



# Health Regions Webinar Series

HSE and health service staff information and learning sessions

**“Supporting Teams for Integrated Working”**

**1pm on 12<sup>th</sup> December, 2024**



## Agenda

1. Introduction
2. Health Region Implementation Update
3. Overview of Integration Tools and Resources
4. Experience of using the SCIROCCO tool
5. Leadership competencies needed to deliver integrated care: operational and clinical perspectives, with a national and international context
6. Panel discussion
7. Closing Remarks



# Objectives

Provide an update on Health Regions implementation

Provide an overview of integration tools and resources  
- helping teams to deliver integrated care utilising effective tools and methodologies to bridge the gap between theory and practice

Share learning from the lived experience of a team/ service on the use of the Sirocco tool - participants will gain insights into resources like the SCIROCCO exchange tool.

Explore the leadership competencies required to deliver integrated care from both operational and clinical perspectives, with national and international contexts.

Signpost key resources and supports

Live Q&A with panel

# HE Health Regions Vision



To deliver **person-centred** health and social care services that are **informed by the needs of the people and communities** in each region, better serving people at all stages throughout their lives



To **align** hospital- and community-based services in each region so that they can **work together** better and deliver joined-up, **co-ordinated care closer to home**



To **balance national standards** of care and direction with **local decision-making** to ensure people can access the **same quality of care** no matter where they live



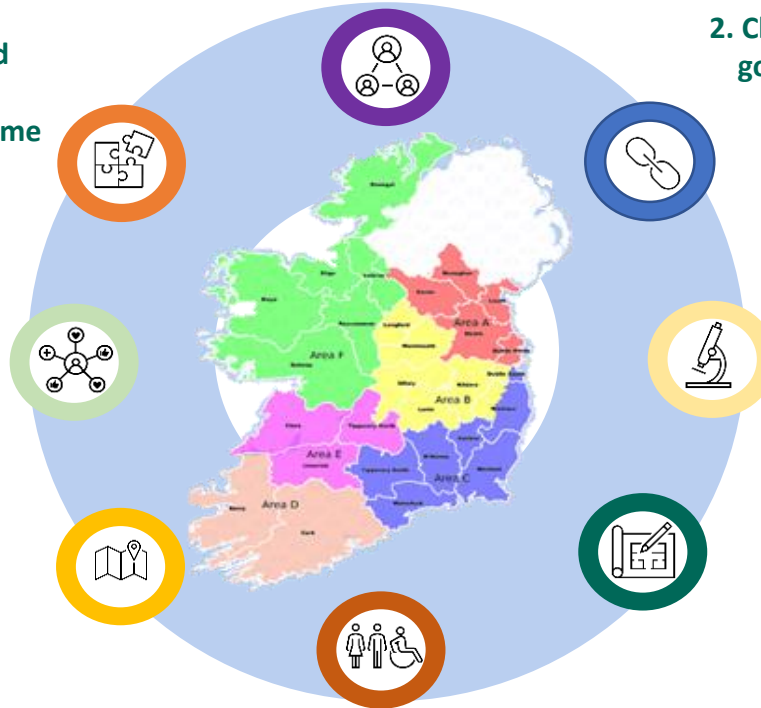
To **improve the health and well-being** of people in each region by ensuring that services are **planned around local needs**, people are **well-informed** and supported when accessing services, and resources are **fairly allocated and accounted for**



# HE Health Regions Strategic Objectives

1. Align and integrate hospital-based and community-based services to deliver joined-up, integrated care closer to home

3. Support a population-based approach to service planning and delivery which aims to address health inequalities



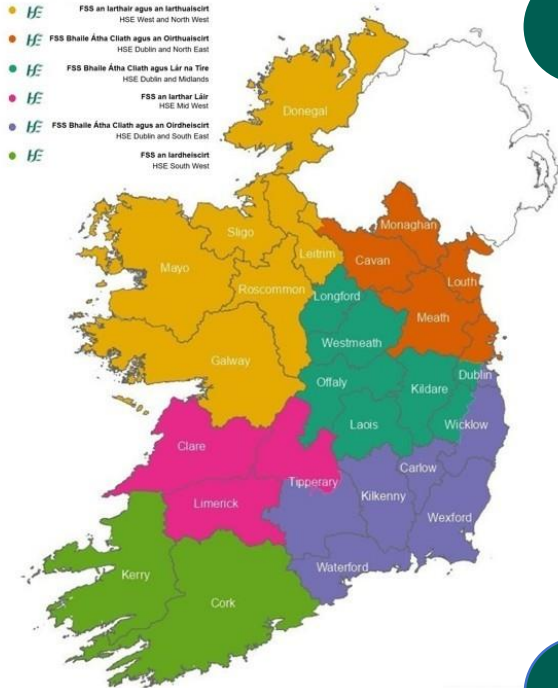
2. Clarify and strengthen corporate and clinical governance and accountability at all levels

