

# Regional Health and Social Care Personal and Public Involvement Forum

## Annual update report

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## Foreword – Mary Hinds

Welcome to the first annual update report by the Regional Health and Social Care Forum on Personal and Public Involvement (PPI). In this first report, we hope to briefly reflect on the forum and our role in advancing the concept and practice of PPI. In future reports, we hope to be much more comprehensive and give details of how forum members are addressing agreed PPI objectives and how our approach is making a real difference to the people and communities we serve.

As a Health and Social Care system, we passionately believe that PPI is central to the effective and efficient commissioning, design and delivery of services. If we are to ensure that what we do is fit for purpose, tailored to need and produces positive outcomes for all, we must engage with and facilitate meaningful interaction with service users, carers, representative organisations, advocates, local communities and service providers.

Health and Social Care organisations need to embrace the concept of PPI because it helps us do our job and there is now a legislative requirement, but above all, because it is the right thing to do.

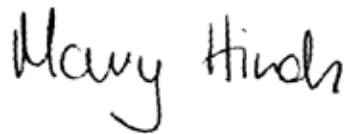
We need to acknowledge, however, that the concept of involving the patient and the communities whom we serve is not new. It has been with us as long as there have been people and organisations working to improve the health and social wellbeing of the community.

There are areas of excellent practice that continue to demonstrate the value of this approach, but as we move forward, particularly at a time of financial constraints, we need to be working in partnership in the truest sense. PPI needs to be at the core of our business. It cannot be reduced to a box-ticking exercise to which lip service is paid.

We have made some significant progress in the past year, with the establishment of the Regional Health and Social Care PPI Forum and the Public Health Agency (PHA) also appointed a Regional Lead Officer for PPI at the end of 2010.

Directorial responsibility for PPI rests with Michelle Tennyson, Assistant Director for Allied Health Professions and PPI. We now need to translate our respective organisational commitments into a practical and tangible reality for staff. More importantly, we need to see it realised in the experiences of service users, carers and the public.

Finally, I would like to pay tribute to all our partner organisations and thank you for your commitment to the values and principles of PPI.

A handwritten signature in black ink that reads "Mary Hinds". The signature is written in a cursive, slightly slanted style.

**Mary Hinds**

**Chair**

Regional Health and Social Care PPI Forum

# Introduction

## What is PPI?

PPI can be quite a difficult concept to explain or define. There are various definitions from different sources.

In 2007, the DHSSPS developed a circular entitled *Guidance on strengthening Personal and Public Involvement in Health and Social Care*. It outlines a working definition for PPI for use across Health and Social Care:

***“Personal And Public Involvement means discussing with those who use our services and the public: their ideas, your plans; their experiences, your experiences; why services need to change; what people want from services; how to make the best use of resources; and how to improve the quality and safety of services.”***

PPI is also about involving local communities or the general population where the issues are of broad public concern or interest, such as the location or nature of local services. It is about empowering people and giving them more confidence and opportunities to influence the planning, commissioning, delivery and evaluation of services in ways that are relevant and meaningful to them.

The guidance goes on to provide an interpretation of the terms ‘personal’, ‘public’ and ‘involvement’.

**Personal** refers to service users, patients, carers, consumers, customers, relations, advocates or anyone else who uses Health and Social Care services as individuals or as part of a group, eg a family.

**Public** refers to the general population and includes community and voluntary groups and other collective organisations. Individuals who use Health and Social Care services are also members of the general public.

**Involvement** means more than consulting and informing. It includes engagement, active participation and partnership working.

