



Health Regions Update

20th December 2023



Why are we reorganising to six Health Regions?

At the moment, our Hospital Groups (HGs) and Community Health Organisations (CHOs) serve populations that are grouped in different ways, covering different areas, weakly connected to each other.

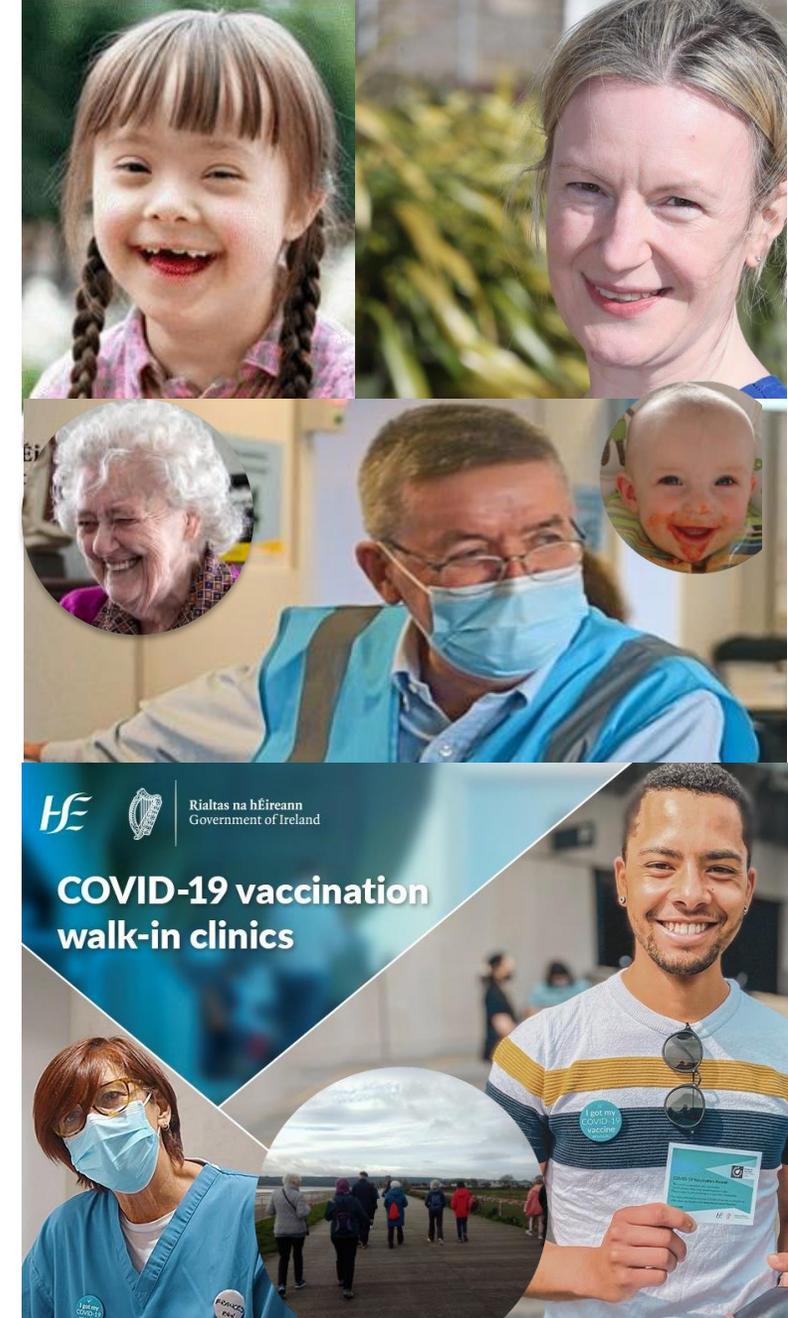
This makes it hard for the health system to deliver integrated care. We aim to address this with the creation of the six Health Regions.

The HSE health regions will plan and provide public health and social care services for the people in that region.

This is being planned in 2023, will start in 2024 and will provide services that are:

- Integrated, locally planned and delivered.
- Easier to access and navigate for patients and their families.
- Available closer to patients' home when they need them – right care, right place, right time.

The Health Regions are an important part of putting Sláintecare in action.



What's decided?

We will still be a single HSE organisation with 6 health regions. Services will be integrated across hospitals and community in these health regions.

- FSS an Iarthair agus an Iarthuaiscirt
HSE West and North West
- FSS Bhaile Átha Cliath agus an Oirthuaiscirt
HSE Dublin and North East
- FSS Bhaile Átha Cliath agus Lár na Tíre
HSE Dublin and Midlands
- FSS an Iarthair Láir
HSE Mid West
- FSS Bhaile Átha Cliath agus an Oirthuaiscirt
HSE Dublin and South East
- FSS an Iardheiscirt
HSE South West



- Six geographical boundaries agreed within the HSE - Health Regions not separate statutory bodies
- Health Regions will use the HSE logo and be under the governance of the HSE Board
- Following a transition period the Health Region management structure will replace existing CHO and HG management structures
- Regional Health Forum structure to remain but will reflect the Health Regions structure
- Operational focus to move from HSE Centre to Health Regions
- A revised HSE Centre structure has been issued by the CEO which will support Health Regions and will develop and oversee standards and guidelines for implementation at regional level



Health Regions Progress, Timeline & Key Phases

Health Regions Programme – Progress to date



2022
Over 1200 stakeholders engaged

2023 to date
Over 4,200 stakeholders engaged

Ongoing Engagement with CHOs, Hospital Groups, Patient / Service User Representatives, HSE Centre Staff, Voluntary Organisations and more