4. Improve equitable regional investment and balance national consistency with appropriate local autonomy to maintain consistent quality of care across the country

5. Run an efficient, highly productive, and transparent health and social care service with aligned incentives to provide people with timely access to safe, high-quality and integrated care.

# What's Decided

We will still be a single HSE organisation with 6 health regions. Services will be integrated across hospitals and community in these health regions. Health Regions are not separate statutory bodies.



Health Regions will use the HSE logo and be under the governance of the HSE Board

Regional Health Forum structure to remain but will be aligned to Health Regions

On October 1<sup>st</sup>, the Health Region management structure will replace existing CHO and HG management structures

Operational focus to move from HSE Centre to the Health Regions and Integrated Healthcare Areas (IHAs). 20 IHAs have been agreed as geographic sub-components of the Health Regions. The IHAs will have responsibility for operational service delivery and driving integrated care for patients and service users.

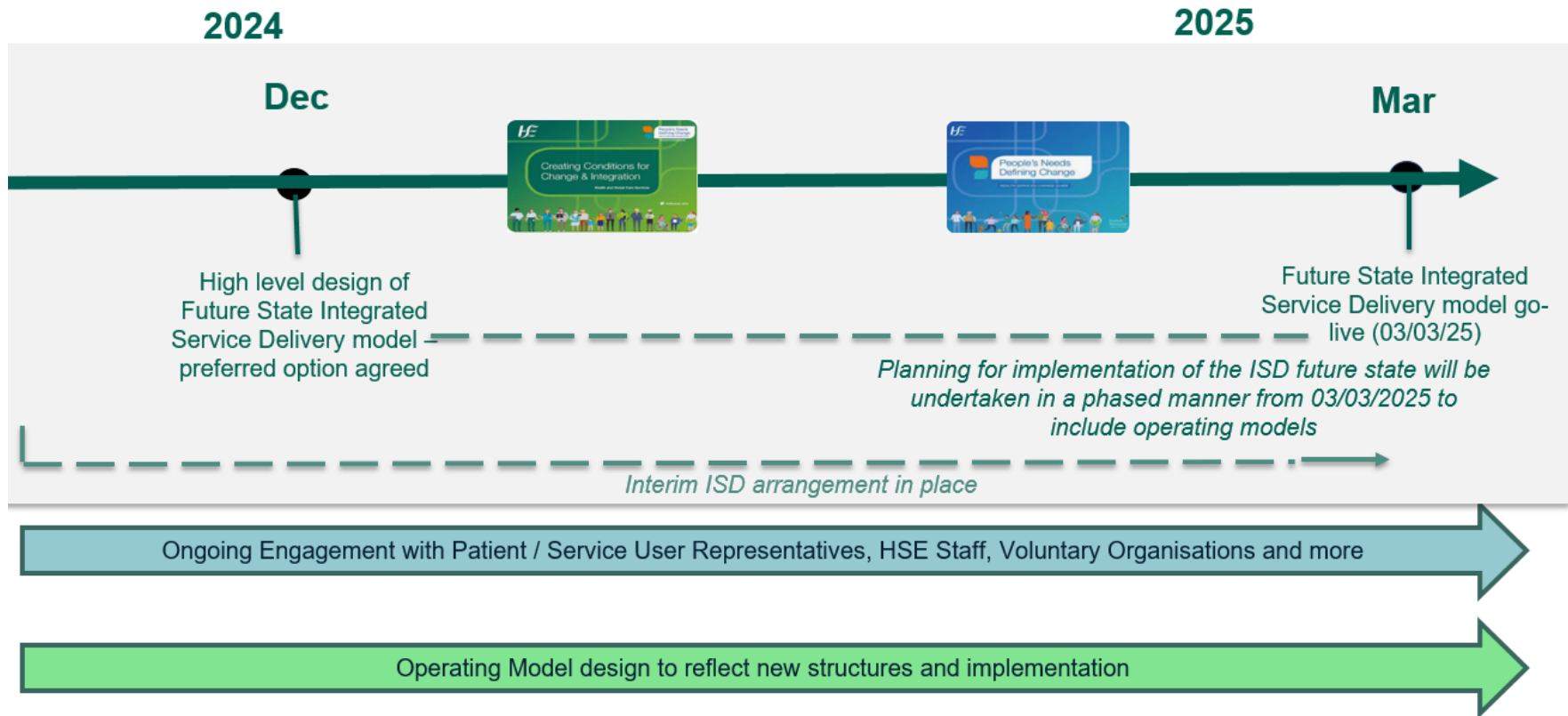
HSE Centre will develop and oversee standards and guidelines for implementation at regional level. The focus of HSE Centre will be on planning, enabling, performance and assurance

