An Roinn Sláinte
Department of Health

Update on Ceantair Sláinte Réigiúnacha Regional Health Areas (RHAs)

Fóram Idirphlé le hEagraíochtaí Deonacha

Dialogue Forum with Voluntary Organisations

12 September 2022

Background to Regional Health Areas (RHAs)

2017 Commitment to establish Regional Health Areas outlined in the **Oireachtas Sláintecare Report 2017**

2018 Reaffirmed in the **Sláintecare Implementation Strategy**

2019 Reaffirmed in the **Sláintecare Action Plan 2019**

2019 **Government decision** approved:

- geographies of six new regional health areas
- development of a detailed business case and change management programme for HSE alignment

2020 **Programme for Government 2020** outlines commitment to bring forward detailed proposals on the six RHAs

2021 **HSE Corporate Plan 2021** references progressing RHAs

Department of Health Statement of Strategy 2021-2023

Reaffirmed in the **Sláintecare Action Plan 2021 – 2024**

2022 **Government decision** approved timelines, next steps, and model for implementation

Fís na gCeantar

RHA 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**

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How do RHAs fit with the Sláintecare vision?

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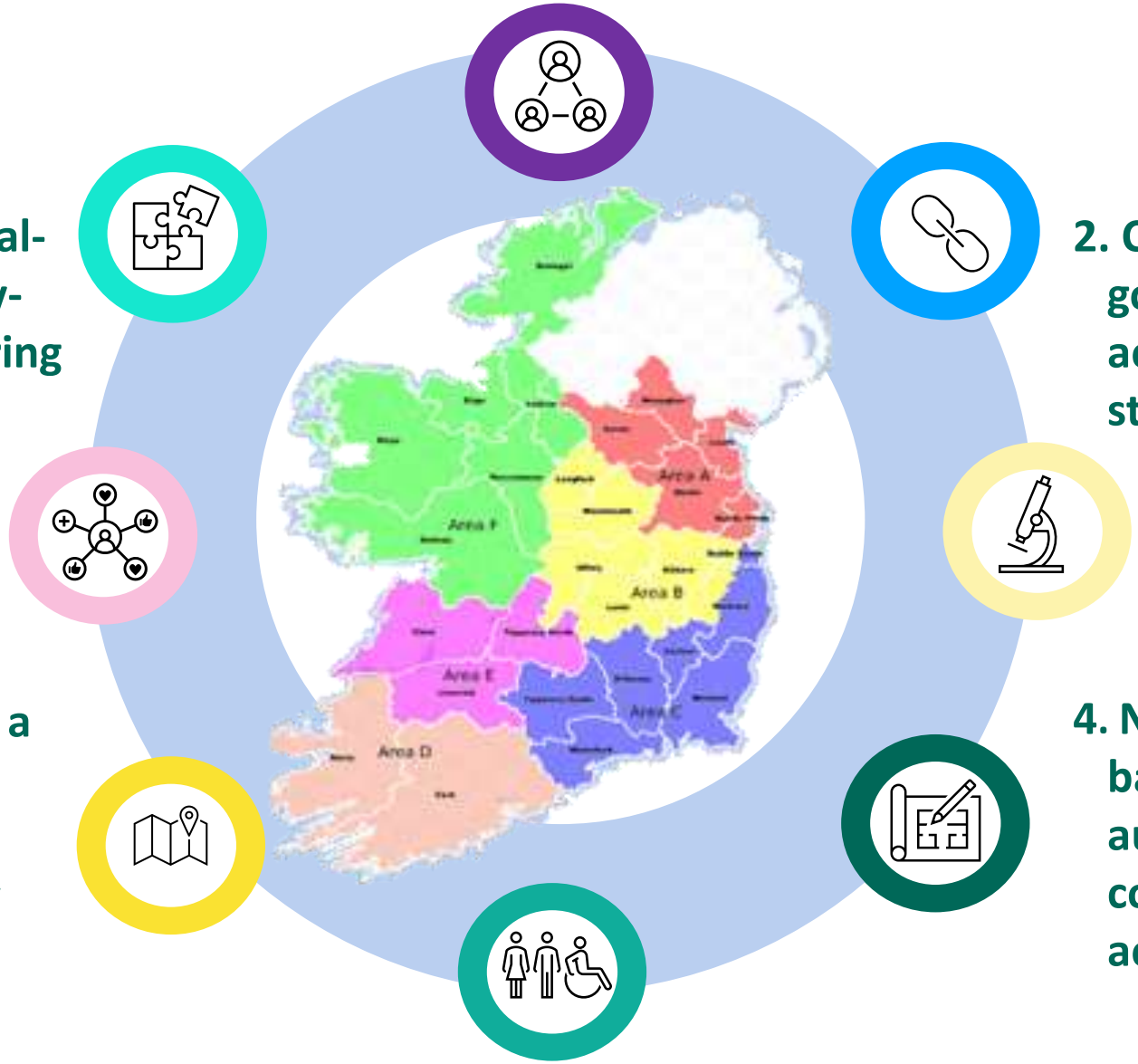
Cuspóirí Straitéiseacha na gCeantar

