

Chapter 4

Arrangements for the Delivery of Health and Personal Social Services through Hospital Groups, Community Healthcare Organisations and Non-statutory Service Providers

Delivery of health and personal social services is operationalised nationally through the Hospital Group, Community Healthcare Organisation and non-statutory service provider structures as described below.

4.1 Hospital Groups

The establishment of Hospital Groups was committed to in '*Future Health: A Strategic Framework for Reform*' and is a key building block in delivering on the commitment in the Programme for Government to fundamentally reform our health services. The work required to establish hospital groups was further detailed in the 'Report on the Establishment of Hospital Groups as a transition to Independent Hospital Trusts' published in 2013.

Under this reform, the Irish acute hospitals system has been organised into seven groups, each with its own management structure and linked to a major academic partner which it is anticipated will be established under legislation.

There are 7 Hospital Groups each managed by a Group Chief Executive Officer as follows;

1. Ireland East Hospitals Group
2. RCSI Hospitals Group (Dublin North East)
3. Dublin Midlands Hospitals Group
4. University of Limerick Hospitals
5. South/South West Hospitals Group
6. Saolta University Health Care Group
7. Children's Hospital Group

The Hospital Groups have been established to ensure that services can be organised in an optimum way across a number of hospitals in the group. Hospital groups are led by a group Chief Executive Officer (CEO) who is legally accountable to the National Director of Acute Hospitals.

While the governance for Hospital Groups is currently in development the priority is to get all the Hospital Groups up and running as single cohesive entities. Pending the necessary legal framework for hospital groups to perform their governance and assurance functions interim arrangements are being progressed to establish Hospital Group Boards within the existing legal framework.

The organisation of public hospitals in this manner is designed to ensure patients access appropriate treatment in the right setting, receive the best possible clinical outcomes and provide sustainability for hospital services into the future.

Organising hospitals into groups is intended to allow for appropriate integration and improve patient flow across the continuum of care whilst delivering safe patient care in a cost effective manner. Each grouping includes a primary academic partner which will stimulate a culture of learning and openness to change within the hospital group.

Each hospital group is required to develop a strategic plan to describe how they will provide more efficient and effective patient services; reorganise these services to provide optimal care to the populations they serve; and how they will achieve maximum integration and synergy with other groups and all other health services, particularly primary care and community care services.

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4.2 Community Healthcare Organisations

There are 9 Community Healthcare Organisations organised as follows;

Area 1: Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan.

Area 2: Galway, Roscommon, Mayo.

Area 3: Clare, Limerick, North Tipperary/East Limerick

Area 4: Kerry, North Cork, North Lee, South Lee, West Cork

Area 5: South Tipperary, Carlow/Kilkenny, Waterford, Wexford

Area 6: Wicklow, Dun Laoghaire, Dublin South East

Area 7: Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West

Area 8: Laois/Offaly, Longford/West Meath, Louth/Meath

Area 9: Dublin North, Dublin North Central, Dublin North West

The Community Healthcare Organisations (CHOs) are responsible for the delivery of primary and community based services responsive to the needs of local communities. CHO's are managed by a Chief Officer (CO) who is legally accountable to the chair of the Executive Management Committee (appointed by the Director General).

An **Executive Management Committee for Community Services**, comprising the four National Directors for Primary Care, Social Care, Mental Health and Health and Wellbeing was established in 2015. The National Director for Social Care was appointed by the Director General to Chair the Committee.

It is at this Forum that each CHO Chief Officer is held to account and the Committee is expected to oversee community services performance in a coordinated way. Individual National Directors and their Teams have ongoing interactions with the CHO Chief Officers in the normal course of business of each Division. In this context National Directors continue to hold their Divisional meetings with each CHO in discharging their delegated accountability.

CHO Chief Officers have a single reporting relationship and this is to the Chair of the Executive Committee who is their Line Manager and to whom they are accountable.

