



Mental Health Reform
Promoting Improved Mental Health Services

**HSE Health Regions Update for the
Voluntary and Community Mental Health
Sector**

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Abbreviations/Acronyms

CHO	Community Healthcare Organisations
CMHT	Community Mental Health Team
EMT	Executive Management Team
GAA	Grant Aid Agreements
HIG	(Sharing the Vision) HSE Implementation Group
HSE	Health Service Executive
IHA	Integrated Health Area
MHR	Mental Health Reform
NoC	Networks of Care
PBRA	Population-Based Resource Allocations
REO	Regional Executive Officer
SA	Service Agreements
SAGAA	Service Agreement and Grant Aid Agreements
StV	Sharing the Vision, A Mental Health Policy for Everyone
VCS	Voluntary and Community Sector

About this Briefing Paper

This briefing paper should be seen as a 'work in progress' and aspects of it may be subject to change as more information and clarification emerges. Every effort has been made to check accuracy at time of writing. Mental Health Reform (MHR) would welcome any observations or suggestions for the next update. MHR also encourages readers to check for updates on relevant HSE website pages.

MHR wishes to acknowledge the following contributions to this Briefing Paper: Ber Grogan, Policy and Research Manager; Julia Corey, Research Officer and Philip Watt Interim CEO MHR.

Who We Are

Mental Health Reform (MHR) is Ireland's leading national coalition on mental health. Our vision is of an Ireland with accessible, effective and inclusive mental health services and supports. We seek to help shape progressive reform of mental health services and supports, through coordination and policy development, research and innovation, accountability and collective advocacy and partnership. Together with our 86 member organisations and thousands of individual supporters, MHR seeks to provide a unified voice to the Government, its agencies, the Oireachtas and the general public on mental health issues. MHR would like to thank our members for their continued insight, input and work. Further information on our members can be found on the [MHR website](#).

Section 1: Introduction and Purpose of this Briefing Paper

The purpose of this briefing paper is to provide an update on the restructuring of the HSE with a particular focus on the Health Regions and Voluntary and Community Sector (VCS) and those bodies working in the mental health sector. While there has been significant recent progress in restructuring the HSE, including progress towards the establishment of the six Health Regions, much remains to be clarified and implemented. The present ambition is that Health Regions and associated processes will become fully established by 3 March 2025. Until then, an interim structure will replace the existing Hospital Group and Community Healthcare Organisation (CHO) structures. Likewise other interim contractual processes are being put in place that are of direct relevance to the VCS (see Appendix 2).

The overall restructuring of the health system is complex and multifaceted and challenging to understand all of its dimensions. We hope that this briefing paper provides an accessible overview of the main changes and we will provide links where more information is available, including to HSE dedicated webpages which we would urge those interested to review on a regular basis.¹

The immediate focus of many VCS organisations in the broader health sector, including those in mental health, will understandably be on the arrangements for the service agreement (SA) and grant aid agreement (GAA) in 2025 and thereafter.

MHR continues to represent the sector on key aspects of the present restructuring process, including those related to contractual issues as well as issues such as the integration of mental health services and concerns related to the Population Based Resource Allocation (PBRA) process, which are discussed further in Section 5 of this briefing paper. We will continue to strive along with other VCS bodies to make these changes as efficient, streamlined, unbureaucratic and as fair/equitable as possible.

While many VCS organisations will understandably focus primarily on contractual arrangements, we would urge greater understanding and discussion on the wider processes involved in the present healthcare restructuring process, in particular consideration of the three interlinked themes of:

1. **Regional reorganisation** of the former 9 CHO's and 7 hospital groups into the 6 Health Regions
2. **Devolution of decision making** as each Health Region will have a significant degree of financial autonomy and decision making, framed by HSE policy and governance rules
3. **Greater integration** of all healthcare services and with all types of health service providers working together.

¹For example: [HSE Latest Health Regions Updates](#)

Section 2: Origins of Healthcare Restructuring in Ireland

The concept and reality of the restructuring of health services in Ireland is complex and multi-layered. It originated from the Sláintecare Report as part of the final report from the Oireachtas Committee on the Future of Healthcare (May 2017). These reports have since been further elaborated by the HSE, most notably in the HSE Health Regions Implementation Plan² published in July 2023 and in subsequent presentations to HSE staff and key stakeholders, including the VCS.

It has been increasingly apparent in recent years that there were major weaknesses and gaps in previous efforts to restructure health services in Ireland. For example the poor integration between Community Healthcare Organisations and Hospitals, which is now being addressed in the present restructuring process.

