

Service Arrangement and Grant Aid Agreement (SAGAA) Review HSE/ Agencies Briefing Presentation

20th November 2024

AGENDA

ID	Agenda Item	Presenter
1	Background & Context	Mike Corbett
2	Pilots Evaluation Update	Fran Brennan
3	Technical Workstream	Kevin Cleary
4	Process Workstream	Gerry Tully
5	Communications	Noel O'Meara
6	Q&A?	Mike Corbett/ All

BACKGROUND AND CONTEXT

Background & Context



Independent Review Group Report

[Independent Review Group examining role of voluntary organisations - gov.ie](#)



The Dialogue Forum

[Dialogue Forum with voluntary organisations - gov.ie](#)



The *Partnership Principles*

[Launch of Partnership Principles by Minister for Health in April 2023 - gov.ie](#)



The Case Study Programme

[504a0277-4aa9-45f0-8dca-b617dbbb0ab1.pdf \(www.gov.ie\)](#)



Service Arrangement Review

[Service Arrangement and Grant Aid Agreement Review \(hse.ie\)](#)

OBJECTIVES OF REVIEW

Overall Objective

“The overarching objective of the SA & GAA project is to review the Service Arrangement, Grant Aid Agreement and associated processes in the context of the *Partnership Principles*”

Oversight Group Terms of Reference

1. Review the content of the Service Arrangement (SA) (Part I and Part II) and Grant Aid Agreement (GAA) in the context of the *Partnership Principles*
2. Review current engagement processes throughout the SA & GAA lifecycle and suggest improvements in the context of the *Partnership Principles*
3. Identify ways to support the timely signing of SA and GAA documentation by the HSE and Voluntary Agencies
4. Explore options to help reduce duplication and administrative burden for all parties while meeting essential legal and operational requirements
5. Identify potential IT solutions that will improve efficiency, accessibility and consistency within the SAGAA process
6. Identify ways to improve information-sharing processes between the HSE and Voluntary Agencies
7. Contribute to the development of consultation and engagement structures and processes in the new Health Regions
8. Ensure that any proposed changes to the SA and GAA are consistent with relevant regulation and contract law requirements
9. Ensure that the SAGAA review is conducted in a way that demonstrates the behaviours and ways of working set out in the *Partnership Principles*.

