



Value for Money and Policy Review of Disability Services in Ireland

National Implementation Framework



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VALUE FOR MONEY AND POLICY REVIEW OF THE DISABILITY SERVICES PROGRAMME

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VALUE FOR MONEY AND POLICY REVIEW OF THE DISABILITY SERVICES PROGRAMME

NATIONAL IMPLEMENTATION FRAMEWORK

1. INTRODUCTION

The Government approved the Value for Money (VFM) and Policy Review of the Disability Services Programme in July 2012 and the immediate commencement of the implementation of its recommendations.

The National Implementation Framework has been developed to determine how the policies and recommendations emanating from the VFM Review are translated into concrete actions, assigns responsibilities for those actions, and specifies timelines for their completion. Relative priorities are determined and key performance indicators identified. The Framework also describes the project management and monitoring processes which are required to ensure that the transformational change management programme required on foot of the VFM Review achieves its purpose in a planned, timely and cost effective manner.

The Implementation Framework will be an evolving document and will be developed and amended to reflect key issues, themes and considerations arising within the monitoring and reporting framework and in the course of producing annual progress reports. The development of this Framework is the first phase of the implementation planning process. The second phase, which will result in a more detailed Implementation Plan, will follow the completion of the policy appraisal recommended in the VFM Review. The completion of a policy appraisal is a primary recommendation in the VFM Review and is required for all significant public service expenditure proposals. The appraisal will be conducted according to Government guidelines on policy appraisal (Ref. *The VFM Code - Expenditure Planning, Appraisal & Evaluation in the Irish Public Service: Standard Rules and Procedures*. Department of Public Expenditure and Reform).

IMPLEMENTATION PHASES

1. Development of National Implementation Framework

- a. Establishment of implementation structures;
- b. Initiation of demonstration projects;
- c. Evaluation of demonstration projects;
- d. Formal policy appraisal, using the evaluation of demonstration projects as input.

2. Migration to new model of services and supports

- a. Development of detailed implementation plan;
- b. Commencement of migration process.

2. VISION

The vision for the Disability Services Programme set out in the VFM Review is:-

‘To contribute to the realisation of a society where people with disabilities are supported, as far as possible, to participate to their full potential in economic and social life, and have access to a range of quality personal social supports and services to enhance their quality of life and well-being.’

In this context, ‘personal social supports’ refer to any non-clinical supports provided by the health service, such as the provision of care, therapeutic supports, training, early childhood intervention, assistance with daily living, aids and appliances, welfare and protection, communication and advocacy support.

Two overarching goals support the vision: the first goal spells out the ultimate desired outcomes for people with disabilities. The second goal expresses characteristics of the disability service system which are required to support the achievement of the full inclusion and self-determination of people with disabilities.

Goal 1	Full inclusion and self-determination for people with disabilities through access to the individualised personal social supports and services needed to live a fully included life in the community.
Goal 2	The creation of a cost-effective, responsive and accountable system which will support the full inclusion and self-determination of people with disabilities.

3. POLICY

The Review proposes a fundamental change in approach to the governance, funding and focus of the Disability Services Programme, with the migration from an approach that is predominantly centred on group-based service delivery towards a model of person-centred and individually chosen supports. The Review

recommends that the personal supports model should be underpinned by a more effective method of assessing need, allocating resources and monitoring resource use. A re-articulated vision and goals is proposed, as described above, with a recommendation that a set of realistic, meaningful and quantifiable objectives be developed to support their realisation. The achievement of measurable outcomes and quality for service users, at the most economically viable cost, underpins the recommendations. A core principle that guided the Review is that agencies which receive funding from the State for the delivery of services and supports to people with disabilities are accountable for that funding, and the necessary systems and protocols should be put in place to ensure full accountability and transparency on a standardised basis.

4. IMPLEMENTATION COSTS

The VFM Review concluded that the cost of delivering the personal supports model had not been analysed in an Irish context. In addition, some costs, for example the cost of the transition to community-based support, were recognised as being difficult to predict and would require to be addressed in incremental stages through the implementation planning process. In the longer term however, the Review was satisfied that the development and application of a national resource allocation model, coupled with the efficiencies identified in the Review, should support the evidence-based use of resources towards the achievement of programme objectives.

As a result, it was recommended that migration towards the future direction of policy would encompass the following:

- establishment of the financial viability of an individualised supports model, through a detailed appraisal process, as a precursor to final decisions on discrete elements of the policy;
- all aspects of a revised policy approach to be demonstrated to be both cost-efficient and effective, having regard to all the findings in this Review;
- acknowledgement of the challenges that will be faced in fully implementing the recommended approach, including the capacity of the system to respond to major changes at a time of funding and staffing constraints;
- recognition that all decisions on implementation steps should be taken in the light of current and future expenditure, employment ceilings and the likelihood of funding restrictions over the coming years.

The Implementation Framework provides for a series of interconnected actions which will support the completion of a formal policy appraisal. The Review highlighted the importance of demonstration projects as proof of concept. Many demonstration projects are already underway, and others will be initiated in 2013 through the Service Level Arrangement process:

The HSE should drive migration towards the new policy approach from 2013 onwards by requiring agencies to identify demonstration projects as part of their SLA negotiations and to commit to their implementation. Inputs should be clearly ring-fenced and fundable into the medium term. Adequate monitoring structures should be put in place in the HSE to follow up on progress as an integral part of the SLA monitoring process. (Recommendation 7.10)

The evaluation of the demonstration projects will provide a major input into the appraisal process. Other work strands, including the achievement of greater efficiencies and the introduction of a commissioning and procurement framework will also support an evidence-based appraisal of the proposed policy approach.

5. GOVERNANCE AND ACCOUNTABILITY

Monitoring and Evaluation

A Steering Group will be established to have oversight of the VFM Implementation process. The Steering Group will be chaired by a senior official at Assistant Secretary / Principal Officer level in the Department of Health who will be responsible for holding the Project Lead to account and keeping the Minister and Minister of State informed of progress. The Steering Group will have representation from the HSE (Assistant National Director/Director of Disability Services); National Disability Unit/Project Manager), the National Consultative Forum, and other stakeholders, as appropriate.

Roles and responsibilities

Lead roles are identified in the Implementation Framework for each key action.

The role of the DoH will be to:-

- direct and oversee the implementation of the recommendations in the VFM Review;
- develop the Implementation Framework;
- lead on certain Key Actions;
- appraise the new policy direction and make recommendations to the Minister on its sustainability and applicability;
- liaise with the HSE on the development of the Implementation Plan, having regard to the outcome of the policy appraisal;
- monitor the performance of the HSE in delivering the VFM implementation plan within the context of existing and reducing HR and financial resources;
- to report to the Minister on progress.

