



HSE Board Briefing Template

Subject: Regional Health Areas (RHAs) – Update

Submitted for meeting on: 25 October (EMT), 26 October 2022 (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).

Is there an action by the Board required, if so, please provide detail?

EMT and Board members are asked to note: (i) progress to date with high-level planning for the introduction of RHAs; and, (ii) feedback from the Regional Events, further detail provided in accompanying slide presentation.

Please indicate which of the Board's objectives this relates to;

- 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.

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.

Background

Following receipt of a draft Business Case for the implementation of Regional Health Areas (RHAs), the HSE Board met in November 2021 to review the contents and provide feedback to the DoH.

Board members will recall that the draft Business Case considered three organisational options and, following evaluation against a range of criteria, the 'HSE-Local Model' was identified as the preferred way forward i.e. six RHAs established as geographically aligned, regionally-integrated sub-divisions of the HSE (each with a population-based budget), replacing the Hospital Groups and Community Health Organisations. The aim is to complete high-level design and implementation planning in 2022, with phased implementation in 2023; the target date for go-live with RHAs is January 2024.

Current Position

In the first half of 2022, preliminary planning for the introduction of RHAs has been taken forward by a joint HSE/Department Implementation Team. The focus of this planning work has included initial thinking in relation to the Vision and Objectives for RHAs, and the identification and scoping of key implementation workstreams. The workstreams identified as part of the wider work programme are as follows:

- Corporate and Clinical Governance

- Finance
- ICT and Capital
- People and Development
- Communications, Change and Culture
- Programme Co-Ordination.

A Communications and Engagement strategy and implementation plan is being finalised to ensure all key stakeholders are appropriately consulted with and informed. Key engagements which have taken place in the year to date include:

- 03 March – Joint HSE/DoH workshop to refine scope of workstreams (c80 attendees).
- 26 April – Workshop held with HSE Board Members.
- 12 May – Joint HSE/DoH workshop to consider high-level design principles (c25 attendees).
- 25 May – Engagement session with HSE senior corporate leaders (c40 attendees).
- 09 June – High-level design engagement with leaders and clinicians from Hospital Groups and CHOs.
- 13 July – Dedicated session with members of the Joint Committee on Health, facilitated by DoH colleagues and attended by HSE members. Progress to date was outlined and the discussion focused on key elements of the design in line with Sláintecare Principles.
- June – August – Multiple Workshops were held across all Workstreams in relation to the macro-level design consideration in relation to the roles and responsibilities of the Departments, HSE and RHA once RHAs are established.
- 12 September – Dialogue Forum with Voluntary Organisations to (i) review current progress and timelines and (ii) discuss how best to work with the voluntary organisations to implement RHAs, focusing on a number of key questions.
- September/October – Six regional engagement events (Cork, Sligo, Kilkenny, Tullamore, Dublin and Limerick) were organised to progress the design phase and to inform the implementation plan. Attendees included CEOs, COs and senior leaders in each region and their local partners including GPs, Pharmacy and Voluntary Organisations. (c600 attendees).
- 3 October – Meeting with Chief Academic Officers Group.
- 14 October – Discussion at People and Culture Committee.
- Week of 24 October - Oireachtas Joint Committee on Health Technical Briefing.

Detailed stakeholder mapping has been completed with a schedule of intensive communications and engagement currently being planned. This plan will include dedicated RHA engagement sessions, in addition to integrating with existing forums to maximise stakeholders' time. Existing public and patient fora have been identified engagement with these groups will form part of the engagement plan. Engagement plans will consider a range of engagement methods including face to face sessions, virtual sessions, submissions, public consultations, online interactions etc.

RHA Programme Resourcing

The planning and design phase is being led by Dean Sullivan (CSO) supported by Yvonne Goff (ND for Change and Innovation). Liam Woods (ND) has been assigned as RHA Implementation Lead and took up the post on 5 September 2022.

A dedicated Programme Management Team is being established within the HSE with responsibility to take forward the planning and delivery of the Change Programme. Recruitment of the dedicated Programme team is at an advanced stage with interviews complete.

Additional posts including significant change capacity have been submitted as part of the 2023 estimates process to build self-sufficiency within the HSE at national and regional level to support this Programme of change.

Nominations are being sought from the system to bring operational expertise to support each of the Programme Workstreams.

RHA Programme Governance

As Board members are aware, the joint HSE/Department RHA Implementation team comprises senior representatives from the Departments and the HSE, the team is responsible for monitoring progress, providing direction and making decisions to support RHA implementation. The team initially focused on the Vision and Objectives for RHAs, and the identification and scoping of key implementation workstreams. They continue to progress RHA planning and design tasks, focusing on the key implementation workstreams. Most recently, the Implementation Team met on 6 & 20 October to review themes emerging from the regional events to date and to discuss next steps for the RHA Workstreams.

The RHA Implementation Team provides updates to their respective organisational governance lines and to the Sláintecare Programme Board.

Board Members are aware an RHA Advisory Group chaired by Leo Kearns, is an independent forum comprised of representatives with a range of perspectives from across health and social care, who supports and guides the RHA Implementation Team.

The HSE has established an RHA HSE Executive Governance forum, including representation from acute, community and social care services in the regions, to support overall Programme governance, design and implementation planning. This Group will report to the HSE's EMT and the Board.

October – December 2022

The following are the key next steps in the RHA High-Level Design Phase:

- Progress the implementation of the RHA Stakeholder Communications and Engagement Plan to ensure a comprehensive communication and consultation process, ensuring focus on patients, service users, consumers of the health service, academic, voluntary, political, and other key partnerships.
- Progress workstream functional designs to develop the whole system functional design by the end of the year:
 - Analyse outputs from Regional Events and Workstream discussions to inform progress on the functional design; conclude high-level functional design.
 - Undertake international research (NZ, Canada, Sweden, Scotland and NI) to identify best practice models, approaches and learnings relevant to RHA design and implementation.
 - Develop high-level governance model to support integrated service delivery within RHAs.
 - Develop 'Minimum Viable Product' describing all essential structural and process changes for RHA go-live in January 2024.
 - Outline RHA implementation plan to be drafted by year end.

2023 onwards

High-level plans and timelines are currently being finalised for 2023 to include detailed design and phased implementation in line with the agreed government timeline for the establishment of RHAs in January 2024. Recruitment into RHA senior positions will be progressed as a priority in 2023.

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 note progress to date with planning for the introduction of RHAs and the key next steps in the High-Level Design Phase.