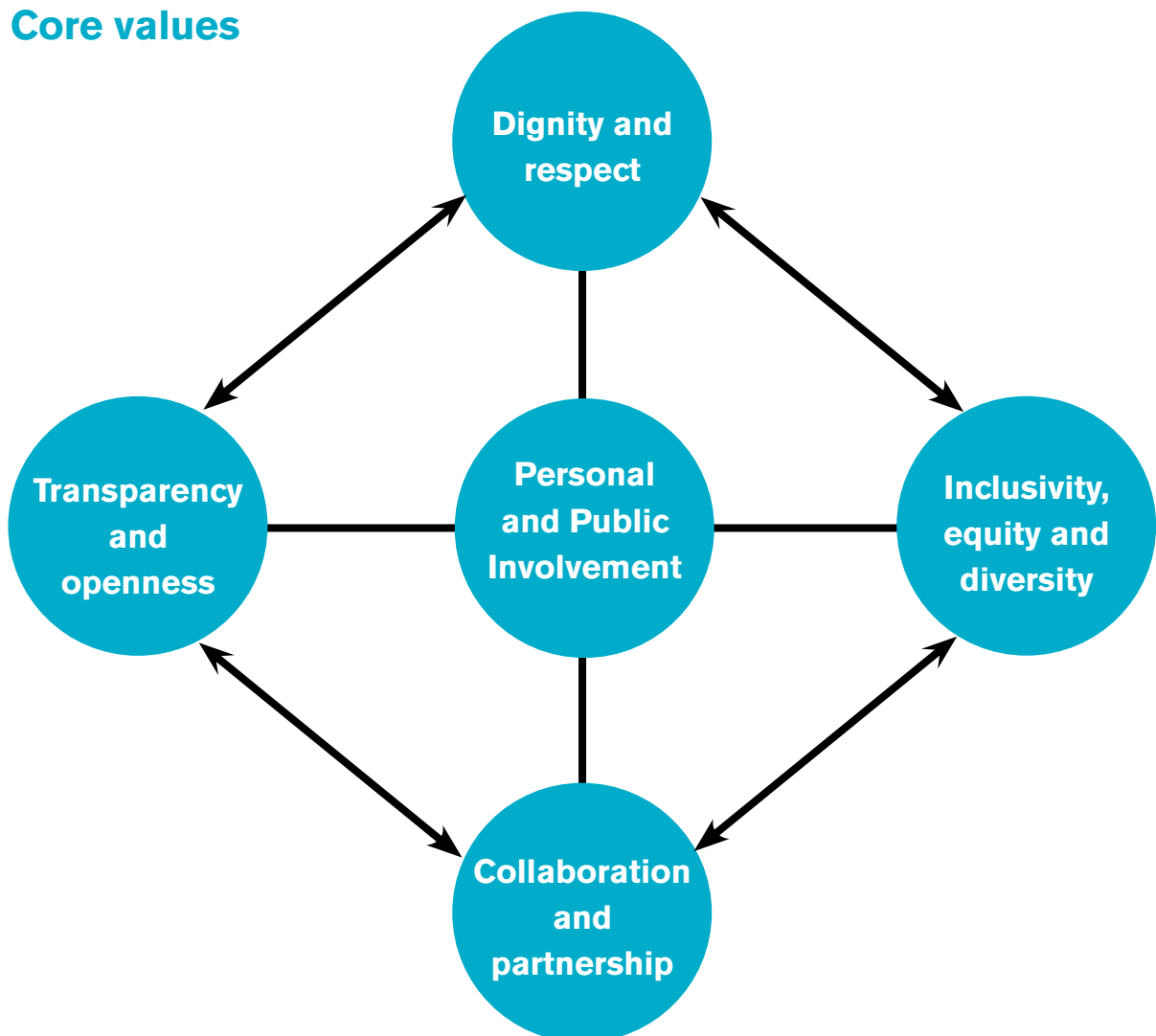
# Background

PPI is an umbrella term that has been adopted by the DHSSPS to describe engagement, active participation and partnership working with those who have an interest in our business. This includes anyone or a group of people who use services directly or indirectly, the communities we serve and their representatives.

It is a two-way process. It is not just an approach we use when we want service users' views on something we bring to them for their consideration. People are no longer the passive recipients of Health and Social Care services. Increasingly, they expect to be active participants in decisions that affect them. PPI also supports service users and the wider public to articulate their concerns and issues they want addressed.

PPI is underpinned by a set of core values and principles:

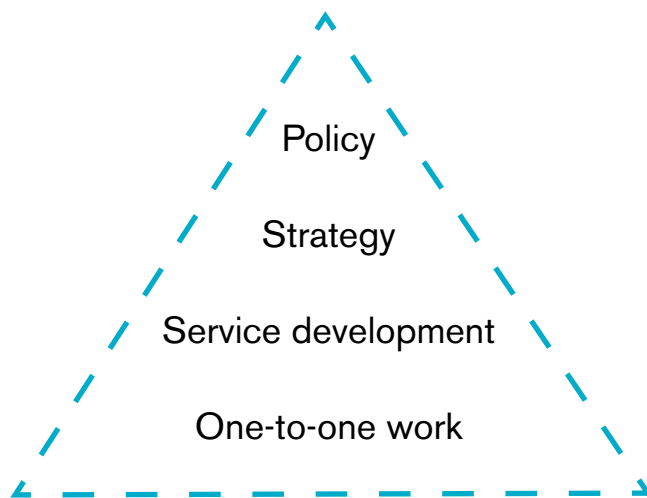
## Core values



## Core principles

1. Leadership and accountability
2. Part of the job
3. Supporting involvement
4. Valuing expertise
5. Creating opportunity
6. Clarity of purpose
7. Doing it the right way
8. Information and communication
9. Accessible and responsive
10. Developing understanding and accountability
11. Building capacity
12. Improving safety and quality

PPI can operate at different levels and there are many examples of the tangible benefits of this approach, be it applied at policy, strategy, service development or face to face:



This approach can include, among other things:

- patient/client-centred care and involvement in their individual care planning;
- service user experience feedback;
- service user/carer and public involvement in service planning and evaluation;
- community assessment of Health and Social Care needs;
- complaints management;
- volunteering.

# Regional Health and Social Care PPI Forum

The forum was established in line with a departmental Priorities for Action (PfA) target. It has been developed during 2010 and into 2011 and now includes membership from across the full spectrum of Health and Social Care organisations in Northern Ireland. The community and voluntary sectors and service users are also involved with the forum.

The forum is chaired by Mary Hinds, Director of Nursing, Allied Health Professions and Personal and Public Involvement within the PHA, and is serviced and supported by the Regional Lead officer for Personal and Public Involvement. The forum operates through a collaborative approach to ensure the PPI agenda is driven forward across Health and Social Care organisations in Northern Ireland. Each organisation, however, retains its own individual responsibility for compliance with departmental requirements and statutory obligations in respect of PPI.

This includes ensuring the implementation of the DHSSPS *Guidance on strengthening Personal and Public Involvement in Health and Social Care 2007*. The guidance specified five quality themes for Health and Social Care organisations. These are:

- strengthen PPI in every Health and Social Care organisation;
- promote greater uniformity and consistency in PPI activity across Health and Social Care organisations;
- improve the quality of the individual's experience of Health and Social Care services by involving people in plans and decisions about their own care or treatment and learning from their experiences to improve service delivery;
- ensure Health and Social Care organisations take the public's views into account in the planning, commissioning, delivery and evaluation of services;
- support the integration of PPI into individual and organisational clinical and social care governance arrangements within Health and Social Care organisations.

The products that emerge from the work of the forum will be shared with all stakeholder organisations to facilitate their internal accountability and governance arrangements.



# The partners

The forum embraces all members of the Health and Social Care system, from the DHSSPS, to the commissioners in the Health and Social Care Board (HSCB), to the Public Health Agency (PHA), the Health and Social Care Trusts (HSCTs) and the special agencies. In addition, we have recently secured membership from the community and voluntary sectors and a number of individual service users, who will give us their perspective on our work and the way forward.

Our common aim is to drive the agenda of PPI forward, ensuring that we embed the approach into our policy and practice. We aim to identify, support, encourage and disseminate best practice with a view to making it common practice, be that in strategy development, policy formulation, investment decisions or service delivery.

The full list of partners, with appropriate contact details, is listed in the appendices. Below, we have provided a brief outline of the partner organisations. In the next section, we give some brief updates from a number of partners, giving a flavour of some of their achievements and plans in relation to PPI in 2010/11.

## Public Health Agency

[www.publichealth.hscni.net](http://www.publichealth.hscni.net)

The PHA has the key functions of improving health and wellbeing and health protection. It also provides professional input to the commissioning process. The PHA is jointly responsible (with the HSCB) for the development of a fully integrated commissioning plan for Health and Social Care in Northern Ireland.

The PHA works in partnership with local government, key organisations and other sectors to improve health and wellbeing and reduce health inequalities. The PHA also provides the regional lead for PPI.

## Health and Social Care Board

[www.hscb.hscni.net](http://www.hscb.hscni.net)

The HSCB is responsible for commissioning services, resource management and performance management, and service improvement.

