



HSE Board Briefing Template

Subject: Regional Health Areas (RHAs) – Draft Implementation Plan
Submitted for meeting on: 21 February 2023 (EMT), 24 February 2023 (Board).
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Why is this information being brought to the Board’s attention? To provide an update on the planning, design, and implementation of Regional Health Areas (RHAs) for Board’s consideration and comment.
Is there an action by the Board required, if so, please provide detail? EMT and Board members are asked to consider and comment on the attached draft RHA Implementation Plan (Appendix 1). <u>Board members are asked to note that the draft RHA Implementation Plan has not yet been reviewed by the incoming HSE CEO.</u>
Please indicate which of the Board’s objectives this relates to; <ul style="list-style-type: none">▪ The development and implementing of an effective Corporate Governance Framework, incorporating clinical governance and a performance management and accountability system; X▪ Developing a plan for building public trust and confidence in the HSE and the wider health service; X▪ Ensuring the HSE's full support for and implementation of the Government's programme of health reform as set out in the Sláintecare Implementation Strategy; X▪ Exercising effective budgetary management, including improving the value achieved with existing resources and securing target saving, with the objective of delivering the National Service Plan within Budget. <input type="checkbox"/>
Brief summary of link to Board objectives. The Sláintecare Report 2017 included a commitment to HSE regionalisation. This commitment was reaffirmed by Government in 2019 and again in the Programme for Government 2020. Regionalisation is also a key objective in the HSE’s Corporate Plan 2021-2024.
Background - provide context in order to ensure that the Board fully understand the issue. The establishment of Regional Health Areas (RHAs) involves the creation of six regional organisations with full responsibility for the planning and delivery of hospital and community healthcare services within their respective areas. These new arrangements will improve the health service’s ability to deliver more joined-up, integrated care for patients that is planned and funded in line with regional and local needs. This approach is in line with recommendations made in the Oireachtas Committee on the Future of Healthcare Sláintecare Report (2017). Draft RHAs Implementation Plan (Appendix 1) In April 2022, a Memorandum on next steps, the programme of work, and timelines for RHA implementation was approved by Government. The attached draft RHAs Implementation Plan (Appendix 1) outlines the approach to

RHA planning and design in line with the overall design principles and objectives of Sláintecare and sets out a high-level programme of work for 2023, with a view to establishing RHAs from 1 January 2024.

The proposed high-level roles and responsibilities within the new RHA arrangements, as outlined within the draft Plan, were developed in 2022 by staff from the HSE and the two Departments through five programme workstreams, namely: Healthcare Governance; Finance; People & Development; Capital Infrastructure, Digital & ICT; and, Change, Communications & Culture.

The new RHA structures are being designed to ensure the delivery of high quality, integrated care within each region, based on local population needs. Within each region, a number of “Integrated Community Areas” will be established, based on geography, population size, and local needs and services; each Integrated Community Area is expected to typically serve an approximate population of 300k.

The transition to RHAs is planned for 1 January 2024 and will continue to progress throughout 2024. During 2023, the responsibilities and boundaries of the existing six Hospital Groups and nine Community Health Organisations will be changed in line with the new RHA boundaries. By 1 January 2024, the aim is that the six RHA Chief Executive Officers and, as far as possible, their Senior Management Teams will also be in place and fully accountable for the delivery of services and associated resources within their regions. The achievement of this timeline is dependent on early approval from the Department of Public Expenditure and Reform to allow recruitment processes to proceed. During 2024, the existing Hospital Group and CHO structures will be stood down on a phased basis as the new RHA arrangements are established.

This draft Plan sets out a high-level programme of work for 2023, together with the approach to transition and implementation of RHAs on 1 January 2024 and beyond. The scope of activities that need to be undertaken throughout 2023 to achieve the desired 1 January 2024 transition state and to continue to prepare the system for RHA implementation throughout 2024 has been carefully considered and assessed across four key themes: Leadership, Vision, and People; Model of Integrated Care and Healthcare Governance; Planning and Finance; and Infrastructure including Capital, ICT and Supports. These changes will have a significant impact on the existing system, but the Plan is committed to ensuring continuity in the provision of safe, high-quality services during the transition phase.

Key next steps in 2023 will include the following:

- Impact assessment of the geographical alignment of current structures to new RHA structures
- Establish an implementation infrastructure to support the change process at regional and national levels
- Agree workforce transition approach and principles for fulfilment of future structures
- Complete the recruitment of the CEOs for the six RHAs (and as far as possible the associated top teams)
- Move to the new regional geographical boundaries – redefining the existing CHO/HG boundaries
- Develop the organisational design for RHAs and National HSE
- Further engage with the voluntary sector to agree the future relationship and working arrangements with the sector in the context of RHAs, building on other engagements, most recently on 15 February
- Agree approach for the transfer of functional responsibilities to RHAs, i.e. appropriate functions within Finance, HR, ICT, Capital, etc., within national frameworks
- Agree approach to the development of national frameworks and pathways aligned with local and regional service delivery
- Establish processes for Population Based Resource Allocation and Health Needs Assessment.

Highlight any implications that the Board should be made aware of in its consideration:

N/A

Conclusion

N/A

Recommendation

EMT and Board members are asked to consider and comment on the attached draft RHA Implementation Plan (Appendix 1).

Further updates will be brought to EMT and the HSE Board in the coming weeks.