The HSE Centre and Health Regions structures have been agreed





# Health Regions Programme – key upcoming milestones







# Patient / Service-user comments

Some comments from **Anne Lawlor, Chair of the HSE National Patient & Service User Forum** from the *'Integrated Healthcare: Advancing Health Service Reform'* Conference Recorded on 5 September 2024 at The Convention Centre, Dublin



# Overview of Integration Tools and Resources

Lisa McDaid



# What is integrated care?





# What is Integrated Care?

1. Integrated care is best understood as a **strategy for improving patient care**
2. The **service user** (or population) is the **organising principle**.
3. One form of integrated care **does not fit all**
4. It is only possible to improve **what you measure**.



Shaw, S., Rosen, R., & Rumbold, B. (2011). *What is integrated care?* London: Nuffield Trust.





# Tools and Methodologies for Integrated Care

**“It matters a lot how integrated care is designed and implemented to fit local contexts and needs”**

[https://health.ec.europa.eu/system/files/2020-03/2017\\_blocks\\_en\\_0\\_0.pdf](https://health.ec.europa.eu/system/files/2020-03/2017_blocks_en_0_0.pdf)





# Key Enablers of Integrated Care





# Integrated Care is Complex



**“Integrated care is multidimensional and almost as complex as the needs of those to whom it is provide”**



# Creating Conditions for Integration

TEAM BASED RESOURCES



## Systems Level

Tool → SCIROCCO Maturity Model



## Executive Level

Tool → 'Stepping up to the place'