It works to identify and meet the needs of the Northern Ireland population through its five Local Commissioning Groups (LCGs), which cover the same geographical areas as the HSCTs.

## **Health and Social Care Trusts**

There are six trusts in Northern Ireland. Five of these provide integrated Health and Social Care services across Northern Ireland: Belfast HSCT, South Eastern HSCT, Western HSCT, Southern HSCT and Northern HSCT. The trusts manage and administer hospitals, health centres, residential homes, day centres and other Health and Social Care facilities, and they provide a wide range of Health and Social Care services to the community.

The sixth is the Northern Ireland Ambulance Service, which aims to improve the health and wellbeing of the community through the delivery of high-quality ambulance services.

- [www.belfasttrust.hscni.net](http://www.belfasttrust.hscni.net)
- [www.southerntrust.hscni.net](http://www.southerntrust.hscni.net)
- [www.setrust.hscni.net](http://www.setrust.hscni.net)
- [www.westerntrust.hscni.net](http://www.westerntrust.hscni.net)
- [www.northerntrust.hscni.net](http://www.northerntrust.hscni.net)
- [www.niamb.co.uk](http://www.niamb.co.uk)

## **Northern Ireland Ambulance Service (NIAS)**

The Northern Ireland Ambulance Service was established in 1995 and operates a single Northern Ireland-wide Ambulance Trust, with operational areas reflecting those covered by the other five Health and Social Care Trusts.

NIAS has an operational area of approximately 14,100 square kilometres (5,600 square miles) serviced by a fleet of over 300 ambulances (accident and emergency and Patient Care Service). The Ambulance Trust employs more than 1,100 staff, who operate in 57 ambulance stations and deployment points throughout Northern Ireland, serving a population of approximately 1.7 million.

## **Patient and Client Council**

[www.patientclientcouncil.hscni.net](http://www.patientclientcouncil.hscni.net)

This is a regional body with local offices covering the geographical areas of the five integrated HSCTs.

The overarching objective of the Patient and Client Council is to provide a powerful, independent voice for patients, clients, carers and communities on Health and Social Care issues.

## **Northern Ireland Blood Transfusion Service (NIBTS)**

[www.nibts.org](http://www.nibts.org)

This exists to supply all hospitals and clinical units in Northern Ireland with safe and effective blood, blood products and other related services. The discharge of this function includes a commitment to the care and welfare of voluntary donors.

## **Northern Ireland Medical and Dental Training Agency (NIMDTA)**

[www.nimdtta.gov.uk](http://www.nimdtta.gov.uk)

This agency is responsible for funding, managing and supporting postgraduate medical and dental education within the Northern Ireland Deanery. It provides a wide range of functions in the organisation, development and quality assurance of postgraduate medical and dental education, and in the delivery and quality assurance of continuing professional development for general, medical and dental practitioners.

## **Northern Ireland Guardian Ad Litem Agency (NIGALA)**

[www.nigala.hscni.net](http://www.nigala.hscni.net)

The functions of the Northern Ireland Guardian Ad Litem Agency are:

- to safeguard and promote the interests of children by providing independent social work investigation and advice in specified proceedings under the Children (Northern Ireland) Order 1995 and the Adoption (Northern Ireland) Order 1987;
- to provide effective representation of children's views and interests.

## **Business Services Organisation (BSO)**

[www.hscbusiness.hscni.net](http://www.hscbusiness.hscni.net)

BSO is responsible for the provision of a range of business support and specialist professional services to the whole of the Health and Social Care sector, including human resources, finance, legal services, procurement, information communication technology and other services. This will be taken forward in a phased approach.

## **Regulation and Quality Improvement Authority (RQIA)**

[www.rqia.org.uk](http://www.rqia.org.uk)

This is the independent Health and Social Care regulatory body for Northern Ireland. In its work, RQIA encourages continuous improvement in the quality of these services through a programme of inspections and reviews.

## **Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)**

[www.nipec.hscni.net](http://www.nipec.hscni.net)

This organisation aims to improve the quality of Health and Social Care by supporting the practice, education and professional development of nurses and midwives.

## **Northern Ireland Social Care Council (NISCC)**

[www.niscc.info](http://www.niscc.info)

This is the regulatory body for the social care workforce in Northern Ireland. Its aim is to increase the protection of those using social care services, their carers and the public.

# 1. Public Health Agency

## Why we are involved in the forum

The forum provides the Health and Social Care family with a vehicle to share best practice, where we can coordinate our activities and ensure that we avail of opportunities to learn together with service users and community and voluntary sector partners. It offers the opportunity to build and deliver the most effective service possible for the benefit of patients, carers and the wider public.

## Work undertaken in 2009/10

During the transition year of 2009/10, the PHA continued to focus on the involvement of service users, local communities and voluntary organisations in our daily work and our policy development and practice.

The PHA developed a consultation scheme and submitted this to the DHSSPS for approval as required under the Health and Social Care Reform Act 2009. This scheme was developed in partnership with the Community Development Health Network.

The PHA also led on and drove forward the establishment of the Regional Health and Social Care PPI Forum.

We initiated a pilot on bringing a focus to the involvement of and engagement with children and young people.

The Research and Development (R&D) division has produced a divisional PPI strategy to address its area of work.

## Work delivered or planned for 2010/11

To establish new relationships, and build upon those already existing, in our drive to endorse and embrace PPI approaches to the commissioning, design, development and evaluation of Health and Social Care services.

To support and service the establishment of several sub-groups of the forum to drive forward the PPI agenda across Health and Social Care in Northern Ireland.

To lead on the development of a coordinated approach for the production of an agreed expenses policy for the involvement of service users, carers and so on.

Secured funding for and recruited a regional lead for PPI.

Secured non-recurrent funding for, and support for, PPI.

To lead on the development of a joint PHA/Health and Social Care PPI strategy action plan.

To plan for ongoing engagement, in relation to PPI strategy development, with:

- service users;
- carers;
- community and voluntary sectors;
- the public;
- Health and Social Care staff.

A plan for effective engagement with children and young people is being devised in partnership with young people, and staff will be facilitated in contributing to the development of this approach.

## 2. Health and Social Care Board

### Why we are involved in the forum

The forum enables Health and Social Care organisations to maintain a more consistent and corporate focus on PPI, while supporting individual bodies in meeting their responsibilities and avoiding unnecessary duplication.

