WelcomeRegional Transition

7th March 2025



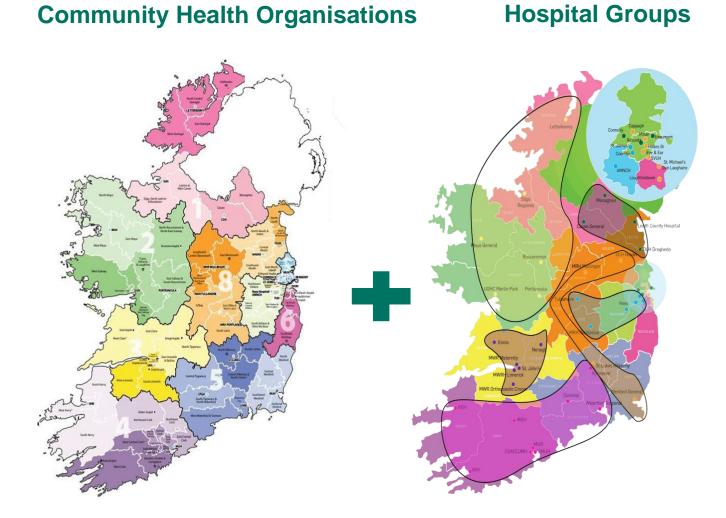
Agenda

- Welcome & Introduction
- Outline of Regional Reform to date
- Integrated Service Delivery Model and Integrated Healthcare Area structure
- **Networks of Care**
- Overview of next phase of implementation
- the HR approach and people transition planning
- Q & A



CHOs and HGs to Health Regions

Health regions



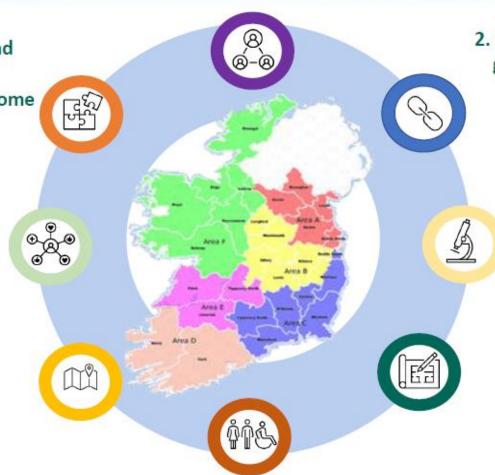
Find more information about Health Regions on a new "About the HSE" website: https://about.hse.ie/health-regions/



Health Regions Strategic Objectives

1. Align and integrate hospital-based and community-based services to deliver joined-up, integrated care closer to home

3. Support a population-based approach to service planning and delivery which aims to address health inequalities



2. Clarify and strengthen corporate and clinical governance and accountability at all levels

4. Improve equitable regional investment and balance national consistency with appropriate local autonomy to maintain consistent quality of care across the country

Run an efficient, highly productive, and transparent health and social care service with aligned incentives to provide people with timely access to safe, high-quality and integrated care.

HE Integrated Service Delivery in the Health Regions

- Integrated care is foundational to ensure that everyone in Ireland can access the right care, at the right time, in the right place, with the right team. Designed first and foremost around the needs of the person, integrated care has the dual aim of improving both system efficiency and service user experience and outcomes
- In the Sláintecare Report (May 2017) the Committee on the Future of Healthcare defined integrated care:

"Healthcare delivered at the lowest appropriate level of complexity through a health service that is well organised and managed to enable comprehensive care pathways that patients can easily access and service providers can easily deliver. This is a service in which communication and information support positive decision-making, governance and accountability; where patients' needs come first in driving safety, quality and the coordination of care."

 Central to the implementation of the Health Regions is the design of an integrated service delivery model for the health and social care system.





Regional & National Outline







Serving 1,077,639 people – through 4 IHA's

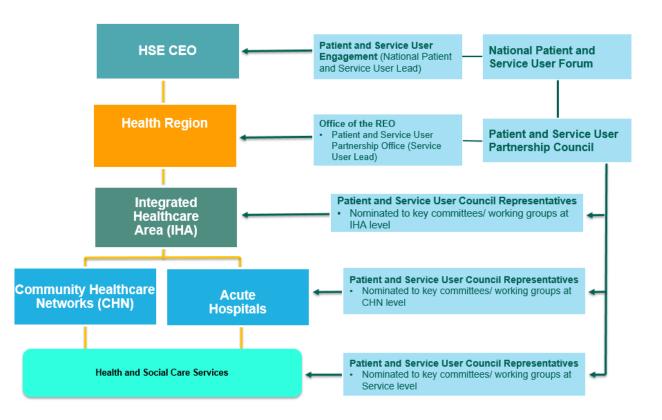
With a Budget of circa €4Billion

Providing employment for 30k people

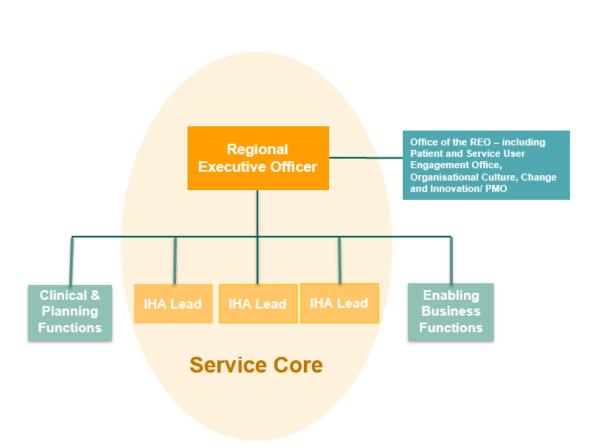
How health services will be organised

One of the most important changes to the HSE is how we will bring services and decision-making closer to the patient and closer to the community as:

- Health Regions will plan and deliver health services, with support from the HSE Centre. Each Health Region will have between 2 and 4 Integrated Healthcare Areas
- Integrated Healthcare Areas will will bring together both acute and community services under one geographically-based structure for their populations of between 150,000 and 450,000
- Community Healthcare Networks will be the building blocks for organising services within each IHA, and there will be approx. 2-8 CHNs and 1-3 Hospitals in each IHA. More information on CHNs available at: https://www.hse.ie/eng/services/list/2/primarycare/community-healthcare-networks/



HSE Health Regions Purpose and Function



Health Regions: Purpose & Function

- Act as the **primary service coordination and delivery units** for the vast majority of health and social care services provided across Ireland.
- Provide the governance and organisational arrangements to enable planning, management and delivery of care for people and for communities across their region.
- Accountable and responsible for regional service delivery in ensuring the best quality health and social care services are delivered to meet both national and local targets and standards of care.

Integrated Healthcare Area (IHA): Purpose & Function

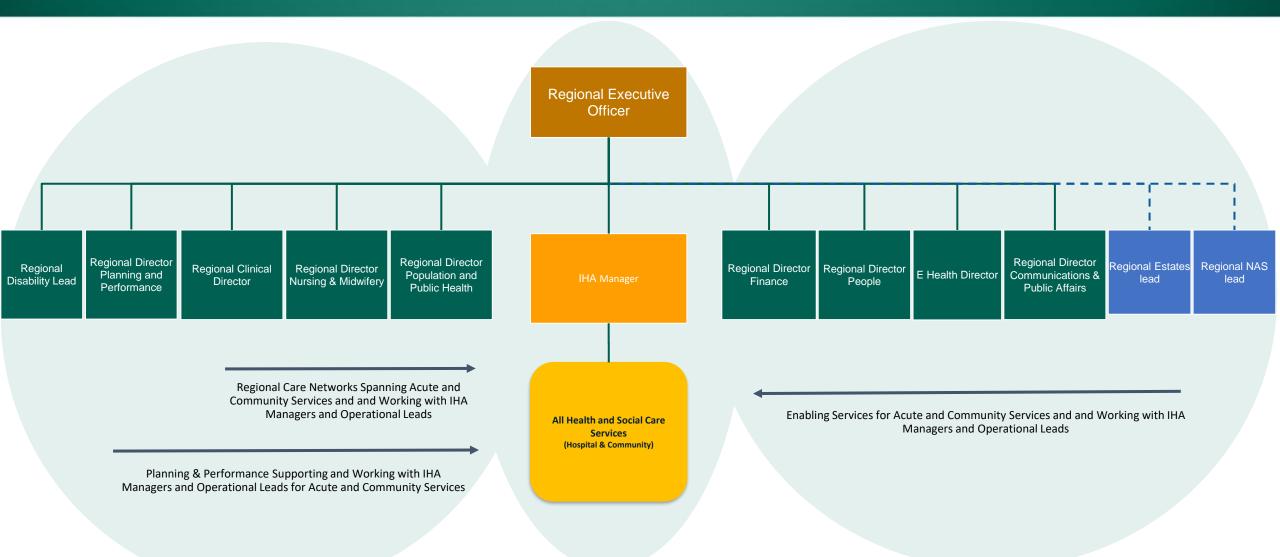
- Responsible for the health needs of the whole population within the geographical area
- Responsible for access and care coordination of health & social care services for patients and service users
- Responsible and accountable for the delivery of safe, high quality, patient-centred health and social care services locally.
- Enable and drive integrated service delivery by placing responsibility for the operational management of all hospital and community-based services within the geography under a single team.

Regional Focus

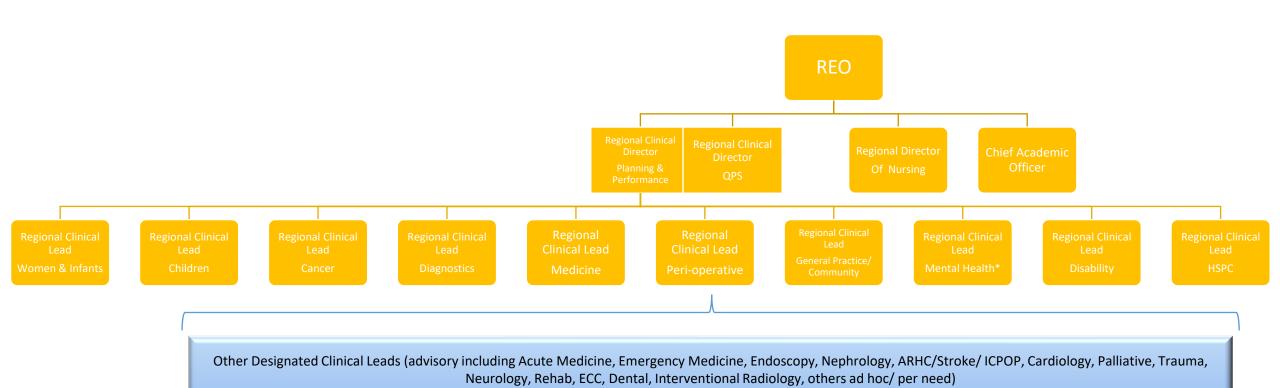
- Stability
- Sustainability
- Growth

- 1. an unwavering commitment to providing safe, high-quality care
- 2. a commitment to effective, efficient, high-quality performance
- 3. behaviours characterised by support, compassion and inclusion for all patients and staff
- 4. ways of working that focus on continuous learning, quality improvement and innovation
- 5. enthusiastic co-operation, teamworking and support within and across boundaries

