PARTNERSHIP PRINCIPLES

Building **A New Relationship** between Voluntary Organisations and the State in the Health and Social Care Sectors

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Executive Summary

PARTNERSHIP PRINCIPLES: Building **A New Relationship** between Voluntary Organisations and the State in the Health and Social Care Sectors

Delivering Quality, People-centred Services

Ireland has a hybrid public health and social care system. One of the defining features of this hybrid system is the mutual interdependence between the state and voluntary sectors in providing a diverse range of health and social care services to citizens. The collective national response to the challenges posed by Covid-19 crisis served to reaffirm mutual interdependence as a defining characteristic of Ireland's hybrid healthcare system. The crisis also served to demonstrate the mutual benefits for the state, voluntary organisations and service users that can be generated by a commitment to collaboration and integrated working.

Voluntary organisations, which are independent legal entities, are an intrinsic and valued core component of Ireland's public health and social care system. It is recognised however that achieving the transformative reform associated with Sláintecare and delivering quality, people-centred services requires the building of more collaborative and partnership style relationships between the state and voluntary organisations.

Developing more cooperative, productive and sustainable relationships between the State and voluntary organisations was at the heart of the decision to establish the Health Dialogue Forum. To support this work the Forum have published an agreed statement of partnership principles that seeks to guide and inform the evolving relationships between the State and voluntary organisations across the health and social care sectors. This set of partnership principles is set out in Figure 1.

An Agenda for Change

It is essential that the aforementioned set of partnership principles are owned by all stakeholders, are relevant and are implementable and impactful. These agreed set of principles, and associated practices and behaviours have to be 'lived' rather than 'laminated'. That is to say, this form of high-level agreement has to be embedded in the practical action, and in particular, it should contribute to maximising effectiveness and delivering improved outcomes for service users.

The fact that the principles outlined in Figure 1 reflect the actual experience of collaborative and productive relationships that emerged in response to the Covid-19 crisis, suggests that they potentially represent a powerful *'agenda for change in how things are done in the sector'*. The national response to this national health emergency crisis was characterised by an unprecedented level of collaboration between the statutory and voluntary sectors.

The development of more productive and partnership-style relationships underpinned a remarkable level of change and innovation, at pace, across the health and social care system. In part this was driven by organisations being supported and facilitated to *"get on with what they are good at"*." Significantly this experience of partnership in action, in real time, served to 'surface' the very principles and associated practices that should inform the ongoing evolution of more collaborative and productive relationships and integrated ways of working across the health and social care sectors.

Figure 1: Partnership Principles for the Health and Social Care Sectors

To be effective this *'agenda for change'* has to be owned and embraced. This will necessitate a commitment by all state and voluntary organisations to changing their behaviours and relationships and to focus on embedding partnership principles into their structures, processes and projects. In other words, partnership, collaboration and integrated working has to become *'the way we do our business'* in the health and social care sectors.

This will not be easy as changing relationships, behaviours and attitudes is complex, contentious and messy. In fact, there is already some limited examples of command-and-control type approaches *creeping back* as the unifying threat of Covid-19 wanes.

It is important therefore to reiterate the increasingly complex and integrated set of challenges facing Ireland's hybrid and mutually interdependent healthcare system – delivering the transformative reform associated with the Sláintecare Programme; demographic pressures; financial challenges; issues relating to recruiting, training and retaining qualified staff; the ongoing impact of rapid technological change and the legacy issues associated with Covid-19. This suggests that maintaining and deepening collaborative and productive relationships is now more important than ever.

"The new ways of working together transcend our current predicament and will set the tone for the future delivery of high quality, integrated healthcare in this country." (Paul Reid, former CEO, HSE)

Adopting, championing and owning this set of partnership principles provides stakeholders with an opportunity to maintain the momentum for change and to build the type of collaborative relationships that are necessary to deliver better quality, people-centred health and personal social services.

1. Introduction

The Dialogue Forum with Voluntary Organisations was established by the Minister for Health to provide a platform for regular and structured dialogue between the State and voluntary providers of health and social care services.[1] The impetus for this initiative was the Independent Review Group's contention, as outlined in their final report (2019), that substantially improving the quality of the relationship between the State and voluntary organisations was critically important to improving the quality of service delivery and delivering better outcomes for service users.[2]

The overarching mandate of the Dialogue Forum is to build a new and more collaborative relationship between these actors, as this will be key to delivering the transformative reform envisaged by Sláintecare and achieving better quality, people-centred health and personal social services.

Importantly research commissioned by the Forum and undertaken by NESC revealed that the national response to the Covid-19 health emergency was underpinned by an unprecedented level of collaboration between the statutory and voluntary sectors and evidence of the emergence of more productive partnership-style relationships across the health and social care system (Thomas, 2021). In seeking to build on this positive experience and in a line with a commitment in the Dialogue Forum's Terms of Reference, a Sub-Group has been established to develop an agreed set of partnership principles that will inform and shape the evolving relationships between state and voluntary organisations across the healthcare sector. The paper aims to set out an agreed set of partnership principles that will guide future relationships across the healthcare sector. The paper is structured as follows.

Section 2 provides a brief overview of Ireland's hybrid healthcare system a key characteristic of which is the degree of mutual interdependence between the state and the voluntary sector. Section 3 describes the nature of the problematic relationship between two sectors and the role of the Forum and suggests that the adoption of a dynamic cyclical framework can provide the basis for developing more constructive and collaborative relationships. The next section focuses on the impact of the Covid-19 crisis and argues that the manner in which state and voluntary sector responded to this emergency not only demonstrated the value of building partnership style relationships but also surfaced the types of principles that can help to shape and inform more collaborative ways of working. Section 5 then outlines a potential set of partnership principles. Finally, section 6 is the conclusion.

1. In the remainder of the report the term Dialogue Forum is used.
2. Independent Review Group (2019) Report of the Independent Review Group established to examine the role of voluntary organisations in publicly funded health and personal social services, available at https://www.gov.ie/en/publication/9b5f87-independent-review-group-examining-role-of-voluntary-organisations/

2. A Hybrid and Interdependent System

There is a long and distinguished history, dating back to the 1700s, of voluntary organisations, often originating in religious and charitable bodies, providing hospital and social care to the poor and vulnerable in society at a time when the state was either unable or unwilling to do so.[3] Since the foundation of the Irish state in 1921, the scale of State provision and funding of health and social care has gradually expanded, particularly in the period since the 1960s. The 2004 Health Act sets out the legal framework for public funding of health and social care in Ireland.

Under this legislation, the HSE is responsible for funding public hospitals and certain other social services directly under its authority. It also functions as the channel for the provision and management of state funding to voluntary organisations and other organisations that provide health and personal social care services within the public healthcare system. The Department of Health is responsible for overall policy development and the provision of strategic oversight in a manner that is designed to achieve its vision of *'A healthier Ireland with improved health and wellbeing for all, and with the right care delivered in the right place and at the right time.*'[4]

A third key statutory actor is HIQA, an independent statutory authority focused on improving health and social care services for people, through a combination of standard setting, the provision of assurances, the monitoring of compliance and ensuring enforcement. It is also important to recognise the third strand of Ireland's hybrid health and personal social services system, private-for-profit hospitals and organisations. The role of these institutions in delivering services has gradually increased particularly within certain areas of healthcare provision

As a result of this history Ireland today has a hybrid or three-strand health and social care system comprised of voluntary (independently owned and governed, not-for-profit), public (fully state-owned and governed, not-for-profit), and private (for-profit) healthcare organisations providing a diverse range of services to the population. This hybrid system has evolved over many years, often in an ad hoc and unstructured manner. More recently successive Governments have attempted to reform and overhaul the health and social care system in response to multiple challenges such as rising costs, technological advances, demographic pressures and changing public attitudes and expectations.

