

Meeting of Dialogue Forum with Voluntary Organisations

Monday 13 June, 14:00-16:00, Town Hall, Miesian Plaza

Note of Meeting

1. Introductory Update – Chair Peter Cassells

Welcoming everyone, the Chair briefly reflected on the work of the Forum to date and proceeded to outline the objectives of the meeting. The Chair referenced the hybrid and interdependent nature of the health and social care system, emphasising the need to develop a shared understanding of the issues facing the State and voluntary sector. The Chair highlighted the various programmes of work that are underway within the Forum and stressed the importance of the current phase of work. The Forum's focus over the coming period will be on the further progression of these agreed workstreams.

2. Case studies – Presentation from Prospectus

The Chair introduced the item stating that an Oversight Group will be established shortly and reminding members of the document which outlines the plan for the case study process which was previously agreed by the Forum. The Chair then called on Prospectus to provide an outline of the proposed case study facilitation process during which the following points were made:

- Six case study workshops will be held in line with outline for process agreed by the Forum previously.
- During the workshops, the role of Prospectus as facilitator of the case study process will be to ensure equal participation, support idea generation, and manage emerging issues.
- The partnership principles agreed by the Forum will shape the design and operation of the process and all engagement.
- It is envisaged that the outputs of the case study process will feed into and inform the Service Arrangement review, the work of the Forum and wider health service reforms.
- A case study Oversight Group consisting of representatives from the DoH, HSE, and voluntary sector will be set up to provide guidance to Prospectus on the progression of the case study process, which will meet regularly during the process.
- The Oversight Group will meet in July and will have an initial discussion on approach, process design, participants and timelines.

The members of the Forum welcomed the proposed plan as outlined by Prospectus and a brief discussion followed. Some of the key themes arising from the discussion included:

- The importance of creating a safe space for all of those, from both the voluntary sector and the HSE, participating in the case studies.
- The need for the selection of appropriate case studies and a spread of participants from the various areas of activity represented at the Forum.
- The significance of taking a constructive approach to each workshop so that both lessons and ongoing challenges can be identified and shared, with a key focus on how things can be done differently.

The Chair thanked Prospectus for the update provided and reiterated the importance of examining what worked well during the COVID-19 pandemic as well as ongoing challenges so that this learning can be captured, shared and thus inform other streams of work and ongoing reform processes.

3. Sub-Group on Partnership Principles – Input from Sub-Group

A paper from the Sub-Group entitled *Partnership Principles: Building a New Relationship between Voluntary Organisations and the State in the Health and Social Care Sectors* was circulated to Forum members in advance of the meeting. Dr. Damian Thomas (NESC) presented an overview of the paper. Key points included:

- The overarching mandate of the Sub-Group on Partnership Principles was to develop a set of principles that would enable the development of a more collaborative and productive relationship between the State and voluntary sector in the health and social care context.
- The agreed principles were informed by the concrete examples of an improved relationship demonstrated during the COVID-19 pandemic, which was characterised by a greater sense of collaboration, rapid innovation processes, and a ‘tight-loose’ approach.
- The Sub-Group agreed on the following partnership principles to shape the future relationship between the State and voluntary organisations:
 - Quality-people centered services
 - Trust and mutual respect
 - Engagement & participation
 - Transparency
 - Innovation & learning
 - Problem-solving deliberation
 - Collective leadership
 - Accountable autonomy
- Partnership principles should be implementable and impactful, meaningful and relevant, and agreed and shared by the State and voluntary sector.
- The partnership principles statement proposed by the Sub-Group states that voluntary organisations are an intrinsic and valued core component of Ireland’s hybrid public health and social care system.

The Chair thanked Dr. Damian Thomas for his chairing of the Sub-Group. A brief discussion followed where the following points were made:

- It was noted that the principles had been highlighted at the recent conference of The Wheel where they had been very positively received.
- The principles should have application across all aspects of the relationship and in all engagements. There is now a body of work in ensuring widespread awareness of the principles throughout organisations in both the statutory and voluntary sectors and leadership and support for the necessary culture change across all organisations that will be required to fully embed the principles.
- Part of this work will be examining why these principles aren’t already core to how the relationship functions – the case studies will hopefully inform thinking on this. The principles should result in a fundamental change in the relationship between the State and voluntary organisations.
- More should be done to recognise and raise awareness publicly of the intrinsic role voluntary organisations play in our hybrid health and social care system as messages can

often be mixed and there is a lack of trust on both sides. Attention was drawn to the 'We Act' campaign which highlights the role played by the voluntary sector in Ireland.

The Chair thanked members for their contributions to the discussion and confirmed that the members of the Forum were now formally approving the partnership principles. The focus should now be on how organisations and those on the ground operationalise these principles. This will be an ongoing task. It was also agreed that the Forum would have a discussion at its next meeting on how to officially launch/endorse the principles.