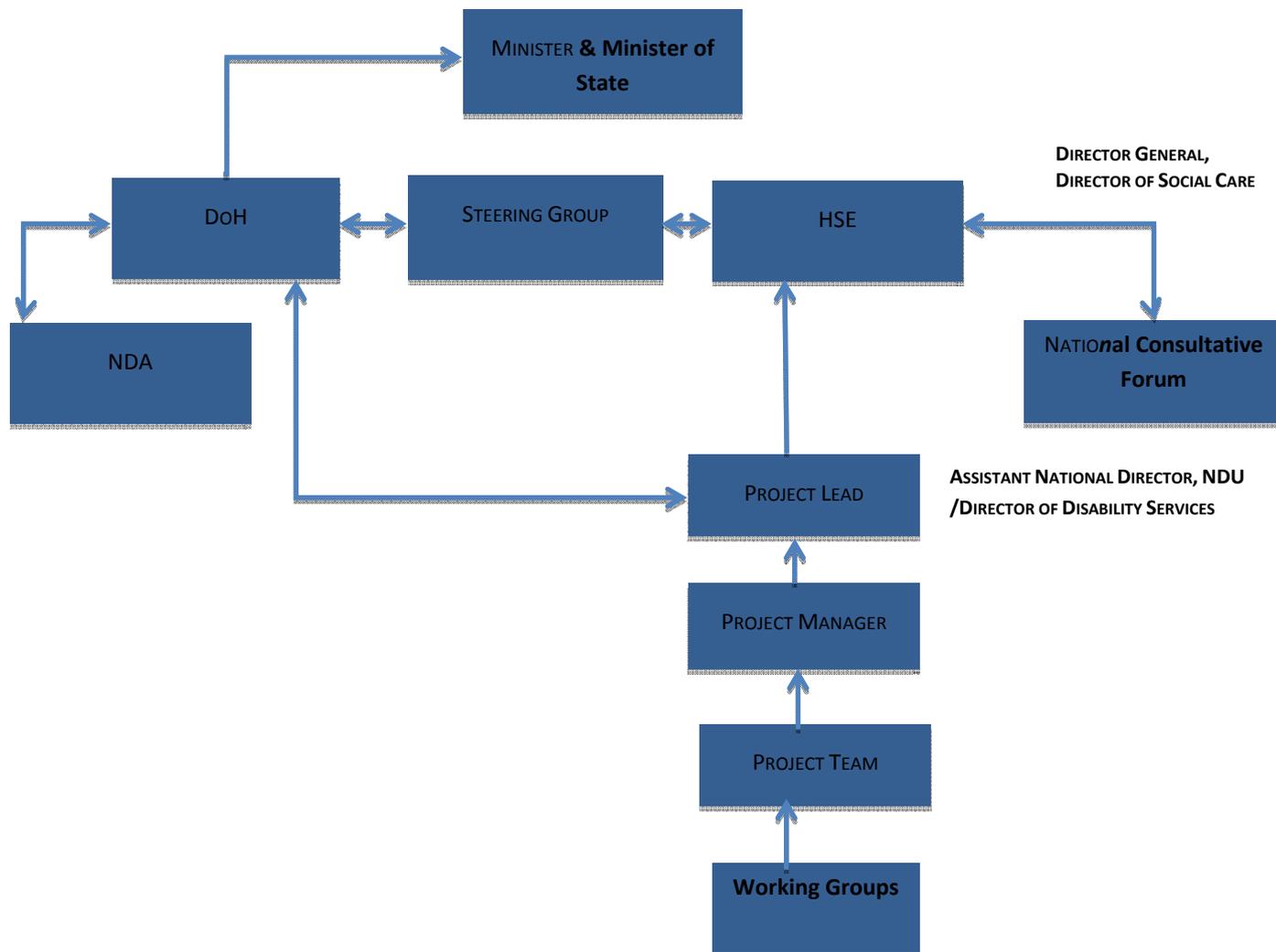
The role of the HSE will be to:-

- deliver the recommendations in the VFM Review, as outlined in the Implementation Plan;
- accomplish the transformation of the Disability Service Programme from a group-centred model of service to a person-centred model of supports;
- identify, initiate, support and monitor demonstration projects so as to provide the evidence base for the appraisal of the new policy direction;
- provide the DoH with evidence-based data on which to assess the sustainability of the person-centred supports model;
- put in place the governance and administrative procedures recommended in the VFM Review for the effective management of the Disability Service Programme within the context of the new structures described in Future Health: A Strategic Framework for Reform of the Health Service 2012 - 2015;
- allocate sufficient resources to the implementation project to ensure that it is planned, managed, supported and monitored effectively, having regard to staff ceiling and moratorium on staff recruitment;
- account to the Minister, through the VFM Implementation Group and the Department of Health, for the achievement of the implementation plan.

The project will also require the following roles:

- a HSE Project Lead, who will have responsibility for the achievement of the recommendations in the VFM Review.
- a HSE Project Manager, reporting to the Project Lead, with operational responsibility for co-ordinating the implementation of the VFM recommendations and directing the work of the Project Team.

Project Governance and Management Structures



Where possible, existing working groups, for example groups implementing the *New Directions* Report and the *Congregated Settings* Report, would be assimilated into the VFM project governance structure and so avoid the necessity to set up new working groups in the relevant areas. These groups would continue to operate under their current terms of reference and reporting arrangements, but would also report to the VFM Project Manager on progress within the overarching VFM Implementation Framework.

6. PROJECT MANAGEMENT

Project Team

A dedicated Project Team, with appropriate skill-sets, will be established by the HSE to carry out the implementation, under the direction of the Project Manager, and reporting to the Project Lead. The Project Team may be supplemented as required by working groups on specific aspects of the Strategic Aims. Members of the Project Team should be drawn from voluntary service providers or other agencies, in addition to HSE

staff at local, regional or national level as appropriate.

Change management

The Implementation Framework is designed to address the most significant and far-reaching change to the delivery of disability services in this country, affecting all aspects of service provision. The VFM Review acknowledged the magnitude of this undertaking, and recommended that the process be driven by a Director of Disability Services who would have sufficient authority to ensure that the recommendations were carried out and who would be responsible for their delivery. In the Project Governance structure this person would be designated as the Project Lead. The Director / Project Lead will be positioned within the proposed Social Care Directorate, but until then the onus will be on the Health Service Executive to designate from within its existing structures an individual as Project Lead who has the authority, resources and responsibility to lead the change management process.

Communications

Communications with stakeholders will be the responsibility of the Project Lead. Stakeholders must be kept informed on a regular basis of significant developments, and it is suggested that a dedicated web-page should be established on the HSE's website to record developments. There will also be milestones within the project which will require consultation with stakeholders as appropriate.

Status reporting

The Project Lead will be required to report to the Department of Health and the Director General of the Health Service Executive at specified intervals e.g. quarterly on progress under a set of headings to be determined.

Resource needs

The Implementation Framework will require the following resources:

DoH: A nominated officer at AP / HEO level, supported by a HEO and CO, who will have responsibility for liaising with the Project Manager and reporting to senior management on the progress of the project.

HSE: A Project Lead, who will have responsibility for the achievement of the recommendations in the VFM Review. On the establishment of the new HSE structures, this responsibility should be assigned to the Director of Disability Services. In the interim, an officer of sufficient authority and experience (the Head of the National Disability Unit) should be nominated.

A Project Manager, with operational responsibility for co-ordinating the implementation of the VFM recommendations and directing the work of the Project Team. While the Project Lead / Director of Disability Services will necessarily have other roles and responsibilities, it is strongly recommended that the Project Manager should be a full-time, dedicated, post.

A Project Team, comprised of sufficient staff to effectively deliver the key actions in this Framework. The Project Team may be augmented by staff from other organisations as appropriate.

NDA: advice and assistance as indicated in the VFM Review (Recommendations 5.31; 6.5 and 6.8 on the development of a resource allocation methodology; a methodology for the measurement of outcomes and impacts and a dataset on health outcomes), and as discussed between the Authority and the DoH.

Non-statutory service providers: a nominated officer within each service provider to liaise with the Project Lead and Project Manager, together with the resources required to implement specific recommendations of the Review.

Milestones

The Framework has identified key milestones in the implementation process. A more detailed set of deliverables will be developed on completion of the policy appraisal recommended in the VFM Review:

A plan for migration towards revised policy objectives should be drawn up, with milestones, dependencies and critical path identified and a feasibility analysis and appraisal carried out. (Recommendation 7.18);

Further work is required to cost, prioritise and plan for the implementation of a revised policy approach. Work should commence on this without delay. (Recommendation 7.21)

Key milestones in the initial phase of implementing the recommendations in the VFM Review are:

- completion of implementation framework; [Q1, 2013]
- establishment of implementation monitoring and project management structures [Q1, 2013];
- evaluation of demonstration projects commenced, as a precursor to the formal policy appraisal process [Q4, 2013];
- completion of policy appraisal and development of implementation plan 2014 – 2017 [Q1, 2014].

