An Roinn Sláinte
Department of Health

Dialogue Forum with Voluntary Organisations

Health Regions Implementation: structuring voluntary sector involvement into Health Regions design

October 2023

Output Pack

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Regional Focus (1):

1. Does having a regional voluntary dialogue forum make sense to you?
2. Is there any other alternative to consider?
3. What shape should this regional voluntary dialogue forum take, noting the need for a more operational focus than what we have at the national Voluntary Dialogue Forum?
4. How do we design this forum to add value and be successful?

Regional Focus

Does having a regional voluntary dialogue forum make sense to you?

- **Yes**, definitely
- **Relationship between regional and national** level fora is important
- **Consider how regional forum adds value** versus the national Forum

Is there any other alternative to consider?

- **Consider amalgamating the various fora at regional level**: take a service user approach instead of creating a forum for each group (vols, GPs, service users etc.)
- **If strategic integration of care is the goal, then organisations and service areas should be involved in different groups** e.g palliative will want to be at the GP group
- **Should not silo service user**
- **Where are private/for profit sector** here? They're a key player
- **Consider whether 3 levels (IHA, regional and national) is too much**
- May need to consider having **care group fora in addition**
- **Balance to be struck** between for example disability specific conversations and integrated care conversations

What shape should this regional voluntary dialogue forum take, noting the need for a more operational focus than what we have at the national Voluntary Dialogue Forum?

Function

- Form follows function, get clear on function first
- Consider what we are all here for: we are here to integrate care. Need key partners present

Representation

- How do all voices get represented?
- Federation could for example have agreed rep per region
- What about national providers present in all 6 regions? Will it be duplicative and resource intensive?

Regional variation

- Consider regional variation in makeup of voluntary acutes and disability for example
- How will specialist/niche services feature? Some CHOs don't have many vol providers

How do we design this forum to add value and be successful?

Terms of Reference

- ToR/ purpose needs to be clarified
- Fora can be disappointing – focus on effectiveness and added value.
- How ensure meetings are not information sessions – focus on why we are doing this?
- Review periodically to ensure it is fit for purpose

Population health and social care approach

- Take a population health and social care approach including through data gathering, use of databases, regional demographic changes, and models of support e.g. aging, autism etc.
- Could resolve disputes over catchment areas

Strategic level

- Beyond NSP, capital and integrated care to influence strategic level (IHR level for day to day)
- Ambition should be to focus on strategy/planning, including multiannual and transition planning

Policy translation and consistency

- Role for fora in translation of policy
- How can policy be nationally consistent and what is acceptable regional variation – what are reasonable parameters for variance

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Regional Focus (2):

1. What are the practical steps or processes to make Voluntary sector involvement work in operational terms? How do we make it work in reality?
2. How can the voluntary sector work in an integrated manner with the Health Regions and IHA management teams?
3. What processes or agreements should be in place to enable this?

What are the practical steps or processes to make Voluntary sector involvement work in operational terms? How do we make it work in reality?

Consider a wider forum

- Preference for service user, HSE and Vol orgs to be in one forum together instead of separate fora
- Vol stakeholders should be part of wider stakeholder engagement with GPs, service user etc.
- There needs to be 2 processes: one for service provision and one for service user involvement

Resource the process

- Ensure the adequate resourcing of sector to participate
- Good secretariat needed to ensure the fora are properly resourced
- Need admin support in place for vol orgs to participate and for region to follow up on actions and communications

Representation

- Criteria for the reps to be developed (S39/38 or big/small providers – to ensure broad range for service planning)
- Large number of small providers – need to ensure representation
- Selection/ representation process to the regional forums needs to be a clear, fair and rational to have the right organisations in the room

Other points

- Realistic
- Manageable
- Transparency in relation to funding and objectives
- Feedback loop
- Meaningful engagement rather than tokenistic
- Question of efficiency re. national providers sitting on both Dialogue Forum and regional fora

Regional Focus

How can the voluntary sector work in an integrated manner with the Health Regions and IHA management teams?

- **Critical providers** in the region must be part of the forum
- **Setting service priorities** – keeping the service user at the heart of it
- Should have the **health needs assessment** feed into this
- How would the forum influence the IHAs? Can **funding and estimates** be considered here?