### Work undertaken in 2009/10

The HSCB has continued to build on the foundations of PPI established by the legacy Health and Social Services Boards.

The coordination of a draft *Consultation schemes on Personal and Public Involvement* in compliance with departmental requirements, including a workshop in November 2009 with voluntary and community sector representatives.

The development of PPI activities with local community and voluntary networks to support their input to the commissioning plan 2010/11. Work with the PHA in the establishment of the Regional Health and Social Care PPI Forum.

LCGs, as committees of the HSCB, have put in place engagement arrangements that offer the community greater access to those who commission care on their behalf. There are a number of strengths within the new arrangements, which promote the voices of the patient, clients and carer. The management boards of LCGs not only comprise members of the HSCB and PHA, but also local independent contractors, for example GPs, locally-elected representatives and lay members with an interest or involvement in Health and Social Care issues. LCGs hold their board meetings in public, allowing the community the opportunity to come and listen and participate in the debate. LCGs ensure their meeting are accessible, rotating them around their localities and identifying venues that ensure communities and groups get their opportunity to express their views and influence the shape of local services.

The HSCB won first prize at the 2009 Health and Social Care Engage NI Awards for work undertaken with service users in respect of wheelchair services.

### **Work delivered or planned for 2010/11**

To undertake formal consultation on a PPI strategy and consultation scheme.

To develop PPI work that complements and enhances engagement work being progressed through the LCGs.

To further develop the HSCB's communications in terms of accessibility, including upgrading publications and the website.

To complete the audit of inequalities required by the Equality Commission and implement actions arising during 2010/11 and 2011/12.

To work within the forum to agree a consistent policy for the payment of expenses etc to those engaged in participative work with the HSCB.

To work with the Patient and Client Council in exploring the opportunities offered by their membership scheme to support the HSCB's future PPI strategy.



## 3. Western Health and Social Care Trust

### Work undertaken in 2009/10

Section 75, the Western HSCT's Equality and Human Rights Unit, has looked carefully at how PPI might be included into its work. PPI is now being incorporated into the following areas:

- equality;
- induction module;
- screening training.

Section 75 support to staff and/or project teams, and reporting mechanisms, will be revised to incorporate PPI.

During June 2009, the trust participated in an evaluation of the NHS Centre for Involvement's framework to evaluate PPI in consultation exercises.

The head of care and accommodation and the day care services coordinator met with the affected clients and other key stakeholders to highlight the continued availability of day care and the efforts being made to ensure the least disruption possible.

The Western HSCT task group within the Women and Children's Directorate continues to progress work relating to service user participation. The current focus remains on promoting the participation of children/young people, carers and parents at looked after reviews and child protection case conferences. Progress to date includes:

- the production of a practice workbook;
- the development of standards to promote the participation of children and young people;
- a range of age appropriate tools to promote the voice of children and young people at reviews;
- establishing guidance on service users being involved in the recruitment of staff, including a training component within this work.

### Work delivered or planned for 2010/11

The Western HSCT has established a PPI steering group jointly chaired by the non-executive director of the trust and a member of the community and voluntary sector. Representation on this group remains under close examination to ensure that every effort is made to be inclusive and representative of our population.

The trust is committed to the continued development of our PPI strategy and anticipates that this will involve extensive engagement. To support this work, the trust hosted a workshop with the PPI steering group in May 2010 to lay the foundation for the development of the PPI strategy. It is intended that this will become an annual event where the detailed thematic action plans will be monitored.

To introduce the regionally agreed PPI involvement toolkit, with the required local variation.

The trust will ensure that PPI has a dedicated area on its intranet site encompassing documents and information on action plans.

PPI training will continue to be developed.

To develop performance management arrangements in PPI.

To identify any new PPI activities through directorate structures to contribute to the trust's Annual Report.

## 4. South Eastern Health and Social Care Trust

### Work undertaken in 2009/10

PPI strategy *Having your say* published and disseminated in May 2009 and currently being implemented across the operational directorates.

Summary report on PPI activity commenced in December 2009 and regularly presented to the trust board.

PPI now features in the trust corporate induction for all new staff.

A staff training package has been developed and endorsed by EMT.

Members of the planning team attended the PPI Masters module at Queen's University Belfast and also attended PPI evaluation training.

PPI has a prominence at the trust's annual leadership conference.

The trust consultation list has been updated to reflect each of the individual operational directorates and contains the details of over 900 groups and individuals who receive details of consultations undertaken by the trust.

The *Having your say* information leaflet was developed to give the public information on how to become involved. The leaflet has been distributed widely across trust premises and other local areas.

The regionally agreed PPI toolkit for HSCT staff has been locally tailored to enhance and support PPI activity in the operational directorates.

PPI has a dedicated area on the trust intranet encompassing related documents and links to safe and effective care.

A PPI newsletter has been published and disseminated to key internal stakeholders and groups.

### Work delivered or planned for 2010/11

Annual review of *Having your say* PPI strategy. A workshop was convened in May 2010 to review the document and agree the action plan for 2010/11.

Working in partnership with human resources and the operational directorates to deliver the PPI awareness training to staff.

To implement the PPI toolkit on the recommendation of the PPI sub-committee.

To update the content on the trust internet site with relevant PPI documents.

To continue to produce a quarterly newsletter and disseminate it widely among key stakeholders.

Share PPI experience – identify opportunities to highlight best practice with interested stakeholders, including participation in RQIA event and annual leadership conference.

## 5. Belfast Health and Social Care Trust

### Work undertaken in 2009/10

In May 2009, the trust facilitated a challenge workshop. This allowed services users, community and voluntary representatives, carers and trust staff to identify priority areas for engagement in the year ahead.

In June 2009, the trust's 'Involving you' conference allowed a wide range on stakeholders the opportunity for feedback on the progress made against the targets outlined in the 'Involving you' framework. The conference also provided the opportunity for further discussion on the issues raised at the challenge workshop.

A conference report was produced and the actions in the 'Involving you' framework were reviewed and updated.

The role of the PPI steering group continued to develop and regular meetings between the Chief Executive and the PPI steering group were facilitated. Stronger links with corporate planning were developed and a representative from the Belfast LCG has been regularly attending meetings.

