



Regional Health and Social Care (HSC) Involvement Forum

Terms of Reference

Background

The Public Health Agency (PHA) has responsibility for leading implementation of policy on Personal and Public Involvement (PPI) across Health and Social Care (HSC). The PHA has a lead responsibility for Involvement and related areas, such as Co-Production and Partnership Working to imbed these throughout the HSC system. One of the mechanisms in which the PHA carries out this work is through the Regional HSC Involvement Forum.

The Regional HSC Involvement Forum brings together the Department of Health, HSC Organisations, Service Users & Carers and Community & Voluntary sector members.

Role of the Forum

The Forum enables the PHA to engage in collective leadership. It works to support the PHA in its endeavours to drive forward the promotion and co-ordination of PPI, Co-Production and Partnership Working across HSC in Northern Ireland.

It does this by:

1. Collating and sharing best practice;
2. Promoting and encouraging regional consistency and co-ordination of approach to PPI, Co-Production and Partnership Working;
3. Demonstrating collective leadership and Co-Production to embed PPI, Co-Production and Partnership Working into practice;

4. Identifying areas for improvement and best practice from monitoring processes;
5. Supporting the PHA in encouraging the implementation of PPI standards throughout the HSC;
4. Identifying and taking forward key areas for Partnership Working;
5. Joint working on areas of common interest through ¹Task and Finish groups;
6. Encouraging and facilitating the active participation of service users and carers at strategic level.

Responsibilities/Remit of the Forum

The Forum will support the PHA to take forward a number of key responsibilities and key objectives:

1. Support the PHA to effectively lead the implementation of PPI, Co-Production and Partnership Working across HSC;
2. Establish and implement a regional Action Plan to support the advancement of PPI, Co-Production and Partnership Working;
3. Support HSC Organisations to comply with and implement current PPI policy¹ and any further DoH guidance on related areas;
4. Discuss and advance PPI, Co-Production and Partnership Working, its relevance, impact and benefits to the work of the HSC Organisations through working with service users and carers;
5. Explore opportunities for joint working between stakeholder organisations, encouraging co-ordination and consistency of practices, reduction of duplication and the sharing of best practice;
6. Advocate for and help to embed the PPI Standards into practice
7. Support the development and establishment of PPI monitoring and evaluation across the HSC;

¹ A Task and Finish group is a time limited group set up as an action sub group of the larger forum, with the aim of delivering a specified objective. The Task and Finish Group will be open to all members, however smaller numbers are better and can be more effective.

² the requirements of the Health and Social Care (NI) Reform Act 2009 in respect of PPI, the DHSSPS "Guidance on Strengthening Personal and Public Involvement in Health and Social Care" 2007, the 2012 Departmental Guidance on arrangements for implementing PPI

8. Encourage the advancement of PPI, Co-Production and Partnership Working training across the HSC;
9. Co-develop an Annual Report.

Membership of the Forum

The Forum will be co-chaired by the Deputy Director of Nursing & Allied Health Professionals in the PHA and a service user or carer member of the Forum. In the absence of the Deputy Director of Nursing and AHPs, the HSC co-chair will be the Regional PPI Lead or an agreed HSC nominee. In the absence of the service user or carer co-chair, a service user or carer member of the Forum will be nominated to co-chair.

Membership will be comprised of:

- One senior representative from each HSC Organisation who has PPI as a key responsibility (if unable to attend a nominated member of staff may attend in their absence; however, this should be in exceptional circumstances only);
- Up to two service user carer representatives (nominated by Trusts), ideally one from a service user background and one from a carer background with significant involvement experience;
- Up to an additional 5 service users and carers who are currently involved in the HSC will be recruited through an open call undertaken by the PHA;
- One senior representative from The Patient Client Council (PCC);
- Representatives from the Department of Health, to include the Partnership Policy Lead;
- One Representative from the Strategic Planning and Performance Group (SPPG);
- Representatives from the Shared Learning group and associated networks;

- Additional members from other organisations can be co-opted onto the Forum, when the forum determines there to be an advantage to the delivery of its role.

Others can be co-opted to participate in Task and Finish groups where and when appropriate.

The Membership term for service users & carers and Community & Voluntary sector partners is set at three years, with a maximum of two consecutive terms.

The service user/carers co-chair will be rotated every two years.

Role of Members

The role of the individual member is to:

1. Represent their organisation/networks/peers through active participation in the business of the Forum;
2. Share information and best practice in PPI, Co-Production and Partnership Working from their respective organisations/experiences;
3. Take forward actions agreed by the Forum to their organisation/networks/peers for consideration and delivery;
4. Highlight challenges, issues and barriers and identify areas for improvement;
5. Actively support the Forum's work including Task and Finish groups and Action Plan.

Support for members

The PHA is committed to supporting Forum members to participate and contribute as effectively as possible. The support mechanisms will include:

1. All new members will be provided with a formal induction;
2. Appropriate training will be provided/procured;
3. A buddy/mentor system will be put in place for service users, carers and Community/Voluntary members;
4. Pre-meeting support mechanisms for service users, carers and Community/Voluntary members will be in place;
5. Reimbursement of out of pocket expenses and where appropriate, remuneration best practice will be adhered to.

Operational Factors

The meetings of the Forum will be organised, managed and serviced through the PHA's PPI team.

Much of the work of the Forum will be taken forward through agreed Task and Finish groups.

- Meetings will take place four times per year;
- All papers will be made available a week in advance and in a format that individual members have specified according to their need;
- Meetings will take place through a hybrid system, using virtual meetings for those unable to attend in person;
- All members must adhere to the Forum's Code of Conduct at all times;
- Should there be evidence of a severe breach of the Forum's Code of Conduct the co-chairs will consider possible termination of Forum membership;

- Should members miss two or more consecutive meetings without acceptable rationale (as considered by the co-chairs) members may be stood down from the Forum;
- The Forum will review its effectiveness on a bi-annual basis by reference to the Terms of Reference, Action Plan and Annual Report;
- In the conduct of any work in relation to PPI, Co-production and Partnership Working the PHA will ensure that the Forum work complies with section 75 responsibilities and other relevant duties.

To add:

- Link between PPI/PCE
- Do we change suc membership so that PHA take responsibility for all recruitment