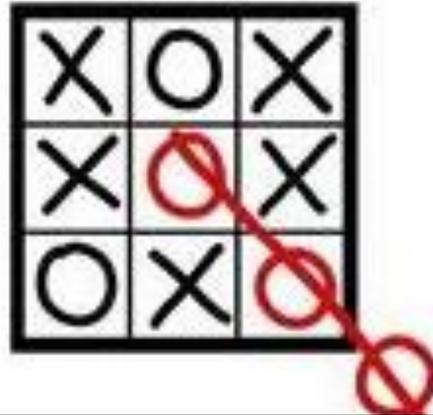


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OUR
COMMITMENTS



HEALTH AND SOCIAL CARE BOARD

Personal and Public Involvement 2015 - 2018

Background

Circular HSC (SQSD) 29/07 provided guidance to Health and Social Care Organisations on how to improve the quality and effectiveness of user and public involvement as an integral part of good governance arrangements and to support the development of more service user and carer centred Health and Social Care.

Circular HSC (SQSD) 03/2012 outlined roles and responsibilities of the Health and Social Care Organisations in regards to meeting the statutory duty of Personal and Public Involvement (PPI) and Consultation.

Personal and Public Involvement (PPI) is a central component of the quality agenda, which aims to improve Health and Social Care service provision in Northern Ireland and the individual experiences of those who use these services. As a key Departmental policy it is integral to the delivery of high quality services. It is one of the key strands underpinning the Departments 10 – year Quality Strategy, Quality 2020. It is also seen as one of the key features of effective clinical and social care governance, and one of the central tenets running through the five key themes of the Quality Standards for Health and Social Care. Our success in protecting and improving quality of services as safe, effective and patient/client focused will be greatly enhanced with effective involvement.

2.0 Context

Working in partnership with the Public Health Agency (PHA), in 2010 a joint Health and Social Care Board/Public Health Agency Strategy, ‘Valuing People, Valuing their Participation’ was developed.

The key priority areas agreed in consultation with service users, carers and key stakeholders were:-

- Cultural Integration of Personal and Public Involvement (PPI)
- Awareness and Understanding of Personal and Public Involvement (PPI)
- Training and Skills Development

- Impact Measurement
- Stakeholder Support
- Communication and Co-Ordination

In 2012, the Health and Social Care Board (HSCB) developed an action plan for 2012 – 2015 to deliver on the key actions identified by the Health and Social Care Board under these priority areas.

3.0 What is Personal and Public Involvement (PPI)

There is an increasing recognition of the importance of meaningfully involving service users and stakeholders in all aspects of Health and Social Care service development and delivery and of the benefits of this for the organisation. Personal and Public Involvement (PPI) is a way of working which allows the public to help organisations improve services provided, through dialogue and partnership working.

Personal refers to service users, patients, carers, consumers, customers, relations, advocates or any other term used to describe people who use Health and Social Care (HSC) services as individuals or as part of a group, such as a family.

Public refers to the general public and includes community and voluntary groups and other collective organisations. Individuals who use Health and Social Care Services (HSC) are also members of the general public.

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

Personal and Public Involvement (PPI) includes a wide range of activities, for example:

- Service user/carers and public involvement in service planning and evaluation;
- Community assessment of health and social care needs;
- Community development principles and processes;

- Patient/client centred care and involvement in their care planning;
- Service user experience feedback;
- Complaints management; and
- Volunteering.

4.0 Statement of Commitment

The Health and Social Care Board (HSCB) has, in place, clear leadership arrangements to provide assurances that Personal and Public Involvement (PPI) is embedded into policy and practice.

The leadership structure is: -

- Non-Executive Director with Personal and Public Involvement (PPI) responsibilities and Objectives – Mr Brendan McKeever
- Executive Director with responsibilities for Personal and Public Involvement (PPI) – Mrs Fionnuala McAndrew, Director of Social Care and Children.

In addition the Director of Commissioning has specific responsibilities for Personal and Public Involvement (PPI) within the developing of the Commissioning Plan(s).

The Health and Social Care Board (HSCB) is represented on the Regional Personal and Public Involvement (PPI) forum by the Director of Social Care and Children and/or the Personal and Public Involvement Lead.

Each Directorate of the Health and Social Care Board (HSCB) has a Personal and Public Involvement (PPI) lead who provides support and guidance to colleagues in respect of Personal and Public Involvement (PPI).