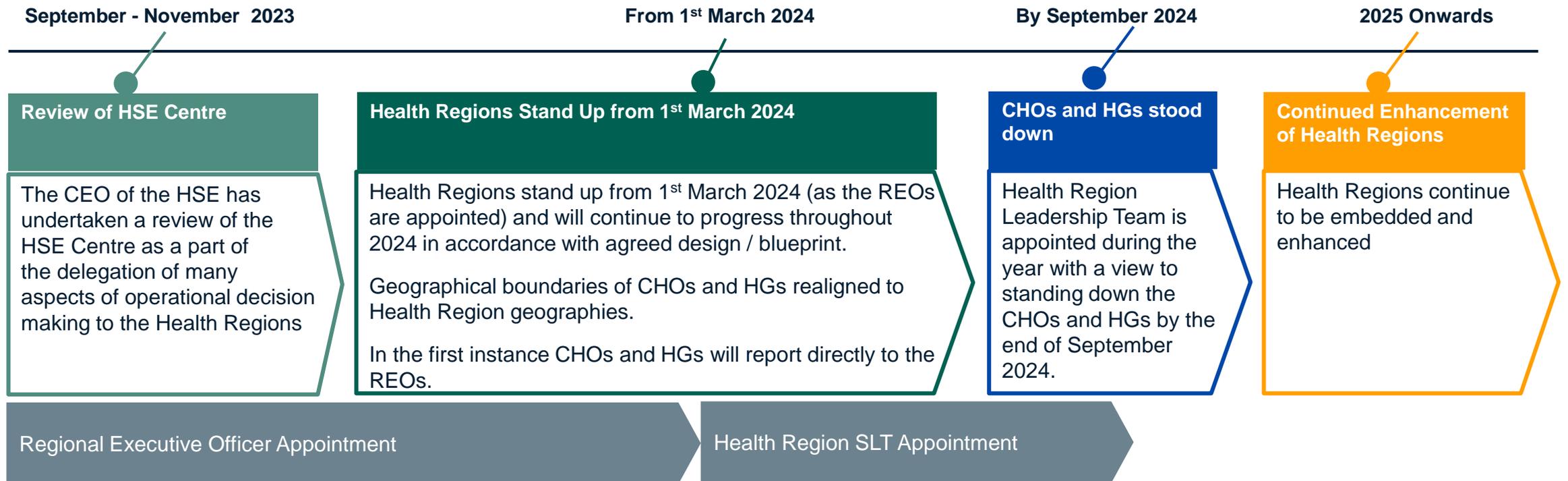
Health Regions Programme – Progress to date

Work completed or currently underway by the Health Regions Programme Team in collaboration with a wide range of stakeholders includes;

- **Stakeholder Engagement:** Ongoing stakeholder engagement will continue to inform further design of the Health Regions programme across multiple fora.
- **High-level functional design:** roles and responsibilities of the Health Regions, the HSE Centre and the Departments.
- **Implementation Plan:** The Health Regions Implementation plan was published in July 2023, following government approval.
- **HSE Centre:** High level design of HSE Centre has been circulated, following the CEO review.
- **Integrated Service Delivery:** An ISD Workstream developed and appraised proposals for organisational structures to support integrated care. These structures have been refined and brought through the programme governance fora.
- **Geographic Impact Assessment:** An impact assessment of moving to new geographies was completed and transition to new geographies is being led by National Operations
- **Recruitment of the 6 Health Region Regional Executive Officers (REOs):** The recruitment process was completed in December and recommended candidates are in clearance.
- **Workforce Transition:** A programme of work is underway with National HR in relation to workforce considerations and the potential impact on staff/roles.
- **Change Management:** A proposal to establish Change and Innovation Hubs within the Health Regions is being developed.

High-Level Implementation Timelines and Expected Phases

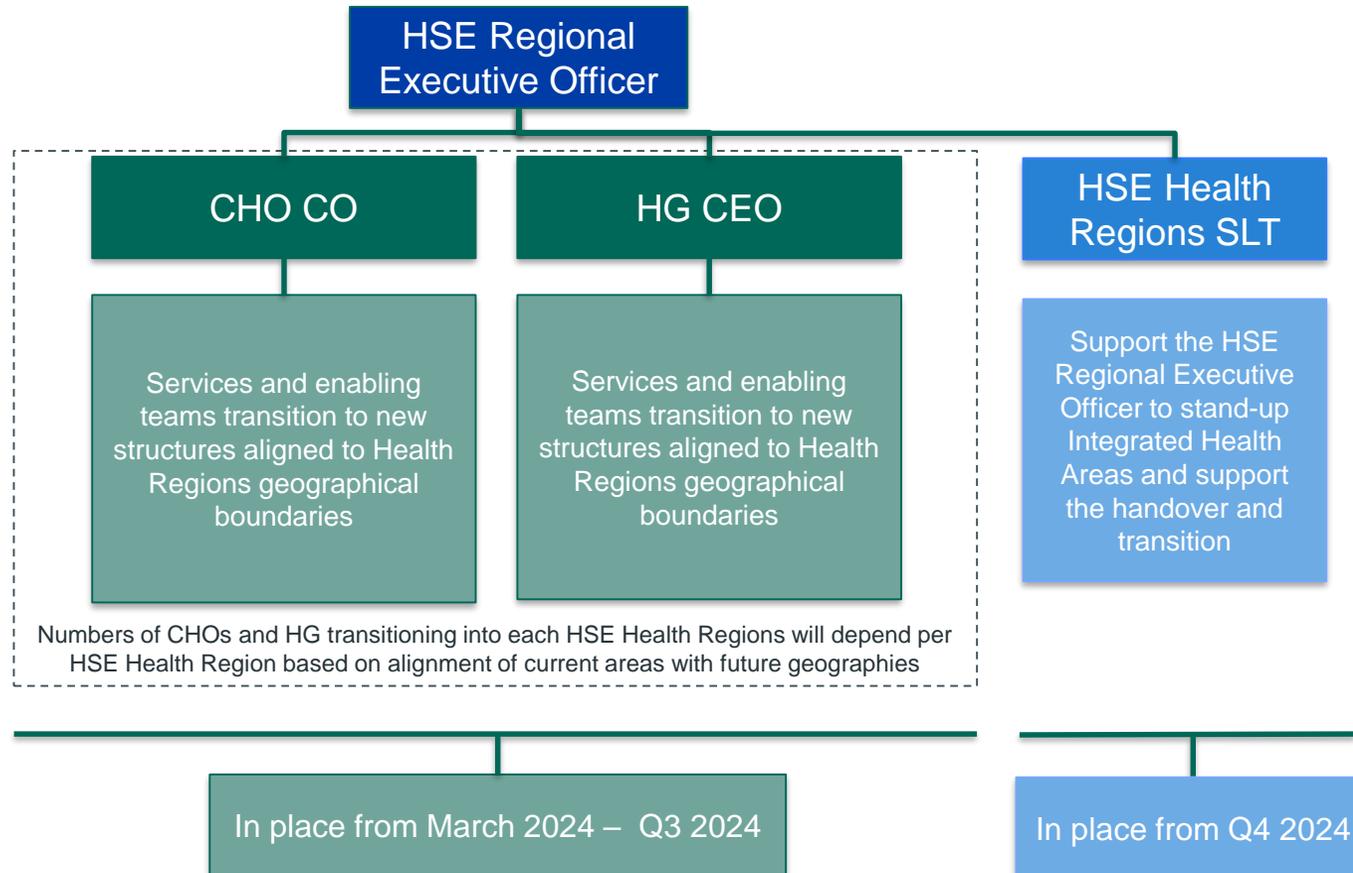
- The Health Regions Programme is a multi-year journey
- It is expected that there will be multiple phases on this journey to full Health Region Implementation
- There is a transition process to be managed and supported
- The current high-level view of phases and expected timelines are included below



