

Regional Health and Social Care Personal & Public Involvement Forum

Annual Report 2015/16



Personal and Public Involvement (PPI) Involving you, improving care



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Foreword



Welcome to the sixth annual report of the Health and Social Care Forum on Personal and Public Involvement (PPI). A number of key

milestones have been achieved during the period 2015/16 and as Chair, I present this report to outline the range of work undertaken by the group.

From the outset, I would like to acknowledge and thank the contributions made to the Forum by the Health and Social Care (HSC) organisations and also the service users and carers represented on the group. Their input is greatly valued in helping to shape and guide the work of the Forum.

Whilst we work to support HSC organisations in their endeavours to fulfill their Statutory Duty to involve and consult service users, carers and the public in plans and decisions, we also work to raise understanding that involving people brings many associated benefits. Whilst we have made significant progress, it is also recognised that there is still a considerable amount of work to do to ensure patient-centred opportunities.

In 2015/16 Trusts received their first PPI monitoring report. These reports provide an opportunity for Trusts to reflect on their PPI practice and strive towards excellence against each PPI Standard.

In February 2016, the PHA supported by the Forum launched Engage & Involve, a PPI training resource for HSC staff. This is a significant milestone on the journey towards a knowledgeable and supported workforce, equipped with the tools they need to embed PPI into the culture and practice at the heart of HSC services.

This report showcases some of that work being undertaken across HSC.

Moving forward, we will continue to work to progress and embed the involvement of service users, carers and the public; we will also put in place the structures/support to help staff to truly integrate the voice of the service users and carers.

Mary Hinds

Executive Director of Nursing, Midwifery and Allied Health Professional

What is Personal and Public Involvement?

Background

Personal and Public Involvement (PPI) is the active and effective involvement of service users, carers and the public in Health and Social Care (HSC).

People have a right to be involved in and consulted on decisions that affect their health and social care. We know that when people are meaningfully involved in decision making about their health and social wellbeing, or listened to when they complain or raise concerns, this leads to improved quality and safety.

The Health and Social Care (Reform) Act (Northern Ireland) 2009, put in place a Statutory Duty for all HSC organisations to involve people in the planning and delivery of health and social care services.

Increased awareness is now placed on the importance of placing service users and carers at the core of Health Services to develop and deliver services based on need. This presents many challenges and in Northern Ireland we are working to embed PPI into our structures and processes. There is a strong and growing body of evidence for the benefits of co-design, co-production and partnership working between service users, carers and HSC. Examples include Shared Decision Making and supporting self-management for people with long term chronic conditions etc. Where PPI has been embraced, clear evidence is emerging of better outcomes for patients, of improved safety, quality and of more effective and efficient commissioning of services, tailored to need, achieving higher levels of satisfaction with services.

The work of the Regional HSC PPI Forum highlights how we are raising awareness of PPI and also putting in place monitoring processes to really consider the difference the involvement of service users, carers and the public has made. We are continually learning from good practice in Northern Ireland and elsewhere and we strive to build on this to enhance PPI practice to develop a patient-centred HSC system.

The work of the Forum – progressing PPI regionally

A background to the Forum

The Regional HSC PPI Forum was established in 2010 and provides an opportunity for HSC organisations to work collaboratively to progress PPI in Northern Ireland.

The Forum works to provide leadership and support to drive forward the promotion and advancement of PPI across HSC organisations in Northern Ireland and does this through:

1. sharing best practice;
2. joint working on areas of common interest through subgroups;
3. active participation of service users and carers.

Forum membership

The Forum membership is drawn from all HSC organisations alongside service users and carers who play a vital role in the Forum. The Forum consists of:

- one senior representative from each HSC organisation;
- service user, carer or voluntary/community sector representatives, two nominated via each HSC Trust PPI panel, with a further one nominee each from the Department of Health (DoH), Regulation and Quality Improvement Authority (RQIA), the Patient and Client Council (PCC) and the Northern Ireland Social Care Council (NISCC).



