
CONFERENCE ABSTRACT**Integrated Care Policy in Ireland: A Comparative Review**17th International Conference on Integrated Care, Dublin, 08-10 May 2017

Lola Odewumi, Vivienne Byers

Dublin Institute of Technology, Ireland

Introduction: Literature reveals that integrated care is perceived to be the answer to the many issues faced by health systems in in the OECD. Research has also identified many difficulties in its implementation¹. In Ireland, it has been observed that there is a disconnect between the trend of patient centred policy making and the organisational support available to health professionals and patients at the frontline in its implementation²

Description of Policy context and Objective: The context for this paper is the introduction of integrated care in Ireland through the implementation of Community Health Organisations (CHOs) in 2015/16 as outlined in the report– Report and Recommendations of the Integrated Service Area Review Group’ also referred to as the Healy Report (HSE 2014). A similar policy development was introduced in Northern Ireland since 2011; with the development of an integrated health and social care policy (Transforming Your Care, Review of Health and Social Care, 2011).

This paper reports on a comparative review of integrated health and social care policy in both Ireland and Northern Ireland and identifies themes that emerge from a comparative policy document analysis. It examines the contents and specific aspects of both sets of policy documents including; implementation plans, structures and governance arrangements and their potential influence on professional practice. This paper will serve as a contribution to a future study on the process of implementation of integrated care in the Republic of Ireland.

Highlights: Northern Ireland has implemented structural integration of its health and social care since the 1970s.

Existence of similarity in policy goals and objectives, the reform programmes, guiding principles and agenda’s set out in policy documents in Northern Ireland and Republic of Ireland.

The Republic of Ireland runs a risk of facing the same policy issues observed in the Northern Ireland experience of implementation based on policy recommendations.

Sufficient resources need to be in place in order to have sustainable integrated care in the Republic of Ireland.

Transferability: This paper describes the relevance of Northern Ireland experience and serves as a useful guide to the implementation of integrated health and social care in the Republic of Ireland.

Conclusion: (Key findings, discussion and lesson learned) The main themes that emerged from the comparative review include; policy process, structural composition, governance, management and accountability, clarity of professional roles and policy goals, localism agenda and standardised pathways, frontline autonomy and decision making, stakeholder inclusion and configuration.

Implementing integrated care is expensive, requires balanced configuration of management, structures and governance arrangements that supports exchange of information across professionals, shared services, involvement of users, promotion of strong working relationships and collaborations as well as more research in bridging gaps between policy aims and frontline professional practice which on the long run produces sustainable health delivery outcomes.

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