

Involvement and Consultation Scheme

December 2022

(Amended May 2023)

**Personal and Public
Involvement (PPI)**



**Involving you,
improving care**

Foreword

The Health and Social Care (Reform) Act (Northern Ireland) 2009 brought about reform and modernisation of the health and social care system in Northern Ireland. It helped to restructure the way in which health and social care services were delivered.

It also placed a statutory obligation on Health and Social Care (HSC) Organisations to involve the Patient Client Council (PCC), Service Users and Carers and to consult with them in relation to the planning and provision of health and social care.

The Public Health Agency (PHA) are committed to using an agreed generic framework in these areas, to bring about a coherent, co-ordinated approach across Health and Social Care. It embeds and embraces our collective commitment to the culture and practice of Involvement and the values and principles set out in the Personal & Public Involvement (PPI) Circulars of 2007 and 2012. It also reflects our intention to fully and systemically move in the direction of travel set out in the Co-Production Guide 2018, to embrace effective Partnership Working with all relevant stakeholders, to ensure the future development and delivery of sustainable and effective services.

This document reaffirms the commitment of the PHA to this way of working and sets out at high level, the arrangements for Involvement and how the organisation will comply with its the legal duties and its policy responsibilities in this regard, in respect of the PCC, Service Users, Carers and the wider public; about the changes that will impact on them, in the commissioning, planning, development, delivery and review of strategies, policies and services.

The PHA will ensure that Involvement and Consultations engaged in / undertaken, will meet recognised best practice standards, by monitoring what is done in this regard, seeking feedback, assessing its effectiveness and by learning from and sharing of best practice.

This PHA Consultation Scheme has been developed to meet the statutory requirement and will be known as the PHA Involvement and Consultation Scheme.

Signature: _____

Name: Aidan Dawson _____

Chief Executive

Date: _____

Signature: _____

Name: Rodney Morton _____

Lead Director for PPI

Date: _____

1. Introduction

The Health and Social Care (Reform) Act (Northern Ireland) 2009 (“the Reform Act”)¹ provides the legislative framework within which the health and social care structures operate. This Framework sets out the high level functions of the various Health and Social Care (HSC) Bodies. It also provides the parameters within which each body must operate, and describes the necessary governance and accountability arrangements to support the effective delivery of health and social care in Northern Ireland.

HSC Organisations are ultimately accountable to the Department of Health (DoH) for the discharge of the functions set out in their founding legislation. The changes introduced by the Reform Act augment, but do not detract from, that fundamental accountability.

The PCC has a number of statutory functions and these are set out in Article 17 of the Reform Act.

¹ The Health and Social Care (Reform) Act (Northern Ireland) 2009 (“the Reform Act”)
<https://www.legislation.gov.uk/nia/2009/1/contents>

2. Involvement

2.1 Statutory Duty of Involvement and Consultation

Sections 19 and 20 of the Reform Act place a statutory requirement on each organisation to outline how the PCC, Service Users, Carers to whom care is, or may be provided, will be involved and consulted on:

- The planning of the provision of care.
- The development and consideration of proposals for changes in the way that care is provided.
- Decisions to be made by the body who has the responsibility for the provision of that care.
- The efficacy of that care.

This statutory requirement extends to the development of a Consultation Scheme, which must set out how the organisation involves and consults with, the PCC, service users and carers (to whom care is or may be provided) and the wider public about the health and social care for which it is responsible.

2.2 Personal and Public Involvement

The term Personal and Public Involvement (PPI) is used to describe the concept and practice of involving Service Users, Carers, Community/Voluntary sector, Advocates and the Public in the planning, commissioning, delivery, change, or withdrawal and evaluation of the services they receive, or may receive. PPI is a central policy in the HSC drive to make our services more 'person centred'. The DoH guidance provides further information on PPI in the HSC system and outlines HSC Organisations' PPI policy responsibilities as set out in the PPI Circulars of 2007² and 2012³.