What processes or agreements should be in place to enable this?

- **Clear Terms of Reference** are needed
- Link in with national Dialogue Forum to ensure fora operating effectively, keeping to the **Partnership Principles**
- **Inclusivity** – reps elected/ selected from vol sector within regions – a standard process needed
- **Guidelines for effective engagement** to be devised by vols for vol representatives and HSE/Regions: for communicating with vols they are representing; hybrid context – need to allow for effective representation
- **Scope needs to be defined:** national policy vs local delivery
- **Joint decision making** needed when deciding regional priorities; clarity needed in relation to the **governance around decision making**

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IHA/Local Focus:

1. How do we design this light blue box - “Partner agencies delivering health & social care services”?
2. What shape does this take, noting the need for the representation of partnering agencies to be manageable and efficient on an operational decision-making team?
3. What potential specific benefits and risks do we envisage by having this structure at IHA level?
4. How would life/our system be different by having this structural set-up?

How do we design this light blue box – "Partner agencies providing health and social care services"?

- **Previous/current structures which incorporate partner agency voice could be reviewed** for input
- If most service agreements fall neatly into IHA geography, then this model would work. Helpful **to map out the agreements and provision of providers against the IHA boundaries**
- What happens to **private providers** under these structures
- Need for **checks and balances**, danger this could be **'clutter'**
- IHAs will need **decision-making involvement** for S38/39s
- Representation needs to **sit outside reporting lines,** not HSE orgs

- **Describe the different role of representation at IHA/Regional level** and how local input feeds up to regional and national level
- The **structure needs to enable relationships with wider organisations,** such as those in the housing sector. Difference between partnership working w/ providers at IHA level versus community engagement work that an IHA will need to do. Link to wider structures like Public Participation Networks (PPN) and Local Development Companies (LDCs).
- **Where does the power/responsibility lie?** At IHA level (where service delivery lies), and so there is a need for meaningful engagement by S38/39s at this level. Important to get that right and not to have 25 voluntary forums.

What shape does this take, noting the need for the representation of partnering agencies to be manageable and efficient on an operational decision-making team?

Number of representatives is important: current approaches have variable levels of engagement from orgs

Who will go to all the meetings, are there enough people?

Need for regional/national engagement on service agreements

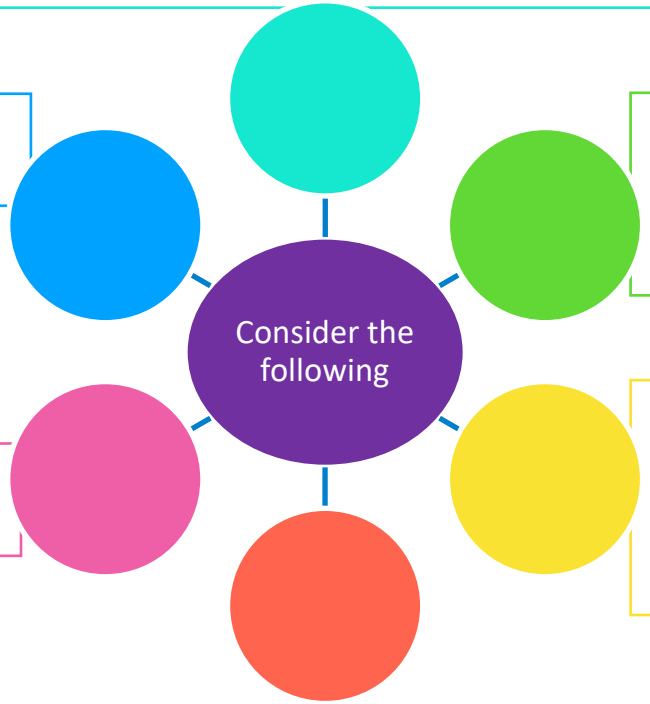
HSE should not select the representatives

Do delegates speak for their organisations or for the cohesive group of providers?

What potential specific benefits and risks to we envisage by having this structure at IHA level?

Risk re. **ensuring inclusivity** as not everybody can be at the table

IHA leaders might want their own agreements if they are accountable for that delivery



Concern about how large acute hospitals and specialist hospitals be managed within this framework. For example, how would the NRH work within this structure?

