The following table details the advantages and disadvantages of this option against each criterion.

ASSESSMENT AGAINST CRITERIA – Option 2A			
Criteria	Advantages	Disadvantages	
Internal Integration	 PCTs are the building blocks for these new areas. Former LHO boundaries are maintained by this option (similarly all ISA boundaries are maintained). With the exception of a number of PCTs in South Meath and Boyle in Roscommon - would maximise Primary care and secondary care catchments. (See overleaf; highlighted in yellow, the South Meath PCTs most deemed appropriate to go to Dublin Hospitals based on secondary care pathways) However due to the criterion of maintaining county boundaries if at all possible and the significant reconfiguration of financial and data management systems a decision was taken to maintain Meath and Roscommon as counties for this option. 	 The Dublin East Hospital Group crosses four Areas in this option, Dublin North East crosses three areas, West North West crosses two, South/South West crosses two and Dublin Midlands crosses two. Regional boundaries are not maintained. Mental Health areas are not maintained in all areas i.e. Midlands and Kildare. 	
Demographics / Deprivation	The average population size for these areas is 509,806, with a relatively modest range between 364,464 and 674,071.		
Self Sustaining / Manageability Factors	 Each area is a viable size to become self-sustaining. The areas aren't too large to create additional layers of management. 		
Geographical / Physical /Cultural	Given the broad co-terminosity with ISAs and LHO areas there would be good relatability from both a staff and public perspective. Given the broad co-terminosity with ISAs and LHO areas there would be good relatability from both a staff and public perspective.	 Relatability – the Midlands with Louth and Meath may not make sense to everyone. Cavan/Monaghan with Donegal and Sligo/Leitrim is new from a health perspective, however this is well recognised from joint border working arrangements. (Louth has not been included in this border area which will match the new proposed Regional Assemblies). 	
External Integration Issues	 This area does offer advantages for improving cross border connectivity. Co. Cavan is no longer divided between two areas thus making linking with local authorities easier for HSE staff and vice versa. 		

The following map highlights the PCTs identified in South Meath.



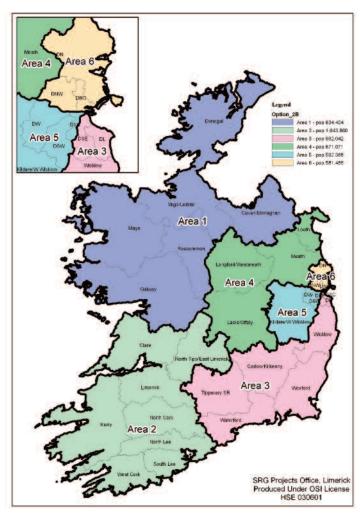
Resources

OPTION 2 A	2013 Budget €m*	WTE
Area 1 Donegal LHO, Sligo/Leitrim/West Cavan LHO and Cavan/Monaghan LHO.	329	3,033
Area 2 Galway, Roscommon and Mayo LHOs	374	4,399
Area 3 Clare LHO, Limerick LHO and North Tipperary/East Limerick LHO.	308	3,713
Area 4 Kerry LHO, North Cork LHO, North Lee LHO, South Lee LHO and West Cork LHO	513	6,046
Area 5 South Tipperary LHO, Carlow/Kilkenny LHO, Waterford LHO and Wexford LHO	349	4,069
Area 6 Wicklow LHO, Dún Laoghaire LHO and Dublin South East LHO	375	4,058
Area 7 Kildare/West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO	467	4,289
Area 8 Laois/Offaly LHO, Longford/Westmeath LHO, Louth LHO and Meath LHO	360	5,488
Area 9 Dublin North LHO, Dublin North Central LHO and Dublin North West LHO	523	5,762
National Total	3,597	40,857

^{*}The financial figures are indicative of the budget within the proposed Community Healthcare Organisations in this option and do not include PCRS and Fair Deal resources.

Option 2B

This option sets out a proposal which suggests six successor Community Healthcare Organisations to the existing ISAs (from hereon this shall be referred to as "option 2B"). This option is similar to option 2A above with a greater number of groupings to form six rather than nine successor community organisations to the existing ISAs. This option maintains former "LHO boundaries". The map below illustrates same:



Population & Description Table – Option 2B			
Area	Total 2011	Description	
1	834,404	Donegal LHO, Sligo/Leitrim/West Cavan LHO and Cavan/Monaghan LHO, Galway, Roscommon and Mayo LHOs.	
2	1,043,860	Clare LHO, Limerick LHO and North Tipperary/East Limerick LHO, Kerry LHO, North Cork LHO, North Lee LHO, South Lee LHO and West Cork LHO	
3	862,042	South Tipperary LHO, Carlow/Kilkenny LHO, Waterford LHO and Wexford LHO, Wicklow LHO, Dún Laoghaire LHO and Dublin South East LHO.	
4	674,071	Kildare/West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO	
5	592,388	Laois/Offaly LHO, Longford/Westmeath LHO, Louth LHO and Meath LHO	
6	581,486	Dublin North LHO, Dublin North Central LHO and Dublin North West LHO	
Average	764,708		
Max	1,043,860		
Min	581,486		

The following table details the advantages and disadvantages of this option against each criterion.

