



**Personal and Public Involvement**

**Workshop On  
Thursday 12<sup>th</sup> November 2009**

**Farset International, Belfast**

**Feedback Report**

**January 2010**

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## Foreword

The Review of Public Administration in Northern Ireland has brought with it new structures and new challenges, none more so than the requirement that at the heart of our business is active engagement and involvement of patients, clients, service users, their carers and the wider community.

The new organisations established under the Review of Public Administration are required to have a draft Consultation Scheme submitted to the Department of Health by 31 December 2009. In the submission Health and Social Care organisations must outline the process by which they propose to take forward Personal and Public Involvement as part of their statutory duty. However, beyond this being a statutory duty, we within Health & Social Care believe Personal and Public Involvement makes common sense in terms of how we conduct business.

As part of the development of a draft scheme the Public Health Agency and Health and Social Care Board agreed a joint approach to the Public and Personal Involvement process. This approach included an initial discussion with a variety of stakeholders to collect opinions on how Health and Social Care organisations should move Personal and Public Involvement forward. This report outlines discussions at a workshop held on 12 November 2009. The Executive Summary includes a synopsis of questions posed, views collated and proposed actions we plan to take – outlined in the Draft Consultation Scheme that will be submitted to the Department of Health, Social Services & Public Safety, Northern Ireland.

On behalf of the Public Health Agency and Health and Social Care Board we would like to acknowledge Paula O’Kelly’s (Beeches Management Centre) role in facilitating the workshop and the work of staff from both organisations in supporting the event.

Finally we would thank the participants on the day, and those involved in follow up meetings, for their contribution. This is just the beginning of the process and we look forward to using this as the basis for working with you again in the near future.

Bernard Mitchell

Programme Director  
Corporate Management

Mary Hinds

Director of Nursing &  
Allied Health Professions

## **Executive Summary**

The Health and Social Care Reform Act (2009) not only created new structures for health and social care in Northern Ireland but also put a statutory requirement on those bodies to embed and deliver on Personal and Public Involvement and have a draft Consultation Scheme with the Department of Health, Social Services and Public Safety by 31 December 2009.

The Public Health Agency was identified as the lead organisation in taking Personal and Public Involvement forward, but there is equal responsibility for all bodies to ensure the requirements of the Act are implemented. The Health and Social Care Board and Public Health Agency agreed a joint approach to addressing the challenges of Personal and Public Involvement. To start the process it was agreed to host a joint workshop with a range of umbrella community, voluntary and user groups to discuss the initial requirements of the process and to map a way forward for the formal pre-consultation stage.

The lists of groups invited are attached in Appendix 1. A number of groups were unable to attend and some of these were subsequently consulted separately to ensure they had an opportunity to contribute to the process.

Mary McMahon, Chair, Public Health Agency and John Compton, Chief Executive, Health and Social Care Board addressed the workshop, demonstrating commitment to Personal and Public Involvement. The workshop was also attended by Dr Eddie Rooney, Chief Executive of the Public Health Agency along with a number of executive and non-executive directors of both organisations.

Participants were asked six questions and invited to feed their views into designing the way forward. Section 5 of this report contains greater detail on the responses.

<b>We Asked</b>	<i>What would you like to see included in the draft Consultation Scheme template?</i>
<b>You Said</b>	<ul style="list-style-type: none"> <li>• The scheme must demonstrate inclusiveness involving individuals and the wider public;</li> <li>• There must be clarity of roles and responsibilities;</li> <li>• There needs to be evidence of a cultural change and realistic expectations of what is achievable.</li> </ul>
<b>We Did</b>	<ul style="list-style-type: none"> <li>• In the submission we have given a commitment to link Patient and Client Experience to the Personal and Public Involvement process</li> <li>• We have undertaken to work with existing networks and structures to ensure we reach as wide a range of stakeholders as possible</li> <li>• We have outlined the commitments already in place for planning of commissioning services for 2010/11 and have noted opportunities for Personal and Public Involvement to influence service re-design and future service planning.</li> </ul>

<b>We Asked</b>	<i>What was the best process for engagement?</i>
<b>You Said</b>	<ul style="list-style-type: none"> <li>• Service users already had power but that a partnership approach was required</li> <li>• We should build on existing relationships and stick to the core principles of Personal and Public Involvement.</li> <li>• Resources are required to support the process if it is to be meaningful and effective.</li> </ul>
<b>We Did</b>	<ul style="list-style-type: none"> <li>• We have undertaken to work via identified networks during the pre-consultation scheme, mapping the range of service users and community groups you can reach and providing information in a suitable format that you can cascade and share;</li> <li>• We will undertake a literature and best practice review to build on existing evidence;</li> <li>• We have given a commitment to review resources required to deliver on the task, taking account of the current economic environment and tight financial constraints.</li> </ul>

<b>We Asked</b>	<i>How do we best reach those in the Section 75 categories and hard to reach groups?</i>
<b>You Said</b>	<ul style="list-style-type: none"> <li>• It is not always people that are hard to reach but rather service planners and providers;</li> <li>• Health and social care needs to build internal capacity;</li> <li>• Health and social care must not separate Personal and Public Involvement from the Human Rights and Equality agenda;</li> <li>• There is a need to build trust in the process;</li> <li>• We need to be creative in informing and engaging with the public.</li> </ul>
<b>We Did</b>	<ul style="list-style-type: none"> <li>• We have given a commitment to closely align Human Rights and Equality to Personal and Public Involvement.</li> <li>• We have also given a commitment to work with the key and appropriate networks to ensure we are reaching out to the public and aim to align the roles and responsibilities of Health and Social Care organisations relating to Personal and Public Involvement and work towards a 'whole system' approach across the Health and Social Care family.</li> </ul>

