



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**HSE Disability Consultative Fora
Social Care Division**

Amended Version – June 2016

Disability Consultative Fora

Introduction

Services to people with disabilities are provided in partnership with non-statutory sector service providers and in collaboration with service users and their families. The National Disability Strategy, 2004 provides the overarching framework for policy development and the key objective is to move away from institutionalised and isolated service settings to promote full and equal engagement with the community and society. The Department of Health published the Value for Money and Policy Review in 2012 and implementation Framework in 2013. This framework details how HSE disability funded services will be aligned to the policy direction. The report's recommendations will drive future progress towards a cost effective, responsive and accountable system based on inclusion and self-determination for people with disabilities and will drive the reconfiguration of disability services.

The HSE is committed to working in collaboration to ensure that people with disabilities are enabled to lead full and independent lives with active participation in work and society.

Previously consultation fora were established following the publication of *Enhancing the Partnership* and *Towards an Independent Future*. These committees included:

- Regional Development and Consultative Committees for services to persons with Intellectual Disabilities.
- Regional Co-ordinating Committee for services to people with Physical and Sensory disabilities.

Committees were established at Health Board level originally then by the four Regions and now with the further reorganisation to Community Healthcare organisations (CHO) it was agreed that a revised Disability Consultative Fora was required.

The HSE national structure of Divisions is now clear and Disability services along with Older Persons services form the Social Care Division.

The nine new Community Healthcare organisations will be the key unit of service delivery, which will have responsibility for managing a budget to meet the needs of people with disabilities within its geographic boundaries. Therefore the proposed structures include two levels:

- CHO level -where budget for disabilities will be used to maximize effective response to the needs of people with disabilities in line with policy.
- National level -to advise the HSE Leadership Team on the overall strategic direction, coordination, and monitoring of services to persons with disabilities.

It needs to be acknowledged that the geographical boundaries of disability services /organisations do not always mirror HSE geographical boundaries.

Such examples include:

- National organisations with regional infrastructure that contract and work with each CHO in which they provide services;
- National organisations with no regional infrastructure that are based in one CHO but may provide services to clients from several CHO's;

- Regional/local organisations that contract and work with each CHO in which they provide services

Each requires appropriate working and reporting relationships and contractual mechanisms with the Health Service Executive. This may have implications for the working of consultative fora, organized around HSE boundaries.

Terms of reference and membership of the two levels outlined may need to be reviewed from time to time following legislative or significant HSE organisational or policy changes.

The principle of partnership on which the Disability Consultative Fora are to be based is essential to effective working relationships.

A two-way flow of information within the context of the disability fora, between the local and national committees will help to develop a more cohesive approach in decision-making.

The core purpose of setting up the structure is to ensure that the needs of people with disabilities are identified, prioritise and addressed, within available resources, in a systematic and equitable manner across all the HSE areas. In order to ensure this a number of tasks are identified which are appropriate at one or more of the levels i.e. local or/and national level.

A communication pathway will be developed and agreed. There is some overlap in required tasks and also there will be information flows that will be required between the groups. The communication pathway will make it very clear how and where an issue raised at a local level that has national implications should be dealt with and how local feedback on implementation issues will be included in the work of the local and national groups and vice versa.

The "criteria for prioritisation" will be developed at national level in conjunction with the Local Fora

The meetings will follow a circulated agenda. Maximum notice of meetings will be given, meetings should not be cancelled and the Agenda and background documentation will be circulated to each member seven days in advance of meetings. Meetings will be minuted and presentations and documents will be circulated in a timely manner. Administration for the Group is managed through the HSE disability office social care division.

Work may be progressed within subcommittees established on any matters pertaining to specific issues as agreed by the committee. These subcommittees will consist of members of the committees with the addition of co-opted members deemed necessary to complete the work of the committee.

Within the Terms of Reference all groups will review and monitor the operation of the groups on an ongoing basis. An overall review will also occur, under the auspices of the national group. Membership of each group will be for a period of three years.

National Disability Committee

The National Disability committee will meet on a minimum quarterly basis.

The Review of the National Consultative Forum (NCF) provides the central mechanism which is facilitating this collaborative process. The NCF is a partnership structure, with membership from service providers' organisations, advocacy groups and service users, and key HSE personnel.