ASSESSMENT AGAINST CRITERIA – Option 2B			
Criteria	Advantages Disadvantages		
Internal Integration	 PCTs are the building blocks for these teams Former LHO boundaries are maintained by this option 	 In this option only two Hospital Groups do not have to work with more than one area, and every area has to work with more than one Hospital Group. Former ISA Boundaries (South East) are not maintained Regional boundaries are not maintained. Mental Health areas are not maintained in all areas i.e. Kildare/Midlands. 	
Demographics / Deprivation		The average population size for these areas is 764,708, with a large range between 581,486 and 1,043,860	

ASSESSMENT AGAINST CRITERIA – Option 2B			
Criteria	Advantages	Disadvantages	
Self Sustaining /Manageability Factors	Each area is a viable size to become self-sustaining.	There is a broad range of size across areas with some areas being large enough to warrant additional management tiers.	
Geographical / Physical / Cultural		Relatability – Many of these areas are so large that they might not make sense to everyone, e.g. Mid West with Cork and Kerry, traditionally the Mid West has always gone with the West Region	
External Integration Issues	This option does offer advantages for improving cross border connectivity		
	 Co. Cavan is no longer divided between two areas thus making linking with local authorities easier for HSE staff and vice versa 		

Resources

OPTION 2B	2013 Budget €m *	WTE
Area 1: Donegal LHO, Sligo/Leitrim/West Cavan LHO and Cavan/Monaghan LHO, Galway, Roscommon and Mayo LHOs	702	7,432
Area 2: Clare LHO, Limerick LHO and North Tipperary/East Limerick LHO, Kerry LHO, North Cork LHO, North Lee LHO, South Lee LHO and West Cork LHO	821	9,759
Area 3: South Tipperary LHO, Carlow/Kilkenny LHO, Waterford LHO and Wexford LHO, Wicklow LHO, Dún Laoghaire LHO and Dublin South East LHO	709	6,850
Area 4: Kildare/West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO	482	5,566
Area 5 : Laois/Offaly LHO, Longford/Westmeath LHO, Louth LHO and Meath LHO	360	5,488
Area 6: Dublin North LHO, Dublin North Central LHO and Dublin North West LHO	524	5,762
National Total	3,597	40,857

^{*}The financial figures are indicative of the budget within the proposed Community Healthcare Organisations in this option and do not include PCRS and Fair Deal resources.

6.4.3 Option 3 – Based on Alignment with Local Authorities and Proposed Regional Assemblies

The Regional Assemblies proposed under *Putting People First – Action Programme for Effective Local Government, October 2012* were considered as an option to maximise planning between Health and Local Authorities. The map below sets out the Regional Assemblies, with the LHO Boundaries outlined within each.

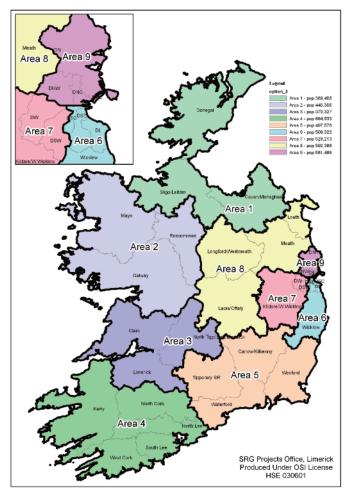


As the Regional Assemblies are of a scale that would be well in excess of what was required, the Assemblies were further broken into LHO groupings that would maximise co-terminosity, with the exception of Dublin which does not easily lend itself to this approach. (This is dealt with further in option 4).

There are three new Regional Assemblies proposed, they have been subdivided into nine areas based on maximising co-terminosity with Local Authorities but also cognisant of the other criteria outlined as follows:

- The Border and Western area was too large an area for the Health Service so it was divided into two new areas;
- The Southern area was also too large and was subdivided into three based on historical service architecture;
- The Eastern and Midlands area was broken into 4 new areas as it was too large to be an area for the Health Service.

These new areas are illustrated below

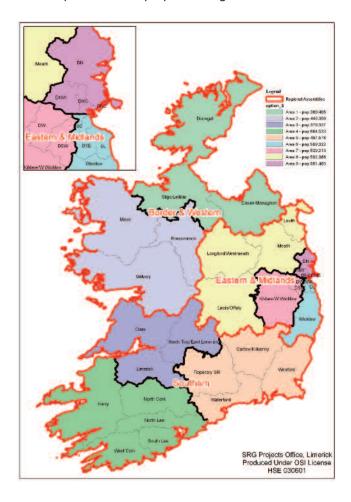


Pop	Population & Description Table - Option 3		
Area	Total 2011	Description	
1	389,048	Donegal LHO, Sligo/Leitrim/West Cavan LHO and Cavan/Monaghan LHO	
2	445,356	Galway, Roscommon and Mayo LHOs	
3	379,327	Clare LHO, Limerick LHO and North Tipperary/East Limerick LHO	
4	664,533	Kerry LHO, North Cork LHO, North Lee LHO, South Lee LHO and West Cork LHO	
5	497,578	Carlow Kilkenny LHO, South Tipperary LHO, Waterford LHO and Wexford LHO	
6	509,322	Wicklow LHO, Dún Laoghaire LHO, Dublin South East LHO and Dublin South City LHO	
7	529,213	Kildare/West Wicklow LHO, Dublin West LHO and Dublin South West LHO	
8	592,388	Laois/Offaly LHO, Longford/Westmeath LHO, Louth LHO and Meath LHO	
9	581,486	Dublin North LHO, Dublin North Central LHO and Dublin North West LHO.	
Average	509,805		
Max	664,533		
Min	379,327		

