Mental Health Reform

Reshaping Healthcare

Healthcare Restructuring in Ireland:
An Update and Analysis

COALITION CONVERSATIONS
Connecting Experiences

Our Purpose

To focus on Health Regions and linked restructuring

Keep our members up to date

Space for discussion

Helps MHR identify future action

Builds on previous work of MHR

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Our Format Today

PRESENTATION

Philip Watt
Interim CEO,
Mental Health Reform

PANEL DISCUSSION

Philip Watt
Interim CEO,
Mental Health Reform

Suzanne Connolly
CEO, Barnardos

Elaine Teague
CEO, Disability
Federation of Ireland

QUESTIONS

Group
Discussion

Please note this event will be recorded

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Philip Watt

Interim CEO,
Mental Health Reform

Mental Health Reform

Three key themes of restructuring

Regionalisation

(the 6 Health regions)

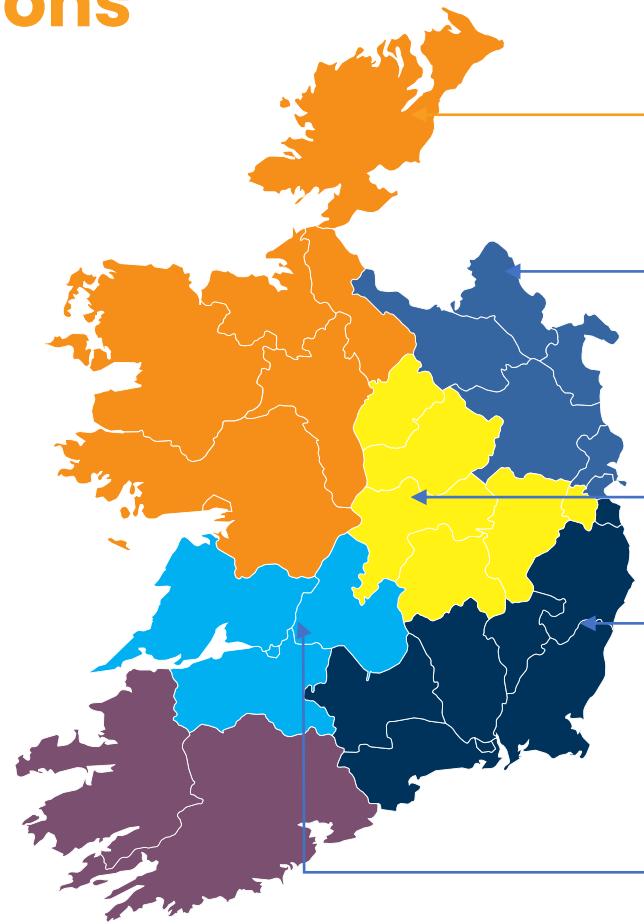
Devolution of decision making

(REOs and their teams)

Integration of services

(hospitals, primary care, disability, mental health etc)

The 6 Health Regions



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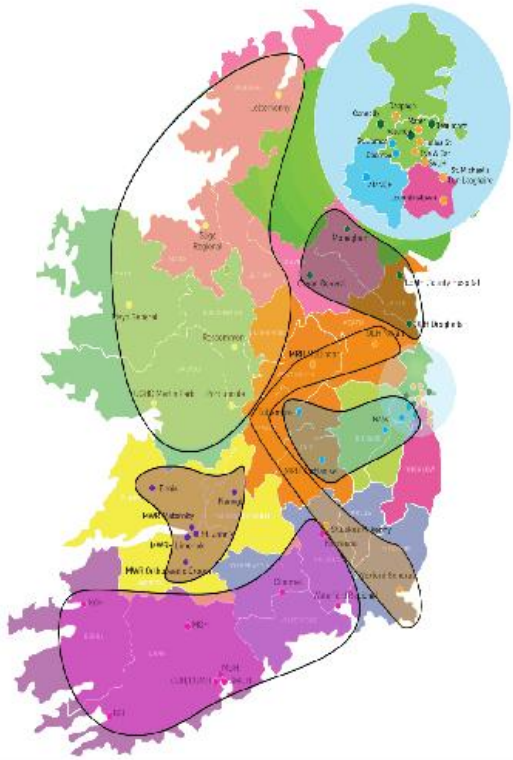
CHOs and HGs to Health Reaions