Members of the HSC Regional Forum at the Lanunch of Engage & Involve Training package for PPI.

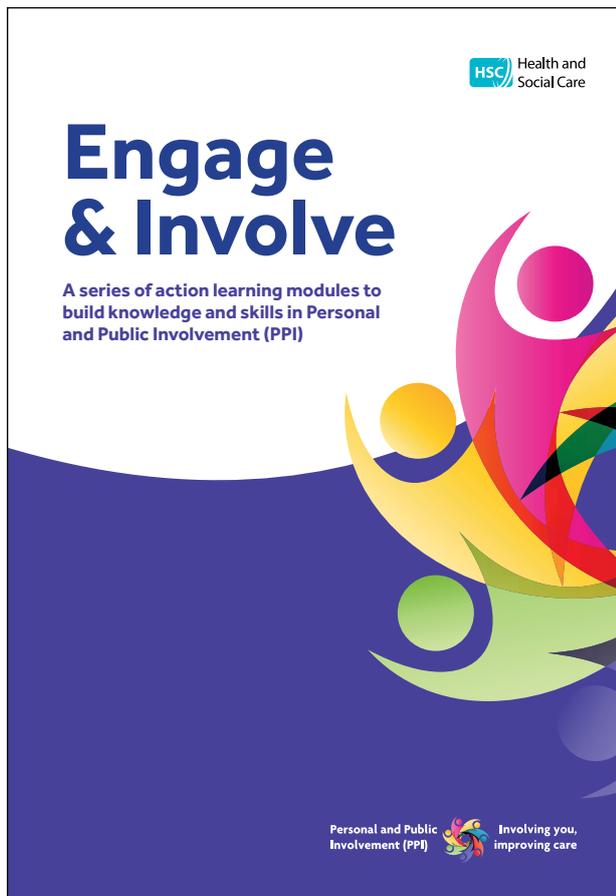
The work of the Forum

The Forum work to embed PPI into the culture and practice of the HSC system. This is undertaken through the development of an annual action plan which outlines the PPI priorities for the year (appendix 1). The work is progressed through four subgroups with membership comprised of Forum members alongside other co-opted members as and when required. The subgroups currently in operation focus on:

- training
- standards
- monitoring and evaluation
- communications/annual report.

The following sections outline the work of the Forum in these four areas.

PPI Training



HSC PPI Forum co-designed a regional HSC PPI training programme– Engage & Involve. The programme was launched in February 2016 at Mossley Mill, Newtownabbey .

This comprehensive training programme has been developed to promote a consistency of practice and approach across HSC for Personal and Public Involvement (PPI).

This work has been developed through partnership working in the Regional HSC PPI Forum, training sub-group, and has been piloted with HSC staff, service users and carers.

Engage & Involve is aimed at HSC staff to increase awareness and understanding of PPI and stimulate thinking and provide ideas for how to involve people in different settings and situations.

The Engage & Involve PPI programme is made up as follows:

- A. PPI e-learning** – an on-line self-taught introduction to PPI.
- B. Modular based taught programme** – to facilitate learning based on identified needs. The modules are stand alone and can be chosen according to need.
 - **Overview modules**
 - Introduction to PPI
 - Practical PPI
 - **In-depth modules**
 - Communicating and PPI
 - Facilitation skills
 - Getting people to participate in PPI
 - Measuring PPI

The training is available to all HSC organisations in hard copy and electronically via the Knowledge Exchange website.