These nine successor Community Healthcare Organisations to the existing ISAs are an amalgamation of former LHOs to achieve co-terminosity with the proposed Local Authority Regional Assemblies and the local authority counties comprised, and also with the following key influencing factors:

- LHO boundaries as a building block, given the development relationship with PCT boundaries over the past number of years and simplicity of structure from both a public and staff perspective.
- Cross border cooperation could potentially be further developed using this configuration.
- A minimum population in excess of 350,000 was determined as being a critical mass for a self-sustaining Community Healthcare Organisation.
- Maintenance of existing ISAs where possible to lessen the impact of change, the Dublin South Central ISA was divided into its two former LHOs to help balance the distribution of deprivation across two new areas.

The following map shows this option with the proposed Regional Assemblies overlaid.



The following table details the advantages and disadvantages of this option against each criterion.

ASSESSMENT AGAINST CRITERIA – Option 3			
Criteria Advantages		Disadvantages	
Integration	 This option maintains primary care team boundaries. This option maintains LHO boundaries. With the exception of one Area it maintains current ISA boundaries (the Dublin South Central current ISA would be divided between two new areas, this will in some way address deprivation issues in that current ISA). With the exception of South Meath, South Inner city Dublin and Boyle in Roscommon, the Areas would maximise Primary care and secondary care catchments. Many of the new areas are in a similar configuration to the former Health Boards – this is an advantage in many ways as existing service relationships can be maintained. 	 The Hospital Groups are split between different areas. In this option four areas will work with only one Hospital Group, but only one Hospital Group will only have to work with one area, the other Hospital Groups will have a number of areas to work with. Regional boundaries are not maintained. Dublin South Central ISA will be split between two new areas, this may cause difficulties given the work to join these areas together. A number of areas will not match the 16 mental health areas, in the MH areas Kildare is with the midlands, this is not so in this option and Dublin South City is with Dublin South West and Dublin West for Mental Health Services but is with Dublin South East and Dún Laoghaire in this option. 	

ASSESSMENT AGAINST CRITERIA – Option 3			
Criteria	Advantages	Disadvantages	
Demographics / Deprivation	 The biggest area is 665K and the smallest is 379K the average for this option is 510K. Deprivation in the south / south western part of Dublin City is addressed by putting Dublin South City with Dublin South East and Dún Laoghaire, rather than Dublin South West and Dublin West. 	There is a disparity in population sizes between areas, if Kerry was moved from the area with Cork to the Midwest (boundaries similar to Enterprise Ireland) there would be less of a disparity in population.	
Self Sustaining / Manageability Factors	 The areas are of a sufficient size to become self-sustaining. The areas are not so big as to warrant additional tiers of management. 		
Geographical / Physical / Cultural	From a public perspective there would be good relatability with perhaps the exception of the Midlands Louth Meath axis.	Relatability - Dublin South City is with Dún Laoghaire and Dublin South East which would not be traditional for health service provision.	
External Integration Issues	 Option is fully co-terminous with the new proposed local authority Regional Assemblies. Co. Cavan is no longer divided between two areas thus making linking with local authorities easier for HSE staff and vice versa. This option would achieve greater cross border cooperation as Donegal, Sligo, Leitrim, Cavan and Monaghan form one new area. 		

Resources

OPTION 3	2013 Budget €m *	WTE
Area 1: Donegal LHO, Sligo/Leitrim/West Cavan LHO and Cavan/Monaghan LHO	329	3,033
Area 2: Galway, Roscommon and Mayo LHOs	374	4,399
Area 3: Clare LHO, Limerick LHO and North Tipperary/East Limerick LHO	308	3,713
Area 4: Kerry LHO, North Cork LHO, North Lee LHO, South Lee LHO and West Cork LHO	513	6,046
Area 5: Carlow Kilkenny LHO, South Tipperary LHO, Waterford LHO and Wexford LHO	349	4,069
Area 6: Wicklow LHO, Dún Laoghaire LHO, Dublin South East LHO and Dublin South City LHO	477	4,058
Area 7: Kildare/West Wicklow LHO, Dublin West LHO and Dublin South West LHO	365	4,289
Area 8: Laois/Offaly LHO, Longford/Westmeath LHO, Louth LHO and Meath LHO	360	5,488
Area 9: Dublin North LHO, Dublin North Central LHO and Dublin North West LHO.	523	5,762
National Total	3,597	40,857

^{*}The financial figures are indicative of the budget within the proposed Community Healthcare Organisations in this option and do not include PCRS and Fair Deal resources.