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1. PROJECT DEFINITION

1.1 Introduction

The Project Initiation Document sets out the terms of reference of the Value for Money (VFM) Implementation Steering Group, defines the Steering Group’s functions, scope and methodology, outlines the VFM implementation project’s organisation structure and describes its communications plan.

1.2 Terms of Reference

1.2.1 Government Decision

The Government approved the findings and recommendations in the Value for Money and Policy Review of Disability Services in Ireland (VFM Review) on 17th July 2012 - the implementation of these recommendations form the terms of reference of the Steering Group. The Government also noted the Minister’s intention to:

- endorse a re-articulated vision and goals as an expression of a revitalised and re-orientated Disability Services Programme, and;
- immediately commence implementation of the recommendations, as proposed in Chapter 9 of the VFM Review.

1.2.2 Terms of Reference

The Steering Group will:

- Oversee the implementation of the recommendations in the VFM Review (as approved by Government Decision of 17 July 2012) to:
  - implement a more effective method of assessing need, allocating resources and monitoring resource use in the Disability Services Programme; and
  - migrate service provision from an approach which is predominantly organised around group-based service delivery towards a model of person-centred, individually chosen, supports.

- Oversee the implementation of the immediate actions (as approved by Government Decision of 17 July 2012) to:
  - streamline the Service Level Agreement (SLA) process,
  - standardise financial reporting;
  - adopt a unique service identifier (consistent with the planned wider health sector identifier);
1.3 Project Context

The VFM implementation project will operate within the context of whole-of-Government framework embodied in the National Disability Strategy and the National Disability Strategy Implementation Plan together with the health services reform framework set out in Future Health: A Strategic Framework for Reform of the Health Service 2012-2015. The rationale for the implementation project is defined in the VFM Review and the structure is described in the VFM National Implementation Framework.

Overview of the VFM Implementation Project

- examine VFM Review findings, in particular in respect of audit of rosters, skill mix, examination of existing cost base and (pending implementation of a resource allocation model) pursue direct pay cost reductions through the SLA process, to the levels set out in the Review;
- implement a more effective method of assessing need, allocating finite resources and monitoring resource use in the Disability Services Programme;
- appraise the new policy approach endorsed in Chapter 7 of the VFM Review according to Government guidelines on policy appraisal;
- 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.

- Oversee the implementation of the priorities, strategic aims and key measures identified in the VFM National Implementation Framework (28 February 2013).
- Have regard to current and forecast service demand, the funding allocated by the Government to the Disability Services Programme and the prevailing national economic climate.
- Fulfil the roles and responsibilities outlined in Section 2.1.2 of this document.
1.4 Project Scope

The Steering Group’s remit extends to all recommendations in the VFM Review, as approved by Government Decision of 17th July 2012, and the implementation priorities, strategic aims and key measures for the Review, which are described in the VFM National Implementation Framework.

1.5 Mission Statement and Vision

1.5.1 Mission Statement

The Steering Group will direct and guide the project to reform the delivery of disability services in partnership with people with disabilities, their families, service providers, both statutory and non-statutory, and staff.

The mandate of the Steering Group will be fulfilled when the structures and processes to support the delivery of an effective and accountable person centred model of supports for people with a disability have been put in place.

In carrying out its work the Steering Group will support and advance the objectives of the National Disability Strategy and Future Health: A Strategic Framework for Reform of the Health Service 2012-2015.

1.5.2 Vision

The Steering Group will play a key role in realising the vision for the Disability Services Programme which is set out in the VFM Review:-

‘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.’

2. PROJECT ORGANISATION STRUCTURE

2.1 Roles and Responsibilities

2.1.1 Project Sponsors

Department of Health: Assistant Secretary, Social and Continuing Care (Geraldine Fitzpatrick).

Health Service Executive: Director of Social Care (Pat Healy).

2.1.2 Steering Group

The role of the VFM Steering Group is to:

- Provide strategic direction and guidance, steer progress and assess performance management of the VFM implementation project;
- Direct and monitor the establishment and operation of VFM project management structures and project team;
- Prioritise monitoring and oversight activities to reflect the strategic priorities for the VFM Review, as described in the VFM National Implementation Framework;
- Ensure that project work-plans are aligned with strategic priorities and goals;
- Approve project work-plans, monitor progress against agreed deliverables and timelines, assess achievement of milestones and agree updates and revisions;
- Monitor achievement of project outcomes and realisation of benefits;
- Provide support and advice, assist in resolving business issues and conflicts, and address contingencies;
- Monitor the application of the VFM Implementation Framework and update the Framework as required to reflect key issues, themes and considerations arising from the implementation process;
- Advise on and oversee the appraisal of the new policy direction, which 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).
- Make recommendations to the Minister and Minister of State on the sustainability and applicability of the new policy direction, having regard to the outcome of the policy appraisal;
- Oversee the development of an Implementation Plan for the new policy direction (Phase 2 of the VFM implementation project), subject to the approval of the Minister and Minister of State;
- Report to the Minister and Minister of State on the VFM Implementation project and keep the Ministers informed of progress;
- Develop and implement a communications strategy.
2.1.3 Department of Health

The role of the Department of Health (DoH) is to:-

- direct and oversee the implementation of the recommendations in the VFM Review;
- apply, monitor and update the VFM National 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;
- report to the Minister on progress.