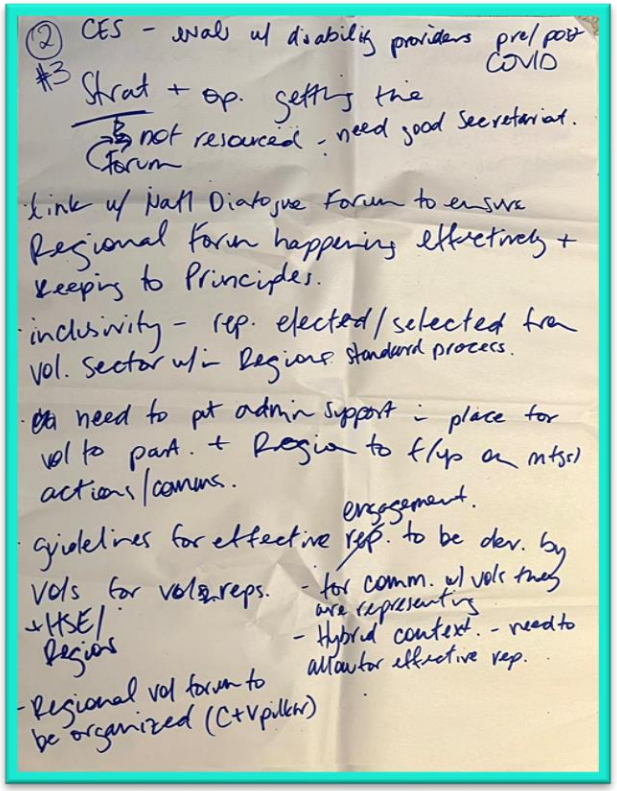
Risk regarding **large volume of engagement**: IHA, regional, national and care group

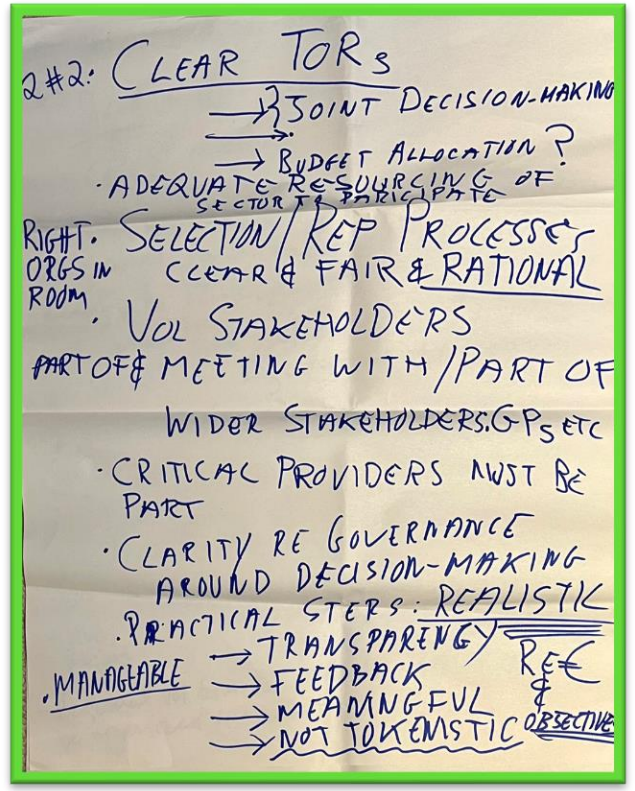
While it makes sense from a delivery point of view, it does not make sense from a governance point of view as it was **not efficient**

In the current system there are 9 CHOs with 9 engagements necessary. Are there now 15-25, with each IHA? This in turn raised the question as to what was the **threshold to justify IHA regional engagement?**

How would life/our system be different by having this structural set up?

- Question whether the difference was substantial or more similar to the current situation?
- The line of governance being within an IHA does not prevent wider service provision outside an IHA
- Some IHAs might take a lead role in managing an SLA, especially those who do not manage a model 4
- Decisions need to be checked against needs
- Representation at IHA shouldn't be focusing on SLAs or contracting, but on delivery





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Many thanks for your valuable input