

HEALTH SPOKE

An independent network of Community and Voluntary Healthcare groups, facilitated by The Wheel.

supported by



CRITIQUE OF, AND PROPOSED AMENDMENTS TO, THE HEALTH BILL (2004)

**IN ORDER TO FULLY INCLUDE THE COMMUNITY AND VOLUNTARY
SECTOR, IN KEEPING WITH GOVERNMENT COMMITMENTS, AS A
PARTNER IN THE DEVELOPMENT AND DELIVERY OF HEALTH
SERVICES**

JOINT POSITION PAPER

**THE WHEEL¹
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INTRODUCTION

The Health Bill has a key role to play by recognising and valuing the role of the community and voluntary sector as an equal health partner. Its role must be written into the Legislation. Statutory recognition for the community and voluntary health and personal social services sector will greatly strengthen the Health Service Executive and is also in keeping with Government policy.

The Health Bill 2004 currently exhibits a number of weaknesses in relation to having the necessary partnership and involvement with the community and voluntary health and personal social services sector. In particular, there is:

- Very limited acknowledgement and recognition of the role of the voluntary sector in the provision of health and personal social services
- No reference or acknowledgement of the role of the community and voluntary sector beyond perhaps being a 'service provider'. The legislation appears to limit involvement of the community and voluntary sector to matters relating to service provision
- Even when the Bill refers to the role of the sector it is limited to mechanisms for 'consultation / advice', far less than the right to participation in policy making and decision taking processes promised by the White Paper, *Supporting Voluntary Activity (2000)*.

The proposed legislation does not live up to the commitments in the White Paper on the relationship between the State and the community and voluntary sector, which are outlined below. The White Paper promised more than mere 'consultation'. It committed the Government to the participation and active involvement of the community and voluntary sector in decision-making and policy formulation processes.

Furthermore, the two Health Strategies, *Shaping a Healthier Future (1994)*, and *Quality and Fairness, A Health System for You (2001)*, along with the Statements of Strategy published by the Department of Health and Children, '.....(1997), *Working for Health and Well-Being (1998)*, and *Statement of Strategy 2003 – 2005 (2003)*, all articulate an active role and partnership between the statutory health system and the community and voluntary sector. The Bill, as published, does not give expression to that partnership.

Section 7(5)(c) requires the Executive to have regard to the policies and objectives of the Government or any Minister of the Government. The White Paper, *Supporting Voluntary Activity*, Health Strategies and Statements of Strategy by the Department of Health and Children are relevant in this regard.

AMENDMENTS TO HEALTH BILL 2004

The Health Bill has a key role to play by recognising and valuing the role of the community and voluntary sector as an equal health partner. Its role must be written into the Legislation. Statutory recognition for the community and voluntary health and personal social services sector will greatly strengthen the Health Service Executive and is also in keeping with Government policy.

In light of the above, we are seeking the following **amendments, as indicated in bold print.**

Section 7 (p.12) – 'Object and functions of Executive'

No change proposed to this section other than the inclusion of an extra sub-section.

'In the performance of its functions the Executive shall co-operate and co-ordinate with the voluntary and community sector where it is involved in activities similar or ancillary to the remit of the Executive.'

Section 15 (p. 17) – 'Committees of Board'

No change proposed to the Section other than the inclusion of an extra subsection..

'The Board shall appoint to a committee persons who have knowledge and experience of the community and voluntary healthcare and personal social services sector to provide assistance and advice to it in relation to its functions.'

The above amendments are further supported by additional amendments:

Section 29 (p. 26) – 'Executive to prepare and submit corporate plan for Minister's approval.'

Change proposed only to Subsection (4):

In preparing the corporate plan, the Executive shall have regard to
(a) the policies of the Government or a Minister of the Government
to
the extent that those policies may affect or relate to the function of the Executive,
(b) the role played by the community and voluntary sector in the development and provision of health services.'