## Service Level

Tool → iPAT Integration Practice Assessment



## Team Level

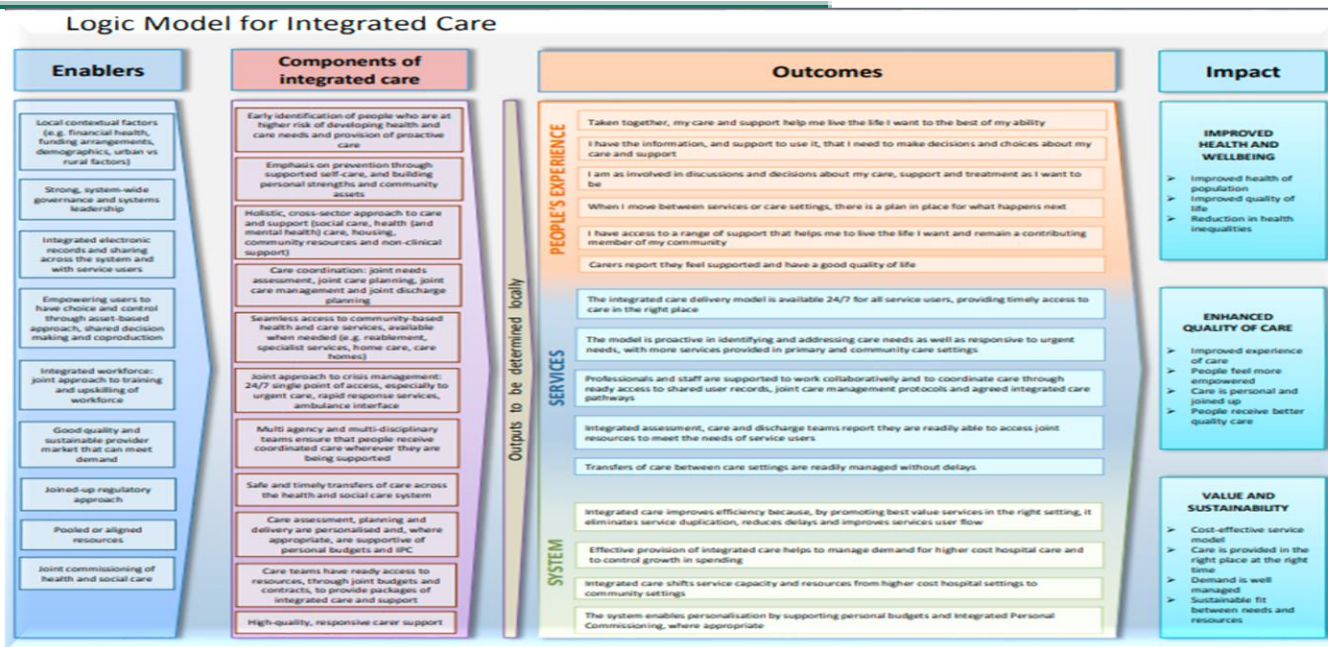
Tool → SCIE Logic Model for Integration





# Team Level

## Tool → SCIE Logic Model for Integration



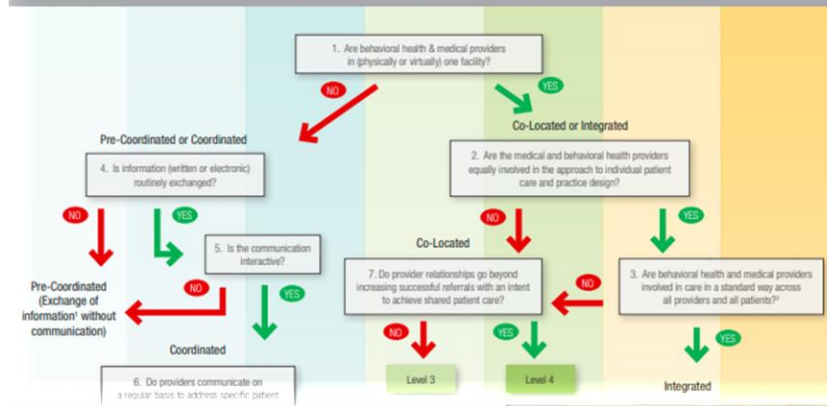


# Service Level

Tool → iPAT Integration Practice Assessment



OR IPAT®



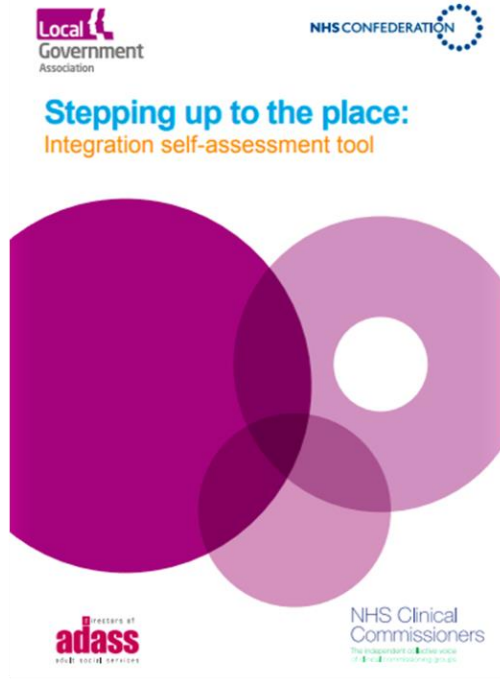
COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some Systems Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed /Merged Integrated Practice

<https://www.thenationalcouncil.org/resources/integration-practice-assessment-tool-ipat/>



# Executive Level

Tool → 'Stepping up to the place'



## Integration self-assessment tool

The tool has two core modules and two optional modules and an action planning template:

### Core modules

#### A) Do you have the essentials for the integration journey?

This module considers the broad characteristics of systems capable of turning shared ambitions for integration into reality for local people.

#### B) How ready for delivering integration is your health and care system?

This module assesses the practical arrangements required across a health and care system for securing sustainable and transformed services.