<b>We Asked</b>	<i>What do you think of the proposed timescales through to the delivery of a full blown PPI scheme?</i>
<b>You Said</b>	<ul style="list-style-type: none"> <li>• The time frame was too tight and unrealistic since the process required trust;</li> <li>• Understanding and engaging with vulnerable groups would take time;</li> <li>• There was a need to examine the relationship with other agencies and how our Personal and Public Involvement work dovetailed with their agendas.</li> </ul>
<b>We Did</b>	<ul style="list-style-type: none"> <li>• Amended the timeframe, allowing more time during the formal consultation scheme</li> <li>• Gave a commitment to examine the opportunities to work with other statutory organisations;</li> <li>• Gave a commitment to examine how we share information.</li> </ul>

<b>We Asked</b>	<i>How do you think we best communicate the scheme and promote Personal and Public Involvement?</i>
<b>You Said</b>	<ul style="list-style-type: none"> <li>• You must keep people, including staff engaged and informed;</li> <li>• You need to ensure that promotional material is representative of the wider community and critically review any work in advance of promotion;</li> <li>• The ENGAGE web-site needs to be reviewed.</li> </ul>

<b>We Did</b>	<ul style="list-style-type: none"> <li>• We discussed the issue with our Corporate and Operations directorate and they have given a commitment to support the process and take on board the views of stakeholders;</li> <li>• We have also given a commitment to avoid jargon, use plain English and be creative in our process;</li> <li>• We have also agreed to review the ENGAGE website and its usefulness to Personal and Public Involvement.</li> </ul>
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<b>We Asked</b>	<i>How would you know that PPI is making a difference?</i>
<b>You Said</b>	<ul style="list-style-type: none"> <li>• Health and Social Care must demonstrate mechanisms are in place to demonstrate impact;</li> <li>• Health and Social Care must respond to input so that people know they are being listened to;</li> <li>• Avoid overlap, duplication and ensure consistency across the process;</li> <li>• Build confidence and demonstrate this is a new way of doing business.</li> </ul>
<b>We Did</b>	<ul style="list-style-type: none"> <li>• The draft Consultation Scheme clearly outlines the influence that this workshop had;</li> <li>• The content has been influenced by the stakeholders at the workshop and follow-up meetings;</li> <li>• A reporting mechanism is to be developed to allow public service users see their input is recorded, reflected and actioned;</li> <li>• An undertaking has been given remain creative in the process, to feedback and respond.</li> </ul>

## **SECTION 1 BACKGROUND**

Under the Review of Public Administration the Minister established new structures to deliver on Health and Social Care in Northern Ireland. This was a two-phase process.

Phase one brought together the Health and Social Care Trusts, with responsibility for service delivery, establishing five geographically based Trusts and one regional Trust, the Northern Ireland Ambulance Service.

The second phase of the Review of Public Administration saw the establishment of three new organisations. The first, a Regional Health and Social Care Board (HSCB), with primary responsibility for commissioning services on a regional basis. Five sub-committees of this Board, Local Commissioning Groups (LCGs), are involved in the commissioning of services for distinct geographic areas. The Public Health Agency (PHA) was also established, with a major role in Public Health and medical issues (including nursing and allied health professionals) and issues impacting on the health improvement and tackling health inequalities agenda. The third organisation, the Patient and Client Council, brought together the four legacy Health and Social Services Councils, to represent the voice of service users.

Under the Health and Social Care Reform Act (NI) 2009 the new bodies were required to have in place Draft Consultation Schemes on Personal and Public Involvement (PPI) in accordance with Articles 19 and 20 of the legislation. The Draft Schemes were requested by the Department by the 31<sup>st</sup> December 2009.

As part of the agreed way forward the Health and Social Care Board and Public Health Agency agreed on a joint approach, which was endorsed by both Senior Management Teams. The draft approach agreed that, whereas overall responsibility lies with the Public Health Agency, it should be supported by the Health and Social Care Board. An initial stakeholders' engagement process was put in place to discuss the requirements and expectations of the Public Health Agency and the Health and Social Care Board on how this could be done in the context and spirit of Personal and Public Involvement. A range of organisations, representing a variety of umbrella stakeholder groups, were invited to contribute to this meeting. A list of those groups initially invited to the workshop is included at Appendix 1.

The purpose of this workshop was to take key stakeholders through the template produced by the Department of Health, Social Services and Public Safety (DHSSPS), its requirements and the processes that stakeholders felt that Health and Social Care organisations should adopt in order to ensure that the principles are adhered to. The workshop also sought to get stakeholder input into how we plan for Personal and Public Involvement together and how people wanted to be engaged in how we do business.

## **SECTION 2 INTRODUCTIONS TO WORKSHOP**

The workshop was opened by Mary McMahon, Chair and Lay Non-Executive Director of the Public Health Agency.

Opening the workshop Ms McMahon stressed that the event was organised to prompt initial discussion and was a vital component in how the Public Health Agency and Health and Social Care Board were to conduct business in the future, not just meeting a statutory requirement.

Her opening address gave a commitment to ensuring that Personal and Public Involvement would be at the core of how Health and Social Care organisations planned their business and designed services for the population. Furthermore Ms McMahon stressed that in Northern Ireland Health and Social Care was a universal system and a similar approach was to be taken in respect of the delivery of Personal and Public Involvement.

Outlining the new organisations established by the Minister particular attention was given to the role of the Patient and Client Council for ensuring capacity and support around the Personal and Public Involvement agenda.