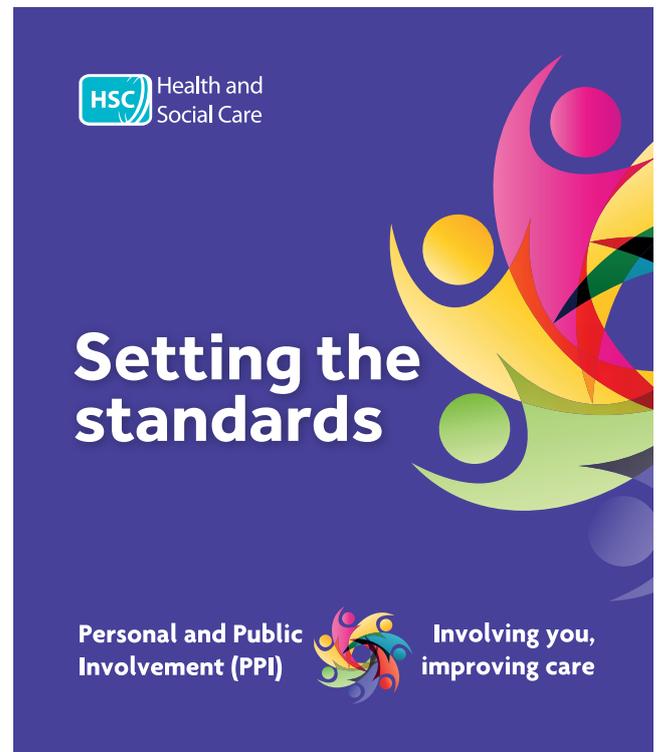
PPI Standards

During 2015/16 the focus of the Forum has been to promote the standards across all HSC bodies. This has included the distribution of PPI standards leaflets across the region.

These leaflets provide **informaiton** on what is expected in relation to each standard and key performance indicators to support the measurement of the standards.

The standards are also promoted as part of the Engage & Involve training programme through e-learning and taught modules.

The standards set the direction for the monitoring of PPI within the Trusts.



The PPI Standards are:

Standard one – Leadership

Health and Social Care (HSC) organisations will have in place, clear leadership arrangements to provide assurances that PPI is embedded into policy and practice.

Standard two - Governance

HSC organisations will have in place, clear corporate governance arrangements to provide assurances that PPI is embedded into policy and practice.

Standard three - Opportunities and support for involvement

HSC organisations will provide clear and accessible opportunities for involvement at all levels, facilitating and supporting the involvement of service users, carers and the public in the planning, delivery and evaluation of services.

Standard four - Knowledge and skills

HSC organisations will provide PPI awareness raising and training opportunities as appropriate to need, to enable all staff to deliver on their statutory PPI obligations.

Standard five - Measuring outcomes

HSC organisations will measure the impact and evaluate the outcome of PPI activity.

PPI Monitoring and Performance Management

The monitoring and performance subgroup has been working to co-produce the monitoring and performance management framework for PPI. This framework puts in place a process which is undertaken with HSC Trusts to assess how each organisation is implementing PPI, as per its statutory responsibility. A pilot exercise was undertaken to assess the framework and lessons learnt from this work were used to adapt the framework which was agreed with the Department of Health (DoH).

The first round of the monitoring process was undertaken for the period 2014/15 and completed in May 2015. This involved each HSC Trust undertaking a self-assessment and participating in a verification visit. An analysis is then undertaken and a report compiled for each HSC Trust which highlights areas of best practice in PPI against each PPI Standard, as well as making a number of recommendations for each Trust to support them deliver against their statutory duty.

As part of the process, the PHA alongside service user and carers from the monitoring and performance subgroup, undertake a verification visit with each HSC Trust. This focuses on a particular service area to examine the outworking of PPI in practice. Cancer Services was selected by the sub-group and a report

outlining the findings alongside recommendations is also included in each monitoring report to give a regional picture on how this service area is involving service users and carers.

The screenshot shows the HSC Public Health Agency website. The main heading is 'Personal and Public Involvement (PPI)'. Below this, there is a section titled 'What is it?' with a sub-heading 'Personal and Public Involvement (PPI) Involving you, improving care'. To the right of this section is a sidebar menu with the title 'Allied Health Professions and Personal and Public Involvement' and a sub-item 'Personal and Public Involvement (PPI)'. Below the 'What is it?' section is a 'Rationale for PPI' section, followed by 'PHA's role & the Regional HSC PPI Forum'. The page contains detailed text and a bulleted list of objectives for PPI.