'Introduction to Personal And Public Involvement' training was developed and has been delivered to a range of trust staff, in partnership with the Patient and Client Council.

A register of PPI activity has been established and the promotion of this continues.

A Traveller workshop was facilitated in November 2009 and the issues raised at this have formed the basis of the trust's Traveller health strategy.

The carers' working group was successful in achieving second place in the Engage awards.

A successful process for involving carers in the development of the trust's carers' strategy was developed and implemented.

Ongoing support for PPI activity at a services delivery level has continued.

Trust consultation guidelines were developed.

The trust's inequalities strategy was produced.

A workshop on the health needs of migrant communities was facilitated as part of a European project on migrant health needs.

### **Work delivered or planned for 2010/11**

The trust is currently carrying out a strategic services review to modernise and improve the services it delivers. Consultation on the review was carried out between July and October 2010 and provides many opportunities for service users, carers and communities to comment on the future delivery of a range of trust services.

Evaluation of last year's 'Involving you' conference indicated that people would prefer smaller, more focused workshops rather than a large public meeting. Four thematic workshops will be arranged for this year, focusing on children with disabilities, chronic conditions, Health Living Centres and mental health and emotional wellbeing.

The membership and terms of reference for the PPI steering group will be reviewed and amended accordingly.

There will be further work to ensure that PPI is embedded into corporate planning processes within the trust.

PPI training will continue to be developed to include skills-based training such as group facilitation skills.

There will be further work to strengthen the process for service group accountability on PPI. The trust will continue to explore and develop opportunities for joint engagement processes with the Patient and Client Council, the LCGs, the PHA, Belfast City Council and other relevant bodies.

The trust will continue to deliver on the European Migrant Health Project.

The trust will secure resources to employ two part-time Traveller health advocates to support the delivery of the Traveller health strategy.

Ongoing support for PPI at a service delivery level will be continued.

## 6. Southern Health and Social Care Trust

### Work undertaken in 2009/10

Development of a draft action plan framework and facilitation of a consultation process to enhance PPI within the trust.

Identification of a lead director and establishment of a dedicated staffing infrastructure to lead and support the development and implementation of user involvement across the organisation.

Establishment of a PPI strategic management group with responsibility for the ongoing coordination, development and implementation of the PPI action plan across the organisation.

Completion of a comprehensive mapping exercise and development of corporate and individual directorate PPI baseline reports and action plans, which focus on five key themes of: information; service user and carer involvement; evidencing patient and client experience standards; training; monitoring and evaluation.

Development of a corporate progress report for 2009/10.

Participated in the Four Nations pilot and research in relation to the PPI Evaluation Framework.

PPI training programme available at three levels: awareness; measuring the impact; postgraduate level. A total of 140 staff have been trained.

Development of in-house PPI awareness training.

Development of interim service user, carer and stakeholder reimbursement guidelines and procedures.

Development of a paper outlining options for service user involvement in PPI management.



Development of a draft PPI panel information pack to assist with the recruitment and selection process for the panel.

In addition, the PPI team has developed a number of resources that will be included in a PPI toolkit designed to support and guide staff in their work.

A patient/client experience committee was established. This is a sub-committee of the trust board and focuses on the patient/client experience and accountability for the broader PPI strategy/action plan. It has now replaced the PPI strategic management group.

In November 2009, the first meeting of the trust's new Race Equality Forum was also held, which provides opportunities for consultation.

In partnership with other trusts, developed and piloted appropriate tools and methods to evidence five patient and client experience standards.

The trust consultation scheme has been approved.

### **Work delivered or planned for 2010/11**

Develop detailed team and divisional action plans to ensure that service users, carers and the public are directly involved in the planning, delivery and monitoring of trust services at each of the five levels identified in the trust's strategic PPI action plan framework.

Establish a PPI panel to influence the work of the trust and act as a central reservoir mechanism to involve individuals and members of the public.

Launch a revised PPI strategic plan.

Continue to develop the trust Carers' Reference Group and the Race Equality Forum to ensure that service users, carers and those from black and minority ethnic (BME) communities are involved in the planning, development and monitoring of trust services.

Build key stakeholder capacity by developing comprehensive training opportunities.

Establish robust monitoring and evaluation approaches to assess the effectiveness of PPI within the trust.

## 7. Northern Health and Social Care Trust

### Work undertaken in 2009/10

PPI strategy developed and launched in August 2009.

PPI accountability structure reviewed.

PPI consultation scheme developed and approved.

Community development strategy developed and consulted on.

Steering group members completed the PPI Masters module at Queen's University Belfast and also undertook PPI evaluation training.

### Work delivered or planned for 2010/11

Annual report of PPI activity presented to trust board in November 2010.

Toolkit launched for implementation.

Merge PPI action plan and community development plan in March 2011.

PPI steering group members support the recovery, reform and modernisation project teams in the development of engagement plans for projects.

Identify ways of linking with the Patient and Client Council membership scheme.

## 8. Northern Ireland Ambulance Service

### Work undertaken in 2009/10

Participation in the regional work stream led by the PHA and the HSCB to engage with stakeholder groups and inform the development of the trust's plans for PPI outlined in the consultation scheme submitted to the DHSSPS in December 2009.

The Northern Ireland Ambulance Service monitored the impact of proposals related to efficiency savings and the Comprehensive Spending Review. We engaged with the Rural Community Network, a regional network of local rural communities, to discuss development of a programme of engagement with rural communities. This work will provide an opportunity to develop a relationship with those in rural communities and engage with them beyond this policy area to consider their experiences and views in respect of the ambulance service.

We evaluated the introduction of clinical triage to the Regional Emergency Medical Despatch Centre. We did this through a pilot that used clinicians in the accident and emergency control room to triage certain calls in order to ensure provision of an appropriate care pathway for patients. In evaluating this, the trust gave full consideration to the views of patients and carers who have utilised this service and sought their views on its effectiveness and the extent to which the service met their needs.

The Northern Ireland Ambulance Service is working with other trusts to engage with patients and carers on their experiences of our services. Surveys currently being carried out within trusts have specific questions about the ambulance service and the results will be used to determine ways in which service delivery can be improved. Work is also continuing to develop additional monitoring tools such as gathering patient stories and observations of practice.

### Work delivered or planned for 2010/11

Engagement with the Patient and Client Council in the review of Northern Ireland Ambulance Service structures in order to identify opportunities for engagement and mainstreaming of PPI.