### Optional modules

#### C) Effective governance for delivering integration

This tool offers an opportunity to take a deeper look at effective system wide governance arrangements.

#### D) Effective programme management for delivering integration

This module provides an opportunity to take a deeper look at effective programme management arrangements.

### Action planning template

The template provides a simple grid to capture actions whilst working through the tool.

<https://www.local.gov.uk/publications/stepping-place-integration-self-assessment-tool>



# Systems Level

Tool → SCIROCCO Maturity Model



<https://www.sciroccoexchange.com/>



# Experience of using the Sirocco tool

Veronica Hennessy and  
Michelle Grogan





The SCIROCCO Exchange Tool is structured as an online survey consisting of 12 questions, each of which aligns a particular “dimension” of the Tool as illustrated in Figure 2.

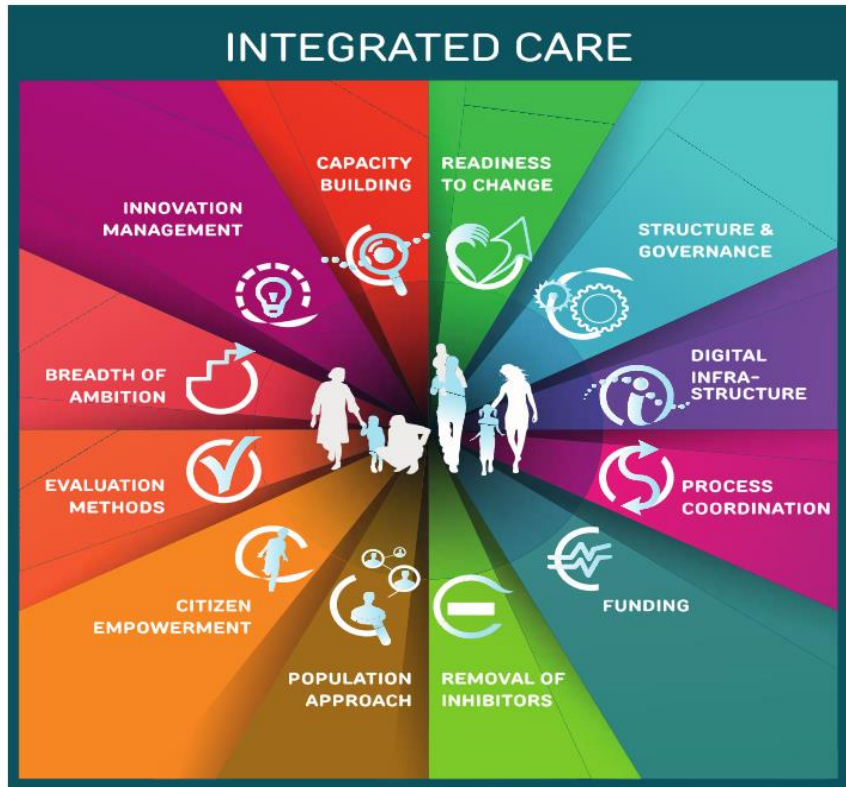


Figure 2: SCIROCCO Exchange Maturity Model







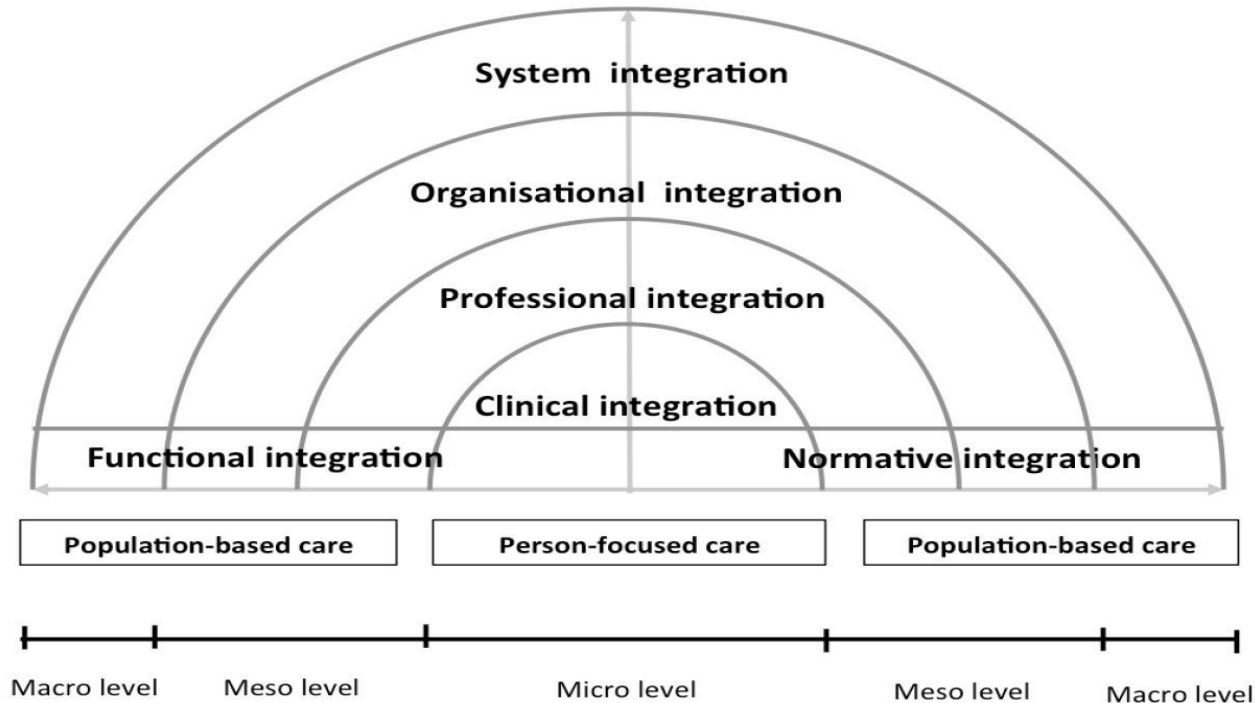
# **Leadership competencies needed to deliver integrated care**

**Dr Ciara Martin and Mary O'Kelly**



# Integrated Care

The co-ordination of person- focused care in a single process across a time, place and discipline

