

Meeting of Dialogue Forum with Voluntary Organisations

Thursday 25 November, 11:00 – 13:00, Online

Note of Meeting

1. Introductory Update – Chair Peter Cassells

In his opening remarks, the Chair introduced new Forum members and also those attending in place of Forum members. The Chair noted that as the end of 2021 approaches, significant progress has been made on developing a shared understanding of the issues and a shared approach in addressing them. The focus for the Forum over the coming period will now turn to progressing the various agreed work streams.

2. Update on establishment of Sub-Group on Partnership Principles

The Department of Health shared a brief update on the establishment of the Sub-Group on Partnership Principles. Details of ten nominees have been received from Forum members. It is hoped to have an initial meeting of the Sub-Group in the first week of December and an email has issued to members in this regard. The Chair welcomed NESC's support for the work of the Sub-Group. The Chair also noted the importance of the work of the Sub-Group in the context of the HSE's upcoming review of the Service Arrangement.

3. Update on the review of the Service Arrangement

The HSE provided an update on the review of the Service Arrangement, and the points made included the following:

- While still under deliberation, the National Service Plan will reference the upcoming review of the Service Arrangement and the importance of the work of the Forum in this regard. This demonstrates the clear intent of the HSE with regard to the SA review.
- The HSE is developing a set of draft principles (or 'rules of engagement') to frame and inform the review of the SA. The HSE's Senior Management Team is contributing to this work and there is a stated desire to move beyond compliance to collaboration while being mindful of the HSE's statutory responsibilities. The intention is to engage with the Department of Health and the Forum on this document as a first step in the Review process.
- It has been agreed that there will be appropriate engagement with, and involvement of, voluntary organisations in the SA review.
- It is hoped that the case study findings will feed in to this work including by highlighting challenges to be discussed. NESC's paper has shown that the State and voluntary sector can collaborate effectively.

The Chair thanked the HSE for the update and there followed a discussion during which the following points were made:

- Members enquired as to the likely timeframe for the review. While much work has been done to date and there is a shared understanding of many of the core issues, it was agreed

that it is important that there be sufficient time for meaningful engagement and collaboration and a timeframe of six to nine months may be reasonable.

- Members highlighted the need for a change in culture. While the SA itself is important, how the SA is executed is equally relevant. It was agreed that the case study findings will provide important examples of the lived experience in this regard.
- Members noted the reoccurring theme across the Forum's work to date of finding a better balance between accountability and autonomy and the opportunity presented by the review of the SA in this regard.

4. Development of Case Study Process

The Department of Health presented slides summarising the group discussions on the case studies held at October's Forum meeting. The Department also presented a draft plan for the case studies based on these discussions and incorporating feedback from the Planning Group. Key points in these presentations included:

- The proposed agreed objectives for the case studies include:
 - Improved outcomes for service users is ultimate aim, as with all of the Forum's work
 - The case studies present an opportunity to delve deeper into the key themes arising in the NESC paper and in the July workshop and to look at these key themes in practice
 - Key themes are likely to be based largely on Covid experience and how this differed from pre-Covid – what were the drivers enabling some things to work better during the pandemic. Can we learn from and maintain this? Also, which issues persisted during the pandemic and why? What are the blocks to progress on these issues? Can the drivers which enabled progress in other areas during the pandemic aid us in tackling these persistent issues?
 - The key focus in the case studies will be the funder/provider relationship. Case studies should examine what is working well and what is not - both in terms of governance/oversight arrangements and service delivery
 - Concrete examples of where partnership has not worked well, along with specific proposals to address these should also be identified. Overall the process should be solutions-focussed
- With regard to the case study process, an external facilitator will be appointed to design, manage and facilitate the process and will also be tasked with writing up a final report detailing key learnings (anonymised). Robust terms of engagement will be agreed by participants to facilitate an effective process and ensure clarity and honest, open, frank discussions. Participants will be asked to participate in an open, honest, self-reflective manner.
- It is proposed to hold six case studies in the first instance as follows:
 - Large acute teaching hospital
 - Small hospital
 - Large S38 Organisation
 - Large S39 Organisation – with multi-region reach
 - Small Group of S39 Organisations – 2/3 organisations together, with multiple service offers

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- The external facilitator will work to identify potential organisations in each of the six categories and participation will be voluntary.
- The following themes, viewed through a pandemic lens (what worked better during the pandemic and what continued to be an issue), will be central to the case studies however additional themes may come up and different themes will be particularly relevant to different case studies:
 - Communications and processes of engagement and consultation
 - Tight-loose approach/accountable autonomy and reporting requirements
 - Enabling innovation and integrated service delivery
 - Streamlined decision making
 - Working across multiple regions
 - Dialogue processes around both funding allocation and funding approaches

The Chair thanked the Department for the presentations. The Chair asked that members manage expectations with regard to the number of case studies which will be possible if HSE senior management is to participate. The Chair highlighted the importance of now progressing the case studies which will highlight real world experiences. The Chair also noted that there is an inherent interconnectedness between the case studies, the work on partnership principles and the SA Review. There followed a discussion during which the following points were made:

- There was agreement that feedback shared at the Planning Group had been incorporated into the draft plan. The plan makes clear that the aim of the case studies is to capture both elements which worked well during the pandemic but also persistent issues.
- Members highlighted the opportunity presented by the case studies to demonstrate to all those represented at the Forum the work which is emerging from the Forum and agreed that the process should be kept manageable so as to allow findings to emerge in a timely fashion.
- It was highlighted that the case study findings will also be relevant to the Sláintecare reform programme given the importance of voluntary organisations in delivering care at local and regional level.
- Members enquired as to whether the case study facilitator had been appointed. The HSE stated that work is underway to identify and appoint a facilitator.

It was agreed that the plan for the case studies could now be shared with an external facilitator, when appointed, for detailed design and selection of case studies. It is envisaged that case studies will commence in Q1 2022.

5. Update on Speaker Sessions on theme of Accountable Autonomy

The Department of Health presented a proposed panel of speakers to present on the theme of accountable autonomy at sessions to be held at Forum meetings in early 2022. The Department is engaging with speakers regarding their availability. Members broadly welcomed the proposed speakers and there was a brief discussion and the points made included:

- The inclusion of the C&AG on the list was welcomed and their inclusion may provide a useful sense check of the Forum's work.

- Members suggested whether it might be worth considering contributions from the Department of Public Expenditure and Reform and/or The Office of Government Procurement given their important roles in the areas of guidance, funding and procurement.
- The importance of participative approaches to policy making was highlighted.

6. Close and Next Meetings

The Chair concluded the meeting, thanking members for their positive engagement in and contributions to the discussions. He remarked that he feels the Forum is now beginning to make real progress and three significant work streams are now commencing.

The Chair suggested, and it was agreed, that the Forum meet every two months (with Planning Group meetings two weeks before Forum meetings) to ensure there is time to progress these work streams in between Forum meetings. Forum meetings will take place on the first Monday (afternoon) of the month, every two months.

The Chair reminded members that the next Planning Group meeting will take place on 24 January and the next Forum meeting will take place on 7 February. The April meeting of the Forum will take place on Monday 4 April.