PERSONALISED BUDGETS TASK FORCE

DISABILITY SERVICES IN IRELAND

PROJECT INITIATION DOCUMENT

JANUARY 2017
Task Force on Personalised Budgets

Table of Contents

1. Table of Contents
   1. PROJECT DEFINITION .................................................................................................................. 3
      1.1 INTRODUCTION .................................................................................................................. 3
      1.2 TERMS OF REFERENCE ........................................................................................................ 3
         1.2.1 Programme for Government ............................................................................................... 3
         1.2.2 Mission Statement .............................................................................................................. 3
         1.2.3 Vision & Values .................................................................................................................. 4
         1.2.4 Objectives ........................................................................................................................ 4
   2. TASK FORCE STRUCTURE ......................................................................................................... 5
      2.1 ROLES AND RESPONSIBILITIES ......................................................................................... 6
         2.1.1 Strategy Group ................................................................................................................ 6
         2.1.2 Advisory & Consultative Group ....................................................................................... 6
         2.1.3 Department of Health ..................................................................................................... 7
         2.1.4 Working Groups .............................................................................................................. 7
      2.2 PROJECT CONTEXT ............................................................................................................. 7
      2.3 PROJECT SCOPE .................................................................................................................. 8
         2.3.1 Scope ............................................................................................................................... 8
   3. TASK FORCE TASKS AND DELIVERABLES .......................................................................... 9
      3.1 STRATEGY GROUP TASKS .................................................................................................. 9
      3.2 ADVISORY & CONSULTATIVE GROUP TASKS ................................................................. 11
      3.3 CONSULTATION PHASE ..................................................................................................... 11
      3.4 PROJECT DELIVERABLES .................................................................................................... 11
      3.5 CALENDAR OF ACTIONS ..................................................................................................... 11
      3.6 PROJECT RISKS ................................................................................................................... 12
   4. STRATEGY GROUP OPERATING PROCEDURES .................................................................. 13
      4.1 PROTOCOLS AND PROCEDURES ....................................................................................... 13
         4.1.1 Chair and Secretariat ...................................................................................................... 13
         4.1.2 Individual Members ....................................................................................................... 14
         4.1.3 Meetings ....................................................................................................................... 14
   5. APPENDIX A: STRATEGY GROUP MEMBERSHIP ................................................................. 15

Page | 2
1. PROJECT DEFINITION

1.1 Introduction
The Project Initiation Document sets out the vision behind the formation of the Task Force on Personalised Budgets, outlines the Task Force structure and the scope of the activities of the Strategy Group and the Advisory & Consultative Group. A glossary of terms is being developed to give greater clarity.

1.2 Terms of Reference

1.2.1 Programme for Government
The establishment of a Task Force on Personalised Budgets is a key element in the Programme for Government’s commitment to give people with disabilities greater control, independence and choice in terms of obtaining HSE-funded personal social services and supports, in the first instance. Personalised budgets transfer control back to the individual and give them the freedom to source the services and supports which best meet their needs. The intention is to design a system which promotes good governance while at same time maximises ease of access for all those interested in availing of the scheme.

PROGRAMME FOR PARTNERSHIP GOVERNMENT (EXTRACT)

The Programme for a Partnership Government contains the following commitment:

“... we will establish a Task Force within 3 months on the implementation of personalised budgets for persons with disabilities. Core to this Task Force will be:

- the adoption of a single national coherent application system to develop budgets before end 2017
- The adoption of a single national coherent system of accountability for the spend
- Exploring brokerage models whereby people are assisted to connect with and purchase the services that actually meet their own needs
- Actively monitoring practice, usage and trends and especially the linkage between personalised budgets, employability and employment rates as well as community living

The Task Force should be led by policy/implementation entities within the public service in active consultation with civil society. After an initial period of 5 years it could be transitioned into the establishment of a national agency.”

1.2.2 Mission Statement
The Task Force’s mission is to make recommendations on an approach and a suggested implementation strategy for Government’s consideration, on the introduction of a system of personalised budgets in Ireland for HSE-funded personal social services and supports for people with disabilities. This will be done in keeping with other commitments and aspirations within the Programme for Partnership Government – both economic and social.