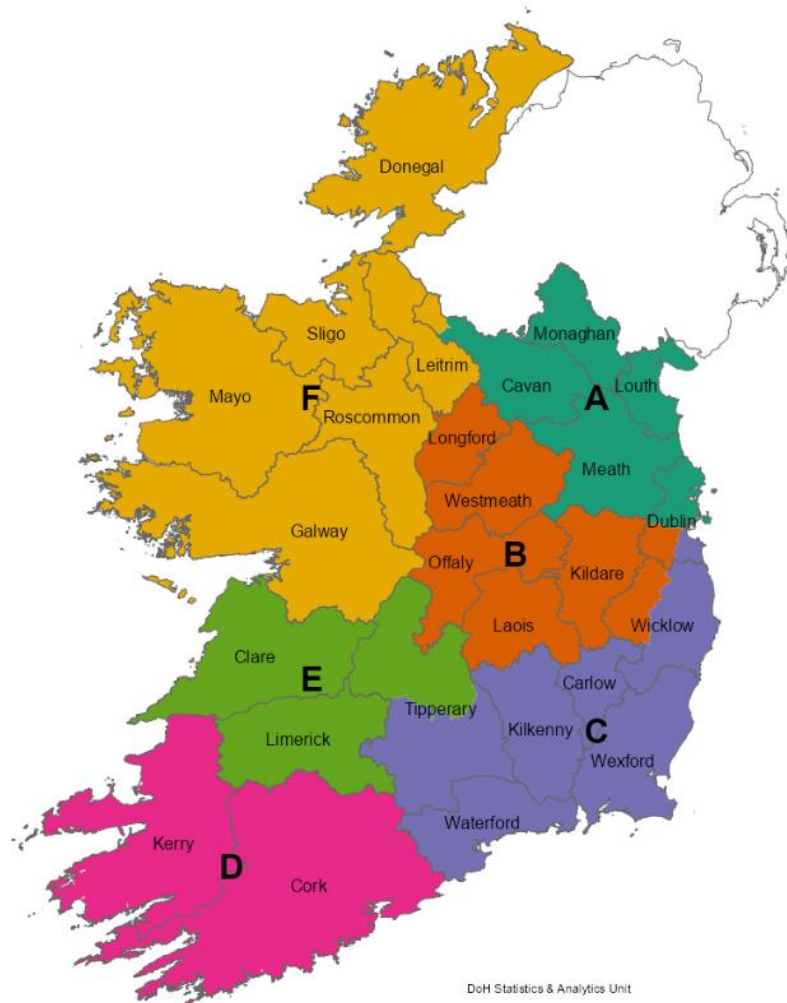
While much attention has inevitably focussed on the establishment of the 6 Health Regions, replacing the former 9 Community Healthcare Organisations (CHO's) and the 7 Hospital Groups (HG's) there are in fact three interconnected themes that need to be understood in relation to the overall healthcare restructuring process. These themes are summarised as follows:

1. The Regional reorganisation of the former 9 CHO's and 7 hospital groups into the 6 Health Regions
2. Devolution of decision making and the greater autonomy of the 6 Health Regions. Each Health Region will have a significant degree of financial autonomy and decision making, framed by HSE policy and governance rules
3. Integration of services, including those related to mental health and those provided by the VCS

² HSE Organisation Plan. The Health Regions. Implementation Plan, 2023.
<https://www.gov.ie/pdf/?file=https://assets.gov.ie/266115/7b86800b-934d-4849-88ae-e8fc4b809465.pdf#page=null>

Section 3: Understanding The New Structure

Under the new structure, the **HSE Centre (Core)** will operate as the governing body for the HSE, under which there are six HSE **Health Regions**, as seen on the map below.³ The HSE centre will “have responsibility and accountability for ensuring that nationally consistent standards, guidelines, and models of care are developed in a way that is collaborative with Health Regions and that appropriate supports are available to Health Regions.”⁴ The centre will focus on national aspects like the “implementation of Government policy and strategies, elements of infrastructure and estates, risk, and national frameworks for research.”⁵



The Health Regions will be responsible for the planning, management, and delivery of care for the population of their region. Each health region will be led by a **Regional Executive Officer (REO)**, who is responsible for the health and social care services in their respective region and,

³ HSE Health Regions Implementation Plan. July 2023.

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

⁴ P.6, HSE Health Regions Implementation Plan.

⁵ P.7, HSE Health Regions Implementation Plan.

as part of the HSE senior management team, will report directly to the CEO of the HSE.⁶ Six REOs were appointed in early 2024. Brief biographical details of each REO are now available on the [HSE website](#).

Region	REO	Contact
Dublin and North East	Sara Long	reo.dublinnortheast@hse.ie
Dublin and South East	Martina Queally	reo.dublinsoutheast@hse.ie
Dublin and Midlands	Kate Kileen White	reo.dublinmidlands@hse.ie
South West	Andy Phillips	reo.southwest@hse.ie
Mid West	Sandra Broderick	reo.midwest@hse.ie
West and North West	Tony Canavan	reo.westnorthwest@hse.ie

The Health Regions will operate with a degree of autonomy within co-developed national frameworks, including the “appropriate operational budget authority, including to cover their staffing and other resources.”⁷ While the pathways of financing the Health Regions is still being determined, funding is expected to be informed by a Population-Based Resourcing Approach (PBRA) system, which aims to distribute healthcare resources according to population need to improve efficiency and equity in health outcomes.⁸ PBRA mechanisms are developed to consider factors such as age, health status, and socioeconomic conditions of the population. It has not been agreed yet how the PBRA system will operate in Ireland.