**Please note that the above is a high level timeline of implementation phases and does not reflect the full scope of programme activities e.g. engagement, design, which will continue in detail over coming months.*

HSE Phased Transition to Health Regions from 1st March 2024

Interim Health Region Team Structures



Description of Transition

- HSE Regional Executive Officer (REO) appointed with formal accountability for their area, reporting to the HSE CEO
- 15 CHO and HG COs / CEOs remain in place reporting to HSE Regional Executive Officers
- CHO and HG boundaries changed to align to future boundaries.
- HSE Health Region Executive Management Team appointed to support the HSE REO to stand-up the Integrated Health Areas and support the handover and transition to Health Regions from current structures

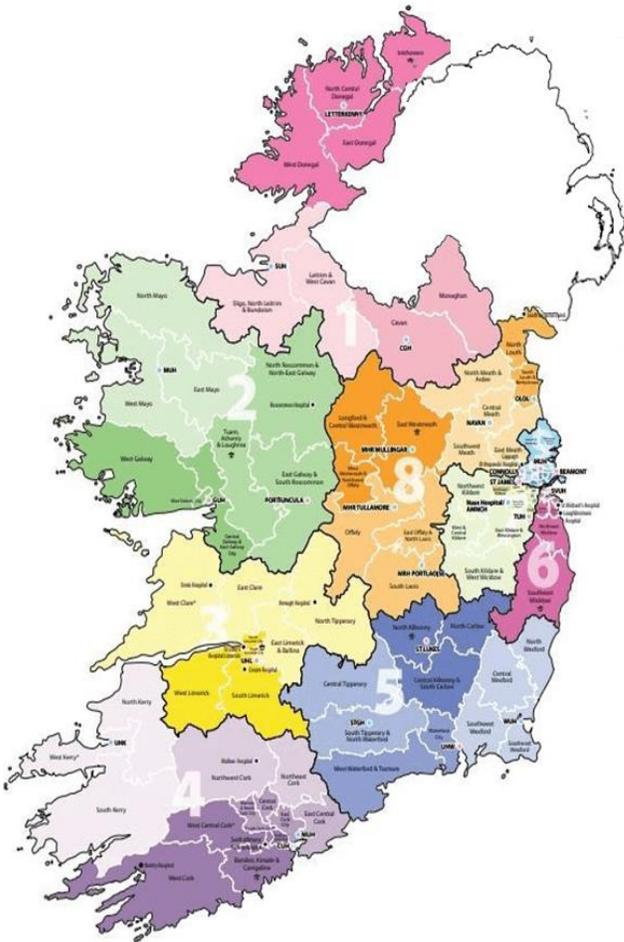


Geographic Realignment

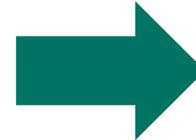
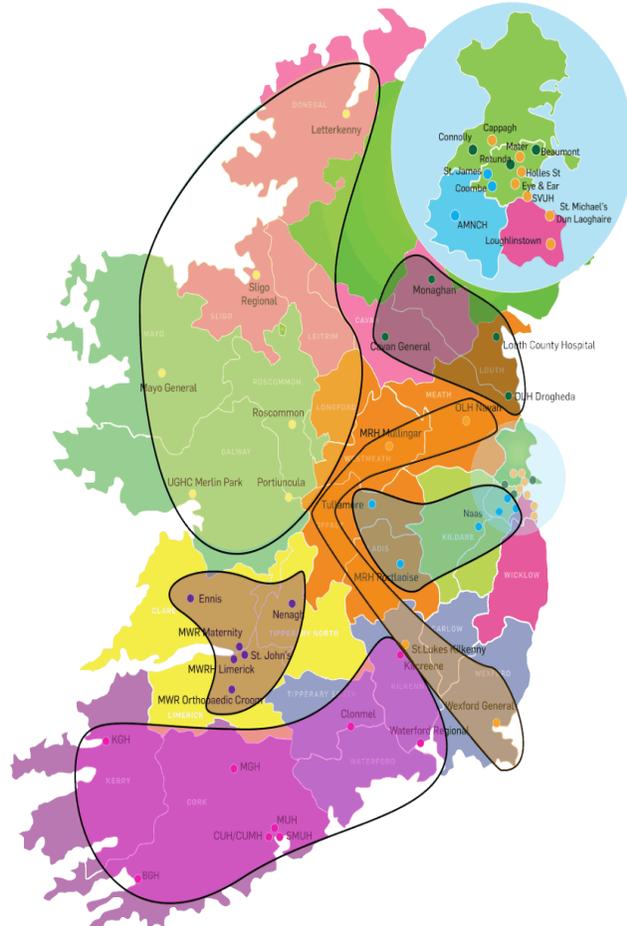