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1 This is shorthand to describe the broad category of non-clinical services and supports which the HSE funds from its budget for specialist disability services. It will be explained in more detail in a Frequently Answered Questions document which is currently being prepared (Jan 2017).
1.2.3 Vision & Values

The Task Force’s vision is that people with disabilities have choice and control over their lives, over the supports they receive, and are supported to live ordinary lives in ordinary places.

Two overarching goals and sets of values support the vision and are set out in the Value for Money and Policy Review of Disability Services in Ireland: the first goal spells out the ultimate desired outcomes for people with disabilities. The second goal expresses characteristics of the disability service system which are required to support the achievement of the full inclusion and self-determination of people with disabilities while respecting the rights of persons with disabilities, promoting maximum independence and self-determination.

**Goal 1:**
Full inclusion and self-determination for people with disabilities

Underpinning principles and values:
- Citizenship
- Control
- Informed choice
- Self-determination
- Responsibility
- Inclusion
- Participation

**Goal 2:**
The creation of a cost-effective, responsive and accountable system which will support the full inclusion and self-determination of people with disabilities.

Underpinning principles and values:
- Equity
- Person-centred
- Quality
- Effective
- Efficient
- Sufficient
- Accountable and transparent

1.2.4 Objectives

The Task Force’s remit is to make recommendations to the Minister on a cost-neutral approach to personalised budgets which will give people with disabilities more control in obtaining certain services and supports such as day services, residential care, respite care, personal assistance etc., giving them greater independence and choice in accessing services which best meet their individual needs.

While the concept of personalised budgets is not limited to health and personal social services, the Task Force will concentrate on personalised budgets for services for people with disabilities currently funded by the HSE in the first instance. Any extension of the personalised budgets model to other cohorts within the population, or other income streams, is outside the remit of this Task Force.

The Task Force will address the need to:

- Engage with civil society, build the evidence base, gather data and research international and Irish experience;
- Identify the available options and appraise each option (benefits, risks, costs etc.);
- Address evaluation criteria including, but not limited to, eligibility, entitlement, financial sustainability and prioritisation of resources for those in greatest need, and legislative, governance and accountability requirements;
- Identify effective systems to monitor and measure personal and overall outcomes from a national programme of budgets;
• Consider the supports to apply for and administer personalised budgets including for example, brokerage models. Also have regard to the maximising choice and control for individuals and considering the role of family as and where appropriate.

• Identify how current resources and budgets might be reconfigured as part of the introduction of a personalised budgets approach, leveraging work underway in the HSE (Service Improvement Team) and Transforming Lives Working Group 1;

• Consult on the identified options;

• Report to the Minister of State for Disability on the recommended option or options, and any other matters necessary to implement a personalised budgets approach which gives greater choice and control to people with disabilities while being financially sustainable, transparent and accountable.

Recommendations and subsequent implementation will require Government approval.

Underpinning legislation may be required to implement the new personalised budgets approach, as well as the introduction of a quality assurance and governance system for the full range of service providers, including intermediaries and brokers, to ensure quality and safety for purchasers of social care services.

2. TASK FORCE STRUCTURE

The Task Force will have two main components:

• Strategy Group, responsible for leading the development of recommendations and implementation pathways for the Task Force as a whole (hereafter the Strategy Group);

• Advisory & Consultative Group, responsible for delivering advice and input as requested on key items arising during the work of the Strategy Group.

The diagram below sets out the relationship between the groups and their main roles and responsibilities.
Both Groups will meet in plenary session at the initiation of the project and at key intervals thereafter. This will offer opportunities for engagement and the sharing of information. A further Reference Group comprising people with lived experience of disability has also been established, and this group will be consulted directly at key intervals in keeping with the Programme for Partnership Government’s commitment to actively consult with wider civil society. Interim and final reports of the Task Force will represent the collective views of both components of the Task Force and will incorporate key points and themes arising from any wider consultation.

