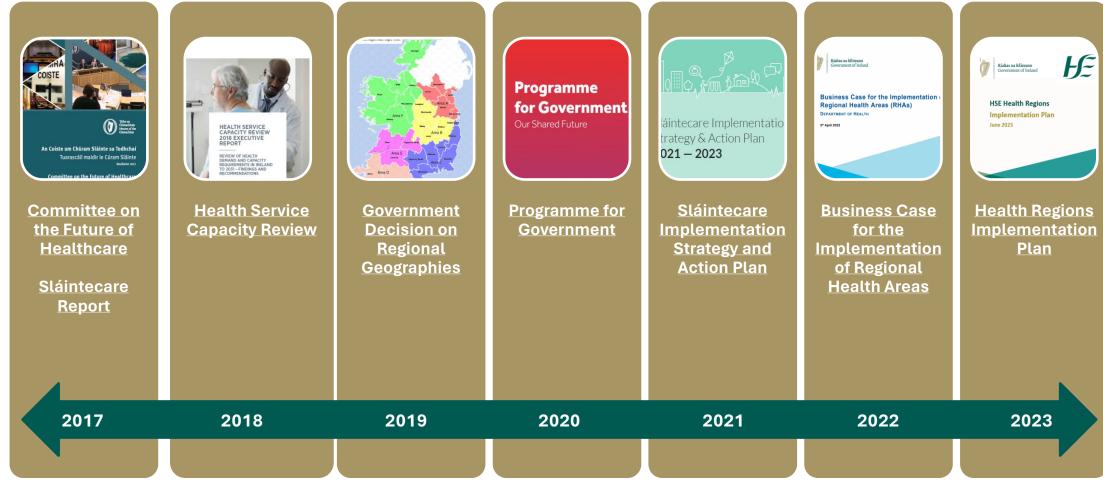


## Progress in the Development and Implementation of Health Regions

November 2023

#### Background





#### Sláintecare Reform Programme

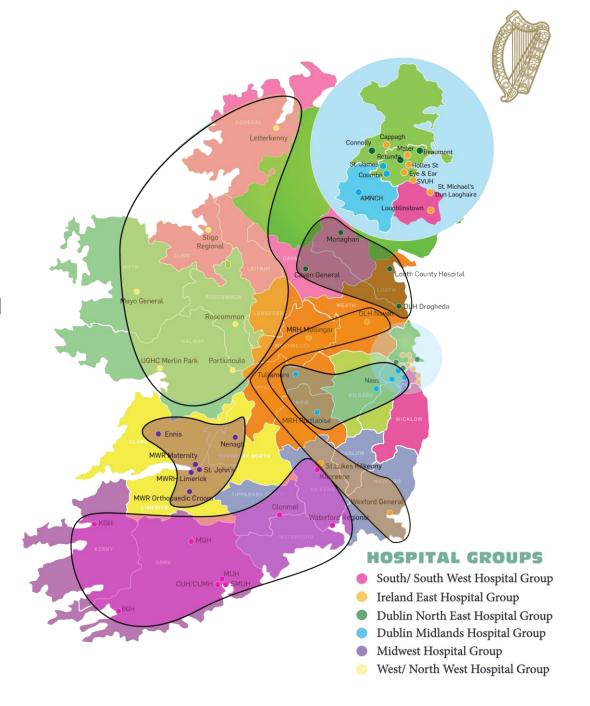




Right Care. Right Place. Right Time.

#### The Case for Change

- Public health and social care largely provided through 7
   Hospital Groups (HGs) and 9 Community Healthcare
   Organisations (CHOs).
- These are independent delivery structures which do not overlap in terms of management, geographies, clinical and corporate governance, or budgets.
- Decisions are made along organisational lines, not in line with population health need.
- The governance divide between acute and community services is a significant barrier to implementing integrated care, leading to a fragmented experience for patients and service users.





# Health Regions Objectives and Design

#### **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** 

5. 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, integrated care

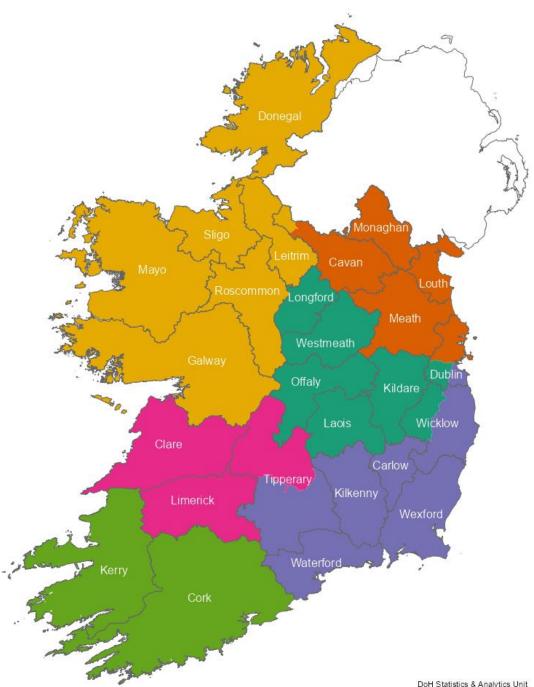
2. Clarify and strengthen corporate and clinical governance and accountability at all levels