5.0 Governance/Reporting Arrangements

A biannual progress report from each directorate on Personal and Public Involvement (PPI) activity is shared with the Senior Management Team (SMT) and the Board.

An Annual Report on Involving Service Users and Carers in the role of the Health and Social Care Board is submitted to the Board each year for discussion, approval and publication.

This Strategy includes an updated action plan developed by the Health and Social Care Board to continue to address the key priority areas identified from 2015 – 2018.

6.0 Action Plan for Our Commitments 2015 – 2018

The Health and Social Care Board (HSCB) has reviewed the key priority areas from the joint HSCB/PHA PPI Strategy, 'Valuing People, Valuing their Participation' and we have determined that these areas are still valid, there remains work to do and they should remain as the Health and Social Care Board's (HSCB) on-going Priorities for 2015 – 2018. We have therefore reflected them in our 6 commitments.

The attached action plan outlines how the Health and Social Care Board intends to fulfil our Commitments for 2015 – 2018. The action plan will be continually reviewed by but will be subject to a formal review process at the midway point in September 2016 to ensure it remains valid and fit for purpose.

What are we committing to do to improve Personal and Public Involvement within the Health and Social Care Board?

Commitment 1

Putting Personal and Public Involvement at the heart of our work – Health and Social Care Board will commit to supporting a culture change that leads to full integration of Personal and Public Involvement as a way of being and working.

Commitment 2

Awareness and Understanding of Personal and Public Involvement – Health and Social Care Board will commit to ensuring that staff are aware of and understand the value of Personal and Public Involvement.

Commitment 3

Training and Skills Development – Health and Social Care Board will commit to supporting staff acquire and develop the skills and behaviours necessary and appropriate to engage and involve service users in a meaningful and effective manner.

Commitment 4

Quality and Impact – Health and Social Care Board will commit to evidencing the quality and impact of Personal and Public Involvement.

Commitment 5

Service User and Carer Support – Health and Social Care Board will commit to developing service users and carers to be involved in the work of the Health and Social Care Board.

Commitment 6

Communication – Health and Social Care Board will provide clear communication about Personal and Public Involvement.

How we intend to fulfil our Commitments

Each of the actions identified, span a number of the Commitments.

- 1** Place PPI at the heart of our decision making processes by including consideration of the need for Personal and Public Involvement in key HSCB document such as Senior Management Team papers and Investment Proposal Templates (IPTs). **Commitment 1**
- 2** Directorates will be given quarterly update on uptake of mandatory training. **Commitment 3**
- 3** Basic awareness of Personal and Public Involvement will be included as part of the induction arrangements for new staff. **Commitment 3, Commitment 2**
- 4** Development of written resource for staff with appropriate tools such as event/meeting planner checklists, service user feedback forms etc. **Commitment 3**
- 5** Facilitate roll out of agreed regional training programme for staff following completion of the pilot programme and to capture numbers of staff trained. **Commitment 3**
- 6** Continue roll out of formal Health and Social Care Board Personal and Public Involvement training to include Involving People and training for service users and carers. Service Users and Carers will be involved in the delivery of all training. **Commitment 3**
- 7** Redesign of website with page for staff and members of the public clearly outlining how service users and carers can get involved and promoting opportunities for engagement. **Commitment 6**

- 8 Review proforma used to provide bi-annual updates to produce more standardised report; bring together biannual updates into Annual Personal and Public Involvement report (to include update on training uptake). **Commitment 4**
- 9 Annual workshop to enable the Health and Social Care Board to speak to service users and carers about their experience of involvement and to learn how we can improve upon it in the future. **Commitment 4, Commitment 5**
- 10 Personal and Public Involvement article to be included in each edition the Health and Social Care Board Bulletin/ e-zine. **Commitment 6**
- 11 Develop an up-to date register of existing and future opportunities for involvement at all levels across the organisation and make this accessible to the public. **Commitment 5**
- 12 We will identify barriers to involvement for service users and carers and seek to overcome these within the life-time of this Strategy. **Commitment 5**
- 13 Develop a Young People’s Personal and Public Involvement Forum. **Commitment 1**

“How we will prove it and when will we do it”. Outlines in further detail the delivery timescales and evidence needed for HSCB to demonstrate successful completion of our commitments.

Appendix I

Support and Advice - Outlines the membership of the Health and Social Care Board, Personal and Public Involvement Core Group, who are responsible for overseeing the delivery of this Action Plan.

How will we prove it? – When will we do it?