2.1 Roles and Responsibilities

2.1.1 Strategy Group

In line with the commitment in the Programme for Partnership Government, the Strategy Group will comprise policy/implementation representatives within the public service. The role of the Strategy Group is to consider the evidence, evaluate alternative options, and present preferred options for consideration.

It will be the responsibility of this Group to deliver on the agreed work-plan of the Task Force, with input and advice as necessary from the Advisory & Consultative Group.

TERMS OF REFERENCE FOR STRATEGY GROUP:

- To consider the key elements of a framework for implementing personalised budgets with an initial focus on HSE-funded personal social services including: an effective application process; assessment of need; eligibility; scope of supports and services that could be funded with such budgets; governance and accountability; supports to individuals and families to avail of personalised budgets (e.g. brokerage, other administrative supports, information etc.) and how these elements can be operationalised; as well as any implications of a programme of personalised supports on services and supports for persons with disabilities;
- To consider the learning from current personalised budgets initiatives in this country and advise on the case for development of a pilot with inbuilt evaluation in order to test recommendations and provide learning for national roll-out;
- To consult with relevant stakeholders and civil society;
- To present a report outlining recommendations for a national system of personalised budgets, infrastructure and next steps;
- To consider and review options for sustainability of recommended approaches.

2.1.2 Advisory & Consultative Group

This group will serve as the consultative arm of the Task Force. The role of the Advisory & Consultative Group is to examine and provide feedback on emerging proposals as developed in the work-streams under the Strategy Group. The Strategy Group may refer documents, particular issues or recommendations to the Advisory & Consultative Group for review and comment, or may request advice on specific matters as they arise in the course of the work-programme, with a view to ensuring final recommendations have relevance and meaning for people with disabilities.

A process for sharing information between the Strategy Group and the Advisory & Consultative Group will be developed, including the timely circulation of documents, but this process will be aided by the fact that 2 members of the Advisory & Consultative Group and its Chairperson will also sit on the Strategy Group.
TERMS OF REFERENCE FOR THE ADVISORY & CONSULTATIVE GROUP

The Advisory & Consultative Group will devise draft Terms of Reference in light of the role and remit set out above and in keeping with the Task Force structure established by Cabinet and Department of Health officials. The Advisory Group Chair will present these to the Department of Health and Chair of the Task Force for sign-off. This document can be updated to include Terms at that point.

2.1.3 Department of Health

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

- Provide the secretariat to the Strategy Group and to the Task Force as a whole when it sits in Plenary session
- Carry overall accountability for implementation of the findings on behalf of the Task Force.

2.1.4 Working Groups

Working Groups may be established by the Strategy Group, when considered necessary and appropriate, to support and deliver specific tasks. Any such 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.

Membership of the Working Groups can include individuals from outside the membership of the Strategy Group, although it is expected that the chair of any such group should be a member of the Strategy Group. This approach will allow a number of work-strands to be carried out as efficiently as possible, thereby ensuring the Strategy Group can deliver on its mandate in a timely manner.

RELATIONSHIP BETWEEN TASK FORCE ELEMENTS

2.2 Project Context

The Strategy Group will operate within the context of the commitments set out in the Programme for Partnership Government, the Transforming Lives approach, the philosophy of ‘ordinary lives in ordinary places’, the agreed outcome measures for disability supports and services, and the principles of good practice.
that underpin the HIQA-regulated National Standards for Residential Services for Children and Adults with Disabilities. The wider context includes the UN Convention on the Rights of Persons with Disabilities, and the National Disability Inclusion Strategy.

The rationale for the project is to make a series of recommendations based on achieving best outcomes for individuals that will increase flexibility and choice around the expenditure of existing funds, supporting people with disabilities to have choice and control over the supports they require, and the lives they wish to lead, in line with the principles set out in Transforming Lives. The diagram below sets out the phases of the Task Force’s work. Once the final report of the group is delivered to the Minister, an implementation phase will commence, but this is currently beyond the remit of the Task Force or its component groups.