2.1.4 Health Service Executive

The role of the Health Service Executive (HSE) is 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.

2.1.5 Project Management

The National Director of Social Care (Mr. Pat Healy) will carry overall accountability for implementation of the project on behalf of the HSE.

The project will also require the following roles:

- HSE Project Lead (Ms. Marion Meany), who will have responsibility for the achievement of the recommendations in the VFM Review.

- HSE Project Manager (Ms. Deirdre Scully), 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.

2.1.6 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.
2.1.7 Working Groups

Working Groups will be established, as and when required, to support the work of the Project Manager and Project Team. The Working Groups will focus on specific tasks and deliverables and will not be permanent groups but rather will disband when they have fulfilled their stated purpose. Members of the Project Team will be drawn from voluntary service providers or other agencies, in addition to HSE staff at local, regional or national level as appropriate.

The Chair of each Working Group will be responsible for guiding the Group towards the fulfilment of its terms of reference and will report to the VFM Project Manager on progress. The Chairs will also liaise with each other so as to ensure that working methods are co-ordinated, information needs are shared and areas of potential overlap are identified and resolved. The VFM Project Manager will work with the Chairs to ensure that barriers to progress are pinpointed and addressed and that the work is keeping on track and on time.

See section 5.2 for details of the initial Working Groups to be set up to support the HSE Implementation Plan 2014 – 2015.
2.1.8 Assimilation of Existing Working Groups

Some projects, for example the implementation of the *New Directions* report, the *Congregated Settings* report and the *Progressing Disability Services for Children and Young People (0-18s)* project already have working groups in place. These working groups have made a valuable contribution towards moving the projects forward and made great strides in progressing facets of the reform agenda. The working groups will be assimilated into the VFM project governance structure so that their work programmes will be firmly rooted in the overall VFM implementation project, at the same time maximising and building upon the achievements made by the groups to date. The membership of the working groups may be re-assessed in the context of the new governance structures to make them tighter and re-focused.

2.1.9 National Consultative Forum

The National Consultative Forum (NCF) was established to provide a platform for meaningful and active engagement and participation by service users in the development of policy, practice, and organisational strategies. The Forum will have a key role in facilitating communications and effective engagement with the VFM implementation process.

As part of the implementation process, the NCF will be reviewed with the aim of building on the existing national and local consultative structures so as to develop a model of service user representation and engagement which will support the new model of service delivery.

2.2 Project Management

2.2.1 HSE Social Care Structure

A management structure has been put in place for the Social Care Directorate which allocates responsibilities across 5 strands: Operations and Service Improvement – Services for Older Persons; Operations and Service Improvement – Disability Services; Planning, Performance & Programme Management; Quality & Standards Assurance and Clinical Lead. The management structure is supported by the National Consultative Forum for Disabilities and is informed by the implementation priorities, strategic aims and key measures of the VFM Review, as described in the VFM National Implementation Framework.
2.2.2 Change management

The VFM Review aims to bring about the most significant and far-reaching change to the delivery of disability services in this country, affecting all aspects of service provision. The 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.

Since the completion of the VFM Review, disability governance structures within the HSE have been revised and the role of Head of Operations & Service Improvement for Disability Services has been assigned to Ms. Marion Meany. In the VFM Project Governance structure Ms. Meany has now been designated as the Project Lead, and is supported by a full-time Project Manager (Ms. Deidre Scully).

The reform programme being undertaken will require a significant cultural shift in the way in which disability services are provided, moving from a model of service provision where service users are the passive recipients of an often segregated service, to a model of support and enablement, where citizens who have disabilities are supported in living socially-included lives in mainstream society. Change must be effected on many levels, not only on a structural and administrative level, but also a paradigm shift in the expectations and engagement of service users and their families and a corresponding change in the understanding which disability service providers and staff have of their roles in the person-centred supports model.

Staff at all levels will require training and support to participate effectively in the reform process, adapt to their emerging roles and deliver the systemic changes required by the VFM implementation project. The change process will require staff training needs to be prioritised, an effective communications strategy to be developed and a framework for service user participation put in place.

The development of mechanisms to support service user participation will be targeted in the HSE Work Plan for 2014-2015 as a priority action: a working group will be assigned the task of developing a framework to support service user involvement at all levels of decision making, service development and delivery.