Dialogue Forum with Voluntary Organisations

Partnership Principles

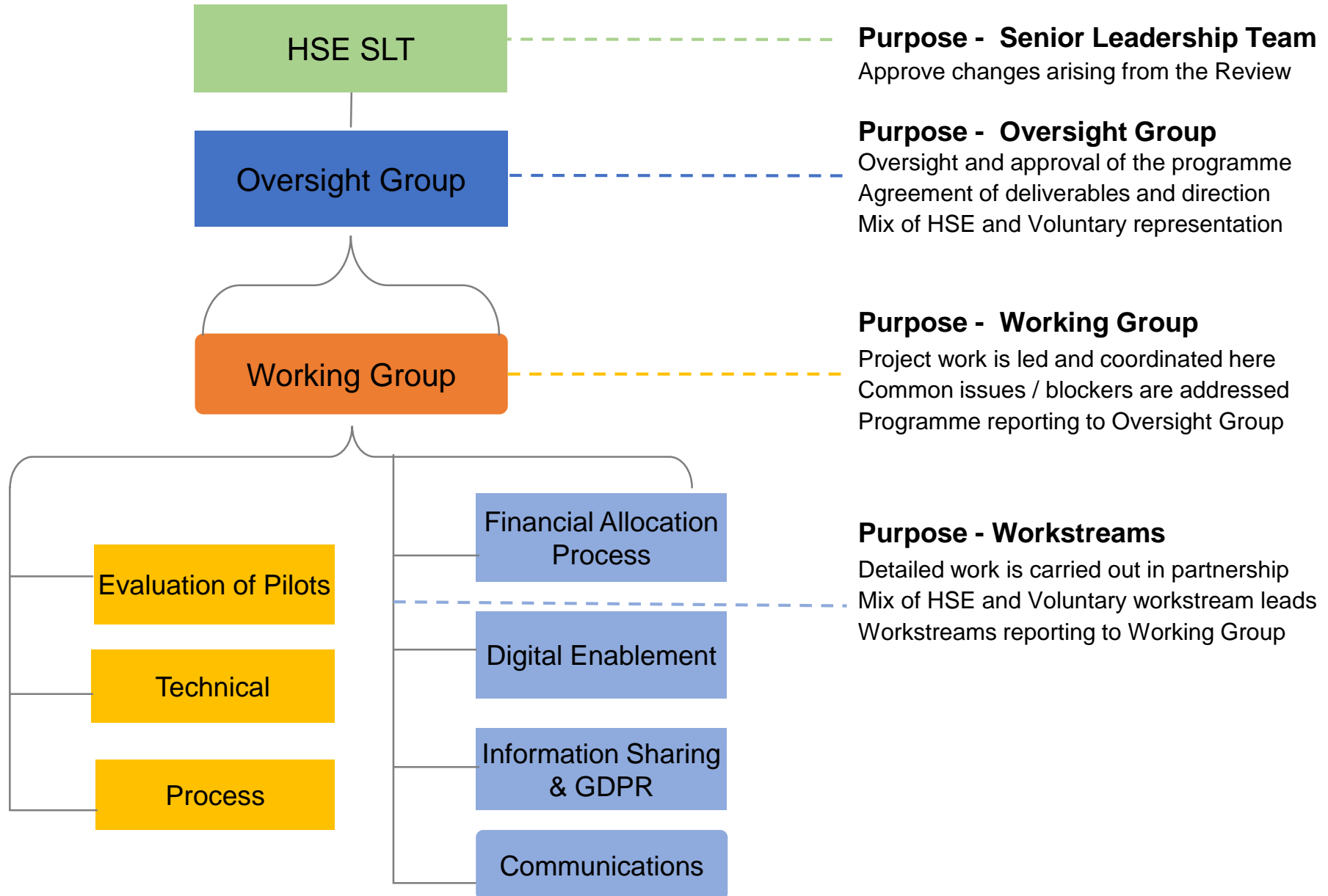
Building A New Relationship between Voluntary Organisations and the State in the Health and Social Care Sectors

Voluntary organisations are an intrinsic and valued core component of our hybrid, public health and social care system



REVIEW GOVERNANCE STRUCTURE

Review Governance Structure



SAGAA Oversight Group Membership

Member	Position	Representing
Maria Bridgeman	Integrated Healthcare Area Manager HSE Mid-West	HSE (from 13/11/24)
Fiona Coyle	CEO, Mental Health Reform	Mental Health Reform (to 30/09/24)
Mo Flynn	CEO, Irish Voluntary Healthcare Association	Irish Voluntary Healthcare Association
Alison Harnett	CEO, National Federation of Voluntary Service Providers	National Federation of Voluntary Service Providers
Stephen Mulvany	CFO, HSE; Chair of the Oversight Group.	HSE Finance; Chair of Oversight Group
Trevor O' Callaghan	Integrated Healthcare Area Manager	HSE Acute/Dublin and Midlands
Tess O'Donovan	CO, Cork Kerry Community Healthcare, HSE	HSE Community
Grace Rothwell	ND, Access & Integration, HSE	HSE Access & Integration
Joe Ryan	National Director, Operational Performance and Integration, HSE	HSE (to 30/06/24)
David Walsh	Access & Integration, HSE	HSE Access & Integration
Philip Watt	Interim CEO, Mental Health Reform	Mental Health Reform (from 1/10/24)

SAGAA Working Group Membership

Member	Position	Representing
Avril Allen	Group Financial Accountant, DMHG, HSE	HSE Acute
Colette Bennett	Director of Advocacy and Research, The Wheel	The Wheel
Fran Brennan	CEO, Polio Survivors Ireland	Disability Federation of Ireland
Orlagh Claffey	Integrated Healthcare Area Manager	HSE Acute/Dublin South West
Kevin Cleary	Head of Compliance, HSE	HSE Compliance
Mike Corbett	AND, Access & Integration; Chair of Group	HSE Access & Integration; Chair of Group
Brid Cosgrove	DoF, Mater University Hospital	Voluntary Acute
Clare Dempsey	CEO, St. John of God Community Services	National Federation of Voluntary Service Providers (to 16/09/24)
Mairead Dolan	ACFO National Finance Division, HSE	HSE Finance
Olive Hanley	Head of Service for Disability	HSE Disabilities
Christopher Hoey	COO, Irish Wheelchair Association	National Disability Association
John Kelly	Deputy CEO, Tallaght University Hospital	Voluntary Acute
Patricia McEvoy	Head of Disability Services	HSE Disabilities
Suzanne Moloney	Head of Service, Stability & Sustainability	HSE Access & Integration
Noel O'Meara	CEO, CareGivers Ireland clg & Chair, NCCN	National Community Care Network
Bernard O'Regan	Head of Operations, Disability Service, HSE	HSE Access & Integration
John O'Sullivan	CEO, Enable Ireland	National Disability Services Association
Liz Reynolds	CEO, St. Michaels House	National Federation of Voluntary Service Providers (from 17/09/24)
David Tobin	CMSU Manager, Cork & Kerry CHO	HSE Contract Management Support Unit
Gerry Tully	AND Disability Services Adult	HSE Access & Integration