Section 32 (p. 28) – 'Executive to prepare and submit service plan for Minister's approval'

No change to the Section other than the addition of piece as part of subsection (3), to be numbered '32 (3) (g)':

'..have regard to the role played by the community and voluntary sector in the development and provision of health services'

Section 43 (p.35) 'Arrangements with service providers'

Change to subsection (2):

'Before entering into an arrangement under this section, the Executive shall determine, in respect of a financial year of the Executive **or other period as provided for at 32 (1) (a) or 32 (3) (a)**, the maximum amount of funding (whether capital funding or non-capital funding) that it proposes to make available in that year **or period** under the arrangement and the level of service it expects to be provided for that funding.'

Section 45 (p. 36) – 'National Health Consultative Forum'

No change to the Section other than the addition of an extra subsection:

'The Minister will have regard to the role played by the community and voluntary sector in the development and provision of health services when considering the remit and composition of the Forum.'

Section 47 (p.38) – 'Mechanisms (including advisory panels) to enable Executive to consult with local communities and others'

Note: With amendment this title should change to:

'.....with local communities, **voluntary bodies** and others.'

Changes to subsection (1) and (2) and addition to subsection (2) to be 47 (2) (e).

Subsection 1:

'The Executive **shall** take such steps as it considers appropriate to consult with local communities, **the community and voluntary healthcare and personal social services sector** and other groups about health and personal social services.'

Subsection (2):

'Such steps **shall** include the establishment by the Executive of panels to advise the Executive or to enable it to seek the views of (a) (b) (c) (d) **(e) the community and voluntary healthcare and social services sector.**'

THE WHITE PAPER, 'SUPPORTING VOLUNTARY ACTIVITY' (SEPTEMBER 2000)

The Foreword to *Supporting Voluntary Activity* by the then Minister, Dermot Ahern, stated:

'We see the Community and Voluntary sector as essential partners in economic and social development. Democracy is not just about getting a day out to vote at elections every few years. It is also about participating in society and making one's own personal contribution to social life, to the development of local communities, or to the welfare of society as a whole or particular disadvantaged groups within it.'
(Supporting Voluntary Activity, p. (iii))

The Government's vision of society regards as fundamental:

"...the ability of the Community and Voluntary sector to provide channels for the active involvement and participation of citizens..."
(Supporting Voluntary Activity, 1.4)

and it goes on to state that:

"An active Community and Voluntary sector contributes to a democratic, pluralist society, provides opportunities for the development of decentralized and participative structures and fosters a climate in which the quality of life can be enhanced for all."
(Supporting Voluntary Activity, 1.4)

The White Paper articulates very clearly that the role of the community and voluntary sector is a positive one, that goes to the heart of democratic participation:

"This is a key point. The Government regards statutory support of the Community and Voluntary sector as having an importance to the well-being of our society that goes beyond utilitarian concerns to do with 'purchase' of services by this or that statutory agency. It has to do with the nature of the society we wish to foster – one which fosters active participation in its affairs by individuals, because such participation is vital to our democratic way of life. The Government's vision of society is also one which actively encourages people as individuals and as members of groups to look after their own needs – very often in partnership with statutory agencies – but without depending on the State to meet all need" (Supporting Voluntary Activity, 1.5))

This quotation clearly states that the relationship is not simply about the 'purchase' of this or that service. In Chapter 2, 'Context and Background', 'Supporting Voluntary Activity' states:

"Many voluntary sector organizations are major service providers, particularly in the fields of health, disability and services for the elderly." (Supporting Voluntary Activity 2.30)

It then goes on to state in the next paragraph:

"Just as many large voluntary sector service providers have a strong

advocacy role, so many community groups deliver practical services (e.g., childcare) in their local areas.”
(Supporting Voluntary Activity, 2.31)

Further on, it identifies the growth in voluntary social service organizations over recent decades in areas such as housing, childcare, services for people with disabilities and elderly people, and then it sets out what it describes as a key challenge:

