Report on networks of services and stakeholders involved in person-centered community-based care and strategies to link them to the CBITs

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1 INTRODUCTION

1.1 Health services and strategy in Ireland

The Department of Health has overall responsibility for the organisation, policy, legislation and financial accountability in the Irish health sector, and supports the Minister for Health in formulating and evaluating health policy (Brady and O'Donnell, 2010). In its Statement of Strategy 2023 to 2025 it identifies its mission as improving the health and wellbeing of people in Ireland by:

- supporting people to lead healthy and independent lives;
- ensuring the delivery of high quality and safe health and social care;
- creating a more responsive, integrated and people-centred health and social care service
- promoting effective and efficient management of the health and social care service and ensuring best value from health system resources' (DOH, 2023-2025).

The Department's key strategy is aligned with the Committee on the Future of Healthcare Sláintecare Report (Houses of the Oireachtas 2017). Sláintecare's vision is of one universal health service for all, with the provision of the right care, at the right time, in the right place. The key strategic actions for the Government Sláintecare strategy are:

- improve governance, performance and accountability across the health service
- put in place an effective implementation and governance structure for Sláintecare and establish a Sláintecare transition fund to support key reforms
- improve population health-based planning and develop new models of care to deliver more effective and integrated care
- expand community-based care to bring care closer to home
- develop and modernise the acute care system to address current capacity challenges and increase integration between the hospital sector and community-based care
- expand eligibility on a phased basis to move towards universal healthcare and support a shift to community-based care
- reform the funding system to support new models of care and drive value to make better use of resources

- implement measures to address inequities in access to public acute hospital care based on the independent impact assessment
- build a sustainable, resilient workforce that is supported and enabled to deliver the Sláintecare vision
- put in place a modern eHealth infrastructure and improve data, research and evaluation capabilities

(Sláintecare Implementation Strategy, 2018).

One of the Department of Health's key strategic priorities aligned with Sláintecare is the expansion and integration of care in the community. 'The Committee believes that its proposed new model of coordinated health and social care is needed to meet the needs of our older population, with its more complex set of clinical and social care needs, and to address the growing prevalence of chronic disease' (Houses of the Oireachtas, 2017, p.18).

1.2 Disability services

The Department of Children, Disability and Equality have responsibility for policy, legislation and funding for specialist community-based disability services for children, young people, adults, families and communities, acknowledging diversity and promoting equality of opportunity.

1.3 Public and private health services

Both private and public healthcare services are available in Ireland with the delivery of health and social care by both statutory and voluntary organisations. The Health Services Executive (HSE) (See Appendix A) delivers most of the public health services and social services in Ireland.

The HSE has recently reformed it structure to include six new health regional structures responsible for the delivery of health and social care within defined geographical regions in Ireland. A key objective of this reform is to create a structure in our health and social care system that is more directed towards maintaining the health and wellbeing of the population and providing care for people closer to their home, and to make services easier to navigate, as recommended by the Oireachtas Committee on the Future of Healthcare Sláintecare Report (2017) see Appendix B. A Regional Executive Officer (REO) has been appointed in each region, to oversee the management of health and social care services in each of the health regions. The REOs report directly to the chief executive of the Health Service Executive. Private health care does not operate under this HSE structure but interacts with public health and social care services.

Private healthcare services are provided by individual health professionals such as GPs, Dentists, Physiotherapists, Counsellors or healthcare companies. You usually pay for the full cost of private health services although health insurance is available to purchase. Approximately 40% of the population has free access to GP services funded by the state via a GP card or medical card.

1.4 Population of Ireland

The Irish Central Statistics Office (2025) estimated population of Ireland in 2023 based on the 'Administrative Population of Ireland, which is a population estimate based on administrative activity within the state, was estimated to be just less than 5.45 million people in April 2023', with people of Irish nationality accounting for 81% of the population and the top five nationalities other than Irish were UK, Polish, Romanian, Indian and Ukrainian, with 15% of the population being over 65 years and 20% under 18 years of age, see Appendix C.

2 MAP OF SERVICES AND STAKEHOLDERS INVOLVED IN PERSON-CENTERED COMMUNITY-BASED CARE

2.1 Public Social-Health services

The public health services in Ireland are supported by the State, with many of these services provided free of charge but in some cases, there may be a fee.

The Department of Health through the Health Service Executive (HSE) delivers most of the public health and social services in Ireland with some charities and voluntary not for profit bodies delivering the rest. Many of these charities and voluntary organisations are funded by the HSE with whom they have service level agreements.