2.2.3 Communications

The role of the Steering Group in communicating strategic developments to stakeholders is set out in Section 6 of this document.

Communications between the HSE and stakeholders will be the responsibility of the Project Lead. Stakeholders must be kept informed on a regular basis of developments, and it is suggested that a dedicated page should be established on the HSE’s website for this purpose and other appropriate avenues for two-way communications utilised. There will also be deliverables within the project which will require targeted consultation and active engagement with stakeholders - consultation on the draft day service standards for example.

As part of the HSE Work Plan for 2014 – 2015 (see Section 5.2) a working group on service user participation will identify the most appropriate mechanism for service user participation in the Area and National Consultative Fora, which will provide avenues for service user communications and engagement with the VFM implementation process.

Communications with frontline staff in the HSE and the voluntary service providers will be essential to the success of the reform programme and should be taken into account in the communications plans of the Steering Group, and of the HSE.
2.2.4 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 on progress under a set of headings to be determined.

2.2.5 Resource needs
The implementation project 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.

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 VFM Review.

3. STEERING GROUP OPERATING PROCEDURES

3.1 Protocols and Procedures

3.1.1 Chair and Secretariat
The Department of Health will chair the Steering Group and provide the secretariat. The Chair, who is the Department’s Project Sponsor, will be responsible for the effective operation of the Steering Group and for ensuring that the Steering Group fulfils its mandate.

The Secretary will provide administrative support to the Chair, and be responsible for the efficient operation of the Steering Group, the maintenance of the Group’s documentation and the implementation of the Group’s communications plan. Matters for communication to the Group, documents for circulation and issues regarding meetings, meetings and agendas should normally be routed through the Secretary to the Group.
3.1.2 **Individual Members**

Each individual member of the Steering Group has the following responsibilities:

- Understand and support the goals, objectives and desired outcomes of the project;
- Understand and represent the interests of project stakeholders;
- Ensure that the project is aligned with the vision and goals set out in the VFM Review and the implementation priorities, strategic aims and key measures detailed in the VFM National Implementation Framework, as well as with wider Government policy.
- Read and consider project documentation and provide feedback where appropriate;
- Prepare for, and actively participate in, Steering Group meetings;
- Contribute to the making of soundly-based decisions;
- Satisfy him-or-herself that the project’s milestones are met and outcomes are achieved.

3.1.3 **Meetings**

The Steering Group will meet regularly until such time as the Implementation plan for Phase 2 is finalised. The frequency and duration of meetings will vary, but will be linked where possible to the achievement of project milestones. Prior notification of meeting times and dates will be provided to members by means of an agreed meeting schedule. Persons who are not members of the Steering Group may be invited to attend and contribute on specific items at the direction of the Chair.

- The Chair will decide on the agenda for meetings and agree on the addition of items to the agenda under *Any Other Business*.
- Documentation for the next meeting will, where possible, be circulated at least five working days before the meeting. The documentation will include:
  - an agenda for the meeting;
  - minutes of the last meeting, including details of decisions and agreed actions;
  - a report from the Project Manager summarising progress since the last meeting and outlining any issues which require advice or direction from the Steering Group;
  - other documents (if any) to be considered at the meeting.
- Meetings will be documented by way of a summary of decisions taken and actions agreed, and the main points of matters discussed. Once accepted as an accurate record by the Steering Group and signed off by the Chair, the minutes will be placed on the Department of Health’s website.
- Immediately after each meeting, members who sent their apologies will be notified the date of the next meeting, and will be supplied with any documentation circulated at the meeting.
- Within a week of the meeting, a draft set of minutes of the meeting will be circulated.
4. **STEERING GROUP PRIORITIES 2014 - 2015**

4.1 **Key Implementation Priorities**

The VFM National Implementation Framework has been developed to determine how the policies and recommendations emanating from the VFM Review are translated into concrete actions, assign responsibilities for those actions, and specify 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 process achieves its purpose in a planned, timely and cost effective manner.

Implementation priorities, which are described in the VFM National Implementation Framework, are focused on the seven key strategic areas:

- 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.

In order to make progress in these key areas, the VFM National Implementation Framework identified the immediate priorities, which are to:

- establish the project structures, and in particular to strengthen the national disability function within the Health Service Executive;
- ensure that the current system is operating efficiently in preparation for the transition to the person-centred supports model;
- establish procedures and protocols to support a more accountable and effective service; and
- develop measures to support migration to the person-centred supports model.

4.2 **Steering Group Priority Actions**

| Procedural |
|-------------------|----------------------------------|
| Agree on the reporting structures and format by which the Steering Group will be kept updated on project implementation. |

| Strategic |
|-------------------|----------------------------------|
| Agree annual priorities for the project team to reflect the strategic priorities for the VFM Review, as identified in the VFM National Implementation Framework. |
| Maintain oversight of the planning and execution of the evaluation |
Oversight

- Maintain oversight of key implementation priorities:
- Monitor the operation of project management structures and implementation of project plans.