RHA Strategic Objectives

1. Better aligned hospital-based and community-based services delivering joined-up, integrated care closer to home



2. Corporate and clinical governance and accountability clarified and strengthened at all levels

3. Supports in place for a population-based approach to service planning and delivery

4. National consistency balanced with local autonomy to maintain consistent quality of care across the country

Struchtúir na gCeantar RHA Structures

Own Board?	**No -** RHAs are set up internally as formal regional structures within the HSE
Service Planning and Delivery	• Most services planned and delivered locally within agreed national frameworks (e.g. chronic disease management, audiology, maternity services) • Highly specialised services delivered nationally (e.g. neurosurgery) • RHAs are accountable for services planned and delivered in their region as well as the health outcomes of the defined population in that region
Financial planning	• Funding is provided to each RHA via Estimates based on a population-based resource allocation (PBRA) • RHAs have appropriate autonomy in deciding how that budget will be spent in line with the services that they are planning for their defined populations • A portion of the overall budget will be held for the HSE Centre for the provision of national services
Recruitment	**HSE Employees** **(along with contractors, private employees, voluntary organisation employees)** • HSE Centre provides frameworks, policies, procedures, protocols, and guidelines (PPPGs) for hiring, but as RHAs have their own budget: • RHAs determine local staffing needs based on identified local population needs • National consistency + regional autonomy
Procurement ICT, Estates & Capital	**Locally-informed national procurement to avail of collective advantage**
Proposed Funding and Governance Flows (TBD)	**DoH → HSE → RHA → CHN Hub/Acute Hospital → Local Service**

Buntáistí na gCeantar a bhfuiltear ag súil leo

RHA Expected Benefits

Improved continuum of care between community-based and hospital-based services to deliver care aligned with patient and service user needs

Clear pathways of care that are easy to navigate and as close to home as possible

Greater accountability, transparency, and information sharing

Decision-making and innovation closer to the frontline, informed by local needs

Co-ordinated and equitable services, funding and governance arrangements around the needs of local populations