Ms McMahon acknowledged that historically many people may have felt frustrated, disempowered or ignored by previous processes, but gave a commitment that she and other non-executive board members would work with both organisations to ensure that this was addressed. Her opening speech emphasised the day was the beginning of a process of designing and delivering on genuine Personal and Public Involvement and a move away from tokenistic approaches. In addition she acknowledged that the legacy Boards and Health Promotion Agency had previously provided some good examples of Personal and Public Involvement which, where possible, the new Health and Social Care organisations would build on.

Open and frank discussion was encouraged and all contributions to the workshop welcomed. Ms McMahon explained that a number of apologies had been received but assured attendees that efforts would be made to open discussions with stakeholders unable to contribute to the workshop.

## **SECTION 3 STRATEGIC OVERVIEW**

John Compton, Chief Executive, Health and Social Care Board provided a strategic overview of Personal and Public Involvement, acknowledging the experiences people may have had previously. Mr Compton gave a commitment on behalf of the Chief Executive of the Public Health Agency and himself, to ensure that Personal and Public Involvement represented a new way of working, core to how the Public Health Agency and the Health and Social Care Board conducted business. In addition he described how Health and Social Care organisations view Personal and Public Involvement as a process of empowering people to adopt a meaningful role in the planning and delivery of future Health and Social Care services and lead on the redesign of services to meet their needs.

Mr Compton's address outlined the vision of a whole system approach, acknowledging the specific roles for the Board and the Agency at a strategic level. The unique role for the newly formed Local Commissioning Groups, engaging with the population of their locality and importantly, working with the six local Trusts including the Northern Ireland Ambulance Service, was noted.

A strong commitment was given with regard to working with the Patient and Client Council to ensure there was ongoing input from that organisation to the design and delivery of Personal and Public Involvement and meeting the challenges that lay ahead.

The timeframe for the current draft consultation scheme process was outlined, requiring the Board and Agency to submit a Draft Consultation Scheme to the Department by the 31<sup>st</sup> December 2009. The next stage, it was noted, was a pre-consultation process, to run February to June 2010. This will allow Health and Social Care organisations to work closely with key stakeholders to identify processes of engagement, parties with whom to engage and how the initiative should be taken forward. Between June and September 2010 the full consultation programme will be designed in preparation for full public consultation in October 2010.

Mr Compton described Personal and Public Involvement as an integral process linking Human Rights and Equality, Patient and Client Experience, User Involvement and Community Development. He stressed that Personal and Public Involvement was not a consultation process, not about complaints and not about communications. Rather it was about how Health and Social Care organisations do business. It

was emphasised that Personal and Public Involvement was not an academic exercise, but rather must be designed to be engaging so that the wider population could participate. This, it was suggested, was one of the key challenges of the workshop.

It was noted that engagement was required on a number of levels, from strategic overview to local implementation, and stakeholder suggestions as to how this process would work were welcomed.

The potential opportunity for linking Personal and Public Involvement into how we influence future community planning and how we liaise with other statutory organisations was also highlighted.

Mr Compton acknowledged key challenges and opportunities that Personal and Public Involvement presented, including:

- A devolved administration and new ways of working,
- New organisational structures providing different opportunities for engagement,
- New patterns of service delivery and care pathways to be developed,
- The need to sustain and promote performance improvement,
- New technologies and drugs,
- Change in demographics and an increasing elderly population,
- An emphasis in the move from treatment towards health improvement,
- Higher expectations from more informed clients and patients,
- The challenges and opportunities within the 2008-2011 Comprehensive Spending Review,
- Beyond 2011, how we can make a real difference.

Finally, the Health and Social Care model for Northern Ireland (Appendix 2) was outlined, clearly underpinned by key stakeholders including service users, GPs, the independent & private sectors and the community and voluntary sector.

## **SECTION 4 PURPOSE OF WORKSHOP**

Michelle Tennyson, Assistant Director for Allied Health Professionals and Personal and Public Involvement, outlined the purpose of the workshop, commenting that the inclusion of Personal and Public Involvement in her job title was indicative of the commitment of the Public Health Agency to drive the process forward.

Those present heard how the Health and Social Care Board and the Public Health Agency were working closely together to ensure that there was a collaborative process and a genuine commitment not only to have the Draft Consultation Scheme with the Department by 31<sup>st</sup> December, but also to carry Personal and Public Involvement forward beyond 2010 into the core business of Health and Social Care.

Ms Tennyson gave a commitment that Health and Social Care organisations would work together on issues such as:

- Leadership,
- Quality Assurance,
- Consistency,
- Capacity Building, and
- Awareness Raising.

The workshop was described as an opportunity to collect initial views, expectations and discussions, to clarify issues and to think around a process of collaborative working. To provide structure and keep the workshop on topic, it was explained, questions had been developed around key areas and those attending were asked to focus on providing answers to these. The key areas to be addressed in the workshop were highlighted as:

- Department of Health, Social Services and Public Safety template,
- Engagement of stakeholders, service users and carers in the community,
- Issues around Human Rights and Equality,
- Timescales,
- The design of the formal consultation document,
- General overview of what stakeholders want to see as part of the process and how it might be evaluated.

## **SECTION 5 FEEDBACK FROM WORKSHOPS**

Below are the questions developed for the workshop together with feedback from the participants.

### **5.1 Question 1 – DHSSPS Template**

*HSCB and PHA are required to have a draft Consultation Scheme with DHSSPS by 31 December. A copy of the template has been circulated in advance with the agenda.*

*Given what you heard this morning is there (a) anything in particular you would like to see included or highlighted in the submission and/or (b) anything you particularly do not want to see?*

### **Summary Response**

- Draft consultation scheme must demonstrate its inclusiveness from individuals and to the wider public;
- Clarity required surrounding roles and responsibilities;
- A process is required to facilitate feedback and respond to input;
- The draft scheme needs to demonstrate evidence of a real cultural change that responds to the values and principles of Personal and Public Involvement.
- The document must realistically reflect the expectations, capacity and resources that exist internally and externally and build on best practice and existing relationships.

