Health Budget Oversight Group

Meeting: Thursday, 30th June 2022, 15.30 – 17.30

Minutes

Health Service Executive: [TBC] - Stephen Mulvany, Anne Marie Hoey, Colum Maddox, Phillipa Withero, Colm Henry, Mark Collins.

Department of Health: [TBC] – Louise McGirr, John O'Grady, Margaret Campbell, Kevin Colman, Daniel Curry, Claire Doyle, Michael O'Leary, Louise Hendrick, Eleanor Horan.

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

1. Minutes from Previous Meeting

Any amendments to be provided by email.

2. Core Expenditure

a. Overall Position

DPER referred to and queried the highlighted potential for a pressure on Core expenditure, requesting more detail on same. HSE responded that they can provide additional information in a separate meeting.

HSE stated that, while new developments and Waiting List measures are proceeding, an attempt will be made to mitigate any unfunded overrun on Core. HSE proposed that time-related savings (TRS) could be used to offset any Core overrun.

DoH referenced the feedback they have provided to HSE on this matter including the long-term implications of any core overrun.

DPER stated that this potential core pressure has only been brought to its attention in recent weeks. DPER also queried why TRS were, until recently, expected to offset to some extent a Covid overrun whereas now HSE is stating an intention to offset TRS against a Core overrun. DPER emphasised the need for actionable and realistic mitigation options to be presented in order to counterbalance Core pressures.

An update was also sought on the rollout of new developments as part of Budget 2022 including the funding implications of same.

b. Recruitment and New Developments

HSE gave an overview of Health Sector recruitment, noting that it had slowed in the preceding two months. The HSE noted that the level of replacement necessary in light of the end of Haddington Road Agreement (HRA) hours is likely to significantly affect the additional WTE delivered this year. DPER noted that this will put pressure on the minimum recruitment target of 5,500 additional WTE for 2022, and that this could lead to a higher level of TRS than previously anticipated.

DPER pointed to the comparatively high recruitment to Management/Admin grades so far in 2022, querying whether continued recruitment of these grades is advisable while recruitment to medical/frontline grades is, in many cases, well below target. HSE responded that many of these additional management/admin staff are freeing up medical personnel from burdensome administrative tasks so that they may return to duties more suited to their skillsets. DPER stated that it was imperative that there was a planned and strategic approach to significant capacity enhancement.

3. Covid Expenditure

DoH noted that memos to Government are expected in the near future regarding both surveillance capacity and the vaccination programme, requesting that any required sanctions be considered as a matter of urgency.

4. Covid Expenditure Paper – Acute and Community

HSE provided an update on expenditure on Covid measures in Acute and Community settings. Along with an assessment of expenditure to date in 2022, this included some assessment of full-year costs. DoH acknowledged the usefulness of ongoing work in understanding HSE priorities for this expenditure but noted that it falls short of being a plan to manage expenditure appropriately.

DPER agreed that, while the update provides some clarity, it does not constitute a plan to manage this expenditure for the remainder of 2022. DPER emphasised the need for a DoH-approved plan to be provided, alongside a broader detailed plan that includes options for the management of overall Health expenditure within allocation.

DoH stated that more information was required from the HSE before a comprehensive set of options could be presented to DPER. HSE agreed to work with DoH to produce a complete plan.

5. AOB

DoH referenced the proposed Transfer of Functions for Disability Services to DCEDIY, noting that a memo to Government on this matter is expected in the coming weeks.