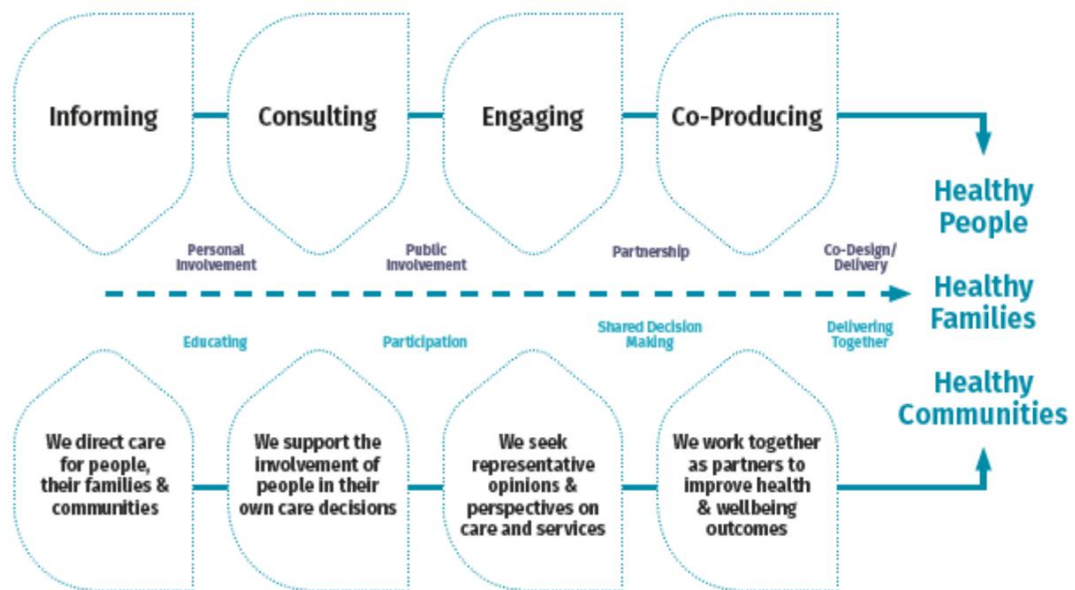
² Guidance on strengthening Personal and Public Involvement in Health and Social Care. HSC (SQSD) 29/07 https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2029-07_2.pdf

³ Guidance for HSC organisations on arrangements for implementing effective Personal and Public Involvement in the HSC. HSC (SQSD) 03/2012 https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2003-12_0.pdf

2.3 Co-Production

Co-Production⁴ is an approach whereby HSC Staff, Service Users, Carers and the Public, share power to generate policy, plan and deliver services together, recognising that all partners have equal contributions to make in order to transform the HSC. It seeks to combine people's strengths, knowledge, expertise, experiences and resources in order to collaboratively improve personal, family and community health and wellbeing outcomes. Co-Production is regarded as the pinnacle of Involvement.

The Co-Production Pathway shows how Involvement, Engagement and Co-Production approaches are part of a continuum, outlined below⁵.



4 Co-Production Guide for Northern Ireland, "Connecting and Realising Value Through People" 2018, available at <https://www.health-ni.gov.uk/publications/co-production-guide-northern-ireland-connecting-and-realising-value-through-people>

5 Department of Health, Co-Production Guide for Northern Ireland, "Connecting and Realising Value Through People" August 2018, page 17, figure 3.

2.4 Relevant Legislation

Section 75 of the Northern Ireland Act 1998 sets down equality responsibilities for defined groups, which in turn have a clear relevance and connection to PPI and should be evident in how organisations meet their Involvement responsibilities.

The DoH Guidance on Change or Withdrawal of Services⁶ sets out specific guidance for HSC Organisations, when considering changes or withdrawal of services⁶. The PHA has taken cognisance of this guidance and factored this into this Involvement and Consultation Scheme.

2.5 Governance & Standards

Each individual HSC Organisation is responsible for establishing appropriate organisational governance arrangements to meet their statutory duty of Involvement and for maintaining and building on progress already made in relation to embedding PPI, in line with the requirements contained in the Department's PPI guidance circulars.

To support this, the Standards for Involvement and associated Key Performance Indicators were developed in Northern Ireland by the PHA in partnership with the Regional HSC PPI Forum. They are:

1. Leadership.
2. Governance.
3. Opportunities and support for Involvement.
4. Knowledge and skills.
5. Measuring outcomes.

