

## **Personal and Public Involvement Strategy – PHA/HSCB**

### **Consultation feedback summary**

#### **1.0 Introduction**

This is a summary of feedback received during the consultation on the Public Health Agency (PHA) and Health and Social Care Board (HSCB) Draft Personal and Public Involvement (PPI) strategy. The report is broken into two sections, the first section outlines the background to the consultation and how the consultation was conducted. The second section provides an overview of feedback received and the actions which we have taken address these in the revised strategy or action plan.

#### **2.0 Background**

The PHA working in partnership with the HSCB has developed this Strategy to guide our respective organisations in relation to PPI. This in turn will drive an improvement in the way we work and deliver an enhanced service for service users and carers. The Strategy has the support of the Regional Health and Social Care Personal and Public Involvement Forum, of which all Health and Social Care (HSC) organisations in Northern Ireland are members.

The Strategy development process included a range of activities, from a review of the policy environment and literature on PPI in relation to health and social well-being, to consultation with Health and Social Care staff and with the Community & Voluntary sector and the wider public.

## **2.1 Length of consultation**

The strategy was subject to an 18 week public consultation, between 30 June and 14 October 2011. The consultation documentation was widely circulated to key stakeholders. We also worked closely with our colleagues in the Communication and Equality departments to produce accessible information formats of the strategy.

The documentation consulted upon consisted of:

- Full version of the PPI Strategy
- Executive Summary PPI Strategy
- Easy Read PPI strategy
- Equality Screening.

## **2.2 Consultation Methodology**

During the 18 week consultation period the PHA and HSCB used a mix of traditional and targeted methodologies to ensure that a wide range of stakeholders had the opportunity to respond to the consultation.

**a. Traditional methods:**

- Regional newspaper advertisement;
- Placed the consultation documents on PHA and HSCB websites;
- Distributed consultation documents using the Section 75 consultation list;
- Distributed consultation documents to other key stakeholder groups including HSC bodies, PHA/HSCB staff and community and voluntary networks.

**b. Targeted methods**

Following the pre consultation and Equality Screening of the draft strategy it was identified that additional engagement should be carried out with three main groupings, namely Children and Young People, Carers and people from the Travelling Community. This targeted engagement was undertaken for a number of reasons:

- To gain in-depth feedback and information regarding the proposed PPI strategy;
- To gain in-depth feedback and information regarding appropriate and innovative engagement techniques for these groups;

- To provide information which would assist with a transfer of knowledge regarding appropriate engagement techniques with the PHA/HSCB and wider HSC service.

In order facilitate this targeted engagement we worked with the Community Development and Health Network (CDHN) and the Participation Network. The CDHN engaged with Carers and Travellers groups while the Participation Network produced a Children and Young person friendly version of the strategy and distributed this to a wide range of youth led and focused organisations.

### 2.3 Number of Responses

A total of 48 written responses were received, including feedback from targeted involvement. A wide range of stakeholders were represented within the feedback, including, individual members of the public, service users and carers, community and voluntary sector organisations, HSC organisations, other statutory agencies, professional bodies and members of PHA staff.

## **Consultation Response- Overview**

### 3.0 Summary

Eight key questions were asked during the consultation. A paper detailing all responses to these questions is available on request.

Overall the response to the draft strategy was positive. There was a clear recognition that delivering PPI in the current economic climate would be a challenge. Respondents provided useful suggestions and these have been considered and used to inform the redrafting of the strategy and where appropriate, have been

included as indicative suggestions for the PPI Action Plan. The respondents also challenged the PHA and the HSCB to ensure that the corporate structures for PPI are put in place at an appropriate level.

A number of key themes emerged throughout the consultation responses. A brief summary of each is outlined below and includes Actions which we will take to address each.

## **Key Themes**

### **4.0 Communication/Clarity of Language**

A major theme identified was that of communication and clarity of purpose of the document and PPI in general. One response suggested that an:

“emphasis on greater communication is key to the successful fulfilment of this strategy. Language is also important, bearing in mind that those not within the health family are unused to the plethora of acronyms which inhabit all health documents.”

A number of respondents sought clarity and explanation of terms and use of language within the document, including ambivalence about whether the strategy “is intended to apply to the entire HSC system in Northern Ireland or whether it is designed to guide the public engagement work of the PHA and the HSCB themselves”.

In addition to these issues, a number of respondents commented on the variety of versions of the strategy, in particular the easy read version. While overall it was recognised that it was positive to have access to an easy read version for both lay people and staff “the simplified easy read is a useful product that also demonstrates your commitment to some of the principles of public involvement” others felt that the easy read version could be perceived as “slightly patronising”.

#### **4.1 Actions**

- Reviewed the language and clarity of the document, including use of jargon and clarified that the strategy is for the PHA/HSCB and not all of Health and Social Care
- Reviewed all versions of the strategy document including the easy read version to ensure that it meets the needs of the audience
- Prioritised the development of a PPI Communication’s Plan in the Action Plan.