Public social services in Ireland are provided primarily by the Department of Health through the HSE, the Department of Social Protection, the Department of Education, and by TUSLA (the child and family agency). There are many charitable organisations that also provide social care to children, families, older persons and disability services.

2.2 Public social services

The HSE provide:

- Social Work and Child Protection Services
- Child Health Services
- Disability Services
- Addiction Counselling and Treatment
- Older People's Services

With regards to older persons services the HSE (2025) provide:

- 'Home Support Services - services provided by the HSE to help an older person to be cared for at home
- Meals on Wheels (mealsonwheelsnetwork.ie) - Find information and contact details for some of the closest Meals on Wheels Network providers to you. Use the Meals on Wheels interactive map (mealsonwheelsnetwork.ie).
- Exercises for older people - exercises that can you can do at home
- Nursing Homes Support Scheme - information on the new Nursing Homes Support Scheme (Fair Deal)
- Protecting Older People - how to spot elder abuse and what to do if you are worried
- Home Support Approved Providers - Check the list of approved Home Care Package Providers
- Benefits and Financial Entitlements - Medical cards, respite care grants and more
- Residential Care - information about respite care and public and private nursing and residential care services
- Older People Services where you live - a list of older people services provided in your local health office, that you can access through your GP or Public Health Nurse
- Patients' Private Property Accounts - find out how the HSE administers residential clients' money
- Service Arrangement documents - Home Support Service Tender documents
- Healthy Age Friendly Homes Programme - The Healthy Age Friendly Homes Programme aims to support older people to live in their own home with dignity and independence, for as long as possible.' (HSE, 2025)

TUSLA the child and family agency, provide a range of targeted services including:

- Child Protection and Welfare
- Alternative Care (e.g., foster care, residential care, aftercare, special care, higher support and separated children seeking international protection)
- Birth Information, Tracing and Adoption
- Family Support (family resource centres, parenting information, advice and support, counselling and psychology services)

According to TUSLA (2025) a 'central feature of the Family Resource Centre's (FRC) programme is the involvement of local people in identifying needs and developing needs-

led responses. FRCs involve people from marginalised groups and areas of disadvantage on their voluntary management committees. This approach ensures that each FRC is rooted in the community and this, in turn, makes it a vehicle for delivering other programmes in the community. FRCs are participative and empowering organisations that support families while building the capacity and leadership of local communities.
FRCs provides a range of universal and targeted services and development opportunities that address the needs of families. These can include:

- The provision of information, advice and support to target groups and families. Information concerning the range of services and development options available locally and advice on accessing rights and entitlements is also extended. FRCs act as a focal point for onward referrals to mainstream service providers.
- Delivering education courses and training opportunities.
- The establishment and maintenance of new community groups to meet local needs and the delivery of services at local level (for example, childcare facilities, after-school clubs, men's groups, etc.)
- The provision of counselling and support to individuals and groups.
- Developing capacity and leadership within communities.
- Supporting personal and group development.
- Practical assistance to individuals and community groups such as access to information technology and office facilities.
- Practical assistance to existing community groups such as help with organisational structures, assistance with accessing funding or advice on how to address specific social issues.
- Supporting networking within the community.
- Contributing to Policy work' (TUSLA, 2025).

The Department of Education through the National Educational Psychological Service (NEPS) is the psychological service of the Department of Education and provides educational psychological support to primary, post-primary and special schools in Ireland.

2.3 Public healthcare services

2.3.1 General Practitioners

General Practitioners (GPs) are usually the first person that you see if you have a health problem. GPs are private practitioners and charge a fee, however they are free to those who have a medical card or free GP card. A GP will treat the health problem or refer you to a specialist consultant if you need specialised medical care. A GP may refer you to a physiotherapist or other health professional, however other health professionals may be accessed independently for a fee.
The local health centres have a range of health and social services that can be accessed free for those with a medical card.

2.3.2 Medical cards

If your income is below a certain amount, you may be entitled to a medical card. Under EU regulations some people can get a card without an income test, if they are eligible. Public health services are free of charge with a medical card, including doctor visits and public hospital services. Medical cards cover the cost of prescription medicines, however there is a set charge when you get the medicines which is the same for each item.

2.3.3 GP visit card

GP visit cards are available for incomes is above the limit for a medical card, you may be able to get a GP visit card as it has an income test with a higher limit. The GP visit card only covers free visits to the GP and not to other health professionals.
All children under the age of 8 are entitled to a GP visit card and those over 70 can get a GP visit card without an income test.