Each CHO focuses on the implementation of nationally agreed standardised models of care for each care group, bringing a local community focus to service delivery, and ensuring integrated services are provided to their primary care networks serving average populations of 50,000.

The Chief Officer, working in line with nationally agreed frameworks and reporting arrangements has full responsibility and accountability for;

- ▶ the delivery of all primary, community, mental health, social and continuing care services within the catchment area,
- ▶ ensuring the appropriate integration with secondary care services and with all appropriate stakeholders, and
- ▶ governance of Community Healthcare Organisations, which is currently under development.

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4.3 Section 38 and 39 Agencies

In addition to the services provided directly by the HSE the HSE also enters into arrangements with service providers for the provision of health and personal social care services on its behalf.

The Health Act 2004 provides the legal framework for the HSE to enter into arrangements or agreements with two distinct categories of agencies/groups:

▶ Section 38 (1) states that:

The Executive may, subject to its available resources and any directions issued by the Minister under section 10, enter, on such terms and conditions as it considers appropriate, into an arrangement with a person for the provision of a health or personal social service by that person on behalf of the Executive and

▶ Section 39 (1) states that:

The Executive may, subject to any directions given by the Minister under section 10 and on such terms and conditions as it sees fit to impose, give assistance to any person or body that provides or proposes to provide a service similar or ancillary to a service that the Executive may provide.

In addition, Section 7(5)(a) of the Health Act, 2004 states that in performing its functions, the HSE shall have regard to services provided by voluntary or other bodies that are similar or ancillary to services that it is authorised to provide.

Voluntary/non-statutory service providers have a long history of providing health and personal social services in Ireland. These organisations vary in scale and complexity, ranging from large acute hospitals to local community based organisations providing social care services. Section 38 Agencies are limited to 23 non-acute agencies and 16 voluntary acute hospitals currently within the HSE Employment Control Framework. Grants to the other voluntary agencies are covered under the provisions of Section 39. In 2014, over €3.4 billion of the HSE's total expenditure related to services provided by all agencies on behalf of the HSE.

Policies and procedures in place for the governance of grants to agencies include the following:

- ▶ The HSE has a formal national governance framework with national standardised documentation which governs grant funding provided to agencies under sections 38 and 39 of the Health Act 2004. This governance framework seeks to ensure the standard, consistent application of good governance principles which are robust and effective to ensure that both the HSE and the grant-funded agency meet their respective obligations.
- ▶ It is the policy of the HSE to have properly executed Governance Documentation in place with each grant-funded agency in a timely manner. This policy is outlined in the National Financial Regulation, NFR-31 Grants to Outside Agencies and detailed in a comprehensive operational manual. The National Standard Governance Documentation, operating procedures, guides and process control forms are maintained on the HSE's intranet site.
- ▶ Both the Governance Documentation and the operating procedures detail the requirements for performance review, including submission and review of financial statements and periodic performance review meetings with agencies on a proportionate basis.

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4.4 Types of Service Arrangements and Agreements

The following four arrangements/agreements cover all categories of non-statutory service providers:

- ▶ Section 38 Service Arrangements cover the Voluntary Hospitals and the major non acute voluntary community agencies
- ▶ Section 39 Service Arrangements cover all voluntary and community agencies, other than the above, in receipt of funding over €0.250m
- ▶ Section 39 Grant Aid Agreements cover all agencies in receipt of funding under €0.250m
- ▶ For Profit Service Arrangements cover all agencies in the commercial for profit sector regardless of funding level.

4.5 Annual Compliance Assurance Process for section 38 agencies

In December 2013 the HSE enhanced its governance arrangements with Section 38 agencies and strengthened the direct relationship between the HSE and the Boards of each of these agencies by the introduction in 2014 of an annual compliance assurance process. In particular, the HSE:

- ▶ Introduced a new Compliance Statement whereby the Chair and another Director of the Board signs and confirms on behalf of the Board that the agency has complied in full or in part with key areas under their Service Arrangement.
- ▶ Defined best practice requirements for Boards and Corporate Governance arrangements.