AREAS OF FOCUS


Workstreams - 2024



Process

Continue work on process recommendations 2023.

Develop framework re: sharing of corporate information;
Liaise with DoH as requested on Health Information Bill



Information & GDPR



Comms & Engagement

Support understanding and buy-in to proposed SA changes;
Continue to contribute to HR design & implementation.

Review financial allocation process;
Review application of Business Case process



Financial Allocation



Technical

Continue review SA Part I;
Implement SA Part II pilots.

Identify opportunities for increased use of technology and supporting requirements



Digital Enablement



Evaluation

Evaluate and identify learning from the pilot projects.

Areas for Update: November 2024

Sustained focus on Technical and Process areas to date with particular emphasis on the following:

- Evaluation of Pilot Projects in 2024
- Process to support timing of signing
- Review of Service Arrangement Part I

PILOT PROJECTS EVALUATION

Pilot Projects

- 3 pilot projects were implemented in 2024
 - Healthcare Provider Specific Requirements (HPSR)
 - Increase eligibility threshold for GAA to €1m
 - Insert an additional column into Pilot Disability Composite Template
- Pilots were evaluated using a combination of surveys and facilitated workshops
- Recommendations approved by Oversight Group and HSE Senior Leadership Team

Healthcare Provider Specific Requirements

- HPSR developed to simplify the SA Part II
- Piloted among Palliative Care, Mental Health & Chronic Illness Agencies, plus Enable Ireland & Tallaght University Hospital
- Results were very positive - document was easier to use and reduced administration

Recommendation: Mainstream the HPSR to all agencies using a Service Arrangement in 2025

Increase GAA Threshold to €1m

- Increase GAA threshold from €0.25m to €1m
- Reduce administrative burden on HSE & Vols
- Piloted in 3 CHO areas (CHO 3; CHO 4; CHO 9)
- Results were mixed – significant reduction in administration but concerns by HSE and Agencies regarding mainstreaming the change in 2025

Recommendation: Review impact of the HPSR in 2025 & assess whether an increase to GAA threshold is still warranted

Additional Column in Pilot Disability Composite Template

- Additional column included in Pilot Disability Composite Template titled
‘Other Measures Required to Deliver Breakeven’

Purpose:

- To allow for more nuanced financial presentation
- While maintaining a balanced financial position overall
- Restricted pilot within 4 disability agencies
- Sample size – too small to draw conclusive results

Recommendation: Extend the pilot to a wider range of S38 and S39 agencies in 2025

TECHNICAL EVALUATION UPDATE

TECHNICAL REVIEW OF SA

Key Concepts regarding the Governance Framework for HSE Funded Agencies

- S38 and S39 of the Health Act 2004 is the statutory basis that enables the funding of Agencies.
- S38 and S39 enable HSE to decide the “terms and conditions”
- Service Arrangements set down the “terms and conditions”
- Service Arrangements and Grant Aid Agreements are contracts
- These documents are based on the principles of contract law
- In 2023 the HSE released €6.8 Billion to 1,800 Funded Agencies
- 669 of these Agencies are funded through Service Arrangements (99% of all funding)
- The HSE has only one contract with each Agency
- This has particular relevance for multi-funded Agencies
- A Service Arrangement only exists where both Part I and a HPSR(s) have been properly executed between both parties

TECHNICAL REVIEW PROCESS

- The SAs have not been reviewed for 10 years and required to be updated
- In the interim there have been changes which impact in areas such as legislation that need to be reflected in the SAs. e.g. Data Protection / GDPR
- Other changes were identified over the intervening years whereby the SA needed to be updated
- To this end the final document will reflect the following
 - Changes agreed with the Agencies' Representative bodies
 - Changes required resulting from legislation
 - Changes requested by different sections of the HSE
 - Changes occasioned by the establishment of the Health Regions and the appointment of REOs and IHA Managers.
- From 2025 onwards, all Agencies will use the HPSR.