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

#### **Health Regions Map**

- FSS an larthair agus an larthuaiscirt **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 Iarthar Láir **HSE Midwest**
- FSS Bhaile Átha Cliath agus an Oirdheiscirt **HSE Dublin and South East**
- FSS an lardheiscirt **HSE South West**





#### **Key Roles and Responsibilities**



#### DoH

Setting health policy and strategy

Legislation and regulatory policies

Overseeing distribution of Government funding

Oversight of health and social care system

## HSE Centre (includes REOs)

National planning to enable regional service delivery

Nationally operated services (PCRS, NAS etc)

Capability growth

Performance accountability and compliance

#### **Health Regions**

Service planning based on need

Service coordination and management

Integrated service delivery

#### **Reform Milestones**



#### 2022-2023

- RHA Business Case
- Health Regions
   Implementation Plan
- Workstreams established
- Agree regional structures
- Develop populationbased approach to service planning and funding.

Health Regions are established

#### Q1 2024

- REOs in place with accountability for service planning and delivery.
- CHO and HG leadership report in to REOs.
- CHO and HG boundaries are realigned.

#### Q2 2024

- Executive Management Teams in place.
- Integrated Service
   Delivery model rolled out.
- Revised HSE Corporate Plan and NSP development processes agreed.

#### Q4 2024

 CHO and HG leadership stood down.

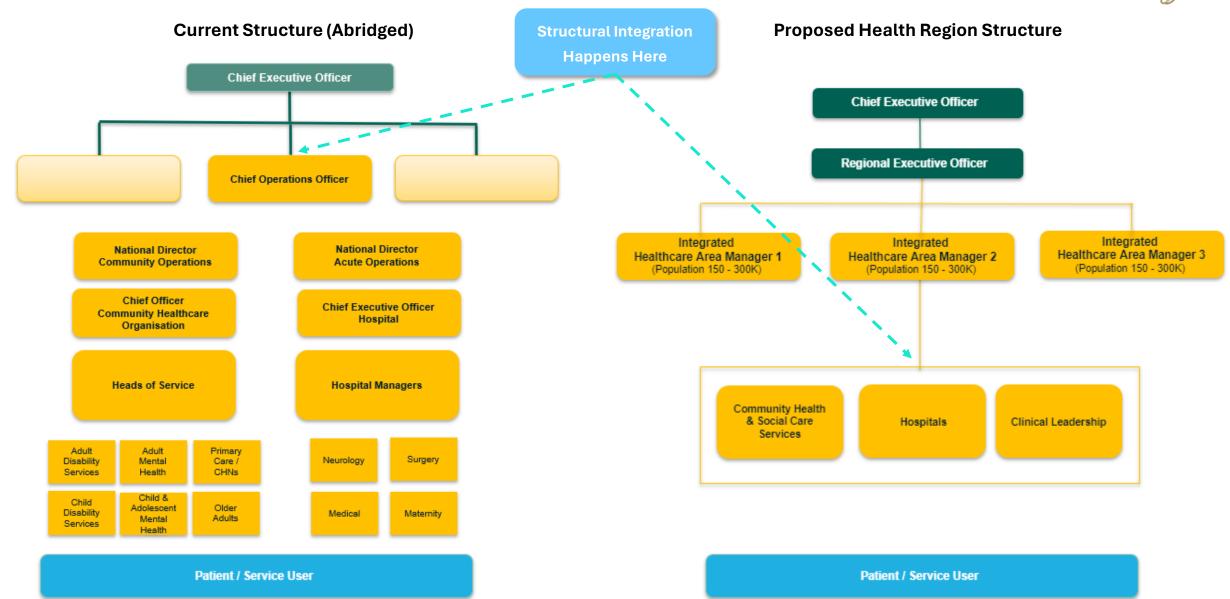
Health Regions will be supported by updated Governance, Functions, and Service Planning processes, strategies and documentation from the DoH and revised HSE Centre.



### **Integrated Service Delivery**

#### Distance between Patients and Point of Integration





#### 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 and has the dual aim of improving both system efficiency, service user experience and outcomes.
- In the Sláintecare Report (May 2017) the Committee on the Future of Healthcare defined integrated care as:

"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.