4. SA Review – Update from HSE

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

- A HSE programme lead has been appointed to guide the review of the Service Arrangement.
- The previously circulated considerations document will be further developed and will go to the HSE Executive Management Team and the Board. The document is informed by the partnership principles and seeks to move parties closer to a shared view of the issues.
- It is envisaged that the Forum's partnership principles and the case study process will inform the Service Arrangement review.
- It is envisaged that the review of the Service Arrangement will also inform other HSE processes including audits and governance meetings for example. This highlights the importance of the review process in informing change in other areas of the HSE's work.
- It was noted that the review of the Service Arrangement may need to be an iterative process and consideration would have to be given as to how much could be achieved before the end of the year. Developments such as Regional Health Areas will also have to be taken into account.

The members of the Forum welcomed the update given by the HSE and there followed a brief discussion during which the following points were made:

- Forum members welcomed the HSE's considerations document which it was felt reflected all that the Forum was trying to work towards.
- There was agreement that time may be tight especially given competing demands towards the end of the year and that if more time is required for the review then this should be facilitated.
- A rights-based approach to improving the lives of children and those with disabilities should be included as a part of the forthcoming Service Arrangement review. All organisations have a collective obligation to consider how services help in the realisation of rights.
- A mechanism is required to deal with changing needs as they occur over a lifetime given the annual nature of the SA contract.

The Chair thanked the HSE for the inputs provided and highlighted the importance of the Service Arrangement review in facilitating the development of shared goals given the many challenges facing the health and social care sector.

5. Update on Regional Health Areas - DoH

The Chair invited the DoH to update Forum members on the progress made concerning the establishment of Regional Health Areas. Key points included:

- A Government Decision on RHA Implementation was approved on 5 April. This will provide policy direction and a clear mandate for the work programme.
- The DoH is progressing the RHAs implementation with the HSE and health and social care stakeholders. Various workstreams are underway to facilitate the Regional Health Areas implementation process with the aim of developing an implementation plan before the end of the year.
- The Regional Health Areas implementation process will be a key focus of the next Forum meeting in September, where the DoH will engage further with members as part of its stakeholder engagement plan.

The Chair welcomed the update provided by the DoH and expressed his desire to hear further updates on the progress of the implementation plan at the September meeting of the Forum.

6. Stocktake – reflections following ‘Perspectives on balancing accountability and autonomy’ sessions and reflecting on the work of the Forum to date

Reflections from Prof Rory O’Donnell (Geary Institute, UCD) following Perspectives on balancing accountability and autonomy sessions

Prof O’Donnell delivered a presentation summarising the key inputs gathered during the previous meetings of the Forum in relation to the topic of accountability and autonomy. Key points mentioned include:

- The need to differentiate between accountability vs. autonomy and accountable autonomy, where the latter conception should be preferred.
- A purely accountable framework requires a rigid adherence to rules. This is difficult as it requires individual rules to govern all circumstances, especially in an inherently contextual, relational, and ever-changing environment such as health and social care practice. It should be accepted that discretion is necessary in some cases.
- An accountable and autonomous system blurs the principal-agent distinction and reduces the difference between highly regulated and less regulated services.
- A structure that adopts an accountable autonomy approach accepts the use of discretion by staff as necessary, as it places an emphasis on transparency and reviews of actions taken.
- In this structure, there should be a clear process that allows for an actor’s reconsideration of rules.
- If actors choose not to comply with the rules outlined, they should be given the ability to offer a contextual explanation as to why a certain rule does not require compliance, and why the taking of an alternative approach would be considered more appropriate.
- In an accountable and an autonomous system, person-centred actions and innovations are protected. Similarly, guidance and policies are more responsive to the experiences of those on the front line and are shaped by regular dialogue. The partnership in action during the pandemic demonstrates the importance of sectoral fora in providing a space to exchange information and for joint review.
- A system that embraces accountable autonomy depends on structures and processes just as much as values and principles. Projects are at the heart of useful, productive partnership rather than formal partnership structures.

The Chair thanked Prof O’Donnell for the delivery of his presentation and highlighted the importance of linking the concept of accountable autonomy to the ongoing workstreams of the Forum.

Round-table discussion on the work of the Forum

The Chair invited members to offer perspectives on the work of the Forum to date and to provide suggestions of priority areas to focus on over the coming period. A brief discussion followed where the following points were made:

- There is a desire for a discussion in relation to risk appetite and risk sharing.
- It was felt there should be more of an emphasis on dialogue between the various organisations that constitute the Forum, with less of an emphasis on invited speakers. Topics of discussion should relate to reoccurring points of contention.
- The process employed to review and revise the Service Arrangement along with how it is then implemented will be as important as the revised Service Arrangement itself. The “how” is as important as the “what”.

The Chair thanked members for their input and suggested that the secretariat consider the points raised in relation to the work of the Forum and engaged further with members as required over the coming months.

7. Close

The Chair concluded the meeting, thanking members for their positive contributions to the discussions. The Chair also thanked members for their engagement in online meetings through much of 2020 and 2021 and welcomed the return of in-person meetings.