disability Federation of Ireland

Annual General Meeting

Pat Healy National Director Social Care 18<sup>th</sup> June, 2015



#### **Health Service Executive Corporate Plan 2015-2017**

Our Corporate Plan sets out how we aim to improve the health service over the next 3 years.

We want to provide a world class health service which:

- ➢ Is available to people where they need it and when they need it
- ➤ Provides people with the very best outcomes which can be achieved, as this is what everyone who uses our services expects.

#### **Vision**

A healthier Ireland with a high quality health service valued by all

#### Mission

People in Ireland are supported by health and social care services to achieve their full potential

People in Ireland can access safe, compassionate and quality care when they need it

People in Ireland can be confident that we will deliver the best health outcomes and value through optimising our resources

## **Values**

We will try to live our values every day and will continue to develop them over the course of this plan

#### Care

- ▶ We will provide care that is of the highest quality
- ▶ We will deliver evidence based best practice
- ▶ We will listen to the views and opinions of our patients and service users and consider them in how we plan and deliver our services

#### Compassion

- ► We will show respect, kindness, consideration and empathy in our communication and interaction with people
- ► We will be courteous and open in our communication with people and recognise their fundamental worth
- We will provide services with dignity and demonstrate professionalism at all times

#### **Trust**

- ▶ We will provide services in which people have trust and confidence
- ▶ We will be open and transparent in how we provide services
- ► We will show honesty, integrity, consistency and accountability in decisions and actions

#### Learning

- ▶ We will foster learning, innovative and creativity
- ► We will support and encourage our workforce to achieve their full potential
- ► We will acknowledge when something is wrong, apologise for it, take corrective action and learn from it





Promote health and wellbeing as part of everything we do so that people will be healthier

Provide fair, equitable and timely access to quality, safe health services that people need

Foster a culture that is honest, compassionate, transparent and accountable

Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Manage resources in a way that delivers best health outcomes improves people's experience of using the service and demonstrates value for money

## Future Health Service Delivery Model

Throughout the lifetime of this Corporate Plan, we will fundamentally change the way in which the health service operates by:

- ➤ Creating an empowered and accountable health delivery system through the establishment of Community Healthcare Organisations, Hospital Groups, and the reform of the Primary Care Reimbursement Service and the National Ambulance Service
- ➤ Building and designing models of care which are patient-centred, evidence-based and clinically led across the whole organisation
- ➤ Reforming the key support functions of Human Resources, Information and Communication Technology, Finance and Health Business Services