Engagement with individuals and representatives of the disability sector to inform the development of an updated disability action plan.

Participation in the NI Disability Exhibition 2010 to engage directly with the general public in respect of the ambulance service.

Work in partnership with the Rural Community Network to implement a project of engagement with rural communities on ambulance services.

Work collaboratively with other HSC organisations to engage with stakeholders and inform a health sector approach to new Section 75 requirements.

Continued involvement in regional work streams to monitor patient and client experience, and review systems to ensure learning outcomes from this and from information provided by complaints and compliments.

Implement a consultation scheme to develop PPI within the Northern Ireland Ambulance Service and work towards the development of a PPI strategy for the Trust.

Contribute to regional work streams, including the Regional PPI Forum and Accessible Formats Group, to engage with stakeholders around their communication needs. We will also work with the Regional Disability Action Plan Training group to assist individuals and representatives of disability sector organisations in the development of disability training within HSC.

Engage with the Patient and Client Council in respect of opportunities for collaborative working.

Implement the consultation scheme when approved.

## 9. Patient and Client Council

### Work undertaken in 2009/10

We have engaged with over 15,000 patients, service users, communities and carers on Health and Social Care issues. This has included public meetings, street consultations, focus groups and questionnaires.

The Patient and Client Council has responded to over 50 formal consultation requests with responses based on the expressed views of patients, service users and carers. This work has been used to shape DHSSPS policy and strategy, and support decision-making in both commissioning and service delivery.

We established the Bamford Monitoring Group.

The Patient and Client Council has established five local advisory committees to reaffirm its rooting in the community and to be more aware of local views on Health and Social Care.

Partnership working with patients who access Genito-Urinary Medicine (GUM) services in Belfast, the PHA, the HSCB and the trusts resulted in much-needed investment in service improvements, including a new telephone system and seating for patients who are waiting. This initiative continues.

We established a membership scheme to enable members of the public to get involved with decisions on Health and Social Care. To date, we have recruited over 600 members.

We established an interactive website, which includes social networking facilities.

Some 900 people have been supported through the Patient and Client Council advocacy service.

New outreach clinics are being piloted in the South Eastern area to allow people to avail of our support in addressing concerns they may have on Health and Social Care. These clinics operate from Bangor, Downpatrick, Kircubbin, Lisburn and Newcastle.

While the role of the Patient and Client Council is to promote the provision of advice, the working out of this function has been the actual giving of advice on a wide range of Health and Social Care issues. Over 8,000 people have made contact with the Patient and Client Council.

We received a special commendation at the Health and Social Care Innovations awards for work on the development of easy access documentation for meetings and reports.

### **Work delivered or planned for 2010/11**

The Rural Voices Campaign commenced in May with a major outreach programme planned over the summer, visiting agricultural shows, villages and community groups. To date, over 1,000 people have completed our survey and this project will continue throughout the year.

A major survey was undertaken of patients' experience of dental services. In total, 671 people completed the survey and a full report of the findings will be presented at the November board meeting.

A 'patient experience' review of accident and emergency services at Antrim Hospital will take place in November in cooperation with the Northern HSCT. The review will take place over two 24 hour periods and will include weekend services.

We have carried out an engagement exercise to find out the views of patients and carers on the feeding of elderly people in hospital. We used ward consultations and focus groups to gather these opinions.

Survey of Patient and Client Council membership on healthcare acquired infection.

GP out of hours project. In partnership with RQIA, Patient and Client Council staff undertook a regional project that was used to shape the RQIA audit of out of hours services.

Priorities for Action – Patient and Client Council officers met with some 350 people in over 30 locations across Northern Ireland to ask them about PfA targets, their awareness of them and their perception of them. They were also asked: "If you were the Minister, what would be your priorities for 2010 and beyond?" A report was submitted to the Minister in January with a number of

key recommendations. It was also discussed with the Health Committee.

End of life care – Patient and Client Council officers met with groups across Northern Ireland, and some 300 individuals, to discuss end of life care. A report was submitted to the DHSSPS. The information provided was used to shape the *Palliative and End of Life Care Strategy* published in February 2010.

A survey was undertaken to gain information regarding access to Health and Social Care dentistry. This project is being further developed in 2010 to gain patient perspective.

Bamford Monitoring Group – This group comprises mental health and learning disability service users, carers and Patient and Client Council representatives. The group advises the Minister on the patient and service user experience.

Patient and Client Council officers are supporting individuals to voice their perspective on many services, including:

- GUM services;
- chemotherapy services;
- hospital services for people with a learning disability;
- resettlement from long-term hospital care;
- hospital safety.

## 10. Northern Ireland Blood Transfusion Service

### Work undertaken in 2009/10

Blood Transfusion Service Communities Partnership groups (Belfast and Dungannon based) met on six occasions throughout the year.

The Northern Ireland Blood Transfusion Service comments card programme was extended to include an assessment of what factors are actually important to users (in addition to an assessment of how the service performed over 10 indicators).

All staff participated in a new customer service training programme delivered by The Beeches. The programme included a specific session on PPI.

### Work delivered or planned for 2010/11

Including opportunities for engagement if appropriate.

The Blood Transfusion Service Communities Partnership will continue to meet at least six times a year, and it is hoped to increase this by adding additional opportunities for engagement.

The Blood Transfusion Service Communities Partnership information leaflet will be reviewed and expanded to provide more specific information on PPI.

The Northern Ireland Blood Transfusion Service website is currently undergoing redevelopment and more information on PPI should be included.



# 11. Northern Ireland Medical and Dental Training Agency

## Work undertaken in 2009/10

PPI work has taken place on a number of different levels throughout the year.

### **At a corporate level**

We prepared a draft consultation scheme, which has been submitted to the DHSSPS for consideration.

An initial meeting was held with the Patient and Client Council in order to discuss the consultation scheme, as well as how partnership working may look in the future.

We were represented at a series of workshops examining the implementation of PPI within the sector. These were attended by Health and Social Care organisations and members of voluntary and community organisations.

### **At a departmental level**

The General Practice Department piloted a patient-led training scheme. This work was peer reviewed and published in the British Journal of General Practitioners.