### **5.2 Question 2: The Process of Engaging People/Groups in the Process**

*Today is the beginning of a long and comprehensive process. This is about initial discussions to get your input to the process and your views and suggestions on how we move the process forward, assuming DHSSPS approval of the suggested approach*

*Given what you have heard and from your experience how should communities, service users, carers and other stakeholders engage with the HSCB and PHA (a) on this process? and (b) how should engagement be undertaken during the formal consultation?*

## **Summary Response**

- Health and Social Care organisations need to understand that service users already have power; this must be embraced and Health and Social Care organisations have to share power in a partnership approach.
- There is a need for flexibility to reflect the different challenges in the process but key organisations can assist in the development and delivery.
- It is important Health and Social Care organisations build on existing relationships ensuring they adhere to the core principles of Personal and Public Involvement and deliver on them.
- Best practice should be reviewed and developed rather than reinventing the wheel.
- A literature review would be a useful initial step towards developing the pre-consultation stage.
- It should be acknowledged that Health and Social Care organisations will be working with a wide range of stakeholders and the minimum consultation period of twelve weeks needs extended if consultation is to be meaningful.
- A wide range of stakeholders must be engaged in the process - this will impact on the timeframes suggested.
- The consultation will require resources, time, financing and labour and investment in the process is crucial to demonstrate genuine commitment to Personal and Public Involvement.

### **5.3 Question 3: Section 75 and Hard to reach groups**

*One of the challenges of Personal and Public Involvement is to ensure that the most vulnerable, those who suffer the greatest inequalities and the disenfranchised are part of the process.*

*Are there (a) any potential equality and human rights implications of the consultation scheme that you think we should be aware of? and (b) suggestions on how we reach out to and include hard reaching groups?*

## Summary Response

- Is it the people who are hard to reach or is it the service that is hard to reach?
- Health and Social Care organisations must recognise their own developmental needs and the barriers that exist.
- Ways of working must change and become more approachable and engaging.
- The Health and Social Care family must demonstrate a passion and commitment for change.
- Health and Social Care bodies must not separate the human rights and equality agenda from Personal and Public Involvement.
- The client and patient experience must feed into the wider process as must the relationships with the community, voluntary and independent sectors.
- There is a need for robust data and evidence, both qualitative and quantitative.
- Engagement starts with the development of trust. Health and Social Care organisations need to build a chain of trust, working with the immediate carer or group that individual(s) engage with.
- There would be a natural hierarchy of engagement that would reflect geographical, issue, and/or disease focus.
- The language used must be clear, avoiding jargon and abbreviations.
- Maximum use should be made of new technologies, creative arts and innovation to reach a universal audience
- Consideration should be given to venues and to the mechanisms used in the consultation and engagement processes.

### 5.4 Question 4: Timescales

*The Public Health Agency and Health and Social Care Board are committed to making this process meaningful and effective; we are proposing the following timeframe:*

- ***Before 31 December 2009*** - initial discussion on process and submission of draft approach
- ***February to May 2010*** - pre-consultation stage with a wide range of stakeholders
- ***June-September 2010*** - prepare the formal scheme
- ***October-November 2010*** - formal consultation scheme

- **January 2011** - launch of *Personal and Public Involvement Policy and Action Plan*

*What do you think of (a) the proposed timescales? And (b) how should pre-consultation be undertaken in first quarter of 2010 to ensure all stakeholders are engaged?*

### **Summary Responses**

- Engagement starts now but there is acknowledgement that there is a process to follow which needs appropriate time and resources to ensure that it is effective.
- There are capacity issues for the community and voluntary sector as well as for Health and Social Care organisations and this needs to be considered.
- The timescales are ambitious given the huge task so there should be flexibility built in, especially during the formal process.
- Health and Social Care organisations and their partners need to 'work smarter' in terms of the information shared with one another, this also includes other statutory sector partners including local government, education, housing, etc.
- It would be useful in advance of the pre-consultation scheme to undertake a stakeholder mapping exercise looking at geographical and themes issues to ensure as wide an audience as possible is considered.

### **5.5 Question 5: Communications and Public Relations**

*We are keen to ensure that stakeholders are kept informed throughout the process and that information is provided in an accessible and meaningful way to all*

*(a) How best can we keep you and constituents informed of progress and (b) how should the formal consultation document be formatted to ensure it is accessible to all?*

### **Summary Response**

- Health and Social Care organisations must keep people informed, internally and externally. Staff need to be aware of the process not just external stakeholders.
- Keep updates short, clear and concise, avoiding jargon and abbreviations.

- Consider being creative.
- Start with the stakeholders in the initial discussion then there is a responsibility on everyone to feed information to their wider membership and constituents. The promotion of the Personal and Public Involvement message is not the sole responsibility of Health & Social Care organisations.
- Health & Social Care organisations and their partners need to be mindful of representative images e.g. gay couples, single parent families, urban/rural, ethnicity etc.
- There should be a test-group set up to critically review the content and presentation of communications/public relations.

### **5.6 Question 6: Final Overview and Making a Difference**

*We are working to very tight timescales for this initial process and whereas today is the start and we are duty bound to have a draft scheme with the DHSSPS by 31 December, we are keen to make sure it is as inclusive as possible and want to focus on the big outcome.*

*(a) In the context of what you have told us is there anything you would like to add that should be included in the submission to DHSSPS? And (b) finally how would you know that Personal and Public Involvement is making a difference?*

### **Summary Response**

- There is a need to build confidence and Health and Social Care organisations must demonstrate that they have the machinery and mechanisms in place to engage the public and community in influencing decision making with clear evidence of change/impact.
- Health & Social Care organisations need to ensure the loop is closed in the process ensuring feedback is collected and monitored and they must demonstrate that the Personal and Public Involvement process is making a difference.
- It is important that Health and Social Care organisations do not duplicate or overlap
- There is a need for consistency across Health and Social Care organisations through this process.
- It would be useful to demonstrate some early wins to build trust and confidence, but remembering that this is a long-term process not a one-off consultation.
- It's about engagement.

