

# **The Health Boards Executive HeBE**

**June 2002**

## **The Health Boards Executive**

*“There is no doubt that the process of conjoint working, which was a vital element in the preparation of the health strategy, will also be vital to successful implementation. It is fortuitous that the Health Boards Executive is being established now when formal systematic joint working between the health boards will be so central to achieving the ambitious targets we have set ourselves” Mr. B. Ahern, T.D., Taoiseach, February 2002.”*

### **Introduction:**

The Health Boards Executive (HeBE) was established in February 2002 and launched by An Taoiseach in the same month. The Executive, which has its base in Tullamore was set up to enable the health boards and the Eastern Regional Health Authority (ERHA) work together on an agenda to develop and modernise the health delivery system.

Following the publication of the 1993 health strategy “Shaping a Healthier Future” and the passing of the Health Amendment Act in 1996, there was an increasing requirement on the health boards to work together.

In 1999, the Act which established the ERHA, provided the mechanism for establishing HeBE. The Act set out the formal basis for what was increasingly happening in practice: collaborative working between health boards.

### **Why another health agency?**

HeBE is not *another* health agency, in the strictest sense. It is as much a philosophy of working as it is a new organisation as it promotes and enables collaborative action between two or more of the health boards. As

such HeBE does not have a life of its own, but exists only to add value to the work of its member organisations. Instead of undertaking work *on behalf* of the health boards, HeBE will be *enabling* the health boards to undertake this work together. The bulk of the work will be undertaken by the staff of the health boards. The emphasis will be on undertaking tasks only once and on behalf of all the boards.

### **Governance and Working Arrangements**

The Board of HeBE comprises the eleven Chief Executive Officers of the health boards and the ERHA. Their membership on the board continues only for as long as they continue to hold the office of CEO.

The Executive undertakes its work through a range of mechanisms which fall within the responsibility of HeBE's Director, Denis Doherty (former CEO of the Midland Health Board) and which will engage with the whole spectrum of stakeholders, including those in the voluntary sector.

HeBE currently has its main office at Patrick St., Tullamore, and expects to move to permanent offices within the next two years. It also has a Dublin office located in Corrigan House. HeBE's core funding is provided by the health boards and the ERHA with some direct funding from the Department of Health and Children.

### **Strategic Agenda**

HeBE's role is intended to be largely strategic and is guided by the national Health Strategy "Quality and Fairness". The principles of the Strategy - People Centredness, Quality, Equity, and Accountability, together with the increased focus on demonstrating value for money - are some of the forces shaping HeBE's work. The Primary Care Strategy and

the National Health Information Strategy to be published shortly, are also important elements in forming the agenda for HeBE's work.

Some of the key strategic themes already being pursued by HeBE are –

- Identifying and addressing service needs, for example child and family well being, emergency services.
- The development of people centred health services by modernising health services and health service processes to make them more responsive, effective and efficient
- To identify, assemble, value, share and leverage knowledge.
- To harness the use of new and emerging information and communications technologies to improve the delivery, management and administration of the health services.
- To ensure a value for money culture is promoted within the health service.

### **Working Structures**

HeBE projects are those undertaken by any two or more members of the Executive and which have been adopted formally by the Executive as HeBE projects. Decision making is by consensus and no decision of the Executive can be binding on any member, who was not a party to the decision.

The concept of working together is the core principle governing HeBE's work. Teams will actively work together through all stages of a project from conception to conclusion. Teams will be working teams and not just advisory groups.

Another important dimension of project's will be the learning derived from them. A formal de-briefing will take place following a projects termination and will consider

- What the project was supposed to deliver.
- What it actually delivered.
- The difference between the two.
- The reasons for the difference.

Projects, as well as meeting organisational objectives will provide opportunities for personal development for those involved.

HeBE's work can be progressed in a number of ways.

### **1. Modernisation Activities**

HeBE will undertake a range of projects to address specific modernisation issues. A formal project management approach will be adopted, with an emphasis on time bound activities and specific deliverables. This approach will allow HeBE to be responsive to needs and also to draw on the expertise of health service professionals from across the system.

Examples of some of the project work undertaken to date include,

- A review of the National Ambulance Service
- A discussion pack on the MMR vaccine
- A proposed national Health Services Approach to Major Emergency Planning
- A report on Best Health for Children including Best Health for Adolescents and Investing in Parenthood
- The Children First Resource Team

New projects are underway to address issues such as eGovernment, eHealth and eProcurement, the medical card system, residential childcare inspections, management of performance indicators as well as recruitment advertising and marketing.

HeBE projects, when aggregated, will be the building blocks to deliver on the strategic agenda of the Executive.

## **2. National Programmes**

The second category of work to be undertaken by HeBE will be national programmes. These programmes will be longer term activities, less time bound and will have a more operational, though national, focus.

The programmes will include,

- National clinical programmes,
- Management programmes such as eProcurement, materials management and Information/Communications Technology deployment (National Finance, HR and Hospital Information Systems)
- Other programmes such as the National Immunisation Programme

## **3. Shared Services**

Over time it is expected that HeBE can provide a mechanism for greater administrative efficiency by offering a range of national shared services. These will include a whole range of operational activities currently managed by the Department of Health and Children and which will be devolved to HeBE.

## **Adding Value**

Collaborative working will now become an integral part of the way the health service functions and its employees work. It will no longer take second place to individual organisational responsibilities. The project

management approach increasingly depends on teams drawn from different boards and the ERHA, to work together to achieve national goals. Information and Communications technologies will be harnessed to enable this new type of working.

The key principle of adding value to what the health boards and the ERHA are doing, requires that HeBE's structures reflect this "value adding" dimension. Specialist resources in the areas of research, health economics, projects facilitation and change management will be engaged to support this approach.

One particularly important aspect of HeBE's work is the value it places on the 90,000 staff of the health service. The aggregated knowledge, skills and experience constitute the principal and most valuable asset of the health service. To ensure this asset is fully harnessed, HeBE will develop a Knowledge Centre to allow for the assembling, validation and leveraging of the wealth of knowledge within the service. New Information and Communications Technologies provide an unparalleled opportunity to bring together both the explicit and tacit knowledge within the system. HeBE's work on health outcomes will be advanced to support the development of the Knowledge Centre.

### **eGovernment**

The eGovernment programme at national and European levels also offers an important opportunity for the health service to open up and modernise its services, to make them more user friendly. The links with the Public Services Broker under the REACH programme and development of a national health portal, will be important actions to be advanced by HeBE.

HeBE offers many opportunities for the health boards and the ERHA to work together and for the system to benefit both from best practice and from the skills of staff within the system. While HeBE is a new organisation, it is not a new concept. It builds on some of the more recent management thinking on the nature of systems and team learning. The increasing complexity in health care requires health agencies to identify new ways of working across boundaries. HeBE will be a key mechanism allowing the health boards and the ERHA to respond to this changing landscape in health.