Reporting

- Sign off on Annual Progress Report to the Minister
- Develop and implement a communications strategy for the Steering Group’s activities.

4.3 Overview of Project Timelines 2013 - 2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>Development of implementation framework, initiation of demonstration projects and implementation of measures to improve efficiency and effectiveness.</td>
</tr>
<tr>
<td>2014</td>
<td>Commencement of policy appraisal and continued implementation of priority measures.</td>
</tr>
<tr>
<td>2015</td>
<td>Completion of policy appraisal, using the demonstration projects as input.</td>
</tr>
<tr>
<td>2014 onwards</td>
<td>Migration to new model of services and supports.</td>
</tr>
</tbody>
</table>

4.3.1 Actions Progressed in 2013 - 2014

The following actions were progressed during 2013 and mid-2014:

- Project governance and accountability structures put in place and national disability function within HSE strengthened;
- A range of projects demonstrating the feasibility of providing person-centred support services initiated;
- Cost savings of €5m achieved through greater efficiencies;
- Inspection of residential services by HIQA commenced.

4.4 Actions to be progressed in 2014 – 2015

Over the course of the next two years, a very significant change management process will be progressed. Some work has already commenced on the initiation of demonstration projects as proof of concept – these projects will focus on supporting individuals with disabilities to live in the community and exercise greater choice and control over their daily lives. The Department, the HSE and the NDA are also already engaged on a project to identify a standard needs assessment tool and develop a resource allocation model: this work will be completed during 2013 and implementation of the assessment tool will commence.

Towards the end of 2014 the formal policy appraisal process recommended in the VFM Review and required for all public service expenditure proposals (ref. The Public Spending Code Department of Public Expenditure and Reform (2012)) commence, and will be informed by the outcome of the demonstration projects. Following
this, a more detailed implementation plan will be developed for full migration to the new model of services and supports.

Other important measures to be pursued during 2014 and 2015 include the introduction of a standardised framework to commission services, development of individualised budgeting proposals to bring about a closer alignment between services or supports needed and funding allocated, and a methodology to assess the outcomes achieved by individuals as a result of that funding. A robust regulatory regime to ensure quality and safety will also be implemented.

5. **PROJECT WORK PLAN 2014 - 2015**

5.1 **HSE Service Plan & Social Care Operational Plan**

The statutory role of the HSE in terms of health service delivery is governed by the annual Service Plan approved by the Minister for Health, which sets out the range and volume of services to be delivered within the approved allocation of resources.

In addition to the National Service Plan, each service division including the Social Care Division, prepares and publishes a National Operational Plan, which sets out in greater detail the programme of work to be undertaken for the year, in line with the National Service Plan.

The Operational Plan for Social Care has been developed, to fully encompass not only the core service deliverables in terms of activity and funding, but also the key actions and deliverables, which have been prioritised to implement the reform programme for 2014.

In relation to the Disability sector, this has been shaped around the strategic aims and actions outlined in the ‘National Framework for Implementation - Value for Money and Policy Review of Disability Services in Ireland’.

5.2 **HSE Work Plan 2014 - 2015**

The HSE Work Plan has been developed by the HSE in line with the implementation priorities described in the VFM National Implementation Framework and focuses on the key strategic areas identified in that framework.

The Work Plan sets out the tasks to be accomplished and working group to be established by the HSE project team to support the implementation of the reform programme in the following six areas:

- Person Centred Model of Services and Supports – Strategic Planning;
- Person Centred Model of Services and Supports – Implementation, Oversight and Support;
- People with Disabilities and Community Involvement;
- Quality and Standards;
- Management and Information Systems;
- Governance, Efficiency and Effectiveness.
The HSE project team will report to the Steering Group regularly on all aspects of the Work Plan.

Note - Appendix B sets out the working groups and sub groups

5.3 Deliverables

5.3.1 2014 - 2015

- Strategic information framework developed and minimum dataset identified.
- SLA (Service Level Arrangement) processes revised to provide more effective data gathering and performance monitoring.
- Rostering guidelines developed and current practices rationalised.
- Standardised framework put in place to commission and procure services, taking account of national developments in respect of a corporate HSE commissioning strategy. Pilot procurement exercise initiated.
- Standard tool selected for assessment of need, and implementation plan developed. Resource allocation model developed.
- Quality standards for day services finalised and rolled out.
- Demonstration projects completed and reviewed.
- Resource allocation model tested; implementation of standard assessment tool commenced on a pilot basis; individualised budgeting proposals developed.
- Skill mix and client dependency guidelines developed for person-centred supports model, reflecting the learning from the demonstration pilots.
- Outcome measurement and quality assurance framework developed.
- Commissioning and procurement of selected services put into effect.
Formal policy appraisal conducted and implementation plan for full migration to person-centred supports model developed.