## **SECTION 6 ONE-to-ONE MEETINGS**

A number of key stakeholders were unable to attend the workshop, so an opportunity for follow-up one-to-one meetings was offered. As part of this process meetings were held with:

- Disability Action;
- Chief Officers of the 3<sup>rd</sup> Sector;
- Northern Ireland Council for Ethnic Minorities
- .

### **6.1 Meeting with Disability Action**

A meeting regarding Personal and Public Involvement was held with Monica Wilson, Disability Action on 18<sup>th</sup> November 2009.

#### **6.1.1 Background**

Disability Action was unable to attend the November workshop but had expressed a desire to influence and engage in the future process.

The meeting opened with an introduction to the DHSSPS template, role of Patient and Client Experience and presentations made on the day. The set questions were then addressed as at the workshop itself.

#### **6.1.2 Summary of Comments**

Disability Action fed a number of key comments into the process. The organisation already utilises a Health Engagement Toolkit and it was suggested this tool could be used during the consultation process. Disability Action stressed the importance of ensuring that Personal and Public Involvement complemented Equality Impact Assessment requirements, rather than replace it or be seen as an alternative. The processes are stand alone, but complementary.

- It is important that the Public Health Agency shows strong leadership in relation to Personal and Public Involvement
- Genuine involvement is crucial, with appropriate staff and resources to support the process.
- Appropriate resources should be made available for the community and voluntary sector.
- Disability Action voiced concern that Personal and Public Involvement leadership has been placed within Nursing and Allied

Health Professionals. It was suggested this gave the wrong message to people with disabilities and that Personal and Public Involvement was a corporate rather than directorate specific role.

- It is important to use creativity in terms of communications and to ensure that communication is recognised as an ongoing process.
- Concerns were raised about the previous ENGAGE website with the suggestion that the site needed to be refocused and had to meet “Triple A” standards on accessibility to engage people with disabilities.
- Essential that communications are easily read. Sharon Fritchie from DARD’s Equality Unit was suggested as a useful contact.
- It must be remembered that people with disabilities engage at all levels, Disability Action are keen to work with Health and Social Care organisations taking this forward and see real opportunities for engagement.
- People with disabilities can be engaged at strategic level as well as disease relevant or local issue levels.
- Personal and Public Involvement should be part of every member of Health and Social Care staff’s job description.

Disability Action committed to working with the Public Health Agency and other Health and Social Care organisations to make Personal and Public Involvement deliverable as long as there was clear leadership and accountability within Health and Social Care and genuine evidence of involvement.

Disability Action requested a copy of the DHSSPS template together with details on any work being taken forward in relation to the Patient and Client Experience Assessment.

## **6.2.0 SUMMARY NOTES OF MEETING WITH N. IRELAND COUNCIL FOR ETHNIC MINORITIES & CHIEF OFFICERS OF THE 3<sup>RD</sup> SECTOR**

### **6.2.1 Background**

A meeting to discuss Personal and Public Involvement was held with Patrick Yu, N. Ireland Council for Ethnic Minorities and Majella McCloskey, Chief Officers of the 3<sup>rd</sup> Sector (C03).

Whereas these organisations were different in their focus, role, structure etc, the meeting did provide an opportunity to broaden the discussions and examine alternative options.

### **6.2.2 Key Points**

Most of the points raised in the meeting reflected the feedback and views of participants at the workshop. Some of the additional points raised were:

- Engagement and consultation exhaustion. There are too many expectations from statutory organisations on community and voluntary groups with limited capacity and resources.
- There is a high risk of duplication and overlap between Local Commissioning Groups, Trusts and other bodies.
- People are not clear about the new health and social care structures and this can only make the process more difficult.
- There is a need for the timeframe to be flexible in the process.
- Leadership is not a one off process and must be continually renewed.
- Communication is vital; it must be clear and concise, timely and relevant.
- The ENGAGE website needs renewed. Information and Communication Technology is a good form of communication but cannot replace verbal and personal input.
- Community and voluntary sectors are willing to engage in the process if it is genuine and resourced.
- Never forget the importance of the experience of the individual service user. This must be fed into the process.
- Health and Social Care organisations must remain creative and feed back so people and groups know what is happening.
- Motivation and capacity building within Health and Social Care and beyond is important. Do staff really know what Personal and Public Involvement means and what their role is?
- Training needs to be at a variety of levels to meet specific needs.

- There needs to be similar clarity of leadership, roles, responsibilities and engagement process if Personal and Public Involvement is to be effective.
- If the community does not see Personal and Public Involvement making a difference, they will disengage.
- Personal and Public Involvement is not about involving the community in just the difficult discussions, it's across the whole Health and Social Care service.
- Personal and Public Involvement /listening to users could bring about major efficiency benefits to the service.

## **SECTION 7 MONITORING and EVALUATION**

Workshop participants were invited to complete a monitoring and evaluation form. A list of attendees is included as Appendix 3.

22 forms were returned, representing a response rate of 67%.

Feedback received with regard to venue, audio-visual aids, handouts, etc has been captured and noted. This section of the report focuses on the feedback received with regard to process.

The overall response from the event was favourable with an excess of 70% giving it a good or very good rating and just under 7% giving any negative feedback.