Community Health Organisations

Hospital Groups



Health regions

Some Updates

Focus on Integration of services at IHA level

Service and Grant Agreements

Regional Forums

Patient Councils

Population Based Resource Allocation

Networks of Care including MH

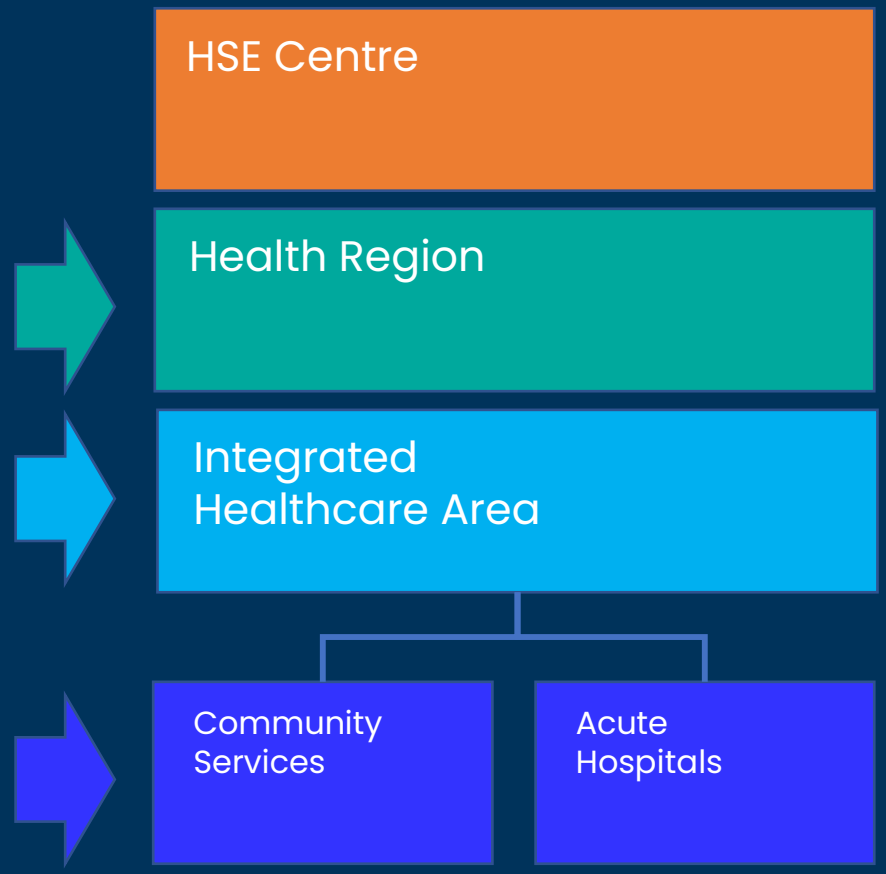
How health services will be organised

One of the most important changes to the HSE is how we will bring services and decision-making closer to the patient and closer to the community as:

Health Regions will plan and deliver health services, with support from the HSE Centre. Each Health Region will have between 2 and 4 Integrated Healthcare Areas

Integrated Healthcare Areas will will bring together both acute and community services under one geographically-based structure for their populations of between 150,000 and 450,000

Community Healthcare Networks will be the building blocks for organising services within each IHA, and there will be approx. 2-8 CHNs and 1-3 Hospitals in each IHA. More information on CHNs available here



Centralisation versus Devolution of Decision Making

Problems arising from previous healthcare restructuring

EPISODE 1

Episode 1 commenced in 1970 **Health Boards** became widely criticised as looking after local needs first and national needs second.

Very devolved system

EPISODE 2

Episode 2 commenced 2005 resulted in the first iteration of the HSE which quickly became criticised as being very centralised in decision making and top down in its operation. 4 HSE regions very few powers.

Very centralised system

EPISODE 3

Episode 3 commenced 2013 the CHO's and Hospital Groups arose from 2 separate reports and unsurprisingly became criticised for the lack of integration between hospitals and primary/community services.

Still very top down /centralised system

EPISODE 4

Episode 4 commenced 2025 following slaintecare reports (2019 onwards). Health regions etc (Most powers devolved to HRs. HSE Centre PEPA.

Significantly devolved system but avoiding mistakes of the past

Wider environment key

- **Gaps and weaknesses in mental health services country wide that integration will not resolve on its own**
- **Under resourcing of VCS mental health providers and lack of multi-annual funding**
- **Consistency between each HR (guidance form the HSE centre crucial)**
- **Commissioning of services at below cost increasing concern**
- **Poor standard of some buildings**
- **Interaction between MH strategies and legislation and restructuring is key**
  - Sharing the Vision
  - Connecting for Life
  - Mental Health Research Strategy
  - Mental Health Bill (human rights and oversight)

Challenges and opportunities for the VCS

- Welcome new emphasis on partnership HSE/VCS reflected in structures (needs to be further nurtured into the future
- The need for MH organisations to interact with REO's/IHA managers
- The forthcoming 6 Voluntary Forums (strategic)
- The forthcoming 6 Patient Councils (lived experience will be key)
- Annual HSE VCS conference in each region (should be co-produced with VCS)
- Potential challenge for VCS arising form PBRA
- Wider environment issues (above)

Reshaping Healthcare

"Striking a balance between centralised control and capacity to respond to local needs has long been central to debates about the health system. More regional and devolved health powers are seen to allow for greater integration of health services and enhanced democratic and community participation in policy. However, critics argue that increased localism lessens central government's responsibility and perpetuates inequity in funding, services and population health".

Dr Sean Lucey, UCC (2021)

"Regionalisation is a complex process, for which outcomes are neither straightforward nor predictable, but dependent on a country's socioeconomic, institutional, and cultural context'……'The impact of regionalisation will not be fully estimable for many years post-reform; however, a monitoring and evaluation process will be required at the start of regionalisation to ensure that the short-term and intermediate goals are being met, in order to achieve the ultimate long-term goals of regionalization".

Quigley et al HRB, 2019

Thank You

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