“A key challenge for the future of these groups is to harness their collective energy in order to maximize their impact, both at policy development level (i.e. in relation to welfare/health issues), and at the level of their individual client base.”
(Supporting Voluntary Activity, 2.41)

Chapter 3, “Structures Underpinning the Relationship”, states:

“It is the Government that is ultimately solely responsible for making key decisions on social and economic policy issues no matter how extensive a process of prior consultation that may have taken place. However, the context in which these constitutionally based powers and responsibilities are exercised is increasingly one of social partnership. The way in which Ministers and civil servants work takes account of relationships with other representative parties. For example, the social partners – including representatives of the Community and Voluntary sector have a formalized role in advising on, negotiating and agreeing a range of economic and social policies at the level of National Partnership agreements. At individual Department and agency level, the management and development of policy in relation to individual programmes or policy areas is informed by the social partners in a wide range of advisory committees and consultation mechanisms. This White Paper develops and makes more explicit the participation of the Community and Voluntary sector in partnership and consultation mechanisms.”
(Supporting Voluntary Activity, 3.6)

It goes on to state that:

“Civil society is greatly enriched when ordinary citizens come together

in voluntary action, community involvement and self-help initiatives. The sector has a specific role in ensuring that the experiences and interests of marginalised communities and groups are articulated and are heard when decisions that affect them are being made”
(Supporting Voluntary Activity 3.13).

The White Paper immediately goes on, at 3.14, to set out the special role and potential of the community and voluntary sector, to:

- Help create a vibrant civil and active society in which individuals are encouraged and enabled to participate fully. This is an essential component of a mature democracy;
- Respond to pressing social needs quickly, directly and effectively;
- Pioneer new approaches to service provision and local community development;
- Improve the effectiveness of services through feed-back and monitoring of services by consumers and users;
- Provide opportunities for volunteers to participate and develop skills;
- Create employment opportunities through the provision of services and through the activities of community development projects, thus contributing to community infrastructure;
- Foster self-help and enable people to become active participants in shaping their future;
- Identify needs and appropriate responses tailored to the specific needs of local communities and neighbourhoods and specific communities of interests;
- Offer new solutions where conventional approaches have failed.
- Enable people who are excluded to become involved in the regeneration process in their own communities and at a wider societal level.

It then, (3.15), sets out the relationship between the State and the Sector, and outlines the main areas where there is a working relationship between the State and the Sector, namely:

- Communicating consumers' views and requirements
- Developing new services to meet emerging needs
- Advocacy, lobbying and campaigning
- Inputs to policy development and the planning of economic and social policy or programmes.
- Contracting for delivery of services
- Establishing good practice
- Monitoring and evaluation of the work of specific programmes
- Ongoing role in negotiating and developing the Sector's relationship with the State

At 3.16 participation is defined as:

"...an exchange between citizens and government, between those who make the policy and the people affected by policy changes. Participation and dialogue allow greater public involvement in governmental action.....Participation is a way of showing responsibility for policy choices and hence represents a wider and more participatory democracy. While retaining ultimate responsibility for decision making with elected representatives, participation is essential in the achievement of a wider consensus. It is essential in ensuring that the interests and experiences emanating directly from communities and interests across society are heard when decisions that affect the social and economic development of our society are being made."

Two of the four principles underpinning the Health Strategy are equity and fairness, and a people centered service. More and more it is not simply 'ordinary citizens'; or if they are ordinary, they have extraordinary commitment to others; but also, in many instances, people with disabilities or

disabling conditions, and/or members of their families, many of whom are carers who comprise the driving power behind a growing number of voluntary organizations. The same is true in relation to supports for children and older people.

The White Paper, 'Supporting Voluntary Activity' is government policy setting out the broad value and role of the sector, a framework for supporting the sector and developing the relationship between the state and the sector.