Although the Irish state's role in the funding, delivery and regulation of health and social services has expanded considerably over the last four decades, the voluntary sector's role in providing such services has also continued to grow in scale and scope. The voluntary sector provides approximately one quarter of acute hospital services and approximately two thirds of services to people with disabilities.[5] Voluntary organisations are actively engaged right across the spectrum of mental health services including mental health promotion, prevention and early intervention, primary care, advocacy and working with marginalised groups.[6] Similarly, voluntary organisations are centrally involved in the delivery of a range of health and social care services for the elderly population.

3. Independent Review Group (2019)
4. Department of Health (2021) Department of Health Statement of Strategy, 2012-2023, available at https://www.gov.ie/en/organisation-information/0fd9c-department-of-health-statement-of-strategy-2021-2023/
5. Independent Review Group (2019)
6. Ibid..,

Consequently, the delivery of many of Ireland's core and essential health and personal social care services are dependent on the work of voluntary organisations. The voluntary sector is in fact an integral and essential part of the overall public health system in Ireland. In the same period, the voluntary sector has become increasingly dependent on state funding for service delivery. In 2017, the State paid the voluntary sector approximately €3.3bn — nearly a quarter of the HSE's budget for that year — for services delivered. Consequently, the state and voluntary sectors have become increasingly intertwined and indeed the IRG report (2019) highlights that one of the defining features or our 'hybrid system' is the **mutual interdependence** between the two sectors.

Importantly, this mutual interdependence is more than just a 'funding relationship'. Although they are legally distinctive entities, public and voluntary organisations operate primarily within the same policy and regulatory framework. The Government is ultimately responsible for setting public policy across the health and social care system and Sláintecare is the ten-year programme that has been developed to transform Ireland's health and social care services.[7] Within this overarching framework, there are also a series of sector specific national strategies for example New Directions (Disability Services) and Sharing the Vision (Mental Health). The interdependent nature of the Irish system ensures that all actors have a role to play in designing and delivering national policies. Indeed, the new national strategy for the mental health sector was co-designed by the state, service providers and service users.

Furthermore, the IRG report identified that Ireland has benefited from the strong public service ethos and commitment displayed by both the voluntary and statutory organisations. Both sectors operate within a not-for-profit context and share the common values of delivering the highest standard of care to all who need it and of treating the service user with compassion and dignity. There are evidently differences of opinion regarding how best to achieve improvements in health and social care. At the same time, the shared commitment to a strong and dynamic public healthcare system remains strong. Indeed, the core purpose of both public and voluntary organisations, remains the delivery of better quality, people centred health and personal social services. This strong public service ethos and shared purpose are intangible assets that can foster collaborative working despite the fact that organisations can continue to have different interests and perspectives.

As is outlined in Section 4, the experience of dealing with the Covid-19 crisis has served to reaffirm mutual interdependence as a defining characteristic of Ireland's hybrid healthcare system.[8] The HSE's National Service Plan 2021 clearly identifies the voluntary sector as essential partners in the delivery of health and social care services within an increasingly unified and integrated healthcare system.[9]

7. Sláintecare
8. NESC (2021) Building a New Relationship between Voluntary Organisations and the State in the Health and Social Care Sectors
9. HSE (2021a) National Service Plan 2012, available at https://www.hse.ie/eng/services/publications/serviceplans/national-service-plan-2021.pdf

3. Transitioning from Problematic to Partnership-style Relationships

3.1 A Problematic Relationship

Despite the mutual interdependence within the hybrid health and social sector the IRG's report highlighted the emergence of an increasingly problematic relationships between the state and the voluntary sectors. This report noted that at the local level, there was evidence of strong and effective relationships that have facilitated quality service provision, collaboration and shared learning on improvement measures.

At the national level however, a combination of factors — reductions in state funding during the retrenchment period, poor communications, the evolution of a more comprehensive and complex regulatory landscape and the adoption of accountability regime focused on strict financial governance and process compliance — have contributed to the emergence of more formalised, contractually based command and control relationship between the state and voluntary sectors (IRG, 2019).

It is argued that these factors have also facilitated a drift towards increased operational prescriptiveness, an insistence on standardised approaches and a reduction in autonomy for voluntary organisations (Broderick, 2018; O'Shea et al., 2020). The last decade has witnessed a substantial increase in corporate governance requirements and regulation across the health and social care sector. While improved regulation is both welcome and necessary the increased cost of monitoring and meeting compliance requirements from multiple organisations has not been reflected in funding allocations to voluntary bodies. As the cost of this regulatory burden is internalised by voluntary organisation it has been argued that this has served to undermine their capacity to meet the diverse needs of service users (O'Shea et al., 2020).

It is important to recognise, however, the statutory functions of the HSE and the constraints within which it operates. The HSE has a dual role. Firstly, it needs to support and work with those organisations that it funds, including numerous voluntary organisations. Secondly, the HSE has a duty to provide assurances that public funding is appropriately accounted for and that all publicly funded organisations are compliant with sound financial practice, good corporate governance and provide quality services to the public. Through the development of Service Level Agreements, the HSE has sought to put in place an effective accountability system for the public funding of voluntary organisations. Equally, a number of the measures that have been introduced by the HSE have been in response to weaknesses in financial governance highlighted in various Comptroller and Auditor General Reports. Service level agreements also function as mechanism for mitigating risk exposure on behalf of the state.

The HSE operates within a budgetary framework that is set by the government and the Department of Public Expenditure exerts considerable authority over expenditure and employment numbers across the healthcare sector. The scale of the public health budget allied to the societal importance of healthcare provision ensures that health expenditure is subject to intensive political and public scrutiny. The HSE is effectively subject to same type of performance management and compliance model and associated reporting demands from the Department of Health, that it itself makes of the organisations it funds.

Increased regulation combined with the emphasis on input-accountability has facilitated the emergence of a command and control type relationship between the state and the organisations it funds. At the core of this problematic relationship is the perceived tension between accountability and autonomy. The challenge as articulated in the IRG Report (2019) is to find an appropriate balance between the necessary control by the State over policy and funding while at the same time affording sufficient autonomy to the voluntary sector that enables them to continue to deliver agreed services to nationally determined standards of care but in ways that play to its strengths.

Trying to achieve the right balance accountability and autonomy, both of which are equally important, is a complex challenge that is not unique to the Irish healthcare system. Sabel (2018) contends that reconciling this problem can only be resolved by recasting it as accountable-autonomy. The reforms envisaged under Sláintecare do however provide a real opportunity to get the balance right and as is discussed in section 4 one of the key learnings from the Covid-19 experience is the recognition of the potential benefits of adopting an approach premised on accountable-autonomy.

Significantly, a central conclusion of the IRG report was that the emergence of a problematic relationship between the statutory and voluntary sectors was undermining the collective capacity of the system to deliver necessary improvements in the provision of health and social care to service users. Given the actors mutual dependence on each other for the delivery of transformative reforms envisaged under the Sláintecare programme this report called for the fostering of a new relationship based on trust, partnership, collaborative engagement and mutual respect.

3.2 The Health Dialogue Forum

In response to the IRG report, the Minister for Health established a new Health Dialogue Forum in 2019. The Forum's role is to provide a regular platform for dialogue between the State and voluntary providers of health and social care services. Critically, it has an overarching mandate to build a stronger relationship between these actors.

While accepting that voluntary organisations are independent legal entities it is recognised that driving policy reform and delivering improved outcomes for service users and their families within a hybrid healthcare system characterised by mutual interdependencies, requires the building of more collaborative, and partnership style relationships between the state and voluntary organisations.

Changing relationships, organisational culture and attitudes is not easy. As in other advanced societies, the Irish healthcare regime must address an increasingly complex and integrated set of challenges. These include delivering the transformative reform associated with the Sláintecare programme; demographic pressures; financial challenges; recruiting, training and retaining qualified staff; and rapid technological change. These have been compounded by the current and future impacts generated by an unprecedented public health emergency in the form of the Covid-19 crisis.

The establishment of the Dialogue Forum does reflect an awareness that the prevailing relationship between the State and the voluntary sector was not fit for purpose and did not provide the basis for either addressing the challenges facing the sector, or delivering the vision articulated by Sláintecare. This is mirrored by a recognition that adopting a more collaborative and deliberative approach represents a better way of addressing problems and achieving progress for their respective constituencies.