### 2.3 Project Scope

#### 2.3.1 Scope

The remit of the Strategy Group will be to consider personalised budgets in the area of HSE-funded personal social services and supports, including young adults with disabilities who are transitioning into further education, training, employment or continuing support services. The Strategy Group will endeavour to develop systems and processes that might assist or guide any future widening of the scope to other groups or to other elements of support, but any decisions in that regard are outside the scope of the Task Force.

The Task Force will consider people whose primary disability is physical or sensory, intellectual, autism, neurological or any combination of these. Its focus will not include services currently provided by the health services (such as medical services and therapy supports), or general living expenses.
3. Task Force Tasks and Deliverables

3.1 Strategy Group tasks

The Strategy Group will have due regard to the agreed goals, principles and values as set out in this document, in the delivery of the tasks assigned to it, in all of its work to inform and develop options and in making its recommendations for an effective national system.

Discovery phase

- Identify the key questions on which information and evidence is required to guide its consideration of the different items in the Terms of Reference.
- Collate the results of research to date under each of the key questions (e.g. HRB evidence review, NDA research etc.).
- Identify any significant data gaps.
- Gather any additional data where there may be data gaps e.g. through
  - Baseline data;
  - Evaluation of current practice in initiatives underway in Ireland;
  - Good practice and learning from other jurisdictions;
  - Cost data;
  - Feedback from consultation.

Development of options phase

- Identify options in relation to the following:
  
  **Eligibility**
  - Scope of services and supports to be covered by personalised budget option in a first phase of rollout, subject to resources;
  - Eligibility criteria and how they will be defined;
  - How eligibility will be assessed, who will make decision;
  - Resource allocation and how to determine level of personalised budget;
  - Who will conduct assessments;
  - Who will decide on eligibility;
  - Frequency of re-assessment, and re-assessment where the individual’s health, financial or personal/social circumstances have changed;
  - Appeals system;
  - Identification of criteria for prioritisation within available resources.

  **Financial sustainability**
  - What mechanisms are in place in other jurisdictions to address financial sustainability:
    - Financial sustainability for individual as they age, and their health, financial or personal/social circumstances change;
    - Financial sustainability for budget system;
    - Costs of a brokerage model; unit costs per person served.
  - Reserve budget for possible unforeseen demand, and to address requests for increased budgets where circumstances have changed.
Issues to be considered with regard to decoupling funding from existing service providers where this applies.
- Identification of current level of resourcing and potential availability for redeployment.
- Need for funding to manage transition between personalised and traditional approaches.

Supports to apply for and administer personalised budgets
- Including brokerage models, circles of support, micro-boards and back-office services
  - Information infrastructure;
  - Brokerage system and back-office services;
  - Support to prepare applications;
  - Support to develop and implement individual support plans, develop circles of support;
  - Role of personal advocates;
  - Supports for individual administration, accounting, payroll, timesheets etc.;
  - Supports for human resource issues as they may arise;
  - Model templates for micro boards and circles of support.

Governance and accountability
- Propose administrative and governance framework;
- Any restrictions on what personalised budgets can be used for;
- How will funding be paid;
- Consider any legal issues e.g. employment law, contract law;
- The nature of the agreement between the HSE and the individual in respect of the funding agreed;
- How will individuals/families account for use of funding received;
- The obligations of the HSE in respect of the funding allocated, including legal and service liability in the event of non-performance;
- The obligations of the individuals/families in respect of the funding received;
- Education on the responsibilities of individuals/families if they become employers, and mechanisms to assist individuals/families in discharging these responsibilities;
- Alternatives for individuals/families who do not wish to become employers;
- Quality assurance and oversight of outcomes being achieved for people with disabilities;
- Quality assurance and oversight of service brokers;
- Risk assessment and risk management.

Appraisal phase
- Appraise each option (benefits, risks, costs etc.);
- Develop a final report on the work of the Taskforce with recommendations for review and decision by Government.

Planning for implementation
- Develop suggested timeline and pathway towards implementation, including transition arrangements between models or approaches.
3.2 Advisory & Consultative Group tasks

- Consider papers presented by the Strategy Group during the Discovery or Development of Options phase.
- In response develop and present advice and feedback to inform work of Strategy Group.
- Consider and represent the opinions of people with disabilities and/or their families on the issues at hand.