The PHA reports on HSC Trust compliance in line with their PPI responsibility, to the DoH in line with the accountability and reporting arrangements. The HSC Trust monitoring reports are all available at <http://www.publichealth.hscni.net/directorate-nursing-and-allied-health-professions/allied-health-professions-and-personal-and-publi-5>

PPI Communications

The Forum has had a busy and productive year. Building on the success of the launch of the PPI Standards in 2014/15 and Engage & Involve PPI training in 2015/16, the Forum have worked to raise awareness of PPI across HSC.

The communication subgroup supported the ongoing promotion of PPI across the HSC. They co-produced a communications plan, which set out agreed actions to be progressed by HSC organisations to promote PPI.

Forum members continue to promote the use of PPI branding on appropriate materials. In addition the PPI communication sub group supported the design and development of promotional materials for Engage & Involve.



It was agreed that in 2015/16 a PPI Conference and PPI Awards will be held to promote and support best practice in PPI across the region. The subgroup have been working with the PHA, QUB and PCC to organise the first PPI Conference 'Involving you, improving care'. The conference and awards ceremony will take place in June 2016.

PPI in practice across HSC

The following section provides an overview of PPI in practice in different HSC organisations.

Public Health Agency (PHA)

Title of project:

'Come walk in my shoes'. Involvement experiences of Lesbian, Gay, Bisexual and Transgender young people in Northern Ireland

Project overview

The Children and Young Persons Strategic partnership (CYPSP) LGB&T sub-group was established in 2012. In March 2016 the 'Come walk in my shoes' event was organised in response to the feedback received from young people about their lived experiences and the issues they face in a range of **setting**. Young people who identify as Lesbian, Gay, Bisexual and Transgender were involved in the design of the event and the **facilitation of** the interactive workshop event. The young people designed their own presentations and also led or co-led on all of the discussions during the workshop. These young people were supported by partners on the CYPSP LGB&T sub-group.

Hilary Johnston, PHA and Chair of the CYPSP LGB&T sub-group highlighted how "research has shown that homophobia is normalised in society, we hope that event like this will help improve the experiences of young LGB&T people, as well as **tier** mental **ans** physical **Health**."

Attendees at the event emphasised the importance for young people of the right to an environment free of harassment and discrimination. By **organising** this event using PPI approaches it helped develop relationships and break down barriers for the young people to participate as well as providing insight into the issues they face on a daily basis.

Northern Ireland Blood Transfusion Service (NIBTS)

Title of project

Promoting PPI in NIBTS

Project overview

NIBTS promotes the engagement and involvement of service-users/blood donors under the auspices of the Blood Transfusion Service Communities Partnership. There are two main groups i.e. Greater Belfast, and Dungannon based which each met three times during the year. A Youth Forum, targeting younger people also met on one occasion. Within the total of seven meetings held, blood donor session organisation, donor recruitment and general consultation topics were tabled. In addition, performance monitoring – including key activity, donor complaints and donor satisfaction - were regular agenda items. Partnership members were also keen to be kept informed of potential organisational, including the Review of Pathology Services.

Whilst there were a number of awareness exercises, using the PPI Setting the Standards materials, no other training was delivered. However, PPI e-learning is being rolled out during 2016/17.

Regulation and Quality Improvement Authority (RQIA)

Title of project

Acute Hospital Inspection Programme

Project overview

RQIA's new inspection programme commenced in October 2015. The programme is designed to support HSC trusts to understand how they deliver care, identify what works well and where further improvements are needed. Service user carer perspectives are integrated into the fabric of the inspection.

Each inspection is unannounced and considers four domains: is the clinical area well led, is care safe, is care effective and is care compassionate.