2.4 Health Centres

Health centres in each local area provide a different range of health and social services that can be accessed through the centres including:

- GP services
- Public Health Nurses
- Social Work and Child Protection Services
- Mental Health Services
- Child Health Services
- Community Audiology Service
- Disability Services
- Older People Services
- Chiropody
- Ophthalmic
- Dental Services
- Speech Therapy
- Addiction Counselling and Treatment
- Physiotherapy
- Occupational Therapy

Sometimes health services are provided in peoples' homes to those aged 65 or over or have a disability through the Home Support Service.

2.5 Hospital Services

Hospital services in Ireland may be accessed either as an emergency via an emergency department, as an out-patient for a new or follow up appointment to see a medical specialist (Consultant) or as an in-patient. People may attend a public hospital as a public patient or as a private patient. There are public hospitals and private hospitals in Ireland. Private patients many attend both types of hospitals but pay a fee which is often covered by their health insurance.

2.5.1 Emergency Departments

Emergency departments are in all major acute hospitals in Ireland. The emergency department may be accessed by everyone if they have an accident or need emergency medical care. If there is a referral from a GP there is no charge. If you visit an emergency department without being referred by a GP there is a set charge. There is some minor injury units located outside of the major acute hospitals in smaller hospitals or in the community.

2.5.2 Outpatient departments

A GP may refer a person to the out-patient department of a public hospital, for example, to be seen by a specialist consultant or for diagnostic tests like x-rays. Referral to a consultant as a public patient is free but there is no choice of consultant, and the waiting lists can be long for non-urgent referrals.

In Patient Services

Admission to hospital as an in-patient can be as a public or private patient under the care of a specific consultant.
Admission to a public hospital as a public patient without a medical card means you will have to pay a set daily in-patient charge, with a maximum limit on charges over a 12-month period.
Admission to a public hospital as a private patient of a consultant involves the payment of a different daily in-patient hospital charge which is often covered by private health insurance if the person has private insurance.

2.6 Private services

Private healthcare services are provided by individual health professionals or healthcare companies. You usually pay the full cost of private health services which can be recouped partially or in full from your private health insurance. There is some integration of public and private health and social services in Ireland. As stated previously GPs are private contractors paid by the government to provide GP services to those with medical cards or free GP cards. Everyone else pays the GP a fee for service. Outside of the Health Centres providing public health and social care to those with medical cards, and older

persons services, there are a range of private dentists, physiotherapists, occupational therapists, counsellors, psychologists etc., that provide services for a fee.

Private hospitals provide inpatient, outpatient and some provide emergency care to the public for a fee. This fee is fully or partially covered by private health insurance if a person has health insurance.

The combination of both private and public services can make community integration challenging. However, in Ireland some GPs and consultants are now physically located in primary care centres which is providing increased opportunities for interprofessional team integration, thus reducing fragmentation in continuity of patient care.

2.7 Community Based Interprofessional Teams

There are a range of CBIT teams in the community, some of whom are well developed such as the Integrated Care Programme for Older People (ICPOP) community specialist teams who provide services for older people who need specialist care or need multidisciplinary support to live well at home. Mental health teams also tend to be well developed. Other teams may be just developing and interprofessional collaboration in community-based health teams is a feature of the delivery of the Irish Government's Sláintecare strategy. The pathways for integrated care differ based on the population they seek to serve and their clinical needs.

Community Based Interprofessional Teams may consist of: medical practitioners (including general practitioners, consultants and specialists), nurses (including advanced nurse practitioners, clinical nurse specialists, public health nurses, community nurses, dental nurses), midwives, dentists, dental hygienists, dietitians, occupational therapists, pharmacists, physiotherapists, podiatrists, psychologists, speech and language therapists and social workers).