The findings of the workshop are below:

<b>Question</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Very Poor</b>	<b>No Response</b>
Location	5	11	5	1	0	0
Venue	4	13	3	1	0	1
Presentations	3	15	3	1	0	0
Workshop Structure	4	14	3	1	0	0
Information Provided	2	12	3	3	0	2
Time for discussions	5	12	3	1	0	1
Opportunities to input views	9	8	2	1	0	2
Cross Section of Attendance	3	5	10	3	0	1
<b>Totals</b>	<b>35</b>	<b>90</b>	<b>22</b>	<b>12</b>	<b>0</b>	<b>7</b>
<b>Percentages %</b>	<b>19.9%</b>	<b>51.1%</b>	<b>18.2%</b>	<b>6.8%</b>	<b>0%</b>	<b>4%</b>

The above figures suggest that the area of greatest concern was in relation to the cross section of attendance. A wide cross-section of organisations had been invited to contribute and follow-up meetings were offered to those unable to attend.

There was some concern around information provided, particularly information sent in advance and the organisers acknowledge this issue. Unfortunately tight timescales prevented additional information being circulated prior to the workshop.

It is worth noting from the scoring that participants did feel they had a real opportunity to input views and this is welcomed by the organisers.

In relation to narrative feedback regarding the event, key issues are identified below and a commentary included in respect of actions, outcomes or points of clarification:

- *More information on the structures of the Public Health Agency and Health and Social Care Board in advance would have been useful.*
  - **Comment:** Some information was provided in Mr Compton's presentation, but this feedback is useful, highlighting uncertainty amongst stakeholders as to the roles and responsibilities of the Public Health Agency and Health and Social Care Board.
- *Some vital community and voluntary organisations, including Northern Ireland Council for Voluntary Action, Northern Ireland Council for Ethnic Minorities etc were absent.*
  - **Comment:** Appendix 1 details the groups invited to the workshop. Unfortunately given the timescale not everyone was able to attend. Follow-up meetings have been taken forward.
- *It is important to develop dialogue with Education Standards Authority, following its implementation.*
  - **Comment:** The importance of developing a dialogue with the Education Standards Authority is recognised and every opportunity to work closely with this organisation and other statutory partners with a role to play in Personal and Public Involvement will be investigated.
- *Excellent cross-organisational engagement. It was a pragmatic and open approach and recognition of a patient journey, which means all Health and Social Care organisations must work together.*

- **Comment:** There is a commitment from all Health and Social Care organisations to work holistically with regard to Personal and Public Involvement. It should be seen as a seamless approach for the users and for those whom we engage.
- *This is a good opportunity to get an understanding of Personal and Public Involvement across Health and Social Care. Representation was okay, but missed some critical organisations, particularly those in child care/early years services.*
- *The workshops were good and well structured although not enough time for discussion. Unfortunately it felt a bit rushed, but all in all a very good morning.*
  - **Comment:** Representatives from early years services were invited, but unable to attend. They did stress their willingness to work with Health and Social Care organisations on Personal and Public Involvement and this will be followed up in the pre-consultation stage.

At a half-day event time is often tight. The programme was designed to allow as much time as possible for participant contribution. The workshop is only a first step in an ongoing process; continued involvement from stakeholders is very welcome.

- *I am concerned about the feedback session in which a great deal of material was rushed through. It would be wrong to assume that there was agreement on all those points or the wording that was used. I am also surprised not to see more patients groups involved.*
  - **Comment:** The organisers acknowledge that the feedback session was fairly short, but have promised to compile a more detailed report for circulation to attendees and other interested stakeholders. It is also acknowledged that the comments passed were general in nature. The workshop was organised to collect the views of stakeholders. No consensus of opinion has been assumed. The lack of patient group involvement is acknowledged. The aim of the workshop was to facilitate early discussion and appropriate

mechanisms will be investigated to involve not just patient groups, but wider client and community stakeholders.

- *This was a useful discussion around the issue. It may be helpful if this was circulated, including conclusions and outcomes to all attendees.*
  - **Comment:** This report will be circulated.
- *No users or frontline staff at the event.*
  - **Comment:** It is acknowledged that there were no frontline staff at the event. The trade unions are represented on the Boards of both the Health and Social Care Board and Public Health Agency and they present and represent the views of frontline staff. There will be a communication process put in place to ensure that frontline staff are aware of what Personal and Public Involvement means and what their role is in the process.
- *Overall rather unclear what the aim was, but suppose that was unavoidable with the timescales and the current stage of Review of Public Administration that we are at.*
  - **Comment:** We are in a period of transition and every effort will be made to clarify uncertainty and ambiguity around timescales or organisational structures.
- *An interesting event, however, felt that it was an opportunity missed in terms of using a more creative process to get peoples views. It took the standard format – set the stall out, this is a new time, requiring new ways of thinking and involving in decision-making. We need to get away from the word consultation.*
  - **Comment:** This was an initial discussion only and views about innovation and more creative ways of engaging are welcomed. Personal and Public Involvement is not consultation; the purpose of the workshop was to begin a process on the draft consultation scheme required by legislation.
- *Your facilitators were encouraging and business like and the task was duly achieved.*

- **Comment:** This will be shared with the facilitators.
- *I think there is a danger of confusion between Section 75 consultation process and Personal and Public Involvement. When Health and Social Care clearly needs to consult on the Personal and Public Involvement process we need to ensure that the process is understood as a new way of doing things to make Health and Social Care easier, simple and better for public, patients and staff.*
  - **Comment:** The purpose of the Health and Social Care bodies and the public coming together is to ensure we can give leadership and drive to a regional Personal and Public Involvement process, which is engaging and is a new way of doing business.
- *There is a need for more regional events maybe attracting groups or people traditionally harder to reach.*
  - **Comment:** As part of the pre-consultation event we will discuss with stakeholders how we can roll this process forward regionally and locally, attracting more people.
- *The workshop felt very rushed and only allowed for surface discussion, particularly as so little information was provided prior to the event. Very disappointing the lack of community representation and diversity of views and experiences.*
  - **Comment:** Half-day events often fall victim to time pressures, especially when large amounts of information are involved. As highlighted on the day, timescales are tight with a document required by DHSSPS by 31<sup>st</sup> December having already received formal approval of both the Health and Social Care and Public Health Agency's Boards. The workshop was a first step designed to get a feel for moving the initiative forward. In order to focus discussion on the day invitations were limited to 'umbrella' organisations. The organisers recognise that wider representation from the community and voluntary sector would be preferable. This will be addressed as the process develops.