Migration to person-centred model of services and supports progressed.

6. Steering Group Communication Plan

The Chair of the Steering Group will report to the Minister of State and the Minister for Health on the status of the implementation project, on the achievement of significant milestones, or at the Minister’s request.

An annual progress report will be prepared and will be published on the Department of Health website.

The Steering Group will be responsible for communications to stakeholders on their oversight of the VFM implementation project, and will consider the format, frequency and content of the information to be provided. The HSE will be responsible for communications on the implementation process itself.

In recognition of the importance of keeping stakeholders informed and included in the work of the Steering Group, communications will be included as a standing item on the agenda for meetings of the Group.

Project documentation, including the minutes of the Steering Group will be published on a page dedicated to the VFM Review on the DOH website (www.health.gov.ie) as soon as possible after they have been agreed by the Group and cleared by the Chair.

<table>
<thead>
<tr>
<th>Provided To</th>
<th>Format</th>
<th>Provided By</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steering Group</td>
<td>Progress reports, briefing notes and other (draft) reports</td>
<td>Project Manager</td>
<td>Week before Steering Group meetings</td>
</tr>
<tr>
<td>Project Team</td>
<td>Minutes of Steering Group meetings, actions and decisions</td>
<td>Secretariat to Steering Group</td>
<td>Week after Steering Group meetings</td>
</tr>
<tr>
<td>All Stakeholders / General Public</td>
<td>Minutes of Steering Group meetings, other Steering Group documentation, annual report.</td>
<td>Department of Health</td>
<td>On acceptance by the Steering Group</td>
</tr>
<tr>
<td>Secretary General</td>
<td>Periodic and final progress updates, interim &amp; final reports</td>
<td>Chair of Steering Group</td>
<td>Quarterly progress report, annual report.</td>
</tr>
<tr>
<td>DoH and Director General, HSE</td>
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</tr>
<tr>
<td>Minister and Minister of State</td>
<td>Periodic and final progress updates, interim &amp; final reports</td>
<td>Chair of Steering Group</td>
<td>Quarterly progress report, annual report.</td>
</tr>
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## Appendix A: VFM Implementation Steering Group Membership

(Sept. 2014)

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geraldine Fitzpatrick</td>
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<tr>
<td>Chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gráinne Duffy</td>
<td>Disability Unit, Department of Health</td>
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WORKING GROUP 1: PERSON-CENTRED MODEL OF SERVICES & SUPPORTS – STRATEGIC PLANNING

The objective of this Working Group will be to support the implementation of strategic aims, 3, 6 & 7 of the National Implementation Framework, addressing in 2014 the priority actions included in the Social Care Operational Plan – Disability Services.

Membership
Christy Lynch, KARE (Chair)  
Joanne McCarthy, DFI  
Denise Cooney, Enable Ireland  
Dr. Mary T. O’Mahony, HSE Health & Well Being Rep  
James O’Grady, Independent  
Carol Moore, HSE South Tipperary  
Jane McEvoy, St. John of God Services  
Eithne Fitzgerald, NDA  
Leo Kinsella, HSE Cavan/Monaghan  
Anne McGrane, DoH  
Brian O’Donnell, NFVB  
Grainne Collins, NDA

Working Group 1: Sub Group 1 – Establish Base Line Data

Membership
James O’Grady, Independent (Chair)  
Joanne McCarthy, DFI  
Denise Cooney, Enable Ireland  
Dr. Mary T. O’Mahony, HSE Health & Well Being Rep  
Eithne Fitzgerald, NDA  
Brian O’Donnell, NFVB

Terms of Reference/Tasks
- Undertake a comprehensive population needs assessment supported by the Health and Well Being Division in collaboration with the National Disability Authority. This will include changing, unpredictable and episodic need.
- Identify potential demand for services over the next 5 – 10 years.
- Specify the services required to meet this need based on a person centred model of service
- Assess the existing capacity of current services to respond to need
- Assess the reconfigured capacity of services to respond to need.
- Identify alternative service options to be developed based on the learning from demonstration projects:
  - Capacity required;
  - Resources required;
  - Time Frame.
Working Group 1: Sub Group 2 - Evaluation Process: Service Delivery models and Demonstration Projects

Membership

Christy Lynch, KARE (Chair)  Jane McEvoy, St. John of God
Leo Kinsella, HSE Cavan/Monaghan  Grainne Collins, NDA
Carol Moore, HSE South Tipperary  Ann McGrane, DoH

Terms of Reference/Tasks

- An important focus of this sub-group will be to develop the baseline data and comprehensive evaluation process to evaluate existing services and new demonstration projects, and assess suitability for wider application. This is a key piece of work which needs to be undertaken as a priority to support the work of other sub-groups/working groups.

- The Health Service will develop a mechanism to enable this work to be carried out in an appropriate manner.