Health Region



Proposed Interim RCD Organogram





HSE Dublin South City and West Trevor O'Callaghan

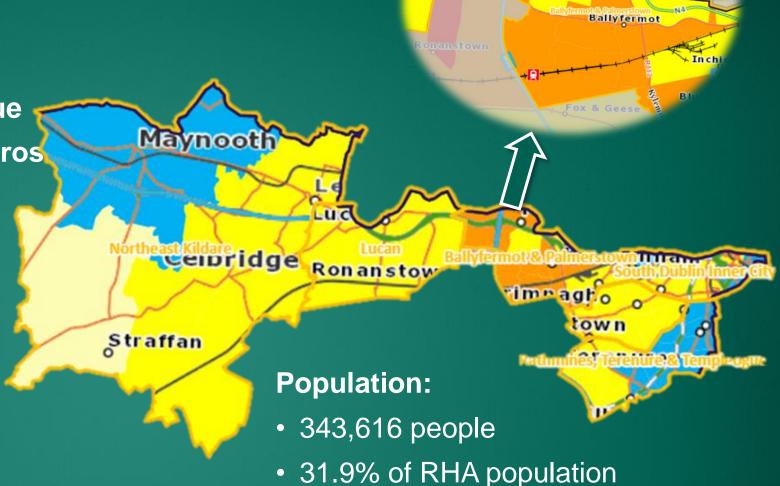
Dublin South Inner City

Rathmines/Terenure/Templeogue

Drimnagh/Crumlin & Harold's Cros

- Lucan
- Ballyfermot & Palmerstown
- Northeast Kildare





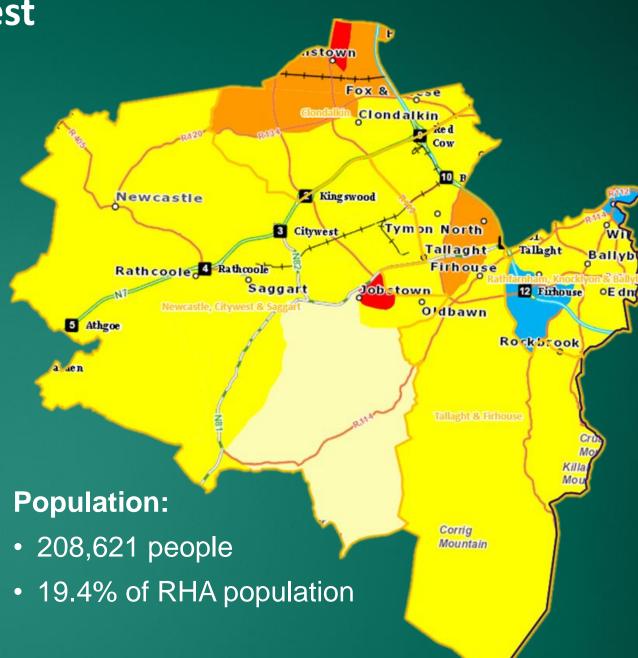
2 Liffey Valley 7 N4/M50



HSE Dublin South West Orlagh Claffey

- Rathfarnham, Knocklyon & Ballyboden
- Clondalkin
- Tallaght & Firhouse
- Newcastle, Citywest & Saggart



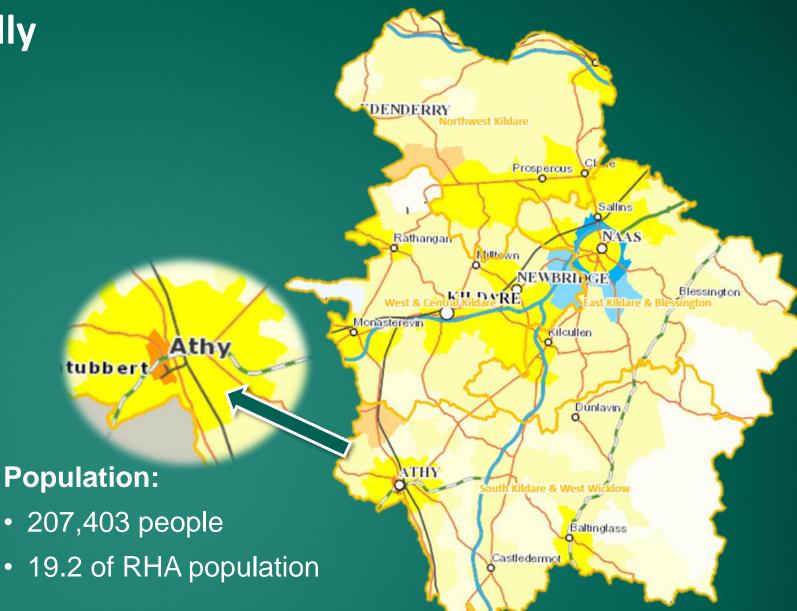




HSE Kildare West Wicklow Mary O'Kelly

- East Kildare & Blessington
- South Kildare & West Wicklow
- West & Central Kildare
- Northwest Kildare







