



Members Briefing Note: Regional Health Areas

March 2023

1. Context

This is a briefing note, and update, on the development of the HSE's Regional Health Areas, RHAs. The transition to RHAs is planned to take place on January 1, 2024. It will involve restructuring existing Hospital Groups and Community Health Organisations, to operate within newly aligned geographical RHA boundaries, with a newly appointed RHA Chief Executive Officers and Senior Management Team in each area.

The diagram below shows the new regions.



The RHA development supports implementation of Sláintecare which states that:

"Regional bodies should be responsible for the planning and delivery of integrated health and social care services. Integrated care is where services, funding, and governance are co-ordinated around the needs of the patient, encompassing both acute and community care. Regional Health Areas, RHAs will ensure the geographical alignment of hospital and community healthcare services at a regional level, based on defined populations and their local needs."

2. New Structures

It has been indicated, at this stage, that each RHA will be managed at a regional level and have operational budget autonomy and flexibility. This will be within a framework of nationally consistent standards to manage the funding assigned to each area, which is based on population-based resource allocation. Each RHA will also have an elevated level of autonomy in relation to staffing. They will have a CEO reporting directly to the HSE's CEO on the operation and management of their region.

It is expected that National HSE will be required to deliver key functions including clinical and population health; strategy, planning and performance for instance. In addition, some services and supports will continue to operate nationally including the national ambulance service, primary care reimbursement service, Fair Deal for instance.

The HSE indicated that they will develop communications on the new structure to provide further clarification.

3. HSE Engagement with Voluntary Organisations

The HSE held a meeting on the 15 of February bringing eight voluntary umbrella organisations together to hear the views of the sector on the design of the RHA. For DFI this was an opportunity to raise concerns and questions about the new structures and to call for a process of strategic engagement with the sector.

There is an emerging amount of legislation and policy, under the United Nations Convention on the Rights of People with Disability and this must be recognised across the system of service delivery through RHAs. Alongside this a recognition that the specialist community-based disability services, delivered to about 9% of disabled people has, since the 1 March, moved under the remit of the Department of Children, Equality, Disability, Integration and Youth. The remaining profile of people with disabilities are supported across sectors of the HSE. This profile is also holistically supported by DFI member organisations.

Summary of Emerging Issues raised by DFI

Monitoring Structures

What monitoring structures will be in place to ensure standardisation across each RHA and prevent different practices of implementation in each region?

Regional Consultation Structures

What will decision-making and regional consultation structures look like?

Ensuring appropriate representation across the broad spectrum of disability with recognition of niche, specialised and locally based services and supports.

Changing relationships

In relation to service arrangements between voluntary organisations and the HSE - who will organisations liaise with, bearing in mind the varying profile of organisations? Is this an opportunity to move towards a quality-based rather than a finance-based approach?

Funding Processes

Changes to funding processes (monitoring and governance) and operational governance of RHAs, consideration for the relationship of not just Section 38 and Section 39 funded voluntary disability service providers, but also non-funded support groups / companies Ltd and private providers who are part of care pathways.

Zombie structures

Ensuring that old structures, after the transition, are fully closed to avoid new structures and legacy old structures both operating at the same time.

Non-health related community supports

How do communities engage with RHAs, those organisations playing a role in health promotion, disease prevention and delaying disease progression?

Co-design

HSE, National Service Plan 2022 outlines a priority area for action, service-wide to 'develop a service-user engagement implementation framework' ...incorporating the *lived experience of social inclusion groups into service planning and delivery*. What is the holistic governance of co-design, and what consideration are given to this at a regional level? Ensuring that opportunities for people with lived experience are accessible and equitable.

Responsibility for policy implementation

Who will have responsibility for ensuring implementation of government policies (e.g., Time to Move On, New Directions) and the UN CRPD and that regionally held budget allocations are in line with national policy direction?

4. Next Steps

Over the coming months the HSE and the DoH will work out more detailed changes to the RHA structure and finalise the operational plan. They have indicated the need for further dialogue with the voluntary organisation umbrellas closer to completion of the plan. This is expected in the next two-three months.

In preparation for further national dialogue on the RHAs, DFI wants to ensure the input of our member organisations is accurately represented. As it is anticipated that these new RHAs will have a significant impact on our members we will hold a briefing session in the coming weeks. Further details will be circulated on this briefing, and how you can register to attend, over the coming days.

In the interim if you have any thoughts and comments, get in touch as we welcome your input, contact emberbegley@disability-federation.ie.

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