During the inspection three clinical areas are visited. A range of agreed methods are used to assess delivery of care across the four domains. These include:

- Direct observation of care delivered to the patient
- Review care records and relevant documentation
- Speak to patients, relatives and carers
- Hold a range of focus groups with members of staff
- Carry out observation sessions to assess the quality of staff interaction with patients

For each inspection a particular theme is also reviewed from a list set out in the inspection handbook. The overall inspection framework enables RQIA to reach a rounded conclusion as to the performance of the wards or departments inspected.

Each inspection is coordinated by RQIA's Healthcare Team and supported by a range of professional clinical staff from NIs Health and Social Care Trusts. Members of the public, known as Lay Assessors support the inspection through the collection of patient information from questionnaires and interviews. This is critical to the success of the programme.

RQIA has completed three Acute Hospital Inspections between October 2015 and April 2016.



RQIA's Healthcare Team supported by a range of professional clinical staff from NIs Health and Social Care Trusts and Lay Assessors.

NI Practice and Education Council for Nursing and Midwifery (NIPEC)

Since 2009, under the commission of the Chief Nursing Officer for Northern Ireland, NIPEC has been taking forward a project, Chaired by Mr. Alan Corry-Finn, Executive Director of Nursing, Western Health and Social Care Trust, the aim of which is to improve the standard of nurse record keeping practice in the region. As part of this project, the development of a way forward to improve the quality of care planning within the nursing profession in Northern Ireland is being taken forward

The 'PACE' framework is used in conjunction with the nursing assessment process. Evidencing a person's plan of care with the assistance of the PACE framework was first piloted September 2015, through a small scale pilot in Health and Social Care (HSC) Trusts. The PACE framework enables a nursing record that clearly evidences person-centred assessed needs with an associated plan of care that is updated on each shift. Part of the success of this work was to involve, where appropriate and thus co-produce nursing plans of care with the person being cared for.

The results from the end of pilot survey presented findings relating to:

- whether or not the person was involved in his/her care and treatment decisions - there was a notable increase of 23% of people answering 'yes'
- whether or not the person perceived that the nurse took recognition of his/her preferences – which increased by 35% for those answering 'always'
- whether or not care was discussed at the bedside – by the second improvement cycle 64% of people answered 'always'
- the person's understanding of what was going to 'happen' to them whilst receiving nursing care – by the second improvement cycle 94.92% of people answered 'always'
- the perception of the person as to whether or not, in his/her opinion the care planned 'helped' - by the second improvement cycle 94.92% of people answered 'always'.

The data gathered from this evaluation process has enabled a description of the future implementation process for the framework and further evaluation is anticipated to evidence person centred care planning processes for nursing in Northern Ireland.

Belfast Health and Social Care Trust (BHSCT)

Title of project

Working Better Together: Improving the Podiatric Care of Homeless People in Belfast.

Project overview

Service users from the homeless outreach service in two hostels participated in the project. Men from Rosemount House had alcohol problems and associated secondary mental health issues. They had a genuine desire to stop drinking and had completed a rehab programme. This group were generally at low risk of developing serious foot conditions. In contrast, men and women from the Stella Maris Hostel were chronic alcoholics who lived in a controlled drinking facility. This group were at high risk of developing serious foot conditions.

Focus groups of both residents and staff (eight people in Rosemount and five in Stella Maris) were set up. It was anticipated that these people would provide a variety of experiences and information on how to develop Podiatry services for people on all areas of the homeless spectrum.

Impact of the Project

Recognition of the importance of PPI has significantly increased the impact on service users, hostel staff and Podiatry service provision overall.

The Podiatry Outreach Service provided to the two hostels was reviewed based on service user medical risk and clinical/Podiatric need. Prior to the project Podiatry input for the two Hostels equated to eight sessions per year equally divided between the two.

As a result of the project increased resources was directed towards the higher risk service users in the Stella Maris Hostel and clinical input to the lower risk service users in Rosemount House was reduced. This equated to six and two sessions respectively and resulted in a more efficient and effective delivery of a Podiatry service directed to those most in need.