7. APPROACHES

The recommendations in the Review will be implemented through the following approaches:

- Establishment of the project management and monitoring processes and structures referred to above.
- An effective reporting framework to ensure the best outcomes for people with disabilities.
- Strong national direction and effective leadership, together with a consistently applied national approach to the key measures and actions outlined in this Framework.
- Facilitation of appropriate and effective partnership at national level through engagement and linkages between the key stakeholders.
- Effective co-operative approaches at local level, supported by a robust implementation framework and relevant protocols.

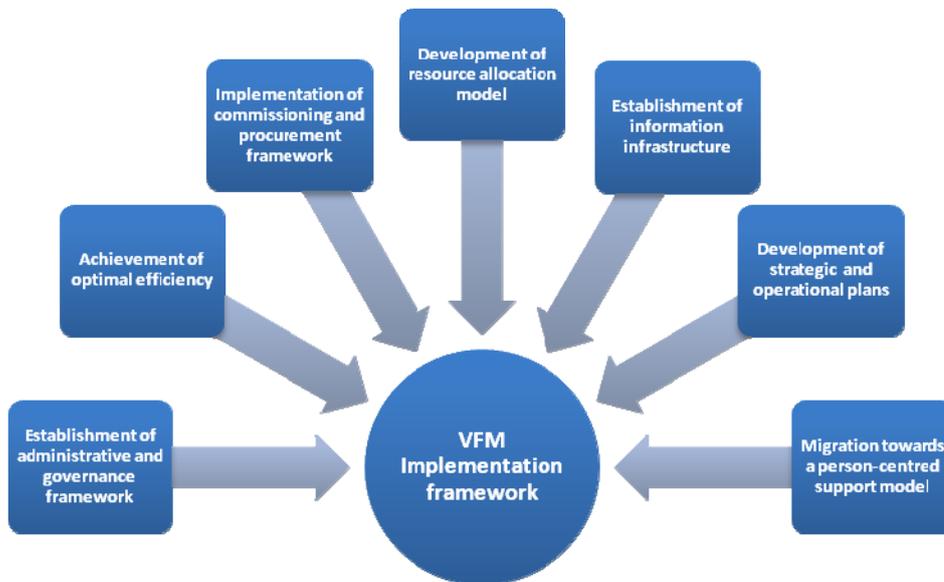
8. STRATEGIC AIMS

Seven key strategic aims have been identified which form the core of the implementation framework:

- Establishment of administrative and governance framework;
- Achievement of optimal efficiency;
- Implementation of a commissioning and procurement framework;
- Development of a resource allocation model;
- Establishment of an information infrastructure;
- Development of strategic and operational plans.
- Migration towards a person-centred support model.

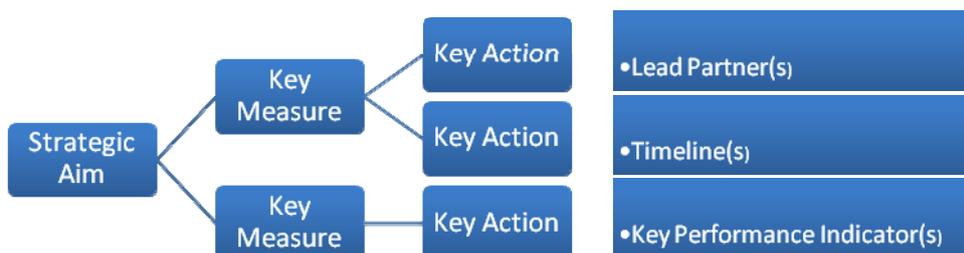
The strategic aims are supported by the key measures necessary to give effect to the achievement of these aims. Each key measure has been subdivided into appropriate actions, with associated key performance indicators (KPIs), target timelines and relative priority within the context of the overall Framework. Lead responsibility for each key measure is identified.

VFM Implementation Framework – Strategic Aims



9. KEY MEASURES

A set of key measures necessary to implement the 7 strategic aims which are at the core of the VFM recommendations have been identified. Each key measure has been further broken down into a set of key actions.



The key measures are described in Appendix A, clustered under the appropriate strategic aim. The lead partners are specified, together with the key indicators of performance, and the timelines to completion. For each strategic aim and associated key measures, the priorities and immediate actions recommended in the VFM Review are reflected under the relevant strategic aim. A list of all key actions is given in Appendix B.

Each of the key measures and actions represents a substantial body of work, and in many instances will require more detailed and targeted implementation plans in order to be effectively planned and managed. It will be a matter for the Project Manager and Project Team to organise the workload and to form working groups to perform specific tasks as appropriate.

10. IMPLEMENTATION PRIORITIES AND IMMEDIATE ACTIONS

The VFM Review specifies a set of priorities which must underpin the Implementation Framework, and a number of actions which must be tackled immediately. These priorities, which are a sub-set of the Strategic Aims and Key Measures already described, were identified as being to: -

- Strengthen the national disability function and assign responsibility for driving the change management process to a specified individual at senior management level.
- Initiate demonstration projects to drive migration towards a person-centred supports model and to provide evidence of sustainability as a precursor to wider application;
- Put in place a commissioning and procurement framework;
- Develop a national resource allocation model; and
- Establish strategic information requirements.

Some actions are prioritised because they provide the necessary infrastructure to support other key recommendations, others because they have the potential to result in immediate efficiency savings. Some of the priority recommendations and key actions are in turn dependent on other factors or, while they must be initiated immediately, will have quite a long lead-in time before they are complete.

A number of Key Measures were also described in the VFM Review:

- Streamline the Service Level Arrangement process to improve information gathering and performance monitoring;
- Standardise financial reporting;
- Introduce a unique identifier to support a move to individualised service provision;
- Examine the VFM findings at agency-level and put in train an audit of rosters, review of skill mix, and a critical examination of the existing cost base followed by targeted efforts to reduce the average cost per place for a range of service types and support needs;
- Develop a national implementation plan, informed by a policy appraisal of the person-centred supports model.

11. ACTION PLAN 2013 - 2014

The implementation priorities and immediate actions identified in the VFM Review will provide the framework for actions to be progressed over the period 2013 – 2014. A more detailed implementation plan will be developed following the completion of the policy appraisal in 2014. The rate of progress on implementation will be dependent on a number of factors, including the availability of financial and human resources and the capacity of the system to adapt to change. The Review emphasises that all recommendations must be considered in the light of the national financial position and the funding available to the health sector during the period of the National Recovery Programme 2012-2014 and also into the longer term.

Key measures and actions to be progressed over the next couple of years may be categorised as follows:

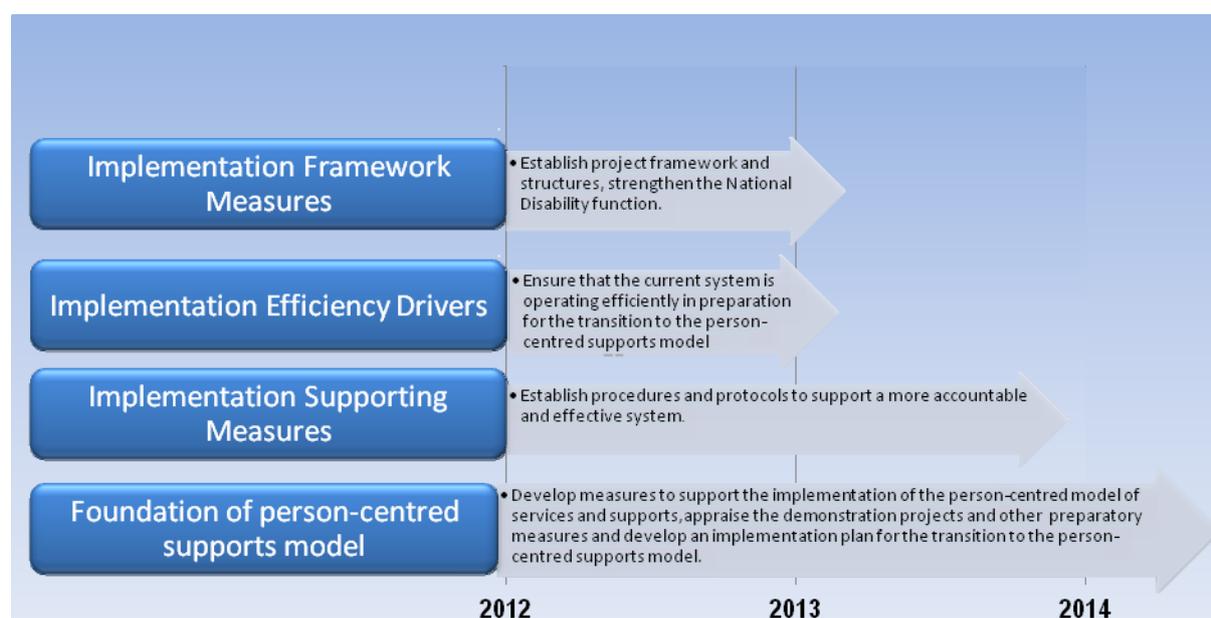
- *implementation framework measures* which are necessary to support and give direction to the implementation process, and so must be substantially completed during 2013;
- *implementation efficiency drivers* which are necessary to ensure that the current system is operating efficiently. These actions must commence immediately and be substantially progressed during 2013;
- *implementation supporting measures*, including the development of expertise and the establishment of procedures and protocols to support a more accountable and effective system. These measures should begin as soon as possible but will take longer to complete - incremental progress should be

made on these actions by the end of 2014;

- *foundation measures* underpin the development of, and transition to, the new model of person centred support. These measures have significant dependencies which must be realised before significant progress can be made or will take a long lead-in time to complete fully - incremental progress should be targeted for these actions by the end of 2014.

The actions necessary to give effect to the priority recommendations and the factors on which they are dependent, are set out in the following tables. The actions are generally listed in the sequence in which they should be performed, although, resources permitting, some actions may be taken in parallel.

Key Measures 2013 - 2014



Implementation Framework – 2013

Strategic Aim	Immediate and Priority Actions	Lead Partner	Dependency
Strategic Planning	Develop a framework for implementation of the VFM recommendations. (KM 24-101)	DoH & HSE	Dependency: None
Administration and governance	Assign responsibility for implementation of the VFM recommendations to a Director of Disability Services with the qualifications, skills and experience necessary at senior management level to drive the change management process. (KM 1-1)	HSE Corporate	Dependency: None
Administration and governance	Strengthen the national disability function within the Health Service Executive (HSE) and give it a central directional role in funding, shaping and driving the Disability Services Programme. (KM 1-2)	HSE Corporate / proposed HSE Social Care Directorate	Dependency: None

Strategic Aim	Immediate and Priority Actions	Lead Partner	Dependency
Information infrastructure	Develop an information strategy framework. (KM 20-19)	DoH & HSE	Dependency: None
Information infrastructure	Establish the strategic information requirements needed for the effective management of the Disability Services Programme. (KM 20-90)	DoH & HSE	Dependency: development of information strategy framework.
Resource allocation	Commence work on identification of a common assessment tool for service user needs as a precursor to the development of a resource allocation model. (KM 17-83)	DoH, HSE & NDA	Dependency: None
Migration towards person-centred supports model	Manage and direct migration towards a person-centred model of services and supports through initiation of demonstration projects as <i>proof of concept</i> . (KM 11-60).	DoH & HSE	Dependency: strengthening of national disability function

Implementation Efficiency Drivers - 2013

Strategic Aim	Immediate and Priority Actions	Lead Partner	Dependency
Information infrastructure	Make the recommended adjustments to the SLA process to facilitate immediate improvements to basic information gathering and performance monitoring, based on recommendations in VFM Review (KM 4-14)	HSE National Disability Unit & National Business Support Unit	Dependency: None
Achievement of optimal efficiency	Develop high level audit guidelines to facilitate an examination of effective rostering practices, taking into account existing examples of good practice. (KM 8-39)	Each service provider, including HSE	Dependency: strengthening of national disability function.
Achievement of optimal efficiency	Conduct an agency-level self-audit of rosters using the rostering guidelines. (KM 8-39)	Each service provider, including HSE	Dependency: development of audit guidelines.
Achievement of optimal efficiency	Monitor the audit process and evaluate the outcomes. (KM 8-39)	HSE	Dependency: completion of agency self-audit.
Achievement of optimal efficiency	Examine the findings and key recommendations of the VFM Review at individual agency level, including a critical examination of the existing cost-base. (KM 6-32)	Each service provider, including HSE	Dependency: strengthening of national disability function.

Achievement of optimal efficiency	Work with service providers to develop agency-level implementation plans which give effect to the recommendations of the VFM Review and address issues identified from the cost-base review and audit of rosters. (KM 6-32)	Each service provider, including HSE	Dependency: strengthening of national disability function.
Achievement of optimal efficiency	Commence the process of rationalising staff deployment patterns across service units. (KM 8-39)	Each service provider, including HSE	Dependency: completion of rosters' audit.
Administration and governance	Commence implementation of the cost containment measures identified in each agency's implementation plan with an immediate target of reducing current direct pay costs to the levels set out in the VFM Review (KM 6-32,33; KM 9-51).	HSE & service providers	Dependency: completion of critical examination of VFM recommendations and existing cost base.

Implementation Supporting Measures - 2014

Strategic Aim	Immediate and Priority Actions	Lead Partner	Dependency
Achievement of optimal efficiency	Put processes and procedures in place to monitor the implementation of cost containment measures on an ongoing basis. (KM 9-54)	HSE	Dependency: evaluation of cost containment measures, audit of rosters.
Information infrastructure	Put processes in place to track, analyse and compare allocations made under the Disability Services Programme national, regional and local levels. (KM 21-92)	HSE National Disability Unit & HSE Finance	Dependency: national developments on programme budgeting and decisions on health reform timetable; development of local and regional systems to support allocation monitoring
Commissioning and procurement	Initiate commissioning projects on a pilot basis (KM 15-78)	HSE	Dependency: strengthening of national disability function
Achievement of optimal efficiency	Draw up agreed national guidelines on the appropriate mix of professional and non-professional staff needed to deliver services and supports across a range of service types and client dependency levels. (KM 8-43)	HSE	Dependency: strengthening of national disability function
Achievement of optimal efficiency	Commence the process of applying the agreed national guidelines on staff skill mix. (KM 8-41)	HSE & service providers	Dependency: national guidelines on skill mix.

Resource allocation	Commence implementation of common assessment tool for service user needs as a precursor to the development of a resource allocation model. (KM 17-83)	DoH, HSE & NDA	Dependency: Identification of common assessment tool.
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Implementation Foundation Measures - 2014 *and beyond*

Strategic Aim	Immediate and Priority Actions	Lead Partner	Dependency
Resource allocation	Develop and implement a resource allocation and individualised budgeting model, informed by the implementation of the common assessment tool. (KM 17-83)	DoH, HSE & NDA	Dependency: implementation of common assessment tool.
Commissioning and Procurement	Building on the pilot commissioning projects, develop expertise on commissioning and procurement. (KM 14-74)	HSE	Dependency: Development of commissioning expertise within the reformed HSE National Directorates structure; decisions at national level on the Healthcare Commissioning Agency specified in Future Health; review of pilot projects.
Commissioning and Procurement	Commence development of a commissioning and procurement framework. (KM 14-75)	HSE	Dependency: Development of commissioning expertise within the reformed HSE National Directorates structure; review of pilot projects.
Administration and governance	Put in place a unique identifier for those seeking or receiving services, consistent with plans for a wider health sector identifier. (KM 23-99)	DoH & HSE Corporate & Information Strategy Unit	Dependency: Enactment of Health Information Bill and development of national service-wide project plan for roll-out of unique health identifier.
Information infrastructure	Develop a common General Ledger coding system to allow expenditure to be tracked, analysed and compared at national, regional and local levels. (KM 21-92)	HSE National Disability Unit & HSE Finance	Dependency: national decision on financial systems for HSE in the context of the proposed reforms.

