Building a high quality health service for a healthier Ireland

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
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

Population
Mid West:
8 Primary Networks

Population
31,300 – 7

Proposed: 50,000

All care grx terminus - National σ process to consistency
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

**Chief Officer**

- **Lead - Quality & Professional Development**
  - GP Lead
- **Head of Primary Care**
- **Head of Social Care**
- **Head of Health & Wellbeing**
- **Head of Mental Health**

**Quality & Safety, Standards & Professional Development**

- **Leadership Team:**
  - Medical Lead
  - Nursing Lead
  - Allied Health Professionals Lead

**Primary Care Networks**
- (Between 8-14 networks per CHO)
- 90 Networks Nationally
- 50,000 avg. per network

**Network Manager**
- GP Lead
- Primary Care Teams – Average 5 per network
- Multi-disciplinary working Heads of Discipline

**Business Management**
- **Head of Finance**
- **Head of Human Resources**
- **Head of Corporate Support Services** (ICT, Estates, Comms, Legal)

**Clinical Leadership Professional Development Programmes of Care**
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

1. Implementation of commissioning and procurement framework
2. Resource allocation model
3. Establishment of information infrastructure
4. Achievement of optimal efficiency
5. Development of strategic and operational plans
6. Establishment of administrative and governance framework
7. Migration towards a person-centred support model
Project Governance and Management Structures

Minister & Minister of State

Steering Group

Project Lead

Project Manager

Project Team

Working Groups

Health Service Executive

National Consultative Forum

National Disability Authority

Department of Health
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
Challenge of Change

Journey

Culture – Developing People and Performance

Management – coping with complexity

Leadership – coping with change

Building a coalition of support

Learning

Change process must be supported
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