From the outset of the Forum there has been a robust consensus that addressing the integrated set of challenges within the sector in a manner that could deliver quality people-centred services necessitated a dramatic step-up in the level, scope and quality of collaboration and integrated working across the system.

Developing a constructive and sustainable relationship between the State and voluntary organisations was at the heart of the decision to establish the Forum. In this context and in line with a recommendation of the IRG Report the Forum has established a sub-group with the aim of developing an agreed statement of partnership principles that will guide and inform the evolving relationship between the State and voluntary organisations.

3.3 Fostering Productive and Collaborative Relationships

Examples from other policy areas and jurisdictions suggest that developing an agreed set of values and/or principles can be important in establishing an enabling framework that will facilitate the fostering of a more collaborative and partnership style relationships between state institutions and voluntary and community organisations.

A concerted focus on building stronger and more collaborative relationships between the state and community and voluntary sectors was a core objective of the new strategy for the local and community development that was published in 2019 – *Sustainable, Inclusive and Empowered Communities: A Five-Year Strategy to Support the Community and Voluntary Sector in Ireland 2019-2024*. Co-produced by national and local government in collaboration with the community and voluntary sector, this five-year strategy formally recognises the community and voluntary sector as a partner with the state in economic, social and community development. In this context, it clearly articulates the integral, valuable and distinctive role of the community and voluntary sector in the delivery of related public services.

This Strategy seeks to support partnership and collaborative efforts at all levels and between all stakeholders and comprises a series of high-level objectives and associated actions to support communities, their representative organisations, and the community and voluntary sector.

Significantly, it articulates the shared values and principles that will guide and shape Government's support for communities and the community and voluntary sector in the coming years, and help realise the shared vision for communities (see Tables 1 & 2). These shared values and principles informed the design of this ambitious strategy and its implementation seeks to give effect, in particular to the latter. Interestingly it is suggested that the principles are as important, if not more important, than the actions underpinning the five-year Strategy.

The importance of affording community and voluntary organisations the autonomy to be creative, innovative and flexible in developing rapid responses to the changing needs of a diverse society is highlighted as being an integral feature of both this new strategy and a renewed partnership between the state and the voluntary and community sectors. A renewed partnership underpinned by strong autonomous community and local development structures is viewed as enabling effective interventions for change that the government acting alone could not deliver. It is also accepted that while it may not be an easy objective to achieve, strengthening the working relationships between the state and the community and voluntary sector is central to the implementation of this strategy and the delivery of mutual benefits for all stakeholders.

Table 1: Sustainable, Inclusive and Empowered Communities (2019): Shared Values

Values	Meaning
Active Participation	A commitment to active participation of all stakeholders, including citizens and non-citizens. Participation is rooted in the belief that communities have the right to identify their own needs and interests and the outcomes required to meet them. Building active participation involves a recognition that policies and programmes targeted at communities and groups will not and cannot be effective without the meaningful participation of those communities in their design, implementation and monitoring
Sustainable Development	A commitment to sustainable development, including promoting cultural, environmental, economic and socially sustainable policies and practices.
Social Justice	A commitment to social justice, including promoting policies and practices that challenge injustice and value diversity.
Social Inclusion	A commitment to social inclusion. Prioritising the needs of communities experiencing social or economic exclusion, including rural isolation, and recognising that promoting social and economic inclusion requires us to recognise and seek to address the root causes of exclusion as well as developing strategies and mechanisms to promote and ensure inclusion.
Human Rights, Equality and Anti-discrimination	A commitment to human rights, equality and anti-discrimination, involving promoting human rights and equality in society and committing to addressing the multiple forms of discrimination experienced by many groups. Specifically, recognising the experiences of people in relation to gender-based issues and, in particular, the impact of gender inequality on women (including women from marginalised communities and minority groups) and on society as a whole. In accordance with the Public Sector Duty, we are committed to eliminating discrimination, promoting equality and protecting human rights
Collectivity	A commitment to collectivity. A collective approach requires a focus on the potential benefits for communities rather than focusing only on benefits for individuals. It recognises the rights of communities and groups, including funded organisations, to work autonomously and maintain a critical voice. It involves seeking collective outcomes in pursuit of a just and equal society.
Empowering Communities	A commitment to empowering communities, increasing their knowledge, skills, consciousness and confidence to become critical, creative and active participants. It leads people and communities to be resilient, organised, included and influential.

Source: (Government of Ireland, 2019: pp. 11 & 37)

Table 2: Sustainable, Inclusive and Empowered Communities (2019): Shared Principles

Principles	Meaning
Respect	We will respect the diversity of knowledge, skills, views and experience brought to the process by all stakeholders and will seek to maximise the potential this diversity brings while managing any conflict or disagreements that may arise in a positive and inclusive way.
Subsidiarity	We will develop approaches that safeguard the ability of communities, whether communities of interest or geographic communities, to influence and, where possible, take decisions and actions, promoting power sharing and the exercise of power as close to communities as possible.
Harmonisation	We will secure consistency with existing strategies and implement agreed objectives and actions relevant to community development and local development. We will develop approaches promoting harmonisation and common standards of good practice in community development and local development programmes, policies and processes throughout the country.
Value for Money	We will develop strategies and approaches that promote and ensure best value-for-money, underpinned by a collaborative, partnership and whole-of-government ethos that prioritises societal value and community need.
Implementation	We will leverage the structures already in place, locally and nationally, and seek to maximise their potential.
Collaboration	We will work collaboratively, engaging with a broad a range of stakeholders to ensure excellence of service.

Source: (Government of Ireland, 2019: pp. 12 & 38)

An articulation of an agreed set of shared values and principles was also a central element of the 2011 Concordat between the Voluntary and Community Sector and the Northern Ireland Government. This agreement established that the shared vision of the Government and the Community and Voluntary sector was to *"work together as social partners to build a participative, peaceful, equitable and inclusive community in Northern Ireland"*.

This Concordant seeks to lay the foundations for a partnership based on mutual respect and trust. This includes a clear recognition and valuing of the different roles and responsibilities of each of the parties. The Concordant however clearly seeks to enhance the engagement of the Government and the Voluntary & Community Sector in policy development and implementation. It furthermore articulates the view that an effective partnership that can make a valuable contribution to the provision of more responsive and people-centred public services.

This Concordat agreement outlines and defines a series of key values and principles (see Table 3) and sets out and establishes a set of shared commitments on how Government and the Voluntary and Community Sector can work together to better serve the people of Northern Ireland. The shared values and principles set out in the Concordant clearly resonate with those that inform and underpin the aforementioned Irish Government's five-year strategy for the community and voluntary sector in terms of the emphasis on partnership, mutual respect, embracing of diverse roles, social justice and inclusion, community and solidarity, equality and effective implementation.

These agreed set of values and principles provide the basis for the government and community and voluntary sector's embracement of a partnership-style approach and the Concordant indicates the importance of all parties having a shared understanding of these said values and principles. At the same time, there is also a recognition that delivering the Concordat and embedding a collaborative approach to policy design and implementation necessitates not only a set of values and principles but also an agreed set of commitments namely key actions, measures and activities to be undertaken. These commitments it is argued will act as drivers for change in terms of helping to ensure the effective delivery of significant elements of the Concordat.