CHOs and HGs to Health Regions

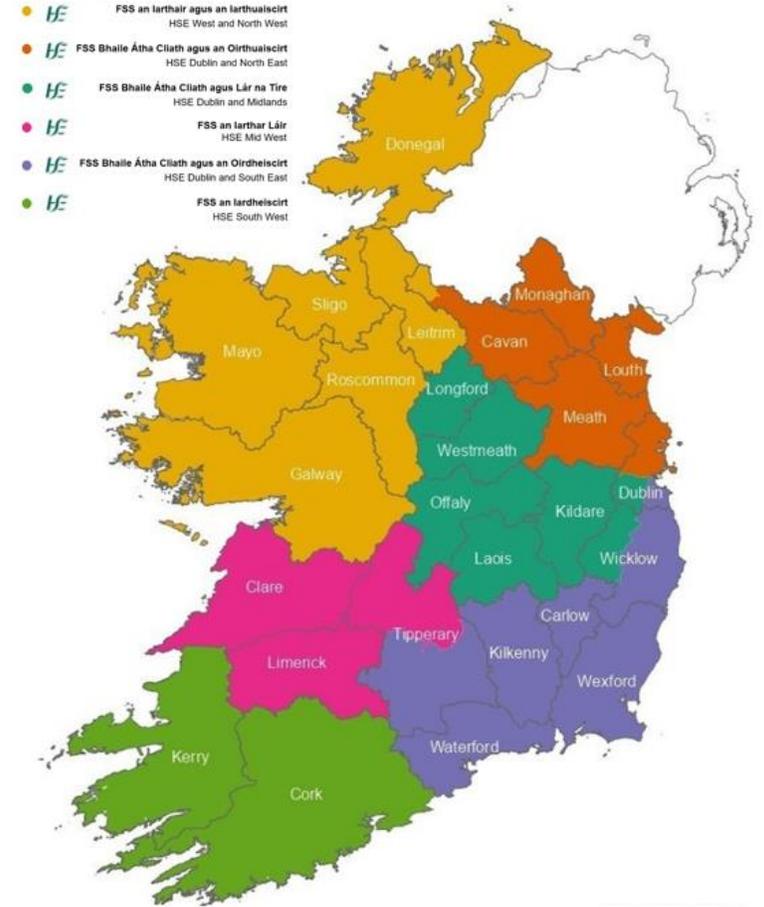
Community Health Organisations



Hospital Groups



Health regions



- FSS an Iarthair agus an Iarthuaiscirt
HSE West and North West
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HSE South West





HSE Health Regions and County Boundaries

FSS an Iarthair agus an Iarthuaiscirt
HSE West and North West



FSS Bhaile Átha Cliath agus an Oirthuaiscirt
HSE Dublin and North East



FSS Bhaile Átha Cliath agus Lár na Tíre
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FSS an Iarthar Láir
HSE Mid West



FSS Bhaile Átha Cliath agus an Oirdheiscirt
HSE Dublin and South East



FSS an Iardheiscirt
HSE South West





Implementation Plan



HSE Health Regions Implementation Plan Key Actions

To get to where we aim to be requires key actions to be completed that are grouped into four themes:

- 1. Leadership, Vision & People**
- 2. Model of Integrated Care & Healthcare Governance**
- 3. Planning and Finance**
- 4. Infrastructure including Capital, ICT and Supports**

Key Deliverables include:

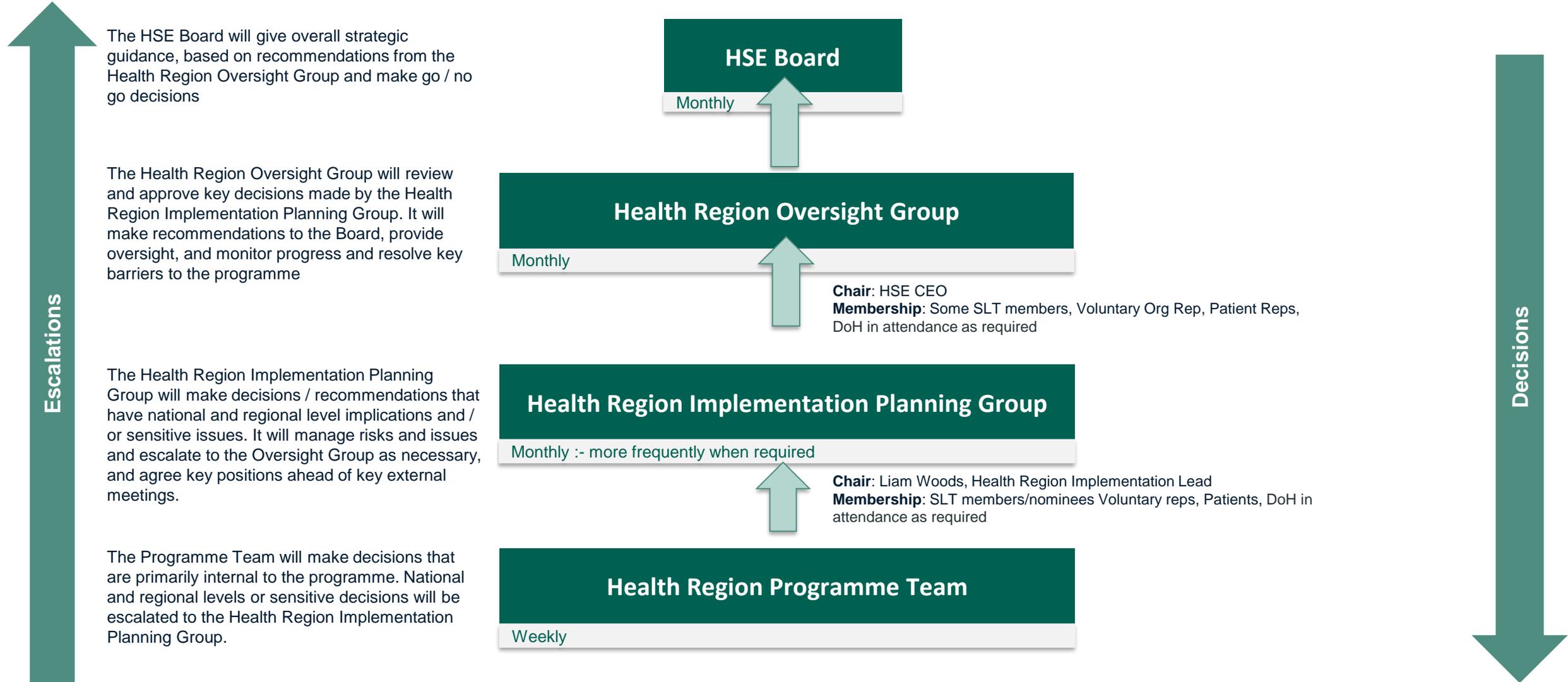
- Define the structure of the Health Regions
- Align geographies to Health Regions
- Agree integrated service delivery model for Health Regions
- Agree future approach to business functions for Health Regions
- Agree Capital Planning and Prioritisation approach
- Develop framework for health needs assessment
- Conduct health needs analysis (regional and local)
- Undertake baseline analysis of resources by Health Region

Government of Ireland (2023) *Organisational Reform HSE Health Regions Implementation Plan*. Dublin, Government of Ireland

<https://www.gov.ie/pdf/?file=https://assets.gov.ie/266115/7b86800b-934d-4849-88ae-e8fc4b809465.pdf>