HSE Midlands Carole Broadbank

- East Westmeath
- Longford & Central Westmeath
- West Westmeath & Northwest Offaly
- Offaly
- East Offaly & North Laois
- South Laois



Population:

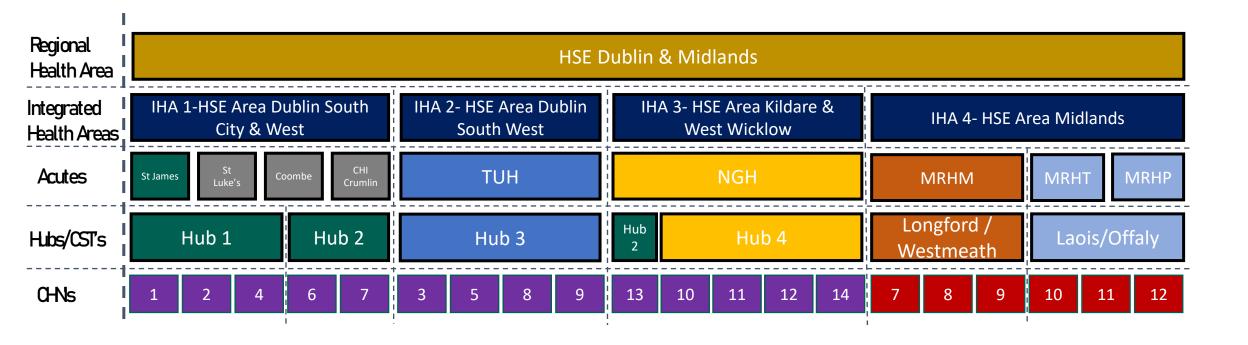
- 317,999 people
- 29.5% of RHA population

Athlone Central

ne West ATHLONE



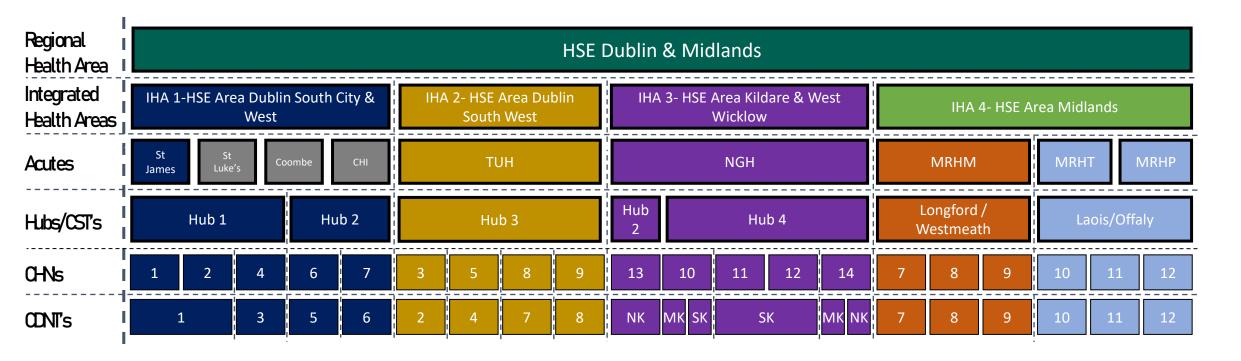
Current High Level Structure



Note 1: Hub/CST1 and 2 are aligned to St James, Hub/CST3 to TUH Hub/CST4 to NGH, Longford/Westmeath to MRHM, Laois/Offaly to MRHT & MRHP.

Note 2: Hospitals within the HSE Dublin & Midlands boundary not included above are the National Maternity Hospital and Royal Victoria Eye & Ear Hospital.

Current High Level Structure



Population Covered:

IHA1: 282,901, IHA2: 208,621, IHA3: 268,118, IHA4: 317,999, Total: 1,077,639

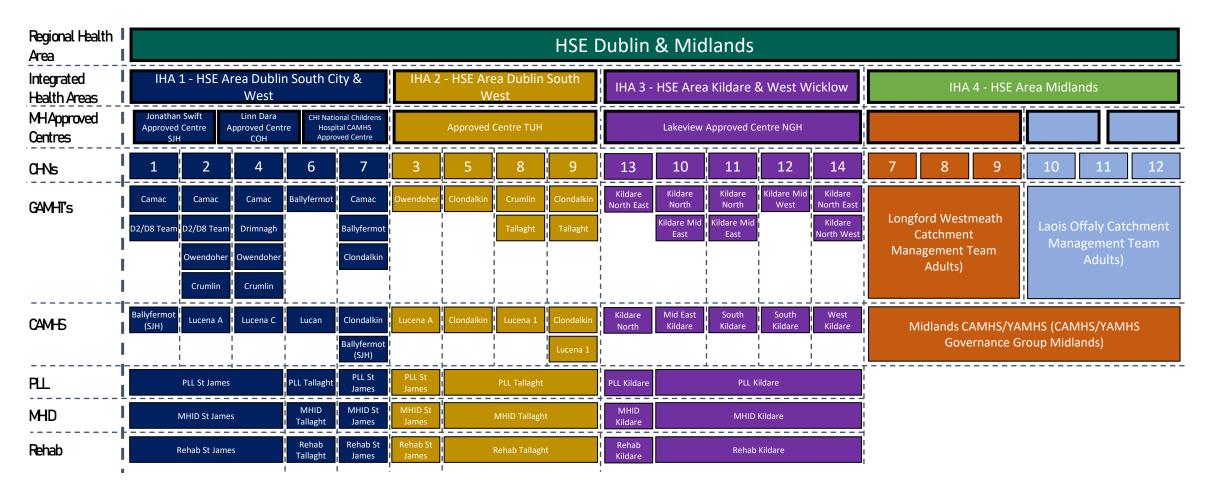
Note 1: Hub/CST1 and 2 are aligned to St James, Hub/CST3 to TUH Hub/CST4 to NCH Longford/Westmeath to MRHM Lacis/Offaly to MRHT & MRHP.