Health Regions and the Main Hospitals

The following table outlines how hospitals will be organised within the six Health Regions. However, it is important to note that details of how this will operate in practice have not yet been published.

Health Region	Hospitals
HSE Dublin and Midlands 11 Hospitals <i>*CHI Hospitals will merge with the opening of CHI in St James Hospital thus reducing the number of hospitals to 8 in 2026</i>	CHI at Connolly (paediatric services)* CHI at Crumlin* CHI at Tallaght* CHI at Temple Street* The Coombe hospital St James Hospital Tallaght University Hospital Midland Regional Hospital Portlaoise Midland Regional Hospital Tullamore Naas General Hospital Regional Hospital Mullingar
HSE Dublin and North East 10 Hospitals	Beaumont Hospital Cavan General Hospital

⁶ HSE Health Regions Implementation Plan.

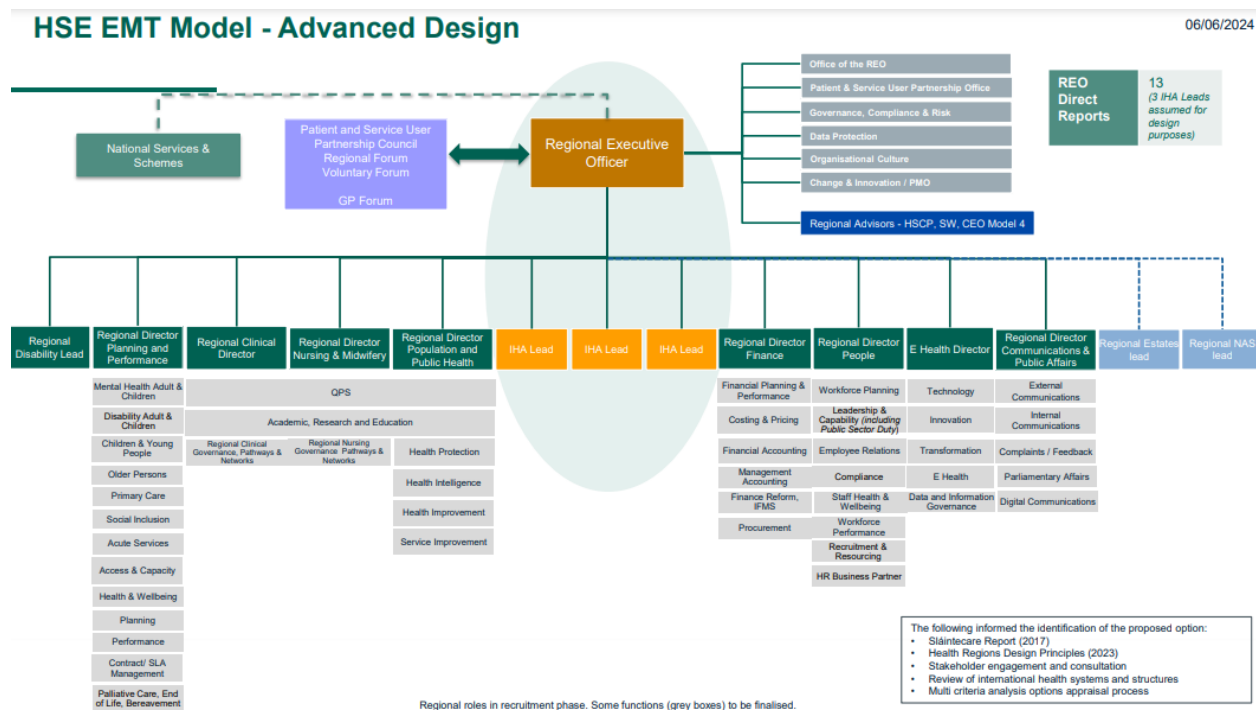
⁷ P.6, HSE Health Regions Implementation Plan.

⁸ O'Malley, McCarthy, Hannigan and Buckle. *Towards Population-Based Funding for Health: Model Proposal*. Dept of Health. March 2023.

	Connolly Hospital Blanchardstown (adult services) Louth County Hospital Dundalk Mater Misericordiae University hospital Monaghan hospital National Orthopaedic Hospital Cappagh Our Lady of Lourdes hospital Drogheda Our Lady's Hospital Navan Rotunda Hospital Dublin
HSE Dublin and South East 11 Hospitals	St Vincent's University Hospital Royal Victoria Eye and Ear Hospital Dublin National Rehabilitation Hospital St Columcille's Hospital Loughlinstown St Michael's Hospital (Dún Laoghaire) The National Maternity Hospital (Holles St) St Lukes General Hospital Carlow Kilkenny Kilcreene Regional Orthopaedic Hospital (Kilkenny) Tipperary University Hospital (Clonmel) University Hospital Waterford Wexford Regional Hospital
HSE Mid West 6 Hospitals	University Hospital Limerick University Maternity Hospital Limerick Croom Orthopaedic Hospital Limerick) St John's hospital Limerick Ennis Hospital Nenagh Hospital
HSE South West 7 Hospitals	Cork University Hospital Cork University Maternity Hospital South Infirmity Victoria University Hospital (Cork City) Mercy University Hospital (Cork City) Mallow General Hospital Bantry General Hospital University Hospital Kerry

Within each Health Region there will be substructures called **Integrated Health Areas (IHAs)**, which will bring together both acute and primary care and community services (including GPs, pharmacies, and voluntary organisations) as well as non-HSE providers. The IHAs will serve populations of between 150,000 to 450,000 people and have between one and three hospitals.