The Podiatry Service developed a health promotion programme for the service users supporting self-care through a foot care information day and the provision of foot care packs. This programme was directed towards the lower risk service users in Rosemount House.

An information sheet describing how to access the Podiatry Service was sent to Hostel staff to enable residents to access mainstream services in a timely and supported way. Hostel staff often act as a resource for information about health services, and it is important they were made aware of access to Podiatry services (Jenkins et al, 2011)

Northern Health and Social Care Trust (NHSCT)

Title of project

Dalriada Pathfinder

Project overview

Working in partnership with people in the Moyle area, the Dalriada Pathfinder project was established in the Northern Trust area to transform the care of people with three or more chronic conditions. This new way of working, includes user engagement as an essential element of this 'Living Well' model which was developed in Cornwall.

It involves allocating a voluntary sector coordinator into the multidisciplinary team within a GP Practice. Guided conversations with patients will enable them to identify their goals and come up with a co-designed management plan. This project focuses on empowerment to improve patient outcomes and community mapping identifies and links local community assets, including volunteers.

Through this new way of working, local people and representatives are working in partnership with the Trust to ensure that older people are supported to live in their community. The guided conversations ensure the co-production of individual care plans. The better relationships developed in the Moyle area is proof that cross sector and community integrated working works.

South Eastern Health and Social Care Trust (SEHSCT)

Title of Project

Recovery Choir in Ash House

Project overview

To improve key aspects of health and well-being - mood, hope and decreased levels of stress through membership of a newly established Recovery choir in Ash House **HBW**

The aim was by January 2015, participants in a newly established Recovery Choir will have a 20% increase in their perceived mood and sense of hope. Furthermore they will have a 20% decrease in their perceived level of stress.

Approximately fifteen women prisoners participated alongside Northern Ireland Prison Service staff and South Eastern Health and Social Care Trust staff. The appointment of an external choirmaster and the establishing of links with a community choir all enhanced the project. Consulting with the various stakeholders at all stages of the project was key to its success.

The impact of the PPI activity showed:

- 44% improvement in prisoners' mood
- 40% improvement in feeling of hope
- 52 % improvement in stress levels
- 40% improvement in confidence to sing
- 44% improvement in sense of well being
- 45% improvement in self –esteem
- 28% improvement in sense of community

The feedback from participants was positive:

“It gave me a sense of **freedom**, it gave me **energy** and it refreshed me
It helped relieve **stress** and helped me not to give up”

“It helped my **mood** and lifted the sense of **community** in Ash House”

“It helped me integrate with people on other landings and after singing my **mood** changed, I felt **happier**”

“I had an excellent time singing with the Ash choir and as a prison officer it was great to be involved in something so positive”

Southern Health and Social Care Trust (SHSCT)

Title of Project

Opportunities for Involvement

Project overview

The Promoting Wellbeing Team has a community and voluntary sector mailing list and mailing list of service user/carer groups and interested people. Information on opportunities for involvement are circulated on a regular basis.

The Trust also has a Facebook page and Twitter account and opportunities for involvement are circulated via these. The Trust also uses YouTube as a platform to provide service users, carers and the public with a variety of information including videos **an** audio interviews. In 2015-16 there has been a steady increase in staff availing of these avenues to share information and promote opportunities for involvement. Social Media can provide services with an interactive platform to engage with their target audiences and receive feedback directly from staff and service users .

Western Health and Social Care Trust (WHSCT)

Title of Project

'On the Right Road' – supporting service users to make the right choice for their health.

Project overview

Allied Health Professionals (AHPs) within the Trust worked collaboratively with individuals' community and partner organisations to address the factors that impact on health and wellbeing. They held a series of engagement meetings with their community partners - Old Library Trust, Healthy Living Centre. The aim was to establish the healthcare needs of the local population, understand the community and voluntary services currently being delivered from the centre and ascertain if the needs of clients currently on AHP waiting lists could be met within a health promotion, early intervention and self-management programme.