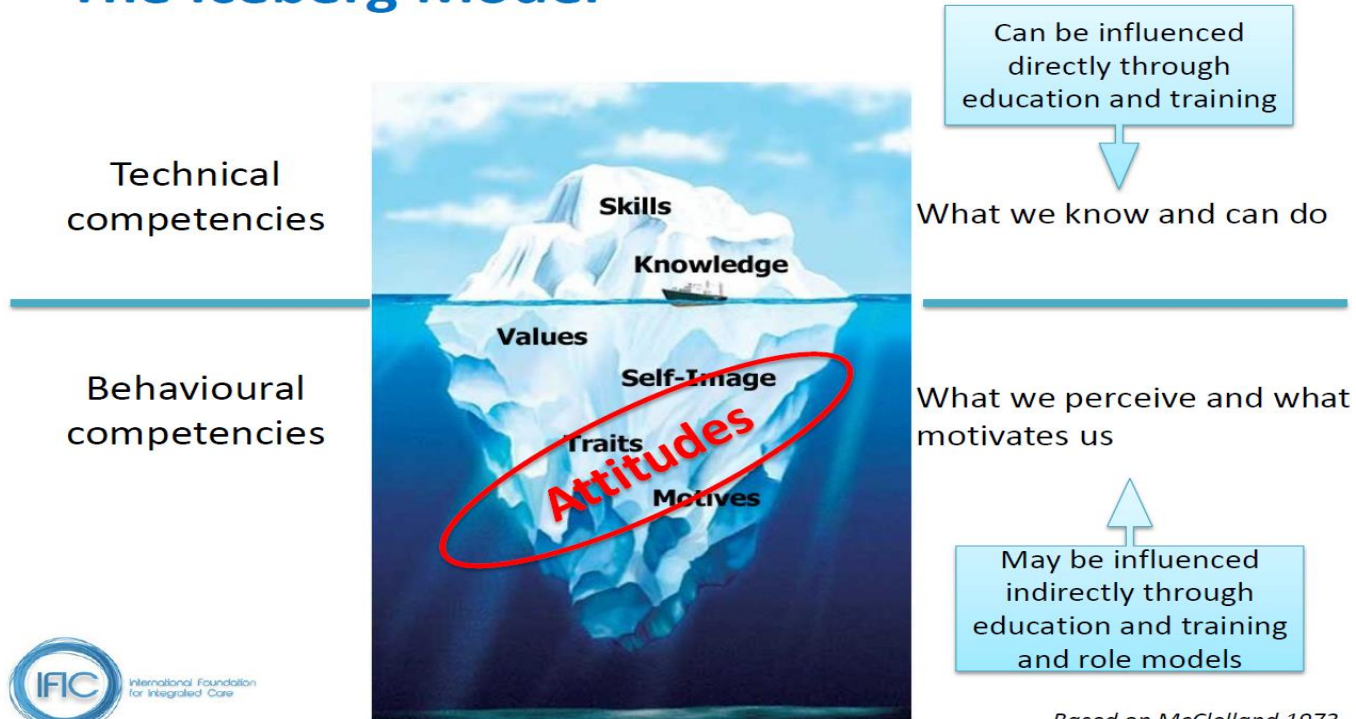


Conceptual framework for integrated care based on the integrative functions of primary care.



# Leadership Competencies for Integrated Care

## The Iceberg Model



Based on McClelland 1973

# Operational leadership competencies needed to deliver integrated care

- Adaptive and Collective Leadership – continually evolving
  - **Anticipation** of likely future needs, trends and options
  - **Articulation** of the needs to build collective understanding and support for action
  - **Adaptation** so there is continuous learning and the adjustment of responses as necessary
  - **Accountability** including transparency in decision making processes and openness to challenges and feedback
- Ability to think and work differently to address the wider determinants of health significant culture change
- Whole system approach to population health needs rather than organisationally focused
- Commitment to prevention (targeting financial and people resources towards good health)

**The Process of integration to achieve better outcomes is complex and takes time**



# Clinical Leadership and Integrated care



# Factors for successful Integrated Care for Children and Young People

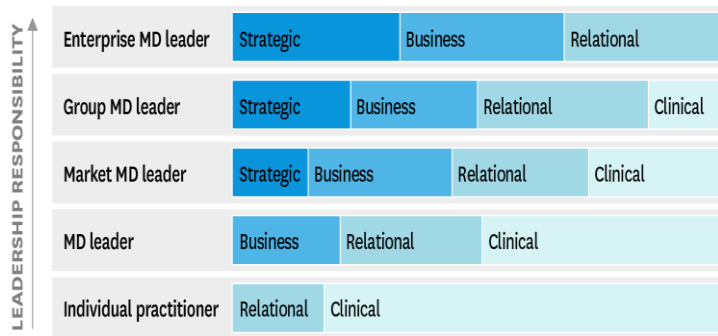
- A shared consensus about the specific objectives of population health and integration
- A clear strategic framework in place
- Sustained government commitment
- Local partnerships
- Building trust among providers
- Nurturing a collective attitude to learning across the health system
- Balance unified national efforts with local, needs-based approaches

INTEGRATED CARE FOR CHILDREN AND  