In total, there are 20 IHAs across all six health regions.⁹ Maps of IHAs are not yet available at the time of writing. A **Regional Executive Management Team (EMT)**, composed of Integrated Health Area Managers and a number of Regional Directors, will also be in place in each Health Region, reporting directly to the REOs. IHA managers were appointed in early October, and recruitment for Regional Directors is at an advanced stage at the time of writing.



Each Health Region will have a Regional Forum. Under the existing CHO/HG system there are 4 Regional Forums which match the former HSE areas but not the CHO system. The 4 present Regional Health Forums are solely comprised of elected representatives. Going forward there will be 6 forums for VCS representatives and parallel 6 Forums for local representatives.

Between two to eight **Community Healthcare Networks (CHNs)** will organise services under each IHA. Each CHN will be responsible for the delivery and coordination of primary care healthcare services to approximately 50,000 persons.¹⁰ There are currently 96 CHNs.¹¹

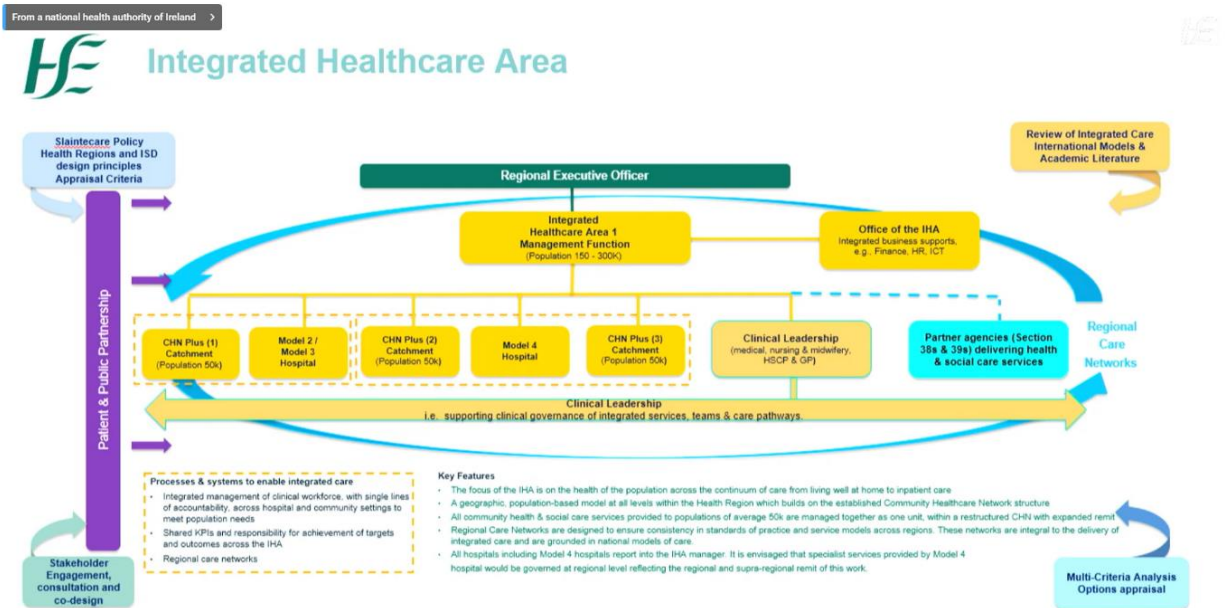
A model for the operation of IHAs, pictured below, was shared at the HSE's [Health Regions: Delivering Integrated Care conference](#) on September 5th. Under this model, it is envisioned that

⁹ Latest Health Regions Updates. Accessed 22 November 2024. <https://healthservice.hse.ie/staff/latest-health-regions-updates/#:~:text=Health%20regions%20will%20be%20fully.until%20Monday%20%20March%202025>.

¹⁰ HSE: Enhanced Community Care. Accessed 22 November 2024. <https://www.hse.ie/eng/services/list/2/primarycare/enhanced-community-care/>

¹¹ HSE: Enhanced Community Care

Section 38 and 39 organisations providing health and social care services will operate under IHAs as Partner Agencies.



The Implementation Plan states that the Partnership Principles, a set of principles developed by a sub-group within the Voluntary Organisations Dialogue Forum and depicted below,¹² will underpin the relationship between the VCS and the Health Regions and HSE Centre.

