



Northern Health
and Social Care Trust

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Involvement and Consultation Scheme

June 2024

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.

HSC organisations 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 and Public Involvement (PPI) Circulars of 2007 and 2012. It 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 HSC organisations to this way of working and sets out at high level, the arrangements for involvement and how we will undertake the legal duty of involving and consulting and also how we will comply with our PPI responsibilities.

This document sets out how the Northern Health and Social Care Trust (NHSCT) will deliver its statutory duty of involvement and consultation in regard to its legal responsibilities and policy obligations to involve and consult 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.

We will ensure that involvement and consultations undertaken by the Northern Health and Social Care Trust will meet recognised best practice standards by monitoring involvement, its effectiveness and sharing of best practice.

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

Jennifer Welsh
Chief Executive

Neil Martin
Director of Strategic Planning and Performance Management
(Lead Director for PPI)

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.

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 and carers 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.

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

- 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 legal responsibilities set out in the PPI Circulars of 2007² and 2012³.

2.3 Co-production

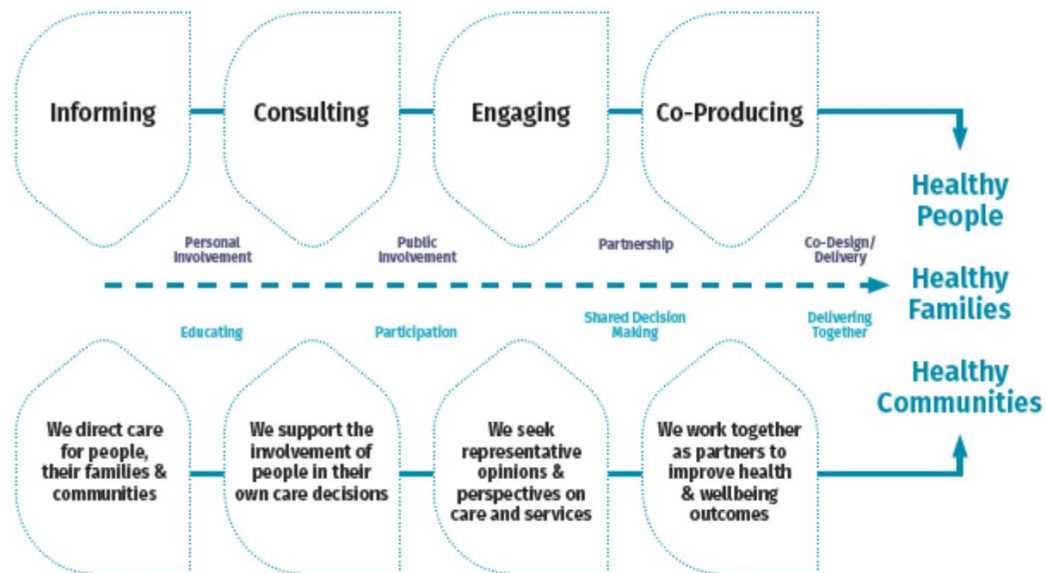
Co-Production⁴ is an approach where HSC staff, service users, carers and the public share power to generate policy, plan and deliver services together, recognising that all partners have equal contributions to make in order to transform the HSC. It seeks to combine people's strengths, knowledge, expertise, 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.

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

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>

The Co-Production Pathway shows how involvement, engagement and co-production approaches are part of a continuum, outlined below.⁵



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 to Services Circulars HSC (SQSD) 01/12 and the updates set out specific guidance for HSC organisations when considering changes or withdrawal of services. The Northern Health and Social Care Trust has taken cognisance of this guidance and factored this into this Involvement and Consultation Scheme.

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

2.5 Governance and 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 Public Health Agency (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.

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 and Co-Production

The DOH Guidance on Strengthening PPI in HSC circular (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 all relevant 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 Northern Health and Social Care Trust will embed involvement and 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 and 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 Northern Health and Social Care Trust will build on and create and promote new opportunities for involvement by maximising the existing infrastructure across the organisation for early involvement and engagement. The Northern Health and Social Care Trust will do so through:

- Committing to ensuring that there are involvement opportunities within every Division.
- 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 their own online platforms and Engage, the Regional Platform.
- Ensuring that we assess whether we have a statutory duty to carry out full public consultation 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 Northern Health and Social Care Trust 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 when involvement makes a difference.
- Having a clear and accessible approach to communications.
- Including people's contributions, ideas and always looking for ways to improve.
- 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

- Where appropriate, remunerate service users and carers for their contribution where this is deemed as providing specific, strategic expertise. The scale and nature of this will fall in line with agreed regional guidance.