# Population Based Service Planning and Funding

#### **Population Health Management Approach**



#### Infrastructure

Shared & Effective Leadership Defining the Population Agreed Information Governance Structure Basic Digital/Data Infrastructure Elements

Capacity & Capability

#### Intelligence

Understand Population Need - Profile, Review, Prioritise

Opportunity Analysis - STAR, SPOT Tools to Target those in Need - Segmentation, Risk Stratification, Impactability

Impact Assessments -Equality, Financial, Ethical



Effective Interventions at Different Levels

Workforce

Patient Empowerment & Activation

Care Integration

Evaluation



#### **Proposed Approach**



#### Infrastructure

PBP Expert/Advisory Group

**Population Profiling** 

Health Service Capacity Review

SHIF

Digital Health Strategy

Health Information Bill

#### Intelligence

HNA

**PBRA** 

#### Intervention

Strategic Workforce Planning

Resource Allocation

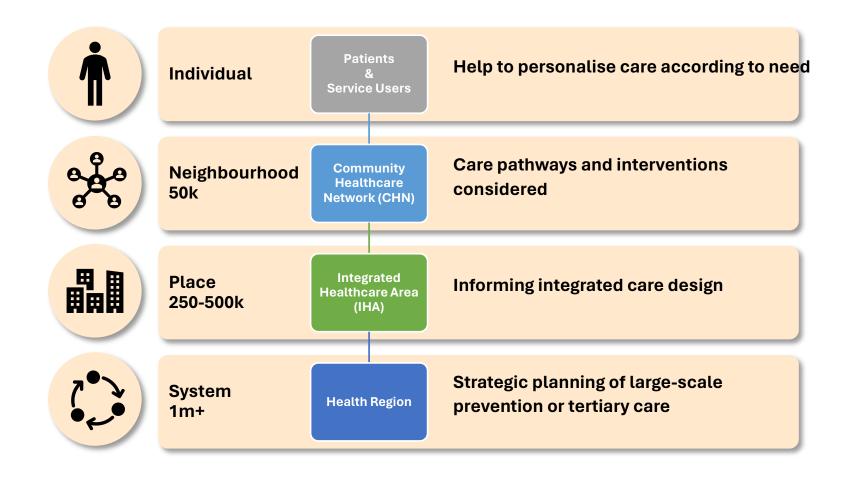
Capital Investment

Service Planning



#### **Population Health Management Approach**







#### **Spending Review 2022 – Key Findings**

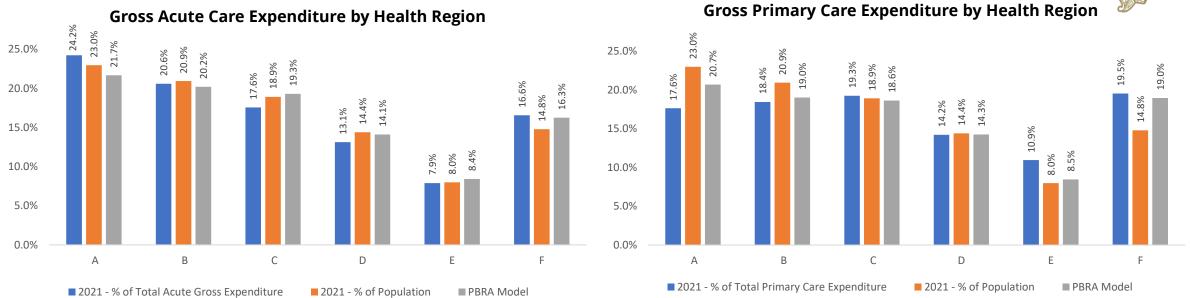


- This paper recommends the use of a needs-adjusted capitation model to allocate funding to the RHAs. The model adjusts RHA population shares by an Age-Sex Index, a Deprivation Index, and a Rurality Index. It is recommended that only HSE Acutes and Community expenditure be subject to the PBRA over the short to medium term.
- The results of the PBRA model applied in this paper point to 'guide' PBRA expenditure shares being similar to the current budget allocation by RHA.
- Based on international best practice, several recommendations are made regarding the governance, management, and updating of the PBRA model. These include;
  - A permanent Advisory Group for the design and monitoring of the PBRA model.
  - A Secretariat to conduct in-depth analysis and assist in improvement of the model.
- All work related to these groups should be made publicly available in the form of detailed published reports.

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#### **Spending Review 2022 – Key Findings**





#### Estimated allocation of funds subject to PBRA, 2021 funding (€m)

	RHA A	RHA B	RHA C	RHA D	RHA E	RHA F
Acute	1,672	1,422	1,213	905	545	1,144
Primary	152	159	166	123	95	169
Social Inclusion	46	62	14	21	11	10
Palliative	19	33	9	14	13	16
Mental Health	211	170	194	139	76	187
Older Persons	206	171	181	155	93	193
Total	2,306	2,017	1,777	1,357	833	1,719

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## Míle buíochas Many thanks