Table 3: Concordat between the Voluntary & Community Sector and the Northern Ireland Government 2011: Shared Values and Principles

Shared Values	Shared Principles
Accountability: being answerable to all relevant stakeholders in relation to the propriety of policies, actions and use of resources	Government and the Voluntary and Community Sector have distinct yet complementary roles in contributing to the social, economic, environmental and cultural life in Northern Ireland
Active citizenship: participation of people in society through volunteering, community involvement and self-help initiatives	The provision of funding and other forms of support by Government is an important means of strengthening the capacity of the Voluntary and Community Sector and enabling it to contribute effectively to the attainment of Government objectives
Community: people working together in localities or interest groupings to strengthen and improve their lives by harnessing their experience, skills, creativity and potential and identifying issues, needs and imaginative solutions	Effective partnerships between Government and the Voluntary and Community Sector bring added value to their efforts to improve quality of life in Northern Ireland
Democracy: a society that enables all its citizens to participate, to share rights and responsibilities, and which incorporates an independent voluntary and community sector	Successful partnerships must be based on openness, trust and recognition of the constraints on other partners
Equality and Good Relations: fairness, inclusion, good relations and equality of opportunity in relation to employment and services and equality of access to resources and decision-making processes for all the people of Northern Ireland	It is realised that creative partnerships are open to change and provide opportunities to work in flexible and innovative ways which can help to promote a socially cohesive society that respects difference and welcomes diversity
Partnership: creative relationships between the public, private and voluntary and community sectors that broaden experience and understanding and promote the development of holistic approaches	Encourage active citizenship through volunteering, community involvement and self-help initiatives within all sectors of society and by all age groups
Pluralism: upholding the rich diversity of cultures, identities and interests within Northern Ireland	Support the community development process as an important way of enabling people to contribute to issues which affect their lives and the communities in which they live
Social Justice: cherishing all citizens equally, through the pursuit of fairness, tolerance, and social cohesion, opposing all forms of discrimination and ensuring the participation of those who are most marginalised	Realise that working on an intersectoral basis to promote and enable widespread participation in society is central to overcoming social exclusion and developing policies and services that are well targeted and sensitive to need
	Respect the right of the Voluntary and Community Sector to comment on, to challenge and to seek to influence Government policies Understand that advocacy and campaigning on behalf of individuals, groups and causes is a distinctive characteristic of the voluntary and community sector Recognise that the Voluntary and Community Sector has a vital role in identifying and in addressing issues of social justice and equality, and in protecting and promoting the value of our environment Recognise the need to develop standards of good practice which ensure quality and accountability in relation to policies, services, management and the use of resources Accept the need to promote, identify and disseminate good practice where it occurs

Source: Concordat between the Voluntary & Community Sector and the Northern Ireland Government (20191 p. 6-7)

In England there is also a formal agreement between, the government and the voluntary and community sector entitled The Compact. Initially agreed in November 1998 and renewed in 2010, this agreement aims to ensure that government and civil society organisations work effectively in partnership to achieve common goals and outcomes for the benefits of communities and citizens. There is a strong emphasis in the Compact on an agreed set of outcomes and commitments as these are viewed as setting the foundation for more collaborative and productive relationships between the government and the community and voluntary sectors.

Although the Compact states that local authorities in their relationships with civil society organisations are encouraged to follow the principles set out in the document, there is no formal statement of what these principles actually are. Rather the emphasis in the Compact is on a set of agreed high-level strategic outcomes that an effective partnership between government and civil society organisations should deliver namely:

1. A strong, diverse and independent civil society;
2. Effective and transparent design and development of policies, programmes and public services;
3. Responsive and high-quality programmes and services;
4. Clear arrangements for managing changes to programmes and services; and
5. An equal and fair society.

Figure 1: Building a Stronger Working Relationship: A Dynamic and Virtuous Cycle

With regards to each of these agreed outcomes there is a separate set of 'undertakings' – actions and/or commitments – for the Government and Civil Society Organisations respectively, that each has pledged to deliver. These undertakings are generally a mixture of policy initiatives and partnership style practices and processes.

Although developing an agreed set of principles and/or values has a role to play in fostering more productive relationships it is problematic to assume that such a 'statement' can do all the heavy lifting in terms of building a stronger working relationship between state and voluntary actors in the healthcare sector. Developing an agreed set of partnership principles rather should be viewed as part of an iterative process that is informed by ongoing (inter)action, dialogue and problem solving. In particular, the articulation of an agreed set of principles should be considered as part of a dynamic virtuous cycle in which a series of mutually reinforcing elements — **principles, practices, projects, outcomes and monitoring and review** — combine to assist in fostering a new paradigm of collaborative and productive engagement (Figure 1.)

Principles

The possible set of principles that could be adopted by the Dialogue Forum is discussed in section 5 of this paper. What is evident is that in terms of principles, there is no perfect blueprint or template as each 'agreement' is the product of a particular and unique process of dialogue and debate between the parties involved. Examples of other partnership agreements, some of which were discussed earlier, suggest that such arrangements could include concepts such as mutual respect, reciprocity, trust, active participation and problem-solving deliberation. Some of these principles have already been alluded to in the IRG Report and the Forum's Terms of Reference. Although informative, these examples cannot categorically identify what is the exact list of principles that will contribute to the emergence of more collaborative relationships in the healthcare sector.

What these principles are, and more importantly, what they actually mean in practice in terms of behaviours and actions will only be clarified as stakeholders engage in dialogue, projects and problem solving deliberation. The generation of an agreed set of principles should therefore be conceived. As an iterative process that is informed both by the dialogue around this strand of work that is taking place within the Sub-Group and also the other activities and projects that Forum members are involved in, including the review of the Service Level Agreement and the Partnership Case Studies initiative. Significantly, as is discussed in the next section, the actual experience of addressing the Covid-19 crisis in a collaborative manner has served to 'surface' the types of key principles that could inform and guide future relationship, behaviours and actions across the healthcare sector.

Collaborative Practices

It can be increasingly difficult to distinguish between principles and practices and indeed, in many instances collaborative principles and practices have become increasingly intermeshed so that they are constantly reinforcing each other. For example, a commitment to problem solving deliberation, which has the capacity to both foster greater shared understanding and also generate innovative policy solutions, can be conceptualised as both a principle but also a process or action. As with the principles and values there is no definitive list, rather the focus should be on what are the core 'collaborative' practices that can stimulate the exploration of new relationships, foster policy learning and innovation and contribute to the delivery of improved people-centred services.

Progressing Projects

Health and social care is a complex system, in which achieving policy, institutional and/or organisational reform is not only extremely difficult but also often highly contested. Sláintecare provides an ambitious overarching framework for future policy direction in the sector. The Forum can make a potentially valuable contribution to the implementation of this reform agenda by undertaking a number of specific and ambitious projects designed to deliver real change and tangible improvements in service delivery. There a number of potential benefits of the Forum adopting a project based approach. Firstly, a specific project provides a 'bounded' space within which the participants can apply, in an open and experimental manner, their agreed set of partnership principles and practices to the resolution of a practical problem or issue.

The successful resolution of a particular project has the potential to deliver mutual gains for all parties involved as well as delivering positive outcomes for patients and services users. It can therefore function as a tangible demonstration of the advantages of adopting a collaborative approach to complex issues. It can also contribute to the ongoing evolution of a more sustainable collaborative relationship by fostering a greater sense of trust and mutual respect between the actors.

This is not to say that there is a steadfast guarantee that the actors will always reach an agreed solution to a particular problem or issue. If they are seeking to address a complex issue then the process will be challenging, uncertain and difficult. The potential of a project to deliver tangible gains and outcomes can however galvanise participant's willingness and capacity to foster innovative solutions to complex problems. Finally, projects provide a mechanism for linking 'high level' agreement on new ways of working to the delivery of tangible outcomes for service users.

The current review of the Service Level Agreement for example provides an opportunity to consider how these arrangements can be reformed to incorporate the concept of accountable-autonomy and to shift the performance dialogue from an overt focus on monitoring inputs and delivering outputs towards a greater emphasis on improving organisational performance and delivering enhanced outcomes for service users. Significantly, the CEO of the HSE has indicated that there now has to be a move away from how the HSE monitor organisations as the overall focus should not be on costs and outputs per se but rather on performance and outcomes.[10]

Delivering Outcomes

The Forum's terms of reference stipulate that in working to strengthen the relationship between the state and voluntary sectors, there should be an enduring focus on maximising effectiveness and outcomes. Although the Forum has an overarching mandate to build stronger and more productive relationships between the state and voluntary sectors, ultimately this only has 'value' if this 'new relationship' can generate tangible outcomes that contribute to the delivery of better quality, people-centred health and personal social services. The focus of the Forum's various work strands needs to be orientated around how to the make the health care system work better for service users.