The Northern Trust wants to make sure that what we do reflects the diversity of our communities and take into account all relevant views when we consult. When consulting we will be sensitive to the different needs of individuals and communities and take steps to seek out voices that are less likely to be heard.

3.4 How we support staff to involve and co-produce

The Northern Health and Social Care Trust 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, including their PPI responsibilities; 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 and consultation and PPI policy obligations form part of the HSC organisations induction programme.
- Making arrangements to ensure 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.
- Providing opportunities for PPI and co-production to be included as a recurring agenda item on team meetings.

- Embedding PPI and co-production into all staff appraisals.
- Providing training opportunities on involvement, co-production and partnership working for staff.
- Providing specialised training for key staff directly engaged in taking forward implementation of their PPI commitments.

3.5 Partner organisations

The Northern Health and Social Care Trust will work with partner organisations and local communities to increase understanding of how 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 and co-production within organisational divisions

The Northern Health and Social Care Trust is committed to ensuring systemic involvement across the organisation and will do so by:

- Appointing Involvement Champions within each Division who will support the delivery of involvement at an operational level and be the nominated link person within the Division.
- Supporting embedding of PPI and co-production opportunities into relevant and appropriate work streams and work packages.
- Ensuring that involvement work is captured in the monitoring returns.
- Providing peer support to others engaged in involvement activities across Divisions.

3.7 How we carry out formal public consultations

The Northern Health and Social Care Trust 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. Governance, reporting and monitoring

4.1 Governance and reporting arrangements for consultation, involvement and co-production

In respect of the implementation of PPI, the Northern Health and Social Care Trust has a reporting line to the PHA and a line of accountability to the DoH.

The PHA has responsibility for monitoring HSC organisations to ensure that they meet their statutory Involvement and PPI Policy responsibilities. In turn the PHA is required to provide assurances to the DoH in this regard through the established accountability arrangements.

The Northern Health and Social Care Trust has clear governance and reporting arrangements established as outlined below:

Our Engagement, Experience, Equality and Employment Group (Quad EG), chaired by the Director of Operations seeks assurance that the Trust is compliant with its statutory requirements. Membership includes all divisional directors, non-executive directors, Patient Client Council and a service user representative. The Quad EG is part of the first line of assurance within the Trust's Integrated Governance and Assurance Framework. The Quad EG

reports directly to the Trust's Assurance and Improvement Group, then through to Trust Board. Quad EG meets quarterly and is provided with an update on involvement work across the Trust.

Trust Divisional Directors are responsible for ensuring appropriate service user involvement within the work of their Divisions. Trust Board has responsibility for ensuring that the organisation is compliant with PPI Legislation and PCE standards. The Non-Executive Directors ensure the Board acts in the best interests of service users, carers and the public and hold the Board to account by challenging its decisions and outcomes and ensuring due process is followed.

The Engagement Advisory Board has been established as an advisory body to ensure the Trust approaches engagement in a way that meets the needs and interests of all communities and to quality assure the Trust's approach to engagement throughout the lifecycle of service change projects. Members of the Engagement Advisory Board include service users and carers, selected following an expressions of interest, to represent the communities we serve. Each member has demonstrated links with local communities and support the Trust to engage in a meaningful way. We have 14 members on the Engagement Advisory Board.

Our [Integrated Involvement Plan](#) sets out our vision, commitment and integrated approach to PCE, PPI and co-production activities. Within Northern Trust, this includes Patient Experience Standards, Real Time Feedback, 10,000 More Voices, Personal and Public Involvement and Co-Production.

4.2 Monitoring and feedback mechanisms for involvement

The Northern Health and Social Care Trust is committed to effective monitoring and feedback and commits that it will:

- Have 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.
- Embrace a standardised collection methodology for PPI and co-production
- Move towards an outcomes based accountability approach to the monitoring of involvement work.