The objective of the NCF is to advise the HSE Social Care Division on the co-ordination and monitoring of services to persons with a disability and to provide the HSE with a forum to explore the future direction of disability services with key stakeholders within a collaborative framework in line with the National Disability Strategy and in accordance with the Value for Money and Policy Review.

The VFM and policy review structure will drive the reconfiguration of disability services within the mainstreaming context alongside progressing cost effective, responsive and accountable system based on inclusion and self-determination for people with disabilities. Working groups have been established within the implementation framework to implement the key recommendations of national reports.

The NCF must ensure that the future direction of disability services is guided by Service Users' needs and is in line with policy direction.

Terms of Reference

1. To ensure appropriate mechanisms are in place for the participation of service users
2. To examine areas of unmet need where further service development is required
3. To ensure that appropriate measures are in place to monitor interface between disability and mainstream health services
4. To include a link with National Developments and changes in other Government Departments (Education, Environment, Social Affairs, Justice Equality and Law Reform etc.) and consider the implications on health service delivery as appropriate
5. To establish working groups/task forces where relevant e.g. to further the roll out of the Disability Act.
6. To audit and review work programme as appropriate.
7. To agree communication for all stakeholders
8. To agree process for considering feedback from Local Fora

Proposed Membership

HSE Assistant National Director Disability Services as chair
Programme manager Value for Money
Community Healthcare Organisation rep
2 Representatives from National Federation of Voluntary Bodies
2 Representatives from Not for Profit Business Association
2 Representatives from Disability Federation of Ireland
2 Service User Representatives
HSE National Specialist in Accessibility
1 HSE Communications representative
1 Representative from National Disability Authority
1 Representative from Department of Health
1 Representative from Citizens Information Board

Community Healthcare Organisation (CHO) Disability Committee

The reporting relationship of the committee will be to the Head Social Care within CHO. The chair of the local committee will be agreed by the committee. At each CHO level there will be one committee for Physical & Sensory and Intellectual Disability and/or Autism. A minimum of 4 meetings per year should take place.

Terms of Reference

1. To identify local needs, strengths and priorities based on the agreed national criteria. Taking account of epidemiological and demography information alongside the NIDD, NPSDD and of assessment of need under the Disability Act.
 2. To develop a local implementation plan for each CHO consistent with national strategy and priorities in line with best practice in the context of identified local area needs and available resources and expertise. This should include subgroups; Progressing Disability Services for Children & Young People, New Directions, Time to Move from Congregated Settings
 3. To ensure that all available resources are used to maximise effectiveness in meeting the needs of persons with disabilities.
 4. To ensure the CHO plan for disability services is aligned with the Social care Operational Plan for disability service provision across the CHO.
 5. Review service models to promote and evaluate flexibility and innovative person centred, cost effective responses to the needs of people with disabilities.
 6. Make recommendations to the National group based on the needs as agreed at local level
 7. To agree strategies to maximise co-operation between
 - Service providers, statutory and voluntary
 - Service using families and service providers (statutory and voluntary)
 - Health service providers and other statutory agencies
 - Individuals using the services and their advocates.
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- To ensure priority issues pertaining to people with disabilities are addressed at local level

8. To provide a forum for consumer feedback (including Advocacy Group Reports).

Structure

When developing the model for the Forum Structure it was envisaged there would be one committee for both Physical/Sensory and Intellectual Disability and where necessary task groups would be established to address issues unique to the respective disability. The key principle underpinning this decision was to ensure that there was a collaborative and cohesive approach across the spectrum of disabilities.

It would be recommended that a single/overarching structure be established but would not exclude local arrangements in terms of sub committees for Physical & Sensory and Intellectual Disability where appropriate or deemed necessary. The review period would be agreed to ensure the structure established is fit for purpose and working collaboratively.(6-9 months)

Membership

- Core service providers with Service Arrangements in place under Section 38 or Section 39 in that SA/LHO region
- DFI representatives of physical, sensory and neurological organisations that do not have local capacity or infrastructure,
- Service user nominees
- HSE designated staff including therapy representation

Inclusion of other services e.g. Local authority, NCSE, should be considered, possibly at subcommittee level. The representatives of other care group services could attend meetings where appropriate or participate in sub committees.

Membership of CHO committees by a representative of Primary Care and acute hospital services will strengthen the links between mainstream health services and specialist disability services

It is the responsibility of the Head of Social care or designates to establish the committee