Delivering tangible benefits for people and their communities would represent an important form of output legitimisation for both a new relationship between the two sectors and the work of the Forum in general. The experience of partnership structures established within the Civil Service under General Council Agreed Report 1331 highlights that where collaborative working and partnership arrangements generated positive outcomes the quality of the relationships were deepened and the participants were willing to take on more initiatives (National Centre for Partnership and Performance, 2004). In contrast, were partnership structures failed to deliver tangible improvements, relations were undermined and the process became moribund.

Monitoring and Review

Finally, the Terms of Reference for the Forum notes that in proceeding to practical action actors will be aware that issues need to be subject to constant monitoring and review. This equally applies to the task of building more constructive and sustainable working relationships. This will necessitate creating the space for the participants to review how relationships have evolved; explore the extent of shared understanding around partnership principles; consider what has worked well and identify those areas or issues where there is a need for concerted improvement.

Conceptualising the building of more collaborative and productive relationships as a dynamic and virtuous cycle highlights the importance of ongoing (inter)action, deliberation and problem solving. Significantly as in discussed in the next section, the very manner in which the state and voluntary sectors responded to the complex challenges posed by Covid-19 serves as an example of this dynamic framework in action, in real time.

10. NESC (2021).

4. The Covid-19 National Health Emergency

4.1 A Collaborative National Response – Partnership in Action

The HSE in conjunction with the Department of Health, NPHET, HIQA and various other public bodies have been at the vanguard of the national response to the Covid-19 global pandemic. The HSE in particular has been the lead body in overseeing the development and implementation of an evolving public health strategy designed to control and prevent the spread of the pandemic and protect the health of the population.

Within this national response there was a concerted focus on adopting public health measures to protect the most vulnerable in society in particular the elderly, individuals with complex and serious underlying health problems, people with disabilities, individuals experiencing homelessness, children in care and those accessing social inclusion services.

The outbreak of Covid-19 and the introduction of the public health measures to control and prevent its spread had an unprecedented impact on public and voluntary organisations, their staff, service users and their families and carers, right across the health and social care sectors (see Box 4A).

Box 4A: The Impact of Covid-19 on the Irish Health and Social Care System

- Voluntary, public and private healthcare organisations suspended and/or severely reduced a whole range of in-person healthcare services and supports.
- The adoption by the HSE of a comprehensive approach to redeployment designed to ensure that health workers could be reassigned quickly to areas of greatest need.
- The widespread adoption of new and/or flexible working practices and procedures.
- A significant acceleration of telemedicine and similar technology-enabled practices in conjunction with a transition to the provision on-line digital and remote health and social care services across the public and voluntary sectors.
- Over the course of the crisis, the HSE oversaw an accelerated programme of investment in PPE, technology, drugs, infrastructure, hygiene and sanitation measures and other medical equipment
- The fast-tracking' of existing national strategies in terms of the adoption of e-health services, the focus on community based service provision, integrated services and the emergence of more person-centred and tailored services and supports.
- The establishment of a nationwide test and tracing system from scratch.
- The roll-out of a comprehensive national vaccination programme

Importantly the national healthcare system responded to this unprecedented crisis in an innovative, flexible and collaborative manner. Research, commissioned by the Dialogue Forum and undertaken by NESC (Thomas, 2021), demonstrated that this crisis not only transformed the environment within which the state and voluntary actors operated but also critically underpinned the transition to a new and more productive relationship characterised by a commitment to collective problem solving, innovation and practical action.

Although the overall national strategic response to COVID-19 was public sector led, it has been a collaborative national effort involving all the constituent elements that make up Ireland's hybrid national healthcare system.

"The voluntary health sector has worked extraordinarily well with us and this underscores for me the importance of building a new relationship with section 38 and section 39 organisations, grounded on mutual trust and respect. Our colleagues in community-based practice (GPs, pharmacists, dentists, and others) have also worked very closely with us, and already they are emerging as a driving force behind the shifting of care to the community. The commercial healthcare providers and private hospitals have also played their part in diversifying the pathways of care available to us in meeting patient need in a COVID-19 environment." (Paul Reid, 2021:2)[11]

The aforementioned NESC report (2021) detailed how the voluntary sector responded to this unprecedented crisis in an innovative, flexible and collaborative manner. From the outset of the crisis voluntary organisations across the health and social care system engaged in remarkable degree of change management, in terms of both the scale and pace of change, as they sought to continue to provide services and supports to their clients and families and also contribute to the national health emergency response (see Box 4B).

Box 4B: Responding to the Covid-19 Crisis: Change Management in the Voluntary Sector

- The adoption of new work practices and the facilitation of extensive staff redeployment within and between organisations across the voluntary, public and private sectors;
- The design and implementation of comprehensive business contingency plans;
- The rapid shift to remote working;
- Significant investment in PPE, staff training, additional hygiene and cleaning activities, and the redesign of facilities and offices to comply with public health guidelines.
- The transition to the provision of on-line digital and other forms of remote service provision;
- The design of new services to meet emerging needs and connect with communities;
- The management of a severe financial crisis caused by the suspension of fund-raising activities and the fall in earned income activities;
- The expansion and/or reconfiguring of existing key services;
- The 'fast-tracking' of existing national strategies in terms of an increased focus on community based service provision, integrated services and the emergence of more person-centred and tailored services and supports;
- The development of new hospital based services and facilities.

11. HSE (2021a) National Service Plan 2021

The study undertaken by NESC (2021) demonstrated that the response to the Covid-19 health emergency was underpinned by an unprecedented level of collaboration between the statutory and voluntary sectors. Indeed, the emergence of a more collaborative and productive relationship between the state and the voluntary sectors was both a significant feature of the national response to the crisis and a key outcome of this shared experience. This partnership-style approach also served to provide tangible evidence of the mutual benefits —for the state, the voluntary sector and for citizens —that can be generated by this way of working. The Disability Federation of Ireland for example contend that the "collaborative approach that has emerged in their sector effectively modelled the type of engagement advocated by the IRG report".[12] The state and voluntary sectors response to the unprecedented public health emergency arguably represents a case study of the dynamic framework for building a stronger working relationship described above —in action, in real time (Figure 2).

Early in the crisis, new national level 'virtual' forums or structures, comprised of senior decision makers from the statutory and voluntary sectors, were established in the disability, mental-health, palliative care and older persons care areas to oversee the implementation of national public health advice and guidelines and to address, in a collaborative manner, Covid-19 related challenges in their respective sectors.

Within these various forums, there was from the outset an emphasis on transparency and openness while their capacity to develop effective solutions fostered a high level of mutual respect and trust between participants. Importantly the work of these various forums were characterised by intensive engagement, the extensive horizontal and vertical sharing of timely information and a commitment to collective problem solving. The overarching focus of this peak level collaboration was the shared goal of protecting vulnerable individuals while continuing to deliver essential services and supports.

This ensured that there was a strong focus on identifying and implementing actions (projects) that sought to resolve particular problems and challenges. The capacity of problem-solving deliberation to resolve problems and generate mutual benefits and enhanced outcomes served to both highlight the potential of more productive relationships and reinforced participant's commitment to working in this manner. Consequently, a positive cyclical dynamic emerged that enhanced the quality and level of collaboration and collective leadership within the respective sectors (Figure 2).