Better health outcomes and patient experiences for individuals and communities

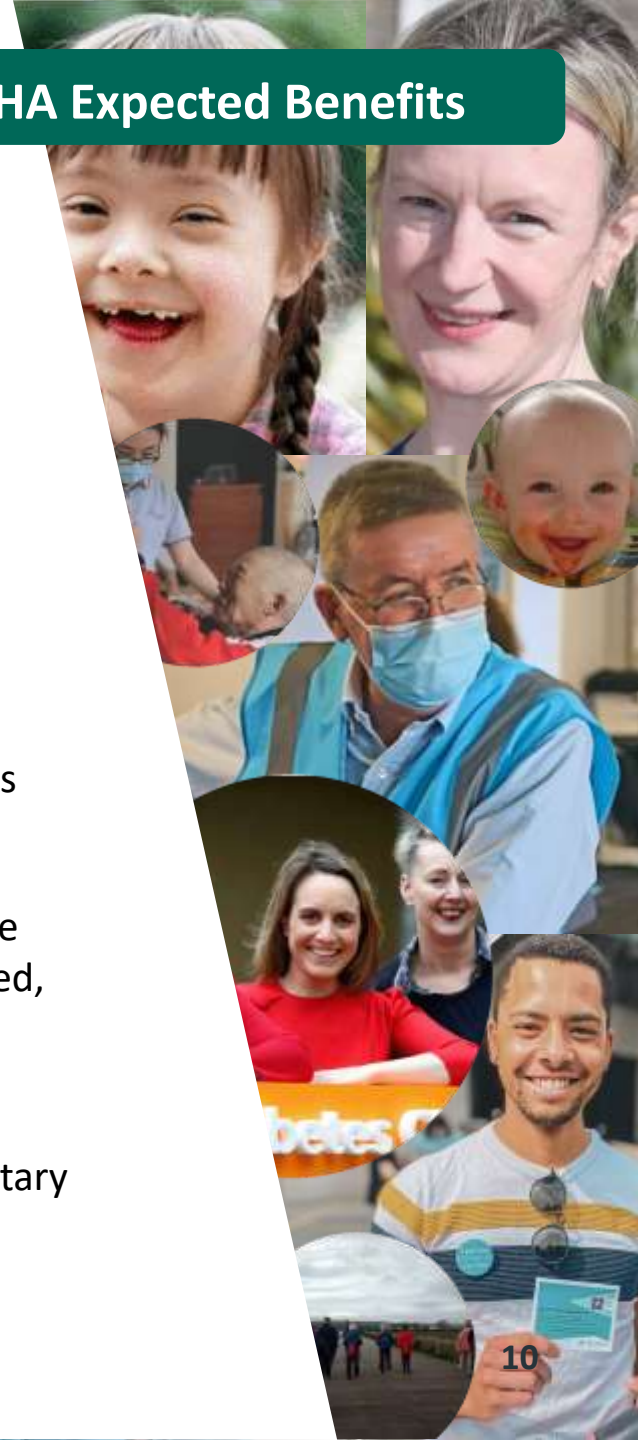
Clarity and continuity of care for patients and their families as they transition through services

Consistent quality and standards of clinical care within and across regions, irrespective of where people live

Building on multidisciplinary teamwork through Community Healthcare Networks (CHNs) for improved service delivery

A health and social care service workforce that is appropriately supported, developed, empowered and resourced

More collaborative working across local networks of relevant statutory and voluntary organisations, agencies, and authorities



Interdependence in Our National Health Service

“Responsibility and accountability function simultaneously at both individual and collective levels. It is not solely the role of the formal leader and not defined by position or status. It is a dynamic team occurrence where leadership power is distributed and allocated to wherever expertise, capability and motivation sit within an organisation or team.” (Heslin and Ryan, 2018, p. 11)

"the executive’s job is no longer to command and control but to cultivate and coordinate the actions of others at all levels of the organization“. (Ancona *et al.*, 2007).