#### **5.0 Training/awareness raising**

The issue of training and awareness raising was a consistent theme across the received responses. Respondents felt that in order to achieve the PPI objectives set out in this strategy it is important to recognise the need for general awareness training on PPI for both staff and the general public. “it is important...that the training is as guided towards members of the public as it is the staff of the Health Service – this will assist in developing

involvement.” It was also suggested that training and skills should become a priority area.

It is also clear from the responses that there are many opportunities to learn from and work with colleagues across all sectors, including, the statutory sector and community and voluntary organisations who have developed expertise and tools in this area. “there should be joint training between those employed in the statutory sector and the voluntary sector in order to ensure a common understanding of the issues in Personal and Public Involvement and a common and agreed set of terminologies”.

## 5.1 **Actions**

- Ensure that training and awareness raising is a priority area within the PPI Action Plan
- Engage with existing bodies across all sectors and ensure that existing best practice, expertise and resources are utilised in the development of all PPI training
- Ensure that service user/carer experiences of involvement are utilised in the development and provision of PPI training.

## 6.0 **Resources/Finance**

The responses received highlighted an understanding of the current financial climate. “The authors need to give consideration to the challenges and barriers of involvement work within the current financial climate.” They also suggested that in order to embed PPI it was important to consider the allocation of resources and funding to make an impact. “PPI will have a cost and securing reasonable monies for staff to undertake PPI properly will be one

way to give this aspect of care the precedence that is currently lacks.”

While other responses suggested that there needs to be greater clarity about “how PPI will be resourced and the potential provision of dedicated resource to facilitate this and ensure consistency of approach and sustainability” and the inclusion of more a detailed action plan with “specific budgets allocated.”

## 6.1 **Actions**

- Prioritised identifying secure funding streams for PPI as an action in the Action Plan
- Ensure that the Action Plan includes details of costs and specific budgets where possible.

## 7.0 **Partnership/collaboration**

It was clear from the responses that there is an appetite for PPI, not only within the PHA, HSCB and the wider HSC, but also in the community and voluntary sector.

Responses suggested that in the development of the action plan and in the work to progress the strategy, the PHA and HSCB we should ensure that there is more collaboration between colleagues working in the Patient Client Council, Patient Safety, Community Development, Equality, Patient Experience, Complaints and Volunteering areas.

“These relationships between PPI, CD, PE Standards and Equality are important because DHSSPS guidance has come down

different lines with the result that several of the HSC organisations have developed different teams to implement them. This leads to much duplication and confusion.”

A number of community and voluntary sector organisations, local councils and professional bodies highlighted their experience, research and resources that would be useful to the PHA and HSCB in delivering the objectives of this strategy.

## **7.1 Actions**

- Follow up suggestions made by respondents
- Suggest that the DHSSPS consider establishing a working group to explore the linkages with specialism’s which are related to PPI, including Community Development, Patient Experience, Patient Safety, Advocacy, Equality and Human Rights, Complaints and Volunteering
- Included the development of a partnership plan/methodology to provide guidance and clarity on how the PHA/HSCB will promote partnership working and conduct partnerships with external bodies in the Action Plan.

## **8.0 Monitoring and evaluation/outcomes focus**

The responses highlighted a growing desire for greater focus on outcomes of PPI. “There needs to be more detail on how effectiveness will be measured, how users and carers can be a constructive part of evaluation and review, and how the successes of PPI can be communicated in order to promote wider involvement over time.”

It was also suggested that the wording of the strategy could be strengthened by “recognising the need to move beyond “embracing” and “encouraging” towards a more robust definition of the standards upon which engagement will be defined and evaluated.”

An area closely related to outcomes also emerged as a key theme. Respondents suggested that the strategy would be strengthened “if it could be made clear that it is not merely concerned with providing guidance (which may or may not be followed) but with defining standards (which must be met).”

In relation to the action plan one response indicated that it is important for recommendations to “be linked to an outcome as well as an action in order to review progress on an incremental basis. This will also be easier for people to understand PPI as a process which is ongoing.”

## **8.1 Actions**

- Reviewed the draft strategy in relation to Measuring Impact
- Include the need for clear outcome measures in the Action Plan
- Work with HSC colleagues to develop agreed PPI Standards
- Prioritise development of outcome measures in the PPI Regional Forum work plan.