¹² *Partnership Principles: Building a New Relationship between Voluntary Organisations and the State in the Health and Social Care Sectors.*
<https://www.gov.ie/pdf/?file=https://assets.gov.ie/251951/d4e6fafb-7127-48c3-b7a4-40192b4b4dec.pdf#page=null>

Dialogue Forum with Voluntary Organisations Partnership Principles

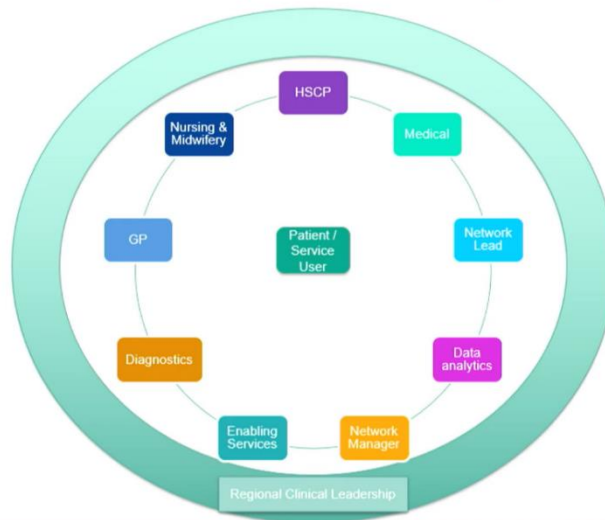
Building A New Relationship between Voluntary Organisations and the State in the Health and Social Care Sectors

Voluntary organisations are an intrinsic and valued core component of your hybrid, public health and social care system



Networks of Care (NoCs) were also introduced by the National Director of the Health Regions Programme at the September 5th conference. NoCs were described as regional structures being developed under IHAs to facilitate patient focused, integrated, and multidisciplinary service delivery across the care continuum within the region. These NoCs will cover specific condition types and population groupings at the local, regional, and in some cases national level. Mental Health was identified as a potential NoC, along with Older Persons, Women and Infants, Children and Young People, Disability, Medicine, Diagnostics, Perioperative, and Cancer Services – though NoCs have not been finalised and no further updates are available at the time of writing. Proposed members of the NoCs are shown below.

Networks of Care: Proposed Membership



Service Arrangement Discussions

Funding for VCS organisations is currently provided by the HSE under Sections 38 and 39 of the Health Act 2004. Service Arrangements (SAs) set out the terms and conditions for organisations receiving more than €250,000, and Grant Aid Agreements (GAA) are generally used for organisations receiving less than €250,000. The Service Arrangement (SA) consists of two parts. Part 1 is the main legal contract and will be issued by the Health Region where an organisation is based or where it receives most of its funding from, i.e. its “lead Health Region”. At the moment discussions are on-going about how Part 2 of the SA will be administered.

A review of Service Arrangement and Grant Aid Agreements (SAGAA) is currently underway, which will include a Technical Review of legal documentation, as well as a Process Review of the engagement lifecycle.¹³ The review is being conducted in the context of the [Dialogue Forum with Voluntary Organisations](#), publication of the *Partnership Principles*, and the completion of the Case Study Programme.

For 2025 a new streamlined and shorter Part 2 Service Arrangement document will be issued by the HSE. This new document will be known as a Healthcare Provider Specific Requirements or HPSR for short. All organisations who have a Service Arrangement with the HSE will use this new document next year. Webinars and tutorials are being delivered by the working group that developed this document over the next two months (See also Appendix 2).

Section 4: Integrated Care, Mental Health and the Voluntary and Community Sector

The new focus in the current restructuring process is on ‘integrated care’ with all types of health service deliverers working together. These services are identified as follows:

- Hospitals
- Primary care services (e.g., pharmacies and doctors’ surgeries)
- Community services
- Social care services
- Public and private providers
- Health and social care professionals
- Voluntary sector services

Reflecting on the meaning of ‘integrated care’, Bernard Gloster, HSE CEO said, “These changes aim to ensure that when we give health services to our citizens that we do it in a joined up way via GPs, community services, nursing support, social care services and acute hospitals as needed. The idea behind reorganising our structures is to ensure that people experience just one health service, providing whatever care they need at the right time and in the right place.”

In terms of the integration with the VCS, Health Regions Implementation Plan (2023) proposed that “*voluntary organisations will be funded by and will report into the Health Region in which they are located, or the Health Region which leads on the national service they deliver. The Health Region will agree the contractual relationship with the voluntary organisation and define the SLA [Service Level Agreement] within agreed national standards. This will allow them to incorporate their own region-specific service delivery needs into the SLA, within limits of national standards and guidelines. Consideration will be given to having a singular SLA with entities that*

¹³ HSE health Regions. Update for partners and stakeholder. Powerpoint presentation April 2024

provide services across multiple Health Regions. In the case of multi-region voluntary organisations, the reporting relationship will be with the relevant Health Regions. Where considered appropriate, some SLAs may be retained nationally.”¹⁴