Strategic Planning	Conduct an appraisal of the policy approach recommended in the VFM Review. (KM 27-104)	DoH & HSE	Dependency: completion of information gathering on outcomes of demonstration pilots.
Strategic Planning	Develop an evidence-based implementation plan for transition to a person-centred supports model, supported by a resource allocation model. (KM 27-104)	DoH & HSE	Dependency: completion of policy appraisal, identification of common assessment tool, and development of resource allocation model.

12. CONCLUSION

The Framework sets out a reporting and monitoring structure for the implementation of the recommendations in the VFM Review and identifies the key actions necessary to give effect to those recommendations. The Framework clusters the VFM recommendations around seven strategic aims, each of which is sub-divided into a number of key measures. Many key measures are further broken down into key actions. All actions have their relative priority, lead responsibility, key performance indicator and timelines indicated.

Appendix A

National Implementation Framework

Strategic Aims Overview

Strategic Aim 1

Establish a national disability function, within the framework of the Social Care Directorate, with a central directional role in funding, shaping and driving the Disability Services Programme

Key Measures to achieve Strategic Aim 1

Key Measure	KPI
Establish the administrative framework for the national disability function within the proposed Social Care Directorate. (KM 1)	Director of Disability Services appointed.
Implement a re-configured governance and accountability framework for the Disability Services Programme. (KM 2)	(i) Re-configured governance framework documented.
	(ii) All elements of the re-configured governance frameworks implemented
	(iii) Annual report published accounting for the funding provided to each provider, the services and supports delivered, and the outcomes achieved.
Rationalise the geographical and administrative basis for service provision. (KM 3)	(i) Geographic-based service delivery reviewed and changes implemented through application of resource allocation model.
	(ii) Levels of administrative duplication reduced.
	(iii) Levels of user choice increased.
Revise SLA and funding arrangements (KM 4)	(i) SLA Schedule 3 dataset revised.
	(ii) National and regional SLA data collated.
	(iii) National and regional data analysed.
	(iv) SLA data used to monitor performance.
Promote innovation and disseminate best practice. (KM 5)	Best practice practices disseminated

Lead Roles: HSE

Timelines: 2013 - 2014

IMPLEMENTATION PRIORITY RECOMMENDED BY THE VFM

[1.] The national disability function within the Health Service Executive (HSE) should be strengthened and given a central directional role in funding, shaping and driving the Disability Services Programme. The implementation of the recommendations in this Review should be the responsibility of a Director of Disability Services who would have the qualifications, skills and experience necessary at senior management level to drive the change management process.

IMMEDIATE ACTION(S) RECOMMENDED BY THE VFM REVIEW

[1] Make the recommended adjustments to the SLA process to facilitate immediate improvements to basic information gathering and performance monitoring.

Strategic Aim 2

Achieve optimal efficiency in the delivery of the Disability Services Programme

Key Measures to achieve Strategic Aim 2

Key Measure	KPI
Produce targeted plans at agency level (statutory and non-statutory) to identify and implement efficiency measures. (KM 6)	Submission of plan by each CEO to HSE on implementation of relevant recommendations. Cost base examined.
Pursue non-pay cost efficiencies. (KM 7)	Non-pay expenditure reduced.
Pursue pay-related efficiencies, including staff mix and rostering efficiencies and shared services. (KM 8)	(i) Staff utilisation and deployment best practice guidelines developed.
	(ii) Staff client ratio benchmarks established.
	(iii) Performance against benchmarks monitored.
Reduce average unit costs to the levels identified in the VFM Review. (KM 9)	(i) Plans developed at agency level to reduce pay per place costs to the average.
	(ii) Migration plan developed by HSE for transition to funding on the basis of direct pay cost per place
	(iii) Number of agencies with direct pay costs per place close to the average increased substantially.
	(iv) National average direct pay cost per place reduced.
Lead Roles: HSE	
Timelines: 2013-2014	

IMMEDIATE ACTION(S) RECOMMENDED BY THE VFM REVIEW

[4] Each agency should undertake an immediate and robust examination of the findings and key recommendations of the VFM Review, and draw up an implementation plan to give effect to the recommendations. The following recommendations should be advanced as a priority:

[4a] Agencies should immediately audit and critically review their rosters, and make necessary adjustments to rationalise staff deployment patterns across service units, consistent with client need and cost-effectiveness.

[4b] The appropriate mix of professional and non-professional staff needed to deliver services and supports should be determined through an examination of skills, functions and grades. Agreed national guidelines should be determined.

[4c] The HSE and disability service providers should critically examine their existing cost base in the light of the findings and recommendations in Chapter 5 of the VFM Review. The HSE should also engage with disability agencies to establish the reasons for costs that remain higher than the average costs detailed in the Review.

[4d] Pending the implementation of a resource allocation model, the HSE should work with agencies from 2012 onwards through the mechanism of the SLA process to reduce current direct pay costs to the levels set out in Table 5.18 (based on data given by agencies in respect of staff/client ratios on their 2009 SLA Schedule 3 returns).

Strategic Aim 3

Re-shape certain services and models of service delivery through a collaborative process based on a commissioning and procurement framework

Key Measures to achieve Strategic Aim 3

Key Measure	KPI
Develop a commissioning framework within the context of the strategic commissioning framework identified in Future Health: A Strategic Framework for Reform of the Health Service 2012 - 2015. (KM 14)	(i) Commissioning and procurement skills within HSE developed. (ii) Commissioning framework developed and documented.
Initiate pilot commissioning and procurement projects. (KM 15)	Pilot procurement initiatives completed.
Lead Roles: HSE	
Timelines: 2013-2015	
<i>IMPLEMENTATION PRIORITY RECOMMENDED BY THE VFM REVIEW</i>	
[3]. The HSE should, in consultation with the disability sector, work towards the directional re-shaping of certain services and models of service delivery based on a new commissioning and procurement framework.	

Strategic Aim 4

Develop a national resource allocation model, based on a standardised and appropriate assessment of need process, a methodology for associating standard costs with assessed needs and transparent protocols for determining the basis for allocating finite resources

Key Measures to achieve Strategic Aim 4

Key Measure	KPI
Develop a resource allocation model. (KM 16)	Resource allocation methodology developed.
Develop an assessment of need process. (KM 17)	Common assessment tool developed.
Develop a methodology for measuring resource usage. (KM 18)	Resource usage methodology developed.
Manage transition to a resource allocation model. (KM 19)	Migration plan developed by HSE for transition to funding on the basis of full-cost per place.
Lead Roles: DOH/HSE/NDA	
Timelines: 2013-2015	
<p><i>IMPLEMENTATION PRIORITY RECOMMENDED BY THE VFM REVIEW</i></p> <p>[4] A national resource allocation model should be developed, based on a standardised and appropriate assessment of need process, a methodology for associating standard costs with assessed needs and transparent protocols for determining the basis for allocating finite resources.</p>	

Strategic Aim 5

Develop and implement an information infrastructure to support the effective delivery of the Disability Services Programme