## **9.0 Cultural Change**

A number of responses made reference to the importance of embedding PPI within the culture of the PHA and HSCB “we particularly welcome the need to embed participation into the

culture and practice of organisations, as too often participation is seen as one off events that compete with other demands”

In order to provide a clear cultural change, the use of a systematic and strategic approach was suggested “This is a system of organisational change. Accordingly, consideration needs to be given to a Governance Framework wherein the involvement of users and their carers needs to be addressed at a number of organisational levels”

Other respondents raised concerns as to how we would implement the strategy at a corporate and local level stating “whilst the need to incorporate PPI objectives into PHA and HSCB Corporate / Business plans (Consultation document, p8) is recognised, there is a potential concern re developing separate action plans for PPI. There will be a fine line between integrating PPI at a high level yet ensuring that at a more local level individual action plans are meaningful and followed through.”

## 9.1 **Actions**

- Include actions within the Action Plan to focus on the establishment of PPI governance arrangements within the PHA and HSCB
- In addition to the corporate PPI Action Plan, facilitate the development of directorate and sub directorate PPI Action Plan across the PHA and HSCB.

## **10.0 Conclusion**

The feedback which was received in response to this consultation was comprehensive and informative. Much time was spent by respondents preparing their comments for our consideration. While this report provides a summary of the main themes which emerged, all comments and suggestions have been considered and will inform and influence not only the redrafting of the PPI Strategy and Action Plan but how we will continue to develop PPI across the PHA and the HSCB.

### **Responses Received for Consultation on PPI Strategy**

#### **Community/Voluntary/Individual**

Alzheimer's Society (Elizabeth Byrne McCullough)

Andrew Martin (Regional HSC PPI Forum)

ARC NI Association for Real Change (Suzanne McStravick)

Autism NI (Arlene Cassidy, Chief Executive)

Carers NI (John McCormick, Campaigns & Communication Officer)

Craigavon District Youth Council (Niamh McKernan)  
Disability Action (Monica Wilson, Chief Executive)  
East Belfast Partnership (Linda Armitage, Health Strategy Manager)  
Eastern Drug & Alcohol Co-ordination Team Service User Involvement  
Subgroup (Davis Turkington, Group Facilitator)  
Eileen Wright  
Extern (Liz Cuddy, CEO)  
Farset Youth and Community Development Limited (Barney McCaughey)  
Long Term Conditions Alliance NI LTCANI (Heather Monteverde, Chair)  
Marion Smith (Regional HSC PPI Forum)  
NI Chest Heart & Stroke (Andrew Dougal, Chief Executive)  
NI Hospice (Beverley Kernoghan, Planning & Development Manager)  
Positive Futures for people with a learning disability (Paul Roberts,  
Managing Director)  
Queens University (Joe Duffy, Lecturer in Social Work)  
South Belfast Partnership Board (Una Lappin, Strategic Health  
Development Officer)  
South Eastern Telling it Like it is TILII Self Advocacy Group  
Voice of Young People in Care VOYPIC (Eithne Gilligan, Policy  
Manager)  
Volunteer Now (Christine Irvine, Senior Policy and Information Officer)  
The British Psychological Society Queens University (Michele  
Kavanagh)  
Community Development and Health Network engagement exercise  
targeting:

- Carers
- Travellers

## **Councils**

Ballymena Borough Council (Nicola McCall, Deputy Chief Environmental  
Health Officer)  
Belfast City Council (Dr David Purchase, Development Department)  
Fermanagh District Council (Robert Gibson, Director of Leisure, Tourism  
& Arts)

## **Public Health Agency**

PHA HSC R&D Division (Gail Johnston, Programme Manager PPI)  
PHA Northern Area -Health Improvement Team (Dr Hannah McCourt)  
PHA Nurse Consultants (Janis McCulla, Nurse Consultant)  
PHA Nurses (Deirdre Webb, Mary Rafferty, Una Turbitt)  
PHA Primary Care Nursing Team (Rose McHugh)

## **Trusts**

Northern Health & Social Care Trust (Margaret Mulholland, Head of Communications)  
Northern Ireland Ambulance Service (John Gow, Equality & PPI Officer)  
Southern Health & Social Care Trust (Angela McVeigh, Director of Older People & Primary Care)  
Southern Health & Social Care Trust (Irene Knox, Research Manager)  
Southern Health & Social Care Trust (Heads of Service in Enhanced Division of OPPC Directorate)  
Southern Health & Social Care Trust (Dr Peter Sharpe, Consultant Chemical Pathologist)  
SE Trust HSC Safety Forum (Dr Gavin Lavery & Dr Jackie McCall)  
South Eastern Health & Social Care Trust  
Western Health & Social Care Trust (Anne Witherow, Assistant Director of Nursing)  
Western Health & Social Care Trust (Sara Groogan, Director of Performance & Service Improvement)  
Belfast Health & Social Care Trust (Sandra McCarry)

## **Other HSC**

Patient & Client Council PCC (Helen Mallen, Board Secretary)  
Royal College of GPs NI (Mr Alan Braiden, Chairman)  
Royal College of Midwives (Breedagh Hughes, Director)

Royal College of Nursing (Dr John Knape, Head of Communications,  
Policy & Marketing)