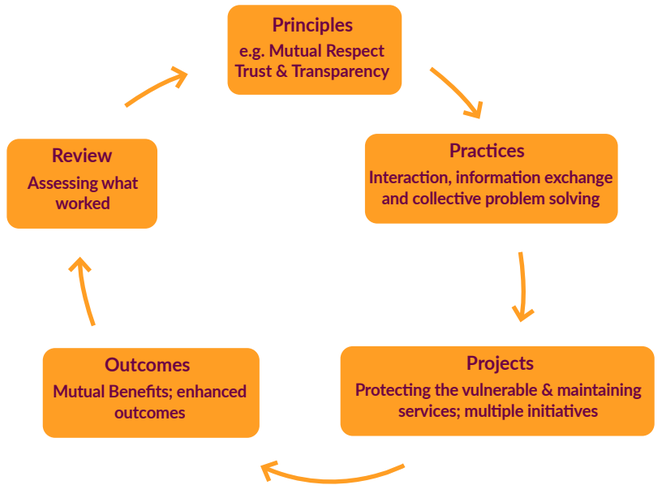
Interestingly the sheer scale of the health care challenges unleashed by the global pandemic and the manner in which the state has sought to address them has served to reaffirm that mutual interdependency is a defining characteristic of Ireland's hybrid healthcare system. This reinforces the case for building more collaborative and productive working relationships between the state and voluntary sectors As one senior HSE official stipulated, 'Neither the HSE, the service providers or the families of service users can do it all by themselves, however together they can."[13]

West et al., (2014) in making the case for collective leadership within the NHS, argues that organisations working in isolation cannot resolve problems or achieve the best possible care. Rather what is required is a culture of collective leadership that fosters interdependent working within and across the healthcare system. Importantly this type of collective leadership and integrated working was a central element of the national response to this unprecedented public health crisis.

Importantly, in the context of this paper, this real-time experience also 'surfaced' the very principles, and associated practices that should underpin and inform the ongoing evolution of partnership style working in the health and social care sector (see section 5).

12. Disability Federation of Ireland (2020b).
13. Source: NESC (2021)

Figure 2: A Dynamic and Virtuous Cycle – In Action, In Real Time



4.2 Tight and Loose': Towards Accountable Autonomy

As was discussed in section 3 a perceived tension between the concepts of accountability and autonomy was considered to be at the core of a problematic relationship between the state and voluntary sectors. Interestingly the overarching strategy adopted by the HSE during the crisis has been described by Paul Reid (former CEO, HSE) as a 'tight and loose' approach. This approach combined an emphasis on strong central guidance and direction, including strict oversight where required, with affording increased autonomy at the regional and local levels in terms of the scope to implement specific actions, deliver organisational change and engage in innovation.

This to an extent mirrors the Government's strategy for community and local development that recognises that a renewed partnership underpinned by strong autonomous community and local development structures enable effective interventions for change that the government acting alone could not deliver.[14] One stakeholder described the new context in the healthcare sector as "being allowed to get on with what you are good at".[15] As West et al (2014) highlight collective leadership entails distributing and allocating leadership power to wherever expertise, capability and motivation sit within organisations and health systems.

During the crisis there was tangible devolution of decision making from HSE headquarters to the local crisis management teams, which was accompanied by the affording of greater autonomy for taking action to individual voluntary organisations. The NESC research moreover revealed a clear consensus that devolving decision making capacity and affording greater autonomy to local actors was key to delivering the scale and pace of changes that occurred across the healthcare sector since the outbreak of the pandemic.

The aforementioned 'Tight and Loose' approach is in effect an example of 'accountable autonomy' in action. Significantly, the HSE has stipulated its support for the latter concept as a way of achieving the right balance between the necessary control by the state over policy and funding and recognising the autonomy and independence of the voluntary sector.[16]

14. Government of Ireland (2019)
15. Source Research Interview
16. HSE (2021a)

5. Partnership Principles: An Agenda for Change

5.1 Principles: Shared, Relevant and Impactful

As stated in the previous section, this briefing paper contends that the positive experience of collaborative working during Covid-19 has surfaced the type of principles that could contribute to the ongoing evolution of more collaborative and productive relationships within the healthcare sector. Before considering what the individual principles might be it is suggested that collectively they should be:

- Agreed and Shared:
- Relevant and Meaningful and
- Impactful and Implementable

Firstly, it is clearly necessary that any set of partnership principles are shared or agreed ones. In relation to Government's five-year strategy for local and community development, the Cross Sectoral Group who contributed significantly to its development, also adopted a shared set of values and principles to both underpin it and to guide its implementation. Without a similar sense of shared ownership, the relative value of any set of partnership principles for the Dialogue Forum would be questionable. In this regard, it is important that a Sub-Group of the Dialogue Forum, comprising representatives of both sectors, has been afforded the task of actually formulating an initial set of shared principles, which will then have to be ratified and adopted by the wider Forum.

Secondly, it is important that any set of agreed principles are meaningful and relevant for those working in the sector. In other words, high-level concepts or values have to be grounded in the reality of sector while at the same time seeking to foster a way of working that is more progressive and beneficial for all the stakeholders. This reaffirms the need to see the process of forging a more constructive and sustainable relationship as a dynamic and virtuous cycle.

As suggested already the process of resolving problems and engaging in related projects has the capacity to bring to the fore the joint principles that are most important to the participants. This has the capacity to make the principles real for the diverse range of statutory and voluntary organisations across the health care sector. This is also vital in terms of creating a sense of ownership around any set of principles.

Thirdly, it is important that any set of agreed principles are implementable and impactful in nature. In other words, these agreed set of principles, and associated practices and behaviours have to be 'lived' rather than 'laminated'. That is to say, this form of high-level agreement has to be embedded in the practical action, and in particular, it should contribute to maximising effectiveness and delivering tangible outcomes for service users. If it can be demonstrated that partnership principles are being embraced and are influencing behaviours and relationships, then there is a real opportunity to embed and deepen collaboration across the healthcare system.

This underscores the importance of the Forum engaging in specific projects that address fundamental problems or issues within the health and social care system. Equally, it suggests that there is key role for Forum in authorising support for any agreed principles and demonstrating how they can help to deliver better quality people-centred services.

5.2 Partnership Principles

The individual concepts that would collectively constitute an agreed set of relevant, meaningful, implementable and impactful principles are outlined in Figure 3 and discussed below.

Figure 3 Partnership Principles for the Health and Social Care Sectors

Trust and Mutual Respect

One of the issues that emerged in the IRG Report (2019) was a perception within the voluntary sector that despite the interdependent nature of the Irish healthcare system the state continued to undervalue and misunderstand the voluntary sector's role in, and contribution to, the provision of health and social care services. In order to move towards a more progressive form of collaborative engagement both parties will have to clearly affirm their mutual respect for each other and openly recognise the other as a valuable partner within the public healthcare system. The clear and unambiguous recognition of the value of the community and voluntary sector and their status as partners with the state is an integral feature for example of the five-year Strategy for Local and Community Development (Government of Ireland, 2019).

Voluntary organisations are independent legal entities. It is clearly important that the state sector respects and values both the distinctive status and character of voluntary organisations and the roles that they play in providing health and social care services to their respective communities. Equally, the voluntary sector must recognise the HSE's statutory responsibilities and the fact that they are accountable to the political, policy system, and the public for the management of the healthcare budget and provision of services. A commitment to mutual respect and trust goes beyond a recognition of each actor's particular status or roles however as it also involves embracing and valuing the diversity of knowledge, skills, views and experience brought by all stakeholders within the healthcare system. As the Covid-19 crisis highlighted harnessing this 'diversity' has the potential to enhance the system's capacity to resolve complex challenges and improve service provision.

As already indicated the manner in which the state responded to the pandemic reaffirmed the interdependent character of the Irish healthcare system. During the crisis, there was certainly evidence of a greater display of mutual respect for the work and role of the voluntary sector. The considerable knowledge and expertise that voluntary organisations could bring to the table as front line service providers appeared to be more valued. One senior representative from a voluntary organisation described this change as "they (the state) began to see us problem solvers."[17]

One of the strengths of the community and voluntary sector in general is its capacity to intervene effectively in a way that the state acting unilaterally cannot deliver.[18] During the crisis the voluntary sector's organic rootedness in the community enabled it to respond in a quick and innovative manner and there is a sense that this particular 'quality' is now more explicitly recognised and appreciated by the state.

The voluntary sector recognises the leadership that the HSE demonstrated in managing the response to an unprecedented national public health emergency and in particular have valued the extensive advice, guidance and collaborative support they have provided to both individual sectors and organisations in seeking to resolve the various challenges posed by the pandemic.[19] In addressing the pandemic in such a collaborative and effective manner both sectors effectively earned the trust and respect of the other. Paul Reid (former CEO, HSE) has stated that the remarkable collaboration between the state and voluntary sector during the health emergency underscores the importance of building a new relationship grounded on mutual trust and respect.[20] The articulation of and commitment to a shared set of partnership principles has the potential to further foster this sense of mutual trust and respect.