How we intend to fulfil our commitments	How we will prove it	When we will do it
<p>Include the need for Personal and Public Involvement in key HSCB documents such as Senior Management Team (SMT) papers and Investment Proposal Templates (IPTs).</p> <p>Commitment 1</p>	<p>SMT cover papers and IPTs will have a section on PPI</p>	<p>Year 1</p>
<p>Directorates given quarterly update on uptake of mandatory training.</p> <p>Commitment 3</p>	<p>Quarterly update reports</p>	<p>On-Going</p>
<p>Basic awareness of Personal and Public Involvement will be included as part of the induction arrangements for new staff.</p> <p>Commitment 2 and 3</p>	<p>Induction Programme</p>	<p>Year 1</p>
<p>Development of written resource for staff with appropriate tools such as event/meeting planner checklists, service user feedback forms etc.</p> <p>Commitment 3</p>	<p>Produce a commissioning Tool Kit for all Health and Social Care Board staff</p>	<p>Year 2</p>
<p>Facilitate roll out of agreed regional training programme for staff following completion of the pilot programme and to capture numbers of staff trained.</p> <p>Commitment 3</p>	<p>Agreed training programme Training attendance data</p>	<p>Year 3</p>
<p>Continue roll out of formal Health and Social Care Board Personal and Public Involvement training to include Involving People and training for service users and carers. All training programmes will have input from Service Users and Carers.</p> <p>Commitment 3</p>	<p>Training Programme Training attendance data</p>	<p>On - going</p>

Redesign of website with page for staff and members of the public clearly outlining how service users and carers can get involved and promoting opportunities for engagement. Commitment 6	PPI section of new HSCB Website	Year 1
Review proforma used to provide bi-annual updates to produce more standardised report; bring together biannual updates into Annual Personal and Public Involvement report (to include update on training uptake). Commitment 4	Report produced	Year 2
Annual workshop to enable the Health and Social Care Board to speak to services users and carers about their experience of involvement and to learn how we can improve upon it in the future. Commitment 5	Health and Social Care Board Recognition of Service User and Carers Event Annual Report	Annually
Personal and Public Involvement article to be included in each edition the Health and Social Care Board Bulletin/e-zine. Commitment 6	HSCB Bulletin/e-zines	On-Going
Develop an up-to date register of existing and future opportunities for involvement at all levels across the organisation and make this accessible to the public. Commitment 5	Register of existing and future opportunities Published on Website	Year 1
We will identify barriers to involvement for service users and carers and seek to overcome these within the life-time of this Strategy. Commitment 5	List of barriers to involvement Actions incorporated into Action Plan to overcome these	Year 1 Year 2

Appendix I

Support and Advice

The Personal and Public Involvement Core Group is responsible for the delivery of the actions outlined in this plan. The implementation is monitored at monthly Personal and Public Involvement meetings. Membership of the Core Group is:

Fionnuala McAndrew –

Director of Social Care and Children

Fionnuala.McAndrew@hscni.net T: 028 95 363130



Fionnuala McAndrew initially trained as a teacher and moved into a social work career commencing in children's residential services. She has worked in a range of settings in local authorities in England and moved to Northern Ireland in 1996 to take up a post in the Southern Health and Social Care Board as Manager of the Registration and Inspection Unit, responsible for the registration of residential and nursing homes. She was appointed Director of Social Care in the Southern Board in 2004 and became Director of Social Care and Children with the new Health and Social Care Board in April 2009.

Fionnuala received an OBE in March 2012 for her services to healthcare in Northern Ireland.

Jacqueline Magee –

PPI Lead Social Care and Children

Jacqueline.Magee@hscni.net T: 028 95 362089



Jacqueline Magee has been employed in HSC since 2000 initially joining the Southern Health and Social Care Board as their disability trainer, spending 2 years in the post and training over 9000 staff. Jacqueline is responsible for the implementation of Personal and Public involvement throughout the Health and Social Care Board. Other areas of responsibility are the development and delivery Health and Social Care Board's Disability Action Plan and the implementation of volunteering strategy.

Anne McGlade –

Social Work Research Lead Social Care and Children

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T: 028 95 363017



Anne McGlade has a long standing career working in research and evaluation research in health and social care and other settings in England and Northern Ireland. She has a keen interest in the needs of older people, people with disabilities and people from black and minority ethnic groups. She has undertaken and published a range of research studies in these areas. Her interest in equality and human rights led to a career spanning a number of years as an Advisor to a range of health and social care organisations. Anne is a visiting Lecturer and co tutor on the application of research methods in social work at the University of Ulster. Anne was appointed as Social Care Research Lead in the Directorate of Social Care and Children in the Health in Social Care Board in October 2013 to lead on the development of the Social Work Research Strategy (2015-2020) where issues of service user and carer engagements are key.