- The work will to seek to use research & analytical capacity to support this work, rather than the Health Service itself resourcing this input separately. In the event that this approach cannot be facilitated the Health Service will itself secure the necessary resources to support this important process.

- The Work will involve a statement of current projects and the evaluation of these projects and their subsequent learning will inform the development of alternative service options.

- The output from this work will inform the decisions on the Annual Service Plan and Operational Plan for Social Care.

- Based on the output of the work outlined above and input from the other working groups an implementation plan will be developed, taking account of any policy appraisal, the scale of organisational change and associated capacity constraints.
WORKING GROUP 2: PERSON-CENTRED MODEL OF SERVICES AND SUPPORTS – IMPLEMENTATION, OVERSIGHT & SUPPORT

The objective of this Working Group will be to provide oversight & support to the implementation of initiatives to drive migration of the person-centred model in 2014. In doing so the working group will support the implementation of strategic aims 3, 6 & 7 of the National Implementation Framework, addressing in 2014 the priority actions included in the Social Care Operational Plan – Disability Services.

Membership

Damien McCallion, HSE Mayo/Letrim/West Cavan (Chair)  
Ann Bourke, HSE  
Breda Mulvihill, HSE  
Anne Melly, HSE Dublin North East  
Gabrielle O’Keeffe, HSE Cork South  
PJ Cleere, DFI  
Pat Reen, Prosper Fingal  
Breda Crehan Roche, Ability West  
Arlette Howell, HSE Dublin North East  
Caroline Cantan, Enable Ireland/HSE  
Paudie Galvin, HSE Southside Intellectual Disability Services  
Denis Cronin, Daughters of Charity  
Fidelma Murphy, Enable Ireland  

TJ Duggan, Cheeverstown  
Brian Dowling, DoH  
Aoife O’Toole, Cheshire  
Rachel O’Donoghue, DoH  
Donie O’Shea, NDA  
Alison Ryan, DFI  
Toni Gleeson, DFI  
Sorcha Murray, DoH  
Lorraine Dempsey, Parent Rep  
Helen McGrath, Dept. of Environment  
Jim Winters, Inclusion Ireland  
Laura Keane, Rehab Group

Working Group 2: Sub Group 1 - Time to move on from Congregated Settings

Membership

Breda Mulvihill, HSE (Chair)  
Denis Cronin, Daughters of Charity  
Paudie Galvin, HSE  
Gabrielle O’Keeffe, HSE  
PJ Cleere, DFI  

Aoife O’Toole, Cheshire Ireland  
Brian Dowling, DoH  
Helen McGrath, Dept. of Environment  
Jim Winters, Inclusion Ireland

Terms of Reference/Tasks

- The focus of this sub-group will be to provide oversight & support the implementation of the actions included in the Social Care Operational Plan in 2014. The plan in respect of 2014 is that a minimum of 150 people with Disabilities will move to community living as outlined below:
  a. HSE Dublin North East 25 people moving from the following agencies St John of God Services, Daughters of Charity, St Michaels House, and HSE Services.
  b. HSE Dublin Mid Leinster 55 people moving from the following agencies St John of God Services, Stewarts Care, Cheeverstown House, Peamount, Cheshire, St Margaret’s and HSE Services.
  c. HSE West 30 people moving from the following agencies Brothers of Charity, Cheshire, Daughters of Charity and HSE Services.
d. HSE South 40 people moving from the following agencies Brothers of Charity, St Patricks, St Vincent's, Cheshire and HSE Services.

- These plans will include specific details on the individual, their choices and their preferred living options and will incorporate the actions required by the person themselves and the service provider to give effect to the wishes of the individual within available resources. The timeline involved in the transition will incorporate any additional training needs identified for a successful outcome.
- Individuals will move to the community throughout the year in line with community living transition plans.
- Progress and performance in respect of the movement of 150 people to community living will be monitored on a monthly basis, with reports to the sub-group and Working Group at each meeting.

Working Group 2: Sub Group 2 - New Directions

Membership
Anne Melly, HSE Dublin North East (Chair)  Fidelma Murphy, Enable Ireland
Pat Reen, Prosper Fingal  Donie O’Shea, NDA
Arlette Howell, HSE Dublin North East  Alison Ryan, DFI
TJ Duggan, Cheeverstown  Laura Keane, Rehab Group
Rachel O’Donoghue, DoH

Terms of Reference/ Tasks
New Directions - Personal Support services for adults with disabilities - Reconfiguring Day Services.

- Health Service Standards:
  - Consultation phase in respect of the Interim Standards relating to New Directions will be completed by the end of the first quarter.
  - The standards, revised appropriately following the consultation, will be implemented through the disability providers with appropriate monitoring procedures in place.