Key Measures to achieve Strategic Aim 5

Key Measure	KPI
Establish a strategic information framework. (KM 20)	Strategic information framework developed.
Define, test and collect operational data requirements. (KM 21)	Information requirements reviewed and rationalised. Common data definitions developed. Financial coding systems standardised.
Define, test and collect performance measurement data. (KM 22)	Review of performance indicators completed.
Implement unique identifiers for service providers, service locations and service users. (KM 23)	Unique identifier implemented for service users, service providers and service locations.
Lead Roles: DOH/HSE	
Timelines: 2013-2014	
<p><i>IMPLEMENTATION PRIORITY RECOMMENDED BY THE VFM REVIEW</i></p> <p>[5]. The strategic information requirements needed for the effective management of the Disability Services Programme should be established, having regard to existing information sources and datasets, and an implementation plan put in place.</p> <p><i>IMMEDIATE ACTION(S) RECOMMENDED BY THE VFM REVIEW</i></p> <p>[2] Immediate action should be taken to arrive at a system where allocations and expenditure can be tracked, analysed and compared at national, regional and local levels. The basis of this will be the development of a common coding system and work on this should commence as a matter of urgency.</p> <p>[3] A unique identifier should be put in place for those seeking or receiving services, consistent with plans for a wider health sector identifier, to facilitate individual needs assessment, person-centred planning and individualised budgeting.</p>	

Strategic Aim 6

Develop a strategic planning framework to support the re-configuration of the Disability Services Programme

Key Measures to achieve Strategic Aim 6

Key Measure	KPI
Develop a strategic implementation framework. (KM 24)	Strategic implementation framework developed.
Develop a tiered set of operational objectives. (KM 25)	Suite of operational objectives developed for each service area.
Develop operational implementation plans. (KM 26)	Operational Implementation plans developed.
Conduct a full appraisal of the new policy approach, as set out in <i>The VFM Code - Expenditure Planning, Appraisal & Evaluation in the Irish Public Service: Standard Rules and Procedures</i> (Department of Public Expenditure and Reform). (KM 27)	Policy appraisal completed. Implementation Plan for Phase 11 completed.
Lead Roles: DOH/HSE	
Timelines: 2013 (Completion of unique identifier implementation, 2015).	
<i>IMMEDIATE ACTION(S) RECOMMENDED BY THE VFM REVIEW</i>	
[5] The new policy approach [endorsed in Chapter 7 of this Review] should be appraised. The appraisal should be conducted according to Government guidelines on policy appraisal, i.e. the VFM Code.	
[6] Develop an implementation plan, taking into account the outcome of the policy appraisal, the scale of the organisational change required and the capacity constraints already referred to.	

Strategic Aim 7

Drive migration towards a person-centred model of services and supports through the Service Level Arrangement (SLA) process by initiating and evaluating demonstration projects as proof of concept

Key Measures to achieve Strategic Aim 7

Key Measure	KPI
Develop a sustainable person-centred support model or models which encapsulate the vision and objectives identified in the VFM Review. (KM 10)	Person-centred model documented.
Initiate and evaluate demonstration projects of person-centred services as proof of concept. (KM 11)	Person-centred model demonstrated.
Develop and implement an outcome measurement framework. (KM 12)	<ul style="list-style-type: none"> (i) Outcome measurement system implemented at personal, organisational and programme level. (ii) Protocols for regular monitoring of outcomes implemented. (iii) Outcome audit process put in place. (iv) Results of HIQA inspections monitored.
Develop and implement a quality assurance framework. (KM 13)	National Quality Framework established.
Lead Roles: HSE	
Timelines: 2013-2015	
<i>IMPLEMENTATION PRIORITY RECOMMENDED BY THE VFM REVIEW</i>	
[2] The HSE should drive migration towards a person-centred model of services and supports through the Service Level Arrangement (SLA) process. Demonstration projects should be initiated by service providers as proof of concept and run in parallel with current services, and their suitability for wider application subsequently evaluated.	

Appendix B

National Implementation Framework

List of Strategic Aims, Key Measures and Actions

Strategic Aim 1	Establish a national disability function, within the framework of the Social Care Directorate, with a central directional role in funding, shaping and driving the Disability Services Programme	
Key Measure	KM_1	Establish the administrative framework for the national disability function within the proposed Social Care Directorate
Key Action	1	Put in place a Director of Disability Services with appropriate levels of authority, responsibility and accountability to drive the implementation of the recommendations in the VFM Review.
Key Action	2	Create a national disability function within the new Social Care Directorate with appropriate levels of authority, responsibility and accountability in key areas of financial and operational policy.
Key Measure	KM_2	Implement a re-configured governance and accountability framework for the Disability Services Programme
Key Action	3	Put in place the necessary systems and protocols to ensure the full accountability and transparency for all funding allocated from the Health Vote for the Disability Services Programme.
Key Action	4	Move to a system of service planning based on programme budgeting, where the objectives, output and outcomes of each element of the budget are specified, rather than incremental budgeting based on the calculation of changes to the previous year's baseline.
Key Action	5	Establish eligibility criteria and develop and implement transparent, fair and equitable protocols for prioritising need.
Key Action	6	Re-appraise the role and funding of agencies that are wholly or substantially engaged in representation rather than direct service provision.
Key Action	7	Prioritise and maintain cross-sectoral working across Government departments and agencies.
Key Action	8	Publish a summary report presenting aggregated performance analysis of the annual SLA data in Quarter 1 of the year following the SLA reference period.
Key Action	9	Publish a short annual report on disability services, drawing on all available data sources and reporting specifically on performance.
Key Measure	KM_3	Rationalise the geographical and administrative basis for service provision
Key Action	10	Put in place a clear line of responsibility for decision-making at local, regional and national levels, which is consistent with levels of responsibility for the Disability Services Programme's budget.

Key Action	11	Streamline administration across geographical regions so as to minimise duplication of administrative effort by service providers, facilitate regional and local service delivery planning and management, and maximise service user choice.
Key Action	12	Strengthen administrative oversight by phasing out the practice of signing multiple Grant Aid Agreements and/or Service Level Arrangements.
Key Action	13	Capture expenditure on the Disability Services Programme at administrative area level to facilitate a comparison of resource allocation across geographical areas, and adjust regional resource allocation over time to ensure equity.
Key Measure	KM_4	Revise SLA and funding arrangements
Key Action	14	Revise the SLA Schedule 3 dataset to collect information on key cost drivers identified by the VFM process, build on the dataset collected by the HSE for the purpose of the VFM Review, and incorporate the lessons learnt through the VFM process. Collate the data at regional and national levels. Include data on outcomes and performance indicators, aggregated at regional and national level to allow effective monitoring of performance.
Key Action	15	Draw up a detailed guide to the revised Schedule 3 form which sets out data quality standards and data definitions, including worked examples, to ensure accurate completion of schedules.
Key Action	16	Require all agencies to provide an itemised analysis of all funding sources as part of the SLA process from 2013. Code development funding separately on SLA agreements to allow for an assessment of the impact of development funding relative to baseline levels of output.
Key Action	17	Record new development funding separately on SLA agreements to allow for an assessment of the impact of development funding relative to baseline levels of output, from 2013.
Key Action	18	Monitor staff numbers in Section 39 agencies as part of a more comprehensive information-gathering and performance-monitoring system across the sector, through the SLA process, by end Quarter 2, 2013.
Key Action	19	Put procedures in place to collect data for all directly provided HSE services on the same basis as for non-statutory agencies.
Key Action	20	Put in place a system of periodic spot checks of SLA data by the National Disability Office.
Key Action	21	Conduct independent audits of the accuracy of SLA performance data.
Key Action	22	Collate and publish summary SLA data annually in the form of an annual report.
Key Action	23	Apply the recommendations on data collection, monitoring and auditing, to Grant Aid Agreements, where appropriate.
Key Action	24	Require the HSE's internal disability service providers to sign SLAs, and ensure that they are subject to the same monitoring and accountability procedures that apply to non-statutory agencies.
Key Measure	KM_5	Promote innovation and disseminate best practice
Key Action	25	Examine costs substantially below the average should be examined to:(i) ascertain if they are correct; (ii) identify whether there are any common characteristics (such as unit size, client mix or staff mix) that have contributed to the low cost; and (iii) having established whether the costs are accurate and due to efficiencies, and looked at whether the quality is acceptable, what lessons can be learnt. Similarly, costs that are extremely high should be examined to confirm the figures are correct and if so, the reasons why they are so high.
Key Action	26	Select examples of efficiency improvements and develop the evidence base

relating to the extent of efficiencies achieved and how these were achieved, and publish a summary document by end 2013.