3.3 Consultation phase

- Carry out consultation with civil society at specific and relevant intervals, including with the individuals in the Reference Group and through other fora, on emerging options for administering a system of personalised budgets.
- At the request of the Minister for State, appoint a lead body to conduct regional consultations on specific matters. This body will take responsibility for collating key themes and points emerging from any consultation and feeding these back to the Strategy Group and the Advisory & Consultative Group.

3.4 Project deliverables

- A report setting out the evidence, analysis and preferred options in relation to each of the matters in the Terms of Reference, incorporating comments from Advisory & Consultative Group and key themes from the Reference Group as appropriate;
- A proposed approach and implementation pathway with timetable for delivery;
- An outline of any legislative changes that may be required.

3.5 Calendar of actions

The Programme for Partnership Government has identified that recommendations on a single national coherent application system to develop personalised budgets will be developed by the Task Force by the end of 2017. Aside from this, however, no stipulation has been made about the term of the Strategy Group or the Advisory & Consultative Group. The timelines in the table below are therefore indicative at this early stage of the Strategy Group’s operations and will be regularly reviewed and updated.

<table>
<thead>
<tr>
<th>Timeline start</th>
<th>Actions</th>
<th>Time Complete</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3 2016</td>
<td>Task Force Convened</td>
<td>Q3 2016</td>
<td>Minister of State/ DoH</td>
</tr>
<tr>
<td></td>
<td>First plenary session held</td>
<td>Q4 2016</td>
<td>Task Force Chair/ DoH</td>
</tr>
<tr>
<td></td>
<td>PID presented and signed-off</td>
<td>Q4 2016</td>
<td>Task Force Chair/ DoH</td>
</tr>
<tr>
<td></td>
<td>MoS approves PID and ToR of Task Force Groups</td>
<td>Q4 2016</td>
<td>DoH</td>
</tr>
<tr>
<td>Q4 2016</td>
<td>Key tasks/themes agreed</td>
<td>Q4 2016</td>
<td>Strategy Group</td>
</tr>
<tr>
<td></td>
<td>Tasks &amp; responsibilities assigned to members fo Strategy Group</td>
<td>Q4 2016</td>
<td>Strategy Group</td>
</tr>
<tr>
<td></td>
<td>Working groups identified and formed</td>
<td>Q4 2016</td>
<td>Strategy Group</td>
</tr>
<tr>
<td>Q1 2017</td>
<td>Working groups progressing tasks*</td>
<td>Throughout</td>
<td>Strategy Group</td>
</tr>
<tr>
<td>Q3 2017</td>
<td>Working groups present interim progress reports to Task Force plenary</td>
<td>Throughout</td>
<td>Working Groups</td>
</tr>
</tbody>
</table>
### Timeline start

<table>
<thead>
<tr>
<th>Timeline start</th>
<th>Actions</th>
<th>Time Complete</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emerging recommendations identified</td>
<td></td>
<td>Working Groups</td>
</tr>
<tr>
<td></td>
<td>Emerging recommendations referred to Advisory &amp; Consultative Group for review*</td>
<td>End Q3 2017</td>
<td>Strategy Group: Advisory &amp; Consultative Group</td>
</tr>
<tr>
<td>Q4 2017</td>
<td>Recommendations on single national coherent application system to develop budgets agreed by Task Force</td>
<td>Q4 2017</td>
<td>Task Force</td>
</tr>
<tr>
<td>Q4 2017</td>
<td>Recommendations and key comments presented to Minister of State</td>
<td>Q4 2017</td>
<td>Task Force Chair/ DoH</td>
</tr>
<tr>
<td>Q1 2018</td>
<td>Implementation pathway for other tasks developed</td>
<td>Q1 2018</td>
<td></td>
</tr>
<tr>
<td>Q3 2018</td>
<td>Final recommendations agreed for submission to Minister</td>
<td></td>
<td></td>
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</tbody>
</table>

*There will be specific points of consultation by the Strategy Group with the Advisory & Consultative Group that will emerge over the course of the schedule of actions. At time of writing it is envisaged that the first of these might occur in Q1 2017. Thereafter the frequency of consultation with the Advisory & Consultative Group will be guided by the work-programme of the Strategy Group, and this in turn will guide the schedule of the Advisory & Consultative Group’s meetings. There may also be a call for wider consultation as determined by developments during the course of the Strategy Group’s work. This calendar can be updated to reflect these developments as they emerge.