Supporting people to live as independently and healthily as possible was considered in the planning of the project and simplicity in accessing health and social care was an integral component in the design of this project.

The need for adaptation was evident throughout the engagement process with the feedback from the community partner leading to the design of the project proposal.

The group established a Drop-In Consultation Service – "On the Right Road", in partnership with the Healthy Living Centre, Old Library Trust. The aim was to identify if the needs of service attendees could be met within a health promotion, early intervention and self-management clinic programme. Feedback from the service users who used the service was extremely positive and has made a significant contribution to improvements in their lives.

Conclusion and way forward

Conclusion

This Annual Report was developed with support from the Communications subgroup of the Forum. This report set out to:

- highlight good practice in PPI regionally;
- raise awareness of the role and remit of the Forum and its work;
- share learning from PPI approaches, bringing benefits for service users and carers;
- identify progress on the Regional HSC PPI Forum Action Plan 2015/16.

It is evident that work is progressing well in regards to the adoption of PPI practices and principles into the culture of the HSC system.

The report showcases a few examples of developments in terms of the building blocks that are required to embed PPI. It has also highlighted a few examples of good involvement practice which are taking place across the system.

There remain challenges and opportunities to the system in terms of truly embracing PPI into individual practice and organisational culture.

The Regional HSC PPI Forum is well placed to help tackle these and looks forward to further improvements in 2016/17.

The way forward

The Public Health Agency in its strategic leadership role will continue to oversee the implementation of PPI policy and compliance across the HSC. The Regional HSC PPI Forum will be the vehicle through which the PHA will take forward much of this work.

Plans for 2016/17 include:

- recruiting a service user/carer co-chair of the Forum;
- taking forward work on 'Engage' the one stop web based resource for involvement;
- co-producing a major conference on PPI to share learning, knowledge and expertise on involvement;
- undertake research into PPI in N Ireland.

Appendix 1

Regional HSC PPI Forum Action Plan 2014/15			
Action	Responsibility	Performance Indicator/Outcome	Progress as of March 2016
Work with the PHA to support the roll out and implementation of PPI Standards across HSC	Standards & Communications Subgroups facilitated by PHA	<ul style="list-style-type: none"> • PPI Standards recognised and adhered to across HSC 	Standards are promoted and widely recognised across HSC.
Communication Plan to be developed with an emphasis on raising awareness of PPI.	Communication Subgroup facilitated by PHA	<ul style="list-style-type: none"> • PPI brand utilised across HSC. • Annual Report produced 	PPI brand disseminated and utilised by HSC partners as appropriate, in line with brand guidance.
Work with the PHA to undertake Monitoring for PPI and to review mechanisms for the future	Monitoring Subgroup and Regional Forum facilitated by PHA	<ul style="list-style-type: none"> • PPI Monitoring undertaken 	PPI Monitoring completed and PPI Monitoring reports and recommendations sent to each HSC Trust.
Regional Forum members to collaborate in the review and updating of HSC Consultation Schemes	Subgroup of Forum PPI Leads	<ul style="list-style-type: none"> • HSC Consultation Schemes reviewed and updated 	Review of consultation schemes is ongoing.
Forum to work with the PHA to take forward plans for PPI training and development	Training Sub-group and Regional Forum, facilitated by PHA	<ul style="list-style-type: none"> • PPI Training Programme completed and available to HSC organisations 	Engage and Involve PPI training is complete and available to all HSC organisations.
Work with the PHA to obtain support for the Engage website, as a one stop shop for Involvement, with an accompanying outreach development programme.	Regional Forum	<ul style="list-style-type: none"> • Continue to provide support for the development of the Engage website. 	Funding has been sourced for the development of Engage. This will be completed before the end of 2017.