3 RELATIONS AND COOPERATION PATHWAYS WITH CBITs

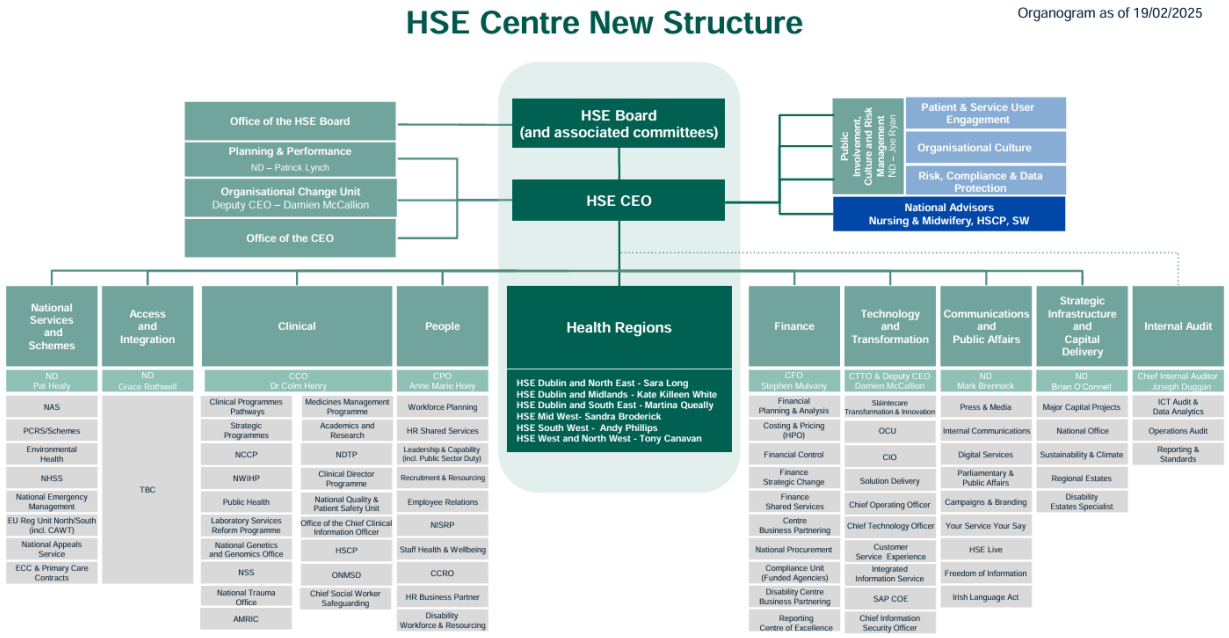
Services offered within the CBIT teams will vary depending on whether they are supporting older persons, mental health, children's services, drug rehabilitation services, palliative care, rehabilitation services etc. Each CBIT will map out a range of internal, and external local and regional services that support their team. In addition, they will map formal and informal networks of support, and statutory, voluntary and not for profit networks.

The challenges vary between the CBIT's depending on whether they are formally established teams or teams that have voluntarily come together to deliver a service. Formally established teams may face challenges regarding, expanding their knowledge, improving their interprofessional collaboration and improving their skills on patient partnerships or digital health.

Informally established teams may face more fundamental challenges regarding establishing networks of care, interprofessional communication, leadership and knowledge of interprofessional collaboration and service user outcomes.

In Ireland, there is the potential for multiple longer-term strategic opportunities for the social and health care system. Further development of CBITs could improve health accessibility for those in regional and remote areas; reduce the pressure on acute hospitals; empower individuals through consideration of the wider determinants of health and increased career opportunities for health and social care staff around the country.