**Cara Anderson –
Commissioning**

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T: 028 95 363046



Cara has 14 years of management experience in health and social care in Northern Ireland and in England working in roles across primary care, disability services and cancer care. Cara has worked within commissioning at the HSCB since 2011 with lead responsibility for managed clinical networks, implementation of NICE guidance, commissioning of pathology services and the production of the annual commissioning plan. Cara is committed to service user and carer involvement as a lever for change and innovation and has always placed service users and carers at the heart of service planning and delivery. Just some examples include training disabled people to delivery disability awareness training to local community partners in Lisburn City Council Area and involving patients as active partners in the peer review of cancer services.

**Emma Holden –
Transforming Your Care (TYC)**

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T: 028 95 363115



Emma Holden has a background in Human Resource Management, Leadership Development and Change Management. She joined the HSC Leadership Centre as a senior consultant in 2011 where she focussed on leadership development and service improvement, and is now working at the Health and Social Care Board supporting the implementation of Transforming Your Care. Before joining the health and social care service, Emma worked with the Northern Ireland Civil Service on public sector modernisation projects.

**Fiona Diamond –
Finance**

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T: 028 95 361016



Fiona Diamond is a Senior Accountant in Financial Planning & Performance with responsibilities in Equity, Capitation – the locality resource allocation formula and the Strategic Resource Framework. She joined Health in 2002 as the Social Care directorate Accountant and then the Family Health Services Accountant, steeped in the introduction of the new General Medical Services contract to Northern Ireland in 2004. She became the Project Accountant for the Western area £252m capital Primary & Community Infrastructure business case before taking up her current role. Fiona is a lecturer in Business Mathematics and Financial Operations at the Richard Clarke Academy. She has 3 daughters.

**John McGrath –
Integrated Care**

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T: 028 95 362009

John McGrath has 27 years' experience of working in Health and Social Care in Northern Ireland and the NHS in England from both a commissioner and provider perspective, largely in the primary care sector. He has been Business Support Manager for the HSCB Directorate of Integrated Care in the Southern area since 2010. His remit includes responsibility for contract management, clinical governance and service development for independent contractors such as GPs, Community Pharmacists, Dentists and Optometrists.

**Liz Fitzpatrick –
Litigation and Complaints Manager Corporate Services**

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T: 028 95 363224



Liz Fitzpatrick is the Complaints and Litigation Manager for the Health and Social Care Board, and has been involved in complaints management since 2004. She is particularly interested in learning from complaints, and the continual improvement of the procedure. She established the mechanism in the Board for ensuring it had oversight of Health and Social Care complaints, and had a process for reviewing trends and themes, and sharing learning. Liz led on the 2010/2011 Evaluation of the revised complaints arrangements 'Complaints in Health and Social Care' and with her team, continues to regularly engage with service users, through on-going focus groups, to learn of their experiences of the complaints procedure, and how it can be improved upon. Liz and her team planned and delivered a highly successful 'Learning from Complaints' Workshop in June 2014, which included presentations of personal experiences of the complaints procedure from a number of service users. This 'learning' event will now be held annually. Based on feedback from service users at the focus groups, Liz organised the 'Complaints Awareness Campaign' during June 2014, to highlight the right to complain and how to go about it. She led on the production of a 'Signposting' leaflet, developed with the involvement of service users, to simplify the process and to direct service users to the appropriate Health and Social Care organisation to make their complaint.

**Matthew McDermott –
Business Services Organisation (BSO)**

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Matthew McDermott is the Equality and Human Rights Manager at the Business Services Organisation. He provides advice, guidance and training to the Health and Social Care Board on Section 75 obligations, Disability Duties and good practice initiatives. Before joining the Health and Social Care Service Matthew was the Policy Manager at a human rights charity. He is married with two children.

**Sinead Malone –
Integrated Care Partnerships (ICP's)**

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Sinead Malone has worked for the Health and Social Care Board since 2010 and is the Regional Business Manager for Integrated Care Partnerships (ICPs). Sinead's role involves supporting the development of ICPs so that they can be effective in delivering more joined up care, she has a particular interest in Personal and Public Involvement. Prior to joining the Health and Social Care Board Sinead worked as a Service Improvement Manager in the voluntary sector.