Quality People-Centred Services

The role of the Dialogue Forum is to provide a regular platform for dialogue between the State and voluntary providers of health and social care services and it has an overarching mandate to build a stronger relationship between these actors for the benefit of patients and service users. This mandate indicates that building more productive and collaborative relationships while critical should be viewed as a mechanism for achieving the ultimate goal of better quality people centred services.

In other words, it is *'partnership with a purpose'*. Within the Government's 2019 strategy for Local and Community Development, enhancing collaboration and engagement through more sustainable partnerships, is identified as the basis for achieving the agreed vision of more vibrant, sustainable, inclusive empowered and self-determining communities that support the social, cultural and economic well-being of all members. The goal of the Northern Ireland Concordat agreement, that sets out an agreed set of values and principles and shared commitment, is to shape how the Government and the Voluntary and Community Sector can work together to better serve the people of Northern Ireland.

Similarly, the purpose of the Compact in England is to ensure that government and civil society organisations work effectively in partnership to achieve common goals and outcomes for the benefits of communities and citizens. Embracing the provision of quality people centred services as an intrinsic principle, rather than merely a high level abstract goal, gives it more resonance and links it more directly to improving both relationships between actors and the way organisations work together. In this regard, the current review of the service level agreements provides an opportunity to deliver an increased focus on quality and continuous improvement and to ensure that the shared commitment to quality people-centred serves is integral to service design and delivery

17. NESC (2021)
18. Government of Ireland (2019) Sustainable, Inclusive and Empowered Communities: A Five-Year Strategy to Support the Community and Voluntary Sector in Ireland 2019-2024, available at https://www.gov.ie/en/publication/d8fa3a-sustainable-inclusive-and-empowered-communities-a-five-year-strategy/
19. NESC (2021)
20. HSE (2021a) National Service Plan 2021

Transparency

Another potential principle is transparency which implies a greater commitment by all parties to openness, communication, exchange of information and accountability. From the outset, the meetings of the various national forums established to address the crisis in their respective sectors were characterised by transparency and an open exchange of information and experiences. Participants have indicated that this served to foster higher levels of trust and cooperation between stakeholders.

It also facilitated a commitment to the extensive horizontal and vertical sharing of timely information and data. This was clearly important in highlighting emerging problems and issues and facilitating joint problem solving. Given the complexity of the challenges facing the health and social care system it will be essential that the relationships between the differing stakeholders continues to be shaped by a high level of transparency otherwise trust and cooperation could quickly unravel.

As part of this commitment to greater transparency there will need to be an open and mature conversation about the level of funding that is required for an agreed level and quality of services to be provided and how this relationship can be more effectively managed. It will also be necessary to ensure transparency right across the system including situations where the state functions as both the commissioner and providers of health and social care services.

Problem-Solving Deliberation

Another suggested principle is the commitment to problem-solving deliberation. It should be noted that problem-solving deliberation could be viewed as a partnership practice as it conveys the action of addressing a specific issue or problem. Equally, it also conveys a particular mind-set, organisational culture and/or way of doing things. Indeed the concept of problem solving deliberation reveals the extent to which collaborative principles and practices have become increasingly intermeshed so that they are constantly reinforcing each other.

The importance of this concept to facilitating better relationships and improving outcomes is indicated by the fact that the Dialogue Forums Terms of Reference states that:

"Participants will adopt a problem solving approach to the issues. Rather than debating their ultimate vision, they will seek to address joint problems. They will recognise their interdependence – no organisation can achieve its goals without a significant degree of support from others."

The successful experience of the various national forums in the crisis demonstrated the potential of problem solving deliberation. The emerging problems and issues that were raised within each of the forums were viewed as shared problems that needed to be addressed collectively. Commenting on collaboration in the mental health sector, one senior representative from the voluntary sector commented:

"The formal and structured engagement effectively facilitated a de facto 'disposing of boundaries' as the HSE and non-governmental organisations worked together to address shared problems." (M. Rogan, MHI).[21]

21. M. Rogan (2020a) presentation to "The Irish Context: Impact of Covid-19 on the mental health sector" Coalition Conversations Series, https://www.mentalhealthreform.ie/coalition-conversations/

The fact that issues, irrespective of their origin were treated as 'shared problems' facilitated the open exchange of information and enhanced the participant's capacity to work collectively in devising practical solutions to problems. It also enabled a diversity of skills, experience and knowledge to be brought to the table in seeking to resolve issues.

As NESC's work on Community Call indicates this type of co-creation of solutions requires not only a commitment to problem solving deliberation but also an acceptance that the way of solving a problem may not be clear at the outset (McGauran, 2021). Rather the actual process of addressing an issue or undertaking a specific project can generate new insights and thinking with regard to the appropriate policy actions and measures that need to be implemented.

The capacity to resolve and/or progress issues in a manner that is mutually beneficial to all stakeholders builds higher levels of trust between the parties and reinforces their commitment to working in a more productive and collaborative manner.

"We knew we could do better and tackling Covid-19 has displayed that we can and that we should". (Senior Official, HSE: cited in Thomas, 2021).

Collective Leadership

Research undertaken in the UK by West et al., (2014) argues that collective leadership – as opposed to command-and-control structures – provides the optimum basis for caring cultures. Collective leadership entails distributing and allocating leadership power to wherever expertise, capability and motivation sit within organisations. This, it is suggested, creates a culture in which staff are encouraged to intervene to solve problems, to ensure quality of care and to promote responsible, safe innovation.

At a systemic level, collective leadership moreover emphasises the building of interdependent networks of organisations that work in collaborative and integrated manner to deliver high quality person centred care. As outlined in the previous section the national response to the Covid-19 crisis was characterised by an unprecedented level of collaboration and integrated working across the healthcare system.

This included devolving greater responsibility to local and front line actors. The mutually interdependent character of the Irish healthcare system ensures that driving reform and providing quality patient centred care will require even more integrated working and a strong commitment to fully harnessing the experience, skills and expertise of all stakeholders. In this context, the principle of collective leadership clearly has strong resonance for the Irish healthcare system.

It will be important to ensure that structures and processes are put in place that are conducive to fostering and embedding collective leadership across all areas of the health and social care system and within all statutory and voluntary organisations. A commitment to collective leadership can send out a strong signal that collaboration and partnership is the 'way we do things' and also provide support for calling to account practices and behaviours that are not consistent with this approach.

Accountable Autonomy

The interdependent character of Ireland's hybrid healthcare system ensures that it is essential that voluntary and statutory organisations work together within a co-operative model, which fully delivers national health and social care strategies and provides enhanced outcomes for service users while at the same time demonstrating compliance with best practice in terms of governance, quality, safety and financial probity. In section 3.1, it was suggested that reconciling the challenge of getting the right balance between accountability and autonomy necessitates it being recast as accountable-autonomy. As was highlighted in section 4, building on the experience of the pandemic, the HSE has articulated its support for this concept. Given its importance in framing relationships between the state and voluntary organisations, it is proposed that accountable-autonomy is adopted as one of the principles of a partnership approach.

Trying to achieve the right balance between, accountability and autonomy, both of which are equally important, is a complex challenge that is not unique to the Irish healthcare system. The experience of the last two years has however been important in terms demonstrating the potential of accountable-autonomy to improve relationships and enhance service provision. At the same time, it is recognised that there is a need for further discussion and deliberation between the two sectors in order to forge a shared understanding of what accountable autonomy actually means and how it can be operationalized given the considerable diversity within the voluntary sector in terms of size, structure, ethos and types of services provided. The Dialogue Forum has initiated a strand of work designed to explore this very issue and aims to build a greater shared understanding of how this would work within the health and social care system.

