

Meeting of Dialogue Forum with Voluntary Organisations

Monday 16 October, 14:00 – 16:00, Miesian Plaza

Note of Meeting

1. Introductory Update – Chair Peter Cassells

The Chair welcomed Members back after the summer break and introduced two new Members to the Forum, Niamh Bernard, representing the Acute Hospitals Division in the Department of Health, and Clare Dempsey, CEO of St John of God Community Services and the new Chair of National Federation of Voluntary Bodies, who has taken over from Michael Hennessy. The Chair took a moment to reflect on the important role Michael played in the Forum and thanked him on behalf of the Forum for his meaningful contribution to the work of the Forum. The Chair highlighted the busy agenda for the meeting focusing on the Health Regions and the SA Review. The Chair announced that the planned item on Budget 2024 update would not go ahead as relevant Department colleagues were not available to attend. Efforts will be made to reschedule the update for the next meeting when more information is also likely to be available.

2. Update on SA Review

The HSE delivered a short presentation to update members on the progress of the SA Review and outline the preliminary recommendations. Key points included:

- The background of the review is based on the overall work of the Forum, the findings of the Case Study Programme and the Partnership Principles.
- The scope of the review was extended to include both technical documents, the grant aid agreement (GAA) and the process surrounding the SA.
- A 2-tier approach was implemented – an oversight group and a working group with two different workstreams (1. Documentation and 2. Process/ engagement activities) were established and supported by workshops involving both groups.
- The timeframe for credible, meaningful change in 2023 was very limited, so the groups needed to be very specific about what recommendations were deliverable in 2023. It was agreed that areas of focus must be achievable, meaningful and progress strategic aims.
- There are 7 recommendations being finalised for submission, these remain subject to final review and formal approval:
 - Workstream 1: Technical
 - Review GAA threshold of €250k – piloted in CHO 3,4,9 in the first instance.
 - Simplification of the SA part 2 – going ahead in mental health and palliative care, an acute S38 (TUH) and a disabilities S39 (Enable Ireland).
 - Review Clauses I.12; I.14; I.33 - identified as the initial set to review in detail.
 - Workstream 2: Process
 - Timing of SA/GAA sign offs – a recommitment to signing in Q1.

- Consultation & Engagement – review options for consultative structures and consider what is most effective in context of integration of services and reorganisation into Health Regions.
- Reduce duplication of effort across CHOs where organisations have a multi-regional presence.
- Impact Assessment Process – impact on the capacity of the system, not just finances but human resources to deliver on some of the changes.
- Strategic objectives will continue to be progressed into 2024 and start to deliver on the bigger issues given a meaningful foundation is now in place.

The Chair thanked the HSE for the enormous amount of work done on the SA Review to date. The Chair commended the HSE on the level of detail the review has gone into and highlighted importance of the Partnership Principles underpinning it before opening the floor to questions.

Members welcomed the progress being made on the SA review and the commitment from all parties to delve into the finer details as the review extends into 2024. A point was raised around further embedding the Partnership Principles into the process and not underestimating the culture change required to do this. Members highlighted that accountable autonomy, in particular, will require more effort to embed as there is limited understanding of what it looks like in reality.

Queries were raised in relation to the length of the GAA threshold pilots and whether the threshold itself would be inflation proof. Clarification was provided that the pilots will run during the next cycle and will be evaluated on a quarterly basis and the impact of inflation on the threshold amount is something that can be examined during the pilots. Learnings will be used to expand the pilots to cover as many areas as possible.

Members acknowledged the substantial work to date, the strong process and the commitment as well as the significant change which is happening and which is seeing long standing issues being addressed in a partnership process. It was highlighted that the work required to participate in pilots should not be underestimated including the need to include boards in this work.

3. Health Regions Implementation: structuring voluntary sector involvement into Health Regions design – presentation and engagement led by HSE Health Regions Programme Team

Senior colleagues from the Department of Health's Sláintecare Regions Unit and HSE Health Regions Programme delivered a presentation on the Health Regions Implementation and structuring voluntary sector involvement into the design of Health Regions. Key points included:

- The [Health Region Implementation Plan](#) was approved by Government and has been published. The plan is clear that the Partnership Principles will underpin the relationship between voluntary organisations and the Health Regions and HSE Centre.
- A key milestone for 2023 was reached when applications for Regional Executive Officers closed recently. Recruitment for these roles will continue until mid-December.
- There is now real momentum regarding Health Regions and the main focus for 2024 will be on structures with further engagement on how the voluntary sector will interface with these structures.

- The team recognises that it is not just the structures, but the processes and relationships that really matter in this process.
- Achieving the transformative reform associated with Sláintecare and delivering quality, people-centred services require the building of more collaborative and partnership style relationships between the State and voluntary organisations.
- Key milestones include defining and agreeing the governance approach and partnership arrangements with Section 38 and Section 39 voluntary organisations, and developing and approving the process (to include statutory and voluntary, GPs, other HSCPs) for the development of the annual service plan and capital plan including the development and inclusion of regional specific chapters.
- At a regional level, Health Regions will act as the primary service coordination and delivery units, provide governance and organisational arrangements to enable planning, management and delivery of care, and accountable and responsible for service delivery to meet local needs.
- The Integrated Service Delivery (ISD) workstream's primary focus is the development and design of the organisational structures needed to facilitate integrated service delivery with a focus on access and care coordination. The plan is to bring structural integration closer to the patient and the front line at an Integrated Health Area (IHA) level.
- In all options for the Health Region Executive Management Team, it is envisaged that Health Region Partnerships will be managed, coordinated and engaged with directly through the Office of the Regional Executive Officer. It is possible that the Health Region Partnerships could establish a form of voluntary dialogue forum for each region.

Breakout discussions followed to gather Forum members' views on the development of the IHA and Regional structures. Discussions focused on the following questions:

Regional Focus (1):

1. Does having a regional voluntary dialogue forum make sense to you?
2. Is there any other alternative to consider?
3. What shape should this regional voluntary dialogue forum take, noting the need for a more operational focus than what we have at the national Voluntary Dialogue Forum?
4. How do we design this forum to add value and be successful?

Regional Focus (2):

1. What are the practical steps or processes to make Voluntary sector involvement work in operational terms? How do we make it work in reality?
2. How can the voluntary sector work in an integrated manner with the Health Regions and IHA management teams?
3. What processes or agreements should be in place to enable this?

IHA/Local Focus:

1. How do we design this light blue box - "Partner agencies delivering health & social care services"?
2. What shape does this take, noting the need for the representation of partnering agencies to be manageable and efficient on an operational decision-making team?
3. What potential specific benefits and risks do we envisage by having this structure at IHA level?
4. How would life/our system be different by having this structural set-up?

An output pack (attached) summaries the points made in the breakout discussions.

4. Close

The Chair brought the meeting to a close, thanking members for their contributions to the discussions and reflecting that it was a powerful meeting of the Forum. The Chair remarked on the depth of experience members brought to the discussions given their previous experiences of health system reform. The Chair thanked HSE and DoH colleagues for their very informative presentations.

The Chair announced that the date for the next Forum meeting would be confirmed in due course, to allow for more work to be done on both the SA Review and Health Region Implementation. The Chair also highlighted that these projects will provide the Forum with good examples of how we can all live the Partnership Principles. The Chair noted the upcoming presentation on the Dialogue Forum at the Department of Rural and Community Development Civic Forum.

A query was raised regarding how nominations from the voluntary sector for various groups were being managed and members sought more transparency around this process. Members asked that in future any such requests for representatives be directed through the Forum.