The [Dialogue Forum with Voluntary Organisations](#), setup in 2020, was a very welcome development to improve the relationship between voluntary and community and State services, and is expected to continue. The ‘Partnership Principles’¹⁵ highlight the mutual interdependence between the State and voluntary sectors in Ireland and that the voluntary and community sector needs to be treated as an equal partner. Making better use of the mental health services offered by the voluntary and community sector is also a central aim of *Sharing the Vision*.¹⁶

There are clear action items in *Sharing the Vision* that relate to improving the integration of care in mental health and moving towards population-based planning, including the commitment to develop directories of information on services available in the voluntary and community sector, implementing a shared care approach between primary care and specialist mental health services and reviewing the referral pathways into community mental health supports, among others. All *Sharing the Vision* recommendations (13;18; 26; 34; 39; 75 & 76) relating to this topic, and the most recent updates on the progress of their implementation, are outlined in the table below. They are divided into three themes;

- **Theme 1:** The Role of the Voluntary and Community Mental Health Sector; *Recommendations 13, 14, 15, 26*
- **Theme 2:** Mental Health System Integration; *Recommendations 18, 34, 39*
- **Theme 3:** HSE Health Regions/Population-based Planning; *Recommendations 75 & 76*

Theme 1: The Role of the Voluntary and Community Mental Health Sector <i>Recommendations 13, 14, 15, and 26</i>		
Sharing the Vision Recommendation	Details	Implementation Progress (as of Q4 2023 and May 2024)
Recommendation 13	Directories of information on VCS supports should be provided to staff working in primary care and CMHTs to ensure they are aware of and inform service users and FCS about all supports available including those from Voluntary and Community Sector organisations in the local area	The directory for GP practices, featuring mental health supports from HSE funded partners, has been finalised and is now accessible on the Connecting for Life website . Plans are underway to arrange for the distribution of the directory and for adapting it as a resource for Community Mental Health Teams. Collaborative efforts continue with HSE Digital to enrich content related to supports and services on YourMentalHealth.ie . (Q4, 2023)
Recommendation 14	Where voluntary and community sector organisations are providing services aligned to the outcomes in this policy, operational governance and funding models should be secure and sustainable	Meetings were held between the HSE and each HSE funded organisation providing Mental Health supports and services as part of the end of year reviews. Activities taken place in 2023 and priorities for 2024 were

¹⁴ P.19, *HSE Health Regions Implementation Plan*.

¹⁵ *Partnership Principles; Building A New Relationship between Voluntary Organisations and the State in the Health and Social Care Sectors*

¹⁶ Department of Health (2020) *Sharing the Vision; A Mental Health Policy for Everyone*.

		reviewed, ensuring that StV priorities are reflected in the annual work plans (Q4, 2023)
Recommendation 15	Social prescribing should be promoted nationally as an effective means of linking those with mental health difficulties to community-based supports and interventions, including those available through local voluntary and community sector supports and services.	<p>Building on the HSEs Social Prescribing Framework, services are now available in over 48 locations around the country. These services are delivered in partnership with community and voluntary organisations such as Family Resource Centres and Local Development Companies.</p> <p>In 2023, close to 5,600 people accessed the service and a range of non-clinical community supports. In collaboration with University of Galway, an evaluation of social prescribing is now underway, which includes lived experience. (May 2024)</p> <p>MHR briefing on Social Prescribing here.</p>
Recommendation 26	CMHTs' outreach and liaison activities with VCS partners in the local community should be enhanced to help create a connected network of appropriate supports for each service user and their FCS	A draft guidance document to support collaborative working between statutory mental health services and community/voluntary sector partners was shared with stakeholders for comment. Ensuring a positive impact for service users, family members/carers and supporters is central to all actions within this guidance document. Consideration will be given to the 'Triangle of Care' model, as proposed by the Reference Group. (Q3, 2024)
Theme 2: Mental Health System Integration <i>Recommendations 18, 34, and 39</i>		
Recommendation 18	An implementation plan should be developed for the remaining relevant recommendations in Advancing the Shared Care Approach between Primary Care and Specialist Mental Health Services (2012) in order to improve integration of care for individuals between primary care and mental health services in line with emerging models and plans for Community Health Networks and Teams	<p>An implementation plan for progressing shared care across primary care and specialist mental health services has been finalised. This plan builds on an analysis of implementation of the Advancing the shared care approach (2012) report, alignment with initiatives underway as part of the StV Implementation Plan and priorities identified by stakeholders, including people with lived experience.</p> <p>As part of the plan, a number of targeted actions have been identified, which will be delivered over the course of the next three years. (Q4, 2023)</p>

