

Sláintecare Regional Health Areas Advisory Group

Background

In line with Sláintecare implementation priorities, the Department of Health have been progressing the implementation of Regional Health Areas (RHAs). The objectives of regionalisation are aligned with the overall aims and objectives of Sláintecare. These centre around the principles of integration of care; equity of access; improving patient outcomes and experiences; as well as transparency and accountability.

The vision of the Regional Health Areas is to create an organisational structure that aligns corporate and clinical governance at regional level, within a strong national context, and enables better coordination and improved performance across the health and social care services. The new reporting arrangements will be designed to empower local decision-making and will support population-based service planning and the integration of community and acute care, in line with the overall aims and objectives of the Sláintecare reform programme.

Purpose and Terms of Reference:

As this work moves into the design and development of a clear implementation plan for RHAs, Minister Donnelly is keen that the Department of Health and the HSE will have the benefit of expertise and a range of perspectives from across health and social care. The RHA Advisory Group will provide advice on RHA implementation to the Department of Health and HSE officials charged with implementing this work, the aim of which is to facilitate an achievable and manageable transition towards empowered and accountable local integrated RHAs, and to advise in relation to the parallel changes to be made at the centre to enable this transition.

The RHA implementation team will engage with the RHA Advisory Group for advice, stakeholder input, and recommendations and, where applicable, will include their suggestions in the implementation of RHAs in a practicable and workable way. While Sláintecare commits to geographically aligning our acute and community-based services by region with minimal disruption, minimal disruption does not equate to minimal reform. Given that the development of RHAs is relied upon to ensure clarity in respect of clinical and corporate governance for integrated care, this reform will be comprehensive and meaningful, and it will move us towards larger reforms of the system over time.

The RHA Advisory Group will provide guidance, support, and advice on the design of an implementation plan for RHAs to the Department of Health and HSE officials charged with implementing this work programme under Sláintecare. Implementation leads from the Department of Health and the HSE will be available to attend all meetings to keep the Advisory Group fully up-to-date throughout the design and development of an implementation plan. Additionally, the Chair of the RHA Advisory Group will meet with the Minister and relevant officials every six weeks.

Modus Operandi, Appointment of Members and Term of Office

Members* will be appointed for one year. It is anticipated that the Advisory Group will meet at least quarterly and additional meetings may be arranged as deemed necessary by the Chair. Given the sensitive nature of the deliberations of the Advisory Group, members will be required to honour the confidentiality of the process. In line with best practice for external groups, declarations of conflicts of interest will be a standing item at each meeting. The Department of Health will provide the secretariat.

**The Chair has discretion to invite other members/participants if specific expertise is required. The Chair will be asked to clarify to all prospective members the TORs, the scope of the Advisory Group's role and ways of working as part of the invitation process.*