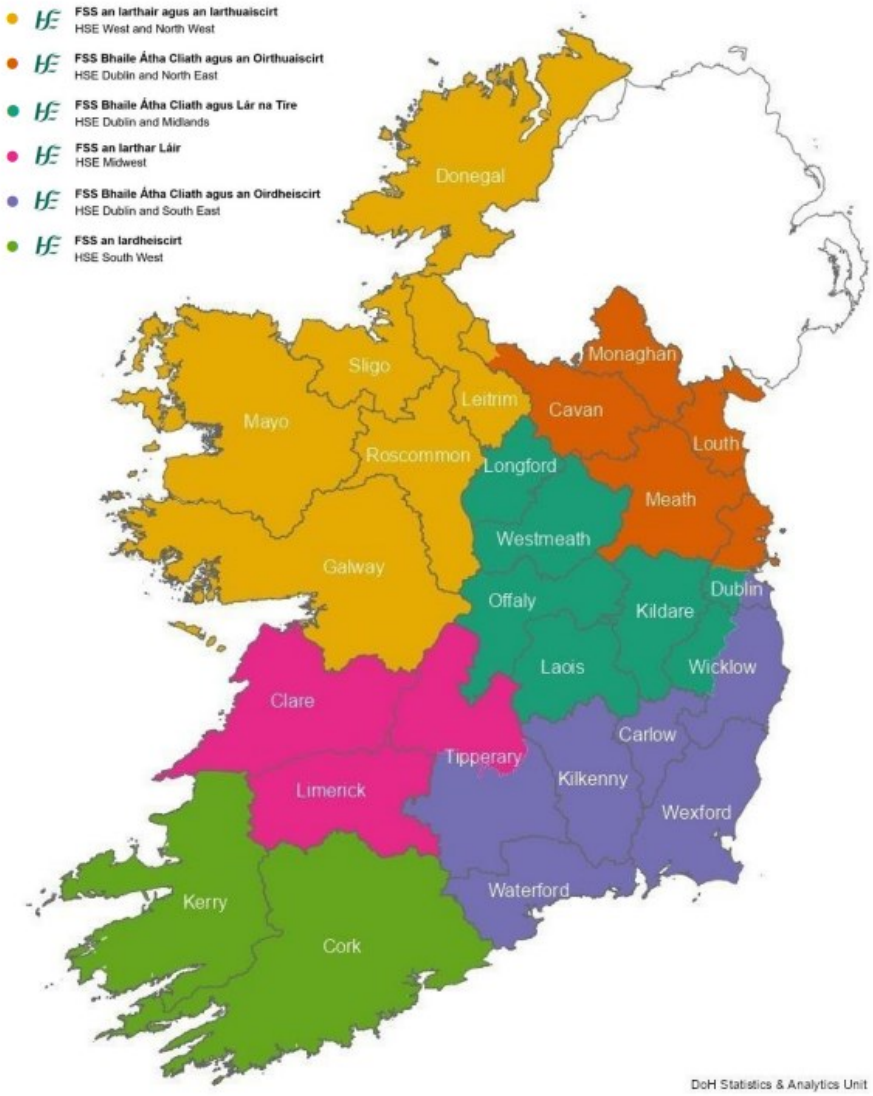
4 Appendix A



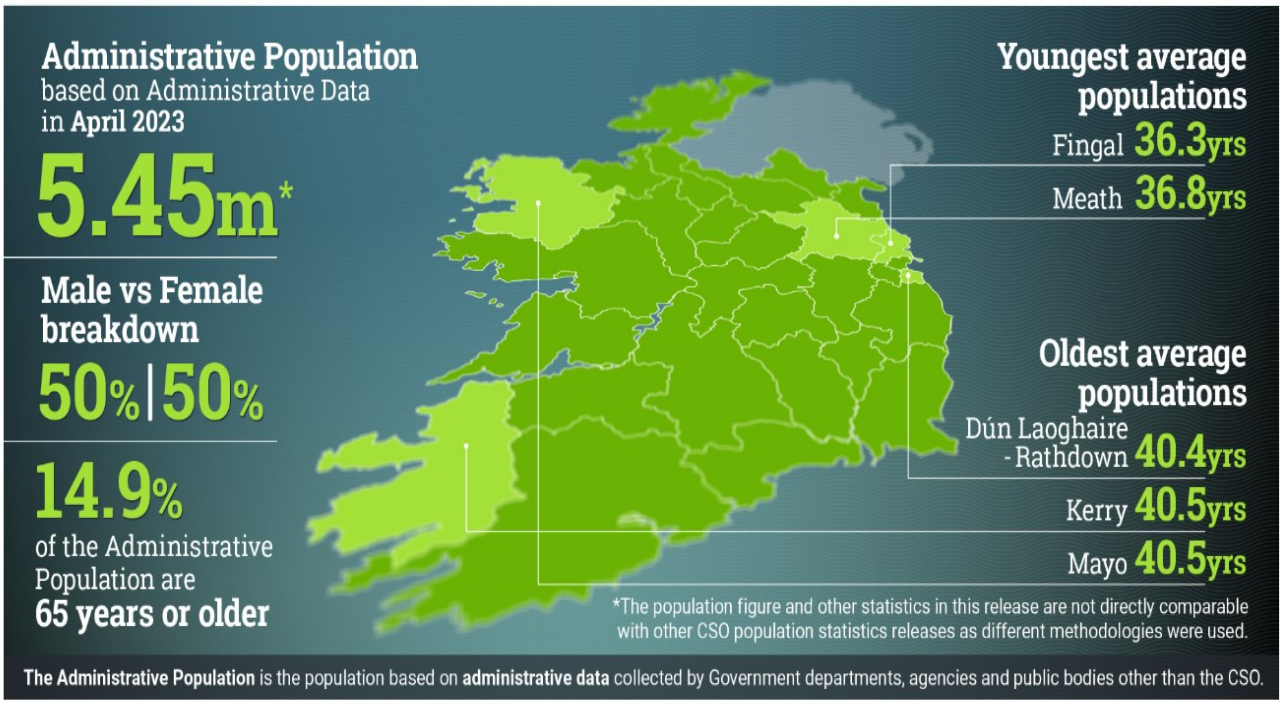
HSE: Latest Health Regions Update accessed 29th July 2025 from https://healthservice.hse.ie/staff/latest-health-regions-updates

5 Appendix B

Map of HSE Health Regions and County Boundaries[4]



6 Appendix C



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