## APPENDIX 1

Title	Forename	Surname	Position	Organisation	Address		
Ms	Frances	McCandless	Director of Policy	N. Ireland Council for Voluntary Action	61 Duncairn Gdns	Belfast	BT15 2GB
Ms	Joanne	Morgan	Director	Community Development & Health Network	30a Mill Street	Newry	BT34 1EY
Ms	Monica	Wilson	Chief Executive	Disability Action	Portside Business Park, Airport Road West	Belfast	BT3 9ED
Mr	David	Guilfoyle	Chief Executive	Youth Council for Northern Ireland	Forestview, Purdys Lane	Belfast	BT8 7AR
Mr	Patrick	Yu	Director	N. Ireland Council for Ethnic Minorities	Shaftesbury Square	Belfast	BT2 7DB
Ms	Mirjam	Bader	Director	The Rainbow Project	2-8 Commercial Court	Belfast	BT1 2NB

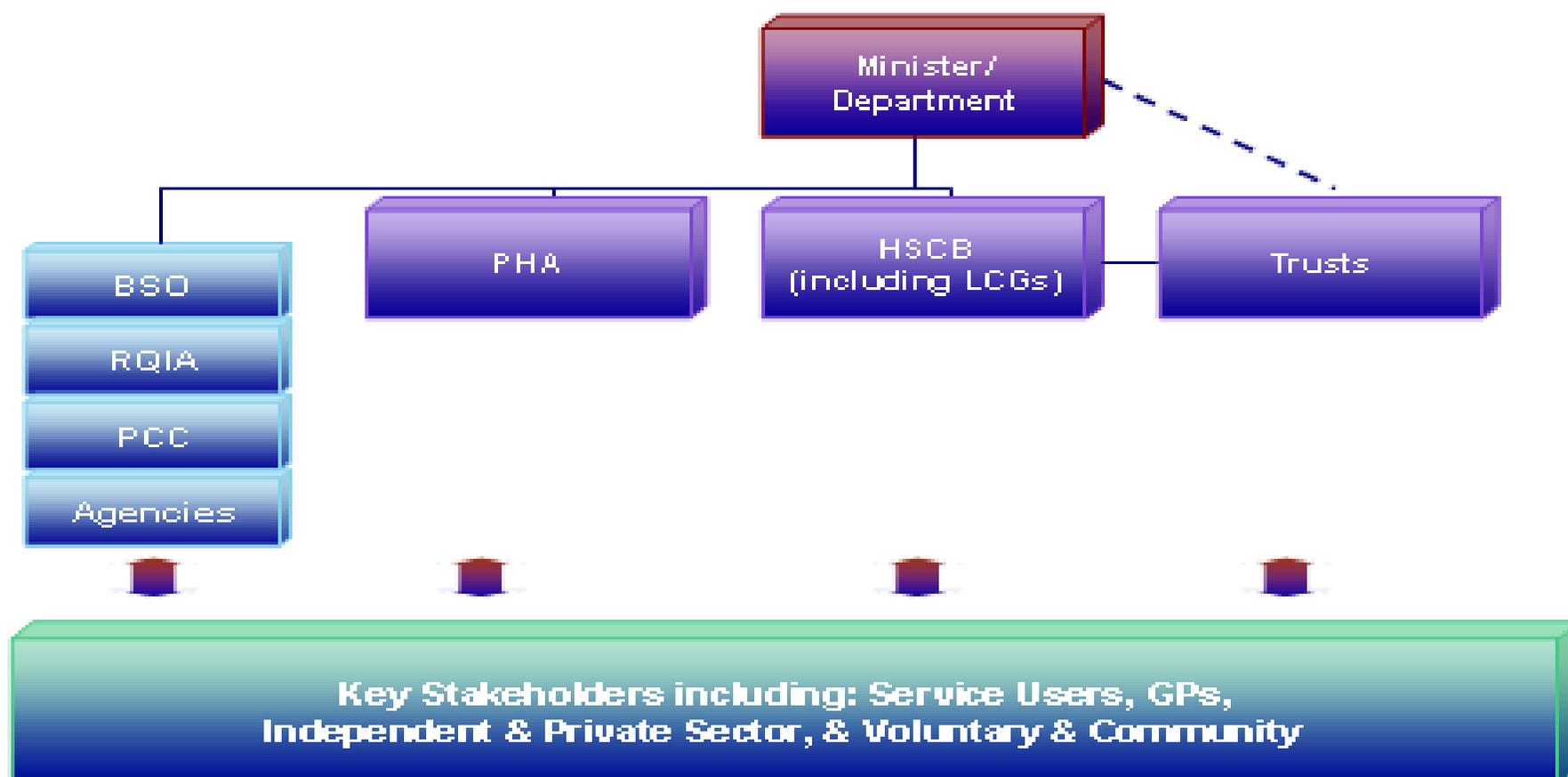
Ms	Evelyn	Collins	Chief Executive	The Equality Commission	Equality House 7-9 Shaftesbury Square	Belfast	BT2 7DP
Ms	Patricia	Lewsley	The Commissioner for Children & Young People	N Ireland Commissioner for Children & Young People	Millennium House 17-25 Great Victoria Street	Belfast	BT2 7BA
Mr	Glen	Houston	Chief Executive	Regulation & Quality Improvement Authority	9th Floor, Riverside Tower', 5 Lanyon Place	Belfast	BT1 3BT
Ms	Majella	McCloskey	Director	Chief Officers of the 3 <sup>rd</sup> Sector	34 Shaftesbury Square	Belfast	BT2 7DB
Ms	Maeve	Hully	Chief Executive	Patient & Client Council	1st Floor Lesley House, 25-27 Wellington Place	Belfast	BT1 6GD
Mr	Liam	McIvor	Chief Executive	Northern Ireland Ambulance Service HSC Trust	Knockbracken Healthcare Park Saintfield Road	Belfast	BT8 8SG
Mr	Sean	Scullion	Deputy Principal	Department of Health, Social Services & Public Safety	Room D11 Castle Buildings Stormont	Belfast	