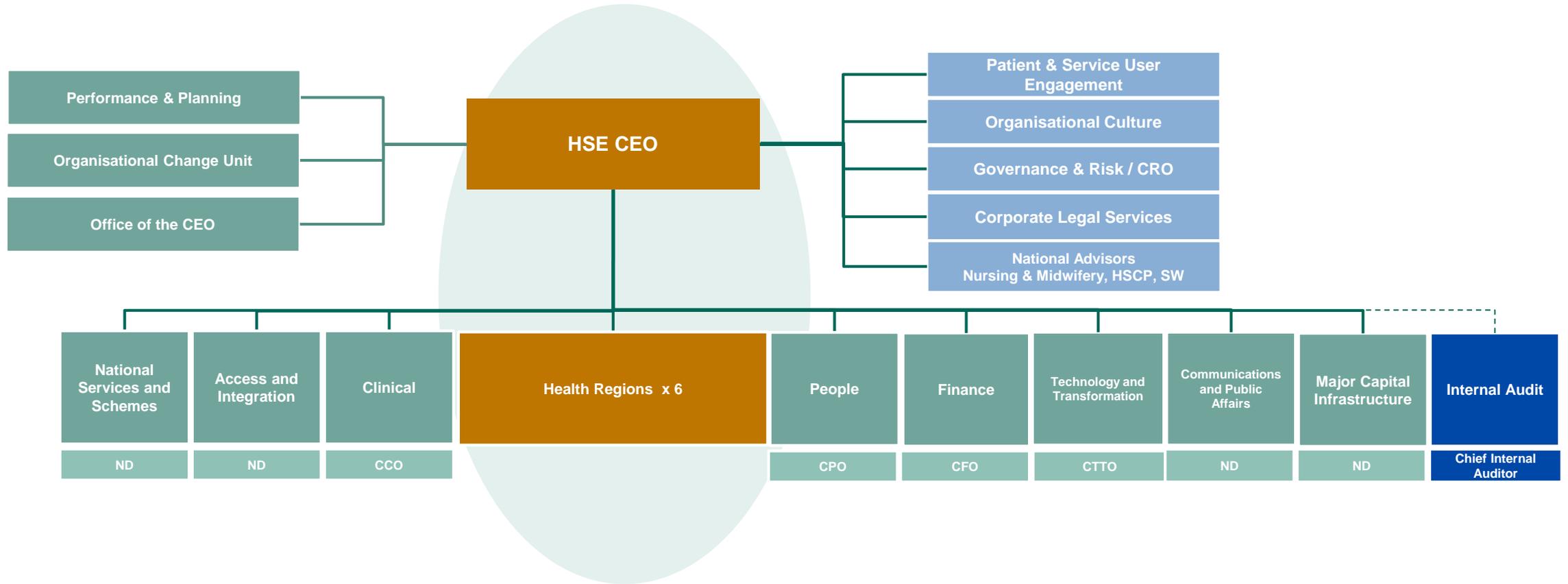


Health Regions Programme Governance Model and Decision Route



HSE Centre Structure

HSE Centre New Structure (As circulated by CEO on 23rd November 2023)



Health Regions Structure

Health Regions Design Principles

1. Patient-focused integrated care outcomes for service users and patients

2. Governance and Accountability

3. National Consistency

4. Devolved Decisions and Activities

5. Our People

6. Clear interfaces, partnerships and aligned incentives

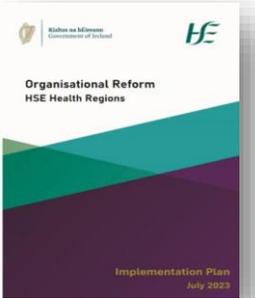
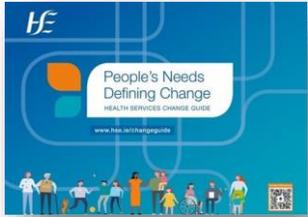
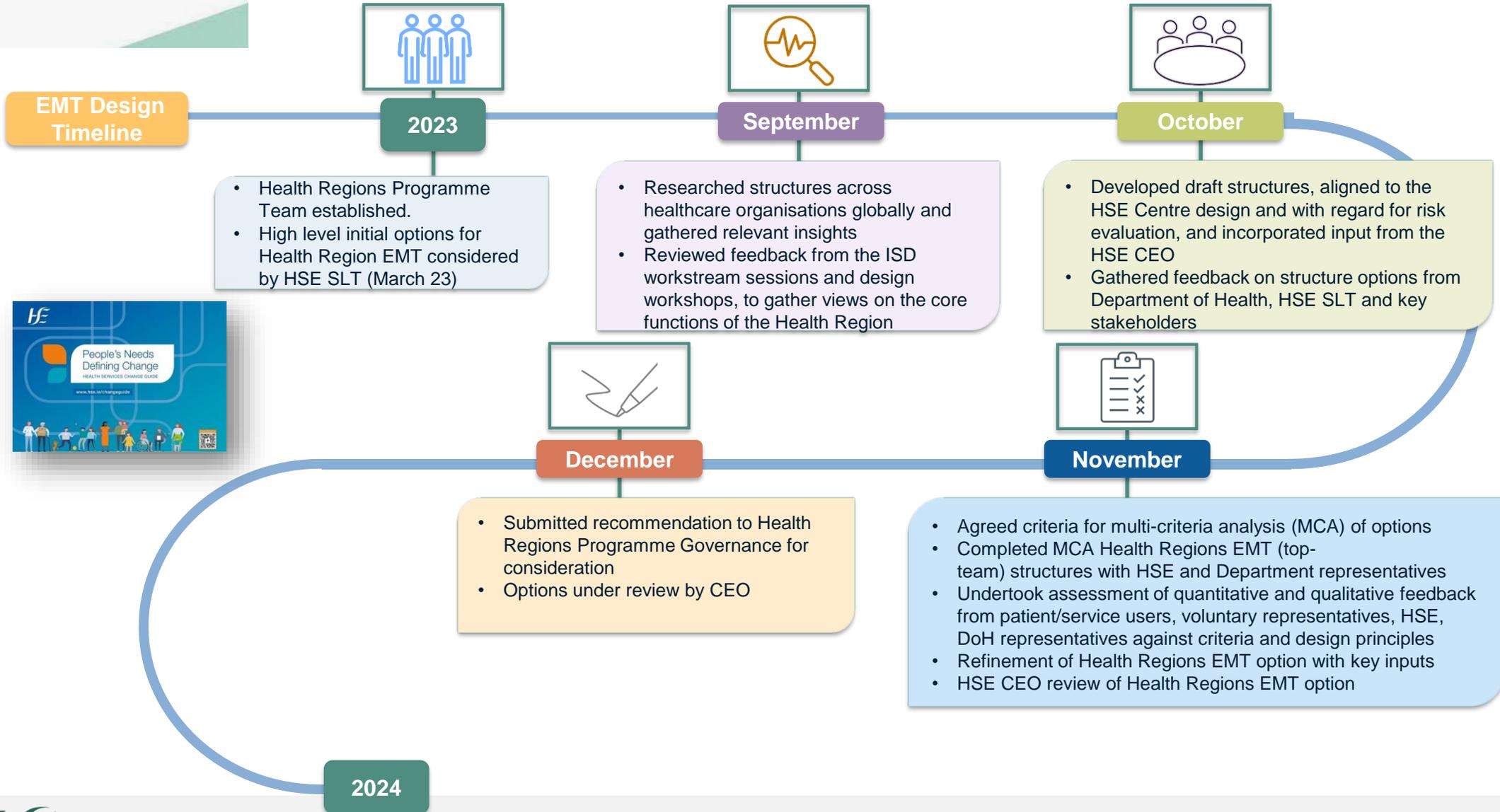
7. Collaborate in Design