TECHNICAL REVIEW OF SA

Outline of Review Process working with Agencies' Representative Bodies

- Representative bodies submitted a number of observations in respect of different Clauses / sub-Clauses
- The observations were examined in groups i.e. Clauses 1 to 11
- This process involved four in-person workshops
- One workshop took place with the State Claims Agency
- After each workshop we fed back to HSE solicitors with obs. on specific matters raised.
- Separately, matters emerged during the workshops which will be examined separately outside of the process.
- In some case we were able to agree changes to the texts
- These proposals were then fed back to the Representative bodies
- Where changes can be facilitated, these will be included in the updated SA
- Examples of changes:
 - The Clause on ICT provides greater clarity for Agencies
 - The term “hold harmless” has been removed from the indemnity requirements in the SA
 - From the 2023 review, there were significant changes to Clause 14 (Performance) and Clause 33 (Disputes)

TECHNICAL REVIEW OF SA

Other Key Points

- The draft Service Arrangement Part I is nearing finalisation
- Representative Bodies are being afforded the opportunity to review the update document
- From 2025 all Agencies will use the HPSR document to replace the “old” Schedules
- There will be a number of Briefing sessions on the updated documentation after it is finalised.

PROCESS WORKSTREAM UPDATE

Key Areas of Work and Focus of the presentation;

- Consultation and Engagement (partnership principles)
- Timing of Agreeing and Signing
- Elimination of duplication
- Business Case Process
- Pilot Disability Composite Schedule
- Link to Communications Workstream key messages
- Consultation and Engagement and the Partnership Principles
- Key agreement points on the process particularly dates
- Pilots on the Disability Composite Schedule

Partnership Principles (interdependent system)



Process and Dates;

- National Service Plan sets out detail on workforce, funding and aggregated activity targets
- These breakout to individual Health Areas and ultimately Provider Organisations
- Financial allocations for the year are notified to the Regions/Areas in December
- Core activity is known within Regions, Areas and Providers based on existing targets
- Core activity targets and funding should be communicated in December to allow time, up to signing target dates
- New activity set out in the NSP in November will be broken out and issued to areas in due course and when specifically agreed with the respective Departments
- The change control process to be used for new developments and where changes occur
- Deadline for community organisations re-affirmed as 28th February
- Deadline for signing for s38 acute hospitals re-affirmed as 31st March

Pilot Disability Composite Schedule

This is to add another column to the schedule between the cost of the service, income and funding to achieve a breakeven position.

The guidance on the guide tab for the composite schedule around the additional column is as follows;

- **Other Measures Required to Breakeven (If Applicable)** Other measures such as; fundraising activities, cost reduction measures and efficiencies, other provider contribution, etc.

The Benefits

- Scope for a provider to present service challenges and mechanisms to be undertaken as per the guidance
- It facilitates the provider to demonstrate to its Board the funding required to be generated from sources other than the HSE
- It gives visibility to the HSE on such activities and demonstrates the full quantum of service funded by the HSE or other means
- It allows the HSE scope to assess such and to present to its funders as appropriate
- Particularly noted since the project that while this doesn't resolve the issues it does create space for engagement around issues like changing need

Elimination of Duplication

- The development of the HPSR is seen as a huge step forward
- Responsibility for activity, funding and quality and safety will still be aligned to the HSE area that holds responsibility in the performance and accountability framework
- There are lots of issues in relation to HSE restructuring but our aim is business as usual for the 2025 cycle

COMMUNICATIONS

Communications

- FAQ document to be created and shared based on questions asked today
- Weekly HPSR sessions throughout December led by Kevin Cleary with the opportunity to ask questions
- Video Tutorial on how to complete the HPSR
- A specific engagement with the pilot participants for the Disability Composite (DCT) template
- Further comms will be sent by memo through regular channels
- How can the HSE and Providers further support communications to all relevant persons managing the SA's and GAA's?

Q&A