Note 2: Hospitals within the HSE Dublin & Mollands boundary not included above are the National Maternity Hospital and Royal Victoria Eye & Ear Hospital.

Note 3: CDNI's North Kildare (NK) aligns with all of CHN13 and part of CHN14 (PCT Derrintum & Kilcock Md Kildare (MK) aligns with most of CHN10 (PCT Elessington, Neas/Kill) and part of CHN14 (PCT Clane/Kilmeague). South Kildare (SK) aligns with all of CHN11, 12 and part of CHN10 (PCT Kilcullen).

Note 4: CDNT's 7-12 are aligned to IHA4 as follows CDNT7 Mullingar, CDNT8 Longford, CDNT9 Athlone, CDNT10 Tullamore, CDNT11 Portarlington, CDNT12 Portlacise.

Current High Level Structure



Note 1: MH teams do not map onto CHNs and are sometimes cross CHD boundaries and managed out of CHD.

Note 2 MHApproved Centre Linn Dara accept patients from all over Ireland. The above indicates the location of the respective centres.

Note 3: CAM-5 Approved Centre in the new National Childrens Hospital is currently being commissioned and maps to IHA1.



Future State ISD Model Key features of the Approved Model

Population Focus

Geographic approach through integrated management of high-volume "CHN+" community team services across a cluster of CHN geographies to meet the needs of the local population.

Flat Structure

Number of management layers minimised to keep decision-making close to the service user / patient.

Roles reporting to IHA Managers vary in grade proportionate to the level of responsibility.

Specialist & Regulated Services

Management of specialist and regulated services grouped and delivered across the IHA to streamline "like" activity, draw on existing expertise, and protect parts of the current structure that work well.

Networks of Care

Networks of Care driving a service user / patientcentred approach, quality and safety, and integrated clinical leadership across services and care settings in the IHA and wider Region.



Future State ISD Model Overview of Proposed Model

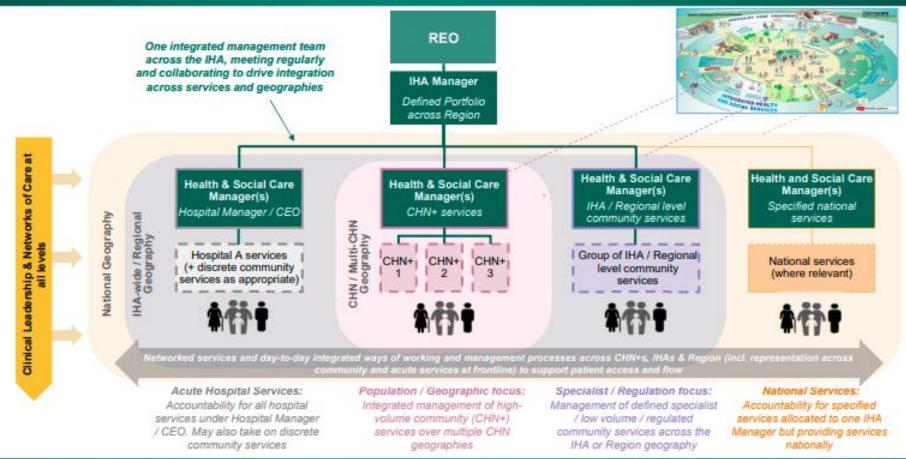
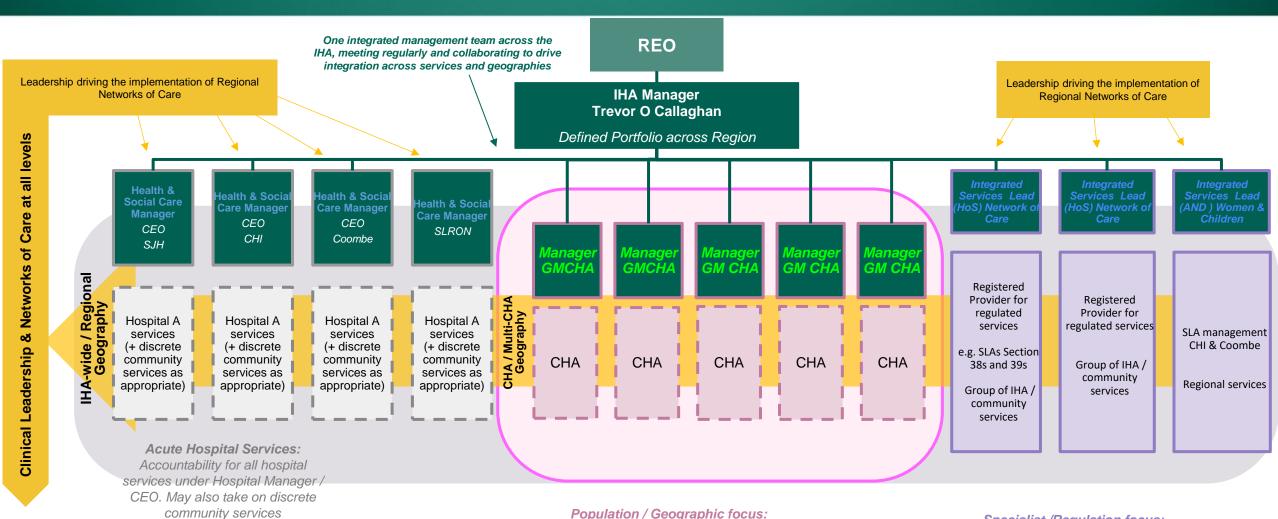