Ms	Heather	Moorhead	Chief Executive	N Ireland Local Government Association	Unit 5B Castlereagh Business Park, 478 Castlereagh Road	Belfast	BT5 6BQ
Ms	Monica	McWilliams	Chief Commissioner	Human Rights Commission	Temple Court, 39 North Street	Belfast	BT1 1NA
Mr	Derek	Hannaway	Director	An Munia Tober Travellers' Support Programme	22 Blackstaff Complex, 77 Springfield Road	Belfast,	BT12 7AE
Ms	Eileen	Beamish	Director	Social Research Centre	178 Ballyleeson Road	Belfast	BT8 8JU
Ms	Ann	O'Reilly	Director	Age Concern/Help the Aged NI	3 Lower Crescent	Belfast	BT7 1NR
Ms	Helen	Ferguson	Director	Carers NI	58 Howard Street	Belfast	BT1 6PJ
Ms	Etain	O'Kane	Director	Lesbian Advocacy Services Initiative	9-13 Waring Street	Belfast	BT1 2DX

Dr	George	O'Neill	Chair	Belfast Local Commissioning Group	C/O GP Surgery, 66-70 Springfield Road	Belfast	BT11 7AH
Dr	J	Hunter	Chair	Northern Local Commissioning Group	Room 124, HSCB Northern Office, County Hall 182 Galgorm Road,	Ballymena	BT42 1QB
Dr	Brendan	O'Hare	Chair	Western Local Commissioning Group	C/O Castleberg Surgery, 13a Lower Strabane Road	Castleberg	BT81 7AZ
Mr	Sheelin	McKeagney		Southern Local Commissioning Group	HSCB Southern Office, Tower Hill	Armagh	BT61 9DR
Dr	Nigel	Campbell	Chair	South Eastern Local Commissioning Group	C/O Level 3 Lisburn Health Centre, Linenhall St	Lisburn	BT28 1LU
Ms	Bride	Harkin	Commissioning Lead	Northern Local Commissioning Group	County Hall 182 Galgorm Road	Ballymena	BT42 1QB
Mr	Paul	Cavanagh	Commissioning Lead	Western Local Commissioning Group	Gransha Park House 15 Gransha Park, Clooney Road	Londonderry	BT47 6FN

Mr	Iain	Deboys	Commissioning Lead (Eastern Office)	Health & Social Care Board	12-22 Linenhall Street	Belfast	BT2 8BS
Mr	Sam	Snodden	Assistant Director of Finance	Health & Social Care Board	12-22 Linenhall Street	Belfast	BT2 8BS
Mr	Steve	McBride	Chair	Long Term Conditions Alliance Northern Ireland	info@ltcani.org.uk		

# Health & Social Care Model



## Personal and Public Involvement (PPI)

Thursday 12th November 2009

### Farset International

#### Delegate List

Name	Organisation
Anne McGlade	Business Services Organisation
Bernard Mitchell	Health and Social Care Board
Brendan Bonner	Public Health Agency
Brendan McKeever	Health and Social Care Board
Claire Loughry	N Ireland Medical & Dental Training Agency
Clare Harvey	Youth Council for Northern Ireland
David Guilfoyle	Youth Council for Northern Ireland
Derek Hannaway	An Munia Tober / Travellers' Support Programme
Eddie Rooney	Public Health Agency
Eileen Beamish	Social Research Centre
Etain O'Kane	Lesbian Advocacy Services Initiative
Grace Henry	Age Concern/Help the Aged NI
Helen Richmond	N Ireland Local Government Association
Jacqueline Magee	Health and Social Care Board

Joanne Morgan	Community Development and Health Network
John Compton	Health and Social Care Board
Joyce Kinnaird	Health and Social Care Board
Louise Skelly	Patient & Client Council
Lyn Campbell	Carers NI
Maeve Hully	Patient and Client Council
Malachy Finnegan	Regulation and Quality Improvement Authority
Mary McMahon	Public Health Agency
Michelle Lemon	Northern Ireland Ambulance Service
Michelle Tennyson	Public Health Agency
Miriam Karp	Public Health Agency
Mirjam Bader	Rainbow Project
Pat Smyth	Health and Social Care Board
Robert Gilmore	Health and Social Care Board
Ronnie Orr	Public Health Agency
Seamus Logan	Health and Social Care Board
Sean Scullion	Department of Health, Social Services & Public Safety
Steve McBride	Long Term Conditions Alliance NI
Steven Leach	Health and Social Care Board
Tom O'Leary	Southern Local Commissioning Group