- Policy Implementation:
  - Each agency to review current provision and capacity against National Implementation Plan with specific reference to the 12 supports outlined in New Directions.
  - Review existing demonstration sites / models of good practice across ISAs to translate learning and inform implementation.
  - Agency action plans for the implementation of New Directions to be reviewed at the Regional Disability Consultative Fora.
Working Group 2: Sub Group 3 - Progressing Disability Services for Children and Young People (0-18’s)

Membership
Breda Crehan Roche, Ability West (Chair)  
Ann Bourke, HSE  
Caroline Cantan, Enable Ireland/HSE  
Toni Gleeson, DFI  
Sorcha Murray, DoH  
Lorraine Dempsey, Parent Rep

Terms of Reference/Tasks
- The roll out of a new model of assessment and intervention, the objective of which is to provide one clear referral pathway for all children (0-18s), irrespective of their disability, where they live or the school they attend. The transition to this service delivery model is governed by a consultation and engagement process with all stakeholders, including people with Disabilities and their families, and is being implemented on a phased basis, with full implementation of the model scheduled for the end of 2015. Local Implementation Groups are at different stages in the consultation process and implementation of the model.
  - The LIGs in Mid West, Meath, West Cork, Cavan/Monaghan and the Midlands will consolidate implementation of the model and build on progress to date.
  - The LIGs in Kerry, Mayo, Galway, North Lee, Wexford and Kildare / West Wicklow will fully reconfigure their services in line with the model.
  - The LIGs in Dublin, (Dublin North and Dublin North City) and (Dublin South, South East, Dublin South West, and Dublin South Central) will finalise the consultation phase with all stakeholders, complete implementation plans and commence reconfiguration and delivery of the new model of service.
  - The LIGs in Donegal, Sligo/Leitrim, Roscommon, Louth, Carlow/Kilkenny, Waterford, Tipperary South, Cork South Lee, Cork North and Wicklow will progress consultation phase, will establish health and education forum, will review and amend governance and management structures and will agree service policies and procedures and prepare for reconfiguration in 2015.
- Based on learning from the pilot sites in Midlands, Waterford, West Cork and Cavan/Monaghan, the National Access Criteria will be revised by the end of Q2 for implementation in the 3rd and 4th quarter.
- Ensure that the functions and processes under the Disability Act 2005 are integrated with the development of 0-18s networks.
- To progress the implementation of the model, key engagements with stakeholders and a range of supports will be provided, with a specific focus on those in the second and third groups above.
- Implement Outcome Focused Performance Management and Accountability Framework on a phased basis, with a demonstration site established in each region.
- Engage in the development of a service framework to support the provision of pre-school services for children with a disability informed by cross-sectoral discussion.
- Collaborate with DoH and voluntary partners in evaluating existing demonstration projects in order to establish a firm evidence base to inform future migration towards the new service model & establish an appropriate communication and engagement framework.
WORKING GROUP 3: PEOPLE WITH DISABILITIES AND COMMUNITY INVOLVEMENT

The objective of this Working Group will be to support the implementation of strategic aims 3&7 of the National Implementation Framework, addressing in 2014 the priority actions included in the Social Care Operational Plan – Disability Services.

An important focus of the work of this group will be to build on the existing national & local consultative processes so as to develop a model, which meets the changing needs of the Health Service and which will be fit for purpose to support the new model of service delivery envisaged in Future Health. The intention is to maximise the potential of local communities to support people with disabilities and their families within their own area and to develop both the informal and formal social networks which have the capacity to support the new service models.

Membership

Paddy Connolly, Inclusion Ireland – (Chair)  
Tony Darmody, Retired CEO Voluntary Agency
Kieran Kennedy, National Parents and Siblings Alliance  
Carol Cuffe, HSE Kildare/West Wicklow
Martin Naughton, DFI  
Rachel Cassin, Leap
Des Kenny, NCBI  
Colette Kelleher, COPE Foundation
Niall Keane, DeafHear  
Alice Griffin, DESSA
Liam O’Dwyer, CIDP  
Gary Lee, CIL
Teresa Dykes, HSE Sligo

Terms of Reference/Tasks

- Develop the principles to underpin a framework that has as its starting point "active participation and integration"
- Develop a shared understanding of the needs, experiences, capacities of the people with disabilities and their preferred method of engagement with the process.
- Establish appropriate mechanism to enable people with disabilities to
  - Share their knowledge and experience
  - Actively participate in the decision making process
  - Influence service planning and policy development
- Build on the mechanisms employed in the National Consultative Forum structures to ensure enhanced people with disability involvement in the development of disability services.
- Produce plans to identify a range of methodologies to ensure service user involvement.
- People with Disabilities and their families’ views will impact on decision making at all levels of service development and delivery.
- Identify the appropriate process for the selection of a number of people with disabilities to participate in a meaningful way at both Area and National Fora.
WORKING GROUP 4: QUALITY & STANDARDS

The objective of this Working Group will be support the implementation of strategic aim no. 7 of the National Implementation Framework, addressing in 2014 the priority actions included in the Social Care Operational Plan – Disability Services.