YOUNG PEOPLE IN IRELAND; KEY FINDINGS  
FROM INTERNATIONAL RESEARCH  
2023



# Competencies and the role of a clinical leader

## Harvard Business Review 2017 Skills that physician leaders need



SOURCE FMG LEADING

© HBR.ORG



Perry, J., Mobley, F., & Brubaker, M. (2017). Most doctors have little or no management training, and that's a problem. *Harvard Business Review*, 2(8).





## Kings Fund – Leadership and Engagement in the NHS, leadership for engaging across systems, 2012

- go out of their way to make new connections
- have an open, enquiring mind, unconstrained by current horizons
- embrace uncertainty and be positive about change
- draw on as many perspectives as possible
- ensure leadership and decision-making are distributed throughout the system
- promote the importance of values – invest as much energy in relationships and behaviours as in delivery.



Where clinical leaders make distinct contributions to integrated care (BMJ 2023)

1. construct a realistic and shared vision of integrated working
2. legitimise the proposed models of integration
3. promote engagement and commitment to integration
4. facilitate collaboration and the sharing of resources



# Take home message on clinical leadership



“I think health care is more about love than about most other things.....Don Berwick



.....compassionate leadership, which fosters a collaborative, caring and kind environment, becomes a necessity when faced with uncertainty and adversity. November 2024

Chuku, H., Williams, S. J., & Best, S. (2024). Clinical leadership during the Covid-19 pandemic: a scoping review. *Journal of Health Organization and Management*.



# Panel Q&A