8. Maximise Data and Information

9. User evidence to inform design

Source: Government published HSE Health Regions Implementation Plan, July 2023

Timeline for Design of Health Region EMT Model



Areas For Further Consideration As Part Of Detailed Design (1/3)

1. Clinical Governance and Leadership (related to EMT and IHAs)

There has been strong feedback from stakeholders for the need to ensure high standards of clinical governance and clinical leadership for all health care services across the Health Region, underpinned by national clinical programmes, care pathways and regional care networks. Opportunities exist to learn from and build upon existing clinical leadership and oversight structures as part of the move to the new Regional and population-based focus to service provision, e.g., Enhanced Community Care Programme, maternity networks, cancer care, trauma networks, etc. The roles, responsibilities and relationships of clinical leads must be clearly defined at each level so that there is clarity on the relationship between for example, clinical leads at hospital and in community services, IHA, and Regional levels. Feedback has been received for stakeholders on the positioning of HSCPs in the EMT structure option and the need for parity with other clinical disciplines, which requires further discussion and clarification.

2. Independent and Voluntary agencies

There is a necessity to embed independent and voluntary entities delivering health and social care services (Acute and Community) as core participants within the region structure. Work is progressing in partnership with the Dialogue Forum to agree the approach for this. This is particularly important as these are entities that often span multiple Regions and may potentially have multiple reporting lines.

There is a risk that the new system perpetuates a view of HSE versus non-HSE care. In a patient-centred integrated healthcare system, they must be seen as part of the system and not separate. Exceptional arrangements with voluntary organisations present complexity which needs to be managed within the overall governance.

3. Model 4 Hospitals

It is important that governance and oversight structures at Regional level take account of the more complex and specialised services that model 3 and 4 hospitals provide at a regional and supra-regional level, to ensure that these services are fully integrated. Further discussion on this is required and will be factored into the evolving design of the region blueprint.

Areas For Further Consideration As Part Of Detailed Design (2/3)

4. Hospital Networks

There was clear and consistent feedback from stakeholders about the importance of hospital networks, particularly with regard to the support they provide to smaller hospitals that cannot stand alone in the provision of acute hospital care. The role of CHNs will be expanded to align all community health & social care services and will support Regional hospital networks within an integrated operational framework to deliver the full range of primary and secondary level services. The core safety and functionality of hospital networks needs to be safeguarded and strengthened across the Region and beyond, as breaking down networks carries the potential for increased patient safety risk. Detail on how this can be supported at regional level will be further considered in the next phase of design.

5. Multi-disciplinary Training and Development and Academic Linkages between Hospital Groups, Hospitals and Universities

Further clarification is required with respect to how academic training and interprofessional collaboration will be facilitated across the region and how Education, Training, Research and Innovation will be represented as part of regional development, high quality healthcare, and workforce planning. Feedback has been provided from stakeholders on the need for regional structures, partnerships, processes and ways of working to support a collaborative and integrated approach to learning and development, supported by research and innovation. Ongoing work with HR will be leveraged to ensure the training requirements of HSE staff are met, and continued engagement with professional bodies will enable leadership development expectations and opportunities to be agreed, with guidance being provided consistently across all regions.

Further discussion is needed on Health Service/Health Academia association and where accountability for the co-ordination and engagement with primary academic partners sits in the Health Regions, factoring in already established linkages between hospitals and academic institutions. The CAO group have indicated a commitment to expand its remit beyond hospitals to the wider community networks and services and have made some recommendations with regard to linkage with the universities.

6. Governance of Consumer Affairs

Further definition of the governance structure for QSSI, Consumer Affairs including FOI, data protection, GDPR, Your Service Your Say and maintenance at Region level has been requested by services representatives to ensure the model is robust and fit for purpose.

Areas For Further Consideration As Part Of Detailed Design (3/3)

7. Capital

Feedback provided by stakeholders raises the potential challenges of the proposed dotted line reporting of the capital function to the REO, and the function's ability to influence and make decisions concerning estates at health region level. Further discussion is required to understand implications for national and regional capital management arrangements.