What is evident is that there appears to be a genuine commitment to address this issue in a partnership-style manner. Former HSE CEO, Paul Reid's articulation of the need to shift from an overt focus on monitoring costs and outputs towards an emphasis on performance is significant as it has the potential to further embed the concept of accountable autonomy in a manner that could reframe critical debates around the relationship between funding, performance and service innovation. Equally, there is merit in exploring the contribution that the regulatory framework could play in designing a new interdependent relationship between accountability and autonomy.

There may now also be an opportunity to think about downward and outward accountability more generally as a mechanism for deepening engagement, fostering transparency and improving service delivery. Rather than focusing purely on upward accountability to the administrative and political system there is an opportunity for organisations to be more transparent and to better engage with service users, families, carers and communities around the nature and quality of service provision.

Notwithstanding the considerable body of work that is required to fully embed an approach premised on accountable-autonomy, adopting it as a key partnership principle would signal its importance and provide further momentum to the policy dialogue on this issue.

Active Participation and Engagement

Active participation and engagement is premised on the view that voluntary organisations and the communities they represent have a role in identifying their own needs and interests and shaping the policies required to meet them. Building active participation involves a recognition that the effectiveness of policies and programmes across the healthcare system are enhanced by the participation of voluntary organisations in their design, implementation and monitoring. A commitment to active participation and engagement values the skills, knowledge insights and expertise of voluntary organisations and aims to ensure that they are harnessed in seeking to provide quality people-centred services.

The NESC study (Thomas, 2021) highlighted that the national forums set up in the crisis enabled regular, structured and intensive engagement between voluntary organisations and senior decision makers within the HSE and the Department of Health'.

"There was positive, open and regular engagement between disability umbrella organisations and the HSE at national level. The umbrella organisations were able to raise issues that arose quickly and there was swift response." (Thomas, 2021).

"The forum provided a much needed space for communication and a support structure for all providers. It created the sense of 'a united front and approach", where we felt that we were being heard and the group was able to get things done quickly." (Thomas, 2021)

The aforementioned quotes indicate that the voluntary organisations were active participants in the forums. These structures also give the voluntary sector 'voice' within the policy system.

Under its Terms of Reference, it is envisaged that the Forum will function as a platform for engaging, involving and consulting with voluntary providers on a regular basis and in a meaningful way, including on Sláintecare and other relevant policy developments. As part of this all members of the Forum will be invited to consider how they can best work together to deliver national strategy and reform.

It should be highlighted that there are already examples of voluntary organisations being directly involved in national policy development, as was the case with the Government's new national mental health strategy, *'Sharing the Vision: A Mental Health Policy for Everyone'*.[22]

"Developed in co-production with people who use services, family members, professionals and providers, this policy is ambitious and expansive." (M. Rogan: cited in Thomas, 2021)

It will be important that this type of active engagement in policy design is built upon across the whole healthcare sector to ensure that going forward stakeholders have the capacity to engage with real, challenging and important issues. This is especially important with regards to the design, implementation and monitoring of sectoral strategies and policies. Fostering active engagement and participation can help to create a space in which difficult but necessary conversations on policy issues can take place. This highlights the importance of the quality of the engagement and its capacity to influence policy decisions and actions. There is also merit in both statutory and voluntary organisations considering how they can increase and improve service user engagement on policy matters.

Innovation and Learning

As briefly outlined in the previous section (see Box A and Box B) the scale of transformative change that was delivered by statutory and voluntary bodies, in such a limited time and in the midst of a pandemic, was nothing short of remarkable.

"Having worked for thirty years in the private sector and now nine years in the public service, I have never seen such significant and important change undertaken and implemented by so many dedicated people in such a short timeframe". (P. Reid, former CEO, HSE).[23]

Achieving this level of change required a strong commitment to learning and innovation across the whole sector. Interestingly the design of the national response accepted the highly complex and uncertain environment within which they were operating. Indeed early in the crisis the HSE's former CEO Paul Reid informed the political system that the HSE would get about seventy per cent of its response to Covid-19 right but that there would also be mistakes and ongoing changes.[24]

Although there was a high level of anxiety due to the uncertainty of the crisis, this perspective provided a safety net that served to unlock innovation within the healthcare system and ensured that "fear did not turn into stagnation."[25] Making mistakes and learning from them is an integral part of innovation and reform and this has to be more fully recognised across the policy and political landscapes. In contrast an overt focus on avoiding any mistakes or a sense of blame, will only stifle problem-solving deliberation, innovation and change.

Delivering the ambitious goals and objectives associated with Sláintecare will require a continuation and deepening of this commitment to ongoing innovation, change and learning. This will also however require engagement around the issues that can prevent innovations and learnings from being translated into mainstream practice within the system. Importantly embracing a culture of innovation and learning can serve to reinforce trust between parties, support engagement in problem solving deliberation and driving higher levels of innovation and change.

22. Government of Ireland (2020) Sharing the Vision A Mental Health Policy for Everyone, available at https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/
23. Dáil Eireann (2020)
24. Thomas, 2021
25. Source: NESC, 2021

5.3 An Agenda for Change

As was highlighted earlier a set of principles cannot be expected to do all the heavy lifting in terms of building a stronger working relationship between state and voluntary actors in the healthcare sector (section 3.3). Rather a collection of principles should be considered as part of a dynamic virtuous cycle in which a series of mutually reinforcing elements — principles, practices, projects, outcomes and monitoring and review — combine to assist in fostering a new paradigm of collaborative and productive engagement (Figure 1.)

The fact however the principles outlined in **Figure 3** emanate from the real time experience of collaborative and productive relationships that emerged during the Covid-19 crisis, suggests that they potentially represent a powerful *'agenda for change in how things are done in the sector'*. As already highlighted in this paper the national response to the Covid-19 crisis was characterised by an unprecedented level of collaboration between the statutory and voluntary sectors and evidence of the emergence of more productive partnership-style relationships. This partnership-style approach moreover drove a remarkable level of change and innovation, at pace, across the health and social care system. In part this was driven by organisations being supported and facilitated to *"get on with what they are good at"*."

Of course to be effective this *'agenda for change'* has to be owned and embraced. This will necessitate a commitment by all state and voluntary organisations to changing their behaviours and relationships and to focus on embedding partnership principles into their structures, processes and projects.

This will not be easy as changing relationships, behaviours and attitudes is complex, contentious and messy. In fact, there is already some limited examples of command and control type approaches creeping back as the unifying threat of Covid-19 wanes. It is important therefore to reiterate the increasingly complex and integrated set of challenges facing Ireland's hybrid and mutually interdependent healthcare system – delivering the transformative reform associated with the Sláintecare Programme; demographic pressures; financial challenges; recruiting, training and retaining qualified staff; rapid technological change and the legacy issues associated with Covid-19. This suggests that maintaining and deepening collaborative and productive relationships is now more important than ever, a fact that has been highlighted by the HSE's CEO.

"The new ways of working together transcend our current predicament and will set the tone for the future delivery of high quality, integrated healthcare in this country."[26]

Adopting, championing and owning this set of partnership principles provides stakeholders with an opportunity to maintain the momentum for change and to build the type of collaborative relationships that are necessary to deliver better quality, people-centred health and personal social services.

26. HSE (2021)

6. Conclusion

As argued throughout this paper, the national response to the Covid-19 crisis was characterised by an unparalleled level of collaboration and partnership between voluntary and statutory organisations across the healthcare system. In seeking to build on this positive foundation this paper sets out an agreed set of partnership principles that can guide and inform collaborative relationships and integrated working within the healthcare sector.

Embracing these principles and ensuring that they actually influence behaviours and actions will be challenging, as it will require a commitment to organisational and cultural change. At the same time this collection of principles reflect the productive and collaborative relationships and integrated working that characterised the national response to the Covid-19 crisis. This crisis clearly demonstrated the benefits for all stakeholders, in particular service users, of building more collaborative and productive relationships.

There is now a real opportunity for statutory and voluntary organisations to adopt a similar approach to delivering the transformative reform envisaged by Sláintecare and achieving better quality, people-centred health and personal social services. Embracing and implementing this set of partnership principles can it is argued make a positive contribution to the achievement of these strategic objectives.

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