## **Community Healthcare Organisations**

Report & Recommendations of the Integrated Service Area Review Group

## A New Vision for Community Healthcare

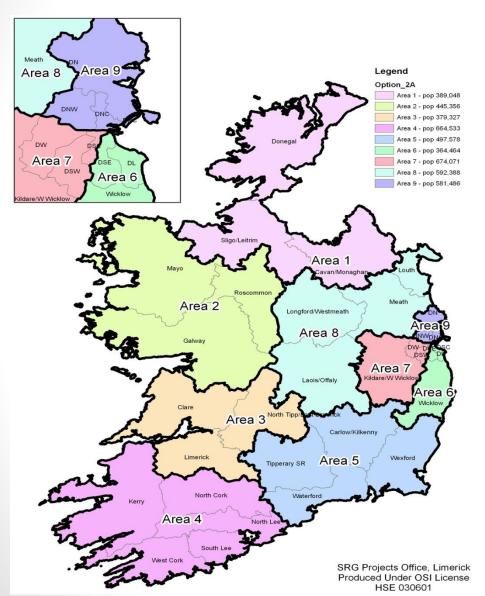
Integrated Health Care Delivery

Supporting Communities - Mainstreaming Services





## 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

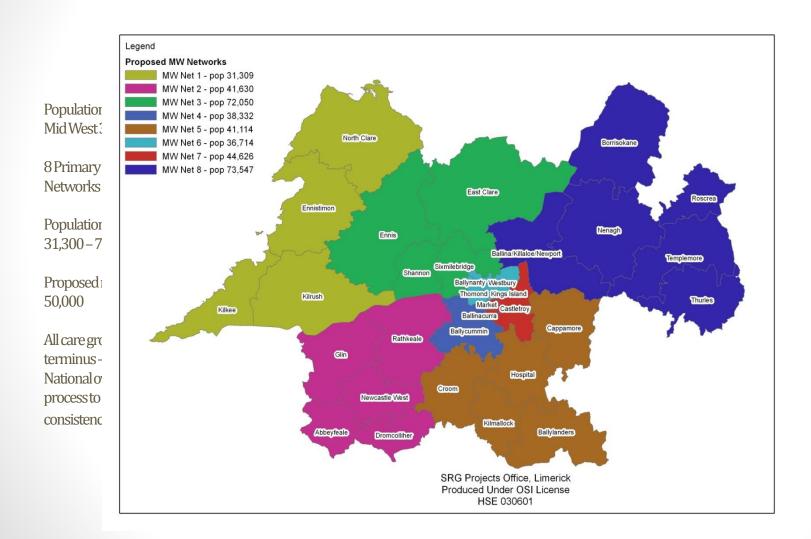
#### Area 9 - Population 581,486

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

## Primary Care Networks- Illustrative



## Changing how we work together

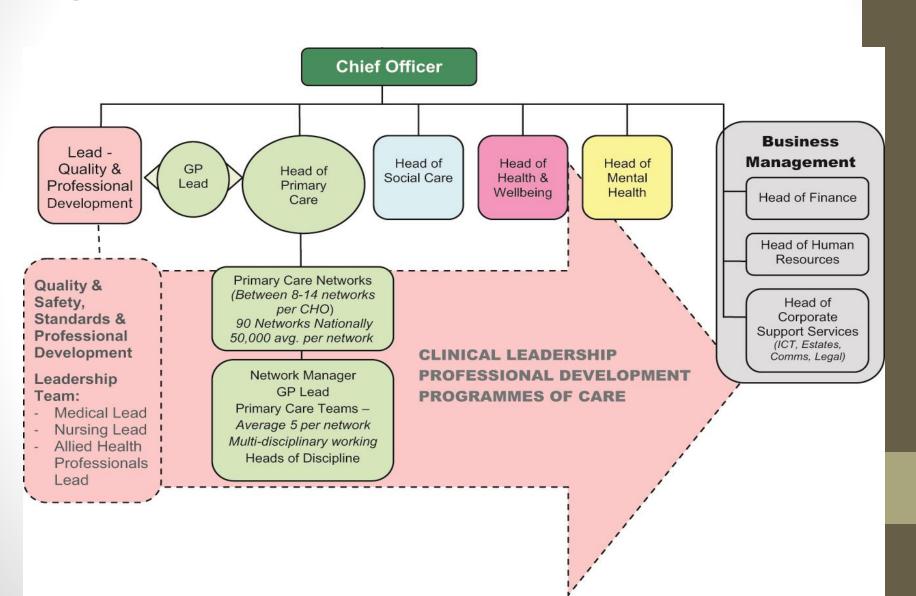
- Standardised models and pathways of care Social Care,
   Mental Health and Health & Wellbeing
- Integrated clinical programmes across community & acute hospitals
- Rapid access to secondary care in acute hospitals & specialised services in the community

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."

### Management & Governance Structure to make this happen



### What does this mean for our clients?

- Easier to
  - Access services
  - Move through services from community healthcare to acute hospitals and returning to the community
  - Receive "the right services, at the right time, in the right place, by the right team"
- Improving services through:
  - More local decision making around local needs
  - Clinical staff and GPs on management teams professional staff closer to patient decision-making
  - Network teams "championing" the needs and requirements of those living locally
  - Meeting high quality, safety and value for money standards
  - Providing services locally in which people have confidence
  - Consistency for all, based on nationally prescribed frameworks