6. Update to The DoH Guidance on Change or Withdrawal to Services Circulars HSC (SSUB-0446-2023)

<https://www.health-ni.gov.uk/sites/default/files/publications/health/change-or-withdrawal-of-services%E2%80%93guidance-on-roles-and-responsibilities.pdf>

The Standards set out what is expected of HSC Organisations and staff and provide a framework for monitoring compliance with the statutory duty of Involvement and progress against PPI policy.

3. Organisational arrangements for ensuring compliance with PPI & Co-Production

The DOH Guidance on Strengthening PPI in HSC circulars (SQSD) 29/07 & (SQSD) 03/2012 provided HSC Organisations with guidance to strengthen and improve Service User, Carer and Public involvement in planning, commissioning, service development, change and withdrawal and evaluation of services as part of their governance arrangements. The Co-Production Guide 2018 moves the HSC beyond this, setting a direction of travel towards one of full partnership working with Service Users, Carers and wider stakeholders where appropriate.

3.1 What this looks like in practice

Building on the existing PPI infrastructure and using the six principles of Co-Production, the PHA will embed Involvement & Co-Production in its strategic and operational planning where feasible by:

- **Valuing People** – developing mutual respect, openness and accepting collective ownership of outcomes.
- **Building Representative People Networks** – move towards balanced meaningful participation, engagement and shared ownership.
- **Building People's Capacity** – increasing knowledge, training & harnessing existing Involvement infrastructure.
- **Reciprocal Recognition** – Investing in building capacity within the organisation and valuing contribution of all participants.
- **Cross Boundary Working** - adopting a multi-agency approach to the improvement of outcomes for local communities.
- **Enabling and Facilitating** – empowering those involved to have solution focused approaches, focusing on outcomes not outputs.

3.2 How we create and promote opportunities for Involvement:

The PHA will build on and create & promote new opportunities for Involvement by maximising the existing infrastructure across the organisation for early involvement and engagement. The PHA will do so through:

- Committing to ensuring that there are Involvement opportunities within every Directorate.
- Committing to knowledge sharing, providing training programmes and opportunities for sharing good practice and allowing the time to embed these within the system.
- Ensuring that Involvement opportunities are widely advertised throughout the HSC organisation, using online platforms and Engage⁷.
- Ensuring that the organisation assesses whether a full public consultation is required on proposals (see Appendix 1, Section 2)
- Providing appropriate information, gathering feedback and ensuring there are adequate opportunities to influence.

3.3 How we support Service Users and Carers:

The PHA will support Services Users and Carers by:

- Providing Service Users and Carers with the support and guidance they require through training, support and leadership.
- Providing Service Users and Carers with clear terms of reference with an induction, clarity and purpose of role.
- Building relationships by listening to the needs of people who we deliver services to, their carers and those we are working in partnership with.
- Sharing good practice of when Involvement makes a difference.
- Having a clear and accessible approach to communications.

7. Engage – the HSC online resource for Involvement, Co-production and Partnership Working – available at <https://engage.hscni.net/>

- Including people's contributions, ideas and looking for ways to integrate feedback to support improvement
- Engaging, involving and empowering Service Users and Carers by providing leadership opportunities for them to have influence at all levels and particularly where service, policy, strategy or delivery decisions affect them directly.
- Providing mentoring opportunities to ensure that new Service Users and Carers are confident and equipped to be actively involved.
- Ensuring that Service Users and Carers are appropriately reimbursed for any out of pocket expenses as set out in Regional Reimbursement Guidance
- When appropriate, the PHA will consider remuneration of Service Users and Carers for their contribution, where this is deemed to fall within the qualifying scope, scale and nature of the eligible criteria, as defined in agreed Regional Remuneration Guidance, when it is finalised and adopted.