Key Action	27	Investigate whether or not there are transferable best practice lessons from the low administration costs in the HSE's statutory services in the DNE region.
Key Action	28	Ensure that public transport is used in all circumstances where it is an option.
Key Action	29	Examine at service provider level the possibility of sharing transport resources on a cost-neutral basis with other local service providers/community groups, taking into account plans by the Department of Transport to integrate local transport services.
Key Action	30	Put protocols in place to ensure that policy or scientific research funded by agencies through HSE allocations should be commissioned directly by the HSE, informed by a 'whole of Government' perspective. Research not commissioned by the HSE as part of the SLA process should not be funded through HSE allocations from 2013.
Key Action	31	Initiate discussions with the NDA, HRB and publicly funded disability agencies, as appropriate, to determine research priorities and needs. Research commissioned by the HSE (if any) in this way from the HRB and NDA from 2013 onwards should not be remunerated, but rather funded through their ongoing revenue allocations.

Strategic Aim 2 **Achieve optimal efficiency in the delivery of the Disability Services Programme**

Key Measure	KM_6	Produce targeted plans at agency level (statutory and non-statutory) to identify and implement efficiency measures
Key Action	32	Conduct an immediate and robust examination within each agency of the findings and recommendations of the Review, including a critical examination of the existing cost base. Draw up plans at agency level to put relevant recommendations into effect.
Key Action	33	Require the Chief Officer of each agency to report regularly to the HSE on efficiency gains as part of the SLA monitoring process and use this report as an input into negotiations on the organisation's annual funding requirements.
Key Action	34	Develop a risk assessment and management process which is contingent with client need, to support the drive for greater efficiency.
Key Action	35	Utilise the Consultative Fora to provide a platform through which the stakeholders can engage with the VFM Review and the actions that will emanate from it.
Key Measure	KM_7	Pursue non-pay cost efficiencies
Key Action	36	Agree upper limits on non-pay percentages for the most important key cost element headings, differentiated by services where appropriate, as a useful addition to the ongoing accountability framework for voluntary providers, by end Quarter 1, 2013.
Key Action	37	Critically examine the cost base at agency level in respect of non-pay costs and take action to reduce non-pay costs for the key cost elements.
Key Action	38	Consider the feasibility of introducing charges for transport to services (in the form of fares linked to distance), even at a minimum contribution level.
Key Measure	KM_8	Pursue pay-related efficiencies, including staff mix and rostering efficiencies and shared services
Key Action	39	Conduct an immediate audit of all rosters, including the rosters of the HSE's directly provided services, by documenting the number of clients and staff in each service unit for each hour of the day and night over a given period (to include a

		weekend). Each agency must submit details of the audit to the HSE and demonstrate to the HSE, as part of the SLA process, that they have critically reviewed each roster and made any adjustments necessary to rationalise staff deployment patterns across their service units, consistent with client need.
Key Action	40	Put procedures in place to quantify the extent of efficiency improvements attained from the review of rosters (e.g. through reduced premia or overtime).
Key Action	41	Develop and implement mandatory protocols on rostering which clearly link a service user's assessed support needs with a staff member's specific skill set and grade, and which apply to the standard working week, as well as during periods that attract premium payments.
Key Action	42	Investigate common IT solutions for rostering, and keep relevant initiatives under review, for example the planned Donegal Integrated Service Area eRostering Project. The feasibility of interfacing rostering, HR and payroll administration systems should also be considered within the HSE's overall IT strategy, so as to facilitate the monitoring and control of rostering practices and costs.
Key Action	43	Develop or adopt best practice guidelines in respect of staff utilisation and deployment practices, with the aim of achieving the most productive match between staffing, service activity levels and client need, while supporting service quality and effectiveness. Establish Indicative staff/client ratio benchmarks for different models of service and for different support needs, and monitor performance against these benchmarks.
Key Action	44	Examine skill mix on an agency by agency basis to determine the extent to which service provision should be facilitated to move towards the provision of more flexible, person-centred supports.
Key Action	45	Following the examination of skill mix, commence a process of substituting non-professionally qualified care staff for professionally qualified care staff where appropriate.
Key Action	46	Enforce, through the mechanism of the SLA process, maximum salary levels for the CEOs and senior management of agencies that derive over 50% of their income from the State. The salary level should be commensurate with the size and complexity of the agency and linked to appropriate grades on the Consolidated Salary Scales.
Key Action	47	Examine opportunities for rationalising grade structures and creating flatter organisational models across disability providers, taking account of the work practice and skills mix flexibility measures under the Croke Park Agreement.
Key Action	48	Implement a mandatory requirement, as part of the SLA and GAA process, that agencies explore opportunities to share services, including clinical, therapeutic and back office services (e.g. leasing buildings) as appropriate.
Key Action	49	Consider initiating a targeted study into the efficiency and effectiveness of multidisciplinary and therapy services, including grade structures and workloads.
Key Action	50	Investigate the degree to which the wider use of therapy assistants may support a more efficient and effective service, and whether there is a requirement for a national accredited therapy assistant training programme (or programmes). The study should also consider the feasibility of adopting national caseload benchmarks and the role of IT systems in performance measurement and caseload management.
Key Measure	KM_9	Reduce average unit costs to the levels identified in the VFM Review
Key Action	51	Move to funding a range of services on the basis of standard direct-pay cost per place, pending the development of a resource allocation methodology. Monitor SLA Schedule 3 returns to ensure that agencies take a consistent approach to

		recording the data used to calculate standard costs.
Key Action	52	Develop a set of standard costs per place to reflect the full cost of providing a service (direct and indirect pay and non-pay) across a range of service types, accompanied by a standard methodology for calculating these costs which can be incorporated into the SLA process.
Key Action	53	Building on the migration to payment on the basis of standard direct-pay costs per place, move to funding on the basis of the full-cost per place, to include direct and indirect pay and overheads.
Key Action	54	Work with service providers to establish the reasons for costs which remain above the average and develop plans for reducing these costs to the average. Identify cost drivers which explain whether any costs are validly above-average.
Key Action	55	Identify criteria for verifying exceptional and outlier costs, which should be excluded from the calculation of average costs. Develop protocols for setting and monitoring these exceptional costs.
Key Action	56	In the short to medium term move towards funding new and existing services and supports on the basis of costs which are capable of being disaggregated.

Strategic Aim 3 **Re-shape certain services and models of service delivery through a collaborative process based on a commissioning and procurement framework**

Key Measure	KM_14	Develop a commissioning framework
Key Action	74	Develop commissioning, market-shaping and capacity-building expertise within the HSE.
Key Action	75	Establish written protocols for the commissioning of services, including protocols governing the level and quality of service required. Ensure that the protocols encompass all relevant recommendations in this and other reports, as appropriate.
Key Action	76	Maintain a purchaser/provider split within the HSE between the persons responsible for commissioning and the persons responsible for the direct provision of services. SLAs should be signed by the HSE's internal disability service providers and the same monitoring and accountability process should operate.
Key Action	77	Define and collect sufficient information on services that have been commissioned or procured to allow cost-effectiveness to be analysed and monitored on an ongoing basis.
Key Measure	KM_15	Initiate pilot commissioning and procurement projects
Key Action	78	Explore opportunities for procurement by competitive tendering. Move beyond a model of commissioning services from individual providers to one where, even on a pilot basis, services are sourced using a competitive procurement process.
Key Action	79	Require agencies to introduce formal tendering arrangements for services, including professional services, where these arrangements do not currently exist.
Key Action	80	Require agencies to participate in the national procurement framework. Publish information illustrating the extent of take-up by voluntary agencies of HSE and NPS central purchasing frameworks by end Quarter 1, 2013 to ensure best value is achieved in procurement expenditure.
Key Action	81	Ensure that commissioning or procurement of services takes into account the overhead which will be incurred in agencies that are not members of a public service pension scheme.