## Reforming our Disability Services – Context

#### Challenge

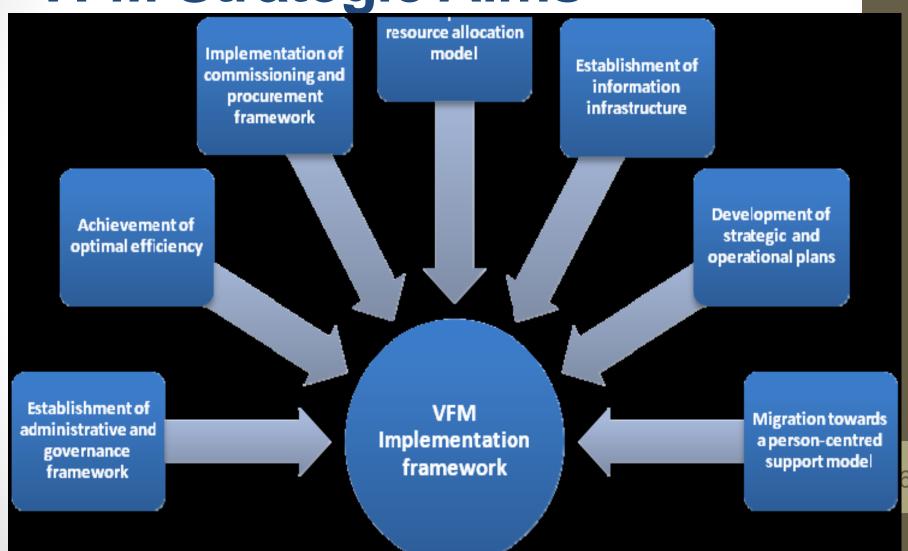
- From segregation to inclusion person centred models of service
- Ageing Population
- Increasingly complex care needs at greater cost
- Increasing prevalence of disability
- NIDD shows in excess of 27,600 people with needs recorded in 2012 moderate, severe and profound risen 40% over 4 decades
- NPSDD has 25,000 individuals registered and national census prevalence rates estimate 40,000 people eligible for disability services

Additional resource will be required to meet changing needs... at the same time existing resources will need to be configured as we move to a sustainable model which better supports our people

#### Policy Approach

- National Disability Strategy & Implementation Plan
- Future Health Strategic Framework for Health Services
- VFM Review & Implementation Framework

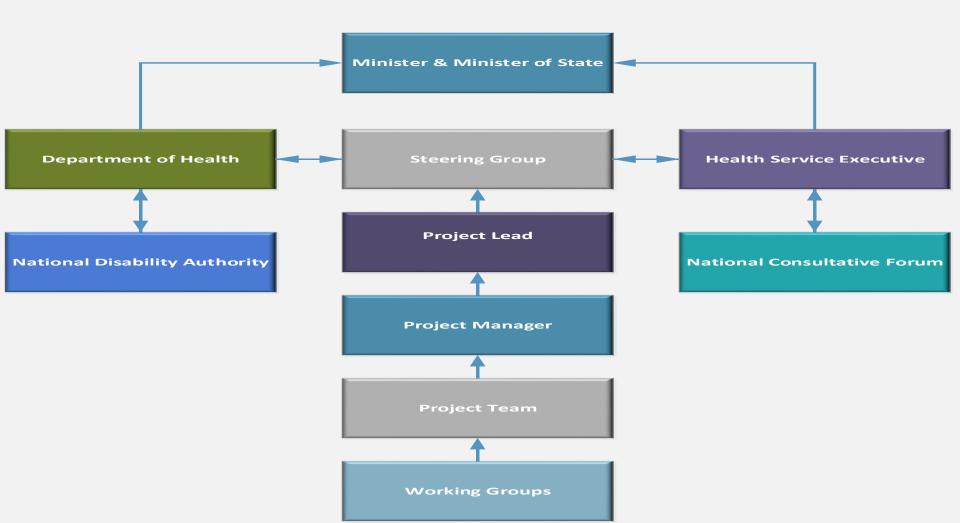
## **VFM Strategic Aims**



## Programme Governance & Management Structures

Value for Money and Policy Review of Disability Services

**Project Governance and Management Structures** 



## Governance & Accountability Measures

Health Act 2004 - legal framework for relationship for providing financial support to voluntary service providers

- National Governance Framework
  - move from historic block funded grants to detailed service specification
  - Strengthening governance & streamline service arrangements / grant agreements
  - Using Service Arrangements to drive & incentivise change
- HSE Head of Compliance
  - develop strong & consistent compliance culture across section 38's
     & 39's
  - Work closely with the Charities Regulatory Authority

Journey

Culture –
Developing
People and
Performance

Change

process must be supported

Management
– coping with
complexity

# Challenge of Change

Leadership – coping with change

Learning

Building a coalition of support

# Next Steps VFM steering Group and Process Driving Change

- Using Service Arrangements to embed change linked to funding provided
- Culture change required service user at the centre
   disability in the mainstream
- Scaling demonstration projects to achieve strategic aims
  - Learning sites at a "county" scale
  - Capturing complexity of service continuum
  - Measuring & evaluating what we're doing
- Transition funding

Reform Fund

Capital

- Assessment Tool, Commissioning Approach & Resource Allocation Model Build on NDA work & partners in Genio, Federation, DFI etc
- Building & Maintaining a coalition of support
- Communication strategy