The General Practice Department has lay representation in all major areas of its work, eg the annual review of competency progression panel, General Practitioner committees, and recruitment and appeals panels. The Hospital Department has also reviewed its functions and now has lay representation on the annual review of competency progression panel, and the recruitment and complaints panels.

### **At an individual level**

The Director for Postgraduate General Practice Education completed a module in PPI as part of the Masters in Social Care programme.

### Work delivered or planned for 2010/11

A key piece of work for the next year will be the establishment of a PPI reference committee, which will meet as a sub-committee of the senior management committee, and report to the Northern Ireland Medical and Dental Training Agency board.

We have identified four strands of focus for our PPI work, relating to patients, trainees, agency staff and other stakeholders (for example other Health and Social Care bodies, local education providers and the Royal colleges). The creation of the reference committee will help ensure that PPI activity is coordinated appropriately throughout the Northern Ireland Medical and Dental Training Agency.

A review of key areas of our work will then be undertaken to assess how they fit within the PPI agenda.

Within the General Practice department, we plan to hold five meetings with trainees over the year in the five regional trusts to discuss aspects of their training. These will be facilitated by an external resource.

The General Practice department is also planning a personal and professional development programme to embed the leadership curriculum in its training programme. Patient involvement throughout this programme is a high priority.

We will also strive to identify partners that we can collaboratively work with on a research project examining how to embed PPI into the work of an organisation.

# 12. Northern Ireland Guardian Ad Litem Agency

## Why we are involved in the forum

To raise awareness throughout Health and Social Care and its staff about PPI. This approach enables the sharing of knowledge and experience on involving users in services.

## Work undertaken in 2009/10

### Children

- Working with children on an individual basis to ensure that the voices of children and young people are heard and that decisions made by the courts take their views and wishes into account.
- Revision of children's service leaflets.
- Independent feedback from children and young people on the Northern Ireland Guardian Ad Litem Agency service.
- Explored the potential to establish a group of young people who would provide consultation on the Northern Ireland Guardian Ad Litem Agency service, policies, leaflets, workbooks etc.

### Courts

- Annual feedback on the Northern Ireland Guardian Ad Litem Agency service from the judiciary.
- Formal liaison arrangements in place with the Courts and Tribunals Service and the judiciary.

### Solicitors

- Annual feedback on the Northern Ireland Guardian Ad Litem Agency service from the Children's Solicitor Panel. Sample of 59 returned.

### **Health and Social Care Trusts**

- Direct representation on the rapid intervention team (RIT) responsible for social care.
- Health and Social Care Trust liaison arrangements in place with the three Northern Ireland Guardian Ad Litem Agency assistant directors.

### **Parents and carers**

- Delivery of leaflets in public law proceedings for parents and carers.
- Revised website information for parents and carers.
- Direct interventions between the guardian ad litem and parents/carers with respect to representation of the child.

### **General public**

- Publication of an annual report, which is available to the public for perusal.

## **Work delivered or planned for 2010/11**

The following were established as targets for this year:

### **Children**

- Review the means and methods of children's participation:
  - at individual level throughout legal proceedings;
  - at policy/corporate level via engagement with child/youth-centred organisation.
- Review the effectiveness of the current methods of feedback for children.

### **Courts**

- Dialogue with the Courts and Tribunals Service and the judiciary on the shaping of services within a climate of efficiency and increased work volume.

### **Solicitors**

- Review and revise the solicitor/guardian ad litem protocol.

### **Health and Social Care Trusts**

- Review the current methods of liaison with the Health and Social Care Trust, with a view to professional sharing of experience and issues.
- Establish a protocol for sharing relevant case-related information between the Directorate of Legal Services (DLS) and the Northern Ireland Guardian Ad Litem Agency.

# 13. Regulation and Quality Improvement Authority

## Work undertaken in 2009/10

### **Strategic planning**

- Establishment of an implementation and monitoring group to oversee implementation of the public participation strategy and action plan.
- Establishment of structures and materials to measure activity against RQIA corporate objectives.
- Public consultation on RQIA corporate strategy.

### **RQIA review activity**

- Partnership with the Patient and Client Council to hold workshops with older people, long-term conditions groups and parents as part of the GP out of hours service review.
- Engaged with 'looked after' young people and their families as part of the child protection review.
- Engaged with new mothers as part of RQIA's review of intrapartum care.
- Engaged with young people and their parents as part of the review of children and adolescent mental health services.

### **RQIA inspection activity**

Involving care-experienced young people as lay reviewers during the inspection of children's services.

- We work in partnership with Voice of Young People in Care (VOYPIC) to train care-experienced young people to participate in the inspection of residential children's homes. The young people have participated in a number of inspections to date and their findings form part of the inspection report.

- We work in partnership with Sixth Sense, a group of young people with disabilities, and have established a pilot project where young people with disabilities will participate in the inspection of children's respite services.
- We engaged with service user representatives in the planning of inspection activity as part of the new methodology for inspection.
- We produced user-friendly questionnaires, which were developed in partnership with Association for Real Change (ARC) for people with learning disabilities.
- We worked in partnership with ARC and Beeches Management Centre to develop facilitation skills training for RQIA staff. The training included input from service users with a learning disability.

### **Mental health and learning disability**

- RQIA has established a mental health and learning disability advocates forum.
- We engage directly with detained patients as part of mental health and learning disability inspections. We have renamed and mainstreamed these Patient Experience Reviews into mental health and learning disability inspection processes.

### **Public events**

- RQIA has worked in partnership with the Northern Ireland Social Care Council and the Social Care Institute for Excellence to host an annual user and carer conference in 2009 and 2010. RQIA's Public Participation Manager led the organisation of the event and was guided by an organising committee, consisting of service users, carers and representatives from the three organisations.
- A number of public consultation and information events have been held across Northern Ireland in relation to RQIA corporate strategy, public participation strategy, new methodology for inspection and the transfer of functions from the Mental Health Commission.

### Work delivered or planned for 2010/11

As part of our ongoing implementation of the public participation action plan, we continue to work on a number of public participation activities including the following:

- Establishing a children's services advisory group, made up of young people with experience of the care system. This group will inform and advise RQIA's children's team in relation to specific aspects of their work.
- Holding a series of mental health and learning disability information events across Northern Ireland to update stakeholders since the transfer of the mental health and learning disability team functions from the Mental Health Commission in April 2009. Five events are being planned for November 2010.
- Continuing to engage with a range of service users as part of planned review and inspection activity.