<p>Recommendation 34</p>	<p>Referral pathways to all CMHTs should be reviewed and extended by enabling referrals from a range of other services (as appropriate) including senior primary care professionals in collaboration with GPs</p>	<p>Along with other policy recommendations, this recommendation will be progressed as part of an integrated work programme, reflecting the different stages in the service user journey. In Quarter 4, 2023, a dedicated working group was established and tasked with reviewing an existing framework for the 'Service user's journey through General Adult Community Mental Health Teams (2020)' and bringing it in line with StV. This framework document is an output from a previous service improvement project.</p> <p>A revised draft has been completed and has been shared with stakeholders for comment, while work to develop an associated implementation guide and checklist has commenced. If applied in practice by services, this will achieve the requirements of this recommendation. It is expected that rollout will begin in Quarter 4, 2024.</p> <p>The document does not currently address the issue of referral agents and broadening the range of health professionals who can make a referral. This issue will be considered in a final draft that will issue for wider consultation. (Q4, 2023)</p>
<p>Recommendation 39</p>	<p>The HSE should consult with service users, FCS, staff, and those supporting priority groups to develop a standardised access pathway to timely mental health and related care in line with the individuals' needs and preferences.</p>	<p>Along with other policy recommendations, this recommendation will be progressed as part of an integrated work programme, reflecting the different stages in the service user journey. In Quarter 4, 2023, a dedicated working group was established and tasked with reviewing an existing framework for the 'Service user's journey through General Adult Community Mental Health Teams (2020)' and bringing it in line with StV.</p> <p>This framework document is an output from a previous service improvement project, which was informed through an extensive consultation process with service users, family members and carers/supporters, as well as with staff working in community mental health services. HSE Mental Health Engagement and Recovery Minor Delivery Issue 55.</p>

		A revised draft has been completed and has been shared with stakeholders for comment, while work to develop an associated implementation guide and checklist has commenced. If applied in practice by services, this will achieve the requirements of this recommendation. It is expected that rollout will begin in Quarter 4, 2024. (Q3, 2023)
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Theme 3: HSE Health Regions/Population-based Planning
Recommendations 75 and 76

Recommendation 75	The organisation of mental health services should be aligned with emerging integrated care structures under Sláintecare reforms including the proposed six Regional Health Areas and within these the Community Health Networks corresponding to populations of about 50,000	<p>This recommendation has been discussed at the HIG and with the Mental Health Integrated Care Team and there is consensus that it is not feasible to progress planning for recommendations 75 and 76 until a national agreement on the RHA’s population and resource allocation is concluded.</p> <p>Following publication of the implementation plan for RHAs in Quarter 3, 2023, further work was undertaken in Quarter 4, 2023, to finalise the model of health and social care delivery for each of the six health regions. (Q4, 2023)</p>
Recommendation 76	Implementation of this policy over the next ten years should achieve a re-balancing of resources and take account of population deprivation patterns in planning, resourcing and delivering mental health services	This recommendation has been discussed at the HIG and with the Mental Health Integrated Care Team and there is consensus that it is not feasible to progress planning for recommendations 75 and 76 until a national agreement on the RHA’s population and resource allocation is concluded. (Q4, 2023)

Section 5: Conclusion and Further Consideration

The restructuring of the healthcare system in Ireland, including the emergence of the HSE Health Regions, provides a vital opportunity to re-evaluate the pathways of care in mental health and how service integration can be improved both within the mental health services (both State services and VCS services) as well as with other disability and social care services. Enhancing integration and collaboration between mental health services, GPs, and the VCS sector will be key to reaching the HSE's full ambitions for the Health Regions. However, there remains a continuing need for consideration on key aspects of the present restructuring. For example:

Research on the experiences of regional restructuring in other countries, including the Quigley Report (HRB) highlights both the disadvantage of regional health authorities but also the significant challenges inherent in such reform at an international level.¹⁷

Further clarity on the role of the VCS within the restructuring process is still needed, particularly in regards to funding, contractual arrangements, and how integration will work in practice. It is encouraging that umbrella organisations within the VCS have been included in discussions related to health care restructuring. However, much remains to be decided.

Adequate Funding is required. While it is positive that the HSE highlights Section 38 and Section 39 'Partner Agencies' as a key pillar of service delivery, without increased funding to meet the rising demand and costs, the sustainability of these services is at risk.

Multi-Annual Funding over 3 or 5 years would make a huge difference for forward planning by VCS organisations in the mental health sector and beyond. However, this appears to be off the table at present. MHR will continue to advocate for such an approach.

The proposed Mental Health NoC is a welcome step toward patient centred, multi-disciplinary care. However, more information as to how NoCs will operate in practice - and the degree to which VCS may be involved - is needed.

Contractual relationship between the HSE and VCS organisations - For local VCS organisations it makes sense that contractual arrangements with the HSE will be at regional or IHA level. However this is unlikely to make sense for national VCS organisations that may have a presence in all 6 Health Regions. There are potential pragmatic solutions to this question such as one lead region/contract per organisation or the retention of the contract at a national level. Until fully resolved this issue is likely to be a key concern to the VCS. It should be noted that interim arrangements will be in place for 2025 (see Appendix 2).