### 3.6 Project Risks

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation strategy</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| Scope of investigation and work becomes overly broad | • Identification of scope at PID phase  
• Agreement of scope by all elements of Task Force  
• Maintenance of this scope throughout Strategy group’s work | Chair of Task Force/Strategy Group |
| Timeline for delivery of Group tasks cannot be met | • Leverage existing research and databases to collate body of knowledge  
• Efficient working groups with regular reporting milestones  
• Maintenance of scope of investigation | Working Group leaders/Chair of Strategy Group |
| Views and opinions of persons with disabilities are not fully represented in final recommendations | • 2 members and Chair of Advisory & Consultative Group to sit on Strategy Group  
• Request for advice from Advisory & Consultative Group at key stages  
• Consultation with Advisory & Consultative Group and Reference Group/wider civil society on emerging recommendations & conclusions | Chair of Strategy Group/Chair of Advisory & Consultative Group |
| Differing positions between Strategy Group and Advisory & Consultative Group on | • 2 members and Chair of Advisory & Consultative Group to sit on Strategy Group, which will ensure transparency of views | Chair of Strategy Group/Chair of Advisory & Consultative Group |
Risk | Mitigation strategy | Responsibility
--- | --- | ---
proposed recommendations | information-flows between the two groups  
- Regular Plenary meetings will provide an opportunity for Strategy Group to hear any concerns of Advisory & Consultative Group, and for Advisory & Consultative Group to hear the rationale for emerging approach of Strategy Group. This regular exchange can help foster consensus  
- Areas where consensus cannot be achieved will be highlighted in the final report by the Task Force Chair | Chair of Strategy Group/Chair of Advisory & Consultative Group
Differing expectations within the Task Force and the wider disability sector |  
- Clear communications from the Strategy Group regarding the scope of its remit and activities  
- Clear communications from DoH and the Strategy Group regarding the resource and budgetary envelope available for reconfiguration | Chair of Task Force
Government is slow to adopt and implement recommendations of Task Force |  
- Recommendations to be devised to be practical and actionable  
- Key officials and Minister of State to be updated at regular intervals on emerging approach  
- Strategy Group will advise on a broad implementation pathway  
- It is envisaged that following any Government decision, a detailed Implementation Plan would be prepared by officials to progress such decision | Chair of Task Force will offer advice and guidance to Departments and Officials on the suggested implementation pathway

4. Strategy Group Operating Procedures

4.1 Protocols and Procedures

4.1.1 Chair and Secretariat

- Christy Lynch will chair the Task Force and the Strategy Group. The Chair will be responsible for the effective operation of the Task Force and the Strategy Group and for ensuring that it fulfils its mandate.
- Siobhan Barron will chair the Advisory & Consultative Group.
- The Department of Health will provide the secretariat to the Strategy Group. The Secretary will provide administrative support to the Chair, and be responsible for the efficient operation of the Strategy 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.
- The NDA will provide the secretariat to the Advisory & Consultative Group. The Secretary will provide administrative support to the Chair, and be responsible for the efficient operation of the Advisory &
Consultative Group. 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.

4.1.2 Individual Members

Each individual member of the Task Force, whether on the Strategy Group or the Advisory & Consultative 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 Programme for Partnership Government;
- Read and consider project documentation and provide feedback where appropriate;
- Keep documentation circulated confidential until such time as it is agreed it can be released to a wider audience;
- Prepare for, and actively participate in, Task Force plenary meetings, or Strategy or Advisory & Consultative Group meetings, or any Working Groups they are assigned to;
- Contribute to the making of soundly-based decisions;
- Satisfy him-or-herself that the project’s milestones are met and outcomes are achieved.