Strategic Aim 4 **Develop a national resource allocation model, based on a standardised and appropriate assessment of need process, a methodology for associating standard costs with assessed needs and transparent protocols for determining the basis for allocating finite resources**

Key Measure	KM_16	Develop a resource allocation model
Key Action	82	Develop a flexible and responsive resource allocation methodology linked to operational objectives and achievement of outcomes to support an equitable allocation of available resources, be transparent and be consistently and universally applied.
Key Measure	KM_17	Develop an assessment of need process
Key Action	83	Develop or adopt a common assessment method at national level to determine the outcomes required by an individual and the services or supports needed to achieve those outcomes.
Key Action	84	Measure the achievement of the desired outcomes identified through the needs assessment process.
Key Action	85	Link the application of a resource allocation methodology to the deployment of a standardised assessment method.
Key Action	86	Allocate funding on the basis of measurable service user outcomes as part of the resource allocation process. Hold agencies to account for the achievement of these outcomes.
Key Action	87	Put protocols in place to ensure that an adult's requirements for supports and services are re-assessed at the individual's request, at key transition periods or following a change in the individual's health or personal circumstances, but in any event not less than once every 3 years. Implement on a phased basis, subject to the same affordability constraints and resource prioritisation requirements that will apply to all resource allocation decisions.
Key Measure	KM_18	Develop a methodology for measuring resource usage
Key Action	88	Develop and implement on a mandatory basis a common method for measuring and costing the amount of resources which an individual service user consumes.
Key Measure	KM_19	Manage transition to a resource allocation model
Key Action	89	Migrate towards the allocation of funding on the basis of a standardised assessment of individual need, linked to the resource allocation methodology.

Strategic Aim 5 **Develop and implement an information infrastructure to support the effective delivery of the Disability Services Programme**

Key Measure	KM_20	Establish a strategic information framework
Key Action	90	Review the information requirements necessary to support monitoring and review of disability services, the optimal contribution that SLA agreements can make to data collection and the resources currently engaged in data collection. Rationalise all data gathering, including the HRB databases, on foot of this review.
Key Action	91	Develop and enforce data quality standards, and publish on the HSE website.

Key Measure	KM_21	Define, test and collect operational data requirements
Key Action	92	Develop and implement a common system of recording and reporting on allocations and expenditure on disability services across statutory and voluntary service providers at national, regional and local levels, including common general ledger coding for key cost elements.
Key Action	93	Develop common definitions of units of output, supported by detailed business rules.
Key Action	94	Building on common definitions of units of output, examine the value for money, relevance and continued fitness for services such as respite services, multidisciplinary services, early intervention, home support, assisted living/personal assistance, and community-based support services.
Key Measure	KM_22	Define, test and collect performance measurement data
Key Action	95	Prioritise the comprehensive review of performance indicators. The results of the review should inform the service planning process for 2013 so that improved performance indicators are reported during 2013.
Key Action	96	Pilot the performance indicators specified the VFM Review in a large disability service provider by end Quarter 3, 2012, with a view to early implementation in 2013. Use the PIs to assess the performance of the disability services and address the gaps in outcomes and outputs measurement.
Key Action	97	Incorporate data on outcomes and performance indicators into the data collection process. Aggregate the data at agency, regional and national level to allow effective monitoring of performance.
Key Measure	KM_23	Implement unique identifiers for service providers, service locations and service users
Key Action	98	Implement a method of uniquely identifying service providers and service locations in order to facilitate unit costing.
Key Action	99	Put in place a unique identifier for those seeking or receiving services, consistent with plans for a wider health sector identifier and a national health information strategy, to facilitate individual needs assessment, person-centred planning and individualised budgeting.

Strategic Aim 6 Develop a strategic planning framework to support the re-configuration of the Disability Services Programme

Key Measure	KM_24	Develop a strategic implementation framework
Key Action	100	Adopt the vision and goals for the Disability Services Programme set out in the VFM Review.
Key Action	101	Draw up a strategic implementation plan for migration towards revised policy objectives which identifies milestones, dependencies and critical path, taking into account the recommendations in the VFM Review, and in the context of the reducing expenditure and staffing ceilings. The plan should also take account of the continuing responsibilities of the health sector and the need for cross-sectoral working with other Departments and agencies.
Key Measure	KM_25	Develop a tiered set of operational objectives
Key Action	102	Develop a comprehensive set of operational objectives that are specific to individual services and supports. The objectives should be realistic, meaningful and quantifiable.

Key Measure	KM_26	Develop operational implementation plans
Key Action	103	Draw up operational plans to implement key areas of the revised policy, based on the high-level migration plan.
Key Measure	KM_27	Conduct a full appraisal of the new policy approach, as set out in The VFM Code - Expenditure Planning, Appraisal & Evaluation in the Irish Public Service: Standard Rules and Procedures (Department of Public Expenditure and Reform)
Key Action	104	Conduct a feasibility analysis and appraisal on the new policy approach, using the results of the demonstration pilots as input. Incorporate the results into an implementation plan for migration to the new model of services.

Strategic Aim 7 **Drive migration towards a person-centred model of services and supports through the Service Level Arrangement (SLA) process by initiating and evaluating demonstration projects as proof of concept**

Key Measure	KM_10	Develop a sustainable person-centred support model or models which encapsulate the vision and objectives identified in the VFM Review
Key Action	57	Undertake further work to identify the precise features of the person-centred model proposed, taking into account that the model will be multi-form and multi-faceted.
Key Action	58	Appraise and cost the chosen person-centred model.
Key Action	59	Examine and articulate the State's responsibility in respect of the health needs of people with disabilities, and in particular those with intellectual disabilities. Consider also responsibility for the care, safety and general well-being of people who lack full mental capacity.
Key Measure	KM_11	Initiate and evaluate demonstration projects of person-centred services as proof of concept
Key Action	60	Drive the development of demonstration projects as proof of concept through the SLA process. Run the projects in parallel with current services as part of the migration towards person-centred services and supports.
Key Action	61	Evaluate demonstration projects and assess suitability for wider application.
Key Action	62	Prioritise the following recommendations of the Congregated Settings report (i) no new congregated settings to be opened; (ii) no new admissions to be made to existing congregated settings; (iii) a new model of community-based supports to be put in place for persons moving from congregated settings.
Key Action	63	Continue to explore methods of community-based respite care provision as an alternative to residential centre-based respite.
Key Action	64	Migrate towards the provision of clinical and therapy supports in a mainstream setting, i.e. provided by non-disability-specific providers. The precursor to this should be the establishment of the primary care network.
Key Measure	KM_12	Develop and implement an outcome measurement framework
Key Action	65	Develop and implement a system for measuring outcomes at personal, organisational and programme levels. Produce a tiered set of performance indicators and feed into resource allocation and performance monitoring processes.
Key Action	66	Conduct regular reviews and audits of outcomes, linked to the SLA performance

		monitoring cycle.
Key Action	67	Monitor the results of the HIQA inspections of residential centres and an agency's progress on meeting any action plans specified by HIQA.
Key Action	68	Incorporate adherence to HIQA standards into the SLA funding and monitoring processes.
Key Action	69	Collect and monitor information on health outcomes for people with disabilities on a national basis. Identify, with the assistance of the NDA, the data to be collected.
Key Action	70	Collate information on non-statutory complaints and use the outputs to support the monitoring of service user outcomes.
Key Measure	KM_13	Develop and implement a quality assurance framework
Key Action	71	Develop guidelines for a National Quality Framework which will address standards, inspection or audit, monitoring, quality assurance systems, person-centred planning/outcome setting, and outcome measurement; and be implemented by each service provider.
Key Action	72	Encourage agencies to engage in continuous quality assessment and improvement, preferably by the use of an internationally accepted methodology such as EFQM, CQL or CARF.
Key Action	73	Assess the effectiveness of discrete service and support types on a regular basis.