The Population Based Resource Allocation (PBRA) system is still in a relatively early stage of development in Ireland, but is presently identified as a key part of healthcare restructuring. While at face value this appears a reasonable concept, the allocation of resources through such a mechanism could prove very problematic. Other countries that have gone down this route, such as New Zealand, appear to have amended or discarded key aspects of the PBRA. Key questions remain: How much will be provided to each Health Region; How will the budget be divided between and within each region;

¹⁷ Quigley et al. Regional Health Organisations: An Evidence Review
https://www.lenus.ie/bitstream/handle/10147/640850/Regional_Health_Organisations_evidence_review_August_2019.pdf?sequence=1&isAllowed=y

will subsequent PBRA change to match additional need and demographic/health changes within each Health Region? How will disadvantages/poverty and the inequalities identified in our equality legislation be weighted?

This briefing is part of a broader workstream MHR will progress in 2025, including an updated briefing document on the restructuring, taking into account the historic context and international best practice, as well as MHR facilitated roundtables with the six REOs and Management Teams and the VCS. MHR will continue to represent the sector in the HSE Health Regions Implementation Planning Group. We are also active members of other forums related to the relationship between the HSE and the VCS and healthcare reorganisation. As implementation of healthcare reform progresses, we welcome feedback and knowledge sharing from our members.

Appendix 1: Glossary of Key Terms

<p>Restructuring of Health Services in Ireland</p> <p>Health Regions</p>	<p>There are 3 key interlinked themes to the current healthcare restructuring</p> <ol style="list-style-type: none"> 1) Regional reorganisation of the former 9 CHO's and 7 hospital groups into the (new) 6 Health Regions 2) Devolution of decision making and the greater autonomy of the 6 Health Regions 3) The greater integration of all healthcare services
<p>Community Health Organisations (CHOs)</p>	<p>From 2013 to March 2024 Ireland was divided into 9 CHOs for the purposes of delivering all health services, except acute hospital services (see Hospital Groups). These included Primary Care, Social Care, mental health, and health and well-being.¹⁸. CHO's will be dissolved and since March 2024 are being realigned with the 6 Health Regions. Interim arrangements are in place until March 2025</p>
<p>Hospital Groups (HGs)</p>	<p>From 2013 until March 2024 acute hospitals in Ireland were divided into 7 Hospital Groups. These HGs will be dissolved and since March 2024 are being realigned with the (new) 6 Health Regions. Interim arrangements are in place until March 2025</p>
<p>Integrated Healthcare Areas (IHAs)</p>	<p>Each Health Region will be sub divided into Integrated Healthcare Areas (IHAs) including an IHA Manager and their teams (e.g. Finance, HR, ICT). Interim arrangements are in place until March 2025</p>
<p>Regional Executive Officers (REOs)</p>	<p>Regional Executive Officers (REOs) are accountable and responsible for regional health and social care services. REOs report directly to the HSE CEO on the operation and management of the Health Regions. REOs will form part of the core HSE Senior Leadership Team, providing regional input into the development of national policies and standards</p>
<p>Community Health Networks (CHNs)</p>	<p>Each IHA will be divided into Community Health Networks (CHNs) There will be 96 CHNs across Ireland. Each CHN will deliver primary healthcare services across a population of 50,000. It will consist of between 4-6 primary care teams, with GPs involved in delivering services. The CHN's are further supported with Community Specialist Teams for Older Persons and Chronic Disease. A Community Healthcare Network Manager is responsible for the integration of services with each CHN.</p>
<p>Service Arrangements (SA) and Grant Aid Agreements (GAA)</p>	<p>Service Arrangements (SA) set out the terms and conditions for organisations receiving more than €250,000, Grant Aid Agreements (GAA) for organisations are generally used for organisations receiving less than €250,000</p>

¹⁸ HSE. Community Healthcare Organisations. Report and Recommendations of the Integrated Service Area Review Group. Frequently Asked Questions. <https://www.hse.ie/eng/services/publications/corporate/cho-faq.pdf>

Appendix 2: Updates on SAGAA Review

HSE updates on the Service Agreement and Grant Aid Agreement and Review Project (20 November 2024).

As part of the Service Agreement and Grant Aid Agreement Review project, on 20 November there were 4 presentations on the following:

- The evaluation of the pilot projects
- Outline of the process for 2025
- Progress with the technical review
- The plan to support implementation

A recording of the webinar and a copy of the presentation are now available for information.

To watch a recording of the briefing, please click here: <https://youtu.be/vIM2hu-7nfs>

To view the slides presented on the day, please click here: [SAGAA Briefing Nov 2024](#).

Please note that a list of responses to the questions raised during the Q&A session will also be circulated to the attendees.

Further webinars and information are currently being prepared for early 2025, including the interim arrangements under the Healthcare Provider Specific Requirements (HPSR). From 2025 onwards all agencies with a Service Agreement will use the HPSR.¹⁹ The HPSR will be reviewed at end of 2025.

¹⁹ See slide on technical review of SA <https://www.hse.ie/eng/services/publications/non-statutory-sector/service-arrangement-and-grant-aid-agreement-review/faq/sagaa-briefing-nov-2024.pdf>