Figure State ISD Model Dublin South City and West



Population / Geographic focus:

Integrated management of high-volume community (CHA) services

Specialist /Regulation focus:

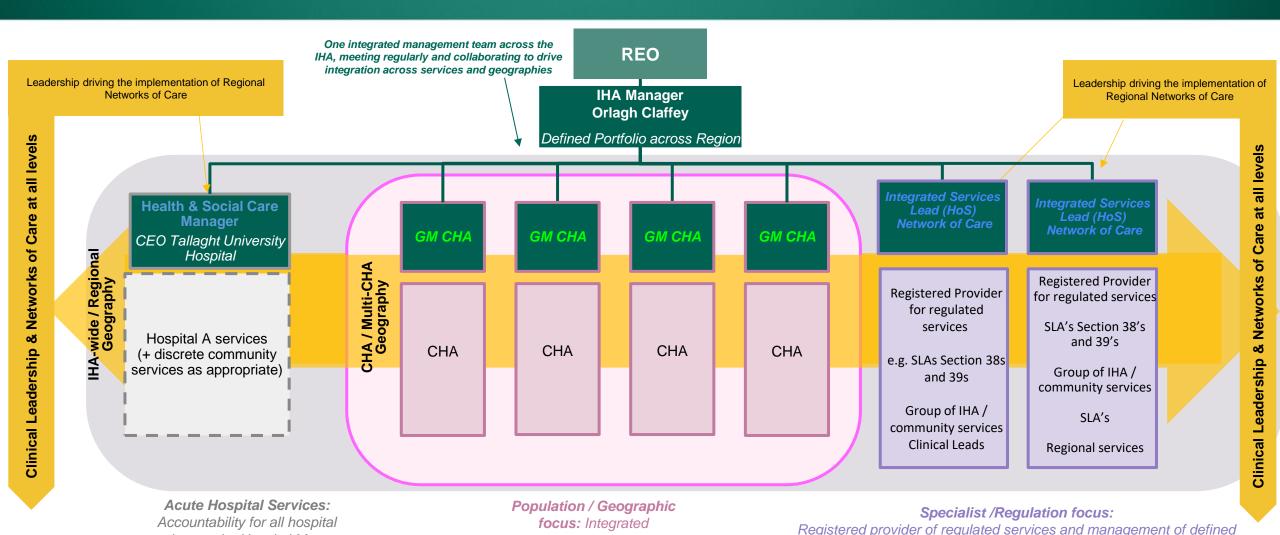
Registered provider of regulated services and management of defined specialist / low volume / community services across the IHA or Region geography

services under Hospital Manager

/ CEO. May also take on discrete

community services

Figure State ISD Model Dublin South West



management of high-

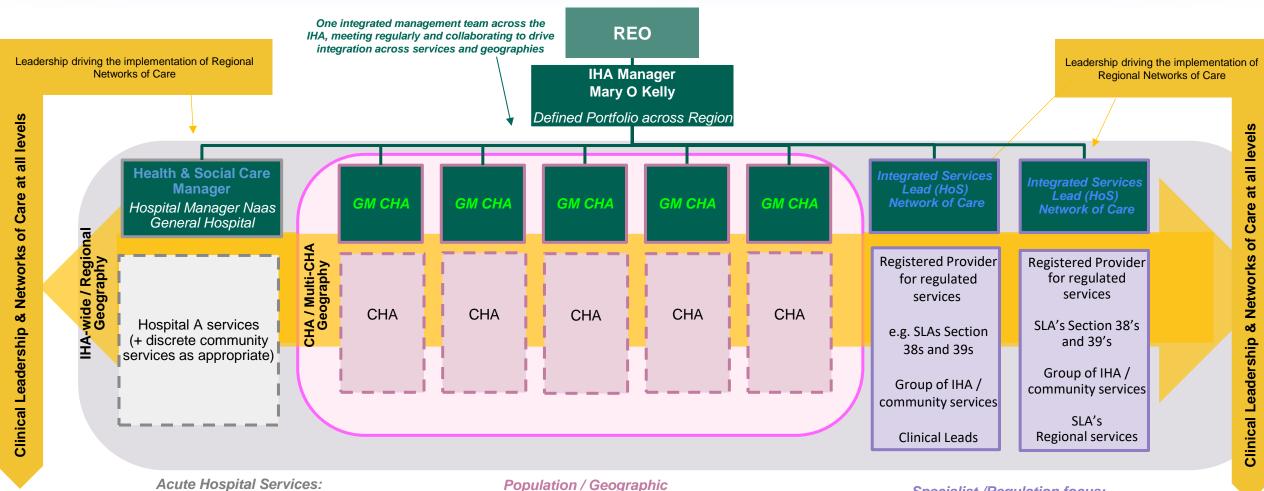
volume community (CHA)

services

specialist / low volume / community services across the IHA or Region

geography

Fig. Future State ISD Model Kildare and West Wicklow



Acute Hospital Services:

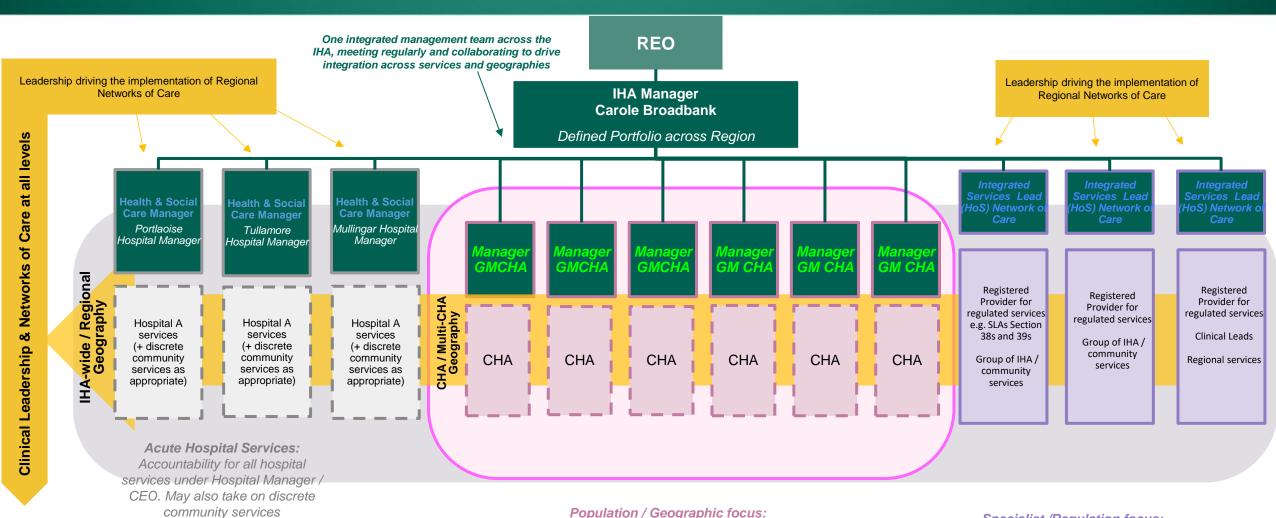
Accountability for all hospital services under Hospital Manager / CEO. May also take on discrete community services

focus: Integrated management of highvolume community (CHA) services

Specialist /Regulation focus:

Registered provider of regulated services and management of defined specialist / low volume / community services across the IHA or Region geography

Figure State ISD Model IHA Midlands



Population / Geographic focus:

Integrated management of high-volume community (CHA) services

Specialist /Regulation focus:

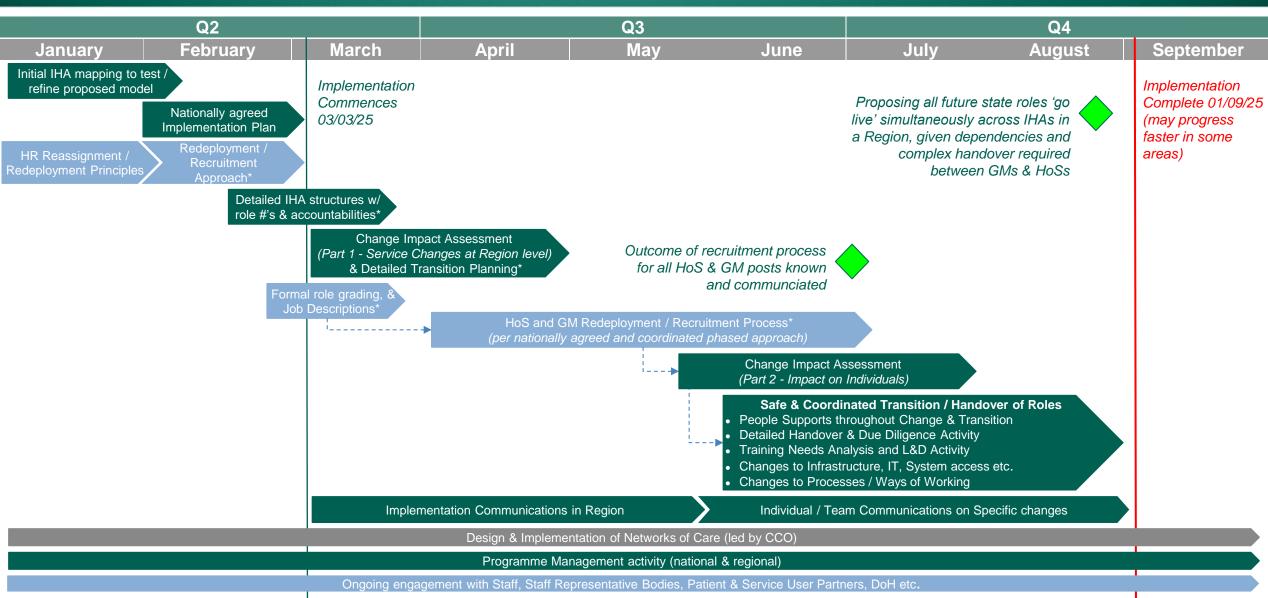
Registered provider of regulated services and management of defined specialist / low volume / community services across the IHA or Region geography