3.4 How we support staff to involve and co-produce:

The PHA will take measures to raise awareness and understanding of Involvement and associated responsibilities with staff and board members by:

- Ensuring people understand their responsibilities in relation to the statutory duty of Involvement and Consultation, their PPI policy responsibilities and that it is embedded in their work, especially when it impacts the planning, delivery or efficacy of the care they provide.
- Providing information on how to access key documents including, the Health and Social Care (Reform) Act (Northern Ireland) 2009, PPI Policy and the Co-Production Guide for Northern Ireland (Connecting and Realising Value Through People) 2018,

- Ensuring the statutory Involvement & Consultation and PPI Policy obligations, form part of the PHA induction programme.
- Ensuring staff are kept up to date with developments relating to PPI, Co-Production and Partnership Working.
- Creating space, time and ring-fencing resources for staff to facilitate Involvement opportunities, where appropriate and proportionate to their role.
- Encouraging the inclusion of PPI & Co-Production as a recurring agenda item on team meetings.
- Embedding PPI & Co-Production into all staff appraisals.
- Provide training opportunities on Involvement, Co-Production and Partnership Working for staff.
- Providing specialised training for key staff leading or directly engaged in taking forward implementation of Involvement, Co-Production and partnership Working initiatives.

3.5 Partner organisations

The PHA will work with partner organisations and local communities to increase understanding of how Involvement in the HSC operates and identify opportunities for collaboration and partnership working where appropriate by:

- Extending Involvement training opportunities to third sector partners.
- Scoping partnership opportunities and identifying potential partners.
- Sharing information, tools and guides for Involvement and Partnership Working.

3.6 How we embed Involvement & Co-Production within the PHA & its Directorates & Divisions:

The PHA is committed to ensuring systemic involvement across the organisation and will do so by:

- Ensuring that plans, proposals, objectives brought forth from each Division / Directorate are where possible, assessed to ascertain how Service User & Carer input can, or will be factored into their development / implementation.
- Appointing Involvement Champions / leads within each Division / Directorate who will support the delivery of Involvement at an operational level.
- The provision of support and guidance from the PHA PPI Team to the Divisional / Directorate champions / leads.
- Involvement champions / leads helping to ensure that Involvement work is captured in the monitoring returns.
- Recognising, celebrating and sharing best practice in involvement
- Providing peer support to others engaged in involvement activities across their Division / Directorate.

3.7 How we carry out formal public consultations

The PHA will ensure formal public consultation is carried out as required under Sections 19 & 20 of the Reform Act. Planning and delivery of consultations will be conducted in line with the Gunning Principles and best practice guidance on consultations, as outlined in the PHA Consultation Guide (see Appendix 1).

4.0 Governance, reporting and monitoring

4.1 What are the governance and reporting arrangements for Consultation, Involvement and Co-Production:

In respect of compliance with the Statutory Duty of Involvement and implementation of PPI policy, the PHA has both an internal and an external responsibility.

In terms of the internal arrangements, these consist of Divisional / Directorate internal involvement monitoring mechanisms, reports from which are then developed and collated into organisational updates, as part of the production of bi-annual reports.

These are produced and quality assured by the PPI team, reviewed and signed off by the Regional PPI Lead, Assistant Director and the Executive Director of Nursing & AHPs. They are then taken forward through the PHA's internal reporting processes, which includes bi-annual updates to AMT and bi-annual reports to the PHA Board for their consideration and then a line of accountability to the DoH.

The PHA also has a Non-Executive Lead for PPI & Co-Production who acts as a champion / advocate for Involvement throughout the year, bringing challenge and encouragement on the grounds of Involvement to strategies, plans proposals brought forth to the PHA Board for their information and or consideration.

The PHA also has responsibility for monitoring HSC Organisations to whom the legislation pertains in regards to Involvement, to provide assurances to the DoH (through established accountability arrangements) that they are meeting their Statutory Duty on Involvement and complying with their PPI Policy responsibilities.

4.2 What are our monitoring and feedback mechanisms for Involvement:

The PHA is committed to effective monitoring and effective feedback and commits that it has / will put in place:

- A monitoring process that captures both qualitative and quantitative data when assessing the outputs and impact of Involvement and will provide returns to PHA on a bi annual basis.
- Embraced a standardised collection methodology for PPI & Co-Production
- Moved towards an Outcomes Based Accountability approach to the monitoring of Involvement work.