HEALTH STRATEGIES

Quality and Fairness

In Ch. 3 of *Quality and Fairness*, 'The Health System Explained', under the heading of 'Strengths of the health system', the voluntary/statutory interface is set out as one of those strengths, and the following is stated:

"There continues to be a very strong and diverse role for the community / voluntary sector in the health system. Good relationships and mechanisms for planning and delivering services already exist, and these provide excellent models on which to build. These partnership arrangements are a key strength of the system." (Quality and Fairness, p.47)

A few pages further on, when considering 'Limitations and shortfalls in the current health system', it is stated that submissions to the process of developing the Health Strategy emphasizes the need for:

- Better linkages and relationships between the key players in the health system across agencies, between community and hospital based providers and across the voluntary / statutory interface.

- The development of primary and continuing care on a more integrated basis within the community with more structured links to specialized parts of the health system.

There was a consultation process for the development of 'Quality and Fairness' which included the community and voluntary sector. This was the first time that such a consultation process took place, and there is a commitment to ongoing consultation. Notwithstanding this, the community and voluntary sector cannot be dealt out of its legitimate involvement in the implementation of the strategy, in particular the reformed structures, as envisaged in the Health Bill 2004.

Shaping a Healthier Future

To further support this position, it is useful to look at strategy developments in the Department of Health and Children over the past decade, commencing with the first health strategy, 'Shaping a Healthier Future' (1994).

Chapter 3, "The Framework", has a specific section on the role of the voluntary sector:

"The voluntary sector plays an integral role in the provision of health and personal social services in Ireland which is perhaps unparalleled in any other country. Traditionally, voluntary organisations have been to the forefront in identifying needs in the community and developing responses to them. Their independence enables them to harness community support and to complement the statutory services in an innovative and flexible manner.

Agencies in the voluntary sector range from major hospitals and national organisations to small community-based support groups set up in response to local needs."

"..... For the first time a specific statutory framework will be created between the health authorities and the voluntary agencies which recognizes the role and responsibilities of both parties. The independent identity of the voluntary agencies will be fully respected under the new structure. They will retain their operational autonomy but will be fully accountable for the public funds which they receive.

They will continue to have a direct input to the overall development of policy at national level."

The Health Amendment Act, 1996 (No. 3) provided for Health Boards to have regard to certain matters in performing its functions, one being: the need for co-operation with voluntary bodies providing services, similar or ancillary to services which the health board may provide, to people residing in the functional area of the Health Board.

DEPARTMENT OF HEALTH AND CHILDREN STATEMENTS OF STRATEGY

Following "Shaping a Healthier Future", the Department produced two Statements of Strategy, the first in May 1997 and in Section 6, "The Role of the Partners in Health Care Delivery", there is a full page devoted to the role of the voluntary sector which builds upon what was outlined in the 'Shaping a Healthier Future' specifically relating to further developing and deepening that relationship.

"In order to improve further the linkages between the voluntary and statutory sectors, it is intended to provide representation for the voluntary sector on the health boards."

"The voluntary sector will continue to have a direct input to the overall development of policy at national level, and mechanisms will be developed to facilitate this process".
(Shaping a Healthier Future)

Not alone has the commitment to provide representation for the voluntary sector on Health Boards not come to pass, but in the structures to replace the Health Boards, namely the Health Service Executive, the community and voluntary sector is not even recognized as a partner.

The next Strategy Statement "Working for Health and Well-Being" 1998-2001, was presented as an elaboration of the '97 strategy statement, and as intended to build upon the process which started with 'Shaping a Healthier Future'.

In the most recent statement, Statement of Strategy 2003 - 2005, Minister Micheál Martin states that 'Quality and Fairness'

'set a benchmark for consultation and partnership in identifying what needs to be done' in the search for 'better and more effective ways of ensuring delivery of health care and personal social services.'

The importance of '*consultation and partnership*' was further emphasised in this Strategy Statement by the Secretary General of the Department, Michael Kelly, who, in referring to reform of the structures of the health service, stated that :

'This will present new challenges and new opportunities to demonstrate our professionalism and our commitment to working together and with the wider stakeholder groups in achieving lasting improvement in the health system.'