High-Level Proposed Implementation POAP

Region-led, OCU supported

National & Regional HR-led

*Key dependency between Regions



Health Region Dublin Midlands -ISD Design Implementation Plan Key Deliverables

Key Deliverables	Timelines	Critical Path / Dependency
ISD Design and IHA Structure	Oct 24-Feb 25	National sign-off of ISD design
Change Programme Governance/Oversight	Ongoing	RLT and HoS Support
People/Resource Reassignment @ IHA Level	March 25 – Aug 25	National NRS Process
Change impact assessment and transition planning	ТВС	People/Resource Reassignment HoS/Gm and staff engagement & cooperation
Networks of Care Implementation	March 25-TBC	Regional governance, appointment of Leads and enabling supports
Communication/Engagement Strategy	Ongoing	National & Regional Comms Resources
Support & Training / Induction requirements for staff affected by reassignment	Ongoing	National NRS Process, Regional HR and Operational Resources



Next Steps

Working Group currently includes: IHA implementation lead (MOK), RDP&P (SD),
 Strategy Lead (SS), Comms-RDCP (AC), Change and Innovation GMs



- Schedule of workshops by care group across region led by IHA Leads & HoS supported by Strategy Lead and Change & Innovation to finalise;
 - Detailed IHA structures with roles/numbers & accountabilities
 - Change Impact Assessment
 - Detailed Transition Planning
- Timetable of workshops- Commencing Mid March- End of April 2025 (approx. 6 weeks)
 aiming to conclude before Easter Break. Schedule and locations to be agreed with HoS and
 IHA leads.
- National NRS process will run concurrently This is a key critical dependency.
- Communication from REO to issue Wednesday, 5th of March and ongoing engagements to be planned

Dublin Midlands Region Implementation Plan

(Key elements identified in pre-planning phase March 2025)

ID	Task Name	Start	Finish	Duration	Nat 2025 Nat 2025
1	Change Programme Governance/ Oversight- RLT Implementation Group	03/03/2025	30/09/2025	30w 2d	
2	HoS and GM redeployment / recruitment process	31/03/2025	03/06/2025	9w 2d	
3	Outcome of recruitment process for all HoS / GM	30/06/2025	30/06/2025	1d	
4	Change Impact Assessment (Part 1)- Identification & impact assessment by Care Group on the services/functions that are either a) CHA, b) IHA, c) Regional	10/03/2025	30/05/2025	12w	
5	Engagement with services to support the identification and prioritisation of all integrated transition activities and risks	10/03/2025	30/04/2025	7w 3d	
6	Review Outputs to include gap analysis; risks/dependancies/impacts & final agreement on early priority actions to be progressed	30/04/2025	30/05/2025	4w 3d	
7	Change Impact Assessment (Part 2) - Impact on individuals. Safe & co- ordinated transition / handover of roles	02/06/2025	29/08/2025	13w	
8	Networks of Care to be established: Appoint Network of Care Regional and IHA Leads. Develop programme of work in line with the national blueprint (8 steps)	10/03/2025	31/12/2025	42w 3d	
9	Ongoing engagement with staff, staff representative bodies, patient & service user partners, DoH etc.	03/03/2025	31/12/2025	43w 3d	
10	Conduct training needs analysis and L&D activity	02/06/2025	29/08/2025	13w	

Change Impact Assessment Workshops - Schedule

<u>Change Impact Assessment workshop - Part 1 [Identification & impact assessment on the services/functions that are a) CHA, b) IHA, c) Regional]:</u>

- Pre-planning meeting with each care group / service HoS to take place between 10/03/2025 24/03/2025
- Workshops to take place as follows between 24/03/2025 and 30/04/2025:
 - Primary Care
 - Older Persons
 - Mental Health
 - Disability Service
 - Health & Wellbeing / Public Health
- Workshops will take place in-person, likely to be split across Tullamore and Millennium Park Naas locations
- Duration of each workshop will range between half day and full day sessions
- Full outline/framework of these workshop currently being drafted & awaiting input from national Organisational Change Unit to inform DML Health Region plan

<u>Change Impact Assessment workshop - Part 2 [Impact on Individuals - Safe & co-ordinated transition / handover of roles]:</u>

- To commence from 31/05/2025 to 31/08/2025
- To incorporate:
 - People supports throughout change & transition
 - Detailed handover & due diligence activity
 - Changes to infrastructure, IT, systems access etc.
 - Changes to processes / ways of working

People transition planning

The HSE is committed to engaging and supporting staff during this time of significant change.

- National HR with regional colleagues will lead on people transition activities.
- Engagement with staff representative organisations will be an ongoing feature of the transition process.
- National HR and regional colleagues will also be responsible for the ongoing provision of guidance to Regions and the Centre during the period of transition.
- There will be ongoing staff communications and engagement sharing what is happening now and what will happen next with the new Health Region structure.

The following points outline key elements of the HR approach:

- 1. Reassignment Principles agreed with the National Joint Council and circulated to HSE colleagues in January
- 2. The final number of posts in each IHA Management Team, when confirmed, will be filled by a combination of Heads of Service and General Managers, depending on the associated level of responsibility
- 3. Proposals are currently being drafted by National HR in relation to the process for filling the IHA Management Team roles at Head of Service and General Manager level
- 4. The process will be centrally co-ordinated by the National Recruitment Service. The process will be consistent, transparent and fair and will be managed in a number of phases
- 5. Engagement continues with the Staff Representative Groups.



THANK YOU Any Questions?