## 14. Northern Ireland Practice and Education Council For Nursing and Midwifery

### Work undertaken in 2009/10

As part of our work to produce nursing and midwifery careers literature and develop a dedicated website for young people, the views of students were sought and their comments fed into the working group to determine the final products.

Our website was used as a major resource for organisational information, which the public and other organisations can peruse.

### Work delivered or planned for 2010/11

We took forward, on behalf of the DHSSPS, work to develop a competency profile for nurses and midwives – promoting the mental health and wellbeing of children and young people. As part of this work, an Expert Reference Group was established consisting of 50 members drawn from the HSCTs, carers and the third sector. The Expert Reference Group produced a consultation document and response proforma, which was widely circulated within the areas of the group's membership and other organisations such as the NI Hospice, Children's Law Centre and Children's Commissioner. Feedback will be taken into account when producing an online competence assessment tool in late 2010 for nurses and midwives to complete to support their appraisal and development reviews.

A review of our public involvement strategy is currently underway, with the view to ensure that it adheres to best practice.

As appropriate opportunities arise, they will be taken for engagement in project work.

## 15. Northern Ireland Social Care Council

### Why we are involved in the forum

Since its inception, the Northern Ireland Social Care Council has always been committed to user and carer involvement. Our involvement with the forum will further cement this approach. There is learning that can be shared and which, collectively, will benefit our respective organisations and service users.

### Work undertaken in 2009/10

We were key players in the development of information around the code of conduct for social workers, including advising on how and where it should be distributed.

We were involved in the development of a consent leaflet to be used by social workers during their assessment.

We developed principles of participation and associated quality standards for consultation.

We responded to the DHSSPS consultation on compulsory registration of the social care workforce.

Members of the Northern Ireland Social Care Council Participation Group were part of the planning group for the joint Northern Ireland Social Care Council/Regulation and Quality Improvement Authority/Social Care Institute for Excellence user conference.

We contributed at key conferences, putting forward the user/carers perspective for the social care workforce and related policy makers.

We were involved in the review of National Occupational Standards for Social Care, in particular the physical disability qualification.

We were represented on the Northern Ireland Social Care Council Workforce Development Committee to ensure the views of users and carers are appropriately addressed.

## Work delivered or planned for 2010/11

We will reach out to sections of the social care experienced population, voices that are perhaps not normally heard, and develop mechanisms for their involvement in the work of the Northern Ireland Social Care Council that reflect how they want to be involved in our decision-making.

Agreement and mainstreaming of the quality standards for participation within the organisation and development of systems to ensure they become part of every project design in the very early stages.

Sharing information with the providers of social work education on the role of users/carers in education and training.

Seminar on young people in care, dealing with issues as they relate to regulation of the social care workforce.

# Progress to date, future priorities and the way forward

The forum has become well established in the last year, operating with an agreed terms of reference and involvement with all HSC organisations. As required under the DHSSPS's Priorities for Action targets for 2010/11, the forum has also expanded its membership base to ensure there is representation from service users and the community and voluntary sectors.

Consultation schemes have now been developed by HSC organisations.

All HSC organisations now have, or are in the process of developing, PPI strategies and/or action plans.

The forum and its members are committed to working together to ensure the development and implementation of a clear work plan for PPI activities across the HSC system. The forum has recently established three sub-groups to address our future priorities:

- Training and development
- Effectiveness and impact
- Infrastructure to support involvement

This report aims to inform the reader about the establishment of the forum and share some initial insights into how PPI is being translated from a concept into a reality.

There is a long way to go and much to be achieved, but we are on the right path. The forum is committed to changing the culture and supporting the transition to a place where PPI is integral to our policy and practice.

As we move forward together, we want to highlight practical examples of PPI. We want to demonstrate the impact on the service for patients, carers and the public. We want to hear from you. If you know of an example of effective PPI, please let us know. We would encourage you to share these with the Regional Lead for Personal and Public Involvement, Martin Quinn, whose contact details can be found in Appendix 1.

# Key contacts for PPI

## Partner organisation

DHSSPS

## Personal and Public Involvement representative/lead

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## Partner organisation

Public Health Agency

## Personal and Public Involvement representative/lead

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## **Partner organisation**

Public Health Agency

## **Personal and Public Involvement representative/lead**

Martin Quinn (Regional Personal and Public Involvement Lead)

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## **Partner organisation**

Health and Social Care Board

## **Personal and Public Involvement representative/lead**

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## **Partner organisation**

Health and Social Care Board

## **Personal and Public Involvement representative/lead**

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## **Partner organisation**

Health and Social Care Board

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## **Partner organisation**

Belfast Health and Social Care Trust

## **Personal and Public Involvement representative/lead**

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## **Partner organisation**

Northern Health and Social Care Trust

## **Personal and Public Involvement representative/lead**

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## **Partner organisation**

Northern Health and Social Care Trust

## **Personal and Public Involvement representative/lead**

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## **Partner organisation**

Southern Health and Social Care Trust

## **Personal and Public Involvement representative/lead**

Mrs Carolyn Agnew (Head of User Involvement and Community Development)

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## **Partner organisation**

South Eastern Health and Social Care Trust

## **Personal and Public Involvement representative/lead**

Kieran Drayne (Assistant Director, Corporate Planning and Strategic Development)

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## **Partner organisation**

South Eastern Health and Social Care Trust

## **Personal and Public Involvement representative/lead**

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## **Partner organisation**

Western Health and Social Care Trust

## **Personal and Public Involvement representative/lead**

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## **Partner organisation**

Northern Ireland Ambulance Service

## **Personal and Public Involvement representative/lead**

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Northern Ireland Ambulance Service

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## **Partner organisation**

Patient and Client Council

## **Personal and Public Involvement representative/lead**

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## **Partner organisation**

Regulation and Quality Improvement Authority

## **Personal and Public Involvement representative/lead**

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## **Partner organisation**

Northern Ireland Guardian Ad Litem Agency

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## **Partner organisation**

Northern Ireland Blood Transfusion Service

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## **Partner organisation**

Northern Ireland Medical and Dental Training Agency

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Northern Ireland Practice and Education Council for Nursing and Midwifery

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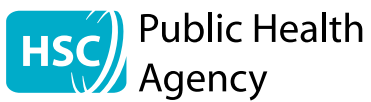
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