Appendix 2 - PPI Regional Forum Members

Public Health Agency (PHA)

Mary Hinds – Chair
Michelle Tennyson
Martin Quinn
Claire Fordyce
Roisin Kelly

Service User/Carer Representatives (SU/CR)

Anne Gamble
Anne Greenan
Anne Mallon
Anne Marie Murray
Brian O'Hagan
Caroline Kelly
Don Harley
Peter Donnelly
Sharon Doherty
Rae Patience

Trusts

Carolyn Agnew	Southern Health and Social Care Trust (SHSCT)
Elaine Campbell	South Eastern Health and Social Care Trust (SEHSCT)
Sandra McCarry	Belfast Health and Social Care Trust (BHSCT)
Martine McNally	Northern Health and Social Care Trust (NHSCT)
Siobhan O'Donnell	Western Health and Social Care Trust (WHSCT)
John Gow	Northern Ireland Ambulance Service (NIAS)

Health and Social Care Partners

David Best	Department of Health, Social Services and Public Safety (DHSSPS)
Fionnuala McAndrew	Health and Social Care Board (HSCB)
Jacqueline Magee	HSCB
Jackie McNeill	Patient and Client Council (PCC)
Charles Kinney	Northern Ireland Blood Transfusion Service (NIBTS)
Christine Goan	Regulation and Quality Improvement Authority (RQIA)
Angela Drury	Northern Ireland Practice And Educational Council (NIPEC)
Brenda Horgan	Northern Ireland Social Care Council (NISCC)
Mark McCarey	Northern Ireland Medical And Dental Training Agency (NIMDTA)
Teresa Fallon	Northern Ireland Guardian Ad Litem Agency (NIGALA)

Appendix 3: Forum Partner Organisations

The Forum has representation from all aspects of HSC from the DHSSPS to PHA, the Health and Social Care Board (HSCB), the HSC Trusts and the Special Agencies. In addition, membership includes a number of individual service users and carers as well as community and voluntary sector nominees from other HSC PPI panels/forums who give us their perspective on our work and help guide the way forward in this important area.

The following section provides a brief outline of the partner organisations in the Forum.

Public Health Agency (PHA)

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 HSC 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 (HSCB)

www.hscb.hscni.net

The HSCB is responsible for commissioning services, resource management, performance management and service improvement. It works to identify and meet the needs of the Northern Ireland population through its five Local Commissioning Groups which cover the same geographical areas as the HSC Trusts.

Health and Social Care Trusts

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

The sixth Trust is the Northern Ireland Ambulance Service (NIAS), which operates a single Northern Ireland wide service to people in need and aims to improve the health and wellbeing of the community through the delivery of high quality ambulance services.

- www.belfasttrust.hscni.net
- www.southerntrust.hscni.net
- www.setrust.hscni.net
- www.westerntrust.hscni.net
- www.northerntrust.hscni.net
- www.niamb.co.uk

Patient and Client Council (PCC)

www.patientclientcouncil.hscni.net

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

The overarching objective of the PCC is to provide a powerful, independent voice for patients, clients, carers, and communities on HSC issues.

Northern Ireland Blood Transfusion Service (NIBTS)

www.nibts.org

The NIBTS exists to supply the needs of all hospitals and clinical units in the province 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.

NI Medical and Dental Training (NIMDTA)

www.nimdtg.gov.uk

The NIMDTA 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

The functions of the NIGALA 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 in Adoption (Northern Ireland) Order 1987. And
- To provide effective representation of children's views and interests.

Business Services Organisation (BSO)

www.hscbusiness.hscni.net

The 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.

Regulation and Quality Improvement Authority (RQIA)

www.rqia.org.uk

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

NI Practice and Education Council for Nursing and Midwifery (NIPEC)

www.nipec.hscni.net

NIPEC aims to improve standards of practice, education and professional development of nurses and midwives to facilitate the delivery of safe, effective and person-centred care.

Northern Ireland Social Care Council (NISCC)

www.niscc.info

NISCC 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.



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