Health Budget Oversight Group

Minutes of Meeting

Wednesday, 1st June 2022 – 15.00 – 16.30

Health Service Executive: [TBC] - Stephen Mulvany, Anne Marie Hoey, Colum Maddox, Brian Lee, Triona Graham, Dorothea Dolan, Tim Cummins, Brian Donovan, Martin Quinlivan, Phillipa Withero, Chloe Caffrey, Damien McCallion, Alan Ryan, Sonya Cotter, Martin Quinlivan, John Swords.

Department of Health: [TBC] – Louise McGirr, John O'Grady, Margaret Campbell, Kevin Colman, Daniel Curry, Claire Doyle, Pat Mullen, Michael O'Leary, Fiona Prendergast, Eleanor Horan, Colin Layde, Alan Hughes.

D/Public Expenditure and Reform: John Kinnane (Chair), Eoin Dormer, Daniel O'Callaghan, Terry Jennings, Robert Scott, Patrick Moran, Nicola Fitzpatrick, Niamh O'Reilly, Noel Howard, Tara Featherstone.

1. Minutes of Meeting of 28th April 2022

Any amendments to be provided by email.

2. COVID-19 Expenditure 2022

DPER opened with acknowledgement that there had been significant pressure on the health system in the first quarter of 2022 and that reporting on Covid expenditure has improved since the beginning of the year. In the context of the level of expenditure on Covid-related responses, DPER noted that a detailed plan has not yet been provided for dealing with this expenditure for the remainder of 2022. This plan, requested in a letter from Min/PER to Min/Health, should outline options for mitigation and reprioritisation of the existing overall Health allocation for 2022.

DoH responded that some detailed information was provided to DPER, with all costings well developed with the exception of responses in the Acute/Community heading. Also noted that the quantum of Covid spend is heavily dependent on the prevailing public health advice.

DPER outlined that the information provided to date neither provides sufficient detail nor an overall plan for the remainder of 2022.

HSE reported that understanding of the Acute/Community Covid spend is improving, with some preliminary analysis completed and an evaluation exercise expected to provide results within three weeks. Some costs should be reduced by the revised clinical advice on PPE which

no longer requires FFP2 masks in all settings which was noted by the HSE as being a clinical decision rather than financial.

DoH view was that no Covid expenditure should automatically be included in the base for 2023, rather that the decision to continue any measure needs to be made separately.

DPER re-emphasised the need to get visibility on a comprehensive plan as soon as possible, especially in advance of upcoming engagements as part of the Estimates 2023 process.

3. Core Expenditure

DPER emphasised the need to manage overall Health expenditure within allocation in the first instance which is especially important given the increasingly challenging economic environment. Some discussion followed around core expenditure in Acute settings.

DPER queried the extent to which monthly profiling of Income & Expenditure affected the understanding of the current position. DoH agreed that this could be an issue, specifically in terms of balancing expenditure between the Acute and Community settings. HSE offered to work through the approach to end-year balances with colleagues if desired.

DPER again pointed to the fact that Budget 2023 will be challenging and that the scope for new developments may be limited in the context of expenditure pressures and competing demands. It was stated that it is a matter for DoH to manage the allocation appropriately and that any savings that may arise from the delayed recruitment of staff need to be identified.

Recruitment

DPER queried the estimated time-related savings due to the likely outturn in additional recruitment for 2022. DPER also requested that the final Pay and Numbers Strategy (PNS) be provided as a matter of urgency. DoH agreed that the PNS needs to be finalised.

HSE agreed to coordinate with DoH on the assumptions being used to calculate savings. HSE also pointed out that recruitment in the second half of 2022 is likely to be focused on Haddington Road Agreement (HRA) related replacement. This is likely to further reduce additional recruitment and therefore lead to additional time-related savings. HSE pointed out that, given the difficulties with staffing churn and recruitment, replacement to address the HRA hours may be challenging.

4. AOB

No other business raised.