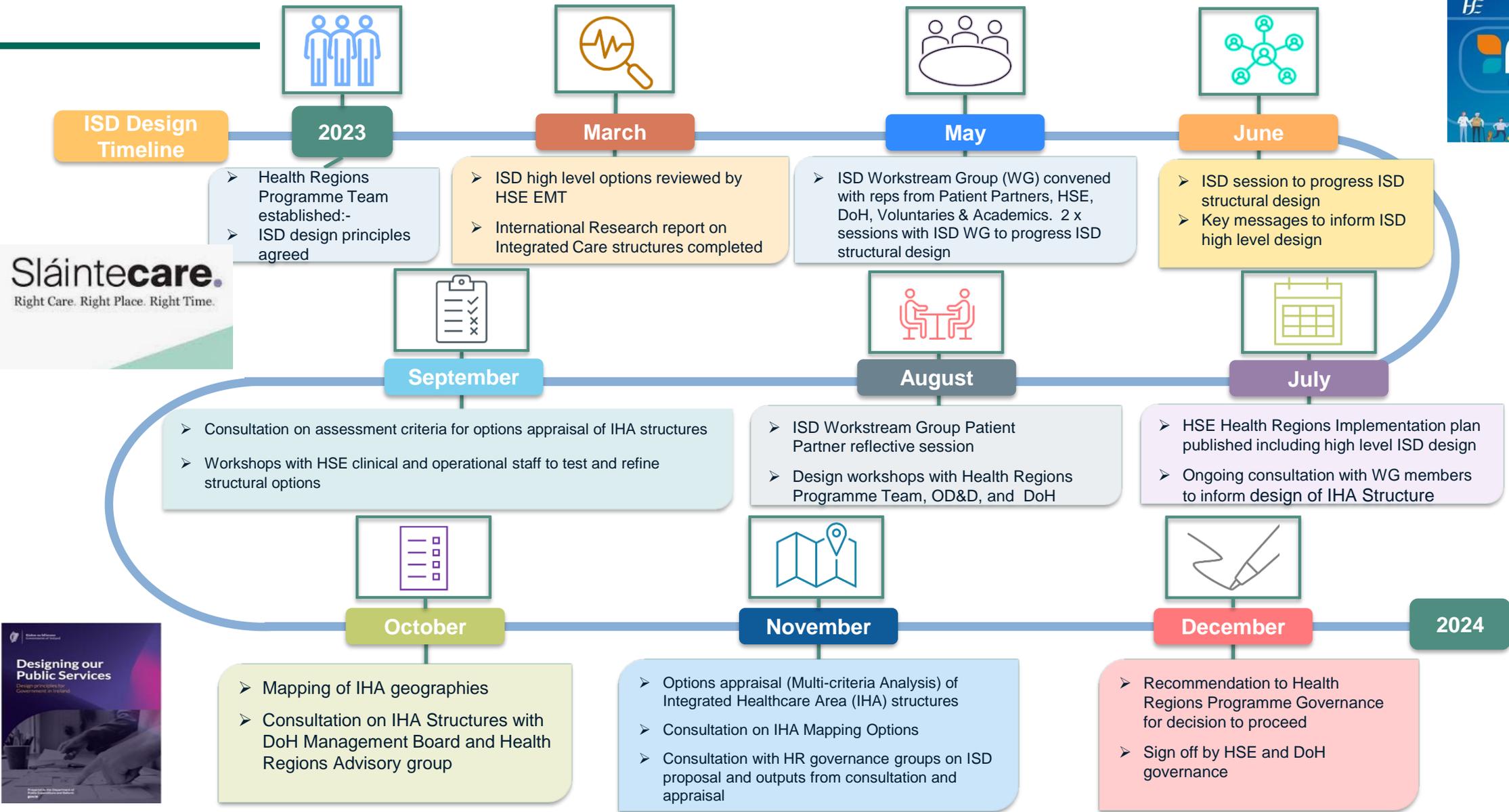
8. Emergency Management

Given its critical role in the continuation of effective and safe delivery of services, emergency management has been flagged as a key function of health regions, which needs to be reflected in the health regions structure. It is envisaged that all emergency management will be co-ordinated nationally, with the regional function being guided by the national emergency management function.



Integrated Service Delivery model Integrated Healthcare Area (IHA) structure

Integrated Service Delivery (ISD) Model Timeline



ISD Design Principles and Appraisal Criteria

Patient & Community Focus

- The ISD model will be person-centred, building care around individual needs rather than the needs of the system.

Population Health & Local Context

- The ISD model will enable the provision of joined-up health and social care to individuals within the context of a distinct population cohort which is geographically defined.

Continuum of Care

- The ISD model will be essential to delivering right care, right place, right time across the full continuum of care with an emphasis on providing integrated care at the lowest level of complexity.

Healthcare Governance & Leadership

- The ISD model will be underpinned by an agreed model of healthcare governance, which includes both clinical and corporate governance underpinned by the principle of subsidiarity.

Implementation & Evaluation

- A comprehensive measurement and evaluation system, underpinned by a robust data infrastructure, incorporating indicators to measure outcomes at different levels will be developed to monitor progress towards achieving agreed objectives of integrated care.

Appraisal Criteria:- Utilised in Multi-Criteria Analysis.

To what extent does the option support:-

1. Smooth transitions of care from one service or sector to another
2. Clinical/frontline teams working together to coordinate care and meet patient needs.
3. Timely and clear access to care depending on patient needs
4. A population-based approach to meeting the health needs of the entire population in the IHA
5. Integrated service delivery for acute and community-based services based on population need
6. Streamlined and simplified governance lines and decision-making
7. Clinical governance that ensures the delivery of safe, high-quality care