Membership

Teresa Mallon, St. John of God Services (Chair)  
Francis Coughlan, SOS Kilkenny  
Maura Morgan, HSE Midlands  
Dermot O’Donnell, DFI  
Clodagh O’Brien, NFPBA  

Bernard O’Regan, Western Care  
Ruth O’Reilly, NDA  
Barbara O’Connell, DFI  
Bob McCormack, Dara Residential Services

Terms of Reference/Tasks

- Enhance the quality of services used by people with disabilities.
- Improve service experience of people with disabilities.
- Support the implementation of the National Policy on Safeguarding Vulnerable Persons and facilitate an integrated approach across the management of allegations of abuse within the Social Care Division.
- Work with all services to meet the requirements of Children First legislation.
- Develop HSE Child Protection policy.
- Develop implementation plan for the roll out of the policy and associated training.
- Develop and implement an outcome measurement framework.
- Develop and implement a quality framework in response to current and emerging standards in disability services.
WORKING GROUP 5: MANAGEMENT & INFORMATION SYSTEMS

The objective of this Working Group will be to support the implementation of strategic aims 4 & 5 of the National Implementation Framework, addressing in 2014 the priority actions included in the Social Care Operational Plan – Disability Services.

Membership
Ger Reaney, HSE Cork (Chair)  Deborah Jacob, HSE Finance
Sheila Marshall, HSE Dublin North Dharragh Hunt, NDA
Alan Dunne, DFI Harry Harris, DoH
AnneMarie Ward, HSE North West Clodagh O’Brien, NFPBA
Kevin Carragher, HSE Cavan/Monaghan Sarah Kelly, Kare
Sean Abbott, COPE Foundation Sean Conneally, BOC

Terms of Reference/Tasks

- Improve management and information systems for disability services:
  - Continue to work with DOH on Strategic Information Framework
  - This Working Group will support the DoH and Health Service on the development & implementation of Strategic Information Framework
- Review the methodology for setting targets. Develop the current output focused performance indicator (PI) set to incorporate more outcome based PIs.
- Collaborate with all stakeholders in relation to the development of an appropriate Assessment Tool.
- Develop plan for the implementation of the assessment tool across the Disability Sector.
- Commence development of a web based system to support easier access for people with disabilities to information and advice.
- Liaise with the relevant HSE Divisions who are leading on the following:
  - Introduction of a unique identifier to support the move towards person-centred service delivery.
  - Development for implementation of financial coding systems will commence, so as to support the move to individual client costing and Money Follows the Person, together with greater accountability and transparency.
WORKING GROUP 6: GOVERNANCE & SERVICE ARRANGEMENTS

The objective of this Working Group will be to support the implementation of strategic aims 1 & 2 of the National Implementation Framework, addressing in 2014 the priority actions included in the Social Care Operational Plan – Disability Services.

Membership

Deirdre Scully, HSE (Chair)  TJ Dunford, HSE Waterford
Pat O’Dowd, HSE  Grainne Duffy, DoH
Patricia McCormack, HSE  Johanna Cooney, BOC
Deirdre Oman, HSE  Clodagh O’Brien, NFPBA
Margaret O’Donovan, HSE Cork  John Hannigan, NFVB
Brendan Broderick, Sisters of Charity of Jesus & Mary/Muiriosa Foundation  Kieran Loughran, DFI
John O’Sullivan, Enable Ireland  Suzanne Moloney, Disability Specialist HSE South
Vincent O’Flynn, Carriglea Cairde Services  John Dolan, DFI
David Dunne, St. Michael’s House  John Swords, HSE
Marie Lenihan, Kerry Parents & Friends Association  Deirdre Carroll

Terms of Reference/Tasks

- Streamline governance arrangements and maximise optimum efficiency by implementing a reconfigured governance and accountability framework for the disability service programme including revised Service Arrangements / Grant Agreements.
- Put in place the necessary systems and protocols to ensure full accountability and transparency for all funding allocated on the health vote for the Disability Services programme.
- Support process for introduction of a new IT based system to assist the management and governance of service arrangements and agreements. This is a national shared database, which will allow for real time data entry & reporting and will replace the current local and national registers. In addition, it will make possible more comprehensive verification of information and greater controls assurance and facilitate the development of co-ordinated approach to governance with corporate functions. This IT system will provide the organisation with the technology supports necessary to enhance management of the Governance Framework with this important sector.
- In addition, while recognising the executive management responsibility on the Health Services Directorate, the Social Care Management team, ISA teams and individual providers to work individually and collectively in delivering the Social Care operational Plan, this group will provide oversight of these measures and act as a “sounding board / reference group” on the impact and effectiveness of these measures.