In a section entitled 'Business and Structure of the Department', the Strategy Statement makes reference to its partners by stating:

'The delivery of health and personal social services involves a wide range of state and voluntary organisations. The Department fosters good working relationships with the health boards, other agencies and voluntary organisations involved in the provision of health and personal social services. We will work in partnership with these organisations and agencies to achieve our objectives.' (p.8)

Five 'High Level Objectives' are set out by the Department in this Statement of Strategy. The first of these, 'Better health for everyone', states as its objective the provision of:

'...a policy and legal framework for the protection and promotion of health and well-being which gives active support to improving quality of life, targets inequalities in health and advances inter-sectoral working.'

To achieve this, the Statement sets out a number of actions which are considered necessary to achieve this objective, amongst which is the following action:

"Promote a partnership approach between relevant Government departments, health professionals, social partners and community / voluntary sector to address the major determinants of health." (p. 18)

Appendix (1) of the Statement of Strategy 2003 – 2005, which deals with 'Key Inter-Relationships', states:

"The Department works closely with all other Government Departments and Offices of State as well as Health Agencies, and providers of health and personal social services, including community and voluntary organisations.....The Department is committed to a partnership approach and works with the social partners, staff performance representative bodies and other organisations..."
(p. 5)

COMMUNITY AND VOLUNTARY PILLAR OF SOCIAL PARTNERSHIP

The Health Reform Programme is a commitment in *Sustaining Progress*, and the community and voluntary sector is one of the four pillars of social partnership. We should, therefore, also be recognized as one of the partners in this legislation.

HEALTH BILL 2004 AND 'PUBLIC REPRESENTATION AND USER PARTICIPATION' (PART 8)

Section 46, 'Regional Health Forums', is the only section in Part 8 where the Minister or Executive shall establish a representative forum. The forums in question relate to members of the local authorities. It was argued that a problem with the old structure, i.e. the Health Boards, was the governance

arrangements which were dominated by elected members of local authorities and so they were to be removed as part of the structural reforms. While they do not have a governance role, as envisaged in the Bill, they are the only sector to have a permanent mechanism to advise and support the work of the Executive.

There is a value in having the voice of locally elected representatives, but there should equally be a place for the voice of the voluntary and community sector as it relates to the health issue, so as to also give equal value to participative democracy. This is government policy, and also Department of Health and Children policy, as set out above. Chapter 3 of *Supporting Voluntary Activity*, entitled 'Structures Underpinning the Relationship' defines participation as:

"...an exchange between citizens and government, between those who make policy and people affected by policy choices. Participation and dialogue allow greater public involvement in governmental action."
(Supporting Voluntary Activity, 3.16)

Further on in the same Chapter a number of principles are set out which should inform the approach of the State. These include:

"The State recognizes and validates the Sector as a core component of a vibrant civil society and the effort to build a broader, more participative and more accountable democracy in Ireland."

"In particular the State recognizes that Community and Voluntary groups, who (provide) services or undertake community or local development work with statutory funding, have a right to be consulted about policy in relation to design and delivery of services/programmes."

People have traditionally come together in voluntary organisations under the supportive framework of our Article 40 of our Constitution:

"...the right of the citizens to form associations and unions.."

to advance the health and personal service needs of themselves or others in the community, whether that be in relation to children, older people, people with disabilities and/or other illnesses and conditions. The voluntary and community sector has a long tradition in the provision of services and supports as part of our wider health and personal social services provision in Ireland. It is only right that the value, contribution and expertise of that sector also be brought to bear on the development of our health services.

THE HEALTH SECTOR'S HUMAN RESOURCES

Statutory employees working in the health sector are rightly acknowledged as being important shareholders and partners. Many people are similarly employed in the voluntary sector. Others are volunteers and still many others are carers in the home. All of these people are major resources to the current health system. The first step is to recognize that fact in the Health Bill by giving their sector an equal voice as partners and then, together with the other partners, setting out the expectations and objectives for us all to reach together, whether as public representatives, statutory, or voluntary sectors.