Thank you for the opportunity to discuss with you the report of the Independent Review Group established in 2017 to examine the role of voluntary organisations in publicly funded health and personal social services.

Our terms of reference called for factual analysis, including of issues with faith based voluntary organisations, consultation and recommendations on future relations between the State and the voluntary sector. This led us to establish an evidence base which included drawing on previous reports, to meet with stakeholders (over 40 meetings), to carry out a public consultation (over 100 replies and many written submissions) and to compare the situation in Ireland with other countries, particularly other EU countries.

**Our main finding is that the State and the voluntary sector need each other.** The voluntary sector provides 28% of in-patient hospital beds and two thirds of disability services. The State pays €3.3 billion a year to the voluntary sector to provide these services. We recommend recognising this reality and making a new start through building a new relationship of mutual trust and respect between the parties. In our report we explain how and why the relationship between the voluntary sector and the HSE has broken down and why it is necessary to find better ways of working together. In our view this should be done through State recognition of the role and value of the voluntary sector and by recognising its separate legal status. Equally, the voluntary sector must recognise that it is an integral part of the overall health and personal social care system with all the duties and responsibilities that arise. We propose giving this recognition through a Charter and a Forum where the voluntary sector and the State can interact on a permanent basis. We recommend a two way process of consultation, early involvement, listening and learning to deliver a genuine partnership – such as we see in several other EU countries.

Drawing on wider EU experience, we recommend moving to a system where the State decides, in early and real consultation with the voluntary sector, on a
list of essential services to be delivered to the public. The list should be based on full cost pricing for the delivery of these services with prices fixed nationally (with room for regional variation). A first step would be to improve data and map service needs across the country. We recommend including a map of “hard to replace” services in this exercise to help ensure continuity of services in the case of withdrawal of key service providers. The State should apply/fix national standards for commissioned services and obviously the list would require regular updating. Such a process would be more patient centred, providing greater certainty about availability and affordability of services and would also move the dialogue between the HSE and voluntary sector providers from the current overwhelming focus on funding to the type of services to be delivered and on the quality and outcomes of those services.

In addition to putting relations between the HSE and the voluntary sector on a new footing, we recommend separating the commissioning and service provider roles of the HSE and making it more accountable to the Minister and Dept. of Health. We also recommend a stronger and more visible role for the Dept. of Health, including ensuring more joined up services for users and fostering co-operation between Government departments and agencies in order to reduce unnecessary duplication. We point out too that the voluntary sector needs to modernise and improve its governance, strive to avoid duplication and accept that it is part of delivering a national health service that requires it to take wider considerations into account.

With specific reference to the faith based organisations we carried out a detailed analysis to establish how many there are and who owns them. Of the 48 public and acute hospitals in the State, 14 are voluntary and we concluded that 12 have some degree of faith based ownership or governance involvement. This situation is changing and we foresee the number of faith based hospitals being reduced to 4 in the coming years. We analysed the mission statements of faith based organisations, we examined how they provide access to services, issues around ethos and décor and the range of services they provide. We made recommendations both to these organisations and to the State in the light of previous experience. For example, on the issue of co-ownership we recommend that in future the State should own the land and buildings of publicly funded hospitals and where this
is not possible that financing and governance arrangements be agreed in advance before funding decisions are taken.

To conclude, we met a wide range of very dedicated, public service minded people in the course of our work. We also met with high levels of frustration both in the voluntary sector and the HSE. We believe that a new beginning is needed if we are all to benefit from the positive contribution of the voluntary sector described in our report. Other countries have found ways of working with the sector in mutually beneficial partnerships and we believe this is possible here too, provided a new relationship is developed based on mutual trust and respect.

Catherine Day

Chair of the Independent Review Group