Integrated Service Delivery Stakeholder Engagements



3

ISD Workstream
Group events

94

ISD Workstream
Group members



6

Online ISD
Engagements

4

Patient Partners



31

In-depth interviews

23

Subject matter experts



4

Design workshops

39

Clinical Leaders & managers
Operational Managers
Department of Health



6

Presentations

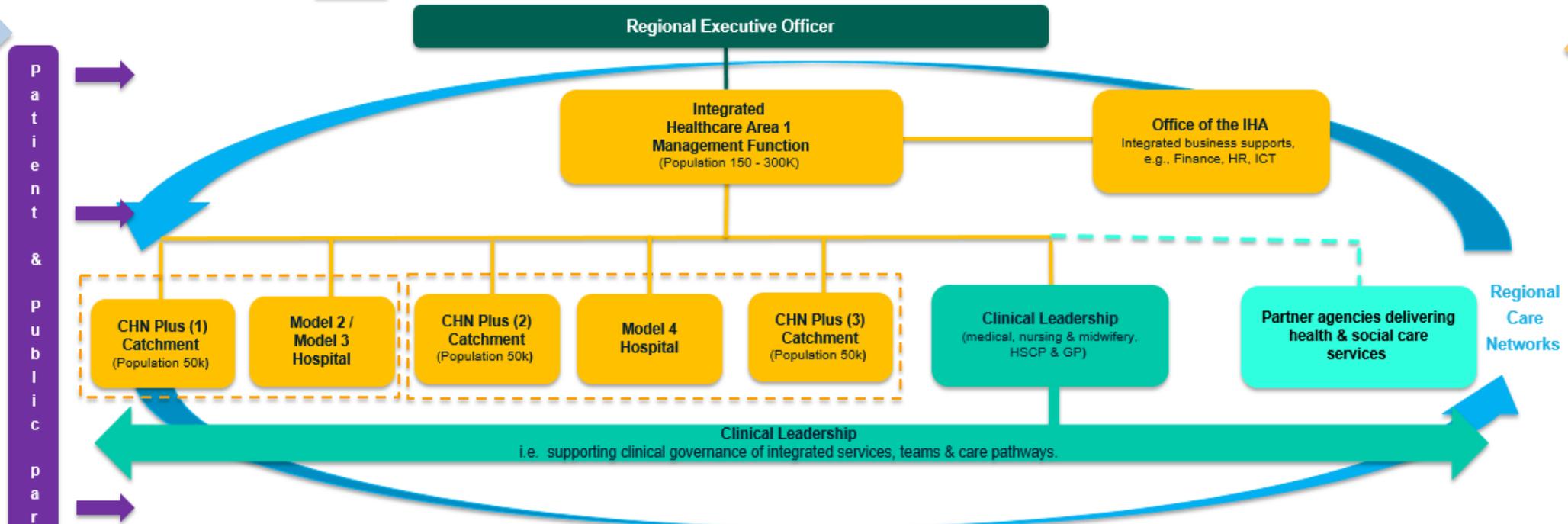
CHO Chief Officers
Irish College General Practitioners
DoH Management Board
Health Regions Advisory Group
Voluntary Organisation Dialogue
Forum
NCAGL Forum

Integrated Healthcare Area: Emerging Structure

Slaintecare Policy Health Regions and ISD design principles Appraisal Criteria

Review of Integrated Care International Models & Academic Literature

Integrated Healthcare Area: **Green** - Population based approach



Stakeholder Engagement, consultation and co-design

Processes & systems to enable integrated care

- Integrated management of clinical workforce, with single lines of accountability, across hospital and community settings to meet population needs
- Shared KPIs and responsibility for achievement of targets and outcomes across the IHA
- Regional care networks

Key Features

- The focus of the IHA is on the health of the population across the continuum of care from living well at home to inpatient care
- A geographic, population-based model at all levels within the Health Region which builds on the established Community Healthcare Network structure
- **All community health & social care services** provided to populations of 50k are managed together as one unit, within a **restructured CHN with expanded remit**
- All hospitals including Model 4 hospitals report into the IHA manager. It is envisaged that specialist services provided by Model 4 hospital would be governed at regional level reflecting the regional and supra-regional remit of this work.

Multi-Criteria Analysis Options appraisal

Key issues outlined to be addressed in next phase of detailed design

1. Delivering Integrated Care for patients

A new IHA structure will not alone deliver true integrated care for patients, across community and acute, and health and social care. It will be necessary to drive integrated service delivery through ways of working, processes and whole system integrated governance arrangements

2. Independent and Voluntary agencies

There is a necessity to embed independent and voluntary entities delivering health & social care services (Acute and Community) as core participants within the IHA structure. As part of the Health Regions programme there is work progressing in partnership with the Dialogue Forum in agreeing the approach for this.

3. Community Healthcare Networks

The role of CHNs will need to expand and change to accommodate the changes proposed within the recommended IHA structure. This will require an enhancement of the CHN organisational structure to include and align all community health & social care services. Specific challenges in the case of Mental Health Sectors that are not currently co-terminous with CHNs and Approved Centre beds that not evenly distributed across IHAs will be addressed

Key issues to be addressed in next phase of detailed design

4. Hospital Networks

The importance of preserving Hospital Networks to ensure pathways to and from specialist services, quality and patient safety, joint appointments, education and training and clinical networks has been emphasised by stakeholders. Regional hospital networks will be supported and maintained and will work with community services within an integrated operational framework to deliver the full range of primary and secondary level services to IHA populations.

5. Specialist and Regulated health & social care services

There is a requirement to ensure within the model that there is appropriate clinical and corporate governance arrangements at regional and IHA level for;

- a) Specialist services (Acute and community) that have a remit which extends beyond that of individual IHAs and Health Regions in both service and responsibility terms and
- b) Regulated services and designated centres such as nursing homes, and residential settings within Disability and Mental health services

Key issues to be addressed in next phase of detailed design

6. Change Management

Stakeholders have consistently emphasised that a Change Management function should be put in place to support staff and resources should be deployed for the transition so that the process is managed smoothly and delivers intended results.

Change management expertise is required to enhance the underlying culture to that of a learning organisation and empower front-line staff in embracing continuous improvement as core, all the while communicating the vision of Health Regions and Integrated Services Delivery clearly to staff.

7. Clinical Governance and Leadership (related to EMT and IHAs)

There has been strong feedback from stakeholders for the need to ensure high standards of clinical governance and clinical leadership for all health care services across the Health Region, underpinned by national clinical programmes, care pathways and regional care networks. Opportunities exist to learn from and build upon existing clinical leadership and oversight structures as part of the move to the new Regional and population-based focus to service provision, e.g., maternity networks, cancer care, trauma networks, etc. The roles, responsibilities and relationships of clinical leads must be clearly defined at each level so that there is clarity on the relationship between for example, clinical leads at hospital, IHA, and Regional levels.

Health Regions Programme:- Next Steps

- Agree Health Region EMT and IHA structures
- Conclude design with functional leads to include revised functional descriptions and structures for both Health Regions (inc IHAs) and HSE Centre
- Complete work on transition planning (including staff transitional arrangements) to the new HSE Centre structure and Health Regions Structures
- Appointment of REOs and revised governance arrangements to be implemented
- Appointment of Health Region EMT and HSE Centre SLT
- IHA mapping to be confirmed and agreed
- Continue implementation of actions from Implementation Plan in readiness for standing up Health Regions for 1st March
- Ongoing engagement and communication across all key stakeholder groups.

A detailed programme of work will continue over the coming months. The HSE Health Regions Programme team will work to keep staff informed, and to involve people and partner organisations in changes that might affect them.

- We will issue regular updates, to outline progress and aim to answer questions people have.
- Look out for staff email updates, and visit the web page at www.hse.ie/healthregions.
- If you have questions about your own role or area of work, please talk to your line manager, or your local HR team.
- Further details can be found at www.hse.ie/healthregions
- See www.healthservice.ie for staff news updates
- Contact the Health Regions Programme Team on healthregions.team@hse.ie