Towards a Sláintecare Citizen Care Masterplan
(Canterbury District Health Board, with permission)
SláinteCare.
Right Care. Right Place. Right Time.
SPECIALIST CARE TREATMENT
SPECIALIST HOSPITALS
RURAL HOSPITALS & COMMUNITY HUBS
LOCAL AMBULANCE SERVICES
CONSULTANT
MATERNITY SERVICES
I CAN HAVE THIS DONE IN THE EVENING
WHERE ARE YOU HAVING YOUR BABY?
QUICK ACCESS ACUTE SERVICES
CLEAN AIR & WATER
MORE LOCAL SERVICES
SERVICES ARE CLOSER TO HOME
DENTAL
CONNECTED COMMUNITIES
LMC
DIRECT ACCESS
TECHNOLOGY
PEOPLE CENTRED
OUT
IN
FAST TRACK
YOUR HEALTH
LIBRARY
VOLUNTEER SERVICES
"FIVE PLUS" A DAY KEEPS THE DOCTOR AWAY
HOME
PATIENT PARTNERSHIP
COMMUNITY MENTAL HEALTH
SPECIALIST MENTAL HEALTH
EAT HEALTHY, LIVE LONGER
LEARNING
REHAB AND RESTORATIVE SUPPORT
I CAN DO MORE THAN I THOUGHT
PUBLIC TRANSPORT
WHAT SHOULD I DO?
HOME BASED SUPPORT
SUPPORTED SELF MANAGEMENT
PEER-LED SERVICES
ADVICE
CHILDREN'S SERVICES
SCHOOL BASED SERVICES
LAB SERVICES
PHARMACY
COMMUNITY REFERRED RADIOLOGY
GENERAL PRACTICE
COMMUNITY NURSING
WELL BEING
24/7 URGENT CARE CENTRE
ACTIVITY
URGENT GP SERVICES
I'VE BROKEN MY ARM.
WHAT ARE MY OPTIONS?
INTEGRATED HEALTH AND SOCIAL SERVICES
BASED ON THE REDBRIDGE PRIMARY CARE TRUST VISUALISATION.
our health system

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Where Are We Now?

RHA Enabling Workstreams

Programme Coordination	To provide RHA Implementation **programme design**, **management**, and **central coordination**.
Corporate & Clinical Governance & Accountability	To reform **the organisational, clinical and corporate governance and accountability lines** in line with RHA implementation.
Digital & Capital Infrastructure	To **plan and provide for necessary capital infrastructure for RHAs**; to identify the current and future capital infrastructure and IT requirements.
People & Development	To **assess and plan for what and where our current and future staffing needs** and associated training requirements.
Change, Communications & Culture	To **communicate the high-level vision** and specific benefits of RHAs to all stakeholders; to facilitate **stakeholder engagement**; to establish relationships with local leadership.
Finance including Population-Based Resource Allocation (PBRA)	To reform the **budgeting and financial management process** in line with RHAs as operational delivery units including **enabling population-based approaches**.

High Level Timeline

- A detailed implementation plan will be finalised by year end 2022.
- Transition to RHAs will take place 2023 with recruitment for senior RHA posts starting as early as possible.
- A population-based resource allocation funding model will be used as part of Estimates 2024 to allocate funding by RHA.
- By Q1 2024, the expectation is that RHAs will be operational.

Continuum of Engagements

- A continuum of engagements is planned over the coming months.
- The first series of regional events with representatives from senior leaders and clinicians in CHOs and HGs begins in Cork tomorrow:

	Date	Venue	Regions
1	13 September 2022	**CORK**	**RHA D:** CHO4, SWWHG
2	20 September 2022	**LIMERICK**	**RHA E:** CHO3, ULHG
3	21 September 2022	**SLIGO**	**RHA F:** CHO2, CHO1, Saolta HG
4	22 September 2022	**KILKENNY**	**RHA C:** CHO6 , CHO5, IEHG, SSWHG
5	26 September 2022	**TULLAMORE**	**RHA B:** CHO7, CHO8, DMHG, IEHG
6	27 September 2022	**DUBLIN**	**RHA A:** CHO9, CHO8, CHO1, RCSI, IEHG, CHI

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Question 1:

What examples of integration across acute, community, and/or primary care services is your organisation already involved in? What can we learn from voluntary organisations' successful integrated care initiatives and current governance structures?

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Question 2:

What will help or hinder the new RHAs? Who should we talk to/get involved in this phase/future phases of RHA design and implementation?

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Question 3:

Recognising the interdependence between health and social care actors in the system, how can we best share lessons learned, information, and best practice within and across RHAs and the wider national services?

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Go raibh míle maith agaibh
Míle buíochas | Questions?