4.1.3 Meetings

- The Task Force will meet in plenary session on a quarterly basis for the purposes of engagement between its component parts and the sharing and exchange of information;
- The Strategy Group will meet regularly, generally monthly. The frequency and duration of meetings 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 Strategy 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 Chair summarising progress since the last meeting and outlining any issues which require advice or direction from the Advisory & Consultative 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 Strategy 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;
- The Advisory & Consultative Group will be convened under the Terms of Reference that reflect the role outlined above. Its meeting timetable will be guided by the requests and papers emerging from the Strategy Group, as it will be referring key issues to the Advisory & Consultative Group for advice and input. Where relevant and appropriate, items may be referred to the wider Reference Group for
consultation. A body may also be appointed to facilitate wider consultation with civil society, as appropriate and at specific intervals. This may take place at regional level;

- Where the Strategy Group has requested a response or input from the Advisory & Consultative Group, sufficient time will be allowed for the circulation and review of any documents or issues. Where necessary, supports to input will be provided, such as the provision of easy-to-read materials etc. Documents will be kept confidential to the Group until such time as the Chair indicates they can be circulated more widely.
- Meeting venues will be accessible to people with disabilities, and reasonable accommodations will be made as required

**TASK FORCE COMMUNICATION PLAN**

The Chair of the Task Force will report to the Minister of State and the Minister for Health on the status of the work, on the achievement of significant milestones, or at the Minister’s request.

Progress reports will be prepared periodically and will be published on the Department of Health website.

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

Documentation, including the minutes of the Strategy Group will be published on a page dedicated to the Task Force on the Department of Health website (www.health.gov.ie) as soon as possible after they have been agreed by the Group and cleared by the Chair.
## 5. Appendix A: Strategy Group Membership

(2017)

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christy Lynch</td>
<td>Chairperson Task Force, and Strategy Group</td>
</tr>
<tr>
<td>Siobhan Barron</td>
<td>Chairperson, Advisory &amp; Consultative Group and member of the Strategy Group</td>
</tr>
<tr>
<td>John Bohan</td>
<td>Member, Strategy Group</td>
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<tr>
<td>Paddy Connolly</td>
<td>Member, Strategy Group</td>
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<tr>
<td>Sarah Craig</td>
<td>Member, Strategy Group</td>
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<tr>
<td>Gráinne Duffy</td>
<td>Member, Strategy Group</td>
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<tr>
<td>Eithne Fitzgerald</td>
<td>Member, Strategy Group</td>
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<tr>
<td>Aideen Hartney</td>
<td>Member, Strategy Group</td>
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<td>Paddy Howard</td>
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<td>Garry Lee</td>
<td>Member, Strategy Group</td>
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<td>Joanne McCarthy</td>
<td>Member, Strategy Group</td>
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<td>Gerry Maguire</td>
<td>Member, Strategy Group</td>
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<tr>
<td>Marion Meany</td>
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<td>Barry O’Brien</td>
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<td>Clodagh O’Brien</td>
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<td>Jennifer O’Farrell</td>
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<td>Gerard Quinn</td>
<td>Member, Strategy Group</td>
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<tr>
<td>Brian Hayes *</td>
<td>member of the Advisory &amp; Consultative Group and the Strategy Group</td>
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<tr>
<td>Rachel Cassen**</td>
<td>member of the Advisory &amp; Consultative Group and the Strategy Group</td>
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<tr>
<td>Kieran Cashman</td>
<td>Secretariat</td>
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<tr>
<td>Joanne Clarke</td>
<td>Secretariat</td>
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</tbody>
</table>

Martin Naughton was appointed to the Strategy Group in recognition of his expertise and experience in the area of personalised budgets, but sadly passed away on 13th October 2016. Ar dheis Dé go raibh a anam.

* Gordon Ryan will be the alternate for this position, on the nomination of the Advisory & Consultative Group

** Teresa McDonnell will be the alternate for this position, on the nomination of the Advisory & Consultative Group